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WESTMORLAND COUNTY COUNCIL

Annual Report

of the

County Medical Officer of Health

and Principal School Medical Officer

1971

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COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.

March 1973

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT FOR 1971

I have the honour to present to you the report of the Health Services for 1971.

This year foreshadowed many changes in the administration of Community Health Services. These are the first in a series of changes that are expected to lead to complete re-organisation of all Health Services. The Home Help and Mental Health Services were to be transferred to the new Departments of Social Services in April and the Junior Training Hostel was to come within the Education Act on the same date.

As a result of shedding some of the non-medical roles of the Department it has been possible to expand the medical activities of the Department in various ways. Among these have been the introduction of early screening for delay in development of infants and children. This is now one of the most important aspects of the Child Health Service. It is now possible for children suffering from developmental delay due to physical or mental causes to receive support and help at a much earlier age than has been the custom in the past. It is hoped that all related services will be able to cope with the new demands that this development will mean. Unfortunately, the County Council does not employ an Educational Psychologist and until this deficiency is remedied there will be a large gap in the services that can be provided for children who are handicapped or are suffering from emotional or educational difficulties.

During the year it has been possible to introduce the screening for metabolic disorders of infancy and this should mean that the small number of children who develop these disorders can be prevented from becoming mentally handicapped. The infant mortality and peri-natal mortality continue to decline but it seems likely that a limit will be reached as it gets increasingly difficult to prevent and control the 'hard core' of congenital defects which cause early infant death. Childhood disease has now largely been controlled by preventive measures and the introduction of Rubella immunisation in teenage girls may have an effect in the future by preventing their children from being affected by German measles caught during pregnancy. The response to the vaccination campaign against this disease has been very good.

Disorders of hearing continue to be of concern and it is hoped that the appointment of the Audiometrician and eventually a Peripatetic Teacher of the Deaf will enable more children to be integrated within the School Service and not need to be sent away for special education. The integration of handicaps within the community is one of the biggest challenges which face both the Health and Social Services. It not only means the adaptation of the handicapped to community living but also the adaptation of people generally to accept a wider range of handicaps than has been possible in the past. Community care does not only mean setting up mini-institutions where it is convenient to place the handicapped, the mentally ill or the elderly frail but it means the acceptance by the Community of its responsibilities towards its members and to give them all the support necessary to live as full a life as possible. As a country, we have seriously lagged behind in provisions which are accepted in many continental countries.

The integration of the elderly within the Community means a full range of support from various services. The Community Nursing Service must inevitably bear a good deal of this burden. During the year it was possible to make plans for an extension of the facilities and equipment available to the service by the introduction of more home loan equipment and also to plan an incontinent bedlinen service. The climate of opinion in Britain is not conducive to the extended family. It is not considered by many to be socially acceptable to have all the members of a family, - grandparents, parents and children living under the same roof. This inevitably places strains on Community Health Services which the community at large has to accept. It is possible that just as, in this century,we condemn many of the attitudes of the Victorians towards child labour and the Poor House, the next century may see our approach to the care of the elderly as being seriously deficient.

The Chiropody Service will need expansion in the future. A nation must walk on its feet and elderly people can be prevented from becoming more handicapped by early and prompt treatment of disabling foot conditions.

The level of establishment for Community Nurses in the County compares very favourably with that in the country as a whole. During the year plans were starting to introduce the Mayston Management Structure in order to deploy nursing skills in the Community in a better way. Many may look back wistfully to the day when a County was run by individual nurses in each village under the general control of a County Superintendent of Nurses. For better or for worse, these days are past and with highly mobile Nurses, it is possible for fewer and higher skilled nurses to cover larger areas more efficiently. As the emphasis on community care increases, the Health Service of the future may well look towards extending community nursing services but, in comparison with our neighbours, Westmorland can look very favourably on the start it has made in putting this service on the right footing.

Family Planning caused some problems during the year as the County was faced with a considerable increase in charges by the Central Family Planning Association. The cost of family planning per thousand population in Westmorland is already well above national average and considerably higher than that of any neighbouring authority. There has been a very welcome co-operation for many years with a local voluntary body which has provided invaluable service throughout the County. After much discussion it was therefore decided that the County should provide the direct service which would be run by this voluntary association and thus it was possible to spend the money wisely for Westmorland people.

The Ambulance Service received early attention in 1971 as it was necessary to improve standards of equipment in the ambulances to that recommended by the Department of Health. Considerable skill is now required of Ambulance personnel and these men are often in the front line of life saving situations and literally "your life is in their hands," between leaving home or the scene of an accident and arrival in hospital. Few services can claim this kind of distinction and considerable pride must be expressed that it has been possible during the year to start the continuous process of upgrading of the service. An Ambulance Station Officer with wide experience in the Lancashire Ambulance Service was appointed during the year and provided valuable advice.

Health Education is often thought of as a rather nebulous field of activity which falls between several Departments' responsibilities. It is possible to record that Dental Health Education has received considerable attention from the County's efficient Dental Service. Unfortunately, it cannot be said that Health Education has made much impact on such disabling conditions as chronic bronchitis or on the death rate from lung cancer. As both these are primarily associated with cigarette smoking a heavy burden of responsibility falls on those who set an example for young people. Men and women in middle life may well be beyond giving up smoking, but at least they should give the benefit of the doubt to the evidence and do their best to set an example for young people so that they do not start the habit.

Mr. Chairman, Ladies and Gentlemen, re-organisation and change are very much in the air in 1971. It seems likely that that family known as Westmorland County may well be disrupted within two years. Much has been written about the pros and cons of re-organisation. It has been assumed by the Central Government Departments that larger units must be better. This is only one half of the equation. Insufficient attention has been given to efficiency and personal contact with people. It has been my great pleasure to gradually absorb the atmosphere of Westmorland and it will be a sad day when Government decree brings to an end a unique and historic place. There is a fine history of Public Health Service lasting over seventy years in the County. In a short time this history will be brought to an end and absorbed into National Health Service re-organisation. The aim of this re-organisation is unification of the Health Service and this, it is hoped, will bring about better patient care. It is to be hoped that the personal contact between patients, doctors, nurses and administrators that is possible in a County like Westmorland will not be lost and absorbed in a gigantic administrative and impersonal phantasmagoria.

I should like to extend my sincere thanks to the loyal staff of the Health Department who have come through a transitional period with flying colours, to the support of the many voluntary organisations with which we have contact and to the Health Committee for their continued interest and help in the development of the service.

I am,
Mr. Chairman, Ladies and Gentlemen,
Your obedient servant,

H. P. FERRER,

County Medical Officer.

HISTORICAL NOTES RE MEDICAL OFFICERS OF HEALTH

WESTMORLAND AREA

Earliest County Council Minutes (from 1889) reveal that the various sanitary authorities of Westmorland combined to appoint joint M.O.H. (except for Kirkby Lonsdale U.D.C. which had its own). County Council agreed with Local Sanitary Authorities to use their joint M.O.H. for County duties if necessary.

1890

Dr. Craven first mentioned as the M.O.H. for combined authorities, submitting reports annually to County Council.

1901

Council was reminded that under 1888 Local Government Act, they could appoint County M.O.H. - no action taken - carried on using combined sanitary authorities' M.O.H. Dr. Craven.

1908

School Medical Officer - appointed by joint committee for County and Kendal Borough - Dr. Henderson - set County thinking about appointing own County M.O.H. - eventually done 1911, when Dr. Henderson took that post as well. He appears to have issued his first annual report for the county in 1913. From the 4th annual report (for 1914) onwards a copy has always been bound in with the County Council Minutes. Dr. Henderson had already been appointed School Medical Officer in 1908 (under Education Act 1907) and issued his first annual report, bound in with County Education Committee minutes in 1908. From 1915 onwards the School Medical Officer's report was not printed and bound in as before, but a typed copy was made available to committee members.

