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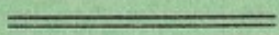
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Ennerdale Rural District



ANNUAL REPORT

OF THE

MEDICAL OFFICER

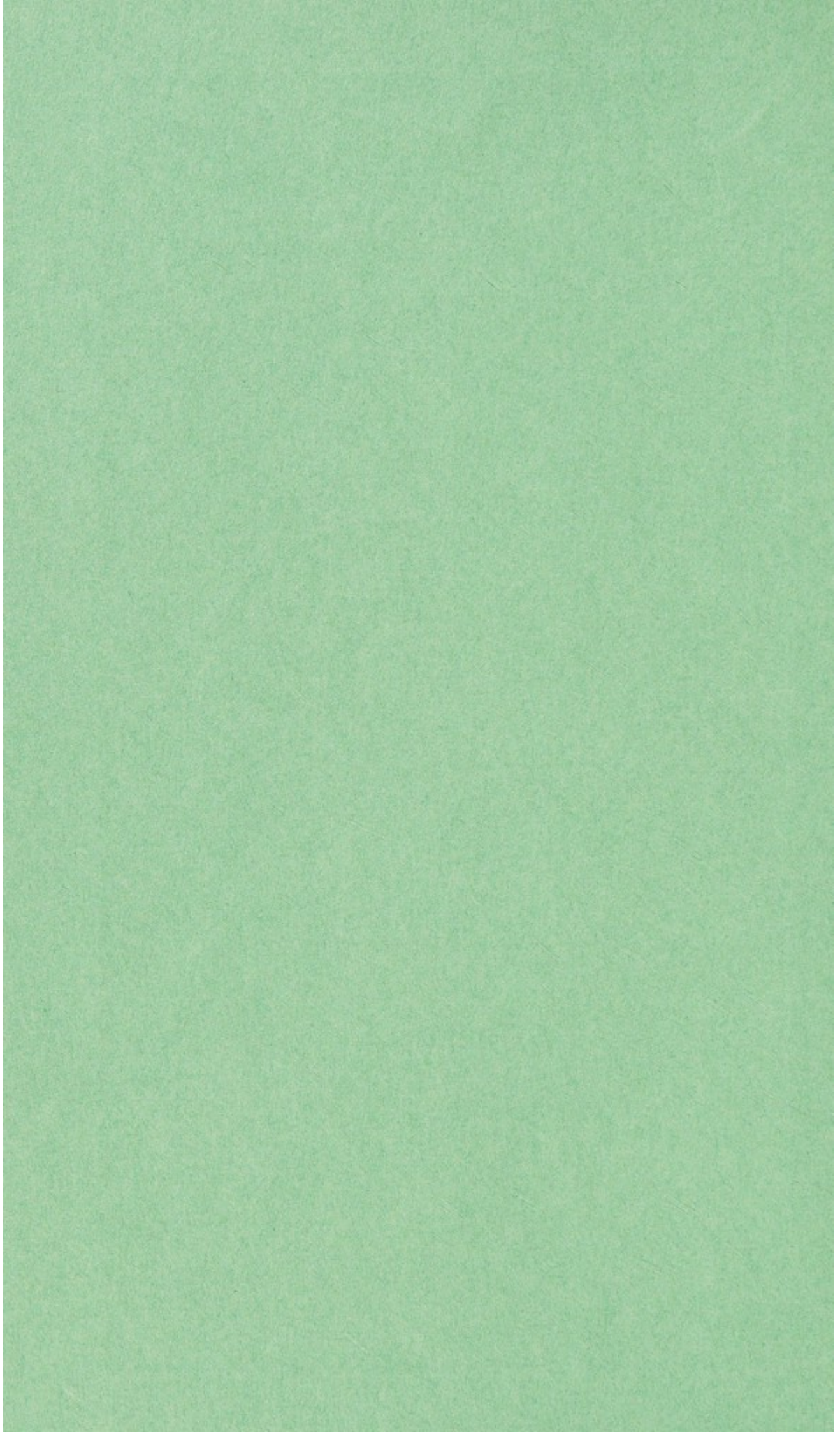
OF HEALTH

FOR THE YEAR 1960

AND REPORT OF THE

CHIEF PUBLIC HEALTH

INSPECTOR



ENNERDALE RURAL DISTRICT COUNCIL
HEALTH AND HOUSING COMMITTEE
1960-61.

Chairman Councillor F. B. BENSON

Member ex-officio:

The Chairman of the Council—Coun. J. COOK, M.B.E., J.P.

Members: Councillors J. J. Colligan, O. J. Coyles, G. Farran, W. Hannah, C. C. Heron, J. E. High, Rev. Fr. F. K. McCann, O.S.B., T. J. Rawling, W. Roe, J. B. Stalker, F. Telfer, A. Threlfell.

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

J. N. DOBSON, M.B., CH.B., D.P.H.

Chief Public Health Inspector:

*† J. BUTTERY, C.R.S.I.

Senior Additional Public Health Inspector:

* R. M. HOWELLS, C.R.S.I.

Additional Public Health Inspector:

* W. MURRAY, C.R.S.I. (Resigned 30-6-1960)

* F. R. SMITH, C.R.S.I. (Appointed 12-9-1960)

Clerk:


Miss I. DAVIDSON.

(Joint appointment with Whitehaven Borough).

Clerk-Typist: Miss I. G. BENN.

*Certificate of Meat and other Foods, Royal Society of Health

† Certificate in Sanitary Science as applied to Buildings and Public Works.



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Whitehaven.*

TO THE CHAIRMAN AND MEMBERS OF THE
ENNERDALE RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

Reports are commonly said to contain facts and figures, which prompts the reflection that the figures should be nothing if not also facts, while the facts should not be opinions in disguise. With these pitfalls in mind it is none the less tempting to look back over a period, now of five years, in office and consider whether there is any change in the health of the District.

Those annual statistical stand-bys, the birth and death rates, show no significant change over the five year period. Taken in isolation they are not, however, informative indices at best. For example the death rate in many relatively undeveloped South American States is considerably less than our own. In countries where infant mortality is several times higher than ours, ravaged by poverty and malnutrition and with whole communities where piped water is unknown, one could scarcely credit that the standard of health is superior. The explanation is simply that a rapidly multiplying population containing few elderly people naturally has a low death rate. In contrast we in this country have a rapidly increasing proportion of aged persons. As one would expect, the death rate amongst eighty year olds is much higher than in the seventies; an unchanged death rate in a community with an increasing proportion of old folk can in fact mean an improvement in health standards. The comparability factors issued by the Registrar General are intended to allow for just such differences in England and Wales as between

one district and another, taking account of the differing age and sex constitutions of each population. The adjusted birth and death rates must still be regarded with reserve nevertheless, since the comparability factors are computed on the basis of information collected at the last preceding census and are not susceptible to verification each year, while the crude rates so adjusted are themselves based on estimates of population. How far these may be in error may be realised by comparing the 1960 mid-year estimate of 29,640 for the population of the Rural District with the census figure of 30,870 for April, 1961.

Bearing in mind also that small populations are more subject to chance variations in rates than large ones, it may be wondered what figures, if any, in the Report can be taken as a guide to the health of the District. This is where opinion begins to play a part, but most medical officers would scrutinise in particular the rates for perinatal mortality, lung cancer, incidence of infectious disease (especially tuberculosis and tuberculous infection as shown by Mantoux testing of schoolchildren) and immunisation rates in infancy.

Quite large variations can be looked for in the perinatal mortality rate in a population of around 30,000 but, allowing for that, the rate is unsatisfactorily high. Excessive stillbirths and neonatal deaths are recognised as a national problem in general and county-wide in particular. No more need be said here than that Cumberland's difficulties are receiving close and urgent attention. Regretfully, there seems to have been a real increase in lung cancer deaths over the past five years and, although the total numbers involved are still small, there are no signs of any effective counter-measures emerging. In the same period the incidence of tuberculosis has been halved and, even though further gains in this field are now harder to win, this marks an outstanding improvement in the health of the District. Similar improvement is seen in the proportion of children tuberculin-positive at the age of thirteen, which has fallen from 40% to 27% in the same time. This is a significant change for the better.

Other than the 1956 outbreak of poliomyelitis the District has suffered no exceptional incidence of infectious disease, and the further closing down of infectious disease hospital beds is further testimony of the decline in prevalence of serious infections. Their importance now hinges on maintaining adequate levels of immunisation in the susceptible population. In this country localised outbreaks of diphtheria have given unpleasant reminders of the necessity for continued diphtheria immunisation of children. Before the advent of poliomyelitis immunisation the majority of adults had acquired natural immunity to the disease; fewer are now doing so and the non-immunised population has a steadily growing number of susceptibles in it. Recent experience in the United States has shown that an epidemic can be as devastating as ever among those who have not been actively immunised. The aim of continued community protection can be achieved only by reaching and maintaining a high level of immunisation, and it is doubtful if we have such a level in the District. Surprisingly, the diphtheria immunisation figures are better than those for poliomyelitis, and very nearly adequate. Smallpox vaccination unfortunately has declined to a very inadequate level.

