[Report 1963] / 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

1963

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CONTENTS

COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.
November 1964.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT, 1963

During the year 1963 there have been no outstanding changes in the health of the population of Westmorland.

Despite the slightly increased number of births, the birth-rate is still below the rate for England and Wales and the death-rate is still fractionally above that for the whole country. On the brighter side the infant mortality rate for the County is this year well below that for England and Wales. I am also glad to report that there were no deaths from pregnancy or childbirth.

The only changes in staff which occurred were in the Dental and Speech Therapy Departments. In the former, Mr. Lyons left and was replaced by Mr. Millar, and in the latter, Miss Cade left and her place has now only been filled temporarily by Mrs. Pearson.

Infectious disease once again has been quiet and the only outbreak of any importance was measles. This disease has lost its dread to a large extent but still possesses a considerable nuisance value. There is some hope that a vaccine may be available for immunization in the not too distant future. There has been a small outbreak of infectious hepatitis in scattered parts of both North and South Westmorland. We are still in the dark concerning the mechanism of spread of this disease and would welcome notification so that more information could be made available.

The "Home-Help" Service has continued to prove its worth. In many parts of the country this service has been "hard put to" to meet the demands made on it. So far in Westmorland it has been able to cope with the demands made on its services.

Of the three categories of workers in this service the "part-time" helper is by far the greatest in demand. The institution of Meals on Wheels as a concomitant service has also been most useful in assisting the aged in their homes.

In common with other Local Authorities, the number of cases of death from lung cancer shows a steady increase.

An account of the remainder of the Health Services of the County is contained in the following pages.

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 1963

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
D. H. Hoyle	B.Ch.D., L.D.S.	Dental Officer	Whole	School Dental Officer
D. J. Harrison	B.D.S.	Dental Officer	Whole	School Dental Officer
D. M. J. Lyons (Commenced 14-1-63. Resigned 10-8-63)	B.D.S., L.D.S., R.C.S.	Dental Officer	Whole	School Dental Officer
J. B. Millar (Commenced 2-12-63)	B.D.S., L.D.S.	Dental Officer	Whole	School Dental Officer
P. G. Holloway	Social Science Certificate	Mental Welfare Officer	Whole	———
E. M. Thomas	S.R.N., S.C.M., H.V.Cert.	Superintendent Nursing Officer	Whole	———
S. M. Head	Diploma in Institutional & Catering Management	Home Help Organiser	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-1963)	66,950
Total Rateable Value as on 1st April, 1963	£2,132,419
Estimated product of a Penny Rate (General County) for the financial year 1963-64	£8,441

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1963

	Total.	Males.	Females.
Live Births—Legitimate	973	500	473
Illegitimate	46	22	24
	1019	522	497

Birth Rate per 1,000 of the estimated resident population .. 17.0

Birth Rate, England and Wales, 18.2

Illegitimate Live Birth per cent of total live births, 4.5

	Total.	Males.	Females.
Stillbirths	18	17	1

Rate per 1,000 total live and stillbirths .. 17.4

Stillbirth Rate, England and Wales .. 17.3

	Total.	Males.	Females.
Total Live and Stillbirths	1037	533	504

	Total.	Males.	Females.
Deaths of Infants under 1 year of age ..	14	9	5

Death-rate of Infants under 1 year of age:

All infants, per 1,000 live births	13.7
Legitimate infants, per 1,000 legitimate live births ..	13.4
Illegitimate infants, per 1,000 illegitimate live births..	21.7

Infant Death Rate, England and Wales, 20.9

	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks) ..	9	6	3

Rate per 1,000 live births, 8.8

Neo-Natal Mortality Rate, England and Wales, 14.2

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

Rate per 1,000 live births 6.9

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

Rate per 1,000 total live and stillbirths .. 24.1

Deaths from Pregnancy, Childbirth or Abortions .. .. Nil

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

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.28

	Total.	Males.	Females.
Total Deaths	936	426	510
Death Rate per 1,000 of the estimated resident population ..	12.6		

Death Rate, England and Wales, 12.2

POPULATION

DISTRICT	Area in acres (Land and Inland Water)	Population: Registrar General's estimate Mid. - 1963
URBAN		
Appleby	1,877	1,790
Lakes	49,917	5,510
Kendal	3,705	18,700
Windermere ..	9,723	6,630
RURAL		
North Westmorland .	288,688	15,170
South Westmorland .	151,007	19,150
Westmorland ..	**504,917**	**66,950**

BIRTH RATE

Birth Rate per 1,000 estimated resident population.

District.	1961.	1962.	1963.
URBAN			
Appleby	14.6	12.7	17.5
Kendal	14.2	16.7	17.8
Lakes	10.7	11.2	9.6
Windermere	13.7	14.8	16.9
RURAL			
North Westmorland	18.5	19.2	18.3
South Westmorland	16.2	14.9	17.6
WESTMORLAND	15.4	16.0	17.0
ENGLAND AND WALES ..	17.4	18.0	18.2

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.	1959.	1960.	1961.	1962.	1963.
Number of births ..	996	992	966	1,011	1,019

DEATH RATE

Death Rate per 1,000 estimated population.

District.	1961.	1962.	1963.
URBAN			
Appleby	13.9	5.8	12.8
Kendal	12.8	13.3	15.0
Lakes	11.7	14.0	9.7
Windermere	11.9	10.1	12.5
RURAL			
North Westmorland	11.5	15.2	12.1
South Westmorland	11.4	9.2	11.4
WESTMORLAND	12.2	12.1	12.6
ENGLAND AND WALES ..	12.0	11.9	12.2

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 1961, 1962 and 1963, in order of maximum fatality in 1963 were as follows:—

	1961.	1962.	1963
Heart Disease	315	305	329
Cerebral Hæmorrhage	146	174	176
Cancer	151	143	153
Bronchitis	21	34	54
Other Circulatory Diseases ..	32	38	40
Violence (including accident) ..	27	40	39
Pneumonia	35	42	30
Digestive Diseases	10	13	15
Influenza	15	5	9

MATERNITY AND CHILD WELFARE
INFANTILE MORTALITY (Under 1 Year)

Rate per 1,000 Live Births.

District.	1961.	1962.	1963.
URBAN			
Appleby	—	47.6	—
Kendal	30.4	19.3	16.0
Lakes	52.6	—	—
Windermere	47.6	32.6	10.5
RURAL			
North Westmorland	19.5	30.1	15.8
South Westmorland	10.7	19.2	14.5
WESTMORLAND	23.8	22.7	13.7
ENGLAND AND WALES ..	21.4	20.7	20.9

ILLEGITIMATE INFANT DEATH RATE

Rate per 1,000 illegitimate Live Births.

	1961.	1962.	1963.
WESTMORLAND	16.4	40.0	21.7

Causes of Death in Infants under one year in 1963:

Broncho pneumonia	3
Prematurity	2
Pulmonary fibrosis of new born ..	1
Haemolytic disease of new born ..	1
Uraemia	1
Cerebral hæmorrhage	1
Gastro enteritis	1
Anencephaly	1
Hydrocephalus and Spina Bifida ..	1
Atelectasis	1
Enteritis	1
	14

COMMENT ON VITAL STATISTICS

Whilst the Vital Statistics relating to relatively small groups must always be viewed with caution, some of the figures for 1963 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, 1,019, was the highest recorded since 1949, whilst the Live Birth Rate (17.0) 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 yet again.

The Stillbirth Rate (17.4) is only fractionally above that for England and Wales (17.3). 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 20.9 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 a particularly low figure of 13.7 in 1963 represents a very considerable saving of young lives, particularly when it is coupled with a fall in the Stillbirth Rate from 29.6 to 17.4 per 1,000 Live and Stillbirths.

DOMICILIARY MIDWIFERY

The midwifery service is provided directly by the Local Health Authority, who employ 38 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 practice. All the midwives employed by the Local Health Authority are qualified to administer gas and air, and are provided with the necessary apparatus, and 32 of them are authorized 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, and only 6 out of the 110 domiciliary cases had not booked a doctor. 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, 110 cases between 38 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 situation in regard to domiciliary midwifery has changed and, as may be seen from the figures in the preceding paragraph, the domiciliary cases in this County now average 3 per midwife per annum, and this seems to create a problem in that such small numbers of confinements is insufficient to enable the midwife to maintain her standards. The five-yearly refresher course might do something to help, but the situation in domiciliary midwifery seems very uncertain at present.