Dr. Craven carried on as combined sanitary authorities' M.O.H. submitting reports to Dr. Henderson.

1914/15

Dr. Craven vanishes from minutes and Dr. Baron Cockill appears in his place and remains as combined authorities' M.O.H. until 1939/40 when new scheme inaugurated.

County M.O.H. Dr. Henderson to have a deputy who would also act as combined District's M.O.H.

1940

Dr. W. Alcock appointed, County Medical Officer.

1942

Dr. Alcock moved to Burton-on-Trent and Dr. J. Wright and Dr. J.F. Dow acted as Joint County Medical Officers.

1946 May

Dr. John A. Guy was appointed County M.O.H. on resignation of Dr. Wright and Dr. Dow.

October, Dr. Cockill, District M.O.H. resigned after 32 years' continuous service.

1970 December

Dr. John A. Guy retired.

1971 January

Dr. H.P. Ferrer was appointed County Medical Officer.

The above information kindly supplied by the County Archivist.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1971

Name	Qualifications	Office	Whole or Pt.Time	Other Offices
H. P. Ferrer	M.B.,Ch.B.,Ed.,D.P.H. (Distinc).	County Medical Officer	Whole	Principal School Medical Officer
A. Hazelden (Commenced 15.2.71)	M.B.,B.S.	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
R.J.C. Southern	M.B.,Ch.B.,M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
M.D. McGarry	L.D.S.	Principal Dental Officer	Whole	Principal School Dental Officer
J.B. Millar	B.D.S.,L.D.S.	Senior Dental Officer	Whole	School Dental Officer
K.S. Nunn	B.D.S.	Dental Officer	Whole	School Dental Officer
Miss C.D. Evans (Commenced 25.1.71)	B.D.S.	Dental Officer	Whole	School Dental Officer
E. Bland	S.R.Ch.,F.R.S.H.	Chiropodist	Whole	--
H.F. Wade (Commenced 1.1.71)	L.Ch.,S.R.Ch.	Chiropodist	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-1971)	71,830
Total Rateable Value as on 1st April, 1971	£2,769,258
Estimated product of a Penny Rate (General County) for the financial year 1971/72	£26,910

VITAL STATISTICS

The Department of Health and Social Security have asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1970 are also shown for comparative purposes.

	1970	1971
Live Births		
Number	1,036	978
Rate per 1000 population	16.3	15.5
Illegitimate Live Births (per cent of total Live Births)	7	7
Stillbirths		
Number	16	12
Rate per 1000 total live and stillbirths ...	15	12
Infant Deaths (deaths under one year)	17	14
Infant Mortality Rates		
Total Infant Deaths per 1000 live births ...	16	14
Legitimate infant deaths per 1000 legitimate live births	16	14
Illegitimate infant deaths per 1000 illegitimate live births	29	14
Neonatal Mortality Rate		
Deaths under four weeks per 1000 total live births	12	10
Early Neonatal Mortality Rate		
Deaths under one week per 1000 total live births	11	9
Perinatal Mortality Rate		
Stillbirths and deaths under one week combined per 1000 total live and stillbirths ...	26	21
Maternal Mortality (including abortion)		
Number of deaths	-	-
Rate per 1000 total live and stillbirths ...	-	-

POPULATION

DISTRICT	Area in Acres (Land and Inland Water)	Population
		Registrar General's estimate Mid. - 1971
URBAN		
Appleby	1,877	1,950
Lakes	49,917	5,040
Kendal	3,705	21,410
Windermere	9,723	7,710
RURAL		
North Westmorland	288,688	14,670
South Westmorland	151,007	21,050
WESTMORLAND	504,917	71,830

BIRTH RATE

Birth Rate per 1,000 estimated resident population.

District	1969	1970	1971
URBAN			
Appleby	15.9	15.8	14.9
Kendal	18.7	20.1	17.4
Lakes	11.6	10.1	10.1
Windermere	15.2	16.9	14.3
RURAL			
North Westmorland	17.8	16.2	15.6
South Westmorland	17.0	13.8	15.1
WESTMORLAND	17.0	16.3	15.5
ENGLAND AND WALES	16.3	16.0	16.0

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

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

Year	1967	1968	1969	1970	1971
Number of births	1,121	1,105	1,072	1,036	978

DEATH RATE

Death Rate per 1,000 estimated population

District	1969	1970	1971
URBAN			
Appleby	14.4	12.4	12.6
Kendal	11.6	11.5	11.3
Lakes	10.3	9.3	7.6
Windermere	8.3	8.2	8.4
RURAL			
North Westmorland	9.7	12.9	12.1
South Westmorland	10.2	9.9	10.4
WESTMORLAND	10.3	10.5	10.4
ENGLAND AND WALES	11.9	11.7	11.6

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 1969 and 1970 in order of maximum fatality in 1971 were as follows:-

	1969	1970	1971
Heart Disease	326	336	315
Cerebral Haemorrhage	132	128	168
Cancer	164	175	160
Pneumonia	35	52	58
Other Circulatory Diseases	47	34	40
Violence (including accident)	30	57	31
Bronchitis	32	45	28

MATERNITY AND CHILD WELFARE
INFANTILE MORTALITY (under 1 year)
Rate per 1,000 Live Births

District	1969	1970	1971
URBAN			
Appleby	-	-	-
Kendal	14	16	11
Lakes	-	20	41
Windermere	12	31	-
RURAL			
North Westmorland	27	13	24
South Westmorland	14	17	11
WESTMORLAND	16	16	14
ENGLAND AND WALES	18	18	18

The Infant Mortality Rates are now given by the Registrar-General and are shown as whole numbers only.

Causes of death during 1971 in Infants under 1 year of age:-

Prematurity	3
Broncho Pneumonia	2
Prematurity with Neonatal Asphyxia	1
Prematurity with Jaundice	1
Respiratory distress syndrome	2
Acute Bacterial Meningitis	1
Asphyxia	1
Atelectasis	1
Cardio respiratory failure	1
Intestinal Infection	1
	14

NURSING SERVICES

The Community Nursing Services are a key factor in the support of the sick or frail person in the home. Not only is the Health Visitor and District Nurse often the first line of communication between the patient and the rest of the community Social Services, but in many areas, she is regarded as an integral part of the community, and as such a counsellor and friend.

The Nursing Service is now much more mobile than it has been in the past, and a Nurse associated with every community is no longer feasible, but it is possible to cover much larger areas and to use nursing resources in the same way as the family doctor service is used. During the coming year, reforms of the Nursing Service will become essential as it is increasingly difficult to recruit triple qualified staff, also the need to maintain a full staff of qualified midwives has been considerably reduced as only a small proportion of the births occur on the district each year. The following points need to be considered:-

(1) Introduction of a Management Structure to correspond with that in the Health Services' Nursing Staff (Mayston Report 1970).

(2) The establishment of close links throughout the County of Nurses with appropriate General Practices. Partial attachment is, however, operative in the Kendal Area.