This review reveals how very little we actually know of the health of the District. So much ill-health is not notifiable. So much minor ill-health is not known even to the family doctor. But we need not be deterred from drawing some obvious conclusions. The County Council's School Health Service finds fewer and fewer childhood defects, while children's nutrition continues to improve. The number of elderly people in the community is ever increasing. In short, people are getting a better start in life and living longer. We know also what is being done for them. West Cumberland is served by a vigorous Hospital Management Committee, and each year has seen improvements in the quality of the hospital service. The County Council's Mental Health Service is being greatly expanded to meet the challenge of the Mental Health Act. Meanwhile, in the

fundamentals of the promotion of health, the District Council has made no small contribution.

Water supplies, which are shortly to become the responsibility of the South Cumberland Water Board, have undergone a transformation. These are described at some length in the Report, and it is sufficient to say here that by the end of 1961 only minimal areas will be without adequate water supplies of the highest standard. With regard to sewerage the Council's intentions have been frustrated by factors beyond their control, despite which major improvements are in progress. Over the next five years it should be possible to report an improvement corresponding to that achieved in the supply of water.

To the house-hungry there is no consolation but the provision of a house, and here there is no sign of supply overtaking demand. No Council however has unlimited resources, and the availability of both finance and labour is often a determining factor in carrying out building programmes. Despite the obstacles, and having to shoulder simultaneously a number of costly capital schemes, the Council has built 462 houses in five years, a figure far in excess of that for any other Council in Cumberland save the Borough of Whitehaven. In the same time improvement grants have resulted in the modernisation of 104 houses, while further progress in slum clearance is recorded in the Report of the Chief Public Health Inspector. In addition, 150 houses have been built by private enterprise. There is no doubt that, overall, the standard of housing in the District is steadily improving.

The Public Health Inspectors have continued to devote much time to the promotion of food hygiene, and their frequent inspections of food premises and advice to traders over the past five years have unquestionably raised standards in the District.

In this introduction I have drawn attention to inevitable gaps in the Report. Despite this there is every reason to believe that the health of the District is not only improving but will continue to improve, and this is due in no small measure to the efforts of the Health and Housing Committee supported by every Member of the Council.

I wish again to record my thanks to fellow members of the Council's staff for their willing assistance with all manner of problems.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. N. DOBSON,

Medical Officer of Health.

SECTION A.

STATISTICAL SUMMARY

I.—General Statistics.

| | |
|--|----------|
| Area of Rural District in acres | 88,730 |
| Population (Registrar-General's estimate, mid-year, 1960) | 29,640 |
| Persons per acre | 0.33 |
| Number of inhabited houses, 1960-61, according to rate books | 9,333 |
| Rateable Value | £319,224 |
| Estimated Product of a Penny rate, 1961-62 | £1,250 |

VITAL STATISTICS

| | |
|---|-----------|
| (a) Number of legitimate live births | 578 |
| Number of illegitimate live births | 24 (4.1%) |
| Total live births | 602 |
| Crude Birth Rate per 1,000 of population | 20.3 |
| Adjusted Birth Rate per 1,000 of population | 20.5 |
| (b) Number of legitimate still births | 14 |
| Number of illegitimate still births | 1 |
| Total still births | 15 |
| Still birth rate per 1,000 total live and still births | 23.2 |

DEATHS.

| | |
|---|------|
| (a) Infant Deaths (deaths under 1 year) | |
| Legitimate infants | 13 |
| Illegitimate infants | 3 |
| Total infant deaths | 16 |
| Infant mortality rate per 1,000 live births | 26.6 |
| Legitimate infant deaths per 1,000 legitimate live births | 22.5 |
| Illegitimate infant deaths per 1,000 illegitimate live births | 114 |

| | |
|---|------|
| (b) Neo-Natal mortality rate (deaths under 4 weeks per 1,000 total live births) ... | 23.3 |
| (c) Early Neo-Natal mortality rate (deaths under 1 week per 1,000 total live births) | 21.6 |
| (d) Perinatal mortality rate (still births and deaths under one week per 1,000 total live and still births) | 45.3 |
| (e) Maternal mortality (including abortion) | Nil. |
| (f) Deaths at all ages | 348 |
| Crude death rate per 1,000 of population | 11.7 |
| Adjusted death rate per 1,000 of population | 14.2 |

Statistics for the Rural District are shown in relation to those of the County and England and Wales in Table 1.

TABLE 1.
Comparative Statistics

| | Birth Rate | Death Rate | Infant Mortality Rate |
|--|------------|------------|-----------------------|
| Ennerdale R.D. | 20.3 | 11.7 | 26.6 |
| Cumberland (Administrative County) ... | 18.0 | 12.0 | 23.1 |
| England and Wales | 17.1 | 11.5 | 21.7 |

The crude rates given in Table 1 compare satisfactorily, the rather higher infant mortality rate being within the normal range of variation for the size of the District. Subsequent tables show the corrected rates.

TABLE 2.
Birth Rates

| Year | Number of Births | Birth Rate per 1,000 of population : | |
|----------|------------------|--------------------------------------|-----------------|
| | | Ennerdale R.D. | England & Wales |
| 1956 ... | 557 | 19.7 | 15.6 |
| 1957 ... | 608 | 21.2 | 16.1 |
| 1958 ... | 565 | 19.6 | 16.4 |
| 1959 ... | 592 | 20.4 | 16.5 |
| 1960 ... | 602 | 20.5 | 17.1 |

Table 3 shows death rates over the past five years.

TABLE 3.
Death Rates

| Year | Number of Deaths | Death Rate per 1,000 of population : | |
|------|------------------|--------------------------------------|-----------------|
| | | Ennerdale R.D. | England & Wales |
| 1956 | ... 335 | 14.0 | 11.7 |
| 1957 | ... 286 | 11.9 | 11.5 |
| 1958 | ... 316 | 13.1 | 11.7 |
| 1959 | ... 316 | 13.0 | 11.6 |
| 1960 | ... 348 | 14.2 | 11.5 |

Although the death rate is increased no single cause has made a disproportionate contribution to the higher rate. The biggest increase stemmed from cardiovascular disease which, as always, causes over half the total deaths, while cancer was responsible for nearly one fifth of the total. The chance of dying from lung diseases in the Rural District continues to be not much more than half of the risk experienced by England and Wales as a whole and there were, notably, no deaths from tuberculosis. The number of accidental deaths, seventeen including four due to motor accidents, was unusually high.

No deaths took place from maternal causes. The maternal mortality rate for England and Wales in 1960 was 0.31 deaths per 1,000 total live and still births.

Infant mortality rates are given in Table 4, and causes of death in Table 5.

TABLE 4.
Infant Death Rate

| Year | Number of Infant Deaths | Death Rate per 1,000 live births : | |
|------|-------------------------|------------------------------------|-----------------|
| | | Ennerdale R.D. | England & Wales |
| 1956 | ... 16 | 29 | 24 |
| 1957 | ... 16 | 26 | 23 |
| 1958 | ... 12 | 21 | 23 |
| 1959 | ... 10 | 17 | 22 |
| 1960 | ... 16 | 27 | 22 |

Following two exceptionally good years the infant death rate has again risen. Thirteen of the sixteen deaths occurred in the hazardous first week of life, resulting, together with a stillbirth rate of 23.2, in the rather high figure of 45.3 for perinatal mortality (England and Wales rate 32.9). The perinatal mortality rate is indeed a sensitive spot, for neither stillbirths nor infant deaths taken separately would compel attention.

Two factors adversely influencing perinatal mortality, namely pregnancies in older multiparous women and closely spaced births, are largely inseparable from the invariable high birth rate in the District. The birth rate is, indeed, the highest in Cumberland outside Whitehaven, which is closely similar.

TABLE 5.

Deaths of Infants under 1 Year of Age.

| Cause of Death | Age in Weeks | | | | Age in Months | | | | Totals |
|---------------------------|---------------|----|----|----|---------------|----|----|----|--------|
| | 0— | 1— | 2— | 3— | 1— | 3— | 6— | 9— | |
| Prematurity | 5 | — | — | — | — | — | — | — | 5 |
| Atelectasis | 2 | — | — | — | — | — | — | — | 2 |
| Congenital malformations | 3 | 1 | — | — | — | — | — | — | 4 |
| Bronchopneumonia | — | — | — | — | — | — | — | 1 | 1 |
| Haemorrhagic pneumonia | 1 | — | — | — | — | — | — | — | 1 |
| Pneumothorax | 1 | — | — | — | — | — | — | — | 1 |
| Erythroblastosis foetalis | 1 | — | — | — | — | — | — | — | 1 |
| Gastro-enteritis | — | — | — | — | 1 | — | — | — | 1 |
| | Under 1 month | | | | Over 1 month | | | | |
| Total deaths | 14 | | | | 2 | | | | 16 |

Cancer Mortality.

