[Report 1962] / Medical Officer of Health and School Medical Officer of Health, Westmorland County Council.

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WESTMORLAND COUNTY COUNCIL

Annual Report

of the

County Medical Officer of Health and Principal School Medical Officer

1962

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CONTENTS

COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.
November 1963.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT, 1962

This year I have made the innovation of combining the report on the health of Westmorland with that of the report on the health of the schoolchildren.

The principal changes of staff have been in the School Dental Service where Dr. Carter and Mr. Austin resigned and were replaced by Mr. Hoyle, and I would like to express thanks to Dr. Carter for the 13 years in which he faithfully served the County Council. He was chiefly employed at the Kendal Clinic where he became a well-known and well-liked figure to the schoolchildren and mothers. We wish him many happy years in his retirement. We have also lost Mr. Austin from the School Dental Service to Inverness-shire. We wish him well in his new post.

In my school report I commented on the use of the Ishihara Test for colour blindness. This test was developed by a distinguished Japanese doctor and forms a quick test for ascertaining the condition known as colour blindness in which the male suffers whilst the female acts as a carrier. The practical application is that the sufferer is unable to distinguish between red and green, and is thus debarred from trades or professions requiring a good colour sense such as railway workers, dyers, art teachers. It is important that boys should be aware of this condition before entering any conflicting employment.

The routine testing of the hearing of the 5—6-year-old schoolchildren is proving its worth. During the past year, 46 children were found by this means to have impaired hearing.

Vital Statistics are usually a dry subject but there are two items which are worthy of notice. The first is that for two successive years the deaths of infants under one year has exceeded the national average. And secondly, the main cause of deaths in infants is Prematurity and Congenital defects. Both of these items will require to be kept under observation.

The major causes of death following the general trend are due to the degenerative diseases such as Heart Disease, Cerebral Haemorrhage and Cancer, in that order.

We are finding it more and more difficult to recruit nurses in spite of the attraction of excellent houses and provision of cars and good working conditions. The problem is a national one and some solution must be found otherwise the shortage of nurses will become even more serious than it is at present.

A surprising fact in connection with the Nursing and Child Welfare functions of the County is that the proportion of births taking place in institutions is in the region of 87%, which is well above the national average.

I have no special comment to make on the remaining functions of the Health Department which have operated smoothly and efficiently throughout the year.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health
and Principal School Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1962

Name	Qualifications	Office	Whole or Part Time	Other Offices
John A. Guy	M.D., D.P.H.	County Medical Officer	Whole	Principal School Medical Officer
I. S. Bailey	M.A., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical Officer	Whole	Deputy Principal School Medical Officer
R. Douglas Young	M.D., M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
W. Hugh Morton	M.B., Ch.B., M.R.C.P., D.P.H.	Tuberculosis Officer	Part	Consultant Chest Physician
M. D. McGarry	L.D.S.	Principal Dental Officer	Whole	Principal School Dental Officer
A. S. Carter (Resigned 30-11-62)	M.R.C.S., L.R.C.P., L.D.S.	Dental Officer	Whole	School Dental Officer
G. Austin (Resigned 31-3-62)	B.D.S.	Dental Officer	Whole	School Dental Officer
D. H. Hoyle (Commenced 1-5-62)	B.Ch.D., L.D.S.	Dental Officer	Whole	School Dental Officer
D. J. Harrison	B.D.S.	Dental Officer	Whole	School Dental Officer
P. G. Holloway	———	Mental Welfare Officer	Whole	———
E. M. Thomas	S.R.N., S.C.M., H.V.Cert.	Superintendent Nursing Officer	Whole	———

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	504,917
Population (Registrar-General's estimate of resident population, mid-1962)	66,900
Total Rateable Value as on 1st April, 1962	£859,665
Estimated product of a Penny Rate (General County) for the financial year 1962-63	£3,479

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1962

	Total.	Males.	Females.
Live Births—Legitimate	961	503	458
Illegitimate	50	31	19
	1011	534	477

Birth Rate per 1,000 of the estimated resident population ... 16.0

Birth Rate, England and Wales, 18.0

Illegitimate Live Birth per cent of total live births, 4.9

	Total.	Males.	Females.
Stillbirths	22	13	9

Rate per 1,000 total live and stillbirths ... 21.3

Stillbirth Rate, England and Wales ... 18.1

	Total.	Males.	Females.
Total Live and Stillbirths	1033	547	486

	Total.	Males.	Females.
Deaths of Infants under 1 year of age ...	23	13	10

Death-rate of Infants under 1 year of age:

All infants, per 1,000 live births 22.7

Legitimate infants, per 1,000 legitimate live births ... 21.9

Illegitimate infants, per 1,000 illegitimate live births ... 40.0

Infant Death Rate, England and Wales, 20.7

	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks) ...	18	11	7

Rate per 1,000 live births, 17.8

Neo-Natal Mortality Rate, England and Wales, 15.1

Early Neo-Natal Mortality Rate (deaths under one week):

Rate per 1,000 live births 12.9

Perinatal Mortality Rate (stillbirths and deaths under one week):

Rate per 1,000 total live and stillbirths ... 33.9

Deaths from Pregnancy, Childbirth or Abortions 2

Rate per 1,000 total (live and still) births ... 1.93

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.35

	Total.	Males.	Females.
Total Deaths	890	450	440

Death Rate per 1,000 of the estimated resident population ... 12.1

Death Rate, England and Wales, 11.9

POPULATION

DISTRICT	Area in acres (Land and Inland Water)	Population: Registrar General's estimate Mid. - 1962
URBAN		
Appleby	1,877	1,770
Lakes	49,917	5,510
Kendal	3,705	18,630
Windermere ..	9,723	6,640
RURAL		
North Westmorland .	288,688	15,240
South Westmorland .	151,007	19,110
Westmorland ..	**504,917**	**66,900**

BIRTH RATE

Birth Rate per 1,000 estimated resident population.

District.	1960.	1961.	1962.
URBAN			
Appleby	14.1	14.6	12.7
Kendal	15.1	14.2	16.7
Lakes	10.7	10.7	11.2
Windermere	12.7	13.7	14.8
RURAL			
North Westmorland	17.6	18.5	19.2
South Westmorland	17.7	16.2	14.9
WESTMORLAND	15.8	15.4	16.0
ENGLAND AND WALES ...	17.1	17.4	18.0

The Birth Rates in the Table above are calculated using the comparability factor supplied for the purpose by the Registrar-General.

Live Births registered in the last five years were as follows:—

Year.	1958.	1959.	1960.	1961.	1962.
Number of births ...	980	996	992	966	1,011

DEATH RATE

Death Rate per 1,000 estimated population.

District.	1960.	1961.	1962.
URBAN			
Appleby	14.0	13.9	5.8
Kendal	13.1	12.8	13.3
Lakes	13.5	11.7	14.0
Windermere	13.7	11.9	10.1
RURAL			
North Westmorland	11.7	11.5	15.2
South Westmorland	9.5	11.4	9.2
WESTMORLAND	12.1	12.2	12.1
ENGLAND AND WALES ...	11.5	12.0	11.9

The Death Rates in this Table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1960, 1961 and 1962, in order of maximum fatality in 1962 were as follows:—

	1960.	1961.	1962.
Heart Disease	287	315	305
Cerebral Hæmorrhage	175	146	174
Cancer	155	151	143
Pneumonia	21	35	42
Violence (including accident) ...	47	27	40
Other Circulatory Diseases ...	45	32	38
Bronchitis	26	21	34
Digestive Diseases	16	10	13
Influenza	2	15	5

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY (Under 1 Year)

Rate per 1,000 Live Births.

District.	1960.	1961.	1962.
URBAN			
Appleby	45.5	—	47.6
Kendal	14.3	30.4	19.3
Lakes	17.9	52.6	—
Windermere	26.0	47.6	32.6
RURAL			
North Westmorland	19.3	19.5	30.1
South Westmorland	10.1	10.7	19.2
WESTMORLAND	16.1	23.8	22.7
ENGLAND AND WALES ...	21.7	21.4	20.7

ILLEGITIMATE INFANT DEATH RATE

Rate per 1,000 illegitimate Live Births.

	1960.	1961.	1962.
WESTMORLAND	24.4	16.4	40.0

Causes of Death in Infants under one year in 1962:

Prematurity	5
Broncho pneumonia	4
Hydrocephalus	2
Atelectasis	2
Staphylococcal pneumonia	1
Inhalation pneumonia	1
Haemolytic anaemia	1
Cerebral hæmorrhage	1
Kernicterus	1
Congenital defects	5
	23

COMMENT ON VITAL STATISTICS

Whilst the Vital Statistics relating to relatively small groups must always be viewed with caution, some of the figures for 1962 appear worthy of comment. As stated below, the relevant tables on page 10 of this Report, the Birth and Death Rates, are calculated using the Comparability Factor, supplied for this purpose by the Registrar-General. This factor is designed to compensate for variations in the age and sex structure of the population of different areas, and to make the Birth and Death Rates so calculated comparable to those of other areas, and to the figures for England and Wales.

The number of Live Births during the year, 1,011, was the highest recorded since 1949, whilst the Live Birth Rate (16.0) was the highest since the post war "peak" year of 1947, when it was 18.9. It is pleasing to record that the number and percentage of illegitimate births have fallen appreciably from the high figures reported in 1959 and 1961.

The Stillbirth Rate (21.3) is again above that for England and Wales (18.1) after the very low rates of 15.3 in 1961 and 10.9 in 1959. This Rate, being based on very small figures is apt to fluctuate very considerably, but in general is slightly above the national figure.

During the immediate post-war years the Infant Death Rate fell rapidly, and during the last ten years the rate for England and Wales has continued to fall though more slowly. The figure for the County, on the other hand has fluctuated from rates little over half those for England and Wales to Rates slightly above the national figure, but now with a Rate of 22.7 for the County and 20.7 for England and Wales we appear to be approaching a hard core of unavoidable deaths, and it would appear unlikely that any very great improvement will be attained in the immediate future. Nevertheless the reduction from a Rate in this County of 47 per 1,000 Births in 1940, to 20.7 in 1962 represents a very considerable saving of young lives, particularly when it is coupled with a fall in the Stillbirth Rate from 29.6 to 18.1 per 1,000 Live and Stillbirths.

Unfortunately there were two Maternal Deaths in the County during the year giving a Rate much above that for England and Wales, but against this must be set the years, by no means infrequent, when we have no Maternal Deaths.

CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

There has been no Local Health Authority ante-natal clinic in the County since the only one was closed in 1949 owing to the small use made of it. Assistance is given in a few general practitioners' surgeries by midwives; arrangements are made locally by the practitioners and midwives for their mutual convenience. The Local Health Authority has no arrangements for blood testing the expectant mothers and the extent to which practitioners carry this out is not known to me. There are three clinics in Kendal, Windermere and Ambleside where mothercraft training is undertaken. Mothercraft training is also given by the district nurse/midwives in the course of their visits. Maternity outfits are supplied by the Westmorland County Council to expectant mothers and are distributed via the midwife.

There are specialist obstetric clinics at the various hospitals serving the area (Cumberland Infirmary, Helme Chase Maternity Home, Lancaster Royal Infirmary). In the case of expectant mothers booking for confinement at the Penrith Maternity Home, midwives employed by the Local Health Authority are, by arrangement with the Hospital Management Committee, responsible for the ante-natal supervision. This facility has been offered to the other hospitals providing maternity accommodation but has not been accepted.

The very early discharge of mothers and babies from Maternity Homes and Hospitals renders prompt notification of discharge most essential.

DOMICILIARY MIDWIFERY

The midwifery service is provided directly by the Local Health Authority, who employ 39 midwives.

The Superintendent Nursing Officer has been appointed non-medical supervisor. She is responsible for the supervision not only of midwives employed by the Authority, but also those working in Hospitals and Nursing Homes. There are no midwives engaged in private domiciliary practise. All except two of the midwives employed by the Local Health Authority are qualified to administer gas and air, and are provided with the necessary apparatus, and 28 of them are authorised to use pethidine. Midwives who have booked cases undertake the ante-natal care; where cases have been booked with medical practitioners and are to be confined at home, they usually have ante-natal care by their own doctors. In one or two instances the practitioner has found it convenient to have something in the nature of a small private ante-natal clinic to which appropriate midwives who will be present at the confinements are invited to be present. The number of cases booked to be delivered by the midwife alone has seriously declined in Westmorland since the passing of the National Health Service Act, but although only 7 out of the 137 domiciliary cases had not booked a doctor, in 77 of the cases the midwife alone was present at the birth. This indicates the necessity for the midwife being fully conversant with the history of the pregnancy even if a doctor is booked. Arrangements have been made for the Local Health Authority to assist in selecting women who are to be confined in the Penrith Maternity Home, but an offer of similar assistance to Helme Chase was not accepted. Local courses of lectures to all district nurse/midwives are arranged annually; in addition midwives are sent on approved refresher courses, arranged by the Royal College of Midwives, at the expense of the Local Health Authority, during which time they receive full salary.

In view of the low proportion of domiciliary confinements, 137 cases between 39 midwives, it has not been necessary to introduce night rota systems, although arrangements have been made for relief during holidays, sickness. refresher courses and days off.

The Statistical Tables at the end of this Report are a simplified version of the Annual Return to the Ministry.

Domiciliary Confinements

Number of cases:—	1960.	1961.	1962.
(i) Doctor booked:			
(a) Doctor present	50	59	58
(b) Doctor not present ...	77	79	72
(ii) Doctor not booked:			
(a) Doctor present	1	3	2
(b) Doctor not present ...	13	3	5
Total	141	144	137

HEALTH VISITING

There is only one full-time Health Visitor employed in the County, but health visiting is undertaken by nurses combining health visiting with midwifery and home nursing, or with midwifery alone. Of these nurses, 21 hold the health visitor's certificate, the rest being employed under dispensation granted by the Ministry of Health. The Ministry is increasingly reluctant to grant dispensations, but it is difficult to see what further steps the authority can take to secure staff with this qualification. The offering of more scholarships is clearly not the answer, as suitable applicants are not available for those already budgeted for.

To enable unqualified nurses to obtain the health visitor's certificate, scholarships are now awarded each year under which the cost of training is defrayed by the Local Health Authority, who also pay to the student three-quarters of the minimum salary of a qualified Health Visitor, the nurse on her part entering into a contract to serve, after qualification, for a minimum of two years. A series of lectures is held locally during each year, and selected nurses are sent in rotation on refresher courses.