Nursing Staff

Superintendent Nursing Officer	1
Senior Health Visitor	1
Health Visitors only	4
Health Visitor/Midwife	5
General Nurse/Midwife	10
General Nurse	7
General Nurse/Midwife/Health Visitor	9
Nursing Auxiliaries Part-time	5
S.R.N. Part-time Relief	4
S.E.N. Part-time	4
S.E.N. Full-time	3
Midwife only Part-time	1
	54

VACCINATION AND IMMUNISATION

Since the Council submitted its original Proposals for providing vaccination against smallpox and immunisation against diphtheria, to take effect from the appointed day (4th July, 1948) for the National Health Service Act, 1946, a number of changes have been made possible by advances in immunology. The Secretary of State for the Department of Health and Social Security is advised on this subject by a Joint Committee on Vaccination and Immunisation, consisting of experts on the subject and as a result of that Committee's recommendations, the following extensions to this branch of the service have been made:-

1949 B.C.G. vaccination of contacts with Tuberculosis.

1950 Immunisation against whooping cough.

1954 B.C.G. Vaccination against Tuberculosis of children between 13th and 14th birthdays.

1956 Vaccination against Poliomyelitis.

1959 Immunisation against Tetanus.

1967 Vaccination against Anthrax of persons in trades involving risk.

1968 Vaccination against Measles.

1970 Vaccination against Rubella (German Measles) - girls only - 11 to 13 years old.

There is general agreement that immunisation should not commence before the child reaches 6 months of age, as in younger infants the antibody-forming system is not fully developed. The recommended intervals between doses are now longer than was customary in the past, and it is no longer felt inadvisable to give poliomyelitis vaccine at the same time as diphtheria/whooping cough/tetanus vaccine.

Revised Scheme of Inoculations for Infants and Children

(1)	6 months	Diphtheria, Tetanus, Whooping Cough (Triple) Poliomyelitis (Oral).
(2)	8 months	Triple - second dose.) * Poliomyelitis - second dose.)
(3)	14 months	Triple - third dose.) + Poliomyelitis - third dose.)
(4)	15 months	Measles Immunisation.
(5)	5 years or School Entrance. (includes Nursery School)	Diphtheria and Tetanus Booster. Poliomyelitis (Oral) Booster.
(6)	11 years	Rubella (against German Measles) Girls only.
(7)	12 years	B.C.G. (against Tuberculosis)
(8)	15 years (or School Leavers)	Poliomyelitis (Oral) Tetanus.

* Re-start schedule if more than 8 weeks has lapsed since first dose.

\+ A lapse of up to 12 months may be allowed after the second dose, before giving third dose. After this time the schedule should be re-started.

	Children born 1969 and vaccinated by 31.12.1971		
	Whooping-Cough	Diphtheria	Poliomyelitis
	(1)	(2)	(3)
England & Wales	78	80	80
Westmorland	73	73	75

Appendices A and B show, in the form submitted to the Department of Health and Social Security, details of the work done during 1971, whilst the above Table, showing the percentages of children vaccinated against various diseases in Westmorland, together with comparable national figures, has been supplied by the Department.

SMALLPOX VACCINATION

Smallpox vaccination, on the advice of the Department of Health and Social Security, is now discontinued as a routine procedure in early childhood.

APPENDIX A

TUBERCULIN TEST AND B.C.G. VACCINATION

Year Ended 31st December, 1971

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS

(i)	No. skin tested	85	
(ii)	No. found positive ..	8	
(iii)	No. found negative ..	77	
(iv)	No. vaccinated	88	(this includes infants vaccinated without previous testing).

B. SCHOOL CHILDREN AND STUDENTS

(i)	No. skin tested	646
(ii)	No. found positive ..	11
(iii)	No. found negative ..	635
(iv)	No. vaccinated	635

APPENDIX B

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1971

Table 1 - Completed Primary Courses - number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1971	1970	1969	1968	1964-67		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	38	489	122	12	11	5	677
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	3	1	1	7	17	29
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	1	25	26
8. Salk	-	-	-	-	-	-	-
9. Sabin	25	625	175	22	79	37	963
10. Measles	5	250	212	82	76	8	633
11. Rubella	-	-	-	-	2	484	486
12. Lines 1+2+3+4+5 (Diphtheria)	38	492	123	13	18	22	706
13. Lines 1+2+3+6 (Whooping cough)	38	489	122	12	11	5	677
14. Lines 1+2+4+7 (Tetanus)	38	492	123	13	19	47	732
15. Lines 1+8+9 (Poliomyelitis)	25	625	175	22	79	37	963

Table 2 - Reinforcing Doses - number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1971	1970	1969	1968	1964-67		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	33	32	13	118	33	229
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	11	21	21	1147	142	1342
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	2	11	41	171	226
8. Salk	-	-	-	-	-	-	-
9. Sabin	2	52	26	41	1140	149	1410
10. Lines 1+2+3+4+5 (Diphtheria)	-	44	53	34	1265	175	1571
11. Lines 1+2+3+6 (Whooping cough)	-	33	32	13	118	33	229
12. Lines 1+2+4+7 (Tetanus)	-	45	55	45	1306	346	1797
13. Lines 1+8+9 (Poliomyelitis)	2	52	26	41	1140	149	1410

CHILD HEALTH CENTRES

The Local Health Authority provides 17 Child Health Centres, five 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 and Appleby operate 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.

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 Child Health 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 ...	Weekly
Askham	Village Hall	Monthly
Bampton	Memorial Hall	Monthly
Bowness-on-Windermere	Rayrigg Room	Monthly
Brough	Church Hall	Monthly
Burneside	Bryce Institute	Monthly
Endmoor	Working Men's Club ...	Monthly
Kendal	Health Services Clinic ...	Weekly
Kirkby Lonsdale ...	Institute Hall	Monthly
Kirkby Stephen ...	Youth Centre	Fortnightly
Kirkby Thore ...	The Rectory	Monthly
Milnthorpe	Parish Church Hall ...	Fortnightly
Shap	Methodist Chapel Hall ...	Monthly
Staveley	Working Men's Institute ...	Monthly
Tebay	Methodist Chapel Hall ...	Monthly
Windermere	St. John Ambulance Rooms...	Monthly

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

	1969	1970	1971
Under 1 year	2,441	2,659	2,778
Over 1 year	6,129	6,625	6,077
Average per session	32.1	32.3	30.4

New Functions of Child Welfare Clinics

It was suggested in 1968 that Child Welfare Clinics should be renamed Child Health Clinics and that the emphasis should be placed in the Clinics on the early diagnosis and assessment of mental and physical handicaps. This is a radical change in the function of the Clinics and it operates in close liaison with other services. These functions have continued to develop and great interest has been shown in them.

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 the Kendal 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 two years and for the first full year in which the Local Health Authority became responsible for distribution are given in the following table:-

Year	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles	Vitamin A,D & C Drops
1955	34,430	8,858	3,089	38,822	
1969	5,963	766	1,100	16,214	
1970	4,381	764	1,241	16,694	
The quantities distributed during 1971 were:-					
1971	2,837	395	883	16,057	872

Under the Welfare Foods Order 1971, provision of cheap milk ceased, but entitlement to free milk and foods was extended. Supplies of Cod Liver Oil and Orange Juice were discontinued from 30th April and 31st December 1971 respectively and replaced by new vitamin A, D & C Drops and Tablets.

In addition to the commodities referred to above, a fairly wide selection of proprietary infant foods and vitamin supplements is available at the Kendal Clinic for purchase at favourable rates. Foods to the value of £2,007 were sold during the 1971-72 financial year.

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 Service has continued to be maintained, but difficulties continue due to the long waiting-list for elderly persons. Appropriate measures need to be taken to reduce the waiting time. The mobility of elderly persons remains of the utmost importance and, if pain is experienced on walking, it is only too easy for the elderly person to take the easy way out and reduce their mobility, which in turn leads to a whole lot of medical conditions, e.g. Venous stasis, increasing stiffness of joints, confinement to bed and hypostatic pneumonias. It is thus of importance that this service should be maintained and that a high standard of chiropody care should be given to residents of Homes for the Aged.