There were 65 deaths from cancer, the primary sites of the lesions being shown in Table 6.

TABLE 6.

Deaths from Cancer.

| Location of Disease | Male | Female | Total |
|-------------------------------|------|--------|-------|
| Stomach | 9 | 1 | 10 |
| Colon, Cæcum, Rectum | 6 | 9 | 15 |
| Pancreas, Liver, Gall bladder | 2 | 1 | 3 |
| Lung and Bronchus ... | 12 | — | 12 |
| Uterus | — | 2 | 2 |
| Breast | — | 7 | 7 |
| Other sites | 6 | 10 | 16 |
| | 35 | 30 | 65 |

Cancer deaths were unexpectedly high including incidentally, in Table 6, one death from lung cancer and another from cancer of the uterus which the Registrar General's figures do not record. Such discrepancies do occur from time to time, and where the copy of the death certificate received in this office is explicit and unequivocal the death is duly recorded in this Report.

In a relatively small population there are considerable random variations in causation year by year, and no special significance is attributed to the increase in cancer of the bowel and breast which by themselves are sufficient to account for the year's unfavourable figures.

An exception to the fluctuations possibly is the lung cancer rate, which continues gradually to increase. There were 23 deaths from this cause in the five years ending with 1950 when, it must be admitted, diagnostic facilities were not as good as now, and there was less general awareness of the disease. These factors have been largely eliminated in the past decade, but lung cancer deaths have risen nevertheless from 40, in the five years ending 1955, to 50 over the five years ending with 1960, the twelve deaths in 1960 being the highest figure ever recorded in the District.

Lung cancer deaths too have an unenviable facility for seeking out the younger members of the cancer-prone age group. No age of course is immune from cancer, and although one third of the tabled deaths took place in the over-seventies the age range in 1960 covered the whole life span, from one year to ninety-three.

TABLE 7.

Cancer Death Rates.

| Year | Number of Deaths | Annual Death Rate per 1,000 of population : | |
|------|------------------|---|-----------------|
| | | Ennerdale R.D. | England & Wales |
| 1956 | ... 51 | 1.76 | 2.07 |
| 1957 | ... 50 | 1.73 | 2.09 |
| 1958 | ... 48 | 1.65 | 2.12 |
| 1959 | ... 50 | 1.70 | 2.14 |
| 1960 | ... 65 | 2.18 | 2.16 |

TABLE 8.

CAUSES OF DEATH DURING THE YEAR 1960.

Registrar-General's Classification

| | Males | Females |
|---|-------|---------|
| Tuberculosis of Respiratory System ... | — | — |
| Other Tuberculous Diseases ... | — | — |
| Syphilitic Disease | 1 | 1 |
| Diphtheria | — | — |
| Whooping Cough | — | — |
| Meningococcal infections | — | — |
| Acute Poliomyelitis | — | — |
| Measles | — | — |
| Other infective and parastic diseases ... | — | 1 |
| Malignant neoplasm, stomach ... | 9 | 1 |
| Malignant neoplasm, lung and bronchus | 11 | — |
| Malignant neoplasm, breast ... | — | 7 |
| Malignant neoplasm, uterus ... | — | 1 |
| Other malignant & lymphatic neoplasms | 14 | 20 |
| Leukaemia, aleukaemia | — | — |
| Diabetes | 1 | 3 |
| Vascular lesions of nervous system ... | 26 | 33 |
| Coronary disease, angina | 43 | 29 |
| Hypertension with heart disease ... | 3 | 3 |
| Other heart disease | 21 | 12 |
| Other circulatory disease | 7 | 8 |
| Influenza | — | — |
| Pneumonia | 9 | 6 |
| Bronchitis | 3 | 1 |
| Other diseases of respiratory system ... | 7 | 1 |
| Ulcer of stomach and duodenum ... | 4 | — |
| Gastritis, enteritis and diarrhoea ... | 2 | 1 |
| Nephritis and nephrosis | 1 | 2 |
| Hyperplasia of prostate | 1 | — |
| Pregnancy, childbirth, abortion ... | — | — |
| Congenital malformations | 2 | 4 |
| Other defined and ill-defined diseases | 16 | 15 |
| Motor Vehicle accidents | 3 | 1 |
| All other accidents | 5 | 8 |
| Suicide | 1 | — |
| Homicide and operations of war ... | — | — |
| Total (all causes) ... | 190 | 158 |

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES.

(a) Staff

Changes in staff are shown on page 1 of the Report.

(b) Laboratory Facilities.

Use is made of the bacteriological facilities at Whitehaven Hospital under the direction of Dr. R. Dallachy, and of the Public Health Laboratory Service at the Cumberland Infirmary directed by Dr. D. G. Davies. Analytical services are provided by Messrs. Ruddock and Sherratt, Public Analysts, Warrington.

(c) Local Health Authority Services

Medical services provided under Part III. of the National Health Service Act are the responsibility of the Cumberland County Council. Information about the provision of Home Nursing, Home Helps, Immunisation and other services is available at the office of the Senior Assistant County Medical Officer, Area Health Office, Flatt Walks, Whitehaven.

Clinics are held as follows:—

| | Frizington | Cleator Moor | Egremont |
|---------------|--------------------|------------------|------------------|
| School Clinic | ... Mon. 9-30 a.m. | Thurs. 9-30 a.m. | |
| Child Welfare | ... Mon. 2-00 p.m. | Thurs. 2-00 p.m. | Thurs. 2-00 p.m. |
| Ante-Natal | ... Wed. 2-00 p.m. | | |
| Dental | ... Tue 9-30 a.m. | Wed. 2-00 p.m. | Mon. 9-30 a.m. |

A number of ante-natal clinics are conducted by general practitioners at their own surgeries in conjunction with the district midwife.

Attendance at the consultant and other special clinics at Flatt Walks is by appointment only. Sessions are held as follows; paediatric, ophthalmic, ear, nose and throat, orthopaedic, speech therapy, hearing assessment and training,

and chiropody. Orthoptic treatment is given at Whitehaven Hospital.

The Occupation Centre, Flatt Walks, has 65 places for subnormal children.

(d) Hospital Services.

Facilities provided by the Regional Hospital Board include Whitehaven Hospital, Flatt Walks; 120 beds. General hospital services, except for medical cases, which are now admitted to the West Cumberland Hospital.

The first stage of the new West Cumberland Hospital at Hensingham was completed and brought into use in December, 1959. The accommodation at present includes 60 geriatric, 24 medical and 16 psychiatric beds.

Homewood Annexe has 41 beds for tuberculosis and diseases of the chest.

The Hollins, Hensingham: 31 beds Pre-convalescent surgical cases with a small number of gynaecological beds.

Galemire, Cleator Moor: 24 beds for the chronic sick.

The Chest Clinic serving the area is at St. Bridget's Lane, Egremont.

Part III hospital accommodation is available in Meadow View House, Whitehaven (30 beds) by joint user agreement with Cumberland County Council.

(e) National Assistance Acts

None of the elderly people visited during the year was so ill, or helpless or living in such unhealthy conditions, as to necessitate removal to a hospital or County Council accommodation. Where the relatives or neighbours are unable, or unwilling, to lend a hand the County Council's Home Help Service has continued to prove invaluable. The care given by the District Nurses to the elderly sick is alike indispensable, and it is seldom one fails to hear appreciation or praise for this work from those being visited by the nurse.

Towards the end of the year the Health Committee discussed the provision of "partial-dependency" dwellings for old people with representatives of the County Council. Following these talks it is hoped that a scheme will be developed for the erection by the Council of a group of bungalows incorporating certain welfare facilities provided by the County Council. The present most suitable situation is in Cleator Moor, where a centrally placed site on level ground will become available in 1961/62.

(f) Problem Families

The Ennerdale Sub-Committee of the County Council's Children Neglected in their Own Homes Committee considered ways of assisting nine families in 1960. For the most part these were the "social chronic sick" in whom recovery is never dramatic, if it occurs at all. Nevertheless it was possible to close the files on two cases which had been under observation for a lengthy period.

Those unfamiliar with the type of difficulty encountered are often inclined to recommend re-housing as the basis of cure in cases where slum conditions exist. A total failure of this approach in a Frizington family was described in the 1958 Report. In 1960 there was a somewhat similar occurrence when the Council re-housed a large family from appalling conditions in a caravan. Despite supervision by the Health Visitor and N.S.P.C.C. there was only very limited improvement, and strenuous efforts were required to prevent eviction taking place due to non-payment of rent. To end the unhappy story, it was necessary eventually to remove the children from the care of the parents on account of exposure to moral danger.

These are somewhat disheartening experiences. It is hoped there will be more success to report in another such case which has been re-housed more recently and where the mother has already shown some evidence of ability to improve.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA

A report by the Chief Public Health Inspector on the work of the year has been submitted and will be found at the end of this report.