No arrangements have been made for Health Visitors to work in conjunction with particular general practitioners, although contact between the domiciliary nursing staff and medical practitioners is in general well maintained; neither do the hospitals utilise the Health Visitors, as such, in the follow-up of discharged patients.

	1960.	1961.	1962.
Total Health Visits to Infants under 1 year ...	10,818	10,699	11,774
Total Health Visits to Children 1 to 5 years ...	14,315	12,790	13,649

HOME NURSING

The Home Nursing Service is provided by the district nurse/midwife/health visitors employed directly by the Local Health Authority and is under the day-to-day control of the Superintendent Nursing Officer; there is close co-operation with general practitioners in the home nursing field by reason of the fact that, although nurses may be called in by patients, the nurses are instructed that they must not continue in attendance unless the medical practitioner has also been called in and given directions for the treatment of the case. Contact between the practitioners and the nurses is a direct one and generally satisfactory. There appears to be an increasing tendency for hospitals on the discharge of patients to request the assistance of the domiciliary nursing services in the continuance of the care of the patient.

The question of the extent to which the Home Nursing Service relieves the pressure on hospital beds is frequently raised, and whilst a specific answer may not be possible, it seems reasonable to suggest that some acute cases are discharged from hospitals earlier than they might otherwise have been. On the other hand, both patients and general practitioners seem to have become somewhat more "hospital-minded."

In the case of the chronic sick, however, there appears little doubt that, without the assistance of the District Nurse, most of the many bed-ridden patients for whom they at present care would have to be admitted to hospital at a much earlier stage in their illness. At present admission can often be deferred until they require more or less continuous day and night care, which is not practicable at home. The employment of Nursing Orderlies who assist and work under the direction of the Nurse has contributed considerably to the care of this type of case, as has also the introduction of Night Nursing and Night Attendance arrangements to cope with cases who cannot be left alone at night. The majority of these cases receive help for a few nights in an acute emergency or possibly the terminal stages of a final illness; one or two cases have arisen requiring help every night for prolonged periods. Important as this care may be to the families of the patients concerned, it should be realised that the care of one such patient costs as much, broadly speaking, as the care of all the persons in a normal nursing district.

The Council has increased the awards of scholarships for District Training, but there are no arrangements for District Training within this County. An annual series of lectures is arranged which includes topics specifically relating to home nursing and allied subjects.

A summary of the work done is given below; fuller details will be found in the Statistical Tables at the end of this Report.

	1960.	1961.	1962.
Number of Cases Attended ...	2,876	3,121	2,661
Number of Visits	63,748	68,370	61,557

HEALTH EDUCATION

The following summary of the Health Education work is included as requested in the Ministry of Health Circular 1/62.

During the year the Superintendent Nursing Officer and the District Nurses have given talks on Health Education to various clubs and organisations throughout the County. The demand for talks increases yearly and many hours have been spent preparing and giving them.

Health Education was carried out in Child Welfare Clinics throughout the County by posters, displays and the showing of film strips to groups of mothers, the theme of posters being changed periodically.

Mothercraft Classes for expectant mothers were held by the Health Visitors in the following areas:—

1. Kendal—two sessions weekly.
2. Ambleside—one session weekly.
3. Windermere—one session weekly.
4. Brettargh Holt Maternity Home—one session weekly.

Mothercraft Classes to girls in Secondary Modern Schools were given by the Health Visitors at the following schools:—

1. Longlands—weekly throughout the term.
2. Old College—weekly throughout the term.
3. Shap Modern School—weekly for a full course each term.

It is hoped to expand this aspect of Health Education in other Secondary Modern Schools.

Regular weekly classes were given at Brantfield Nursery to students taking the Nursery Nursing training by a Kendal health visitor.

DIPHTHERIA IMMUNISATION

This prophylaxis is given either by the County Council medical staff or the general practitioners, according as the parents choose, at about 6 months old, whilst all parents are urged to consent to their children receiving a reinforcing dose on attaining the age of five years.

In Kendal, which is the only town of any size in Westmorland, an immunisation clinic is held at monthly intervals throughout the year; booster injections of diphtheria antigen are given at the above-mentioned clinic and also at special clinics arranged from time to time throughout the County, and in other cases following school medical inspection.

The success of this scheme may be judged from the fact that for the fifteenth successive year there were no cases of diphtheria notified amongst residents of the County.

Whilst it is generally held that, to provide the required security against diphtheria, about 75 per cent. of the children of school age should have been immunised within the last five years, it has not, in this County, been a routine practice to give booster doses at nine or ten years of age.

The form of return to the Ministry has now been amended and the Ministry subsequently supplies percentages of persons vaccinated. According to the return for 1962, 75 per cent. of children born in 1961 and 47 per cent. of those under 15 years had been immunised, compared with 67 per cent. and 54 per cent. for England.

The following tables show the detailed statistics in the form in which they are now required by the Ministry of Health.

TABLE A

Number of children who received a full course of immunisation during the year:—

	Children born in years							
	1962.	1961.	1960.	1959.	1958.	1953-1957.	1948-1952.	Totals.
Primary immunisation	269	436	46	9	6	33	29	828
Reinforcing injections	—	10	19	10	32	525	8	604

WHOOPING COUGH IMMUNISATION

Immunisation against Whooping Cough has been available under the Local Health Authority's services since 1950, when the Council amended its proposals to permit this, neither the Ministry nor the Authority have publicised this to the extent that the Diphtheria, Smallpox, Poliomyelitis, and to a lesser extent B.C.G., Vaccination facilities have been urged on the public. Nevertheless, an increasing number of children are receiving this form of protection, usually given in the form of combined vaccine giving protection against Diphtheria and Whooping Cough and, in many cases, Tetanus also. The percentage of children born in 1961 who had been vaccinated by the end of 1962 is estimated by the Ministry as 70 per cent., compared with 67 per cent. for England.

The following table is a summary of the information supplied to the Ministry for the year 1962:—

	Year of Birth:							
	1962.	1961.	1960.	1959.	1958.	1953-1957.	1948-1952.	Total.
No. of children who have completed a primary course during the year	265	432	43	9	8	5	38	800

VACCINATION AGAINST SMALLPOX

It is the duty of Health Visitors to urge all parents to have their children vaccinated as soon as practicable after birth, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements. A record of the treatment is usually sent to the County Medical Officer and fees are payable in respect of each report received.

Lymph is supplied free through the Public Health Laboratory Service and the Council has also taken power, in its proposals, to make such special arrangements as may be necessary in the event of a threatened epidemic of smallpox.

Details of vaccinations carried out during 1962 are:

Age at date of vaccination.	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 years and over.	Total.
No. vaccinated ...	740	126	159	834	1733	3592
No. re-vaccinated ...	—	—	69	1134	3240	4443
					Total ...	8,035

The great increase in the number of persons vaccinated and re-vaccinated as compared with the numbers recorded in the previous year, when there were 685 vaccinations and 104 re-vaccinations, was due to the outbreak of smallpox in the Bradford area in the early part of the year. The value of these vaccinations of large numbers of persons who are at no special risk is considered by many authorities to be negligible, and was due to something approaching a panic reaction by some members of the public who demanded vaccination which was unnecessary, at a time when vaccine lymph was in short supply for persons whose need was greater. It may also be noted that the cost of this work to the County Council was in the region of £2,000, paid to practitioners for records which are unlikely to be of any value except in so far as they relate to children.

The Ministry of Health estimate the number of children under 2 years who have been vaccinated as 90% compared with 68% for England as a whole.

POLIOMYELITIS VACCINATION

The Poliomyelitis Vaccination Scheme was introduced by the Ministry of Health in January, 1956.

At the beginning of 1962 the scheme extended to cover all persons under the age of 40 years, together with certain other "priority groups," viz:— General practitioners, ambulance staff, medical students, nurses, dental surgeons, certain staffs of health departments, hospitals and dental practices, together with the families of these persons, expectant mothers, and persons going abroad to countries outside Europe other than Canada or U.S.A.

For all these persons the primary course consisted of two doses of "Salk" type vaccine, followed by a third, reinforcing, dose after an interval of not less than 7 months. In the case of young children a further reinforcing dose was given at about the time of school entry.

There have been few years since the introduction of the scheme when there has not been some change in the groups eligible, or the recommended number of doses, and whilst the various changes have, no doubt, been made in the light of the best scientific advice available at the time, the organisation of the work has thereby been made exceedingly complex. Furthermore the public is in a state of perpetual confusion and we are asked from time to time if we really know what is necessary.

The year 1962 was no exception in this connection — on February 1st, the Minister announced the use of Oral Vaccine of the type prepared by Dr. Sabin. This required to be kept in deep-freeze conditions, but as it offered definite advantages, it was adopted. The requisite equipment was obtained and the new vaccine put into use, when in March it became apparent that a stabilised vaccine which could be stored in a domestic refrigerator would soon be available — this was confirmed in July. Fortunately the dosage was the same!

One of the original advantages was the fact that three doses of Oral (Sabin) Vaccine constituted a full course of treatment and the records system was adapted to suit this change, but a circular received whilst this report was in course of preparation, advises that "all immunised children joining school should be offered a reinforcing dose of vaccine". The records relating to all those children who have been immunised with Oral Vaccine must now be extracted manually from the many thousands of records of completed cases held in the Department. This will be a time consuming job, but it is hoped to complete it in time for most children who are due for reinforcing doses to receive them before the schools close for the summer holiday.

The following Tables give a summary of the Quarterly Returns submitted to the Ministry of Health, and indicate that 1,251 courses of primary immunisation were completed during the year, 327 persons had received part of the primary course (in addition to an unknown number of such cases being dealt with by general practitioners, details of which are received in the Department only on completion of the primary course), and a total of 3,168 reinforcing doses were given.

Figures supplied by the Ministry of Health give the percentage of persons under the age of 20 who have been vaccinated since the inception of the scheme as 81% compared with 83% for the whole of England.

PRIMARY IMMUNISATION

Age Group	Number of persons who have received:				
	Salk Vaccine		Oral Vaccine		
	1 injection only	Second injection	1 dose only	2 doses only	Third dose
	(1)	(2)	(3)	(4)	(5)
(a) Children born in 1962	—	43	51	11	12
(b) Children born in 1961	—	251	33	68	177
(c) Children and young persons born in years 1943-1960 ..	—	199	17	51	175
(d) Young persons born in years 1933-1942 ..	—	103	13	31	79
(e) Others ..	2	136	15	35	76
(f) Total	2	732	129	196	519

REINFORCING DOSES

(a) Number of persons given third injections of Salk vaccine		1207
(b) Number of persons given fourth injections of Salk vaccine		140
(c) Number of persons given a reinforcing dose of oral vaccine after:	(i) 2 Salk doses	1133
	(ii) 3 Salk doses	688

INFANT WELFARE CENTRES

The Local Health Authority provides 13 infant welfare centres, six of which are staffed by part-time staff, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal is the only clinic which operates weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access. The infant welfare clinics are made good use of by the mothers; the chief use is advice on general infant hygiene and feeding. Owing to the scattered nature of the population the clinics tend to be small but one feels that there is a definite need even for a small clinic.

In addition to the arrangements outlined below for the distribution of Welfare Foods the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

Details of Infant Welfare Centres in operation at the end of the year are given below:—

Area	Centre held at	Frequency of Sessions
Ambleside ..	British Legion Room ..	Monthly
Appleby ..	Old First Aid Post ..	Fortnightly
Bampton ..	Memorial Hall ..	Monthly
Bowness-on-W'mere	Rayrigg Room ..	,,
Burneside ..	Bryce Institute ..	,,
Grayrigg ..	Village Hall ..	,,
Kendal ..	School Clinic, ..	
	Stramongate ..	Weekly
Kirkby Stephen ..	Youth Centre ..	Fortnightly
Milnthorpe ..	Parish Church Hall ..	Monthly
Shap ..	Methodist Chapel Hall ..	,,
Staveley ..	Working Men's Institute	,,
Tebay ..	Methodist Chapel Hall ..	,,
Windermere ..	St. John Ambulance	
	Rooms ..	,,

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendance at Centres

	1960.	1961.	1962.
Under 1 year	3,258	2,783	3,442
Over 1 year	1,826	1,738	1,776
Average per session	21.3	19.2	21.3

DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at Stramongate School Clinic, and other subsidiary centres throughout the county; some at welfare centres, others at the homes of District Nurses, others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The annual distribution figures for Welfare Foods during the preceding 7 full years during which the Local Health Authority has been responsible for distribution are given in the following table:—

Year.	National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1955 ...	34,430	8,858	3,089	38,822
1956 ...	33,108	7,676	3,251	40,079
1957 ...	25,768	7,198	3,502	41,824
1958 ...	20,894	4,301	2,924	24,875
1959 ...	20,202	4,218	3,420	26,212
1960 ...	18,117	4,271	3,404	24,017
1961 ...	14,990	2,894	2,706	15,564

The increase in the price of National Dried Milk, effective from 1st April, 1957, was reflected in a fall in the number of tins distributed per quarter, from an average of 8,277, to one of approximately 5,500 in the succeeding 4 quarters; whilst a limitation of entitlement to Orange Juice to children up to two years of age from 1st November, 1957, reduced the distribution of this Vitamin supplement by approximately 40 per cent.

The quantities distributed during 1962 were:—

Period.	National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1st Quarter ...	4,180	326	551	2,391
2nd Quarter ...	3,580	266	383	2,644
3rd Quarter ...	3,763	318	411	2,824
4th Quarter ...	3,900	353	416	2,654
Total for Year ...	15,423	1,263	1,761	10,513

As from 1st June, 1961, the Ministry of Health increased, from 5d. to 1/6d. per bottle, the price of Orange Juice, and imposed charges of 1/- per bottle for Cod Liver Oil and 6d. per packet for Vitamin Tablets, these latter two commodities having previously been supplied free to expectant and nursing mothers and children under 5 years of age.

The fall in the distribution of Cod Liver Oil, Vitamin Tablets and Orange Juice during the 3rd and 4th Quarters of 1961 continued. The annual rate of distribution of these commodities during 1962 (Cod Liver Oil—1,263 (reduction of 70%), Vitamin Tablets—1761 (reduction of 50%), Orange Juice—10,513 (reduction of 60%)) can be compared with the table shown above for 1955-1961.