Number of persons treated:-

(i)	Persons aged 65 and over	1,895
(ii)	Physically handicapped or otherwise disabled persons under age 65	29
(iii)	Expectant mothers	-
(iv)	Others	2
		1,926

Number of treatments given:-

(i)	In clinics	3,797
(ii)	In patients' homes	1,783
(iii)	In old people's homes	582
(iv)	In chiropodists' surgeries ...	100
		6,262

CERVICAL CYTOLOGY

During 1971, 232 patients were examined; 209 were normal, 14 required treatment for non-malignant conditions, 3 submissions were technically unsatisfactory, 1 suspicious case was reported and 3 required treatment for pre-cancerous conditions.

Further consideration needs to be given to the organisation of this service as greater co-ordination is needed between the General Practitioners, Local Authority and Hospital Services, regarding which patients have been tested and which require re-testing. The numbers involved can hardly be considered to be satisfactory. Every effort is needed to bring this matter to the attention of the women most at risk i.e. those who have had several children and who may find it difficult to attend Clinics. This is one of the most important preventive measures in cancer which has become available to women in recent years and, if applied to the population most "as risk" there is little doubt that lives could be saved. Unfortunately it is often difficult to contact and gain the co-operation of many of the women most in need of the test.

UNMARRIED MOTHERS AND THEIR CHILDREN

The County 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.

	1970	1971
Births of Illegitimate Children notified	37	36
Confinements in:-		
Mother's own home	-	-
Helme Chase Maternity Home	28	31
Penrith Maternity Home	1	-
City Maternity Hospital, Carlisle ...	-	2
Other addresses	8	3
Subsequent History:-		
Mother keeping baby	33	32
Baby in care of aunt	-	-
Baby died	-	-
Left district	1	2
To foster parents	-	1
Adopted	3	-
Parents now married	-	1

CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1971:-

Born in Hospital:-	
Stillbirths	6
Live Births	43
Died within 24 hours of birth	1
Died between 1 and 7 days of birth ...	5
Survived 28 days	37
Born at Home or Nursing Home	
Stillbirths	-
Live Births nursed entirely at home or nursing home	1
Died within 24 hours of birth	-
Died between 1 and 7 days of birth ...	-
Survived 28 days	-
Live Births transferred to Hospital ...	-
Died within 24 hours of birth	-
Died between 1 and 7 days of birth ...	-
Survived 28 days	-

REGISTRATION OF NURSING HOMES

(Sections 187 to 194 of the Public Health Act, 1936)

There was 1 registered home at the end of the year, providing beds for 31 patients. It has been inspected at regular intervals.

In August 1963, the Minister of Health made "The Conduct of Nursing Homes Regulations, 1963", 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.

The condition of the home was satisfactory.

REGISTRATION OF DAY NURSERIES AND CHILD MINDERS

Under the Nurseries and Child Minders Regulation Act, 1948, the Local Health Authority was required to register and empowered to supervise:-

(a) premises in their area, (referred to as Day Nurseries) other than premises wholly or mainly used as private dwellings, where children were received to be looked after for the day or a substantial part thereof, and

(b) persons, (referred to as Daily Minders) who for reward received into their own homes children under the age of five, to be looked after for the day or a substantial part thereof.

The Act did not apply to residential nurseries or to foster parents, nor was it an offence for a daily minder to receive into her home up to two children of whom she was not the relative, or more than two children from the same household.

About the latter part of 1967 however, considerable interest in "Play Groups" became apparent and a further 5 nurseries and one child minder were registered during 1968.

Amendments to the Nurseries and Child Minders Regulation Act, 1948, enacted in the Health Services and Public Health Act, 1968, which became operative on 1st November, 1968, extended the scope of the original Act and strengthened local authorities' powers in the following directions:-

(a) a period of two hours in the day (or an aggregate of two hours), was substituted for "a substantial part of the day",

(b) the provision that an offence is committed by a daily minder only if she received more than two children from more than one household is deleted and an offence is now committed by any unregistered person who receives into her home for reward one or more children to whom she is not related.

This facility is now formally the responsibility of the Social Services Department but there is also interest expressed by the Education Department and the directives from the Department of Health and Social Security indicate that Health Visitors are required to continue supervision.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

During 1971, 82 sessions were devoted to the treatment of mothers and young children. In addition the equivalent of 10 sessions was devoted to inspections, advice, discussions and talks with mothers attending baby clinics.

My thanks to the nursing staff for their continued help and co-operation in referring patients and for their Dental Health Education of the priority groups, by increasing their awareness where necessary of the advantages of regular dental attention.

Part A. Attendances and Treatment

Number of Visits for Treatment during year:

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	127	75
Subsequent Visits	69	133
Total Visits	196	208
Number of Additional Courses of Treatment other than the First Course commenced during the year	17	17
Treatment provided during the year - Number of Fillings	141	297
Teeth Filled	129	272
Teeth Extracted	38	39
General Anaesthetics given	8	-
Emergency Visits by Patients	11	2
Patients X-rayed	2	7
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	3	73
Teeth Otherwise Conserved	58	-
Teeth Root Filled	-	-
Inlays	-	2
Crowns	-	1
Number of Courses of treatment completed during the year	112	69

Part B. Prosthetics (Expectant and Nursing Mothers)

Patients supplied with F.U. or F.L. (First Time) ...	1
Patients supplied with other Dentures	4
Number of Dentures supplied	7

Part C. Anaesthetics

General Anaesthetics administered by Dental Officers	8

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given first inspections during the year	A. 292	D. 81
Number of patients in A and D above who required treatment	B. 141	E. 78
Number of patients in B and E above who were offered treatment	C. 141	F. 78
Number of patients re-inspected during year	J. 57	K. 23

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:

For Treatment	G. 82
For Health Education	H. 10

M. D. McGARRY

MIDWIVES' ACT

Total number of Midwives practising at the end of the year ...	40
District Nurse Midwives	28
Midwives in Institutions:-	
Helme Chase Maternity Home	12

Midwives' Notification Forms received during 1971 were as follows:-

Sending for Medical Aid	-
Stillbirth and death	9
Having laid out a dead body	-
Liability to be a source of infection	1

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 Services 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."

AMBULANCE SERVICE

Demands on the Ambulance Service continue to increase, long distances in the County making it increasingly difficult to maintain the essential emergency cover. It remains one of the most important County Council services, as it is the only service that every day of the week throughout the year, provides emergency service, and in this sense it is unique.

A new Ambulance Station was opened at Brough in 1971 to replace the Agency Station at Appleby and Kirkby Stephen. Those who attended the opening ceremony conducted by Alderman R.S. Crossfield will never forget the weather conditions which deteriorated very badly during the day and drove home the point that this is an important part of the service in a section of the County that experiences severe climatic disturbances.

Further consideration was given with regard to the continuing process of upgrading of the service. Particular attention was given to the necessity of manning Kendal Station from midnight to 8.0 a.m.

Equipment in each Ambulance Station was reviewed in the light of the Department of Health's recommendations and in view of the Department's concern that there should be uniformity practiced throughout the country, further training was given to personnel in the use of this equipment.