Water Supplies

The district is served by a number of major supplies and a host of minor ones. In the case of the latter systematic inspection is impracticable and, in fact, the number of dwellings so supplied is unlikely to exceed 2% of the total. Such supplies are examined on complaint or suspicion, or where a supply is to be developed for dairying purposes.

The state of the principal supplies is summarised in the accompanying table.

Cogra Moss normally gives very good samples. This water is treated by sand-filtration and the rather unusual bad sampling results on two occasions appeared to have been due to some delay in flushing the filters. The lapse in quality has not recurred since.

Worm Gill was a generally satisfactory source till the 1959 drought, since when sampling results have been very erratic, though two samples taken at the intake point in 1960 were classified "Excellent." The intake works is situated in the fells some five miles east of Cold Fell Gate, where ends the nearest metalled road. Thence the track to the works is impassable by car and, since the route does not commend itself to walkers, the likelihood of human contamination is remote. Nevertheless Worm Gill has long been regarded as inconsistent in quality and during the year the building

of a treatment works was commenced at Cold Fell. This will provide chlorination, and a degree of hardening and correction of acidity by dosing with soda and calcium sulphate. At the time of writing this report the works is awaiting the installation of chlorinating plant, and will shortly be in operation.

Meadley, though giving better sampling results than Worm Gill, is a much less satisfactory source of supply. Fortunately it will soon be possible to write of it in the past tense. Cleaning Meadley reservoir, which is relatively accessible to human contamination, was impracticable. Though Meadley is an adequate supply in itself, the service reservoir at Kinniside is fed by pipes which over the years have proved unequal to increasing demand. Consequently in times of shortage additional surface water has to be admitted direct to Kinniside where, in any event, the open sand filters have deteriorated and become ineffectual. Finally, the chlorinating plant at Kinniside is inconsistent in operation and never runs for long without trouble.

Work on the replacement of the Meadley supply continued in 1960 and is approaching completion. A new covered reservoir, the Nannycatch reservoir, has been constructed and will be fed by treated water from the Ennerdale Lake supply. To pump this up to the new reservoir the Meadley supply is utilised to drive Pelton wheels, so that Meadley can still serve a useful purpose as a source of cheap power.

The 1960/61 period marks a big advance in the purity of water supplied to consumers, most of whom can now count on an excellent and safe source of supply.

In regard to quantity the position is patchy but should soon be satisfactory. The inadequacy of the Meadley supply

has been mentioned. In addition Gosforth, Calderbridge, Beckermest and Lowside Quarter have suffered lack of water in varying degree from time to time. The solution here lies in the provision of additional distribution mains, the construction of which is well advanced and should be completed by the beginning of 1962. Parts of Distington and Lowca too were subject to water shortage, a problem which has been met by the installation of a new main from Boonwood.

The overall position, then, is that the last year or two have been turning points in making major improvements in the quantity and quality of water supplied to many parts of the Rural District.

In a more restricted field no progress has been made with the provision of a satisfactory supply to the beach bungalows at Coulderton. There has been some success in discouraging the use of so-called "springs," in reality surface water drains liable to contamination from the railway, which leaves one genuine spring source available. Efforts to get this water properly impounded have so far been unavailing.

Plumbo-solvency.

The chemical analysis of Meadley water given in the Appendix to the Report shows a soft, slightly acid water which might be expected to exert a plumbo-solvent effect. In fact, galvanised wrought iron service pipes and copper pipes for plumbing are so much the rule in the District that it is next to impossible to locate a suitable point for sampling for plumbo-solvency, and the danger of lead contamination is believed to be negligible. The majority of the water supplies will in any event be safe from this possibility very shortly by virtue of the extension of treatment by hardening and rectification of acidity.

Ennerdale Rural District Water Supplies, 1960.

| Source | Reservoir supplied | | Area served |
|-----------------------|--------------------|------------|----------------------------|
| Owsen Fell | Boonwood | 95,000 g. | Distington |
| | Watch Hill | 95,000 g. | Lowca |
| | Moresby | 96,000 g. | Moresby |
| | Gilgarran Tank | | Pica |
| | Pica Tank | 9,400 g. | |
| Cogra Moss | High Leys | 480,000 g. | Arlecdon, Frizington |
| | Sheriff's Hill | 15,000 g. | Asby |
| | Frizington Tower | 4,000 g. | Ennerdale Bridge (part) |
| Lamb Hill (spring) | Parton Tank | 5,000 g. | Parton (part) |
| Ennerdale Lake | | | Parton (part) |
| | | | Egremont (part) |

Note on Classification : Class I = Excellent. Class II = Satisfactory

Note on Sampling: All samples were of water delivered to consumer

| Quantity | General assessment of : Quality | No. of Bacteriological Analyses and Classification | | | | Total |
|-----------|------------------------------------|---|-----|------|-----|-------|
| | | I. | II. | III. | IV. | |
| Efficient | Good | 5 | | | | 5 |
| Efficient | Good | 6 | | 2 | | 8 |
| Efficient | Good | 2 | | | | 2 |
| Efficient | Good | 3 | 1 | | | 4 |

Class III = Suspicious. Class IV = Unsatisfactory,

except where stated in text.

Ennerdale Rural District Council Water Supplies, 19

| Source | Reservoir supplied | Area served | |
|------------------|--------------------|-----------------|-------------------|
| Worm Gill | Wilton | 1,750,000 g. | |
| | | Egremont (part) | |
| | | Haile | |
| | | Calderbridge | |
| | Pallaflat | 95,000 g. | Moor Row |
| | High House | 57,000 g. | St. Bees (part) |
| | Hygiene Place | 50,000 g. | Rottington (part) |
| | Rottington | 8,000 g. | |
| | Winscales | 500,000 g. | Beckermest |
| | Mill Lane | 15,000 g. | Coulderton |
| | Coulderton | 10,000 g. | Lowside Quarter |
| Meadley | Kinniside | 4,000,000 g. | Cleator Moor |
| Gosforth Springs | Gosforth | 90,000 g. | Gosforth (part) |
| | Ponsonby | 2,000 g. | Ponsonby |
| Wastwater | | | Gosforth (part) |
| Totals | | | |

Note on Classification : Class I = Excellent. Class II = Satisfactory

Note on Sampling : All samples were of water delivered to

Continued)

| Quantity | General assessment of : Quality | No. of Bacteriological Analyses and Classification | | | | (Total |
|--|------------------------------------|---|-----|------|-----|---------|
| | | I. | II. | III. | IV. | |
| source ample, but sufficient supply Calderbridge, Beckermet, Downside Quarter. | Unsatisfactory | 6 | | | 13 | 19 |
| | | | | | | 7. |
| sufficient in dry spells. | Unsatisfactory | 8 | | | 2 | 10 |
| sufficient dry spells. | Good | 4 | | | 2 | 6 |
| sufficient | Satisfactory | | 1 | | | 1 |
| | | 34 | 2 | | 19 | 55 |

Class III = Suspicious. Class IV = Unsatisfactory.

consumer, except where stated in text.

Sewerage.

The principal shortcomings of the District in regard to sewage disposal were discussed at some length in the preceding Annual Report. The reason for the repetition now of some of that material is the instruction of the Minister of Health that the 1960 Report shall review sewage disposal, and indicate in what areas new schemes are urgently needed.

NORTHERN AREA. (Distington, Moresby, Lowca, Parton).

In this area are a number of small outworn undertakings giving inadequate treatment. Notably these are two small treatment works serving Distington and discharging a highly unsatisfactory effluent into Distington Beck, a sedimentation tank at Lowca similarly discharging into Lowca Beck, which is the final vehicle to the sea, and sea disposal of untreated sewage from Parton through four defective sea outfalls.

The system cannot be patched up, and the County Engineer reported in 1960 on three possible solutions, the most favourable of which appeared to be collection of the flows into one trunk sewer to discharge via a new sea outfall at Parton.

Further investigation by means of float tests showed that continuous discharge to sea was not possible without causing beach pollution. The provision of a storage tank and controls, and longer outfall necessary to avoid pollution, brought the scheme to much the same estimated cost as a treatment works at Lowca. As a first-quality effluent is obtainable by the latter method at a slightly smaller annual cost, the building of a treatment works for the Northern Area has been approved by the Council.

CENTRAL AREA. (Arlecdon, Frizington, Cleator Moor, Cleator, Bigrigg, Moor Row and St. Bees)

Here there is a more urgent problem arising from gross overloading of the Norbeck (Cleator Moor, Arlecdon and Frizington) and Cleator treatment works which together

cause constant fouling of the rivers Keekle and Ehen. Treatment of Bigrigg and Moor Row sewage is by sedimentation tank and land treatment at Linethwaite, the only apparent effect of which is to break up or settle out some of the larger solids. From Linethwaite there is discharge of this crude material via Pow Beck to the foreshore at St. Bees, three miles distant. Also on to the southern foreshore at St. Bees discharges untreated sewage from St. Bees village. At present the outfall is half buried in a rock-strewn area and discharges rather nearer to high water mark than the point of low water. There is constant pollution of the sandy play area nearby.

