

[Report 1950] / Medical Officer of Health, Lakes U.D.C.

Contributors

Lake District (England). Urban District Council.

Publication/Creation

1950

Persistent URL

<https://wellcomecollection.org/works/bffpfmw3>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

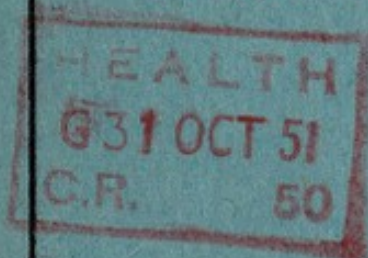
Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

LIBRARY

Urban District of Lakes



ANNUAL REPORT

OF THE

Medical Officer of Health

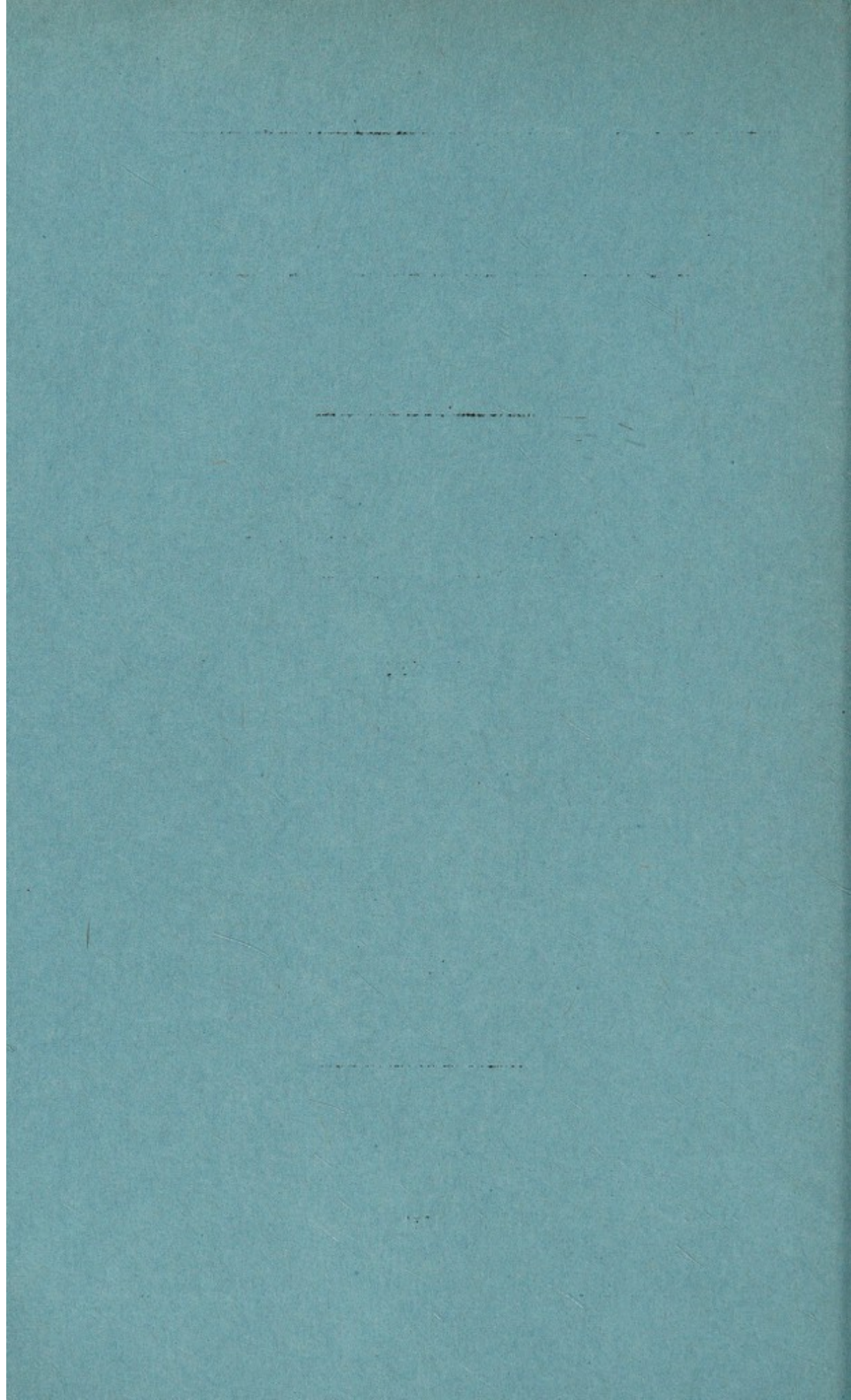
FOR THE YEAR

1950

LIVERPOOL

C. TINLING AND COMPANY LIMITED, PRINTERS, 53, VICTORIA STREET

1951



Urban District of Lakes

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1950

LIVERPOOL

C. TINLING AND COMPANY, LIMITED, PRINTERS, 53, VICTORIA STREET

1951

To the Chairman and Members of the Urban District Council of Lakes.

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report upon the health of the Urban District during the year 1950.

The gradual post-war resumption of progress in public health practice has been complicated by the initial difficulties of the first year's operation of the National Health Service Act, 1946, the Town and Country Planning Act, 1947, and the National Assistance Act, 1948.

This legislative upheaval has split Medicine into three poorly co-ordinated divisions—the hospitals, general practice, and the public health service. The emphasis now lies upon the curative services of the regionally controlled hospitals. The enormous cost of treatment will soon focus more attention upon the preventive services, for the adage that prevention is better than cure was never more appropriate than in this year of Grace.

I believe that these statutes offer great opportunities for advancement in the primary functions of hygiene and preventive medicine if the public health service of the local authorities can take its logical place in a more united trinity of medicine. It has a proud record in the past and still great faith in the future.

I wish to acknowledge the help and ready co-operation of my colleague, the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Sanitary Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Urban District in acres ...	...	...	...	49,917
Population (mid year) ...	...	...	...	5,303
Inhabited Houses ...	...	...	...	1,737
Rateable Value ...	...	...	...	£54,748

The Urban District of Lakes lies in the heart of the English Lake District and will be the nucleus of the proposed National Park. About three miles of the north-eastern shore of Windermere Lake is within the District and the inhabited areas are sited along three main valley systems which radiate from the Lake. To the west lie the Langdales, to the north the dales of Rydal and Grasmere, and to the north-east the Troutbeck Valley, which leads over the Kirkstone Pass to the geographically detached dalehead of Patterdale and Glenridding at the head of Ullswater Lake. Your Council Offices are situated at Ambleside.

The valley bottoms lie between 150 and 300 feet above sea level in the major western portion, and in the Patterdale area at about 500 feet. The massive crags and fells rise steeply to altitudes of between two and three thousand feet, comprising some of the finest mountain scenery in Great Britain. Some of the valleys are wooded but the fellsides are majestically covered only by bracken and heather. The stone-built houses are scattered irregularly along the valleys, with only two large villages or townships of any size, Ambleside and Grasmere. The District is therefore essentially rural in character. These geographical features determine the natural lines of communication and therefore influence the spread of infectious disease.