AMBULANCE SERVICE
1st January - 31st December, 1971

CALLS

Station	No.	Patients Carried				Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
		Infectious	Accidents	Maternity	Others					
Kendal	5	5	409	247	5,030	5,691	3,862	50	3,912	91,465
Ambleside	1	-	111	14	112	237	209	5	214	7,326
Appleby, K.Stephen, Brough	2	-	114	35	334	483	399	9	408	32,663
TOTAL	8	5	634	296	5,476	6,411	4,470	64	4,534	131,454
1970	8	7	472	260	4,286	5,025	4,001	63	4,064	116,672
1969	8	15	614	311	4,447	5,387	3,850	103	3,953	113,646

Average miles per journey:-

1971		1970	1969
23.38	Kendal	23.72	23.47
34.23	Ambleside	36.51	33.13
	Appleby	61.63	67.96
80.05	Kirkby Stephen	79.98	75.4
	Brough		

1971	1970	1969
28.99	28.71	28.75

On behalf of other Authorities 55 journeys were carried out with a mileage of 1,823.

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.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared susceptible to the disease, and during 1971, 85 contacts were tested, of whom 8 were found positive. 88 contacts were vaccinated. This latter figure includes a number of newborn infants vaccinated.

Since the spring of 1955 B.C.G. Vaccination has been available to school children 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.

The following Table gives details of the work done under the scheme during 1971:-

Number Skin Tested	Found Positive	Vaccinated
646	11	635

A feature of this work is the fall in the number of children showing a positive reaction to the test since the commencement of the scheme, as shown in the following Table:-

Year	Percentage of children found positive
1955	34.0
1970	1.5
1971	1.7

TUBERCULOSIS

In the following table are the figures for notifications of and death from Tuberculosis in 1971:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	1	-	-	-	-
15	-	1	-	-	-	-	-	-
25	1	1	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
45	2	-	-	-	1	-	-	-
55	-	-	-	-	-	-	-	-
65	2	2	-	-	1	1	-	-
1971 TOTAL	5	4	-	1	2	1	-	-
1970	6	3	2	3	-	-	-	-

TUBERCULOSIS AND OTHER CHEST DISEASES NORTH WESTMORLAND

The records for 1971 show a fall in the number of both new and old patients attending the chest centre. New cases numbered 1195 as against 1593 in 1970. This reflects a fall in the number of new cases of tuberculosis and their contacts and a fall in the numbers attending the Mass Radiography Unit.

Total attendances numbered 7090 as against 8316 in 1970; this fall is partly due to a reduction in patients attending for physiotherapy, B.C.G. vaccination and followup x-rays, and partly due to a conscious effort to eliminate all non-essential re-attendances.

Tuberculosis

Table I shows the number of cases on the Tuberculosis Registers at 31.12.71.

Table I

	East Cumberland	Carlisle City	North Westmorland
Respiratory	114	138	12
Non-respiratory	11	22	1
Total	125	160	13

During the year 40 cases were removed from the Registers, 12 through death. Six of these patients had active disease at the time of death but in only two was tuberculous disease the primary cause of death, and the patients were aged 74 and 85 respectively.

Table 2 shows the number of new cases diagnosed during the year.

Table 2

Year	East Cumberland	Carlisle City	North Westmorland
1966	11	20	4
1967	23	13	2
1968	6	12	1
1969	10	12	1
1970	16	32	1
1971	8	15	1

Table 3 shows the number of beds available specifically for the treatment of respiratory disease. During the year ten of the beds in Ward 18 at the Cumberland Infirmary have been upgraded to match the three dealt with previously.

Table 3

Hospital	Beds available	No.discharged in 1971	No.discharged in 1970
Ward 18, Cumberland Infirmary	13	230	216
Longtown Hospital	26	86	108

The decrease of 18 in the number of new cases of pulmonary tuberculosis brings the figure back into line with those of recent years, up to 1970. The unexpected doubling of new cases in 1970 was fortunately not repeated in 1971. Despite the number of new infectious cases discovered in 1970, in only two of the new cases found in 1971 could any contact with any of those previous cases be established.

Examination of Contacts

A total of 1271 new contacts were seen in 1971 compared to 1462 in 1970. Only one case of active tuberculosis was discovered as a result.

In addition six infants and children were found to be tuberculin positive and were given prophylactic chemotherapy.

All Mantoux negative contacts were offered B.C.G. vaccination.

Mantoux testing and B.C.G. vaccination of hospital staff is now undertaken by the Hospital Staff Medical Officer.

Table 4 shows the number of B.C.G. vaccinations performed during 1971.

Table 4

	1970	1971
East Cumberland	123	59
Carlisle City	187	89
North Westmorland	21	10

The x-ray examinations of tuberculin positive schoolchildren revealed no cases of active tuberculosis.

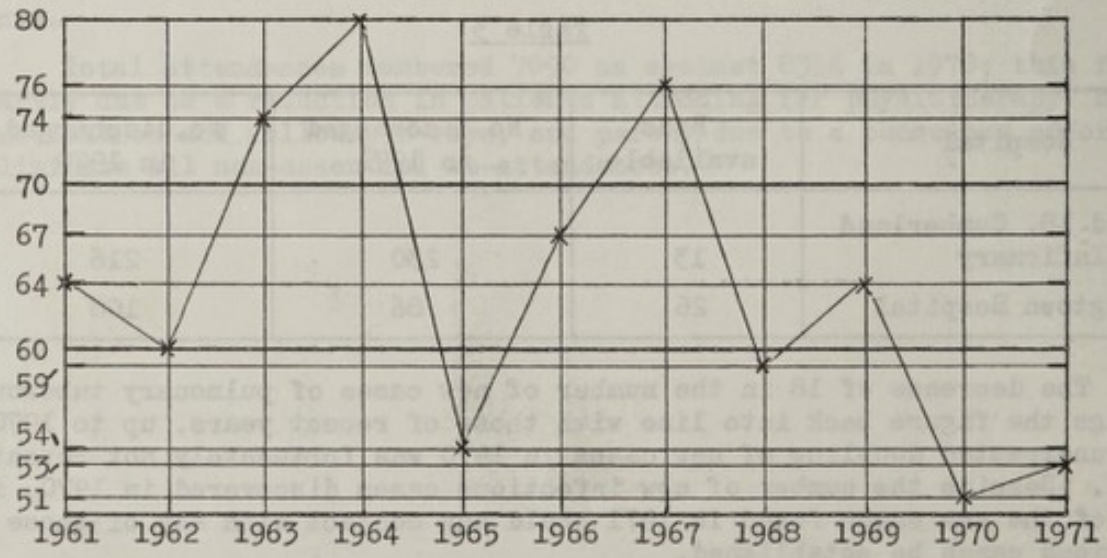
Carcinoma of Bronchus

The number of cases diagnosed at the chest centre shows an increase of two over 1970; in fact there are slightly fewer cases in males and more in females. This reflects the national trend and is attributable to the increase in cigarette smoking amongst females over the past 20 years.

As in the past a relatively small proportion of cases have been suitable for potentially curative surgery; a larger number have had palliative radiotherapy and a few treatment with Cytotoxic drugs. The results of treatment remain depressing and, of the 53 new cases diagnosed, only 29 had survived to the end of the year.

Figure 1 shows the number of new cases of bronchial carcinoma seen at the Chest Centre during the last ten years. In 1971 only 5 cases seen at the chest centre were submitted for surgery.

Figure 1



Of the total of 53 new cases, 21 were diagnosed through the mass radiography unit.

Mass Radiography

In February, 1971, the Unit moved from Brunswick Street to the City General Hospital. In spite of the change of location and its present rather less convenient site the numbers attending have shown a smaller reduction than expected.

In addition to the Static Unit in Carlisle the Mobile Unit from Newcastle carried out one survey in the area, 293 films being taken.

Table 5 refers to the Unit now at the City General Hospital.