The Consultant Engineers reported on alternative remedial schemes in 1959, by far the least expensive being the collection by trunk sewer of all the sewage from the Central Area to discharge to sea via a new outfall off St. Bees Head. This scheme was adopted by the Council, subject to proving freedom from beach pollution by means of float tests. These tests were not reported on till the end of 1960, when it was immediately apparent that very expensive modifications of the scheme would be necessary if cleanliness of the beach were to be safeguarded.

It has been necessary therefore to abandon this scheme in favour of the modernisation of the Cleator and Norbeck Works, the engineers recommending also that a new sewer be provided linking Moor Row and Bigrigg to St. Bees, where the existing sea outfall would be extended and a comminutor station, storage tank and pumping station would be installed.

Instead of a single Central Area scheme there will, then, be two. Norbeck and Cleator works have been re-surveyed and it is hoped to make a start with this part of the scheme before long. For the remainder of the Area, while it is still intended to link Bigrigg, Moor Row and St. Bees, it is doubtful whether continued sea disposal would be the most satisfactory and economic solution. This problem is to be re-examined and at present it seems likely that some years will elapse before the present unsatisfactory system can be abandoned.

SOUTHERN AREA. (Egremont/Braystones).

Sewage disposal from Egremont has been inadequate for some years. Housing and industrial development, an augmented water supply to the district and deterioration of the sewer discharging to the sea at Braystones, resulted in surcharging and consequent overflows on to private property in Egremont and Braystones. Furthermore, damage to the sea outfall has been the cause of considerable beach pollution with sewage solids between high and low water marks at Braystones.

The Council's proposals for remedial action in 1953 were not sanctioned by the Ministry of Housing and Local Government whose engineering inspector felt that the degree of flooding did not justify the expenditure required. The palliative measures recommended, raising manholes and strapping down manhole covers, were proved ineffectual.

In 1957 consent was given to construct a storm overflow at Bridgend so relieving occasional flooding in Egremont, but the second stage of the scheme was again refused in 1958. Following renewed representations and a local inquiry in 1960, approval for the entire scheme was given, and this work is now in progress. It comprises a tank sewer at Pickett How for settlement of sewage in excess of three times the dry weather flow, a storm overflow for the St. Bridget Beckermat branch, a sewer diversion at Warborough Nook, and a new 21 ins. sea outfall. The Southern Area sewage disposal thus promises to be satisfactory in the not too distant future.

The three Areas described deal with by far the greatest proportion of the District's sewage. As to the remainder, Gosforth, Calderbridge and Haile are served by modern treatment works, while there are sundry small works, mostly inadequate, serving Asby, Lamplugh, Rowrah, parts of Arlecdon, and other limited areas.

Ennerdale, Ponsonby, Rottington and Nether Wasdale are not sewered; these parishes and numbers of the more isolated properties generally are dependent on septic tanks. Most

are operated on the "out of sight, out of mind" principle and these rarely serviced, and often difficult-to-find, sanitary monuments can hardly be expected to produce a satisfactory effluent. It may be surprising that so far there has been no evidence of ill-health arising from these dubious devices; the real risk possibly lies in potential pollution of individual water supplies and this, fortunately, is a rare hazard. Despite their record of safety so far as is known, the embarrassments arising not infrequently from overflowing tanks are a reminder that the installation of a septic tank should not be countenanced where a public sewer can be reached.

The general situation in the Rural District at present may be summed up as most unsatisfactory. The general public however are rarely aware of the difficulties to be overcome in carrying out major schemes. In times of national financial stringency schemes not immediately necessary have no hope of receiving Ministry sanction, yet before urgent necessity can be proved the existing machinery must first creak. With this as a starting point, the officers' surveys and reports to the Council may be followed by the commissioning of consultant engineers to make surveys and proposals. The Council's finally considered proposals must be submitted to the County Council, the River Board, the Ministry of Housing and Local Government and, in some cases, the Ministry of Transport and Civil Aviation. There may be modifications, counter proposals or flat rejection to be faced. A grant towards the huge costs involved may be vital; it may not be forthcoming. The Minister may decide to hold a local enquiry; there may be difficulties in getting wayleaves or acquiring land on which to site works; tenders for the work may not meet with Government approval. Delays snowball from months into years with one sure result at least. The original estimates are out of date.

Despite the obstacles, progress has been recorded, and there is every reason to hope there will be a major transformation in the sewerage of the Rural District in the next few years.

SECTION D.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Notifications, other than those of tuberculosis, are shown in Table 9.

TABLE 9.
Infectious Disease Notifications

| Disease | No. of cases | |
|-------------------------|--------------|------|
| | Notified | Died |
| Scarlet Fever | 10 | — |
| Puerperal pyrexia | 1 | — |
| Acute primary pneumonia | 2 | — |
| Measles | 937 | — |
| Whooping Cough | 31 | — |

Hospital provision for the reception of infectious disease cases is now at a minimum and the formal allocation of beds for this purpose at Galemire Hospital was discontinued in 1959. For such cases limited cubicle accommodation can be made available at the West Cumberland Hospital but it has scarcely been necessary to make any call on hospital beds, as may be judged from the foregoing table. Although the incidence of measles was treble that of the previous year, the impact of notifiable infectious disease on the health of the district was on the whole negligible. To previous years of freedom from smallpox, diphtheria and poliomyelitis may be added yet another, and there was no repetition of the preceding year's outbreak of influenza.

While the figures are doubtless a fair assessment of the position in regard to the more respected sources of epidemics they are, as usual, no guide to the prevalence of dysentery. This blight occurs every year without fail, and the very rarity of notification is evidence that doctors and public alike regard it as endemic, inevitable and of little consequence. While that may be true for healthy youngsters, there is always a risk of a fatal sequel in infants. The occurrence of diarrhoea in families where there is a baby is good reason to seek a doctor's advice.

Fortunately there was no untoward outcome of a small outbreak which was discovered on a routine visit to Moor Row Primary School during the year. Sixteen children were or had been absent, none being seriously ill, and at this stage there was little point in enforcing rigid standards of exclusion and bacteriological follow-up in a community which, both at school and in the village, is closely interwoven. Strict attention was paid however to hand washing routine and disinfection of w.c. seats, handles and door handles, and a check made on the school kitchen. None of the kitchen staff had had any illness and bacteriological tests made on them were negative. The standard of kitchen hygiene was excellent, in particular the routine cleansing and sterilization of crockery and cutlery practised in the County school meals service, and one felt confident that whatever the mode of spread in this outbreak the school kitchen could be exonerated.

TUBERCULOSIS

Notifications in 1960 were received as follows:—

TABLE 10.
Tuberculosis Notifications

| | Respiratory | Non-Respiratory | Total |
|------------|-------------|-----------------|-------|
| Male ... | 14 | — | 14 |
| Female ... | 16 | 5 | 21 |
| | — | — | — |
| Total ... | 30 | 5 | 35 |
| | — | — | — |

The decline in tuberculosis notifications in recent years came to an abrupt end in 1960 with a return to over twice the national incidence of infection. This, unfortunately, is not due to new or additional case finding measures, and there is some reason to think that detection of tuberculosis now may be doing little more than holding its own against the hard core of this indigenous disease. Table 11, showing the notification rate over the past five years speaks for itself.

TABLE 11.

Tuberculosis Incidence.

Notifications per 100,000 of the Population.

| Year | Respiratory : | | Non Respiratory : | |
|------|---------------|------------------|-------------------|------------------|
| | Ennerdale. | England & Wales. | Ennerdale. | England & Wales. |
| 1956 | 221 | 71 | 17 | 9 |
| 1957 | 138 | 64 | 17 | 8 |
| 1958 | 124 | 59 | 10 | 8 |
| 1959 | 72 | 57 | 10 | 7 |
| 1960 | 101 | 47 | 17 | 6 |

Five of the thirty new respiratory cases occurred in the 20-25 year old group which so far contains none of the young people now being protected by B.C.G. vaccination at school. But, another five cases were of an age, 15-20 years, to have been protected. At present only three out of every four school leavers have accepted the offer of vaccination against tuberculosis and the group of susceptibles remains far too large. Especially is this true when, as the consultant chest physician, Dr. R. Hambridge, has repeatedly observed, a third of the cases occurring in the District are infectious at diagnosis. In hard figures this means that ten of the new cases were steadily seeding tuberculosis in the community for some months at least before receiving treatment. How many others there were, or are, spreading disease is a matter for conjecture.

Even neglectful parents will leap to the aid of their children when visibly threatened. Unfortunately they are not always stirred by unseen dangers, and the opportunity of protection while still at school is lost.

B.C.G. vaccination is offered at present to the thirteen year old group. Bigger and more mature than thirteen year olds even a decade ago, they often make the final refusal when parents do not insist, and this only lowers the consent rate. For this reason it would be preferable to reduce the age of vaccination to ten or eleven years, so that it may be done when commencing secondary education. The medical reasons for so doing are more cogent. Although the percentage of Mantoux positive children, i.e. those who have been infected with the germ without developing the disease, is declining it is still abnormally high. To wait till an age when a quarter of the children have been infected, as Table 12 shows, is perhaps too late.