Whilst a more varied and adequate diet is certainly available than was the case when these supplements were first issued during wartime, it has been generally accepted that they have contributed in no small measure to the health of the young children, and it remains to be seen whether the same high standard will be maintained without them.

CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service. The approved proposals are as follows:—

> The Council will provide a chiropody service by utilising the services of qualified chiropodists or by aiding voluntary bodies willing to assist in the provision of the service.
>
> Priority will be given to the elderly, physically handicapped and expectant mothers.
>
> The services will initially be based on Kendal and will be extended as circumstances permit to the remainder of the County. The frequency of the service to be provided in any particular part of the County will depend on the demand for the service and the availability of qualified chiropodists.
>
> Where possible use will be made of the Council's clinics, but use will also be made of other suitable premises, including chiropodists' own surgeries, and domiciliary visits will be paid where necessary.

Detailed enquiries as to demand for the service and the availability of chiropodists qualified within the meaning of the N.H.S. (Medical Auxiliaries) Regulations, 1954, were immediately made, but owing to the unwillingness of chiropodists generally to accept the scale of fees proposed by the employers' side of the Whitley Council, it was impossible to get the service into operation until March 1961, when an interim agreement was reached locally.

Three chiropodists residing in Kendal, Penrith and Windermere eventually agreed to carry out treatment under the Council's Scheme in their own surgeries and, where necessary in the homes of patients unfit to attend the surgery, but they were unwilling to work in the Council's clinics. Up to the end of 1962 it was possible to cover the needs of all eligible applicants in the County under these arrangements, and during the financial year 1962/3, 2,529 treatments were given at the chiropodists' surgeries, and 870 domiciliary visits were made to patients.

UNMARRIED MOTHERS AND THEIR CHILDREN

The Superintendent Nursing Officer is responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified	20
Confinements in:—	
Mother's own home	2
St. Monica's Maternity Home	2
Helme Chase Maternity Home	13
Private Nursing Homes	—
Coledale Hall, Carlisle	1
Penrith Maternity Home	—
City Maternity Hospital, Carlisle	1
Brettargh Holt Maternity Home	—
Other addresses	1
Disposal of Infants:—	
Mother keeping baby	13
Baby in care of grandmother	5
Adopted	2

Institutional accommodation for these cases is provided under arrangements made with the undermentioned voluntary homes:—

St. Monica's Maternity Home, Kendal

The Home possesses 23 maternity beds and during the year 79 maternity cases were admitted, for eight of whom the Westmorland County Council assumed financial responsibility.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 40 maternity beds and, during the year 151 maternity cases were admitted, for one of whom the Westmorland County Council were asked to assume financial liability.

In the case of both the Homes the apparently low number of admissions relative to the number of beds is largely explained by the fact that patients are admitted at least a month before confinement and retained for at least two months afterwards, so as to afford an opportunity for the making of arrangements for the care of the babies.

CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1962:—

Born in Hospital:	
Stillbirths	13
Live Births	44
Died within 24 hours of birth	2
Survived 28 days	32
Born at Home:	
Stillbirths	—
Live Births nursed entirely at home	2
Died within 24 hours of birth	—
Survived 28 days	2
Live Births transferred to Hospital	1
Died within 24 hours of birth	—
Survived 28 days	1
Born in Nursing Homes:	
Stillbirths	—
Live Births	—
Died within 24 hours of birth	—
Survived 28 days	—

REGISTRATION OF NURSING HOMES
(Sections 187 to 194 of the Public Health Act, 1936)

There were six registered homes at the end of the year, providing beds for 62 maternity patients and 41 other patients. They have been inspected at regular intervals.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

REPORT OF PRINCIPAL DENTAL OFFICER

During the year the Dental Staff devoted 75 sessions to the treatment of mothers and young children.

The marked increase in the proportion of fillings, achieved over the past few years, has been maintained. This is a good sign of the effectiveness of the services.

As always my thanks go to the County Nursing Staff for their co-operation.

M. D. McGARRY.

TABLE A

	Examined.	Requiring Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	47	40	40	38
Children under 5 years	130	75	75	75

TABLE B

	Scaling and Gum Treatment.	Fillings.	Silver Nitrate.	Crown Inlay.	Extractions.	General Anaesthetic.	Denture. Full.	Denture. Part.	X-Ray.
Expectant and Nursing Mothers ...	17	196	—	—	94	6	10	12	5
Children under 5 years	—	52	54	—	71	25	—	—	—

DOMESTIC HELP SERVICE

When preparing their proposals under the National Health Service Act the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. Statistical details are shown in Table II on page 58.

The detailed day-to-day administration of this service has been carried out, since 1948, by the Superintendent Nursing Officer, but during the year the Committee decided that the work required more supervision than Miss Thomas could give, and that the service should be placed under the charge of a full-time Home Help Organiser, and Miss S. M. Head took up the post on 1st June, 1962. The majority of the requests for help are met, although in one or two rural areas

difficulty is experienced in recruiting workers, partly due to the fact that only very casual work can be offered. In areas where fairly full-time and regular employment can be offered there is much less difficulty in recruitment. The anticipated expansion of the service in 1962 did not materialise, but there appears no reason to suppose that the essential needs of applicants are not being met. The greatest number of cases helped are old and infirm people, mostly living alone. To maintain the efficient and economical running of the service a considerable amount of visiting of patients receiving help is required for the purpose of adjusting the amount of help given. The service has attracted a good type of woman and many have been in it since it was formed in 1948. It is felt that this service is one of the most vital parts of the National Health Service and that by its steady expansion it is a means not only of ensuring the earlier return home of hospital patients but often the avoidance of the removal to homes and hostels of many aged and infirm, though not necessarily ill, people.

MIDWIVES' ACT

Total number of Midwives practising at the end of the year ...		54
District Nurse Midwives		39
Midwives in Institutions and in Private Practice, viz.:—		
(a) Westmorland County Hospital ...	—	
(b) Helme Chase Maternity Home	8	
(c) St. Monica's Maternity Home, Kendal ...	5	
(d) Brettargh Holt	2	
(e) Private Practice	—	
	—	15
Midwives' Notification Forms received during 1962 were as follows:—		
Sending for Medical Aid		36
Stillbirth and death		28
Having laid out a dead body		—
Liability to be a source of infection		4

Analgesia

The Council's proposals for the provision of a midwifery service, approved by the Minister, require that all midwives shall be trained and equipped for the induction of analgesia, and the stage has now been reached where all midwives, with the exception of two of the older ones, are now trained. Should any newly-appointed midwife be untrained in analgesia, steps are taken to provide a training course at the earliest possible opportunity.

During the year midwives have induced analgesia in 100 domiciliary cases, and at the end of the year 37 District Nurse Midwives were qualified for the induction of gas-air analgesia. Midwives are now also allowed to use Pethidine as an analgesic and this drug was administered in 53 cases.

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Welfare Department, but the County Medical Officer is responsible for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

All such applications are referred for examination to one of the specialist ophthalmologists with whom the Council has entered into arrangements for this work, and during 1962, 37 such cases were referred of whom 28 were certified as blind and 9 as partially-sighted.

The total number of persons on the Council's register on 31st December, 1962, was 142 blind and 19 partially-sighted.

The following Tables relating to the causes of blindness and treatment obtained for certain conditions is included at the request of the Ministry of Health.

A.—Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability.			
	Cataract. (1)	Glaucoma. (2)	Retrolental Fibroplasia. (3)	Others. (4)
(i) No. of cases registered during the year in respect of which Section F of Form B.D.8 recommends:—				
(a) No treatment ...	7	2	—	11
(b) Treatment (medical, surgical or optical)	10	1	—	6
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	6	1	—	6

B.—Ophthalmia Neonatorum

(i) Total number of cases notified during the year ...	—
(ii) No. of cases in which:—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year ...	—

MENTAL HEALTH

As advised in Ministry of Health Circular 100/47, the Health Committee has appointed a Mental Health Sub-Committee to deal with its functions, under Section 57 of the National Health Service Act, and, so far as they relate to mentally-disordered persons, under Section 28 of that Act.

The Sub-Committee is now constituted as follows:—

Chairman and Vice-Chairman of the Health Committee ...	2
Members of the Health Committee (being members of the County Council)	10
Members of the Management Committees of Psychiatric Hospitals	4
Nominated by Westmorland Executive Council ...	1
Others (whether members of the Health Committee, or the County Council, or neither)	3
	20

Certain preliminary provisions of the Mental Health Act, 1959, having been brought into operation at earlier dates by Statutory Instrument, the main parts of the Act became operative on 1st November, 1960.

In general, the repeal of the Lunacy and Mental Deficiency Acts abolishes the old terminology, e.g. "lunatic" and "mental defective", the new Act laying down instead a widely defined term, "mental disorder", within which four categories are defined: (a) mental illness; (b) arrested or incomplete development of mind; (c) psychopathic disorder; and (d) any other disorder or disability of mind. The classification now depends almost exclusively on medical criteria, and whilst it is intended that the majority of cases admitted to hospital under the Act will do so with no more formality than they would enter hospital for a physical illness, provision is made for compulsory admission and detention of cases when this is necessary to override the unwillingness of the patient or his relatives.

Whilst it is open to the general practitioner to arrange informally for the admission to hospital of a patient, or for the "nearest relative" to make formal application, it is found in practice that the Mental Welfare Officers (formerly Duly Authorised Officers) are called upon, in the majority of cases, to make the necessary arrangements, and in many cases to convey the patients there.

Compulsory admission and detention is now based on an "application" for admission founded on the certificate of two medical

practitioners, one of whom must have been approved as having special experience in the diagnosis or treatment of mental disorder. The magistrate no longer has any part in this matter, although the Courts may, under certain circumstances, authorise the compulsory admission to hospital or guardianship of persons convicted of criminal offences, if the Court is satisfied, on the evidence of two medical practitioners that the person is suffering from mental disorder.

Mental Health Review Tribunals have been set up for the purpose of reviewing, on application by the patient or his nearest relative, the case of patients compulsorily detained, with the duty to discharge those patients whose continued detention is no longer justified.

The service appears to be working smoothly, and it is particularly pleasing to be able to report that no difficulty has been experienced in securing admission of mentally ill patients to hospital.

In the course of the year the Mental Welfare Officers arranged the admission to hospital of patients as follows:—

	Males.	Females.	Total.
Garlands Hospital, Carlisle ...	2	2	4
Lancaster Moor Hospital ...	13	37	50
	15	39	54

The shortage of beds for cases of severe subnormality is still acute, but even if a permanent bed cannot be obtained, the co-operation of the Medical Superintendents usually ensures the provision of temporary accommodation where there is a pressing need.

Training Centre

The Centre, which has operated in Kendal since 1949, meets on three days per week and caters for both sexes and all ages of patients. In order to widen the scope of the work an Assistant Supervisor and a domestic assistant have been added to the staff, and few cases are now found too troublesome for admission.

With a view to providing the more comprehensive centre service envisaged under new legislation, the Committee had hoped to commence building a new centre in Kendal during the financial year 1961-62, to cater for 50 patients and to work on a five-day week basis, but even now, in mid-1963, difficulties regarding the site have not been resolved and there is no immediate prospect of a start being made.

AMBULANCE SERVICE

The Ambulance and Sitting Case Car Service continues efficiently. The two services are run separately; the Ambulance Service is under the direct control of the Ambulance Officer who is also the Chief Fire Officer, while the Sitting Case Car Service is run directly by the Health Department.

Details of the sitting case car work done during the year, and for comparison figures for the preceeding four years, are given below:—

Year.	No. of Patients.	No. of Journeys.	Total Mileage.
1962	27,263	10,551	368,369
1961	28,117	9,829	364,959
1960	25,600	9,172	357,152
1959	22,758	8,355	314,177
1958	22,651	8,925	305,182

It may be noted that whilst mileage and number of journeys are again in each case the highest figures yet recorded, the number of patients has fallen slightly. The mileage per patient was 13.5 and miles per journey 34.9. For the first time the daily average mileage exceeded 1,000 miles.

ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER

Another quiet year with a fall in the number of patients carried but an increase in the number of miles travelled. Analysis of calls, miles run, etc., is given in the Table following.

The use of the Police radio communication network has continued to be of assistance in saving time and useless mileage, and the equipment has given little trouble.

Day cover for accidents and emergencies in the Ambleside area was restored during the year, although routine removals are still handled from Kendal.

The only serious accident involving a County Ambulance for many years occurred in Kendal in November. The ambulance was badly damaged and the crew received minor injuries, from which one member has still not recovered.

Severe winter conditions, particularly in the North of the County during last winter, and again before the end of this year, imposed great strain on our services there. Considerable efforts by the local ambulance teams, assisted by the Council's road staffs and the Police, ensured that no undue delays were experienced.

Conclusion

I thank all those connected with the Ambulance Service, whether whole-time, part-time or volunteer member, for the efficient performance of their duties.

I have again had the fullest co-operation from the Police and the Chief Officers and Staffs of the other County Council Departments. My thanks are extended to them and to the Chairman and Members of the Fire Brigade and Health Committees for their continued interest and support during the year.

G. B. DUANE,
Chief Officer.

CALLS

Station	No.	Patients Carried: Infectious	Accidents	Maternity	Others	Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
Kendal ..	4	27	337	200	2247	2811	2119	52	2171	57904
Ambleside ..	1	—	52	3	64	119	104	5	109	3609
Appleby ..	1	—	47	7	137	191	149	6	155	9918
K. Stephen..	1	—	39	10	114	163	144	4	148	11595
	7	27	475	220	2562	3284	2516	67	2583	83026
1961 ..	7	42	576	252	2517	3387	2449	61	2510	79980
1960 ..	7	36	536	244	2527	3343	2380	86	2466	82844

Average miles per journey:—

	1962	1961	1960
Kendal	26.67	26.31	27.07
Ambleside	33.11	34.07	36.09
Appleby	64.0	63.88	68.16
Kirkby Stephen	78.35	74.33	76.76

1962	1961	1960
32.14	31.83	33.59

On behalf of the Lancashire County Council 45 journeys were carried out with a mileage of 1,502, and for the Lancashire County Welfare Services (in Westmoriand) 1 removal with a mileage of 19.