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:—	1961.	1962.	1963.
(i) Doctor booked	138	130	104
(ii) Doctor not booked	6	7	6
Total	144	137	110

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, 22 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 the vacancies 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.

At the time of writing this report, arrangements are in hand for attaching a Health Visitor to each of the three group practices in Kendal, in the first instance for a trial period of one year.

	1961.	1962.	1963.
Total Health Visits to Infants under 1 year ...	10,699	11,774	7,297
Total Health Visits to Children 1 to 5 years ...	12,790	13,649	15,346

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 and, though there are no arrangements for District Training within this County, arrangements have been made with Lancashire County Council under which certain nurses from the southern part of the County have taken the theoretical part of their training by attending for three days per fortnight at Preston, whilst doing the practical part of the course on their own District under the supervision of the Course Tutor. This arrangement simplifies the provision of reliefs and enables the training of married nurses, whose domestic commitments would prevent them from attending full-time for a period of three or four months. 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.

	1961.	1962.	1963.
Number of Cases Attended ...	3,121	2,661	2,523
Number of Visits	68,370	61,557	61,156

HEALTH EDUCATION

The Senior Health Visitor, who took up duties in January 1963, is responsible for advising and assisting the Health Visitors in Health Education work generally, and has primary responsibility for Home Safety and Care of the Aged. The following is a summary of the work undertaken during the year.

Health Education

Additional Mothercraft Classes have been established at Milnthorpe, Appleby and Kirkby Stephen.

Health Education talks have been given in Schools and to Voluntary organizations using appropriate films and film-strips for this purpose, including one intensive week during May of showing films to Mothers' Clubs and the General Public on the birth of a baby.

Home Safety

The Senior Health Visitor has also been given primary responsibility

for organizing Home Safety throughout the County under the directions of the Home Safety Committee, duties with which Health Visitors in general are also associated.

A Home Safety Campaign was held in November 1963 for one week which included Poster Competitions in the schools and exhibitions, film shows and talks at six centres throughout the County. A more extensive campaign is planned for 1964.

Care of the Aged

A survey was started of old people living in Kendal. With the co-operation of the Welfare Department, General Practitioners, Almoner, the Hospitals, Nurses and Health Visitors and the Voluntary Services, a large number of old people were visited and their problems investigated. Liaison between the various departments has been established and records kept of the follow-up visits.

A voluntary visiting service has been started to overcome loneliness of old people living alone, and attempts made to overcome the many problems connected with old people.

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 Infant Welfare Centres and following school medical inspection.

The success of this scheme may be judged from the fact that for the sixteenth 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 1963, 68 per cent of children born in 1962 had been immunised, compared with 65 per cent for England and Wales.

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							
	1963.	1962.	1961.	1960.	1959.	1954-1958.	1949-1953.	Totals.
Primary immunisation	223	411	40	8	2	19	9	712
Reinforcing injections	1	23	55	10	34	605	10	738
								1450

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 1962 who had been vaccinated by the end of 1963 is estimated by the Ministry as 65 per cent, compared with 64 per cent for England.

The following table is a summary of the information supplied to the Ministry for the year 1963:—

	Year of Birth:							
	1963.	1962.	1961.	1960.	1959.	1954-1958.	1949-1953.	Total.
No. of children who have completed a primary course during the year	227	386	38	6	4	13	11	685

VACCINATION AGAINST SMALLPOX

It is the duty of Health Visitors to urge all parents to have their children vaccinated during the first two years of life, 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 1963 are:

	Age at date of vaccination.								
	0-3 mnths.	3-6 mnths.	6-9 mnths.	9-12 mnths.	1 year.	2-4 yrs.	5-14 yrs.	15 years and over	Total.
No. vaccinated	135	106	35	42	12	8	9	28	375
No. vaccinated	—	—	—	—	—	2	16	103	121
									496

Whilst it was to be expected, and indeed hoped, that the "panic" rush for vaccination experienced in 1962 (when 8,035 vaccinations and re-vaccinations were reported) would not be repeated, it is indicative of the lack of real conviction among parents of the value of vaccination, that whereas in 1962 the outbreak of smallpox in Bradford caused parents to have 866 children under 2 years old vaccinated, the corresponding figure for 1963 is only 330. It may, however, be that the recent advice of the Ministry that infant vaccination should preferably be carried out during the second year of life, coupled with the fact that a high proportion of infants between 1 and 2 years old in 1963 had already been vaccinated, is to some extent responsible for this unusually low figure shown in the Table above.

POLIOMYELITIS VACCINATION

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

At the beginning of 1963 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.

Most persons are now given Oral Vaccine, three doses of which comprise a course of primary immunization, to be followed in the case of young children by a single reinforcing dose at or about the time of admission to school at five years of age.

A few general practitioners still use a Salk-type vaccine, and a gradually increasing number are using a quadruple vaccine, giving protection against poliomyelitis, diphtheria, whooping cough and tetanus. This vaccine, sold by one of the major drug manufacturers, has not however been recommended for use by the Ministry as yet.

The following Tables give a summary of the Quarterly Returns submitted to the Ministry of Health, and indicate that 945 courses of primary immunization were completed during the year, and a total of 1,393 reinforcing doses were given.

Figures supplied by the Ministry of Health give the percentage of children born in 1962 who had been vaccinated by the end of 1963 as 48 per cent compared with 53 per cent for England and Wales.

PRIMARY IMMUNISATION

Age Group	Number of persons who have received:		Total
	Second injection of Salk Vaccine or third injection of Quadruple Vaccine	Third dose of Oral Vaccine	
(a) Children born in 1963	53	7	60
(b) Children born in 1962	137	285	422
(c) Children born in 1961	21	157	178
(d) Children and young persons born in years 1943-1960 ..	17	131	148
(e) Young persons born in years 1933-1942 ..	7	60	67
(f) Others ..	10	60	70
(g) Total	245	700	945

REINFORCING DOSES

(a) Number of persons given third injections of Salk vaccine or fourth injections of Quadruple vaccine ..		361
(b) Number of persons given fourth injections of Salk vaccine or fifth injections of Quadruple vaccine ..		56
(c) Number of persons given a reinforcing dose of oral vaccine after:	(i) 2 Salk doses	339
	(ii) 3 Salk doses or 3 Oral doses or 2 Salk doses plus 2 Oral doses	637

INFANT WELFARE CENTRES

The Local Health Authority provides 13 infant welfare centres, two of which are staffed by Health Visitors only, 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. Owing to the scattered nature of the population many of the clinics tend to be small, but one feels that there is a definite need even for a small clinic. In Kendal, however, the numbers attending have risen to such an extent that additional sessions will probably be needed.

In addition to the arrangements outlined on the following pages 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 ..	,,
Kendal ..	School Clinic, ..	
	Stramongate ..	Weekly
Kirkby Lonsdale ..	Institute Hall ..	Monthly
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

	1961.	1962.	1963.
Under 1 year	2,783	3,442	3,207
Over 1 year	1,738	1,776	3,802
Average per session	19.2	21.3	27.2

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 8 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
1962 ...	15,423	1,263	1,761	10,513

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 1963 were:—

Period.	National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1st Quarter ...	3,515	343	456	2,824
2nd Quarter ...	3,824	230	396	3,261
3rd Quarter ...	3,678	235	409	3,113
4th Quarter ...	3,578	300	418	3,006
Total for Year ...	14,595	1,108	1,679	12,204

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 and Vitamin Tablets continued, but the demand for Orange Juice recovered slightly from the record low figure in 1962.

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. Towards the end of 1963 the Committee decided that the amount of work justified the appointment of a full-time Chiropodist, but the full-time officer is unlikely to take up duties until early autumn of 1964.

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	17
Confinements in:—	
Mother's own home	3
Helme Chase Maternity Home	10
Penrith Maternity Home	1
City Maternity Hospital, Carlisle	2
Other addresses	1
Disposal of Infants:—	
Mother keeping baby	10
Baby in care of grandmother	2
With foster parents	2
Died	2
To Coledale Hall	1

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

St. Monica's Maternity Home, Kendal

The Home possesses 19 maternity beds and during the year 67 maternity cases were admitted, for four 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 135 maternity cases were admitted, for none 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 1963:—

Born in Hospital:	
Stillbirths	12
Live Births	40
Died within 24 hours of birth	—
Survived 28 days	37
Born at Home:	
Stillbirths	1
Live Births nursed entirely at home	4
Died within 24 hours of birth	—
Survived 28 days	4
Live Births transferred to Hospital	3
Died within 24 hours of birth	—
Survived 28 days	3
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 57 other patients. They have been inspected at regular intervals.