Table 5

	1971	1970	1969
Miniature films	5,349	6,674	6,419
Referred for clinical examination	343	434	324
Active tuberculosis	8	17	4
Inactive tuberculosis	12	8	14
Bronchiectasis	7	3	5
Neoplasm	21	26	17
Pneumoconiosis	-	2	1
Sarcoidosis	1	1	2
Cardiac conditions	39	30	29
Doctors' cases	2,402	3,014	3,152
Contacts from Chest Centre ...	152	234	37
General public	1,722	2,307	2,416
*Works personnel	1,073	1,117	814

* The group 'works personnel' includes local authorities' employees school teachers etc.)

Acknowledgements

My thanks are due to Dr. H.L.R. Sargant and to the nursing and clerical staffs for their continued hard work and co-operation during the past year.

R.J.C. SOUTHERN, M.B.,M.R.C.P.

Consultant Chest Physician.

SOUTH WESTMORLAND

TUBERCULOSIS

At the end of 1971 the number of patients on the Clinic Register was 52, a reduction of 24%.

During the year nine new cases of tuberculosis were diagnosed. Four had breakdowns of old lesions previously treated in the pre-chemotherapy era, one was found on autopsy, two were picked up on Mass Radiography and two were new cases in young people. One of these was a child who presented with tuberculous meningitis, but made a good recovery. In only one instance, the child, did the routine contact search disclose another patient. No drug resistance has appeared during the year.

One factor which undoubtedly contributes to a relatively low incidence of tuberculosis in South Westmorland is the almost complete absence of a coloured immigrant population, the presence of which, in surrounding areas, contributes substantially to the number of tuberculous patients. The Kendal area must be almost unique in the North-west in this respect.

Hospitals

Beaumont Hospital, Lancaster, remains the treatment centre for tuberculous patients requiring in-patient care. There are 36 beds and no waiting list. The average duration of stay is fifteen weeks and for many patients it is much less than this.

Clinics

	1967	1968	1969	1970	1971
New Cases	291	293	271	235	193
B.C.G. Vaccinations	45	39	38	42	34
Total Attendances	931	909	782	679	670
Visits by Tuberculosis Health Visitor	452	445	406	395	316

The incidence of other diseases such as bronchial carcinoma, asthma and chronic bronchitis, as judged by their frequency in Out-patients, remains much as before.

The only industrial respiratory disease seen locally is Farmer's Lung and it is likely that its incidence will drop pari passu with improved methods of avoiding the deterioration of stored hay. The treatment and the elimination of this potentially disabling disease owes as much to research in agricultural techniques and dressings as to advances in medicine.

My thanks are due to all the Staff of the Chest Clinic, both nursing and secretarial, for their devoted service over the year and to the continued co-operation from the Health Department in Kendal.

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

Consultant Chest Physician.

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES — TABLE I

Number of women who attended during the year	Institutional booked	210
	Domiciliary booked	15
	Total	225
Total attendances during the year		1,093

HOME NURSING — TABLE II

	Persons aged under 5 years at first visit	Persons aged 5 - 65 years at first visit	Persons aged over 65 years at first visit	Totals
No. of persons nursed during the year	82	2,209	3,695	5,986
No. of visits paid during year	661	13,447	54,010	68,118

CHILD HEALTH CENTRES — TABLE III

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:-		
	1971	1970	1966-69	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1971	1970	1966-69
17	459	417	450	53	107	131	-	291	2,778	2,841	3,236

HEALTH VISITING

TABLE IV

	Children born in:			Total children	Persons aged:-		Mentally ill persons	Persons(excl. maternity cases) discharged from hospitals	Tuberculous households	Households visited on account of other infectious diseases
	1971	1970	1966-69		5-65 years	65 yrs. or over				
No.of cases visited	1,071	1,223	1,803	4,097	240	965	19	30	130	77
No. of visits	8,032	5,811	6,911	20,754	1,017	5,037	146	54	514	107

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

TABLE V

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	
1	14	15	1,004

AMBULANCE SERVICES

TABLE VI

(1)	No. of Vehicles at 31.12.71. (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	8	6,411	4,534	634	131,454
Cars	See below *	39,291	13,638	151	460,997

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

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1971

AGES	Smallpox	Scarlet Fever	Paratyphoid Fever	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Opthalmia Neonatorum	Measles	Whooping Cough	Food poisoning	Acute Post-Infective Encephalitis	Typhoid Fever	Acute Meningitis	Infective Jaundice	Malaria Contracted Abroad
Under 1 year	-	1	-	-	-	-	-	-	2	1	-	-	-	-	-	-
1-2 years	-	-	-	-	-	-	-	-	24	2	-	-	-	-	-	-
3-4 years	-	1	-	-	-	-	1	-	19	1	-	-	-	1	-	-
5-9 years	-	4	-	-	-	-	-	-	45	7	-	-	-	-	1	-
10-14 years	-	1	-	-	-	-	-	-	6	-	-	-	-	-	1	-
15-24 years	-	-	-	-	-	-	1	-	4	-	1	-	-	1	4	1
25 years and over	-	1	-	-	-	-	-	-	-	-	3	-	-	-	6	-
Total Cases notified	-	8	-	-	-	-	2	-	100	11	4	-	-	2	12	1

NOTIFIABLE DISEASES 1971

	Smallpox	Scarlet Fever	Paratyphoid Fever	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Opthalmia Neonatorum	Measles	Whooping Cough	Food Poisoning	Acute Post-Infective Encephalitis	Typhoid Fever	Acute Meningitis	Infective Jaundice	Malaria Contracted Abroad
Appleby	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kendal	-	2	-	4	1	-	-	-	-	-	1	9	-	-	-	1	5	1
Lakes	-	4	-	-	-	-	-	-	-	-	28	-	2	-	-	-	2	-
Windermere	-	-	-	1	-	-	-	-	-	-	35	-	-	-	-	-	-	-
N. Westmorland	-	2	-	1	-	-	-	-	1	-	10	-	2	-	-	-	2	-
S. Westmorland	-	-	-	3	-	-	-	-	1	-	26	2	-	-	-	1	3	-
Totals 1971	-	8	-	9	1	-	-	-	2	-	100	11	4	-	-	2	12	1
Totals 1970	-	14	-	8	5	-	-	-	-	-	249	10	1	2	-	5	9	-

SCHOOL HEALTH SERVICE

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer - H.P. FERRER, M.B.,Ch.B.Ed.,D.P.H. (Distinc.)

Deputy Principal School Medical Officer - A. HAZELDEN, M.B.,B.S. (Commenced 15.2.71)

Principal School Dental Officer - M.D. McGARRY, L.D.S.

Senior Dental Officer -
J. B. MILLER, B.D.S., L.D.S.
School Dental Officers -
K. S. NUNN, B.D.S.
Miss C.D. EVANS, B.D.S. (Commenced 25.1.71).

Audiometrician - Part-time: Mrs. M. OAKLEY (Commenced 8.2.71).

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye - O. M. DUTHIE, M.D.,F.R.C.S.

Diseases of the Chest -

Dr. R.J.C. SOUTHERN, (Consultant Chest Physician)
Chest Centre, Carlisle.

Dr. R. DOUGLAS YOUNG, (Consultant Chest Physician),
Lancaster and Kendal.

Consulting Psychiatrists -

Dr. R.C. CUNNINGHAM, Medical Superintendent,
Royal Albert Hospital, Lancaster.

Dr. D. ROSS, M.B.,Ch.B.,M.R.C.Psy.,D.P.M. Consultant Child Psychiatrist.
Lancaster Moor Hospital, Lancaster.
(Commenced 21.9.71).