VEHICLES

Depot	Make			Year	Mileage at 31 Dec. 1962	Condition
Kendal	Morris	JEC	6	1962	6630 ..	Very good
Kendal	Morris	HEC	420	1960	29905 ..	Very good
Kendal	Morris	FJM	890	1959	69036 ..	Good
Kendal	Bedford	CEC	505	1954	92753 ..	Written off, accident 4 Nov. 1962
Ambleside	Morris	JM	7667	1948	68718 ..	Very poor
Appleby	Bedford	FEC	516	1958	49902 ..	Good
Kirkby Stephen	Bedford	DJM	727	1957	65564 ..	Good

EXTRACT
FROM THE ANNUAL REPORT OF CHIEF INSPECTOR OF WEIGHTS AND MEASURES, 1962

Food and Drugs Act

That part of the Food and Drugs Act, 1955, for which the County Council is the Food and Drugs Authority, relates mainly to protection services for the ultimate purchaser. These are designed to prohibit the addition of harmful substances to food offered for sale, and to ensure that the purchaser is unlikely to be prejudiced as to the description under which they are sold. The use of colouring matter, preservatives or other substances used as additives in food is controlled by limitations or standards of composition defined by statutory orders or regulations in respect of certain foods.

This report also deals with duties allied to that part of the Food and Drugs Act for which the County Council is responsible.

A substantial proportion of the time spent on work under this heading is in relation to milk sampling duties. The few large milk receiving depôts in the area are not engaged in bottling milk for the retail trade and this is done at 236 dairies at farms and other places throughout the county.

A total of 1,401 samples, mainly of milk samples in duplicate, were obtained during the period under review. These were dealt with as follows:—

"School Milk" for examination by the Public Health Laboratory Services	58
Milk for testing under the Milk (Special Designation) Regulations, in relation to dealers other than producers	453
Milk for testing by Sampling Officers as a basis for the submission of formal samples to the Public Analyst	713
Samples to the Public Analyst, Milk 60; Others 117...	177

Analysed by the Public Analyst

The samples submitted for examination by the Public Analyst covered a wide range of food and medicinal products, including those likely to be found in any household shopping-list. Particular attention has been given to foods manufactured or prepared in Westmorland for re-sale. The results are summarised as:—

	Genuine Quality.	Below standard or irregular in some respect.
Milk Formal	12	47
Milk Informal	1	—
Other than Milk Formal ...	7	5
Other than Milk Informal ...	86	18
	106	70
One sample was broken in transit.	—	—

Unsatisfactory Samples

Milk

There is little significance in the apparently high proportion of unsatisfactory samples of milk listed in the above summary. This arises as a result of preliminary sorting tests carried out by the Sampling Officers.

Altogether 46 samples of milk were found to fall below the standard of 3% for fat and 8.5% for solids-not-fat set up in the Sale of Milk Regulations, 1939. These are listed as:—

14 samples classified as genuine but below standard in solids not fat. The vendors were advised.

1 sample contained 0.5% of added water. The farmer was warned.

31 samples contained added water in proportions ranging from 1.3% to 19.7%. Seven consignments were sampled and the calculated quantities of added water varied from 4 fluid ounces in a pint bottle of milk to more than 8 gallons of added water in a purported quantity of 120 gallons of milk. Legal proceedings resulted in a conviction in each case.

1 sample of farm-cartoned milk which satisfied the tests for fat and solids was described on the carton as "Pasteurised Milk". The milk had not been heat treated in any way. Legal proceedings instituted under the Merchandise Marks Act resulted in a conviction in this case.

Other than Milk

The work is mainly based on examination of informal test purchases, followed up where necessary by obtaining formal samples.

Adverse reports were received in respect of 23 samples. Some were either not labelled as required or were labelled with a declaration of ingredients not listed in descending quantitative order. Other samples failed to comply with the descriptions under which they were sold. Examples of this nature include:—

Fruit Salad with a label indicating more apricots than peaches or pineapple.

Rum Butter with a label indicating more butter than sugar.

Sugarless Pastilles containing permitted food colours not listed on the wrapper.

Plain Flour deficient in Vitamin B1.

Pre-packed Processed Cheese affected by mould.

Home-made Marmalade deficient in soluble solids.

Pork Sausage not declared as containing preservative.

Cream Sandwich with no cream present.

Canned Sardines contaminated with tin.

Tea from a vending machine — liquid contaminated with lead.

Coffee — More Milk; from a vending machine — contained skimmed milk only.

It is pleasing to be able to report that on being notified of the nature of the non-compliance, the manufacturer, packer or retailer in each instance took immediate action to remedy the complaint.

More complaints were received from the purchasing public than in previous years. None were of a frivolous nature and, despite a lack of legal evidence in most cases, the two factors most common to all appeared to be an unbounding faith in the ability of the Council to "do something" and an expression of satisfaction on learning that representations would be made to their suppliers. Items of this nature include:—

Egg Custard with cigarette-ash which proved to be cinnamon.
Condensed Milk with bits of glass which proved to be recrystallised sugar
Blanc Mange Powder with a flavour of household detergent.
Rhubarb Tart containing a nail.
Milk containing a piece of glass.
Remainders of portions of food or drink with a queer flavour.

The increased interest in this section of the consumer protection services may arise, in part from the wide circulation of the "Broadsheet" published by the Council.

Milk (Special Designation) Regulations

Only milk to which the special designations apply may normally be sold by retail in Westmorland, but, having regard to the difficulty of obtaining designated milk in remote rural areas, the Ministry of Agriculture, Fisheries and Food have issued "consents" to dispense with this requirement in relation to retail sales of milk to persons named as customers of 23 dairymen.

The special designations are, for raw milk, "Tuberculin Tested", and for heat-treated milk "Sterilised", "Pasteurised" and "Tuberculin Tested Milk (Pasteurised)". Authorisation for the use of such special designations, by Dealers other than Producers is by licence granted by the County Council as the Food and Drugs Authority.

Twenty-three Dealers' licences were issued during the year, and the number of operative dealers at the 31st March, 1963, was 114. The total number of producers and dealers licensed to sell milk by retail in the area is about 356.

The conditions of licence include a requirement that milk to which the designation "Tuberculin Tested" or "Pasteurised" is applied shall satisfy a Methylene Blue test, and that heat-treated milk shall satisfy either the Phosphatase test for pasteurised milk or the Turbidity test for sterilised milk. Samples procured for this purpose were submitted for examination by the Public Health Laboratory Services, and the results are summarised as:—

Type of Milk.	Number of Samples.	Methylene Blue. Pass.	Fail.	Test void.	Phosphatase. Pass.	Fail.	Turbidity Pass	Brucella abortus culture isolated.
Sterilised	9						9	
Pasteurised	14	13	1		13	1		
Tuberculin Tested (Pasteurised)	110	105	4	1	107	3		
Tuberculin Tested	376	338	34	4				6*
	509	456	39	5	120	4	9	6*

*Samples orginated from three sources, repeat samples in each case proved to be negative following action by the farmer concerned.

School Milk Samples

Fifty-eight samples for statutory and biological examination were obtained from consignments of the milk delivered to schools. The pressure of other duties made it impossible to visit each school and sampling has been limited to milk delivered by each supplier of school milk in Westmorland. All samples were negative for tuberculosis, but two samples failed to reach the prescribed standard on the Methylene Blue test.

A. BRYANT,
Chief Inspector.

CANCER TREATMENT

The following details have been supplied by courtesy of the Lancaster and Kendal Hospital Management Committee:—

Number of Clinics held at Kendal during the year ending 31st December, 1962	... ...	12
,, New Cases seen	... ...	61
,, Follow-up Cases seen	... ...	445

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

Deaths from Cancer, 1961 and 1962

	1961. Males.	Females.	Total.	1962. Males.	Females.	Total.
Urban Districts	32	51	83	41	35	76
Rural District	30	38	68	37	30	67
		Grand Total	151		Grand Total	143

TUBERCULOSIS

In the following Table are the figures for the notifications of, and deaths from, Tuberculosis in 1962:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
15	—	2	—	—	—	—	—	—
25	1	2	—	—	—	—	—	—
35	—	2	—	—	—	—	—	—
45	2	3	—	1	—	—	—	—
55	4	—	—	—	—	—	—	—
65	1	—	—	—	—	—	—	—
75	1	1	—	—	—	—	—	—
TOTAL	9	10	—	1	—	—	—	—
1961	19	7	2	4	3	1	—	1

In 1962 Westmorland patients were admitted to the following Hospitals:—

Meathop Hospital	5
Beaumont Hospital, Lancaster	11
Blencathra Sanatorium, near Threlkeld	5
City General Hospital, Carlisle	1

TUBERCULOSIS

The Tuberculosis work in the County is now divided between the Manchester and Newcastle upon Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle upon Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes. The Chest Physicians give general directions to the work of the Tuberculosis Visitors.

The County Council has also agreed to accept financial responsibility for cases where admission to a rehabilitation colony or village settlement is recommended by the Tuberculosis Officers, and for patients living in and near Kendal an Occupational Therapy Scheme is in operation, under which patients have the advice of an instructor employed by the Local Health Authority and are enabled to purchase materials at concessionary rates.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and during 1961 191 contacts were tested and 124 were vaccinated. This latter figure includes a number of newborn infants vaccinated without any preliminary skin test.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53, and from May 1959 this was extended to all young persons in attendance at schools or other educational establishments.

Owing to the fact that the tests must be read at 72-hour intervals, the arrangement of a programme of this work so that it does not interfere seriously with other arrangements such as regular clinics, committee meetings, etc., nor clash with school holidays, functions and examinations, is a matter of the utmost difficulty, and has become increasingly so with the advent of the poliomyelitis vaccination campaign. The cessation of post-vaccination testing and the use of freeze-dried vaccine has gone but a very little way to simplifying the work.

The following Table gives details of the work done under the scheme during 1962:—

Number Skin Tested.	Found Positive.	Vaccinated.
322	25	297

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the test (indicating that they have previously been exposed to infection) since the commencement of the scheme, as shown in the following Table:—

Year.		Percentage of children found positive.
1955	...	34
1956	...	25.6
1957	...	27.6
1958	...	20.8
1959	...	14.3
1960	...	15.6
1961	...	10.7
1962	...	7.8

TUBERCULOSIS AND OTHER CHEST DISEASES NORTH WESTMORLAND

Introduction

The trends noted in last year's Report have continued.

The number of new cases of pulmonary tuberculosis discovered throughout the whole of the East Cumberland Hospital Management Committee area was 52. Unfortunately, of the 52 cases of tuberculosis for the year, a large proportion of these had extensive disease with a positive sputum when first seen; many of these had never had a previous x-ray examination — most disappointing considering we have been operating a mass radiography service in the area since 1951.

On the 1st January, 1962, the total number of cases of tuberculosis on the active register had dropped to 1,288, and on the 31st December, 1962, this figure had further fallen to 928.

The number of new cases of pulmonary neoplasm remains at a steady high level; there were 60 new cases last year compared to 64 for 1961. Here again the vast majority of these cases have never had a previous x-ray examination, and as a result all except two were found to be unfit for surgery.

Unless individuals, and particularly those over the age of 40, get into the habit of having an annual x-ray examination, this unsatisfactory state of affairs is bound to continue. Of the 60 new cases of cancer discovered, more than half came from the City of Carlisle and the immediately surrounding area, so that frankly there is no excuse for patients presenting themselves with extensive disease and saying that they have never had an x-ray examination before. The Hospital Board have provided the facilities but these are still not being adequately used.

We now have two mass radiography units in the area, one of which is permanently based at the Mass Radiography base at Warwick Road,

Carlisle. Not only are numerous surveys carried out in factories and other establishments but we do endeavour now to carry out street by street surveys for a period each year in black spots in the whole area.

Tuberculosis

Table 1 shows the number of notifications in the three local authority areas of the East Cumberland area for the past ten years:—

TABLE 1

Year	Carlisle City		East Cumberland		North Westmorland		TOTAL	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
1952	89	11	79	20	22	4	190	35
1953	67	13	63	18	8	6	138	37
1954	90	10	66	19	6	5	162	34
1955	71	7	56	20	9	4	136	31
1956	65	8	54	10	8	2	127	20
1957	68	8	54	12	3	1	125	21
1958	66	17	47	15	4	1	117	33
1959	59	8	50	11	7	2	116	21
1960	46	12	19	6	7	2	72	20
1961	28	9	28	8	2	1	58	18
1962	26	—	23	2	3	1	52	3

Table 2 gives the number of pulmonary and non-pulmonary cases on the Clinic register at the end of 1962 for the three local authority areas in the East Cumberland Hospital Management Committee area:—

TABLE 2

Carlisle City		East Cumberland		North Westmorland		Totals	
Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
410	41	369	53	41	14	820	108

There has been little change in the programme of therapy in tuberculosis. Streptomycin retains its value as the most effective drug, but Isoniazid comes a close second and is relatively cheap. Some of the other drugs are much more expensive, but fortunately these expensive second-line drugs are only needed in a few cases, as most patients can be made non-infectious with a combination of Streptomycin, Isoniazid, and Paramisan. Fortunately, too, in this area, there is no evidence of any increase in the incidence of organisms resistant to the three main drugs. In all new cases, organisms are, if possible, isolated and their sensitivity tested. The four chronic cases which were noted in the 1961 Report as being resistant to the drugs are still alive, but no cases of primary resistance to even one of the three main drugs was noted during 1962. This is most satisfactory. In Britain in 1961 there was, throughout the country, an overall 5% to 6% of primary resistance to one at least of the three main drugs. In 1955, the percentage of primary resistance throughout the country to the three main drugs was, respectively, Streptomycin 2.3%, Paramisan 2.2%, and Isoniazid 0.7%. As long, however, as we have even four patients who are resistant to these drugs there is a recognition for new drugs in the treatment of the disease.

It is essential to know the drug susceptibility of the patient's organisms when mapping out the programme of therapy in newly-diagnosed patients; although one has to wait for cultures before the results are available, treatment can be initiated with these drugs in combination, and in combining these there is little risk of acquiring resistance. The problem of resistance is a strong argument against inadequate therapy, and in such countries where many cases of active disease are treated with Isoniazid alone there is a great risk of further epidemiological and clinical problems.