TABLE 12.
B.C.G. Vaccination.

| Year | No. of children eligible for test | No. & %age of parents consenting | No. tested | No. & %age Mantoux positive | No. Mantoux negative | No. given B.C.G. |
|----------|-----------------------------------|----------------------------------|------------|-----------------------------|----------------------|------------------|
| 1955 ... | 290 | 252 (87%) | 244 | 98 (40%) | 146 | 144 |
| 1956 ... | 297 | 252 (85%) | 235 | 98 (42%) | 137 | 137 |
| 1957 ... | 387 | 316 (82%) | 311 | 114 (37%) | 197 | 195 |
| 1958 ... | 414 | 296 (73%) | 284 | 101 (36%) | 183 | 182 |
| 1959 ... | 315 | 247 (78%) | 234 | 80 (34%) | 154 | 152 |
| 1960 ... | 341 | 252 (74%) | 225 | 61 (27%) | 159 | 155 |

The year 1959 was marked by little Mass X-Ray activity in the District following the 1958 special campaign. In 1960 however there was a resumption of the customary visits of the M.M.R. Unit, though a total of fewer than 1,800 examinations in the parishes of Lowca, Parton, Moor Row, Arlecdon, Frizington, Cleator Moor and Egremont bespoke little public interest. Nevertheless five new active cases were discovered, sufficient proof of the continuing need for this type of survey at present.

TABLE 13.
Mass X-ray Statistics.

| Year | Number X-rayed | New active case discovered by X ray | Notifications during year |
|--------------|----------------|-------------------------------------|---------------------------|
| 1952 | 1,918 | 19 | 58 |
| 1953 | 2,882 | 24 | 61 |
| 1954 | 4,303 | 29 | 72 |
| 1955 | 3,960 | 18 | 71 |
| 1956 | 3,807 | 12 | 64 |
| 1957 | 2,661 | 8 | 40 |
| 1958 | 5,917 | 7 | 36 |
| 1959 | 412 | 1 | 21 |
| 1960 | 1,779 | 5 | 30 |
| Total | 27,639 | 123 | 453 |

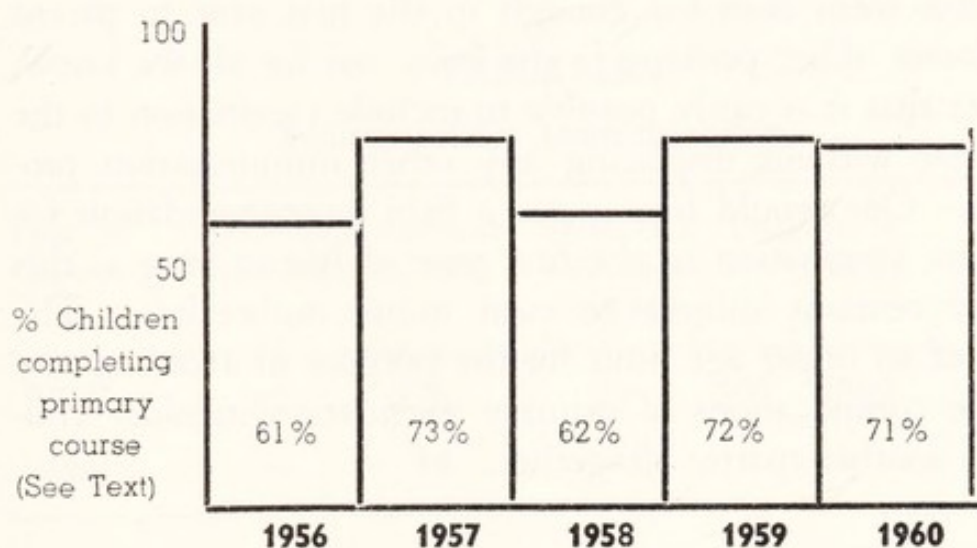
It will be seen from Table 14 that there were no deaths from tuberculosis in 1960. In welcoming this as a new health record for Ennerdale Rural District it must be said that most tuberculous deaths nowadays are the sequel to long-standing illness, and their absence in any one year is small guide to the prevalence of the disease. There must, nevertheless, be some rejoicing at this modest piece of good fortune which, one hopes, will not stand unequalled for long.

TABLE 14.
Deaths from Tuberculosis (Rates per million).

| Year | Respiratory Tuberculosis | | | | All forms of Tuberculosis | | |
|------|--------------------------|------------|------------------|---------------|---------------------------|------------------|--|
| | Ennerdale. | | England & Wales. | Ennerdale. | | England & Wales. | |
| | No. of Deaths | Death Rate | Death Rate | No. of Deaths | Death Rate | Death Rate | |
| 1956 | 5 | 170 | 110 | 6 | 210 | 120 | |
| 1957 | 4 | 140 | 95 | 5 | 170 | 110 | |
| 1958 | 4 | 138 | 89 | 6 | 206 | 100 | |
| 1959 | 5 | 170 | 77 | 5 | 170 | 85 | |
| 1960 | 0 | 0 | 68 | 0 | 0 | 75 | |

Diphtheria Immunisation.

The diphtheria immunisation index for children under five has again been modified to show the current trend among infants. In fact the level of immunisation has been unusually steady in recent years and is considered to be very satisfactory. In the Rural District many general practitioners are particularly assiduous in carrying out this work and make a substantial contribution to the overall figure shown.



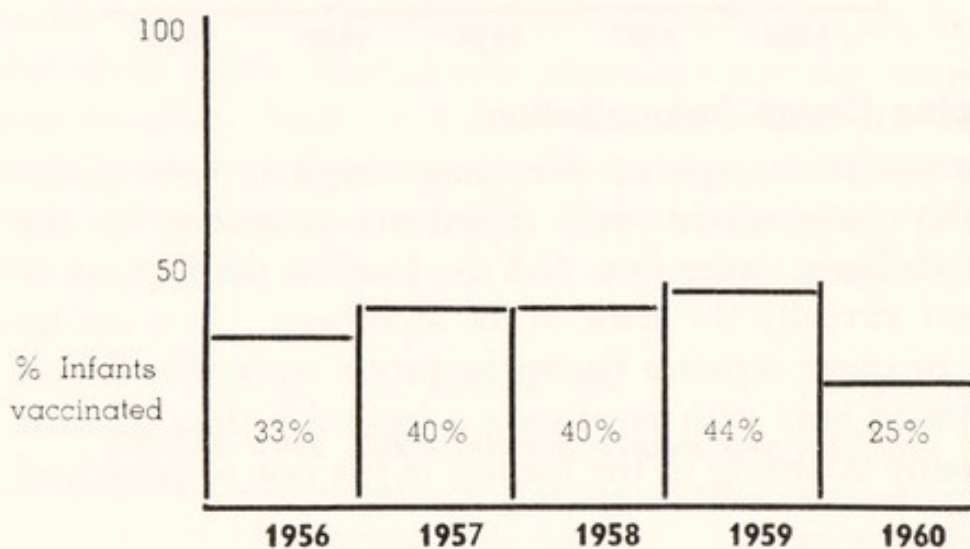
Whooping Cough Immunisation.

Immunisation against whooping cough is now almost invariably incorporated with diphtheria protection in the case of children under five, and the level in the District in 1960 was virtually the same as for diphtheria. It is not intended to quote separate figures in future since this Report is concerned only with presenting a limited picture of what is presently occurring in the locality in the case of pre-school children.

Smallpox Vaccination.

This figure showing the percentage of infants vaccinated is perhaps an unnecessarily gloomy representation of the vaccinal state in children born in 1960, of whom only five sixths would be eligible for protection in the same year. And, even where parents desire vaccination of their children, many babies are not taken to the family doctor or welfare clinic as soon as they are old enough to have it. Nevertheless the trend is clear enough, since preceding years' figures have

been presented on the same basis. Rightly or wrongly much of the blame is credited to the alteration in accepted immunisation schedules which, in 1960, recommended vaccination at any time in the first five years of life. In contrast with all other protective measures in young children, for which the prescribed starting age is a matter only of months, smallpox vaccination is denuded of any sense of urgency and very easily overlooked altogether. Immunisation programmes doubtless seem crowded enough in the first year to parent and doctor alike, perhaps to the baby too for all we know. Despite that it is easily possible to include vaccination in the first year without displacing any other immunisation procedure. One would like to see a firm recommendation for smallpox vaccination in the first year of life so long as this country remains subject to even minor outbreaks. The fixing of an upper age limit for the purpose of avoiding any possible complications of primary vaccination in older children is another matter altogether.



Poliomyelitis Vaccination.