In August 1965, the Minister of Health made "The Conduct of Nursing Homes Regulations, 1965", which enable registration authorities to ensure that standards of accommodation, staffing, equipment and facilities generally are appropriate to the type of work done, and the kind of patients accommodated in the home. The authority is also enabled to prescribe the number of patients (both in total, and of any particular type) who may be kept in the home at any time.

These Regulations fill a long-felt need in the field of Nursing Homes Registration, as under the provisions of the Public Health Act, 1936, it was almost impossible to exert any form of control over a Nursing Home once it had been registered.

It is pleasing to be able to report that such changes as were felt to be necessary in the Nursing Homes registered by this Council were in general agreed with the proprietors without resorting to the formal procedure provided for in the Regulations.

The conditions of all the homes were generally satisfactory, and in some cases really excellent.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

REPORT OF PRINCIPAL DENTAL OFFICER

During the year 58 sessions were devoted to the treatment of mothers and young children. While this represents a decrease in the amount of time spent on this service in the past few years, the amount of actual clinical work done shows little change, apart from a fall in the extraction figures and in the number of dentures fitted for mothers.

My thanks to the nursing staff for their help and co-operation in referring patients to this service.

M. D. McGARRY.

TABLE A

	Examined.	Commenced Treatment.	Made Dentally fit.
Expectant and Nursing Mothers	56	53	62
Children under 5 years	87	62	80

TABLE B

	Scaling and Gum Treatment.	Fillings.	Silver Nitrate.	Crown Inlay.	Extractions.	General Anaesthetic.	Denture.		X-Ray.
							Full.	Part.	
Expectant and Nursing Mothers	20	190	—	2	59	—	2	6	12
Children under 5 years	—	80	35	—	62	3	—	—	—

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 53.

HOME HELP SERVICE

The work of the Home Help Service has continued in 1963 without much increase over that of 1962. More people have received help but there has not been an overall increase in the number of Home Helps employed at the year end; although 24 new Home Helps were engaged during the 12 months (some to cover an urgent need for a short period), others left for varying reasons. It is interesting to note that less than 25 per cent left the service to obtain other jobs. A third of those who left did so because they were no longer needed (mainly in rural areas), and others left because of ill health, family commitments or retirement, etc. Home Help work is often exhausting, sometimes frustrating and even distressing, and two people left because they felt unable to cope. A number of those who left for other jobs did so because they were advancing in years and found the work too tiring. On the other hand, three helpers who retired on reaching pensionable age or above have since readily helped out at busy times. These figures include two part-time residential helpers whose work is invaluable where the wife or mother is severely handicapped.

The number of elderly people helped has increased. This was due in some part to the severity of the winter. Patients were housebound for many weeks and, although they kept fairly fit throughout the bitter weather, several died in the first weeks of spring. This had the effect of curtailing the increase in the Home Help work over the year as they were mainly long-stay patients. In the rural areas, Home Helps struggled to their patients' homes through dreadful conditions, often on foot for considerable distances.

By and large, the need for help has been met. Most difficulty is found in rural areas where bus services are infrequent or non-existent, and help *has* to be found locally. If the patient concerned has been unsociable or even unpleasant in earlier years it is often nearly impossible to overcome prejudice and find anyone in the village willing to help. Other districts such as Arnside and Ambleside present a different type of problem. A great many people retire to these attractive areas from industrial Lancashire, Yorkshire, etc., leaving behind their families and communities they have probably known all their lives. All goes well for the first few years, but when help is needed as age increases the full burden falls on the local authority. In such an area there is a preponderance of elderly people and it is difficult to find enough younger women of the right type to help them. A further difficulty in the Lakes area is the competition from the hotels for labour. We cannot hope to compete with the high rates of pay offered by them for seasonal work.

The institution of Meals on Wheels services in some areas has relieved the Home Help Service to some extent and allows the helper to concentrate on keeping the home in good order.

Although the work in the past 12 months has not increased a great deal there is no reason to suppose that the service will not expand further. The hospitals are busy and are tending to discharge patients at an earlier date where home help can be supplied. This will increase the turnover of short-term patients. During 1963 there were 173 new cases with approximately 200 patients receiving help at any one time.

MIDWIVES' ACT

Total number of Midwives practising at the end of the year	.. ..	52
District Nurse Midwives	.. ..	38
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	.. ..	4
(d) Brettargh Holt	.. ..	2
(e) Private Practice	.. ..	—
		— 14

Midwives' Notification Forms received during 1963 were as follows:—

Sending for Medical Aid	 28
Stillbirth and death	 20
Having laid out a dead body	.. .. .. —
Liability to be a source of infection	.. .. —

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 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.

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 1963 46 such cases were referred of whom 33 were certified as blind, 10 as partially-sighted, and 3 found to be neither blind nor partially-sighted.

The total number of persons on the Council's register on 31st December, 1963, was 151 blind and 22 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.

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 ..	8	2	—	14
(b) Treatment (medical, surgical or optical)	7	6	—	6
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ..	4	4	—	6

Note: Of the persons not having obtained treatment two have died since certification.

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 few difficulties have 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
Lancaster Moor Hospital ...	12	27	39
	12	29	41

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, has since September 1964 been open five days per week, the terms coinciding with those fixed by the Local Education Authority for the local primary schools. The Centre 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, but difficulties regarding the site have resulted in protracted delays. These difficulties have at last been resolved and it is hoped to commence building during the later months of 1964.

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 preceding four years, are given below:—

Year.	No. of Patients.	No. of Journeys.	Total Mileage.
1963	25,961	10,662	379,422
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

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 for the second successive year. This rather disappointing situation appears to result from two causes; firstly, a large increase in the number of "abortive" journeys during the exceptionally severe weather in the first quarter of the year, which was unavoidable; and secondly, a very considerable increase in the number of direct calls made on car drivers by a small number of practitioners. Such action, authorized by the Health Committee in

CALLS

Station	No.	Patients Carried: Infectious	Accidents	Maternity	Others	Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
Kendal ..	4	21	438	294	2821	3574	2429	43	2472	57171
Ambleside ..	1	—	44	4	60	108	103	1	104	3375
Appleby ..	1	—	41	18	141	200	170	9	179	12197
K. Stephen..	1	2	38	19	90	149	124	3	127	10134
	—	—	—	—	—	—	—	—	—	—
	7	23	561	335	3112	4031	2826	56	2882	82877
	—	—	—	—	—	—	—	—	—	—
1962 ..	7	27	475	220	2562	3284	2516	67	2583	83026
1961 ..	7	42	576	252	2517	3387	2449	61	2510	79980

Average miles per journey:—

	1963	1962	1961
Kendal	23.13	26.67	26.31
Ambleside	32.45	33.11	34.07
Appleby	68.14	64.0	63.88
Kirkby Stephen	79.8	78.35	74.33

1963	1962	1961
28.76	32.14	31.83

On behalf of the Lancashire County Council 58 journeys were carried out with a mileage of 2253.

VEHICLES

Station	Make	Regn. No.	Year	Mileage at 31 Dec. 1963	Condition
Kendal	Morris	LJM 8	1963	1499 ..	Very good
Kendal	Morris	JEC 6	1962	17354 ..	Very good
Kendal	Dennis	882 SPH	1961	17161 ..	Very good
Kendal	Morris	HEC 420	1960	51359 ..	Very good
Ambleside	Morris	FJM 890	1959	91335 ..	Good
Appleby	Bedford	FEC 516	1958	60985 ..	Good
Kirkby Stephen	Bedford	DJM 727	1957	74794 ..	Good

cases of medical emergency or when the office is closed, if used unnecessarily as unhappily appears to have been the case in a few instances, frustrates our efforts to co-ordinate journeys in the interests of economy.

A conference with representatives of the Local Medical Committee held early in 1964 is expected to provide a solution to this latter problem.

EXTRACT FROM THE ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER

A year of quiet activity with a large increase in the number of patients carried. The total of approximately 4,000 reflects a continued rise per year since 1950 when 1,642 patients were moved.