Although surgery is being used less and less for tuberculosis there still remains the odd case who will require surgery. There is no doubt that combined drug therapy is most effective in the vast majority of cases, but a good end result is often quicker attained by combining the drug therapy with resection in cases where persistent cavitation remains.

No new case of tubercle was discovered in immigrants during 1962, so that one hopes that our experience in 1961, when we discovered six such cases, was an isolated one.

Contact work has continued, and Table 3 shows the number of new contacts examined during the year, and of these the number vaccinated with B.C.G. vaccine.

TABLE 3

Year	No. of NEW Contacts seen			No. diagnosed as tuberculous			No. vaccinated with B.C.G. vaccine			No. of hospital staff additional to Col. 1 and vaccinated with B.C.G. vaccine
	Carlisle City	East Cumbd.	North Westld.	Carlisle City	East Cumbd.	North Westld.	Carlisle City	East Cumbd.	North Westld.	
1956	1180	920	180	4	4	—	102	84	6	27
1957	1522	1126	112	9	5	—	161	143	9	34
1958	1277	986	187	11	3	—	185	155	14	48
1959	1474	1152	103	4	6	—	168	156	8	50
1960	1115	906	166	6	—	3	150	100	20	39
1961	942	898	118	2	4	—	155	135	12	43
1962	1414	959	134	1	1	—	130	124	26	32

Routine examinations of old contacts continue to be largely carried out through the mass radiography units, as this relieves the Chest Centre of considerable extra work.

There is no doubt as to the value of B.C.G. vaccination. I feel it is essential to be sure that protection has been given by carrying out a post-vaccination Mantoux test. The presence of a negative Mantoux test requires re-vaccination. Statistics show that cases of pulmonary tuberculosis developing in vaccinated subjects are invariably in those where the Mantoux test has not been converted.

Cancer of the Lung

Table 4 shows the number of new cases of cancer of the lung seen at the Chest Centre during the previous eight years:—

TABLE 4

Year	Carlisle City	East Cumberland	North Westmorland	Total
1955	8	12	1	21
1956	16	11	2	29
1957	23	11	3	37
1958	27	17	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64
1962	30	29	1	60

In 1960, 24,800 people in the United Kingdom died from lung cancer, 29,000 from bronchitis, and 104,500 from coronary arterial diseases, and of those who died many were men not more than middle-aged.

Cancer chemotherapy remains inadequate. The object of any therapy is to destroy the cancer cells without causing irreparable damage to normal tissues. The difficulty is that the differences so far discovered, between tumour cells and normal cells, are small and are usually of degree only. In addition, there are many types of tumour and it is

unlikely that all tumours will have a common biochemical abnormality which can be exploited by a single chemical agent.

Because of the small biochemical differences between tumour and normal cells, drugs must be administered closest to the largest dose which can be tolerated. The use of drugs has been well proved in cases of cancer of the breast and of the prostate, they are valuable in some of the leukaemias, but, so far, in lung cancer they have been disappointing. Drugs can be used in combination with surgery, or with radiotherapy.

As far as surgery is concerned, lobectomy is preferred to pneumonectomy, and there is no doubt that some cases do well and survive five- to ten-year periods. Although the number of cases sent for surgery is relatively small, one has the impression that upper lobe tumours do better than those situated elsewhere. Unfortunately, many cases when first seen also have pleural effusions and these are an absolute contra-indication to surgery.

The reports on Mega-voltage x-ray therapy in cases of cancer are disappointing, and there is probably little advantage in using this over the usual 240 kilo-voltage therapy. The chief value of both is in the relief of pain and the cessation of bleeding.

Bronchitis

The crude death rate in England and Wales is roughly 58 per 100,000, and this rate has tended to rise over the past 12 years, particularly in men over the age of 45. When the actual morbidity resulting from the disease is considered in addition to the mortality, bronchitis undoubtedly constitutes one of the most serious pulmonary diseases. Many factors, some known and some unknown, have very considerable bearing on this disease, for example, cigarette-smoking and air pollution. Every effort therefore should be made to reduce both these factors. Treatment of the disease in its early stages by adequate antibiotic cover can not only cut short the attacks but by adequate control and physiotherapy can diminish their frequency, and even be life-saving.

Many of the younger persons who suffer from bronchitis and also from asthma have very considerable postural defects; others, after their initial attack, are quite unable to breathe properly. Unless corrected, these defects are likely to worsen and thus contribute greatly to further attacks of bronchitis or asthma; otherwise the maximum breathing capacity remains low, the lungs remain small, and alveolar hypo-ventilation results, the whole progressing finally to pulmonary hypertension and cor pulmonale.

Sarcoidosis and Bronchiectasis

There are still comparatively large numbers of patients under treatment for both sarcoidosis and bronchiectasis. The number of new

cases of the former disease remains at a fairly steady level, but there has been an undoubted drop in the new cases presenting with bronchiectasis.

In-Patients

Table 5 shows the number of in-patients treated during 1962:—

TABLE 5

Unit	No. of beds available	No. of patients admitted in 1961	No. of patients admitted in 1962	No. of patients with tuberculosis admitted in 1962
*Ward 18, Cumberland Infirmary	13	212	201	15
Longtown Chest Unit	26	123	120	39
Blencathra Hospital	25	58	65	45

*Ward 18, Closed for two months early in 1962.

W. HUGH MORTON,
Consultant Chest Physician.

NEWCASTLE REGIONAL HOSPITAL BOARD

Special Area Committee for Cumberland and North Westmorland

MASS RADIOGRAPHY UNIT ANNUAL REPORT, 1962

(NOTE: Figures given in brackets throughout the Report relate to the corresponding figures for 1961).

Both the Static and Mobile Units were fully operational throughout the twelve months with the exception of a period of two weeks when both Units were fitted with 100 mm. camera units. The Leyland van was also modified, the original darkroom being converted into

office accommodation and a small dry darkroom being provided in the front end of the vehicle. All processing of films is now done centrally at the base at 1 Brunswick Street, Carlisle. Here, the Static Unit is now open for six sessions weekly, one session being in the evening. Since May 1962 the Mobile Unit has been used as a static unit at Whitehaven every Friday from 11.30 a.m. to 2.30 p.m.

Groups Examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 40 occasions. 927 (1,113) contact cases were x-rayed, 498 from the East Cumberland area and 429 from West Cumberland.

Results

41,534 (35,807) persons were examined by the Units during the year. Of these 1,058 were referred for clinical examination.

Table 1 shows the number of abnormalities revealed during 1962 throughout the whole of the Special Area.

TABLE 1

	No. of Cases found		Percentage of total examined	
Abnormalities Revealed				
(1) Non-tuberculous conditions:				
(a) Bronchiectasis	41	(33)	.10	(.09)
(b) Pneumoconiosis	60	(46)	.14	(.13)
(c) Neoplasm	34	(29)	.08	(.08)
(d) Cardiovascular conditions	89	(168)	.21	(.47)
(e) Miscellaneous requiring investigation	15	(36)	.04	(.10)
(2) Pulmonary Tuberculosis				
(a) Active	36	(31)	.09	(.09)
(b) Inactive requiring supervision	77	(31)	.19	(.09)
(c) Active (Previously known)	—	(2)	—	(.006)

Table 2 and 3 refer solely to the area covered by the East Cumberland Hospital Management Committee. Table 2 shows the number of new cases of pulmonary tuberculosis discovered, and Table 3 the number of new cases of neoplasm discovered in each case since 1955.

TABLE 2

Year	No. of new cases	Number with positive sputum	Percent. of new cases with positive sputum	No. of new cases referred by M.M.R.	Percent. of new cases referred by M.M.R.	Percent. positive sputum cases found by M.M.R.
1955	139	42	30	43	31	21
1956	125	39	31	39	31	18
1957	125	42	34	33	26	29
1958	117	32	27	29	25	9
1959	116	31	27	28	24	6
1960	72	28	39	21	29	18
1961	58	20	34	20	34	20
1962	52	22	42	23	44	24

TABLE 3

	1955	1956	1957	1958	1959	1960	1961	1962
No. of cases of neoplasm seen at Chest Centre . .	21	29	38	59	59	54	64	60
No. discovered by M.M.R.	10	8	7	10	13	19	24	25

Comments

The brief statistics given show that Mass Radiography continues to play a vital role in the discovery of both pulmonary tuberculosis and cancer of the lung. Of the 41,534 persons examined by the Units throughout the year in the Special Area no less than 9,368 had never had a chest x-ray taken previously, and the pick-up rate in these new examinees was very much higher in both diseases than in those who had previously been examined.

	Active Tuberculosis	Neoplasm
Previously x-rayed ..	22	23
Not x-rayed before ..	14	11

The percentage pick-up rates in both active tuberculosis and neoplasms of the Units in both East and West Cumberland is shown below.

	Static Unit Carlisle	Static Unit Whitehaven	Mobile Unit East Cumberland	Mobile Unit West Cumberland
Active Tuberculosis	.32	.13	.06	.08
Neoplasm ..	.59	.26	.02	.05

These figures again show the *high* pick-up rates at the Carlisle Static Unit. The general practitioners in the Carlisle area are making full use of this service. The Mobile Unit being operated as a Static Unit in Whitehaven is still in the somewhat experimental stage, but I feel that we should persevere with the service there too.

There is no question but that all adults should have an annual chest x-ray examination so that early diagnosis of tuberculosis and lung cancer can be made and such conditions treated. I make no apology for repeating this once again. The Mass Radiography service should be directed generally to those persons or groups of persons who are specially at risk. As far as tuberculosis is concerned the contacts of new cases are expeditiously and comparatively cheaply screened by the Mass Radiography Unit. As far as lung cancer is concerned it would seem advisable for all pneumoconiotics to have an annual examination. Our efforts should continue to be directed towards people who have so far not had an examination, and in this connection the street by street surveys which are undertaken in two areas for a period each year are not only conducive to this end but also greatly help in persuading the older age groups to pass through the Unit.

Acknowledgements

It is a pleasure to acknowledge once more the valuable help received in arranging these surveys from the Medical Officers of Health concerned in the area and from the Managements' and Workers' Organisations in the factories visited.

It gives me great pleasure to acknowledge the great help and co-operation we have received from the general practitioners in the East Cumberland area. They have taken full advantage of the sessions of the Static Unit with considerable benefit to the patients concerned.

The interpretation of films and disposal of abnormalities is no easy task and would be impossible without the friendly co-operation of my colleagues on the hospital staff, and to all I tender my sincere thanks.

I would also like to thank the numerous organisations who have in any way helped us, including the Police who continue to advise with regard to the traffic problems inherent in our surveys.

W. HUGH MORTON.

20th May, 1963. Medical Adviser.

SOUTH WESTMORLAND

Tuberculosis

The Tuberculosis Register, for females and children, has remained almost static over the past year, new notifications almost balancing the removals resulting from cure or transfer or death. For the males, the balance is well on the credit side. Fifteen new pulmonary cases occurred during the year compared with 16 in 1961 and 12 in 1960. Three new non-pulmonary cases occurred compared with 2 in 1961 and 3 in 1960.

Of the new cases only four had more than a moderate amount of disease in the lungs, an indication of early suspicion by General Practitioners. Of the seven men, three were inward transfers, two were picked up in Kendal and two in South Westmorland. Of the 7 women, 2 were inward transfers, 3 were picked up in Kendal and 2 in South Westmorland. The one child was found as a contact of her mother who was one of the new Kendal cases. The three non-pulmonary cases included one patient with renal tuberculosis and two with cervical adenitis, these patients all presenting with breakdown of previous disease no new non-pulmonary disease having appeared during the year as far as we know, but cases seen by other hospital departments are not always notified — a reflection on the lessened impact of tuberculosis on the junior hospital staff of today.

Three tuberculous patients died during the year, all from respiratory failure due mainly to tuberculosis although the disease was active at death in only one case. Slight streptomycin resistance was noted in three new cases which is 20% of new notifications, but the numbers are too small to be alarmed at this apparently high incidence. No Isoniazid resistance — a more serious prognostic finding — occurred.

The Director of the Mass Radiography Unit hopes to make annual visits to this area in future, in place of the visits at intervals of several years as hitherto. This should be a help as attention can be diverted to any area of above-average notification rate.

Ninety-one new contacts were examined and one active case found among them; this rate, though low, confirms the value of this work.

Domiciliary treatment of patients is widely used though initial admission to hospital is advised in order to establish and stabilize the drug schedule for each patient, to isolate them during their infectious phase and to teach them the details of personal hygiene when necessary. Home treatment does, however, require considerable vigilance on the part of the Tuberculosis Health Visitor and the co-operation of District Nurses.

Chest Clinic

	1960.	1961.	1962.
New Cases	232	489	302
New Contacts	94	198	91
B.C.G. Vaccinations	52	124	62
Total Attendances	1,004	1,232	1,026
Visits by Tuberculosis Health Visitor	865	996	717*

*This figure represents the visits paid by the Tuberculosis Health Visitor and does not include visits paid by other nurses as in previous years.

Non-Tuberculous Diseases

The majority of patients in this category suffer from chronic bronchitis and its complications. The cure of such a patient is almost always impossible and alleviation of symptoms is all that can be achieved. The seeds of the condition are sown in early adult life and in middle-age, but one of the few avoidable causes is usually established is adolescence — the habit of cigarette smoking — whilst occupation and climate are seldom adjustable to the patient's medical needs. Until the medically harmless cigarette is produced one can rely only on example and propaganda, the latter being in sad contrast to the skilful and effective subversion on show every night to the most money-free and fashion-swayed group of the community, the adolescent. It has been shown that, unfortunately, any counter propaganda must be directed at the school-leaver from primary, not secondary, schools.

Eight cases of lung cancer were found during the year and of these four underwent surgical treatment, quite a high proportion, but treatment with hope of success is applicable to a minority of such patients. Here again the only practical solution open to us is to concentrate in removing the major removable factor — cigarette-smoking in the young adult. At least, the smoking of pipes and cigars carries far less risk and there is a very good case for Government action in drastically reducing the tax on cigars and raising even further that on cigarettes.

Hospitals

No change has occurred during the year in the number of hospital beds available. Beaumont Hospital continues to be the main Chest In-patient Centre, while the number of occupied chest beds in Meathop has dropped to almost negligible proportions. It is expected that, in 1963, steps will be taken towards closing part of this hospital. There is no waiting-list and any tuberculous patients are admitted as soon as they are prepared to come in.