Since poliomyelitis vaccination is not commenced before six months of age the proportion of infants born in 1960 and receiving two or more injections in that year gives no useful index. The percentage of infants born in 1959 who had been given two or more injections by December, 1960 is some guide to progress however, and this is represented in Table 15. The level of 66% may be compared with 64% for the corresponding group in 1959.

This is really rather disappointing. Although poliomyelitis is commonly over-rated as a cause of disablement or death in young children, it remains the likeliest source of tragedy amongst those diseases in which parents can opt for protection of their children in infancy. Experience has shown however that spurts of immunisation or vaccination due even to epidemics are not sustained in subsequent years. The answer seems to lie in more persistent health education and persuasion if community protection is to improve.

TABLE 15.
Poliomyelitis Immunisation.

| Year of birth | Received 2 injections in 1959 : | in 1960 | Received 3 injections in 1960 | Total | No. of births | %age immunised. |
|---------------|---------------------------------|---------|-------------------------------|-------|---------------|-----------------|
| 1959 | 42 | 278 | 71 | 391 | 592 | 66 |
| 1960 | — | 44 | — | | | |

**REPORT
OF THE
CHIEF PUBLIC HEALTH
INSPECTOR**

**PUBLIC HEALTH INSPECTOR'S ANNUAL REPORT
1960.**

Housing.

The following shows the housing position and action taken during the year :—

| | | | |
|----|----|--|-------|
| A. | 1. | Total number of occupied houses in the district | 9,260 |
| | 2. | Total number of occupied houses subject to Demolition Orders, Closing Orders or Undertakings | 154 |
| | 3. | Estimated number of houses (exclusive of above) which are unfit for habitation and cannot be made fit at a reasonable cost | 660 |
| | 4. | Estimated number of sub-standard houses (exclusive of above) which could be repaired and made fit | 1,780 |
| | 5. | Number of houses found to be overcrowded | 6 |
| B. | 1. | Waiting Lists. | |
| | | Total number of valid applicants on Council's waiting lists, exclusive of those living in houses under A 2 and 3 above. | 427 |
| C. | 1. | New Houses Completed During the Year. | |
| | 1. | By or for the Council :— | |
| | | For aged persons | 12 |
| | | For Slum Clearance | 120 |
| | | | 132 |
| | 2. | Private building | 62 |
| | | Total | 194 |

| | | | | | | | |
|----|------|---|-----|-----|-----|-----|-----|
| D. | 1. | Number of houses for which application was made by private persons for Improvement Grants under the Housing Acts, 1949 and 1959 | ... | ... | ... | ... | 59 |
| | 2. | Number of houses for which grants were approved | ... | ... | ... | ... | 55 |
| | 3. | Number of houses where improvements were carried out and grants paid | ... | | | | 27 |
| | 4. | Number of houses purchased or taken over by the Council with a view to improvement or conversion | ... | ... | | | Nil |
| | 5. | Number of houses improved by the Council :— | | | | | |
| | (i) | With grant | ... | ... | ... | | Nil |
| | (ii) | Without grant | ... | ... | ... | | Nil |

E. Houses Demolished.

In Clearance Areas :

| | Houses Demolished | Displaced : | |
|--|-------------------|-------------|----------|
| | | Persons | Families |
| 1. Houses unfit for human habitation | 17 | 106 | 31 |
| 2. Houses included by reason of bad arrangement etc. | Nil | Nil | Nil |
| 3. Houses on land acquired under Section 43, Housing Act, 1957 | Nil | 5 | 1 |

Not in Clearance Areas :

| | | | | | |
|--|-----|-----|-----|-----|-----|
| 4. As a result of formal or informal procedure under Section 17 (1), Housing Act, 1957 | ... | ... | 9 | 66 | 13 |
| 5. Local Authority owned houses certified unfit by the Medical Officer of Health | ... | ... | Nil | Nil | Nil |

F. Unfit Houses Closed.

| | Number | Displaced : | |
|--|--------|-------------|----------|
| | | Persons | Families |
| 1. Under Sections 16 (4), 17 (1) and 35 (1), Housing Act, 1957 ... | 48 | 152 | 43 |
| 2. Under Sections 17 (3) and 26, Housing Act, 1957 | Nil | Nil | Nil |
| 3. Parts of buildings closed under Section 18, Housing Act, 1957 | 1 | 5 | 1 |

G. Unfit Houses Made Fit and Houses in which Defects were Remedied.

| | | By | By Local |
|---|--|-------|-----------|
| | | Owner | Authority |
| 1. After informal action by Local Authority | | 175 | Nil |
| 2. After formal action under | | | |
| (a) Public Health Acts | | 9 | Nil |
| (b) Sections 9 and 16, Housing Act, 1957 | | 5 | Nil |
| 3. Under Section 24, Housing Act, 1957 ... | | 2 | Nil |

H. Clearance Areas :

A report on the condition of houses in the Parish of Arlecdon and Frizington was considered by the Council, who declared three Clearance Areas. One of the areas, when considered with contiguous land, was regarded as suitable for development; another comprising houses in Park Street and Frizington Road being prominently situated, the Council resolved to acquire the land, secure demolition of the buildings and in the one case re-develop on the site. An enquiry was held in November.

I. Housing Letting :

One hundred and sixty four houses were let in accordance with the Council's 'Points Scheme,' ninety eight to tenants and sixty six to sub-tenants. Eight houses were allocated to applicants nominated by the Council and two houses were let to agricultural workers. Rehousing from the Cleator Moor Compulsory Purchase Order continues. Twenty three families residing in Council houses were transferred into houses more suitable for their needs.

Inospection and Supervision of Food.

(a) Milk Distributors :

| | |
|-----------------------------------|----|
| Number of registered dairies ... | 9 |
| Number of registered distributors | 23 |

(b) Sampling of Milk :

The department continues to take samples from the pasteurising plant at Distington on behalf of the County Council.

Of the twenty four samples taken for Phosphatase and B. Coli Tests from the plant, one was not satisfactory.

One sample taken from a distributor was satisfactory.

(c) Food Inspections :

In the following table :—

Column A—shows the number of inspections where the premises were found satisfactory in all respects,

Column B—shows the number of premises which contravened the regulations in any respect.

| Premises : | Number of Premises | Number of Inspections | |
|---|-----------------------|--------------------------|-----|
| | | A | B |
| Shops and Stalls | — | 2 | — |
| Butchers | 21 | 22 | 35 |
| Fishmongers and Poulterers | 3 | 7 | 1 |
| Greengrocers and Fruiterers | 19 | 22 | 34 |
| Grocers | 134 | 137 | 144 |
| Fried Fish Shops | 9 | 9 | 4 |
| Confectioners | 40 | 22 | 19 |
| Dairies | 14 | 22 | 7 |
| Restaurants and Food Preparing Premises | 48 | 19 | 16 |
| Ice Cream Premises :— | | | |
| (a) Manufacturers | 1 | 4 | — |
| (b) Retailers | 94 | 60 | 26 |
| Hotels and Inns | 107 | 7 | 21 |
| Bakehouses | 12 | 7 | 28 |
| Slaughterhouses | 2 | 123 | 3 |
| Street Vendors' and Hawkers' Carts | — | 7 | 4 |

Of the above premises twenty five are registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved food, and ninety four for the sale of ice cream. There is one registered manufacturer of ice cream, who is very satisfactory.

Four samples of ice cream were taken all were Grade 1.

The majority of contraventions are dealt with either verbally or by informal letter.

In one case, however, a report on the condition of a butcher's shop at Cleator Moor was made to the Committee and the Council resolved to prosecute the offender. The offender pleaded guilty on eight counts and a fine for each breach of the Regulations was imposed by the Court.

Condemned open food is dealt with by incineration, tinned goods are either opened and burnt or buried intact. The following table shows the amount of food condemned as unsatisfactory :—

| Commodity | Weight in Pounds |
|---------------|------------------|
| Meat | 891 |
| Fish | 10¼ |
| Vegetables | 63¾ |
| Fruit | 138½ |
| Milk Products | 114½ |
| Soups | 3½ |
| Miscellaneous | 4½ |

(d) Slaughterhouses :

There are two licensed slaughterhouses in the area, slaughtering in one has been discontinued and a renewal of the licence is not to be asked for. A report on the slaughtering facilities in the area was prepared, submitted to the Ministry of Agriculture, Fisheries and Food and accepted.