The calls to road accidents again rose considerably after a decline in 1962, and all of the increase was in the area covered by the Kendal Station.

One new Morris Wadhams ambulance was put into commission at Kendal, and an existing Morris from Kendal was transferred to Ambleside.

The fleet now consists of modern ambulance vehicles in sound condition, and all are now painted in the vellum or ivory colour.

G. B. DUANE,
Chief Officer.

EXTRACT FROM THE ANNUAL REPORT OF CHIEF INSPECTOR OF WEIGHTS AND MEASURES, 1963

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 about 200 small dairies at farms and other places throughout the county.

A total of 1,583 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	62
Milk for testing under the Milk (Special Designation) Regulations, in relation to dealers other than producers	547
Milk for testing by Sampling Officers as a basis for the submission of formal samples to the Public Analyst	823
Samples to the Public Analyst, Milk 30, Others 121...	151

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	16
Milk Informal	1	1
Other than Milk Formal ...	—	—
Other than Milk Informal ...	114	7
	127	24

Milk samples below standard in solid-not-fat are classified as genuine where the freezing point of the sample falls within accepted limits for genuine milk.

Unsatisfactory Samples

The apparently high proportion of milk samples recorded in the above summary as "Irregular" is of little significance and arises from a system of selective sampling based on results of tests made by sampling officers.

14 samples of milk contained added water in proportions ranging from 1.3% to 8.3%. Three consignments were involved and quantities of added water were calculated as 16.6 fl. oz., 3 gallons and 4 gallons.

1 sample of milk slightly low in solids-not-fat disclosed the presence of 0.15 I.U. of penicillin per millilitre.

1 sample of milk described on the carton container as "PASTEURISED" was milk which had not been heat treated in any way. The sample was obtained from a vending machine marked "MILK".

1 informal sample of the milk supplied at a catering establishment was found to be either under pasteurised milk or pasteurised milk containing about 2% of raw milk.

Adverse reports about 7 samples "other than milk" are mainly concerned with failure to comply with labelling requirements and relate to:—

Canned Minced Beef Loaf not marked with the words "Registered Trade Mark" in relation to a brand mark used as an alternative to a declaration of the identity of the manufacturer, packer or labeller.

A cake wrapper marked with a voluntary statement of ingredients omits the inclusion of fat and flour.

Cake, described as "Butter Sultana" contained 13.3% of fat of which less than one-third was butter fat

Canned Fruit Salad with a label wrongly indicating more cherries than pineapple.

"Canned Beef Steak with Gravy" containing only 65% meat instead of not less than 75% meat.

"Plum Pudding" not properly labelled with a description of ingredients listed in descending quantitative order.

"Home-made Lemon Curd" containing only 59.6% soluble solids instead of not less than 65% which is the prescribed standard.

As a result of representations made to the persons responsible, immediate steps were taken in each instance to remedy the irregularities.

Other complaints by private purchasers were dealt with to their satisfaction although in most cases the evidence was not such as to enable any enforcement action to be taken.

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 21 dairymen.

The special designations are, for raw milk, "Tuberculin Tested", and for heat-treated milk, "Sterilised" or "Pasteurised". From the 1st October, 1964, "UNTREATED" is to replace "TUBERCULIN

TESTED" as the special designation for raw milk. Authorization for the use of special designations, by Dealers other than Producers, is by licence granted by the County Council as the Food and Drugs Authority.

Twenty Dealers' licences were issued during the year, and the number of operative dealers at the 31st March, 1964, was 106. The total number of producers and dealers licensed to sell milk by retail in the area is about 292.

Legal proceedings were taken against a producer in respect of selling milk in a specified area without the use of a special designation. The farmer concerned did not hold a licence authorizing the use of a special designation.

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 Test			Phosphatase Test			Turbidity	Brucella abortus culture
		Pass.	Fail.	void.	Pass.	Fail.	void.	Pass.	isolated.
Sterilised	6							6	
Pasteurised	5	4	0	1	4	0	1		
Tuberculin Tested (Pasteurised)	103	87	2	14	91	0	12		
Tuberculin Tested	495	408	53	34					5*
	609	499	55	49	95	0	13	6	5*

*The five samples declared as positive on the test for b. abortus came from different sources and in each case repeat samples proved to be negative following action by the farmers concerned.

School Milk Samples

Sixty-two samples for statutory and biological examination were obtained from consignments of the milk delivered to schools. Sampling has been limited to milk delivered by each supplier of school milk in Westmorland. All samples were negative for tuberculosis, but one sample 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, 1963	... ...	12
,, New Cases seen	... ...	75
,, Follow-up Cases seen	... ...	463

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, 1962 and 1963

	1962.			1963.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	41	35	76	45	44	89
Rural District	37	30	67	30	34	64
		Grand Total	143		Grand Total	153

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 1963 113 contacts were tested and 79 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 however gone some way to simplifying the work.

The following Table gives details of the work done under the scheme during 1963:—

Number Skin Tested.	Found Positive.	Vaccinated.
782	62	720

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
1963	...	7.9

TUBERCULOSIS

In the following Table are the figures for the notifications of, and deaths from, Tuberculosis in 1963:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
15	1	10	—	—	—	—	—	—
25	3	—	—	—	—	—	—	—
35	2	1	1	1	1	—	—	—
45	2	1	1	—	1	1	—	—
55	1	—	—	1	—	—	—	—
65	1	2	—	—	1	—	—	—
75	4	—	—	—	2	—	—	—
TOTAL	14	14	2	2	5	1	—	—
1962	9	10	—	1	—	—	—	—

In 1963 Westmorland patients were admitted to the following Hospital:—

Beaumont Hospital, Lancaster 13

TUBERCULOSIS AND OTHER CHEST DISEASES
NORTH WESTMORLAND

Introduction

The number of new cases of pulmonary tuberculosis discovered in the East Cumberland Hospital Management Committee area dropped to a new low level of 37 for 1963, the first time this figure has fallen below 50. The active Tuberculosis Register for the whole of the area fell also to a new low level of 539 at the end of the year. For the first time no new case of pulmonary tuberculosis was found in the North Westmorland area. Of the new cases found last year approximately one-third had a positive discharge when first examined.

On the other hand the number of new cases of pulmonary neoplasm coming to our notice reached a new high level of 74. In practically all these cases no previous X-ray examination had been carried out, and as a result only one case out of the 74 was considered suitable for surgical treatment. The anticipated withdrawal of the locally based deep X-ray therapy facilities is therefore very serious as far as our patients are concerned, and it is discussed later on in this report.

The substantial reduction in the number of cases of tuberculosis with a corresponding diminution in the infective pool in the community has reduced the effectiveness of the Mobile Mass Radiography Unit as a diagnostic measure in tuberculosis. When this service was introduced in the 1940s it was primarily designed to find new cases of pulmonary tuberculosis, particularly amongst workers in factories and other establishments. The policy was to X-ray as many workers as possible with minimum interruption in production of the factory. Recent surveys have made it clear that now, in 1964, the mass radiography surveys in factories are unrewarding in that the pick-up rate in tuberculosis is very low. As a result the Regional Hospital Board have decided that the mobile mass radiography service will be withdrawn. Facilities for chest X-ray examinations will, however, be continued and will be provided by static units at all the main hospitals. The static unit at Warwick Road, Carlisle, will continue as before, and it is hoped that open chest X-ray facilities will be available at the new hospital in Penrith when this is completed. In the West Cumberland area it is hoped to be able to provide similar facilities at Workington, Whitehaven and Millom.

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.
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
1963	19	4	18	5	—	1	37	10

Table 2 gives the number of pulmonary and non-pulmonary cases on the Clinic Register at the end of 1963 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.
212	25	237	29	30	6	479	60

There has been no change in the programme of therapy in tuberculosis; primary resistance of the organisms to one of the three main drugs has once again not been discovered in any new case of pulmonary tuberculosis during the year. The four chronic cases mentioned in the 1962 Report still remain active in spite of a modified programme of therapy. Modified therapy means treatment with "second-line" drugs such as Ethionamide, Pryazinamide, and Cycloserine. Each of these drugs has serious disadvantages, not least being the simple failure of patients to continue their programme of treatment. Patients who have had the disease for a very long time, and who have already had long periods of hospital treatment are difficult to treat with these drugs. As long as efficient combined therapy using the three main drugs can be given to new patients the likelihood of any further chronic cases coming into being is possibly remote, at least in this County. The small number of chronic cases in this area, i.e. 4, still remain a problem and one about which we cannot be complacent.