The geology of the District is almost entirely confined to the Borrowdale Volcanic series of lavas, tuffs and agglomerates with some igneous intrusions. The lavas are mainly andesites with rhyolites at various horizons. The fragmentary rocks resulting from explosive eruptions vary from fine-grained tuffs and ashes to coarse agglomerates and breccias. Lateral pressure has converted some of the tuffs into slate suitable for roofing. In the extreme south of the District the thin bands of the Coniston Limestone and Ashgillian Series are interposed between the Borrowdale series and the commencement of the Silurian Rocks which stretch away to the South of the County. Workable deposits of non-ferrous metals, particularly lead, are found in the north-eastern part of the District. These geological characteristics are of great significance in the supervision of water supplies, sewerage and occupational diseases as well as affecting the economics of the District.

The climate is mild and equable in the valleys and invigorating on the fellsides and uplands. The dales of Rydal, Grasmere and Troutbeck are sheltered from the prevailing westerly winds, and, being open to the south, provide full access to sunshine. The Langdales are more exposed, and Patterdale, although sheltered has a northerly aspect. Temperature gradient inversions are occasional in the spring and autumn but are soon dispelled in the mornings. The rainfall averages 70 inches a year, but this figure is due more to the heaviness of the rain when it occurs rather than to an undue proportion of rainy days. Snow may be expected for one or two weeks in the late winter.

The District is predominantly a holiday centre for climbing, walking and enjoying the scenery of mountains and lakes, and there is a large influx of seasonal visitors which raises the population to an estimated peak of approximately 8,000. This tourist trade has been imposed upon the basic characteristic of agriculture, mainly sheep-farming, and many of the small local industries are therefore ancillary to agriculture. There are also the following industries which provide a certain amount of local employment and stability to the District to help balance the fluctuating conditions and the seasonal holiday trade:—

Slate Quarries.

Lead Mines.

Opportunities for local employment help to check the drift from the countryside. These industries together with the trade associated with the hotels and boarding houses, have provided a limited economic security and local prosperity which is a most important factor in the maintenance of public health.

The rateable value of the Urban District is £54,748 and the product of a penny rate is £219. The Rate for 1590/51 is 21/- in the Pound of which 16/4d. represents the County Rate,

STAFF.

Name.	Qualifications	Office	Whole or Part Time	Other Offices
F. T. Madge ...	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
J. H. McAdam ...	Cert.S.I.B.	Sanitary Inspector	Part	Building Surveyor
S. B. Grimes ...	—	Clerk	Part	—
B. M. Machell ...	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland
A. F. Fildes ...	M.Inst.Mun. & Cy. Eng.	Water Engineer	Part	Surveyor

STAFF CHANGES

There have been no staff changes during 1950.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1949 for comparison.

Area of the District in acres ... 49,917

	1949	1950
Estimated civilian population (mid-year) ...	5,290	5,303
Live Births. Legitimate— males ...	30	19
females ...	22	25
Illegitimate— males ...	4	1
females ...	2	1
Total ...	58	46
Rate per 1,000 population ...	11.0	8.6
Rate for England and Wales ...	16.7	15.8
Stillbirths. Legitimate— males ...	2	2
females ...	—	—
Illegitimate— males ...	1	1
females ...	—	—
Total ...	3	3
Rate per 1,000 total (live and still) births ...	49.1	61
Rate per 1,000 population ...	0.57	0.56
Rate for England and Wales ...	0.39	0.37
Deaths. Males ...	34	40
Females ...	52	53
Total ...	86	93
Rate per 1,000 population ...	16.2	17.5
Rate for England and Wales ...	11.7	11.6
Infantile Deaths (under 1 year)		
Legitimate ...	—	2
Rate per 1,000 legitimate live births...	—	45.4
Illegitimate ...	—	1
Rate per 1,000 illegitimate live births	—	500
Total Deaths under 1 year ...	—	3
Rate per 1,000 live births ...	—	65.2
Rate for England and Wales ...	32	29.8

Neonatal Deaths (under 1 month)						
Total neonatal deaths	...	...	...	...	—	2
Rate per 1,000 live births	...	...	...	...	—	43·4
Deaths from Diarrhoea and Enteritis ...						
(under 2 years)						
Deaths	...	...	...	...	—	—
Rate per 1,000 live births	...	...	...	...	—	—
Rate for England and Wales	...	...	...	...	3·0	1·9
Maternal Mortality						
Total Deaths	...	...	...	...	—	—
Rate per 1,000 total (live and still)	...	...	...	...
births	...	...	...	...	—	—
Rate for England and Wales	...	...	...	...	0·98	0·86

Deaths from Certain Causes: —

	1949	1950
Cancer	7	15
Measles	Nil	Nil
Whooping Cough	Nil	Nil

The main causes of death were:—

Heart Disease	...	...	...	...	...	34
Cancer	...	...	...	...	...	15
Vascular lesions of nervous system	...	...	...	...	...	11

COMMENTARY ON THE VITAL STATISTICS FOR 1950

POPULATION

The Registrar-General's estimate of your civilian mid-year resident population was 5,303 which is 13 more than last year. The increase may be represented as an excess of deaths over births of 47 and an immigration into your district of at least 60 persons. It is probable that these estimations of the Registrar-General will be materially amended when the 1951 Census is made.

A proper perspective cannot be obtained by considering merely one year's changes. It is the general trend of population which is important for the planning of your future housing, water and sewerage requirements, and for the broader issues of the economic prosperity of your District.

Long before the Lakes Urban District was formed the constituent authorities of Ambleside, Grasmere, South Westmorland and the West Ward were all steadily declining in population. For example, both Ambleside and Grasmere Urban Districts between 1911 and their absorption in 1935 showed a nett average loss per year of one-half per cent. The newly formed Lakes Urban District continued to experience the same decline until 1939. The causes of this decline were two-fold, firstly, the number of deaths always exceeded the number of births and even the birth rate was well below the average for England and Wales; secondly, there were many people each year who left the district to settle elsewhere.

1939 saw the turn of the tide, and in the next three years there was an almost overwhelming immigration of war evacuees from the vulnerable areas. Your District absorbed between 45 per cent and 50 per cent extra persons over its pre-war population, a feat normally achieved only at the peak of the short holiday season. Although most of your evacuees left the Lakes your population probably remained slightly above the pre-war figure. This may mask the inter censal change to some extent.

Your births have fallen below your deaths. Your birth rate is about 55 per cent of the average for England and Wales, and well below your death rate. You are a naturally declining community—declining at a much faster pace than the rest of the nation, and the reasons are not difficult to see. The residential charm of the District will attract all the immigration you need to maintain your numbers.

Birth Rate.

Your birth rate of 8.6 is the lowest since the year of your formation. For many years it has been deplorably low, a mere half to two-thirds of the national rate.

Apart from the local economic circumstances the effect of the two wars aggravated the position. The present child-bearing and begetting population suffered twice. There is a sad gap in their ranks due to the unborn casualties of the first world war, and at the onset of the second war their marriages were delayed, prevented or frustrated at the time of their maximum fertility. If your native community is to survive you must raise your birth rate well above your death rate, and to do that you will have to recapture and hold the faith of your young people in country life. It seems probable that the National Park will have a sterilising effect upon the community.

Still-birth Rate.

The still birth rate was satisfactory.

Death Rate.

Your death rate in 1950 was above the national average, but the general trend since 1935 has been almost identical with the rest of England and Wales.

Infantile and Neo-natal Deaths.

There were three infant deaths. Your figures are too scanty to carry statistical significance on their own merits but as they run parallel with the figure for England and Wales I feel that they do reflect a very satisfactory improvement in child-care by the local doctors, nurses and above all, by the young mothers in their homes.

Maternal Mortality.

Your clean record has been happily maintained.