I wish to extend my thanks to the Clinic Staff, nursing and clerical, for their devoted service during the year; to Dr. Brown's radiography staff for their valuable co-operation; finally, to Dr. John A Guy and his staff for their help and support throughout the year.

R. DOUGLAS YOUNG, M.D., M.R.C.P.E.

6th June, 1963.

MILK SUPPLIES

The Milk and Dairies (Food and Drugs) Act, 1944, which came into operation on 1st October, 1949, and the Regulations made thereunder brought about the following position:—

The Minister of Agriculture and Fisheries is now responsible for

(i) The registration and supervision of dairy farms.

(ii) The licensing and supervision of producers of Tuberculin Tested and Accredited Milk.

The County Council is responsible for

(i) The licensing and supervision of pasteurising and sterilising premises.

(ii) The licensing of dealers of designated milk.

The County District Councils are responsible for

The registration and supervision of milk distributors and dairies other than dairy farms.

The Regulations also laid down detailed requirements in the matters of cleanliness of dairies, milk containers, retail vehicles and milk handlers, as well as methods of sampling and testing milk. The powers of Medical Officers of Health to deal with the problem of milk-borne infectious diseases are also strengthened.

A further stage in the campaign to secure a safe milk supply was reached with the enactment of the Milk (Special Designations) Act, 1949, which provides that in areas specified from time to time by the Minister, no milk may be sold by retail unless it carries one of the special designations.

Under the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1958, Windermere Urban District and Lakes Urban District were specified as areas to which, since 1st October, 1958, this Act applies, and under a similar Order made early in 1962 the remainder of the County was included under the provisions of the Act.

Licences to pasteurise milk have been granted in respect of one establishment in the County, and routine sampling of the treated milk is carried out by the Weights and Measures Department of the Council.

TREATMENT OF VENEREAL DISEASES

Treatment of Venereal Diseases has now passed to the Regional Hospital Board. The problem of V.D. has never been a large one in Westmorland. The establishment of the Kendal Clinic has had a useful part to play. The journey to Lancaster, Barrow or Carlisle has deterred a number of patients from having regular treatment, with the result that there was an increase in the number of defaulting patients.

Westmorland cases treated at the following Centres for the year ended 31st December, 1962, are as follows:—

Centre	Syphilis	Soft Chancre	Gonorrhœa	Non-Venereal and undiagnosed conditions	Total number of cases
Carlisle ..	—	—	—	2	2
Kendal ..	2	—	3	14	19
Lancaster ..	—	—	4	4	8
	—	—	—	—	—
Total ..	2	—	7	20	29
	—	—	—	—	—

The following is an extract from the Annual Report for 1962, submitted by Dr. H. J. Bell, Consultant Venereologist, for the Special Area of Cumberland and North Westmorland:—

Although my Annual Report is usually concerned with statistics and trends, and is written to illustrate what is going on in our local area and in the country as a whole, I would prefer, in this note, to discuss the V.D. organisation as part of the more general Hospital Service.

Last year there was published a new textbook of Medical Treatment, and a contributor to the chapter on Venereal Disease — a London man — wrote rather a diatribe against the specialty of Venereal Diseases, and suggested that the V.D. Service had had its day. The essentials of his argument were that modern therapy — and the possibility of artificial immunisation against Venereal Diseases — have obviated any need for specialist knowledge in the management of these diseases; and that there are so few recruits to the specialty that it will come to an end of its own accord. If venereology were a more respectable specialty, he added, it would have been absorbed by the physicians long ago. Unfortunately, this requiem for venereologists will be read and remembered by many a student who does not have sufficient experience to judge the matter for himself. I quote from the textbook:—

> "Redundancy would seem to be the fate in store for any specialty founded on a particular technique, or confined to a small group of disorders as soon as a safe and reliable remedy becomes available, or when efficient prophylactic measures such as immunisation become possible. Were it not for the lingering social stigma attached to venereal diseases, the specialty would indeed long since have been incorporated into general medicine. Special clinics would only be required in the larger seaports and cities with a substantial transient population whose sexual needs are met by prostitution. Furthermore, modern treatment is so effective that complications are rarely seen, and late sequelae have been virtually eliminated. This not only reduces the need for specialist advice and treatment, but it renders it more difficult for the young aspirant to obtain the wide clinical experience that the older venereologists enjoyed, and it is now becoming common practice for the neurologist, cardiologist, or dermatologist not only to diagnose but also to treat the late manifestations of syphilis."

As one of the older venereologists referred to, my first reaction on reading these paragraphs was that some of the content was rather wide of the mark. Complications (even in male gonorrhoea) are becoming far too common these days; safe and reliable remedies are available, but even penicillin is no panacea, and its influence in the control of gonorrhoea has amounted to nothing; artificial immunisa-

tion against V.D. is something that belongs to the land of dreams — albeit this is a dream which I share myself. Nevertheless, these items aside, one must be fair to the writer, and agree that these views on the diminishing importance of the specialty and its future are held by others than himself. This justifies my apologia.

The most distressing and vexatious problem facing my colleagues at this time is recruitment to the specialty. It is true that young doctors, these days, find it extremely difficult to acquire the experience of clinical cases that was the luck of their predecessors. For many of these older men were presented with a vast clinical material during the War years, and there were others who were active in the specialty even before the era of chemo-therapeutics (sulphonamides, etc.) and antibiotics (penicillin, etc.) — a time when complications were the order of the day, and when the entire vista of V.D. pathology was to be reckoned with, and was not smothered over as it is today by an umbrella of antibiotic concealment.

The V.D. services in this country are under the care of 74 consultants (per contrasta, there are 156 dermatologists), and 49 of them are over 50 years of age. The number of registrars contemplating specialist status is such a mere handful that one can speculate that in fifteen years time (1978) there might be less than 20 consultants available as coverage for the whole country. Some "Dr. Beeching" may soon step in to reorganise the service according to the manpower available — in which case, trained men will be concentrated at the bigger cities and at the medical schools. When I leave my "parish" here, I doubt if there will be a "priest" to succeed me. But I would like, ere that time, to pass some of my accumulated experience to a younger colleague. Why should not the young registrars available be invited to work with me and other senior men in the specialty — say on a basis of rotation?

The failure to recruit new blood to the specialty might result in the run-down of the British V.D. Organisation. If it were asked why such a thing could have been allowed to happen, most venereologists would be hard-pressed to supply an explanation. Consultants, like myself, who work in the more provincial clinics, would agree that some deterioration set in when the National Health Service took over control in 1948. This is not to inculpate the new administration, but to suggest rather that it was a wrong move to attempt the integration of the V.D. Units within the general Hospital Services. From a Civil Service point of view, the idea was neat and convenient. From an epidemiological point of view it was probably a mistake. V.D. clinics are primarily concerned with the control and prevention of disease — and for this reason had always been, and should always remain, an essential part of the Public Health Service. This divorce of the V.D. clinic from the influence of the Medical Officer of Health has been unfortunate.

Prior to 1948, the V.D. clinic was the charge of a sub-committee of the local Public Health Committee. The Chairman was the Medical Officer of Health and the members were laymen. They paid a rent to the local hospital for clinic premises and, with Government help, they financed the cost of running the service. The members of the committee were intensely interested in the work of the venereologist and acted as his sponsor, champion, and — at times — as his critic. Nowadays, there is no such interest and no sponsorship. The hospital secretary has the idée fixe that the V.D. unit represents just another diagnostic clinic, like surgery or ophthalmology. Its special needs and interests are beyond his appreciation or understanding. What more natural then, than that the relationship which has evolved between the venereologist and the Management has been one of mutual indifference.

For these, and other, reasons, it would be an improvement to see the Medical Officer of Health brought back into the administrative set-up with a small Committee to sit with him: they would guide the fortunes of the service in each area.

At national level, too, there is need to restore a sense of cohesion among venereologists — to reconstitute a sense of partnership in a national effort. Venereologists are not so much part of a hospital team, as of a national team. This team spirit has been lost since 1948. Prior to that time there was a consciousness of a drive to a common goal. The binding influences were the Society in London (M.S.S.V.D.) and the enthusiasm of Colonel I. W. Harrison, who was ever at the beck and call of any specialist who required the help of this peripatetic Advisor to the Ministry. Unfortunately, nowadays, visits to London are not possible on the grounds of expense, and the M.S.S.V.D. is virtually a Londoners' Club. I recommend, with respect, that Regional Hospital Boards do some re-thinking around this dilemma which has deranged the service (cf. "The control of V.D. Services under the National Health Service." Harrison, B.J.V.D., December 1947).

What, then, are the special functions of the individual Special Treatment Department since these are so commonly misrepresented or misunderstood? The standard misconception is that V.D. clinics are exclusively concerned with the diagnosis and treatment of gonorrhoea and syphilis. These are the "small group of disorders" referred to by the author above. In an average clinic more than 75% of the new patients are suffering from neither of these conditions.

The unique responsibility of the V.D. team is not the problem of diagnosis and treatment, but the control and prevention of disease. This is the work of "contact-tracing" and "case-finding". Were there no V.D. clinics there would be no V.D. control. Although the Medical Officer of Health and other ancillary organisations may give all kinds of help in this effort, its initiation and direction derive from the clinic itself.

Contrary to the suggestion of the writer referred to, that it is common practice for other specialists to treat their own cases of late syphilis, my colleagues here are more appreciative of my specialist responsibilities — if not as a clinician — then, at least, as an epidemiologist, and always invite me to consultation. They do understand that the one case they may offer to me may be the means of leading me to others and so preventing disease or anticipating a disaster elsewhere. Every example of syphilis — especially late syphilis — entails endless enquiries and hours of work before it can be certain that all contacts have been accounted for and examined. This is a silent service in that it is not itemised in hospital statistics. The rewards as revealed in the salvage of human lives and human happiness in this branch of preventive medicine can, however, be sensational.

Two examples will serve to illustrate my point — commonplace experiences of any V.D. clinic in the country.

The first concerns an unmarried woman of middle age who died of General Paralysis of the Insane (G.P.I.) in spite of all the aforementioned modern therapeutic wonders. She was a patient in a local Mental Hospital. During interviews with the relatives, one of them let slip the information that there had been born to the patient an illegitimate baby years previously. It took two months to find the child: he was a boy, 12 years of age. He looked normal enough when his foster-parent brought him along to the clinic, but immediate investigation showed the same serological pattern of his mother's disease. Treatment was just in time to forestall the inevitable — which is death or lifelong imbecility.

The second example concerns an entire family of syphilitics. A handsome girl of 19 years of age was referred from the Ear, Nose and Throat Department. She had developed a hole in her palate. This was the first evidence of a destructive syphilitic gumma. Within a short time, her parents, her two brothers and one elder sister had been contacted and examined, and all were found to be syphilitic. One member of the family, still missing, was the youngest. She was a girl of 17 and too shy to attend. With persuasion, she eventually presented herself for examination. She was wasted to the point of emaciation, her skin had the waxen pallor of the moribund, and she kept blowing her nose continuously. When I examined her nose and throat the tissues were unrecognisable. Most of the inside of the nose had already rotted away (necrosis of a congenital syphilitic gumma). With treatment her improvement was rapid and dramatic. The bloom returned to her cheeks, her weight increased by three stones, and a plastic surgeon remodelled her nose with a sliver of bone taken from the pelvis. Ultimately, she became the bonniest girl in the family, and only last week I had the satisfaction of pasting her wedding photograph inside her case record. This is the type of follow-up work which is usually referred to as "case-finding".

The day-to-day problems of contact tracing, as it happens, are mostly concerned with gonorrhoea patients. The distressing paradox here is that women patients infected are seldom aware of their condition. They have to be found and brought to treatment before complications develop. They never report of their own accord, but only through the agency of male consorts who have been treated at the clinic. What happens to women left untreated can only be a matter of conjecture — at the worst peritonitis or sterility, at the best the development of a carrier state which renders them a menace to others for many months. When the family doctor treats gonorrhoea he treats one individual; when the clinic doctor treats a man he moves heaven and earth to find and treat the woman also. To him the woman is the more important of the two.

National returns show that for every four men who apply for treatment of gonorrhoea, only one woman presents herself (in our local clinics the proportion is more satisfactory, because contact-tracing is less difficult). Nevertheless, over the country as a whole, there must be about five and a half thousand women who never come under treatment at all. For this reason, the staff of any V.D. clinic are prepared to pursue their search for contacts to the utmost — either within the law or stepping beyond it — to seek out the unsuspecting female. Whereas in most European countries like France, Finland, Poland and Denmark, the local authority has legal sanction to enforce the attendance of contacts and defaulters; there is no such warranty in Great Britain.

Nevertheless, the effort goes on unremittingly with contact slip, telephone-calls, letters and the rest — with readily-available help from Medical Officers of Health, Health Visitors, Lady Almoners, and others.

What has been written above is a mere thumb-nail sketch of the work of a trained venereologist. The nature of his service is such that personal anonymity and even obscurity are assets to him in the performance of this task. This being so, his value to the medical community is none the less deserving of recognition.

TABLE I

ANTE-NATAL and POST-NATAL CLINICS

(1)	No. of clinics provided (2)	No. of sessions per month (3)	No. of Women who attended (4)	No. of new cases included in col (4) (5)	Total attendances (6)
Ante-natal ..	3	10.3	126	117	679
Post-natal ..	—	—	—	—	—

TABLE II

DOMESTIC HELPS

(a) Number of Domestic Helps employed at 31st December, 1962:—	
(1) Whole-time	—
(2) Part-time	55
(3) Whole-time equivalent of (2) above	20
(b) Number of cases where Help was provided:—	
(1) Maternity	36
(2) Tuberculosis	—
(3) Chronic sick, including aged and infirm	285
(4) Others	34

TABLE III

HOME NURSING

	Medical	Surgical	Infectious Diseases	Tuber-culosis	Maternal Compli-cations	Others	Totals
No. of cases attended during year ..	1,976	626	30	14	15	N/A	2,661
No. of visits paid during year ..	49,902	8,587	87	1,449	73	1,459	61,557

TABLE IV

INFANT WELFARE CENTRES

No. provided	No. of Sessions per month	No. of Children who at first attendance were under 1 yr.	No. of children who attended and who were born in:			Total No. who attended	No. of attendances made by children who at date of attendance were:			Total Attendances
			1962	1961	1960-57		Under 1 year	1-2 years	2-5 years	
13	21	378	307	266	401	1,352	3,442	855	921	5,218

TABLE V

HEALTH VISITING

No. of children under 5 yrs. visited	Expectant mothers		Children under 1 yr. of age		Children 1-2 yrs.	Children 2-5 yrs.	Tuberculous households	Other cases	Total households visited	Visits to tuberculous households by T.B. visitors
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
5,596	—	—	1,145	11,774	5,217	8,432	1,191	5,799	5,357	Nil

In addition, 1,868 visits were made where the Health Visitor failed to make contact with the person sought.