No new drugs have been introduced in therapy; all patients receive combined therapy, and in all patients, both pulmonary and non-pulmonary, treatment is continued for a minimum of 18/24 months. Surgery is being used less and less.

Once again no new case in immigrants was discovered during the year.

Contact work has been continued as in the past, and Table 3 shows the number of new contacts examined during the year, and of those, the number vaccinated with B.C.G. vaccine. Routine X-ray examinations of old adult contacts continued to be largely carried out through the mass radiography service.

Table 4 shows the number of beds available to the Chest Service in the East Cumberland Hospital Management Committee area, together with the number of patients discharged, for the past two years:—

TABLE 3

Year	No. of NEW Contacts seen			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.	
1957	1522	1126	112	161	143	9	34
1958	1277	986	187	185	155	14	48
1959	1474	1152	103	168	156	8	50
1960	1115	906	166	150	100	20	39
1961	942	898	118	155	135	12	43
1962	1414	959	134	130	124	26	32
1963	893	774	105	119	109	7	38

TABLE 4

Hospital	BEDS				PATIENTS	
	Allocation as at 31 Dec., 1963	Average daily No. of beds available	Average daily number occupied	Percentage of bed occupancy	Discharge	Average length of stay in days
Cumberland Infirmary						
1962	13	12.4	11.4	92.2%	229	17.4
1963	13	11.5	11.05	96.1%	218	18.4
Blencathra Hospital						
1962	25	25	14.4	57.7%	68	101
1963	25	25	15.67	62.7%	66	73
Longtown Hospital						
1962	26	26	22.3	85.6%	125	66
1963	26	26	23.48	90.3%	145	58

Cancer of the Lung

Table 5 shows the number of new cases of cancer of the lung seen at the Chest Centre during 1963 and the previous seven years:—

TABLE 5

Year	Carlisle City	East Cumberland	North Westmorland	Total
1956	16	11	2	29
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64
1962	30	29	1	60
1963	34	36	4	74

Of the 74 cases coming to our notice during 1963 only one was found, after investigation, to be fit for surgery, and thus only palliative treatment was possible for the other 73. Chemotherapy in this disease remains inadequate. Palliative deep X-ray therapy is of considerable value in such cases, particularly in relieving pain and terminating haemoptysis. It has been a simple matter to admit cases requiring palliative deep X-ray therapy to the Department in the Cumberland Infirmary, but unfortunately these facilities will soon be non-existent as it has been decided that such treatment should only be given in Units using Mega-voltage therapy, which, in this area, will be given at Newcastle.

Comparisons have been made in treating operable lung cancer by surgery and Mega-voltage therapy; in the latter the greater penetration of high energy radiation and the increasing dose that could be given to the tumour mass when compared with the conventional X-ray therapy, suggested that such tumours could be more effectively treated with Mega-voltage therapy than with conventional radiation therapy.

Another important point is that with the better definition of a Mega-voltage beam, the dose received by normal tissues was greatly reduced, and it was generally felt that cure of the lesion was thus more likely. Recent papers have suggested that in operable cases the results are significantly better with surgery than with Mega-voltage therapy.

As far as palliative measures are concerned, I am unaware of any evidence suggesting that Mega-voltage therapy is more efficient in relieving pain and bleeding in inoperable cases than conventional radiation therapy. It seems a great pity therefore that the local department in the Cumberland Infirmary should have to be closed. Most of our patients with cancer of the lung are middle-aged, of both sexes, and invariably require admission with a view to palliative X-ray therapy for pain and/or bleeding. The Department in the Cumberland Infirmary has served the whole of the Special Area, and patients as far away as Millom, Kirkby Stephen, and Langholm, have been admitted. In future such patients will have to go to Newcastle for this treatment, and many of them, particularly those from the outlying areas in the Special Area, will certainly not be fit to undertake the additional journey involved.

I have spoken of lung cancer as this is one of the biggest problems in the Chest Service, but obviously patients with cancers of other sites will be treated likewise, so that the problem of these patients in the Special Area is a very acute one. *On humanitarian grounds alone I feel there is a strong argument for the retention of the conventional X-ray therapy department in Carlisle.*

W. HUGH MORTON, M.B., D.P.H., M.R.C.P.(Ed.),
Consultant Chest Physician.

NEWCASTLE REGIONAL HOSPITAL BOARD

Special Area Committee for Cumberland and North Westmorland

MASS RADIOGRAPHY UNIT ANNUAL REPORT, 1963

(NOTE: Figures given in brackets throughout the Report relate to the corresponding figures for 1962).

Both the Static and Mobile Units were fully operational throughout the twelve months.

Groups Examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 68 occasions. 911 (927) contact cases were X-rayed, 442 from the East Cumberland area and 469 from West Cumberland.

Results

42,630 (41,534) persons were examined by the Units during the year. Of these, 987 were referred for clinical examination.

Table 1 shows the number of abnormalities revealed during 1963 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	45	(41)	.11	(.10)
(b) Pneumoconiosis	43	(60)	.10	(.14)
(c) Neoplasm	24	(34)	.06	(.08)
(d) Cardiovascular conditions	90	(89)	.21	(.21)
(e) Miscellaneous requiring investigation	19	(15)	.04	(.04)
(2) Pulmonary Tuberculosis				
(a) Active	25	(36)	.06	(.09)
(b) Inactive requiring supervision	62	(77)	.15	(.19)
(c) Active (Previously known)	—	—	—	—

Tables 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.

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.
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
1963	37	11	30	17	46	45

TABLE 3

	1956	1957	1958	1959	1960	1961	1962	1963
No. of cases of neoplasm seen at Chest Centre..	29	38	59	59	54	64	60	74
No. discovered by M.M.R.	8	7	10	13	19	24	25	21

Comments

These statistics show that mass radiography has continued to play an important role in the discovery of pulmonary tuberculosis and cancer of the lung. Whereas, however, the number of cases of cancer of the lung shows a steady increase with a corresponding increase in the number discovered by mass radiography, there has been a steady fall in the overall number of new cases of tuberculosis and a corresponding fall in the number of these picked up by mass radiography. Of the total number of 42,630 persons examined by the Unit during the year, 9,695 of these had never had a chest X-ray taken previously, and as the pick-up rate is always higher in those who have never had a chest X-ray examination, one must emphasize that all adults should have an annual chest X-ray examination so that diagnosis of both diseases may be made as early as possible. Pick-up rates on the Static Unit are as usual very much higher than on the Mobile Unit, the majority of those persons coming through the Static Unit being

either people who already have pulmonary symptoms and are referred by their own doctors or are persons at special risk.

When the Mass Radiography Service was first introduced after the war the object was to find as many cases of pulmonary tuberculosis as possible and every effort was therefore made to examine as many people, particularly workers in industry, as the Units could cope with. The examinations were made easy and convenient to both workers and factories. Since then there has been a gradual decline in the number of new cases of pulmonary tuberculosis discovered, and Chest Centre statistics throughout the country show a substantial decline in the infector pool in the community. General indiscriminate radiography, therefore, in factories and at public sessions is no longer considered necessary and the emphasis of radiography is now directed to the examination of groups in which the rate of tuberculosis picked up is likely to be high, such as prevail in Static Units where many of the new cases discovered are referred by doctors. In the Special Area, therefore, it is proposed that routine mobile mass radiography will end in June 1964; the Static Unit at 1 Brunswick Street, Carlisle, will continue, and it is hoped to provide further static facilities at Workington, Whitehaven, Millom and Penrith. As far as East Cumberland is concerned it is suggested that open chest X-ray facilities be provided at the X-ray Department of the proposed new Penrith Hospital.

In addition to groups specially at risk who are examined at the Static Unit at 1 Brunswick Street, Carlisle, we are offering facilities to factories and firms in the City and environs for new entrants to those factories to be examined before taking up employment. When mass radiography first started there were few if any moderate or large factories which did not have cases of tuberculosis picked up during the first surveys, and since the last surveys carried out in these factories were unproductive as far as tuberculosis was concerned, it certainly would be a great pity if any new cases of tuberculosis were introduced and thus start infection. It is hoped that all factories, workships etc., in the area of Carlisle and its environs will avail themselves of this service.