The following table shows the number of carcasses inspected and condemned:—

CARCASES INSPECTED AND CONDEMNED

| | Cattle excluding Cows | | | Sheep and Lambs | | | Pigs | Horses |
|---|-----------------------------|------|--------|-----------------------|------|--------|------|--------|
| | Cows | Cows | Calves | Lambs | Pigs | Horses | | |
| Number killed ... | 61 | 1 | — | 209 | 51 | — | | |
| Number inspected ... | 61 | 1 | — | 209 | 51 | — | | |
| All Diseases except Tuberculosis and Cysticerci. | | | | | | | | |
| Whole carcasses condemned — | — | — | — | — | — | — | | |
| Carcases of which some part or organ was condemned | 2 | — | — | 1 | 1 | — | | |
| Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci | 3.3 | — | — | .47 | 1.9 | — | | |
| Tuberculosis only | | | | | | | | |
| Whole carcasses condemned — | — | — | — | — | — | — | | |
| Carcase of which some part or organ was condemned ... | — | — | — | — | — | — | | |
| Percentage of the number inspected affected with Tb. ... | — | — | — | — | — | — | | |
| Cysticercosis | | | | | | | | |
| Carcases of which some part or organ was condemned ... | — | — | — | — | — | — | | |
| Carcases submitted to treatment by refrigeration | — | — | — | — | — | — | | |
| Generalised and totally condemned ... | — | — | — | — | — | — | | |

(e) Meat Inspection :

The following table shows in tabular form diseases found other than tuberculosis and the amount of meat affected and destroyed.

| | | | | Weight in Pounds |
|-----------|-----|-----|-----|------------------|
| Abscesses | ... | ... | ... | 11¼ |
| Bruising | ... | ... | ... | 50 |
| Cirrhosis | ... | ... | ... | 5¾ |

Shops :—

There are three hundred and eighteen shops in the area; no inspections were made.

Moveable Dwellings.

Caravan Sites and Control of Development Act, 1960.

The above Act to replace and develop previous legislation and to give local authorities power to regulate the establishment area operation of caravan sites came into force on the 29th August 1960. Subject to certain exceptions, the occupier of land on which caravans are stationed must first obtain planning approval and will then be entitled to a licence for the site. Conditions are attached to the licence to promote or safeguard the interests of the persons dwelling on the site or the public at large.

By the end of the year applications for licences had been received for nineteen sites proposing to station eight hundred and five caravans; of these nine were for new sites or extensions to existing sites for a total of four hundred and ninety eight caravans.

Other moveable dwellings are still controlled by the Public Health Act, 1936 for the purposes of public health.

Filthy and Verminous Premises.

Forty inspections were made to twenty nine houses. The method of dealing with verminous premises by supplying insecticides, instructing occupiers in their use and in general principle of hygiene, continues.

Control of Rats and Mice.

The contract for the treatment of the Council's property, which includes sewers and tips continues and is working satisfactorily. Included in the work is the treatment of tips during the summer months against fly and insect infestation.

Drainage and Sewerage.

Seven houses were converted from the conservancy system to water carriage:—

| Parish | Drained to : | |
|-----------------|--------------|-------------|
| | Main Sewer | Septic Tank |
| Haile | — | 2 |
| Lowside Quarter | — | 1 |
| Lamplugh | — | 1 |
| Moresby | — | 1 |
| St. Bridget | — | 1 |
| Netherwasdale | — | 1 |
| Totals | — | 7 |

Refuse Collection and Disposal.

Six refuse tips are within the area, these are situated at Langhorn, Bigrigg, 2, Cleator Moor, Distington, Frizington and Moor Row.

Private contractors employed on the collection of refuse and privy contents have continued to deal with sixty five outlying properties distributed in the following parishes:— Egremont 6, Arlecdon and Frizington 45, Weddica 4 and Moresby 10.

Water Supply.

A report on a chemical analysis of water is appended to this report.

Particulars of the number of houses and the estimated population on public supplies are shown in the following table:—

| Parish | No. of houses supplied from | | | Estimated Population Supplied |
|-------------------------|-----------------------------|---|----|-------------------------------|
| | No. of Houses | Public Water Mains : (a) Direct (b) Stand-pipe | | |
| Arlecdon and Frizington | 1,295 | 1,278 | 10 | 4,381 |
| Cleator Moor ... | 2,040 | 2,033 | — | 6,702 |
| Distington | 856 | 840 | — | 2,710 |
| Egremont | 2,147 | 2,145 | — | 6,615 |
| Ennerdale and Kinniside | 94 | 37 | — | 121 |
| Gosforth | 246 | 214 | — | 740 |
| Haile | 52 | 40 | — | 139 |
| Lamplugh | 220 | 201 | — | 658 |
| Lowca | 288 | 287 | — | 283 |
| Lowside Quarter ... | 132 | 65 | — | 200 |
| Moresby | 287 | 267 | — | 1,026 |
| Netherwasdale ... | 41 | — | — | — |
| Parton | 333 | 333 | — | 1,340 |
| Ponsonby | 27 | 24 | — | 72 |
| Rottington | 20 | 17 | — | 51 |
| St. Bees | 363 | 355 | 3 | 1,210 |
| St. Bridget | 191 | 161 | — | 785 |
| St. John | 506 | 501 | — | 1,750 |
| Weddicar | 122 | 105 | 5 | 463 |

Public Swimming Baths.

There are no public swimming baths in the District.

Other Inspections.

The following table is a summary of inspections carried out not appearing in another part of the report and not calling for special consideration:—

| | | | | | |
|---|-----|-----|-----|-----|-------|
| Water Supply | ... | ... | ... | ... | 267 |
| New Drainage | ... | ... | ... | ... | 276 |
| Stables and Piggeries | ... | ... | ... | ... | 2 |
| Public Conveniences | ... | ... | ... | ... | 6 |
| Refuse Collection | ... | ... | ... | ... | 7 |
| Refuse Disposal | ... | ... | ... | ... | 53 |
| Building Byelaws | ... | ... | ... | ... | 62 |
| Nuisances | ... | ... | ... | ... | 133 |
| Sewerage | ... | ... | ... | ... | 73 |
| Sewage Disposal | ... | ... | ... | ... | 9 |
| Number of houses inspected | ... | ... | ... | ... | 805 |
| Number of inspections made to houses | ... | ... | ... | ... | 1,290 |
| Enquiries in cases of Infectious Diseases | ... | ... | ... | ... | 1 |
| Miscellaneous Infectious Disease inspections | ... | ... | ... | ... | 8 |
| Number of properties inspected under the Prevention of Damage by Pests Act | ... | ... | ... | ... | 203 |
| Number of inspections made to properties under the Prevention of Damage by Pests Act | ... | ... | ... | ... | 278 |
| Miscellaneous inspections | ... | ... | ... | ... | 936 |

FACTORIES AND WORKSHOPS

1. Inspection of Factories, Workshops and Workplaces.

| | | | Number | | Number of : | | | |
|--|-----|-----|-------------|-------------|-----------------|--------------|---|---|
| | | | on Register | Inspections | Written Notices | Prosecutions | | |
| (1) Factories without Mechanical power | ... | ... | 10 | 3 | 1 | — | | |
| (2) Factories with Mechanical power | ... | ... | 72 | 5 | — | — | | |
| (3) Other premises | ... | ... | 1 | — | — | — | | |
| Totals | | | ... | ... | 83 | 8 | 1 | — |

2. Defects found in Factories, Workshops and Workplaces.

| | Found | Remedied | Number of cases in which Defects were :— | | |
|--------------------------------|-------|----------|--|----------------------------|--------------|
| | | | Referred to H.M. Inspector | Referred by H.M. Inspector | Prosecutions |
| Want of Cleanliness | — | — | — | — | — |
| Overcrowding | — | — | — | — | — |
| Unreasonable Temperature | — | — | — | — | — |
| Inadequate Ventilation | — | — | — | — | — |
| Ineffective drainage of floors | — | — | — | — | — |
| Sanitary Conveniences | | | | | |
| (a) Insufficient | — | — | — | — | — |
| (b) Unsuitable or Defective | 1 | — | — | 2 | — |
| (c) Not separated for Sexes | — | — | — | — | — |
| Other Offences | — | — | — | — | — |
| Totals | | 1 | — | 2 | — |

APPENDIX

Public Analyst's Laboratory,
Flag Lane,
WARRINGTON.
22nd January, 1960.

REPORT UPON THE CHEMICAL ANALYSIS OF ONE
SAMPLE OF WATER, received on the 9th January, 1960.

Sample marked: From Kinniside Reservoir (chlorinated).
Taken at outlet to Reservoir (before
chlorination).

8.1.60. Weather—Fine.

Analysis :

| | |
|---|-----------------------|
| Appearance | clear and colourless |
| Odour | nil |
| Reaction, pH | 6.4 |
| | - parts per million - |
| Total solids | 67. |
| Nitrogen as free and saline ammonia | 0.00 |
| Nitrogen as albuminoid ammonia | 0.01 |
| Nitrogen as nitrates | 0.75 |
| Nitrogen as nitrites | negligible |
| Chlorides, as Cl | 16. |
| Oxygen absorbed from perman- ganate in 4 hours at 27° C. ... | 1.75 |
| Total hardness | 20. |
| Temporary hardness | 10. |
| Permanent hardness | 10. |
| Alkalinity | 10. |
| Free chlorine | nil |
| Poisonous metals | nil |
| Potassium, as K | — |

Opinion :

The chemical examination of this sample is satisfact-
ory and gives no indication of serious pollution.

for RUDDOCK & SHERRATT.

(Signed) J. GRAHAM SHERRATT.



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