TABLE VI

MIDWIVES' ACT, 1951: RETURN OF LOCAL SUPERVISING AUTHORITY

1. Maternity Cases Attended

(1)	No. of deliveries in the area attended by Midwives during the period:					
	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery		
Midwives employed by:						
(a) the Authority	2	5	58	72	137	—
(b) Voluntary Organisations	—	—	—	—	—	168
(c) Hospital Management Committees	—	—	—	—	—	739
Midwives in private practice	—	—	—	—	—	—
Totals	2	5	58	72	137	907

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the tenth day 457

2. **Midwives in Private Practice**

(a) Domiciliary	—
(b) In Nursing Homes	—

3. **Medical Aid under Section 14(1) of the Midwives' Act, 1951**

Number of cases in which medical aid was summoned during the period:

(a) For Domiciliary cases:—		
(i) Where the Medical Practitioner had arranged to provide Maternity Services under the National Health Service Act, 1946 ..	16	
(ii) Other cases	—	
Total	16	
(b) For cases in Institutions	20	

4. **Administration of Analgesia**

(a) Number of Midwives in practice in the area qualified to administer Analgesics:—		
(i) Domiciliary	37	
(ii) In Institutions	11	
	—	48
(b) Number of sets of Analgesic apparatus in use by the Authority's midwives	29	
(c) Number of cases in which inhalation analgesics were administered in domiciliary practice:—		
(i) when doctor was not present	53	
(ii) when doctor was present	47	
	—	100
(d) Number of cases in which pethidine was administered in domiciliary practice:—		
(i) when doctor was not present	24	
(ii) when doctor was present	29	
	—	53

TABLE VII

AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-62 (2)	Total No. of patients. (3)	Total No. of Journeys. (4)	No. of emergency patients included in col. (3) (5)	Total mileage during period. (6)
Ambulances ..	7	3,284	2,583	475	83,026
Cars	See below*	27,263	10,551	314	368,369

NOTE.—*The Sitting-case Car Service was provided by voluntary drivers and by taxis.

MENTAL HEALTH ACT, 1959: PATIENTS IN COMMUNITY CARE

	MENTALLY ILL				PSYCHOPATHIC				SUB-NORMAL				SEVERELY SUB-NORMAL				TOTALS			
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over	
	M. (1)	F. (2)	M (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	M. (17)	F. (18)	M. (19)	F. (20)
2. Number of Patients under Guardianship at 31-12-62	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
3. Number of Patients under L.H.A. care at 31-12-62																				
(a) Attending day training centre ..	–	–	–	–	–	–	–	–	3	1	2	5	8	7	2	2	11	8	4	7
Awaiting entry thereto	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–
(b) Resident in residential training centre	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Awaiting residence therein ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(c) Receiving home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Awaiting home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(d) Resident in L.A. home/hostel ..	–	–	–	–	–	–	–	–	–	–	2	1	–	–	–	–	–	–	2	1
Awaiting residence in L.A. home/hostel	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Resident at L.A. expense in other home	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Resident at L.A. expense by boarding out in private household	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(e) Receiving home visits and not included under (a) to (d) ..	–	–	2	8	–	–	–	1	–	–	24	26	3	5	5	5	3	5	31	40
(f) Others (including not yet visited)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(g) Number of Patients involved at (a) to (f)	–	–	2	8	–	–	–	1	3	1	28	32	11	13	7	7	14	14	37	48
4. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31-12-62																				
(a) In urgent need of hospital care ..	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1	–	–	2
(b) Not in urgent need of hospital care	–	–	–	–	–	–	–	–	–	–	–	3	1	4	1	5	1	4	1	8
5. Number of patients admitted temporarily for residential care																				
(a) To N.H.S. hospitals	–	–	–	–	–	–	–	–	–	2	–	4	2	–	–	2	2	–	–	6
(b) Elsewhere	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1962

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUB-NORMAL				SEVERELY SUB-NORMAL				TOTALS			
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over	
	M. (1)	F. (2)	M. (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	M. (17)	F. (18)	M. (19)	F. (20)
(a) General practitioners	–	–	–	–	–	–	1	2	–	–	–	–	–	–	–	–	–	–	1	2
(b) Hospitals, on discharge from in-patient treatment	–	–	10	20	–	–	–	–	–	–	2	3	–	–	1	1	–	–	13	24
(c) Hospitals, after or during out-patient or day treatment ..	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	2
(d) Local education authorities ..	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1	–	–
(e) Police and courts	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
(f) Other sources	–	–	–	1	–	–	2	4	–	–	2	3	1	2	1	1	1	2	15	32

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1962

Ages	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Opthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Under 1 year	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—
1-2 Years	—	2	—	—	—	—	—	—	2	—	—	20	—	—	—	—	—
3-4 Years	—	1	—	—	—	—	—	—	3	—	—	33	—	—	—	—	—
5-9 Years	—	2	—	—	—	—	—	—	2	—	—	53	3	—	—	—	1
10-14 Years ..	—	—	—	—	—	—	—	—	1	—	—	7	—	—	—	—	—
15-24 Years ..	—	1	—	—	4	—	—	—	2	—	—	3	—	—	1	—	—
25 years and over	—	—	—	1	15	—	—	—	1	4	—	2	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified ..	—	6	—	1	19	—	—	—	11	4	—	121	3	—	1	—	1
Cases admitted to Hospital	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1
Total Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

NOTE: The deaths shown above are only in respect of cases which have been notified.

NOTIFIABLE DISEASES, 1962

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Opthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Appleby	—	—	—	1	—	—	—	—	—	—	—	—	—	40	—	—	—	—	—
Kendal	—	2	—	—	7	—	—	—	—	—	7	4	—	12	3	—	—	—	—
Lakes	—	—	—	—	1	—	1	—	—	—	—	—	—	2	—	—	—	—	—
Windermere ..	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—
N. Westmorland..	—	3	—	—	4	1	2	—	—	—	1	—	—	41	—	—	1	—	—
S. Westmorland..	—	1	—	—	6	—	16	—	—	—	3	—	—	24	—	—	—	—	1
Totals 1962 ..	—	6	—	1	19	1	19	—	—	—	11	4	—	121	3	—	1	—	1
Totals 1961 ..	—	23	—	2	26	6	39	—	—	—	10	2	—	1695	115	1	—	1	—

WESTMORLAND COUNTY COUNCIL

Annual Report

of the

Principal School Medical Officer

1962

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer—JOHN A. GUY, M.D., D.P.H.

Deputy Principal School Medical Officer—
I. S. BAILEY, M.A., M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer—M. D. MCGARRY, L.D.S.

School Dental Officers—
A. S. CARTER, M.R.C.S., L.R.C.P., L.D.S. (Resigned 30-11-62).
D. H. HOYLE, B.Ch.D., L.D.S. (Commenced 1-5-62).
G. AUSTIN, B.D.S. (Resigned 31-3-62).
D. J. HARRISON, B.D.S.

Speech Therapist—MARGARET CADE, L.C.S.T.

Audiometrician—Part-time: Mrs. V. I. BIELBY.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—
W. B. BROWNLIE, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—
Dr. W. HUGH MORTON, Consultant Chest Physician, Chest Centre, Carlisle.
Dr. R. DOUGLAS YOUNG, Consultant Chest Physician, Lancaster and Kendal.

Consulting Psychiatrist—
Dr. R. C. CUNNINGHAM, Medical Superintendent, Royal Albert Hospital, Lancaster (Resigned 31-10-62).

THE EDUCATION AREA

County of Westmorland:—

Area	... ...	504,917 acres
Population (estimated mid-1962)	...	66,900
Estimated Product of 1d. Rate, 1962-63	...	£3,479
Number of Schools—Primary	... ...	89
Secondary	... ...	12
Nursery	... ...	1
Special	... ...	1
Number of Pupils (January 1962)—		
Primary	... ...	5,583
Secondary	... ...	4,071
Nursery	... ...	53
Special	... ...	32
		9,739

MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected and it is gratifying to report that all milk now supplied to maintained schools in the County is designated, but the position cannot be regarded as entirely satisfactory until all supplies are delivered in one-third pint bottles.

County Schools

Designation of milk supplied.	No. of schools.
Tuberculin Tested	67
Pasteurised	33
	100
Number of schools taking milk in bulk ...	20

Independent Schools

Tuberculin Tested	15
Pasteurised	4
Number of schools taking milk in bulk ...	7

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 56 samples taken 2 failed to satisfy the Methylene Blue Test. No sample was unsatisfactory on the Cavy Inoculation Test.

Infestation (Uncleanliness)

During the past year 19,287 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 82 compared with 94 during the previous year.

The following Table shows the incidence of infestation during the past ten years.

Year.	No. of examinations for uncleanliness.	No. of children found unclean.	Per cent of children found unclean.
1953	26,673	177	1.8%
1954	27,362	120	1.5%
1955	26,883	98	1.1%
1956	24,789	81	1.0%
1957	24,299	80	1.0%
1958	21,790	100	1.4%
1959	20,872	57	0.8%
1960	18,693	107	1.5%
1961	19,124	94	1.8%
1962	19,287	82	1.3%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids were second in the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 33 pupils were referred to hospital on account of nose and throat defects as a result of school medical inspection, evidence is available to show that no less than 97 children received operative treatment for this condition during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

The Ministry of Education is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking medical officers to record for each child seen at periodic inspection whether he or she has undergone the operation at any previous time. The figures observed in this County in 1962 are as follows:—

	No. examined.	No. who had had tonsillectomy.	Percentage.
Entrants	907	25	2.7
Intermediate	847	123	14.5
Leavers	822	164	20.0
Others	180	31	17.2

These figures reflect a slight rise in the percentage of Entrants who had had the operation, a fall in the Intermediate and Leavers, and a rise in the "Other" age group.

Children with special defects or abnormalities are referred to the hospitals in Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness, infected sinuses. Thirty-three cases were referred during the past year compared with 26 in the previous year, due in large measure to the reference to hospital of a number of children found to be deaf as a result of routine audiometric surveys in the schools. The following list illustrates the type of case referred:—

Condition.	No. of children referred.
Defective hearing	14
Frequent cold, sinusitis and catarrh, etc. ...	9
Enlarged tonsils and adenoids with other symptoms	9
Otitis Media	1

Speech Therapy

Number of children who have attended for Speech Therapy		111
,, attendances made		1,891
,, sessions held		394

About two-fifths of the time of the Speech Therapist is still devoted to work in Kendal, but it is now possible to deal with cases in all parts of the County, although naturally those situated in the more remote villages cannot be given all the attention which their conditions may warrant.

Audiometric Surveys

In 1960 the Committee decided to institute routine audiometric surveys of children in attendance at maintained schools in the County. Now that this work is carried out by a part-time member of the staff who has no other duties it is possible to arrange the programme at times more convenient to the schools, and arrangements have also been made for the Audiometrician to receive instruction at Mr. Freeman's Ear, Nose and Throat Clinic, and also to attend a course of instruction in this work at Manchester University.

The normal procedure is for all children in attendance at a school to be subjected to a Sweep Test, using the Amplivox Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there are unsatisfactory on account of noise, etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions, and when these exist the test is repeated when the condition has resolved.

Children whose response to further testing is still unsatisfactory are then seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

Figures showing the work undertaken in this connection are given below:—

Schools visited	12
Number of children sweep tested	976
Requiring further investigation	46

Child Guidance Clinic

By agreement with the Manchester Regional Hospital Board the services of the Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist, and Dr. R. C. Cunningham has continued to undertake this work until the end of October, when circumstances forced him to relinquish these duties. The Education Committee was very sorry to lose his valuable assistance, for although the cases dealt with in recent years have been few in number, they are often complex, and invariably very time-consuming.

At the time of preparation of this Report efforts are still being pursued to find a suitable alternative arrangement.

Number of Clinics held during 1962	15
,, attendances	17
,, cases	15

School Clinics

The Ministry has requested that this Report should give the location and details of the session held at the School Clinics recorded in Part III of Table VII on page 88, and the relevant information is given below:—

Location.	Types of Clinics.	Frequency of Sessions.
Stramongate Clinic, Kendal ...	Dental treatment ...	Daily
	Ophthalmic examination ...	Fortnightly
	Speech Therapy ...	Daily except Monday
Friends' Meeting House, Kendal ...	Child Guidance ...	As required
U.D.C. Offices, Ambleside ...	Dental ...	As required
Old First Aid Post, Appleby ...	Dental ...	As required

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.

A small number of cases continued to be seen at the Out-patient Clinics held by Dr. Bucknell at the Ethel Hedley Hospital and, by courtesy of the Cumberland Authority, at Penrith; the total cases known to have attended during the year being 35.

Number of children known to be attending other Out-Patient Departments:—

Westmorland County Hospital	...	...	199

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school-teachers or the Educational Adviser to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of cases examined during the year was 31, of whom 18 were recommended for admission to Special Schools for Educationally Subnormal Pupils.

In addition, two children were found to be ineducable and recommended for action under Section 57(4), Education Act, 1944. Six children were found on examination not to require education in a special school, and seven were recommended for re-examination after a trial period. A copy of the report on each case is submitted to the Education Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The object of these examinations is to place the handicapped child in a school or class where he will receive special education calculated to make the best use of his limited capabilities, or to remove from school those children whose mental condition is such that they cannot benefit from any form of education, and whilst the numbers shown above do not represent the total extent of the problem, it appears probable that most serious cases are ascertained, although a number of children who should ideally be admitted to special schools do not go, usually because of parental opposition.

The position with regard to the placing of pupils in special boarding-schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend.