The Static Unit now has open sessions every day except Saturday and Sunday, and these sessions include one evening session on Wednesdays.

The ending of the Mobile Mass Radiography Service is another milestone in the history of the fight against tuberculosis and one cannot let this pass without expressing our appreciation of the facilities, help and general co-operation which have been given us by factory managements. We have been particularly fortunate in this area as all managements and trade union representatives have shown themselves as anxious as we were to stamp out tuberculosis, and to all who have in any way contributed to the success of our service I would say "Thank you".

As heretofore, it is also a pleasure to acknowledge once again the valuable help in arranging surveys given by the local Medical Officers of Health, and the police.

The general practitioners in East Cumberland area are making fuller use of the Static X-ray facilities, and I hope that the additional sessions in operation will make this service more valuable still.

W. HUGH MORTON,
Medical Adviser.

26th March, 1964.

SOUTH WESTMORLAND

Tuberculosis

The clinic Tuberculosis Register shows a further slight drop during the year with regard to men and women but an increase in children. A small outbreak occurred early in the year and the source was quickly traced. This outbreak resulted in nine children and two men being treated, with good effect in each case. An indication of the changed techniques in treatment since the introduction of chemotherapy is shown by the fact that none of the children was off school for more than a few weeks. Apart from this group of cases there were only five new male patients and three new female patients with respiratory tuberculosis. The source was traced in four cases, in two cases there was breakdown of old disease, and in only two cases was the source case undiscovered. Immigration of coloured persons is very low in this area and no coloured patient attends the clinic, a somewhat unusual state of affairs these days.

During the year four patients on the Register died. In two cases tuberculosis was the direct cause, in one it was contributory and in the fourth it was unrelated.

There were twelve patients who, during the year had tubercle bacilli in the sputum, but treatment successfully eliminated them in all but three patients, each of whom has chronic disease with the excretion of resistant bacilli. One of these three has died, leaving two potential sources of infection in the community but a close watch can be maintained on the patients and their immediate contacts. No new case with initially drug-resistant bacilli has occurred in the year, and this is a source of great relief.

Of the four new non-respiratory cases, three suffered breakdown in old disease and there was one new case of renal disease.

Respiratory Cases

	Males.	Females.	Children.
No. of cases on Register at 31st December, 1962	101	57	12
No. of local cases added during 1963 ...	7	3	9
Transfers In	2	2	—
Removed from Register during 1963 ...	18	8	—
No. of cases on Register at 31st December, 1963	92	54	21

Non-Respiratory Cases

No. of cases on Register at 31st December, 1962	4	6	4
No. of local cases added during 1963 ...	3	1	—
Transfers In	—	—	—
Removed from Register during 1963 ...	1	1	—
No. of cases on Register at 31st December, 1963	6	6	4

Chest Clinic

	1961.	1962.	1963.
New Cases	489	302	422
New Contacts	198	91	134
B.C.G. Vaccinations	124	62	63
Total Attendance	1,232	1,026	1,159
Visits by Tuberculosis Health Visitor ...	996	717	1,085

The volume of work done in the Clinic increased during the year, the sharp increase in new contacts and Health Visitor's visits being due to the outbreak earlier in the year.

The number of new patients with malignant tumours of the lung remained much as before, but an even lower proportion than last year was curable when first seen.

The number and location of hospital beds has not changed during 1963, Beaumont Hospital being the main centre. Alteration in Meathop Hospital, with complete closure of one-half of the hospital, resulted in the provision of six beds for chest disease in the remaining half although these beds are on loan, during the summer months at least, to the geriatric service.

A not inconsiderable factor in the drop in adolescent and early adult tuberculosis is the widespread B.C.G. vaccination of school leavers throughout the country, a scheme which has been in force in Westmorland for many years and is one of the most valuable aspects of preventive work.

I wish to extend my thanks to my Clinic Staff for their loyal service during the year, to the Health Visitors and District Nurses of the Local Authority for their efficiency, and to the Medical Officers of Health for their valuable co-operation.

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

Consultant Chest Physician.

No. 5 MASS RADIOGRAPHY UNIT

This Unit, operating under the aegis of the Manchester Regional Hospital Board, is now intended to visit Kendal annually, and the remainder of South Westmorland and the Lakes area every third year.

The first of these annual visits to Kendal was made between 10th and 24th June, 1963, and in commenting on this visit, Dr. J. I. Capper, its Medical Director, states:—

"On this occasion we visited Messrs. Somervell Bros. Factory, held general public sessions in the town centre of Kendal and made a one-day visit to Crosthwaite.

"You will notice that, although we only had ten working days in Kendal, we achieved the record total of 3,748, and furthermore, three cases of Active Tuberculosis were discovered — a rate of 1.6 for males — despite the fact that this was no less than the fifth visit. In my opinion this indicates the necessity for these annual visits for the time being. Even more striking is the number of Malignant Neoplasms — four — which exceeds the cases of Tuberculosis picked up. Kendal is a rural area, devoid of great atmospheric pollution, and this indicates the continuing trend of this disease among smokers."

During the Survey 1,040 males and 680 females were examined under arrangements made through the larger employer of labour in the town, and a further 893 males and 1,135 females at sessions open to the general public, giving a total of 1,933 males and 1,815 females; grand total of persons examined 3,748.

The following is a summary of the Table supplied by Dr. Capper showing the abnormalities discovered:—

	MALES		FEMALES		TOTAL	
	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000
Tuberculosis:						
(a) requiring close supervision or treatment ..	3	1.6	—	—	3	0.8
(b) requiring only occasional out-patient supervision..	2	1.03	1	0.6	3	0.8
Malignant Neoplasms.. ..	3	1.6	1	0.6	4	1.07
Acquired Cardiac Abnormalities	4	—	13	—	17	—

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, 1963, are as follows:—

Centre	Syphilis	Soft Chancre	Gonorrhœa	Non-Venereal and undiagnosed conditions	Total number of cases
Carlisle ..	—	—	—	1	1
Kendal ..	1	—	4	8	13
Lancaster ..	—	—	6	4	10
	—	—	—	—	—
Total ..	1	—	10	13	24
	—	—	—	—	—

TABLE I

ANTE-NATAL MOTHERCRAFT and RELAXATION CLASSES

Number of women who attended during the year ..	Institutional booked ..	196
	Domiciliary booked ..	25
	Total	221
Total attendances during the year		1082

TABLE II

DOMESTIC HELPS

(a) Number of Domestic Helps employed at 31st December, 1963:—	
(1) Whole-time	—
(2) Part-time	52
(3) Whole-time equivalent of (2) above	21.5
(b) Number of cases where Help was provided:—	
(1) Aged 65 years or over	268
(2) Chronic Sick and tuberculous	37
(3) Mentally disordered	4
(4) Maternity	33
(5) Others	29
	371

TABLE III

HOME NURSING

	Persons aged under 5 yrs. at first visit	Persons aged 5-65 yrs. at first visit	Persons aged over 65 yrs. at first visit	Totals
No. of cases attended during year ..	181	1005	1337	2523
No. of visits paid during year ..	726	12,932	47,498	61,156

CHILD WELFARE CENTRES

TABLE IV

No. provided	No. of children who attended and who were born in:—			No. of sessions held by:				Total number of sessions	Total attendances of children who were born in:—		
	1963	1962	1958-61	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1963	1962	1958-61
13	406	81	74	79	88	92	—	259	3,207	2,313	1,489

HEALTH VISITING

TABLE V

	Children born in:—			Total children	Persons aged 65 yrs. or over	Mentally disordered persons	Persons (excl. maternity cases) discharged from hospitals	Tuberculous households	Households visited on account of other infectious diseases
	1963	1962	1958-61						
No. of cases visited ..	1,086	1,506	2,721	5,313	1,186	33	165	254	498
No. of visits	7,297	6,483	8,863	22,643	4,763	131	337	1,362	737

In addition, 331 visits were made where the Health Visitor failed to make contact with the person sought.