NOTIFIABLE DISEASES TABLE.

DISEASE.	Total.	Ages.										Admitted to Hospital.	Deaths.		
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-			45-	65-
Scarlet Fever ...	10	—	—	—	—	—	8	1	—	1	—	—	—	1	—
Erysipelas...	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—
Pneumonia ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Puerperal Pyrexia ...	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Measles ...	6	—	—	1	1	—	3	1	—	—	—	—	—	—	—
Whooping Cough ...	4	—	—	—	1	1	2	—	—	—	—	—	—	—	—
TOTAL ...	24	—	—	1	2	1	13	2	—	1	2	—	2	1	—

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The District had a very fortunate year. There were a few scattered cases of measles and whooping cough during the year, and a small outbreak of scarlet fever in Ambleside during the last quarter.

I believe that there was also an increased incidence of glandular fever in Ambleside, but as the disease is not notifiable I have no reliable data.

In a holiday district it is necessary to review a wider field for the control of infectious diseases which may be imported by our visitors.

Whooping Cough

Whooping cough is slowly being brought under control. Artificial immunisation against the disease is now available and the treatment of established cases seems to be improved by the new synthetic antibiotic drugs. There seems every hope that this very distressing illness in little children can be virtually wiped out.

Measles.

Measles remains a disease which visits the area with periodical regularity. No effective artificial immunisation is yet available, but the use of antibiotic drugs has greatly reduced the incidence of pneumonia and ear disease complications in measles.

Scarlet Fever

Scarlet fever has been insignificant for many years, and the illness is now normally nursed at home. Research has shown that scarlet fever is merely one manifestation among many of infection with the haemolytic streptococcus organism. Its virulence has diminished during this century and treatment is more effective in preventing complications. Scarlet fever is repressed rather than conquered.

Diphtheria

Diphtheria has not occurred since 1947. Artificial immunisation appears to have almost abolished diphtheria, and I hope that serious epidemics of this deadly disease have been banished for all time.

I wish to thank the local doctors and nurses for their efforts to secure artificial immunisation of every baby before the first birthday and the school medical officers for their part.

Dysentery

Notifications of the Sonne type of dysentery have increased in recent years. This is probably because extended laboratory services have facilitated more accurate diagnosis of the group of diseases which are characterised by diarrhoea. Sonne dysentery has been widespread throughout the north west of England, and its control lies mainly in securing clean food handling and the maintenance of higher standards of sanitation.

Smallpox

Smallpox remains an increasing threat due to the combined effect of apathy towards vaccination and enthusiasm for airborne travel. I think that people do not realise that we are less than 24 hours away from areas of constant ravage by this dreadful disease.

Smallpox swept the country from time to time until some 50 years ago when widespread vaccination checked its progress and vigilance at the sea ports prevented its importation. A generation has grown up which is blinded by the complacency of false security, not yet realising that air travel has made smallpox once more a very real risk to the community.

Persons from abroad, who may be incubating the disease, arrive in this country well within the incubation period. It is most important that all children should be vaccinated in infancy, and that adults should keep themselves protected, rather than rush in belated panic for mass vaccination when an outbreak occurs.

The present low vaccination state of the population is inviting trouble from this disfiguring and often fatal disease. I cannot stress too strongly the wisdom of taking obvious precautions against preventable diseases.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946. Parts II and III.

Hospital accommodation for infectious diseases is provided by the Regional Hospital Boards, Manchester and Newcastle, at Lancaster, Penrith and Carlisle. Smallpox cases will be admitted to the Ainsworth Smallpox Hospital near Bury.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council.

Disinfection Arrangements.

Disinfection facilities for clothing and bedding are not very satisfactory owing to the lack of a steam disinfector. Reliance is therefore placed usually upon disinfection with formaldehyde in the patient's house. Disinfection of premises and other chattels is carried out locally and presents no special problems.

TUBERCULOSIS

Tuberculosis is the most important communicable disease of our time. It is sadly expensive in human lives, in crippling, and in money. It attacks mainly the teen-ager and the young adult, but its tragic progress lingers often into old age, spreading ripples of infection in its path. It is a blatant challenge to preventive medicine.

The prevention of tuberculosis is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold: to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

Investigation of the source of infection relies upon notification. Since the Regional Hospital Boards reorganised the arrangements for treating tuberculosis notification has deteriorated seriously and our statutory registers are becoming progressively inaccurate. It is to be hoped that some liaison machinery will be evolved to restore the co-ordination between treatment and prevention which existed before July, 1948.

When notifications are received, inquiries are made into the home and working conditions of the patient and into any outside sources of infection. In this way occasional infectious respiratory cases can be discovered, and in certain cases of non-respiratory involvement infected milk can be traced back to tuberculous cows. A more detailed medical examination of members of the patient's family is undertaken by the Regional Hospital Board.

Additional assistance in investigating the source of infection will be provided by the Mass Miniature Radiography Units of the Regional Hospital Boards, which offer free X-ray examination in each locality from time to time. It is hoped that the public response will be good and that not only will it reveal the infectious cases but will enable early cases to be offered the best possible chances of recovery.

Preventing the spread of infection depends mainly upon the management of the established case. Ideally, the infectious patient should be isolated, but the serious shortage of beds and nurses in sanatoria causes many cases to remain outside. This is usually to the detriment of the patient and it creates a very serious reservoir of infection leaking into the general population.

If isolation in hospital is denied reliance has to be placed on education

of the patient in personal precautions, and your Council endeavour to ensure that the home conditions are such that an infectious patient is not compelled to share a bedroom with other members of the family who are still healthy, and where possible to rehouse young families who are sharing a house with infectious tuberculosis patients—rather an inadequate and pathetic makeshift.

Prevention of tuberculosis extends beyond the home. Your Council have the duty of ensuring that an infectious patient is not employed in dairying or food handling, and persuasion is occasionally needed to avoid the undesirability of such a patient carrying on certain other employment which would create an especial risk to susceptible contacts. In many other workplaces control is impotent and spread may be unchecked. Perhaps immunisation with B.C.G. vaccine may protect susceptibles.

Removing conditions favourable to infection embraces the whole range of environmental preventive medicine. Housing and nutrition are probably the major factors. Slum clearance, reconditioning of houses, relief of overcrowding are the first steps, for tuberculosis thrives in damp, dark, congested dwellings, whether they are sited in an urban slum or rural solitude. Nutrition is undoubtedly significant in the prevention of infection and in the early arrest of tuberculosis. Protective food are expensive to buy, medical treatment is free.

The increase in attested herds, the eradication of tuberculosis cattle, and systematic meat inspection are making notable progress in removing conditions favourable for bovine infection to be transmitted to man.

The supervision of dusty trades under the Factories Act reduces the risk of lung damage which may predispose to tuberculous infection, and the workers in these occupations are especially surveyed by the X-ray units.

Your Council have therefore very considerable responsibilities in accepting the challenge of tuberculosis, but their powers would be considerably enhanced by better co-ordination with the various other bodies who are allies in this cause.

TUBERCULOSIS TABLE.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	1	—	—	—	—
15	—	1	—	—	—	—	—	—
25	1	1	—	—	2	—	—	—
35	—	—	—	—	—	1	—	—
45	1	—	—	—	—	—	—	—
55	—	—	—	—	—	—	—	—
65	—	—	—	—	—	—	—	—
TOTAL ...	2	2	—	1	2	1	—	—

There were no deaths in cases notified during the year. One pulmonary case was a transfer from another area.