A most useful administrative change was brought about by the amendment of Section 57 of the Education Act, 1944 (provided in the Mental Health Act, 1959), under which an examination carried out under either Section 34 or Section 57 of the Act may form the basis of subsequent action under either of these Sections, i.e. by way of placing the child in a special school or by recording the child as being unsuitable for education at school.

This avoids the irritating, confusing and time-consuming re-examinations previously required.

I am indebted to the Director of Education for the figures in Table VI on pages 84 to 86.

Ultra-Violet Ray Clinics

The only Ultra-Violet Ray Clinic operating in the County during the year was at Kendal, where 24 children made 234 attendances.

Treatment of Defective Vision

All schoolchildren found to be suffering from refractive errors are referred for examination under the Supplementary Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continues to hold sessions as required at the Stramongate School Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision	...	234

TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN

Now that non-pulmonary tuberculosis conditions are dealt with by general surgeons and physicians and do not always come to the knowledge of the Tuberculosis Officer (Chest-Physician), our knowledge of this type of case is by no means as complete as it was pre-1948. From the aspect of preventive medicine this state of affairs must be regarded as a serious defect in the National Health Service, although there is good reason for the belief that the non-respiratory forms of the disease are becoming increasingly rare, due to a considerable extent to the improved milk supplies.

B.C.G. VACCINATION OF SCHOOLCHILDREN

A full report on the B.C.G. Vaccination arrangements is given in the Report of the County Medical Officer of Health, but it may be mentioned here that during 1962 the following work relating to schoolchildren was undertaken:—

Number Skin Tested.	Number Positive.	Number Vaccination.	Percentage Positive.
322	25	297	7.76

The continuing fall in the percentage of children found positive (compared with 10.7% last year) is most gratifying.

POLIOMYELITIS VACCINATION

This work is carried out under the control of the Local Health Authority and is reported fully in the Report of the County Medical Officer of Health, but I would here like to acknowledge once again the ready co-operation of the teachers and their forbearance in the frequent interruption of the school routine which repeated visits to the schools in connection with this work entails.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1962

I have the honour to present the annual report of the School Dental Service for the County of Westmorland for 1962. The statistical Table will be found on page 00.

Staff

Dental Officers: Mr. G. Austin, after four years' service in the County, left us at the end of March to take up an appointment in Scotland.

Dr. A. S. Carter, after twelve years' sterling service, often through difficult times and conditions, resigned in February, but continued to work in a temporary capacity until the end of November.

Mr. D. H. Hoyle took up duty on May 1st, but at the year end, despite persistent advertising throughout the year, no suitable candidate had been found who was willing to accept the other appointment.

These staff changes gave an overall wholetime equivalent of Dental Officers in post for the year of 3.75.

Dental Surgery Assistants: Mrs. P. Cumming resigned on March 1st and Mrs. M. Robinson on June 8th. These were replaced by Mrs. D. Perry who took up duty on May 14th and Miss J. Metcalfe who took up duty on June 18th.

Dental Inspection and Treatment

During the year 8,384 children had a routine dental inspection; with one exception every school in the County was visited. In addition 3,364 children, attending 15 schools, were re-inspected.

The remainder of the statistical return shows no appreciable change from last year.

Fluoridation

During the year the report of the first five years of the British fluoridation investigation was published and the Minister of Health gave Government support for fluoridation. In consequence, whether or not to fluoridate has become a very live question on a national level. Literature has been published and circulated which aims at discrediting the beneficial effects of fluoridation, but the detailed studies carried out in this country, in North America, in New Zealand and by the World Health Organisation, provide a complete rebuttal to any objections on medical and dental grounds.

In Westmorland, with its many and varied public and private water supplies, many practical difficulties have to be overcome before a general fluoridation of water supplies is possible.

In the meantime, we must not forget that while fluoridation has been proved to be the most effective preventive measure in the reduction of dental decay much can be done by the traditional methods: (a) good oral hygiene; (b) the use of a balanced diet, with special emphasis on the foods which build strong bones and teeth and a limitation of the consumption of sweet and sticky carbohydrates, especially between meals; and (c) by regular dental attention.

These are the principles on which our service is based, and while of paramount importance in a fluoridated area, they become even more important in the absence of fluorine.

Clinical Accommodation

While the clinic accommodation and standard of equipment has improved vastly over the past few years the buildings in Kendal are far from adequate for our needs, and the Dental suite in Appleby in its present state does nothing to enhance the service. We look forward to the provision of new accommodation in both centres in the near future.

In conclusion, I wish to thank Dr. Guy for his continued support, the teaching staff for their generous co-operation, and the dental staff for another year's continuous effort on behalf of the School Dental Service.

M. D. McGARRY,

Principal School Dental Officer.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected				Pupils found to require treatment		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any of the other conditions recorded in Pt. II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	111	110	99.1	1	0.9	—	10	10
1957	616	613	99.5	3	0.5	6	47	49
1956	180	178	99.0	2	1.0	3	10	13
1955	43	43	100.0	—	—	—	4	4
1954	30	30	100.0	—	—	6	—	6
1953	42	42	100.0	—	—	4	3	6
1952	756	753	99.6	3	0.4	50	44	84
1951	91	91	100.0	—	—	2	1	3
1950	45	45	100.0	—	—	4	2	6
1949	20	20	100.0	—	—	—	2	2
1948	34	34	100.0	—	—	4	4	8
1947 and earlier	788	787	99.9	1	0.1	37	18	53
Total	2756	2746	99.6	10	0.4	116	145	244

B.—OTHER INSPECTIONS

Number of Special Inspections	89
Number of Re-Inspections	3,975
Total ..	4,064

TABLE C

C.—INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	19,287
(ii)	Total number of individual pupils found to be infested ..	82
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	Nil.
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944) ..	Nil.

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1962

A.—PERIODIC INSPECTIONS

Defect Code No.		ENTRANTS		LEAVERS		Total (including other age groups)	
		Requiring		Requiring		Requiring	
		Treatment	Observation	Treatment	Observation	Treatment	Observation
4	Skin	—	48	5	22	17	102
5	Eyes—						
	(*a*) Vision	8	60	34	100	116	268
	(*b*) Squint	26	32	—	4	41	60
	(*c*) Other	—	7	1	1	3	17
6	Ears—						
	(*a*) Hearing	3	33	—	2	3	57
	(*b*) Otitis Media	4	48	—	4	5	71
	(*c*) Other	—	—	—	—	—	—
7	Nose and Throat	9	170	5	22	22	270
8	Speech	5	13	—	1	10	19
9	Lymphatic Glands	—	118	—	8	—	165
10	Heart	1	5	1	6	2	21
11	Lungs	1	36	—	5	1	69
12	Developmental—						
	(*a*) Hernia	5	9	—	—	6	15
	(*b*) Other	1	25	—	3	3	57
13	Orthopaedic—						
	(*a*) Posture	—	9	—	12	1	39
	(*b*) Feet	9	115	1	54	12	293
	(*c*) Other	5	55	3	33	14	122
14	Nervous system—						
	(*a*) Epilepsy	1	5	—	1	1	6
	(*b*) Other	1	10	—	—	2	22
15	Psychological—						
	(*a*) Development	—	5	—	1	1	14
	(*b*) Stability	—	1	—	1	—	7
16	Abdomen	1	7	—	4	1	23
17	Other	2	27	3	11	9	71

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1962

B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Requiring Treatment	Requiring Observation
4	Skin	2	—
5	Eyes—		
	(*a*) Vision	22	15
	(*b*) Squint	2	1
	(*c*) Other	—	—
6	Ears—		
	(*a*) Hearing	—	9
	(*b*) Otitis Media ..	—	—
	(*c*) Other	—	1
7	Nose and Throat ..	—	4
8	Speech	1	1
9	Lymphatic Glands ..	—	2
10	Heart	—	1
11	Lungs	—	1
12	Developmental—		
	(*a*) Hernia	—	—
	(*b*) Other	—	—
13	Orthopaedic—		
	(*a*) Posture	—	—
	(*b*) Feet	1	2
	(*c*) Other	—	2
14	Nervous System—		
	(*a*) Epilepsy	—	2
	(*b*) Other	—	2
15	Psychological—		
	(*a*) Development ..	—	2
	(*b*) Stability ..	—	1
16	Abdomen	—	—
17	Other	2	11

PART III

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:	
External and other, excluding errors of refraction and squint ..	2
Errors of refraction, including squint	420
Total ..	422
Number of pupils for whom spectacles were prescribed ..	209

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been treated:	
Received operative treatment:—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	91
(c) for other nose and throat conditions	6
Received other forms of treatment	65
Total ..	162

Total number of pupils known to have been provided with hearing aids:—	
(a) in 1962	4
(b) in previous years	8

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—	
(a) Treated at clinics or out-patient departments ..	234
(b) Treated at school for postural defects	—
Total ..	234

TABLE D.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	—
Other skin diseases	2
Total	2

TABLE E.—CHILD GUIDANCE TREATMENT

Number of pupils known to have been seen at Child Guidance Clinics	15

TABLE F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	111

TABLE G.—OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:	
(a) Pupils with minor ailments	—
(b) Pupils who have received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	297
(d) Other: Miscellaneous Medical and Surgical conditions	145
Total	442

NOTE—It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practioners.

PART IV

DENTAL INSPECTION AND TREATMENT

(a) Dental and Orthodontic Treatment

(i)	Number of children who were inspected by the Authority's Dental Officers:—	
	(a) Periodic	8,384
	(b) Specials	175
	(c) Total (Periodic and Specials)	8,559
(ii)	Number found to require treatment	5,275
(iii)	Number offered treatment	4,477
(iv)	Number actually treated	3,809

(b) Dental work (other than orthodontics)

(i)	Attendances made by pupils for treatment (including orthodontic cases)			6,510
(ii)	Half-days devoted to	Inspection	125	1,309
		Treatment	1,184	
		Total		
(iii)	Fillings	Permanent Teeth	5,475	6,159
		Temporary Teeth	684	
		Total		
(iv)	Number of teeth filled	Permanent Teeth	4,579	5,219
		Temporary Teeth	640	
		Total		
(v)	Extractions	Permanent Teeth	977	2,680
		Temporary Teeth	1,703	
		Total		
(vi)	Administration of general anæsthetic for extractions			690
(vii)	Number of pupils supplied with artificial dentures			53
(viii)	Other operations	Permanent Teeth	713	1,810
		Temporary Teeth	1,097	
		Total		

(c) Orthodontics—

(a)	Cases commenced during the year	38
(b)	Cases carried forward from previous year	22
(c)	Cases completed during the year	21
(d)	Cases discontinued during the year	5
(e)	Pupils treated by means of appliances	51
(f)	Removable appliances fitted	54
(g)	Fixed appliances fitted	—
(h)	Total attendances	348
(i)	Half days devoted to orthodontic treatment	50

TABLE VI.—RETURN OF HANDICAPPED PUPILS

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		Total 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
In the Calendar Year:—											
A. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or Boarding in homes	—	—	1	3	—	1	1	12	—	—	18
B. (i) Handicapped Pupils (included at A) **Newly placed** in Special Schools or Homes	—	—	1	—	—	—	—	3	—	—	4
(ii) Of the children assessed prior to 1st January, 1962 how many were newly placed in special schools (other than Hospital Special Schools) or boarding homes	—	—	—	—	—	1	—	5	—	—	6
Total B (i) and B (ii)	—	—	1	—	—	1	—	8	—	—	10
Number of children reported during the Calendar year under Section 57 (4) of the Education Act 1944											2
C. Number of Handicapped Pupils requiring places in Special Schools:											
(i) Total—											
(a) Day	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding	—	—	—	3	—	1	—	18	—	—	22

TABLE VI.—(*continued*)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		Total 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii) Number in (i) above who have not reached the age of five years—											
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	—	—	—	—	—	—	—	—	—	—
(iii) Number in (i) above who have reached the age of five years but whose parents had refused consent to their admission to Special School—											
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	—	—	—	—	1	—	12	—	—	13
On or about 20th January, 1962:—											
D. (i) Number of Handicapped Pupils from the area—											
(1) attending Special Schools as Day Pupils	—	—	—	—	—	—	—	—	—	—	—
as Boarding Pupils ..	—	—	—	—	1	—	—	9	1	—	11
(2) were on the registers of non-maintained Special Schools	4	—	2	2	2	—	—	5	—	—	15
Total (D)	4	—	2	2	3	—	—	14	1	—	26

Table VI.—(*continued*)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		Total 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii) Were on the registers of Independent Schools (under arrangements made by the authority)	—	—	—	—	—	—	1	17	—	—	18
Total D (i) and D (ii)	4	—	2	2	3	—	1	31	1	—	44
E. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—											
(i) In hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At home	—	—	—	—	—	—	—	—	—	—	—

TABLE VII

I.—STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance)

Principal School Medical Officer: JOHN ALLAN GUY

Principal School Dental Officer: MICHAEL DESMOND McGARRY

	Number	Aggregate staff in terms of the equivalent number of whole-time officers
Medical Officers	2	0.48
General Practitioners working part-time ..	1	0.34
Dental Officers	3	2.85
Speech Therapists	1	1.0
School Nurses..	33	2.0
Number of above holding H.V. Cert. ..	21	—
Nursing Assistants	—	—
Dental Anæsthetist (part-time)	2	0.75
Dental Attendants	4	4.0

II.—NUMBER OF SCHOOL CLINICS

(i.e., **premises** at which clinics are held for schoolchildren) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics	4 + 2 Mobile Dental Units

III.—TYPE OF EXAMINATION AND/OR TREATMENT

provided, at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment	Number of School Clinics (i.e., premises) where such treatment is provided— directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment	—	—
B. Ophthalmic*	1	—
C. Ear, Nose and Throat ..	—	—
D. Pædiatric‡	—	—
E. Speech Therapy ..	4	—
F. Sunray (U.V.L.) ..	1	—
G. Vaccination and Immunisation	2	—
H. Audiology	—	—

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

‡ Clinics for children referred to a specialist in children's diseases.

IV.—CHILD GUIDANCE CENTRES

Number of Child Guidance Centres provided by the Authority

Staff of Centres	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.0125
Educational Psychologists ..	1	0.1
Physchiatric Social Workers..	Nil	Nil
Others (specify) Mental Health Workers ..	1	0.1

The Psychiatrist is made available by the Manchester Regional Hospital Board.