THE EDUCATION AREA

County of Westmorland:-

Area		504,917 acres
Population (estimated mid-1971) ...		71,830
Estimated Product of 1p. Rate, 1971/72		26,910
Number of Schools - Primary		78
Secondary		11
Nursery		1
Special		2
Number of pupils (January 1971)		
Primary		6,620
Secondary		4,320
Nursery		65
Special		81
		11,086

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. Despite efforts to obtain the safest milk available, too many schools are still supplied with Untreated Milk, and the position cannot be regarded as entirely satisfactory until all supplies are heat-treated and delivered in one-third pint bottles.

County Schools

Designation of milk supplies	No. of schools
Untreated	18
Pasteurised	57
	75
Number of schools taking milk in other than ⅓ pint containers	13

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 51 samples taken, 13 failed to satisfy the prescribed tests.

Infestation (Uncleanliness)

During the past year 14,892 examinations were carried out by the Health Visitors, and the number of children found to be infested with lice or nits was 95 compared with 101 during the previous year.

Ear, Nose and Throat Conditions

195 children received operative treatment for adenoids and chronic tonsillitis 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 Department of Education and Science 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 1971 are as follows:-

	No. examined	No. who had had tonsillectomy	Percentage
Entrants	1,283	19	1.5
Intermediates	792	63	7.9
Leavers	702	94	13.4
Others	302	24	8.0

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 otorrhoea, increasing deafness and infected sinuses, and particularly 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	57
Enlarged tonsils and adenoids with other symptoms	9
Other ear, nose and throat defects and infections	7

Speech Therapy

Number of children who have attended for Speech Therapy	279
Number of attendances made	718

Miss J. Craig, full-time Speech Therapist, resigned in March 1971 and her successor Miss Christine Brownlow was appointed on 6th September 1971. Mrs. Joyce Spencer continues with part-time services.

Audiometric Surveys

All children in attendance at a school should be subjected to a Sweep Test, using the 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. Impedance audiometry may change the pattern of tests in the future.

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.

No. of Sweep tests carried out ...	629
No. of Diagnostic tests carried out ...	339
	968

Mrs. Mary Oakley was appointed to the post of Audiology Technician on 8th February 1971.

Child Guidance Clinic

Dr. D. Ross, the Consultant Child Psychiatrist, commenced two weekly sessions at the Health Services Clinic, Kendal on 21st September 1971. From the beginning of the year until Dr. Ross's appointment, Dr. Fisher, Consultant Psychiatrist, Westmorland County Hospital and Dr. Wood, Consultant Child Psychiatrist, Cumberland Infirmary, took over the occasional Child Guidance case in Westmorland.

The service of an Educational Psychologist will still be needed. It is often overlooked that an Educational Psychologist is not just a tester of children but can provide a wide range of services in support of the Child Guidance and Special Education.

The range of tests that are available for use by an Educational Psychologist is very wide indeed and far beyond that of a Medical Officer's training. These tests are not just academic in an isolated diagnostic sense but are also of considerable importance in management of the child.

It is hoped that an early appointment can be made.

School Clinics

The Department has requested that this Report should give the location and details of the sessions held at the School Clinics, and the relevant information is given below:-

Location	Types of Clinics	Frequency of Sessions
Health Services Clinic, Kendal.	Dental treatment	Daily
	Ophthalmic examination	Weekly
	Speech Therapy	As required
	Vaccination	As required
	Child Guidance	Weekly
U.D.C. Offices, Ambleside.	Dental	As required
Appleby Clinic	Dental	As required
	Vaccination	As required

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, cases from North Westmorland to Cumberland Infirmary.

Number of children known to be attending Hospital Out-patient Departments during the year was 107.

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 referred usually by Consultants, General Practitioners, Health Visitors, School Teachers or the Adviser for Special Education to the School Medical Officer who examines them and reports to the Local Education Authority. The number of cases examined during the year was 53 of whom 15 were recommended for admission to Special Schools for Educationally Subnormal pupils, one for Partially Hearing pupils and three for Delicate Pupils. 33 were recommended for special help at ordinary schools.

In addition 42 children were informally assessed, including 15 pre-school children.

A copy of the report on each case is submitted to the Director of Education so that the Special Adviser for Education may arrange any special attention required in the ordinary school for those children needing it.

I am indebted to the Director of Education for the figures in the Tables on pages 48, 49 and 50.

Treatment of Visual Defects

All school children found to be suffering from visual defects are referred for examination under the General 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. O.M. Duthie, F.R.C.S., Consultant Ophthalmologist, holds weekly sessions at the Health Services Clinic, Kendal, but parents are given the opportunity to make their own arrangements with Opticians if they prefer it.

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

Total number referred for testing of vision	163
Total number examined by Ophthalmologists or Ophthalmic Opticians	516

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 1971 the following work relating to school children was undertaken:-

Number Skin Tested	Number Positive	Number Vaccinated	Percentage Positive
646	11	635	1.7

The percentage of children found positive shows a slight increase on the figure for the previous year.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1971

I have the honour to present the Annual Report for the School Dental Service for the County of Westmorland for 1971. The Statistical Tables will be found on page 47.

Staff

Dental Officers

With Miss C.D. Evans taking up duty in January, the establishment of four Dental Officers for the County was filled and remained so for the rest of the year.

The new grade of Senior Dental Officer was implemented during the year and Mr. J.B. Millar, for 8 years a member of the dental staff, was promoted to Senior Dental Officer.

Dental Surgery Assistants

Miss J. Horne resigned from her post in August and was replaced by Mrs. M. Phillips who took up duty in November. In the interim period temporary staff was employed. Mrs. E. Harrison resigned in June and was replaced immediately by Mrs. D. Smith.

Dental Inspection and Treatment

The statistical returns show the benefits of a return to full staff and also the effects of the staff shortage of the previous year. The output of work shows a marked increase from 1970, though the inspection figures do not show a proportionate increase as, because of the backlog of work, more treatment was necessary for each patient.

Clinical Accommodation

During 1971 an additional Mobile Dental Clinic was purchased and put into full-time use. The thirteen year old clinic which it replaced is now in part-time use where and when the need is greatest and allows a useful degree of flexibility in our clinical arrangements. The sub-standard dental clinic in Ambleside ceased to function during the year.

We look forward to the replacement of the Appleby Dental Clinic by a purpose-built dental suite in the new Health Centre.

As Health Centres are planned throughout the county I would like to see provision for dental treatment in them. This would give dental officers fixed bases from which to work and over a period of time the fleet of Mobile Dental Clinics would be reduced from 3 to 2 and eventually the use of those two restricted to the summer months.

Dental Health Education

Because of pressure of clinical work, less time than I consider desirable was devoted to Dental Health Education.

In conclusion, I wish to thank my staff for their enthusiasm and effort and the members of the teaching profession for their generous co-operation.

M. D. McGARRY.

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		Total individual pupils
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any of the other conditions recorded in Pt.II	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1967 and later	252	251	1	3	4	7
1966	821	820	1	9	38	44
1965	213	212	1	4	10	14
1964	64	64	-	3	4	5
1963	62	62	-	1	1	2
1962	35	35	-	4	1	5
1961	674	674	-	23	10	31
1960	118	118	-	2	1	2
1959	66	66	-	1	-	1
1958	36	36	-	2	-	2
1957	39	39	-	-	1	1
1956 and earlier	702	702	-	7	7	14
TOTAL	3082	3079	3	59	77	128

Col. 3 as percentage of Col. 2 - 99.90%. Col. 4 as percentage of Col. 2 - 0.10%.

B - INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons 14,892

(ii) Total number of individual pupils found to be infested 95

(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

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

PART II

Defect code	Defect or Disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	1	3	7	11	-
		0	35	16	28	79	-
5	Eyes (a) Vision	T	17	6	36	59	9
		0	117	40	148	305	6
	(b) Squint	T	20	-	3	23	-
		0	38	-	4	42	1
	(c) Other	T	-	-	-	-	-
		0	2	8	14	24	-
6	Ears (a) Hearing	T	6	-	1	7	1
		0	155	9	43	207	7
	(b) Otitis Media	T	1	-	-	1	-
		0	53	2	17	72	-
	(c) Other	T	-	-	-	-	-
		0	6	1	5	12	1
7	Nose and Throat	T	14	-	3	17	-
		0	206	17	68	291	2
8	Speech	T	3	-	-	3	3
		0	34	-	10	44	2
9	Lymphatic Glands	T	-	-	-	-	-
		0	154	9	40	203	-
10	Heart	T	-	-	-	-	1
		0	23	3	7	33	2
11	Lungs	T	-	-	-	-	-
		0	26	-	11	37	3
12	Developmental (a) Hernia	T	2	-	-	2	-
		0	19	-	8	27	-
	(b) Other	T	1	-	-	1	-
		0	53	8	16	77	-
13	Orthopaedic (a) Posture	T	-	-	-	-	-
		0	26	1	15	42	1
	(b) Feet	T	3	-	-	3	-
		0	40	6	36	82	2
	(c) Other	T	4	-	1	5	1
		0	57	5	22	84	1
14	Nervous System (a) Epilepsy	T	1	-	1	2	1
		0	13	1	3	17	-
	(b) Other	T	-	-	-	-	-
		0	7	-	5	12	1
15	Psychological (a) Development	T	-	-	-	-	-
		0	8	-	7	15	1
	(b) Stability	T	-	-	-	-	2
		0	9	-	4	13	16
16	Abdomen	T	-	-	-	-	-
		0	6	3	2	11	2
17	Other	T	1	1	1	3	-
		0	64	7	28	99	11

T = found to require treatment
0 = found to require observation

PART III

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	NIL
Errors of refraction, including squint	516
Total	516

Number of pupils for whom spectacles were prescribed 218

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	21
(b) for adenoids and chronic tonsillitis	195
(c) for other nose and throat conditions	5
Received other forms of treatment	-
	221

Total number of pupils known to have been provided with hearing aids:-

(a) in 1971	4
(b) in previous years	21

C - ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:-

(a) Treated at clinics or out-patient departments ...	107
(b) Treated at School for postural defects	-
	107

D - DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table B or Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	-
Impetigo	-
Other skin diseases	6
	6

E - CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	15

F - SPEECH THERAPY

Pupils treated by Speech Therapists	279

G - OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:-

(a)	Pupils with minor ailments	NIL
(b)	Pupils who have received convalescent treatment under School Health Service arrangements	NIL
(c)	Pupils who received B.C.G. vaccination	635
(d)	Other: Miscellaneous Medical and Surgical conditions	133
		768

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.

SCHOOL DENTAL SERVICE

1. Attendances & Treatment	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1,918	1,284	374	3,576
Subsequent visits	1,583	2,157	811	4,551
Total visits	3,501	3,441	1,185	8,127
Additional courses of treatment commenced	315	256	130	701
Fillings in permanent teeth	1,429	3,619	1,740	6,788
Fillings in deciduous teeth	2,797	167	-	2,964
Permanent teeth filled ...	1,103	3,036	1,496	5,635
Deciduous teeth filled ...	2,317	146	-	2,463
Permanent teeth extracted	84	417	149	650
Deciduous teeth extracted	882	267	-	1,149
General anaesthetics ...	182	89	25	296
Emergencies	147	84	17	248

Number of Pupils X-rayed	214
Prophylaxis	580
Teeth otherwise conserved	1,415
Number of teeth root filled	16
Inlays	4
Crowns	12
Courses of treatment completed	3,257

2. Orthodontics

New cases commenced during year	100
Cases completed during year	37
Cases discontinued during year	8
Number of removable appliances fitted	112
Number of fixed appliances fitted	1
Pupils referred to Hospital Consultant	25

3. Prosthetics	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	2	2
Pupils supplied with other dentures (first time)	8	21	11	40
Number of dentures supplied ...	8	22	13	43

4. Anaesthetics

General Anaesthetics administered by Dental Officers ...	296

5. Inspections

(a) First inspection at school. Number of pupils ...	7,899
(b) First inspection at clinic. Number of pupils ...	341
Number of (a) + (b) found to require treatment ...	5,644
Number of (a) + (b) offered treatment	4,854
(c) Pupils re-inspected at school clinic	1,354
Number of (c) found to require treatment	811

6. Sessions

Sessions devoted to treatment	1,236
Sessions devoted to inspection	89
Sessions devoted to Dental Health Education	43

TABLE I

RETURN OF HANDICAPPED PUPILS

New assessments and placements

In the Calendar Year ending 31st December 1971	(1)Blind (2)Partially sighted		(3) Deaf (4) Partial Hearing		(5)Physically Handicapped (6)Delicate		(7)Emotional Disorder (8)Educationally subnormal		(9)Epileptic (10)Speech defects		TOTAL (1 - 10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(a) Number of handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes	-	1	-	1	-	1	-	12	-	-	15
(b) Number of children who were newly placed in special schools (other than hospital special schools) or boarding homes ...	-	1	-	1	2	-	-	18	1	-	23

(c) Number of children from the Authority's area, previously regarded as unsuitable for education at school, who became the Authority's responsibility on 1st April, 1971?

boys 20
girls 13
33

TABLE II

HANDICAPPED PUPILS

Pupils Awaiting Places in Special Schools or receiving Education in Special Schools: Independent Schools: In Special Classes and Units: Under Section 56 of the Education Act 1944: and Boarded in Homes.

As at 31st January 1972, number of children who were awaiting places in special schools(other than hospital schools).	(1)Blind (2)Partially sighted		(3) Deaf (4) Partial Hearing		(5)Physically Handicapped (6)Delicate		(7)Emotional Disorder (8)Educationally subnormal		(9)Epileptic (10)Speech defects		TOTAL (1 - 10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(1) Under five years of age:											
Day places...	-	-	-	-	-	-	-	-	-	-	-
Boarding places ...	-	-	-	-	-	-	-	1	-	-	1
(2) Over 5 years of age:											
(a) Whose parents had refused consent to their admission to a special school:											
Day places	-	-	-	-	-	-	-	10	-	-	10
Boarding places ...	-	-	-	-	-	-	-	-	-	-	-
(b) Others											
Day places	-	-	-	-	-	1	-	5	-	-	6
Boarding places ...	-	-	-	-	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	1	-	16	-	-	17

TABLE III

HANDICAPPED PUPILS

Number of Pupils on the Registers of:	(1)Blind (2)Partially sighted		(3)Deaf (4)Partial Hearing		(5)Physically Handicapped (6)Delicate		(7)Emotional Disorder (8)Educationally subnormal		(9)Epileptic (10)Speech defects		TOTAL (1-10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(1) Maintained Special Schools(other than Hospital Special Schools and Special classes and units not forming part of a special school) regardless by what authority they are maintained.											
(a) Day	-	-	-	-	1	-	-	111	-	-	112
(b) Boarding	-	-	-	1	3	-	-	8	1	-	13
(2) Non-maintained Special Schools (other than Hospital Special Schools and Special classes and units not forming part of a special school) wherever situated.											
(a) Day	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	4	1	-	10	-	-	-	2	-	-	17
(3) Independent schools under arrangements made by the Authority.											
(a) Day	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	-	-	-	-	-	-	1	5	-	-	6
Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special schools and units: under Section 56 of the Education Act 1944 and boarded in homes.	4	1	-	11	4	1	1	149	1	-	172