TABLE VI

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked	Doctor booked	Total	
6	104	110	532

TABLE VII

AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-63 (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	4,031	2,882	561	82,877
Cars	See below*	25,961	10,662	525	379,422

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 31-12-63	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
3. Number of Patients under L.H.A. care at 31-12-63																				
(a) Total Number	–	–	9	25	–	–	1	1	2	–	28	29	11	11	12	11	13	11	50	66
(b) Attending day training centre ..	–	–	–	–	–	–	–	–	2	–	3	3	7	9	4	4	9	9	7	7
Awaiting entry thereto	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	–	–	–
(c) Resident in residential training centre	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Awaiting residence therein ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(d) Receiving home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Awaiting home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(e) Resident in L.A. home/hostel ..	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	2	–
Awaiting residence in L.A. home/hostel	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Resident at L.A. expense in other home	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Resident at L.A. expense by boarding out in private household	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(f) Receiving home visits and not included under (b) to (e) ..	–	–	9	24	–	–	1	1	–	–	23	26	2	2	8	7	2	2	41	58
4. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31-12-63																				
(a) In urgent need of hospital care ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Not in urgent need of hospital care	–	–	2	1	–	–	–	–	–	–	1	3	1	4	1	4	1	4	4	8
5. Number of patients admitted temporarily for residential care																				
(a) To N.H.S. hospitals	–	–	–	–	–	–	–	–	–	–	–	2	1	2	–	2	1	2	–	4
(b) Elsewhere	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1963

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	–	–	4	2	–	–	1	1	–	–	–	–	–	–	–	–	–	–	5	3
(b) Hospitals, on discharge from in-patient treatment	–	–	6	3	–	–	–	3	–	–	–	–	–	–	–	–	–	–	6	6
(c) Hospitals, after or during out-patient or day treatment ..	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
(d) Local education authorities ..	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1	–	–
(e) Police and courts	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
(f) Other sources	–	–	–	5	–	–	–	4	1	–	–	2	–	–	–	–	1	–	–	11

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1963

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	—	—	—	—	—	—	—	—	—	—	—	31	1	—	—	—	—
1-2 Years	—	—	—	—	—	—	—	—	1	—	—	146	1	—	—	—	—
3-4 Years	—	1	—	—	—	—	—	—	—	—	—	196	3	—	—	—	—
5-9 Years	—	1	—	—	—	—	—	—	1	—	—	368	4	—	—	—	1
10-14 Years ..	—	—	—	—	—	—	—	—	—	—	—	56	—	—	—	—	—
15-24 Years ..	—	—	—	1	2	—	—	—	—	—	—	29	—	—	3	—	—
25 years and over	—	—	—	3	7	—	—	—	—	—	—	5	—	—	1	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified ..	—	2	—	4	9	—	—	—	2	—	—	831	9	—	4	—	1
Cases admitted to Hospital	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	1
Total Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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

NOTIFIABLE DISEASES, 1963

	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	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	1	—	—
Kendal	—	2	—	—	8	1	—	—	—	—	1	—	—	297	1	—	2	—	1
Lakes	—	—	—	—	1	1	3	—	—	—	—	—	—	38	—	—	—	—	—
Windermere ..	—	—	—	—	—	—	—	—	—	—	—	—	—	43	4	—	—	—	—
N. Westmorland..	—	—	—	4	3	1	1	—	—	—	—	—	—	99	—	—	—	—	—
S. Westmorland..	—	—	—	—	16	1	5	—	—	—	1	—	—	349	4	—	1	—	—
Totals 1963 ..	—	2	—	4	28	4	9	—	—	—	2	—	—	831	9	—	4	—	1
Totals 1962 ..	—	6	—	1	19	1	19	—	—	—	11	4	—	121	3	—	1	—	1

WESTMORLAND COUNTY COUNCIL

Annual Report

of the

Principal School Medical Officer

1963

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—
D. H. Hoyle, B.Ch.D., L.D.S.
D. J. Harrison, B.D.S.
D. M. J. Lyons, B.D.S., L.D.S., R.C.S. (Commenced 14-1-63. Resigned 10-8-63).
J. B. Millar, B.D.S., L.D.S. (Commenced 2-12-63).

Speech Therapist—Margaret Cade, L.C.S.T. (Resigned 31-8-63).

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.

THE EDUCATION AREA

County of Westmorland:—

Area		504,917 acres
Population (estimated mid-1963)		66,950
Estimated Product of 1d. Rate, 1963-64 ...		£8,441
Number of Schools—Primary		89
Secondary		12
Nursery		1
Special		1
Number of Pupils (January 1963)—		
Primary		5,496
Secondary		3,912
Nursery		61
Special		31
		9,500

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	66
Pasteurised	33
	99
Number of schools taking milk in bulk ...	16

Independent Schools

Tuberculin Tested	13
Pasteurised	4
Number of schools taking milk in bulk ...	5

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 53 samples taken 1 failed to satisfy the Methylene Blue Test. No sample was unsatisfactory on the Cavy Inoculation Test.

Infestation (Uncleanliness)

During the past year 18,736 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 110 compared with 82 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.
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%
1963	18,736	110	1.7%

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 third in the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 34 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 89 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 1963 are as follows:—

	No. examined.	No. who had had tonsillectomy.	Percentage.
Entrants	933	19	2.0
Intermediate	844	94	11.1
Leavers	714	114	16.0
Others	191	33	17.3

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-four cases were referred during the past year compared with 33 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	17
Frequent cold, sinusitis and catarrh, etc. ...	6
Enlarged tonsils and adenoids with other symptoms	10
Otitis Media	1

Speech Therapy

	Jan.-Aug.
Number of children who have attended for Speech Therapy	83
,, attendances made	1,076
,, sessions held	275

It was unfortunate that at the end of August we lost the services of Miss Cade, and up to the time of writing this report it has not been possible to obtain the services of a successor.

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	43
Number of children sweep tested	1,643
Requiring further investigation	212

Child Guidance Clinic

It was with considerable satisfaction that the Committee learned during the latter part of the year that the services of Dr. R. C. Cunningham would again be available as Consultant Psychiatrist at the Child Guidance Clinic.

The figures below relate to the work done in the last quarter of the year, after Dr. Cunningham's resumption of the work.

Number of Clinics held during 1963	5
,, attendances	7
,, cases	5

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 82, and the relevant information is given below:—

Location.	Types of Clinics.	Frequency of Sessions.
Stramongate Clinic, Kendal ...	Dental treatment ...	Daily
	Ophthalmic examination ...	Fortnightly
Brantfield Nursery School ...	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 22.

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

Westmorland County Hospital	...	...	256

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 26, of whom 15 were recommended for admission to Special Schools for Educationally Subnormal Pupils.

In addition, one child was found to be ineducable and recommended for action under Section 57(4), Education Act, 1944. Two children were found on examination not to require education in a special school, 7 were recommended for re-examination after a trial period, and 1 child was recommended for home tuition. 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.

I am indebted to the Director of Education for the figures in Table VI on pages 78 to 80.

Ultra-Violet Ray Clinics

The only Ultra-Violet Ray Clinic operating in the County during the year was at Kendal, where 29 children made 224 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 ... 200

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 1963 the following work relating to schoolchildren was undertaken:—

Number Skin Tested.	Number Positive.	Number Vaccinated.	Percentage Positive.
782	62	720	7·93

The percentage of children found positive shows a slight rise over the figure of 7.76% recorded last year.

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 1963

I have the honour to present the Annual Report of the School Dental Service for the County of Westmorland for 1963. The statistical table is to be found on pages 76 and 77.

Mr. D. M. J. Lyons took up duty in January to fill a vacancy which had been advertised for the previous 10 months. Mr. Lyons resigned and returned to General Dental Practice in August. The vacancy was again advertised and the post was filled by Mr. J. B. Millar on December 1st.

These staff changes gave an overall wholetime equivalent of Dental Officers in post for the year of 3.6.

During the year 6,619 children had a routine dental inspection. In addition, 468 children attending five schools were re-inspected.

These figures show a drop from those of the immediately preceding years, but this drop is more than amply compensated for by the marked increase in the amount of treatment carried out.

Dental health education is carried out by the dental officers as in previous years.

The year has been one of quiet, unobtrusive progress by the Dental Service — the single disturbing factor is the lack of interest in vacancies when they are advertised and the tendency for young graduates to leave the service for more lucrative branches of the profession. While national statistics may show an overall increase in the strength of the local authority dental service, the fact that the financial rewards and incentives are falling progressively farther behind all other branches of the profession is bound ultimately to show a return to the worst days of staff shortage, unless adequate steps are taken.