HOUSING.

Housing Acts, 1936 and 1949.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have power to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

Present Housing Position

Housing Act, 1936, Section 57.

There are 1,735 inhabited houses in your District. With an estimated population of 5,303 the average number of persons per house is 3·2. This figure is purely hypothetical since many of the better houses have only one or two occupants, and a number of the smaller houses are occupied or let furnished only in holiday times by absentee landlords.

It is probable that the dalesmen's houses have an average of at least four persons per house, which is not excessive for a normal-sized family and there is probably little overcrowding within the strict definition of the Housing Act, which assumes that living rooms are used for sleeping purposes, and that the sexes can be segregated irrespective of age, health or family relationships. Assessment of overcrowding based on a minimum bedroom standard is long overdue and would provide a more realistic picture of the domestic difficulties which are reflected in the application lists for new houses.

It is probable that overcrowding is temporarily increased during the peak of the holiday season, but no certificates under Section 61 of the Housing Act, 1936, have been granted by your Council to authorise exceeding the permitted numbers.

Since most of the smaller property is very old the structural state is not good. Many of the houses suffer from rising dampness due to the absence of damp-proof courses which cannot be remedied without extensive works in under pinning. The sound methods of the original construction have ensured that deterioration of the structure is a very slow process, but heavy repair costs and low rentals have made housing repairs unprofitable to the landlords.

Apart from structural defects there is a general lack of the ordinary decent amenities in most of the smaller houses. My report of 1947 sets out the detailed figures in each Parish in your District. There is a lack of internal water supplies, of proper washing facilities, of water

closets and of electricity. Even in Ambleside and Grasmere only half the houses under £22 rateable value have fixed baths.

These conditions may appear quaint and interesting to casual visitors, but they are disgusting and disheartening to those of your folk who have to live in them. Your Council is vigorously striving to bring water, sewerage and electricity to the valleys as the first essential step towards cleaning up the District.

The Rural Housing Survey results were presented to your Council in 1947 and I hope that the money you spent on making that detailed survey will not be wasted by filing away and forgetting the Report which was a starkly realistic social record of your home conditions, which have not since then shown any change for the better.

Slum Clearance

Rural slums may be more picturesque than city slums, escape into the beautiful countryside may be easier, but within the four walls of a house the distinction is not so evident.

The persistent deadlock in new building makes any serious attempt at slum clearance in your District a hollow mockery. The best that can be done is to deal with those houses which have decayed to the stage of being structurally dangerous, and to commence action against any particularly bad houses which are brought to especial notice.

The Housing Act, 1949, offers financial grants to owners to recondition existing houses in a comprehensive manner, and I hope that owners of Class 4 and 5 houses will consider the possibilities of each house with a view to maintaining the architectural traditions of the District and making decent houses for our dalesfolk.

The Act also gives your Council extensive powers to acquire and recondition suitable sub-standard houses. This might be a lot quicker and cheaper than new building but it would meet only part of the demand. Courage would be required to reap full advantages from such schemes.

Closing Orders

Housing Act, 1936. Section 12.

No closing orders were made during the year. One such order is on the register of local land charges.

Undertakings.

Housing Act, 1936. Section 11.

One undertaking not to use a house for human habitation after vacation by the present tenants was accepted during 1950, on a farm

cottage in Great Langdale. The house was dealt with also as a dangerous building.

Emergency repairs were being carried out at the year end and the owner was considering comprehensive reconditioning.

Undertakings not to use houses for human habitation were in force on 12 premises.

No improvement grants were made under the Housing Act, 1949.

Demolition Orders.

Housing Act, 1936. Section 11.

No demolition orders were made during 1950. One demolition order is outstanding on Island View Cottage, Grasmere. This order was made by your Council in 1937, but was not enforced. The house is now illegally occupied. This is not satisfactory.

Clearance Areas

Housing Act, 1936. Section 25.

An outstanding clearance order exists at Township, Patterdale. There are six houses in this Order. One is empty, one is occupied by an original tenant who refused the offer of a Council house, and four were allowed to be re-occupied by evacuees during the 1939/45 war on the understanding that they would return to their own area after the war. The houses are not occupied under licence nor requisitioned under Defence Regulations, and their position is now irregular. I must recommend that all these person should be rehoused as soon as possible.

Condemned Houses Occupied by Licence or Requisition

Defence Regulations.

No condemned houses have been occupied by bombed-out persons by your licence under Defence Regulation 68A, nor by persons inadequately housed by your requisition under Defence Regulation 51.

Fit Houses Requisitioned

Defence Regulation 51.

Three houses are occupied under your Council's powers of requisition. Although many small houses are occupied only in holiday times by absentee owners or let furnished to casual visitors, most requisitioning proposals have ben met with prompt evasive action.

Estimated Requirements

Housing Act, 1936. Section 71.

In conjunction with your Building Surveyor I estimate that the

following figures will provide an approximate guide for your future planning of housing requirements:—

Replacement of condemned houses still occupied	...	...	7
Replacement of Class 5 houses (condemnable)	...	...	92
Provision of a house for each family unit	...	...	55
			—
			154

I have exact details of the location of the 99 condemned and condemnable houses. The figure of 55 needing a separate home was obtained by individual questionning of every applicant on your housing list, under Ministry of Health Circular, 171/48.

Your waiting list for new houses at the beginning of 1950 was 116, comprising 55 families without a separate home and 61 families who desire to change their present house. This should be a powerful stimulus for action.

In addition to these 154 houses required there is a demand from persons now resident outside the area for houses nearer their work within the Lakes Urban District.

You cannot start the erection of such a large number of houses at the present time on account of controls of material and labour, but you can go a long way towards cutting out subsequent delays. You know now from the Housing Survey, the number of Class 5 houses in each parish, you know from this report where the condemned houses still occupied are situated and you have some idea from your housing application lists where are the houses which are being shared by more than one family.

You therefore know how many houses are likely to be wanted in each parish, and indeed in each village, and your Council commenced during 1949 and 1950 to undertake some of the preliminary work.

Local Authority Schemes

In Ambleside a site was chosen for between 50 and 60 new houses at Greenbank. This scheme was approved in principle by the Ministry of Health, and your Architect prepared a layout for your approval. At the year end negotiations were in progress for acquisition of the land. This is a very pleasant central site which allows for future expansion.

In Grasmere a new site was chosen on the road to Easedale for between 20 and 30 houses. These will be in addition to the 10 houses being erected at Benfield. This site was approved in principle by the Ministry of Health and your Architect has prepared layout plans

which have been approved by the County Planning Department.

In Great Langdale a site was selected at Chapel Stile for about 20 houses, approvals obtained and a layout prepared.

In Troutbeck a small site was chosen for 6 new houses near the Kilns and Town End. Approvals were obtained and a layout prepared. The water supply when sampled was below standard and until an alternative water supply becomes available no progress can be made with this scheme.

In Patterdale a site was selected at Glenridding for about 20 houses and a layout was prepared. Approvals were being sought at the year end.

It is your policy to minimise the delays in actual construction by pressing on to get layout and designs agreed, quantities prepared, and your site works, roads, sewers, water and electricity ready for the time when building may be allowed to commence.

The selection of centrally placed sites I feel will be particularly important for old people who need some community help in the time of their difficulties, but who enjoy the pride of their independence at other times.

The need for agricultural workers' houses is a more difficult problem at the present time. The policy of the Government is against tied cottages, the shortage of help in the farmhouse is hardening farmers' wives against the labourers living in, and there is the vicious circle of the worker wanting a house before he comes, and the local authority being empowered to let the house only to the tenant and not to the farmer. Furthermore, the siting of farm workers' cottages in existing villages may be satisfactory in arable farming, but it leads to difficulties in stock-rearing farms where the labour needs to be near the job. The County Agricultural Executive Committee have been reviewing the housing requirements of agricultural houses and represented their finding to your Council for consideration.

Housing Building Progress

Your Council had 10 houses under construction at the end of the year, at Benfield, Grasmere.

The eight houses at Blue Hill, Ambleside, which were commenced in 1947, were completed during 1950.

No houses were completed during the year by private enterprise but two were under construction. Four have been completed post war.

Conversions during the year have produced an additional one house, by the sub-division of an existing house.

Tenants Selection

The present method of selecting tenants for your Council houses is for your Housing Committee to consider all the applications and then select the tenants whom they consider are most in need of being rehoused. No points system is in operation and there is no anonymity.

Housing Management

Your Council now own 61 houses. Routine repairs and maintenance are carried out by local contractors. Your present estates do not justify the employment of direct labour, but in the years to come the number of your houses will be increased and the maintenance will require constant attention and you may be faced with considerable reconditioning of the rural houses.

The rents of your Council houses vary between 7/3d. and 13/6d. per week for the three-bedroomed houses, and 15/- per week for the four-bedroomed houses all exclusive of rates. From these figures you will see that present day building costs will not enable you to maintain low rents on your new houses unless there is a substantial increase in the rate of Government subsidy.

The rateable value of your Council houses varies from £9 to £19.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rent and rates from the portion of their income which rightly belong to the purchase of food. Domestic economy can effect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

Verminous Houses.

Public Health Act, 1936. Sections 83-85.

No action was necessary during the year.

Nuisances and Notices re Dwellings

Public Health Act, 1936. Section 91-100.

During the year the following action was taken:—

Preliminary Notices served	...	...	...	...	153
Statutory Notices served	...	...	...	...	0

In no case was it necessary to obtain an abatement order from the Court. There was a general desire on the part of owners to remedy

defects in spite of the current difficulties of controls and the shortage of labour and materials.

Dangerous Buildings:

Public Health Act, 1936. Section 58.

Informal action was taken on one farm cottage in Great Langdale and the owner rebuilt the front wall as part of his plans for the future comprehensive reconditioning of the house.

Tents, Vans, Sheds and Moveable Dwellings

Public Health Act, 1936. Sections 268-269.

No licences were in force during 1950 for camping sites usable both summer and winter, and three licences for summer use only.

Four licences were in force during 1950 for individual caravans usable both summer and winter. These were used as permanent dwellings. Seven licences were in force for summer use only, and very considerable difficulty was experienced in their clearance.

Your Council imposes conditions upon the grant of licences and requires their annual renewal. As this District is the nucleus of the National Park it is most desirable that strict but unobtrusive supervision should be exercised over camping sites to ensure that the natural beauty of the country is not despoiled by the careless few.

Unlicensed camping sites are scattered throughout the entire District, but very little nuisance arises from casual campers except on White Moss Common, where considerable fouling occurs in summer time for which your Council are seeking powers of control. Elsewhere the improvised sanitary arrangements and refuse disposal cause little nuisance, but casual campers take water from polluted becks at their own risk.

A collection of wooden sheds used for week-end camping was discovered in a well-screened part of the District near Skelwirth Bridge. These have been erected without the Council's permission and constitute an undesirable precedent for the indiscriminate and unauthorised erection of shacks which are not in keeping with the amenities of the District, and which aggravate the sanitary administration. Action is in progress to regularise this encampment.

Parks and Public Open Spaces

Ambleside, Grasmere, and Glenridding have formal parks or recreation grounds which are much used by children and elderly persons for whom the wild nature of the fells is too strenuous. Many of these places have beautiful vistas of the surrounding district and are sheltered from the prevailing winds.

Bathing Facilities

Your Council reconditioned and re-equipped the changing and life-saving provisions at Waterhead where a shallow portion of Windermere Lake is used for bathing.

WATER SUPPLIES

Water Act, 1945.

General

The public water supplies are limited to four areas of your Urban District, Ambleside, Grasmere, Hartsop, and Chapel Stile. The quality of the Ambleside and Grasmere supplies is satisfactory after treatment but the Chapel Stile supply is variable. The results of laboratory examinations of the raw and treated waters are set out in Appendix A.

Only the Grasmere supply is unfailing in quality. The Ambleside supply is generally adequate except in periods of drought, when the grossly excessive consumption makes it necessary to purchase water from the Thirlmere aqueduct of Manchester Corporation.

The Chapel Stile supply runs very short in dry weather but your Council has now installed an emergency ancillary supply from the main beck.

The Hartsop supply completed during 1949 has not yet revealed its capabilities and limitations.

Ambleside Supply

The source is Scandale Beck, which is upland surface run-off from the rocks of the Borrowdale volcanic series. The gathering ground is uninhabited, but sheep grazing throughout the year and cattle grazing in summertime occur above the intake. The beck comes down alongside a popular walking route, and, although pollution is minimal and dilution is great, the water is strained through a copper screen and chlorinated. A covered storage reservoir of 366,000 gallons storage capacity has a top water level of 442 O.D.

The supply to Ambleside and parts of the parishes of Rydal and Loughrigg is thence by gravitation. The average daily consumption is about 350,000 gallons or about 143 gallons per head for 2,450 estimated consumers in 754 houses, which suggests enormous wastage. The head-works were constructed in 1881.

Grasmere Supply

The source is Tongue Ghyll, which is also upland water from similar rocks on an uninhabited catchment area. Sheep grazing occurs through-

out the year, and the ghyll is followed by the track leading down from Grisedale Hause, much used by holiday walkers. The water is therefore filtered through limestone and chlorinated. There is a covered storage reservoir nearby of 100,000 gallons capacity, with a top water level of 649 O.D. The supply to Grasmere township is thence by gravitation, and the average daily consumption is about 100,000 gallons or 118 gallons per head for 850 estimated consumers in 259 houses. The headworks were constructed in 1901.

Chapel Stile

The main source is Meg's Ghyll, which is also upland water from Borrowdale volcanic rock. The gathering ground is uninhabited, but light sheep-grazing occurs throughout the year. The water is untreated and is very variable in bacteriological quality. There is a small tank of 5,000 gallons capacity by the intake, but there is no storage reservoir. The supply to the villages of Chapel Stile and Elterwater is by gravitation. The average daily consumption is about 8,000 gallons or 200 gallons per head for 500 estimated consumers. Although there is excessive waste the storage capacity is so small that the supply fails in times of drought.

The emergency source is water pumped from a sump-hole in the valley gravel bed near New Bridge into the rising main of the Meg's Ghyll system. The water is chlorinated and mixed with the water from the other source. It is probable that this ancillary supply will be required only in times of extreme drought, but I see no reason why it could not be used for meeting any increased demand caused by extension of the present system of mains. A major scheme for the Great Langdale valley is also under consideration, and if it is adopted it will supersede Meg's Ghyll and the emergency ancillary supply.

Hartsop

The source is from springs on the fellside above the hamlet. Sheep grazing occurs on the uninhabited catchment area. The water is led from catchpits into a concrete tank of 11,000 gallons capacity, with a top water level of about 690 O.D. The water flows by gravity untreated to the hamlet. The headworks were taken over and reconditioned by your Council in 1949.