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)
1959 and later	114	114	100.0	—	—	—	8	8
1958	643	642	99.8	1	0.2	10	33	40
1957	176	175	99.4	1	0.6	3	9	12
1956	46	45	98.0	1	2.0	2	2	3
1955	41	41	100.0	—	—	2	—	2
1954	20	20	100.0	—	—	2	—	2
1953	720	718	99.7	2	0.3	28	25	49
1952	124	123	99.2	1	0.8	3	1	4
1951	58	58	100.0	—	—	2	1	3
1950	26	26	100.0	—	—	3	1	4
1949	32	32	100.0	—	—	3	—	3
1948 and earlier	682	680	99.7	2	0.3	17	14	30
Total	2682	2674	99.7	8	0.3	75	94	160

B.—OTHER INSPECTIONS

Number of Special Inspections	85
Number of Re-Inspections	3,786
Total ..	3,871

TABLE C

C.—INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	18,736
(ii)	Total number of individual pupils found to be infested ..	110
(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, 1963

A.—PERIODIC INSPECTIONS

Defect Code No.		ENTRANTS		LEAVERS		Total (including other age groups)	
		Requiring		Requiring		Requiring	
		Treatment	Observation	Treatment	Observation	Treatment	Observation
4	Skin	3	32	3	16	10	83
5	Eyes—						
	(*a*) Vision ..	12	64	17	53	75	246
	(*b*) Squint ..	19	25	—	2	22	43
	(*c*) Other ..	—	8	1	2	1	17
6	Ears—						
	(*a*) Hearing ..	—	40	2	5	3	70
	(*b*) Otitis Media ..	—	42	—	7	3	69
	(*c*) Other ..	—	—	—	—	—	1
7	Nose and Throat ..	8	147	—	16	10	233
8	Speech	8	15	—	2	11	19
9	Lymphatic Glands ..	1	137	1	10	2	193
10	Heart	1	—	—	2	1	6
11	Lungs	1	40	—	8	2	71
12	Developmental—						
	(*a*) Hernia ..	3	10	1	2	7	13
	(*b*) Other ..	1	28	—	3	1	52
13	Orthopaedic—						
	(*a*) Posture ..	—	4	—	15	—	35
	(*b*) Feet ..	3	104	1	54	1	245
	(*c*) Other ..	3	44	1	23	7	98
14	Nervous system—						
	(*a*) Epilepsy ..	—	7	—	—	1	7
	(*b*) Other ..	—	15	—	—	1	23
15	Psychological—						
	(*a*) Development .	—	6	—	—	—	13
	(*b*) Stability ..	—	5	—	—	—	11
16	Abdomen ..	—	7	—	1	—	21
17	Other	1	21	4	9	6	63

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1963

B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Requiring Treatment	Requiring Observation
4	Skin	1	2
5	Eyes—		
	(*a*) Vision	29	32
	(*b*) Squint	—	1
	(*c*) Other	—	—
6	Ears—		
	(*a*) Hearing	1	1
	(*b*) Otitis Media ..	—	—
	(*c*) Other	—	—
7	Nose and Throat ..	—	1
8	Speech	1	—
9	Lymphatic Glands ..	—	2
10	Heart	—	—
11	Lungs	—	1
12	Developmental—		
	(*a*) Hernia	—	—
	(*b*) Other	—	—
13	Orthopaedic—		
	(*a*) Posture	—	—
	(*b*) Feet	1	1
	(*c*) Other	—	2
14	Nervous System—		
	(*a*) Epilepsy	—	—
	(*b*) Other	—	2
15	Psychological—		
	(*a*) Development ..	—	1
	(*b*) Stability ..	—	—
16	Abdomen	—	1
17	Other	1	1

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 ..	—
Errors of refraction, including squint	453
Total ..	453
Number of pupils for whom spectacles were prescribed ..	253

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	89
(c) for other nose and throat conditions	6
Received other forms of treatment	54
Total ..	149

Total number of pupils known to have been provided with hearing aids:—	
(a) in 1963	4
(b) in previous years	11

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—	
(a) Treated at clinics or out-patient departments ..	278
(b) Treated at school for postural defects	10
Total ..	288

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	—
	—
Total	—
	—

TABLE E.—CHILD GUIDANCE TREATMENT

Number of pupils known to have been seen at Child Guidance Clinics	5

TABLE F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	83

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	720
(d) Other:	
Miscellaneous Medical and Surgical conditions	160
Total	880

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		6,619
	(b) Specials		144
	(c) Total (Periodic and Specials)		6,763
(ii)	Number found to require treatment		4,491
(iii)	Number offered treatment		3,807
(iv)	Number actually treated		3,375

(b) Dental work (other than orthodontics)

(i)	Attendances made by pupils for treatment (including orthodontic cases)				6,978
(ii)	Half-days devoted to	Inspection	71	Total	1,305
		Treatment	1,234		
(iii)	Fillings	Permanent Teeth	6,310	Total	7,291
		Temporary Teeth	981		
(iv)	Number of teeth filled	Permanent Teeth	5,144	Total	6,084
		Temporary Teeth	940		
(v)	Extractions	Permanent Teeth	775	Total	2,090
		Temporary Teeth	1,315		
(vi)	(i) Administration of general anæsthetic for extractions				270
	(ii) Number of half days devoted to administration of dental anaesthetics by:				
	(a) Dentists		—	Total	23
	(b) Medical Practitioners		23		
(vii)	Number of pupils supplied with artificial dentures				44
(viii)	Other operations	Crowns	2	Total	1,783
		Inlays	8		
		Other Treatment	1,773		

(c) Orthodontics—

(i) Number of attendances by pupils for orthodontic treatment	422
(ii) Half days devoted to orthodontic treatment ..	42
(iii) Cases commenced during the year	59
(iv) Cases brought forward from previous year ..	34
(v) Cases completed during the year	38
(vi) Cases discontinued during the year	9
(vii) Pupils treated by means of appliances	81
(viii) Removable appliances fitted	96
(ix) Fixed appliances fitted..	—
(x) Cases referred to and treated by Hospital Orthodontists	20

TABLE VI.—RETURN OF HANDICAPPED PUPILS

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(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 assessed** as requiring education at Special Schools or Boarding in homes	—	—	—	—	—	3	—	10	1	—	14
B. (i) Handicapped Pupils (included at A) **Newly placed** in Special Schools or Homes	—	—	—	—	—	1	—	2	1	—	4
(ii) Of the children assessed prior to 1st January, 1963 numbers who were newly placed in special schools (other than Hospital Special Schools) or boarding homes	—	—	—	2	—	—	—	7	—	—	9
Total B (i) and B (ii)	—	—	—	2	—	1	—	9	1	—	13
Number of children reported during the Calendar year under Section 57 (4) of the Education Act 1944											1
Number of children previously reported in whose case the decision was cancelled											2
C. Number of Handicapped Pupils requiring places in Special Schools:											
(i) Total—											
(a) Day	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding	—	—	—	2	1	4	—	11	—	—	18

TABLE VI.—(*continued*)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(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..	—	—	—	—	—	3	—	6	—	—	9
On 23rd January, 1964:—											
D. (i) Number of Handicapped Pupils from the area—											
(1) attending maintained Special Schools as Day Pupils..	—	—	—	—	—	—	—	—	—	—	—
as Boarding Pupils ..	—	—	—	—	1	1	—	8	2	—	12
(2) were on the registers of non-maintained Special Schools	4	—	2	4	1	—	—	5	—	—	16
Total (D)	4	—	2	4	2	1	—	13	2	—	28

Table VI.—(*continued*)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(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	18	—	—	19
Total D (i) and D (ii)	4	—	2	4	2	1	1	31	2	—	47
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	—	—	—	—	1	—	—	—	—	—	1

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	0.8
General Practitioners working part-time ..	1	0.3
Dental Officers	4	3.8
Speech Therapists	1	Post Vacant
School Nurses..	30	2.0
Number of above holding H.V. Cert. ..	20	—
Nursing Assistants	—	—
Dental Anæsthetist (part-time)	2	0.75
Dental Surgery Assistants	4	3.8

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 ..	—	—
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	0.025
Educational Psychologists ..	1	0.05
Physchiatric Social Workers..	Nil	Nil
Others (specify)		
Mental Welfare Officer ..	1	0.05

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