Glenridding

During the protracted drought in 1949 the private supply systems in Glenridding virtually failed and in order to safeguard the public health at the height of the holiday season your Council took emergency measures to instal a temporary supply.

With the generous assistance of the Mining Company their high pressure turbine feed pipe at Rattlebeck was tapped and your Water Engineer laid a pipe across the fields to couple up with the existing distribution mains. This prompt action saved Glenridding from much discomfort and possibly from disease. Until the main scheme matures your Council seek to continue this emergency source.

General

The Rural Housing Survey completed in 1948 revealed the following conditions in the rural parishes outside Ambleside and Grasmere. Of the houses of a rateable value of £22 or under, the percentage of houses without internal water supply was:—

Patterdale	...	...	...	...	52 per cent
Langdales ...	...	...	...	...	49 „ „
Troutbeck	...	...	...	...	23 „ „
Rydale and Loughrigg	...	...	...	...	13 „ „

Outside the areas of the public water supplies conditions are generally poor. There are a few small privately-owned systems of varying quality, and the rest of the District relies upon becks, small runners, superficial springs, and the surface drainage catchpits, unreliable in yield and many of undesirable quality.

No comprehensive survey has been made of individual private water supplies, and staff shortage precludes one in the near future.

Shortage of water is brought to my notice in times of over a fortnight's dry weather by the frequent complaints of distress from the populated areas of Troutbeck and Patterdale. It is ironical that a district with 70 to over 100 inches of rain in a year should be short of water, but the reason is that the impervious volcanic rocks cause a rapid run off and the storage capacity of privately-owned systems has been dictated more by economy than foresight. The quality of the average private supply fluctuates widely, and I can do no more than warn the users that they drink it at their own risk, that they should have it tested for purity at regular intervals, and that if in doubt they should boil it.

Your Council are fully aware of this bad general water supply situation, and have commenced the preparation of schemes for improving the worst areas of Patterdale, Troutbeck, and the Langdales. There have been many difficulties, both national and local, during the fifteen years of your existence, and very little effective progress has been made.

The frustrations have been a source of sorrow to your Council and have aroused impatience or despair in the folk who live in these areas.

They have prevented the bringing of the amenities of a safe and sufficient water supply and the decencies of a twentieth-century sanitation system into the more populous parts of your rural areas. I hope that when controls and restrictions are removed we shall be allowed to set our houses in order.

Water Schemes

The Patterdale Scheme was commenced in the days of the West Ward, before the parish was transferred to form a constituent of the Lakes Urban District in 1935. A scheme was drawn up to use water from a group of springs above Braesteads Farm in Grisedale to supply both Glenridding and Patterdale. Negotiations for the acquisition of the source have been protracted, but during 1949 planning approval was obtained, and the scheme was submitted to the Ministry of Health for approval and loan sanction. In September, 1949, the Ministry sought further information, and at that year end your Council were preparing their replies. There seemed some possibility that the stage of a public inquiry might be reached during 1950, but the matter dragged on despairingly and it seems doubtful whether even 1951 will see the Inquiry. Meanwhile, Glenridding has been partially helped by the temporary system installed in 1949.

The Langdales were under consideration before 1935 when these areas were in South Westmorland Rural District. A scheme for Little Langdale had been made but your Council did not find it to be acceptable. Further schemes for supplying either Little Langdale separately or both the Langdales together have been discussed off and on for many years, but difficulties appear to have been experienced. Some progress has been made, but the Little Langdale scheme went to the Ministry of Health for approval in 1947 but was returned for amendment and re-submitted in 1949. The public inquiry was held in January, 1950, the Ministry gave approval and the work was commenced at Gill Grains. It is hoped that Little Langdale will receive water during the spring of 1951 although it may take longer to complete all the permanent headworks. The scheme for Great Langdale seems to be temporarily shelved.

The Troutbeck water supply has been discussed several times, with a special revival of interest during the war years. This village is in the area of supply of Windermere Urban District, but your Council are at present taking steps to have it transferred to your own area of supply. This village is dependent for water upon a series of catchpits, becks, and small private installations which are very unreliable in yield, almost

dry-out in times of drought, and whose quality I suspect is very variable. Your Council's consulting engineers prepared a scheme during 1949 for supplying the village from Woundale Beck. The approval of the County Council was obtained, but at the year end the scheme had not reached the stage of submission to the Ministry of Health, due mainly to local disagreements. I think that Troutbeck is the only village of any significant size in Westmorland which is now without a piped public water supply.

Safeguarding of Purity

A scheme for the general safeguarding of the purity of the public water supplies was instituted during 1948. The elementary precautions of the medical examinations of workmen and the regular laboratory examination of the water should protect a popular holiday area from serious water-borne diseases, but staff shortage prevented the proper carrying out of the scheme.

SEWERAGE.

Disposal Methods and Works

Public Health Act, 1936. Section 15.

Public sewerage systems are at present very limited in the District, and I have to advise your Council that extensions and new installations are desirable in several places, particularly in view of the proposed new water supplies.

Ambleside is the only area within your District which possesses a sewage disposal plant of any size. These works are not functioning efficiently and the final effluent is very variable in quality during normal working and extremely bad during the weekly flushing of the plant, which causes massive pollution of the river with untreated sewage.

Your Council's consulting engineers submitted to you during 1949 a scheme for major reconstruction of the works, but as the cost was very high, an alternative proposal was made to effect certain improvements and urgent repairs which may at some future time be incorporated in the larger scheme. These repairs have not yet been commenced.

Chapel Stile is sewered into a large septic tank which has an outfall into the river.

Troutbeck has a short length of sewer which serves only a few houses and leads into a small septic tank.

Patterdale is sewered by a short length of piping into a septic tank in Robinson's Field.

No public sewerage exists in Grasmere, Glenridding, Rydal and Little Langdale, nor in the more scattered rural hamlets and townships.

Grasmere already has a public water supply and the sewage disposal at present is into individual cesspools which are emptied yearly by your Council. The effluents pass into the gravelly subsoil and cause little nuisance, except on the harder land bordering the valley bottoms.

Glenridding was considered during 1949 in view of the proposed water supply and your Council favoured the extension of the system of grouped septic tanks. Negotiations were commenced with the principal owners of property in this village to get this work done in advance of the water scheme so that the present deplorable privy-middens may be abolished as soon as possible.

Prevalence of Water Closets and Other Methods

Water closets have been installed mainly in the areas which are served by public sewers and in the better type of house where private sewage systems have been made. A survey made during 1947 revealed the following position:—

Parish	Total Houses	With W.C.		Without W.C.	
		No.	Percentage	No.	Percentage
Ambleside	710	698	98.3	12	1.7
Grasmere	274	219	80	55	20
Langdales	203	86	43	117	57
Rydal & Loughrigg ...	139	104	75	35	25
Patterdale	251	146	58	105	42
Troutbeck	131	86	66	45	34
TOTALS	1,708	1,339	27.8	369	21.5

Langdales, Patterdale and Troutbeck are the worst parishes, and as your District will be the nucleus of the future National Park and will receive an increasing number of holiday visitors from this country and overseas, it is most desirable that the extension of your sewerage schemes shall be followed by the conversion of earth-closets, privies, and privy middens to more modern hygienic water-closets.

Conversions

Public Health Act, 1936. Section 47.

17 conversions to water-closets were undertaken during the year, 12 grants were made by your Council towards the cost of these works. A conversion programme for 51 houses at Glenridding is well under way and will eventually abolish the large privy middens which have caused considerable nuisance for many years.

Public Conveniences.

Public Health Act, 1936. Section 87.

Public conveniences are situated at Ambleside, Grasmere and Waterhead. Plans for the erection of conveniences at Glenridding were made before the war, but it has not been possible to commence the work. In view of the large number of holidaymakers who arrive in Glenridding from the Lake steamers, it is most desirable that proper sanitary arrangements should be available.

PUBLIC CLEANSING.

Refuse Collection

Public Health Act, 1936. Section 72.

Domestic refuse is collected from the whole of your District with the exception of a few detached and isolated dwellings. Your Council's own vehicle and staff are used for the work in all but the Hartsop area, where refuse is collected by a private contractor.

Refuse Disposal

Public Health Act, 1936. Section 76.

Disposal of refuse is carried out by partially controlled tipping on two sites and by more or less crude dumping on three other sites.

The whole matter of refuse disposal has always been a difficulty in your District. The natural beauty of the country ought not to be desecrated by multiple dumps of ugly human refuse, yet the refuse must be put somewhere and the land does not yield enough covering material to hide and minimise the consequent nuisances of unsightliness, smell, rats and fire. In the days of horse-drawn refuse carts and local contractors it was obviously imperative to use multiple local tips but now motor transport has changed the situation. You need more labour to conduct your tips properly and you may need to acquire covering material. Crude dumping ought not to be countenanced in a National Park, and the creation of serious nuisances is indefensible. I think you should aim at centralising your tips, thus limiting the nuisances and favouring better supervision of the tip faces.

The Ambleside tip is not very suitably situated in the centre of a popular holiday resort, and the amenities of the township would be improved by some alternative arrangements. The tip has long since become full and is now rising well above the level of the adjoining land. A new site is urgently required.

The Grasmere tip is well screened from view and away from the township. It is getting rather full and is in a poor state. It would be a mistake to let it rise above the level of the surrounding land, and I

consider that it ought to be finished off to levels, and a new site chosen without much delay.

The Elterwater tip is shocking. The use of common land for virtually uncontrolled tipping in one of the beauty spots of Langdale cannot be defended. I have recommended that this unsightly mess be cleared up.

The Troutbeck tip in Benslop Wood is very well hidden by trees, but it is not an ideal tip as it is thrown down such steep ground, giving an extensive face of decomposing garbage which cannot be satisfactorily covered up. I recommend that better arrangements should be made.

The Patterdale tip at Millmoss Common is naturally screened from the road and offers space for a considerable time to come, but it needs much more supervision to abate nuisances.

Since mid-1949 your Council has been attempting to acquire a central tip site at Brathay which will enable the present sites to be closed at Elterwater, Ambeside, Troutbeck and perhaps Grasmere.

Salvage of Waste Materials.

Salvage Recovery Order, 1940.

Salvage was discontinued at the latter end of 1949 and has not been recommenced.

Street Cleansing

Public Health Act, 1936. Section 77.

The work is undertaken by the Highways Department and the streets are well maintained.

FOOD AND DRUGS.

Under the Food and Drugs Act, 1938, and the Orders and Regulations made thereunder, your Council has the duty of carrying out specific responsibilities in the registration of certain food premises, in the supervision of milk distributors and certain dairies, and in the wide field of protection of the public from food-borne diseases. The County Council are responsible for detecting the adulteration of foodstuffs and the supervision of the sale of drugs.

The Act came into force just before the commencement of the late war, and apart from the Milk and Dairies Orders and Regulations which were continued from earlier Acts, its full operation has not yet been locally achieved. The Ministries of Health and Food are sponsoring a vigorous campaign against food-borne diseases, and the proper implementation of the Act should give a greater measure of protection to the public. The co-operation of the catering trade and the education of all food-handlers in a high standard of hygiene will be sought under the wide powers provided by the Act.

During the year the Minister of Food confirmed your Council's bye-laws to govern the handling and wrapping of food and the sale of food-stuffs in the open air.

Precautions against Contamination

Food and Drugs Act, 1938. Section 13.

Food traders and caterers observe a fairly good standard of cleanliness on the average, but considerable work lies ahead in raising the standard of those who are now below that average. I want to see cleaner food, cleaner premises, and cleaner food-handlers.

This aim is of major importance. It will involve my department carrying out your statutory responsibilities with particular diligence, and it will require the education and co-operation of all food-handlers within your area.

I am confident that this co-operation will be forthcoming. I believe that traders are eager to set their premises in order in the interests of enterprise and competition, and they are anxious to eliminate slipshod methods among their staffs.

Thorough cleanliness in the kitchen is far more important than titivation in the dining-room. No food trader should be ashamed to show the customers behind the scenes, and every customer should be confident that the food he eats is clean and has been cleanly prepared. He has a right to be so protected, and your Council is the guardian of that right.

Food-borne diseases, mild dysenteries, and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

Ice-Cream Trade.

Food and Drugs Act, 1938. Section 14.

Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

The following premises were registered under Section 14 of the Food and Drugs Act, 1938:—

Manufacture by hot mix, cold mix, storage and sale	2
Manufacture by cold mix, storage and sale	2
Storage and sale only	21

A comprehensive code of standards for ice-cream factories, plant and retail units was circulated to the traders. The open barrow or cart has been abolished, and the enforcement of the Ice-Cream (Heat Treatment, etc.) Regulations, 1947, has greatly improved the technique of manufacture.

Prepared Meats

Food and Drugs Act, 1938. Section 14.

The number of premises on the Register under Section 14 of the Food and Drugs Act, 1938, used for the preparation of sausages, potted meats, pressed meat, and pickled foods was 9 at the year end. No particular difficulties have been encountered in these trades.

MILK

Registration of Milk Distributors and Dairies which are not Dairy Farms

Milk and Dairies Regulations, 1949.

Total number of registered Distributors ...	...	...	2
Total number of Registered Dairies ...	...	...	2

The retail distribution of milk is both by bottled milk and the old-fashioned loose method. Traders are becoming keener to meet the desire of the enlightened customers for bottling. Milk-round vehicles are maintained generally in a clean condition. Rationalisation of milk-rounds is still in force, and is not in the best interests of the consumer. It is disappointing that more tuberculin tested milk is not available in the District, but as the number of attested herds increase there will be more opportunities for the public to be supplied.

I think that the day is not far distant when your District will be declared free from bovine tuberculosis and the only milk allowed to be sold will be tuberculin tested milk from attested herds or heat treated milk. Very rapid progress is being made towards that goal, and we should not be distracted by side issues.

Cleanliness of Milk

Food and Drugs Act, 1938. Section 68.

One sample of milk was taken for cleanliness testing during the year. In the forthcoming year it is planned to sample each retailer at quarterly intervals in the larger villages and as often as practicable in other areas. With my limited staffing resources I intend to concentrate upon safe milk before clean milk.

Pathogenic Organisms in Milk.

Food and Drugs Act, 1938. Section 68.

One sample was examined biologically in guinea pigs for the presence of tuberculous organisms and was negative.

The finding of tubercle bacilli in milk is difficult, and one must bear in mind the human biological tests on your own children with their

tragic record of new cases and deaths in the past years from non-respiratory tuberculosis. The growing popularity of the Attested Herds Scheme and Tuberculin Tested Milk production, together with the pasteurisation of accredited and ungraded milks will gradually reduce this toll of human suffering. More extensive routine sampling will be carried out in future years.

No instances of other disease producing organisms in milk were found. We know that *Brucella Abortus*, the organism which causes contagious abortion in cattle and undulant fever in man, can be isolated from a good proportion of bulked milk supplies, and it is probable that milk infections constantly occur. No serious cases have been encountered and the veterinary profession is taking steps to inoculate cattle against the disease.

No notices were issued under the Milk and Dairies Regulations prohibiting persons from taking part in dairying activities.

Designated Milks.

Milk (Special Designations) Regulations.

Your Council is responsible for the granting of dealers' and supplementary annual licences for the sale of Tuberculin Tested and Accredited milks. The following licences were in force during the year:—

One dealer's Licence for T.T. Milk.

One dealer's Licence for Pasteurised Milk.

Adulteration of Milk and Other Foods

Food and Drugs Act, 1938. Section 1-7.

This matter is the responsibility of the County Council and I anticipate that the County Medical Officer of Health will include in his Annual Report some information relating to this aspect.

Licensed Slaughterhouses and Knackers' Yards

Food and Drugs Act, 1938. Section 57-61.

There are two licensed slaughterhouses but these are not in use on account of the centralisation of all slaughtering under the Ministry of Food's arrangements. There are no knackers' yards in your District.

Condemnation of Meat

Food and Drugs Act, 1938. Sections 10 and 12.

All slaughtering is carried out at the Kendal Abattoir, where the meat is inspected by the Borough Inspectors. It was, however, found necessary during the year for your Inspector to condemn the following meat which had deteriorated in the course of distribution:—

28 lbs. of meat.

Considerable improvement is needed in some of the vehicles used for the distribution of meat.

Condemnation of Other Food

Food and Drugs Act, 1938. Sections 10 and 12.

The following foodstuffs were condemned by your Inspector during the year:—

Tinned Fruits ...	...	...	...	...	25 tins
Tinned Fish ...	...	...	...	...	4 „
Tinned Vegetables ...	...	...	...	...	159 „
Tinned Milk ...	...	...	...	...	7 „
Tinned Meat ...	...	...	...	...	14 „
Miscellaneous ...	...	...	...	...	50 „

General Sanitary Inspection

Your Council employ one part-time Sanitary Inspector and his salary is apportioned between his sanitary inspection duties and his other duties in a proportion approved by the Ministry of Health. You receive through the County Council, a grant of one-half of that apportionment of his salary allocated to sanitary inspection, and this should therefore be the basis upon which his time is devoted to the various duties.

Although the relaxation of the civil building control afforded some relief a very much greater added burden was imposed by your Council accepting delegated powers under the Town and Country Planning Act, 1947.

This involves a volume of detailed clerical work of an imperative nature which is hardly commensurate with the few powers conferred on your Council. The bulk of this work falls upon the same man.

It is difficult to arrange duties in combined appointments in a small local authority, particularly when an inspector is single-handed, and there has to be considered elasticity to cover all the responsibilities. I am keeping the matter under close review as I am of the opinion that sanitary inspection work is being prejudiced by these other duties.

Your Inspector carries out his duties in a most able manner, and during the year he made 1,104 inspections on all types of work, but there is a limit to what one man can do in a day, and we are both anxious to maintain the efficiency of our Department in carrying out your Council's responsibilities.

Tabulated summary of work carried out by the Sanitary Inspector:—

Housing Inspections	89
New houses	289
Building Bye-laws	89
Building Licences	34
Food Premises	29
House refuse removal	47
Factories	11
Surveys	26
Drainage	133
Infectious Diseases	10
Rooms Fumigated	11
Caravans	56
Miscellaneous	157
Rats and Mice	2
Premises visited re means of escape in case of fire ...	121

1,104

Offensive Trades

Public Health Act, 1936. Section 107.

There are no offensive trades in the District.

Factories

Factories Act, 1937.

There are 52 factories on the Register. 11 inspections were made and no written notices were served. No Legal Notices remained outstanding at the end of the year. No prosecutions were required. No references were made to H.M. Inspector and none were received from him.

No lists of outworkers were supplied to your Council by factory owners and I have no official knowledge of any cases of default in this respect.

There are no basement bakehouses in the District.

Form 572 (revised) was sent directly to the Ministry of Labour and National Service, giving the details of your Urban District's administration of the relevant sections of Parts I and VIII of the Factories Act, 1937, in accordance with Section 127 of that Act.

Factory Inspections.

Premises.	Number on Register.	Number of		
		Inspection.	Written Notices.	Occupiers Prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	15	4	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authorities	37	7	—	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	—	—	—	—
TOTAL	52	11	—	—

No defects were found.

Shops Act 1912-1936

29 visits were made under the Shops Acts for the supervision of sanitary accommodation, washing facilities, and the maintenance of suitable temperature. Informal Notices were served whenever any contraventions were observed.

Common Lodging Houses

Public Health Act, 1936. Part IX.

There are no registered common lodging houses in the areas.

Rent Restriction Acts

No action was taken during the year under the Rent and Mortgage Interest Restriction Acts and any contraventions of Section 4 of the Housing Act, 1938, regarding rent book entries were corrected informally.

Smoke Abatement.

No action was required.

Laboratory Services.

Public Health Act, 1936. Section 196.

Satisfactory laboratory facilities were available both at Kendal and Carlisle for all public health services. During 1947 a new scheme was inaugurated by the Public Health Laboratory Service for the performance of all laboratory examinations of a preventive and epidemiological nature, free of charge to the local authority and the patient. This should do much to encourage the freer use of modern diagnostic methods by general practitioners and your Health Department.

National Assistance Act, 1948. Section 47.

It was not necessary during the year to deal with any cases requiring removal.

Byelaws.

Byelaws on public health matters are in force for:—

- Building.
- Slaughterhouses.
- Food handling.

New Legislation.

Prevention of damage by Pests Act, 1949, became operative on 1st April, 1950.

Food handling byelaws became operative on 31st July, 1950.

Shops Act, 1950, became operative on 1st October, 1950.

APPENDIX "A."
LABORATORY EXAMINATION OF THE PUBLIC WATER SUPPLIES.

Nature of Test.	Standards Max.	Ambleside Raw.	Ambleside Treated.	Grasmere Raw.	Grasmere Treated.	Chapel Stile.	Hartsop
Pr. coli count 37°	3-10	20	8	17	20	5	+
Faecal coli/strep.	0	+	+	+	+	+	+
Character	...	...	...	...	...	...	...
Reaction, pH.	...	...	...	...	...	...	...
F. & S. Ammonia	...	...	...	...	...	...	...
Albuminoid Ammonia	...	...	...	...	...	...	...
Total Solids	...	...	...	...	...	...	...
Hardness { Perm.	...	...	...	...	...	...	...
Temp.	...	...	...	...	...	...	...
Total	...	...	...	...	...	...	...
Chlorides	30	...	...	...	...	...	...
Nitrates	3	...	...	...	...	...	...
Nitrites	1	...	...	...	...	...	...
O-2 Absorbed	0	...	...	...	...	...	...
Poisonous Metals	1	...	...	...	...	...	...
Plumbosolvency	0	...	...	...	...	...	...
Rainfall 24 hours	...	...	...	...	...	...	...
Date Sampled	...	...	...	...	...	...	...
Laboratory	...	...	...	...	...	...	...

Chemical Analyses in parts per 100,000



