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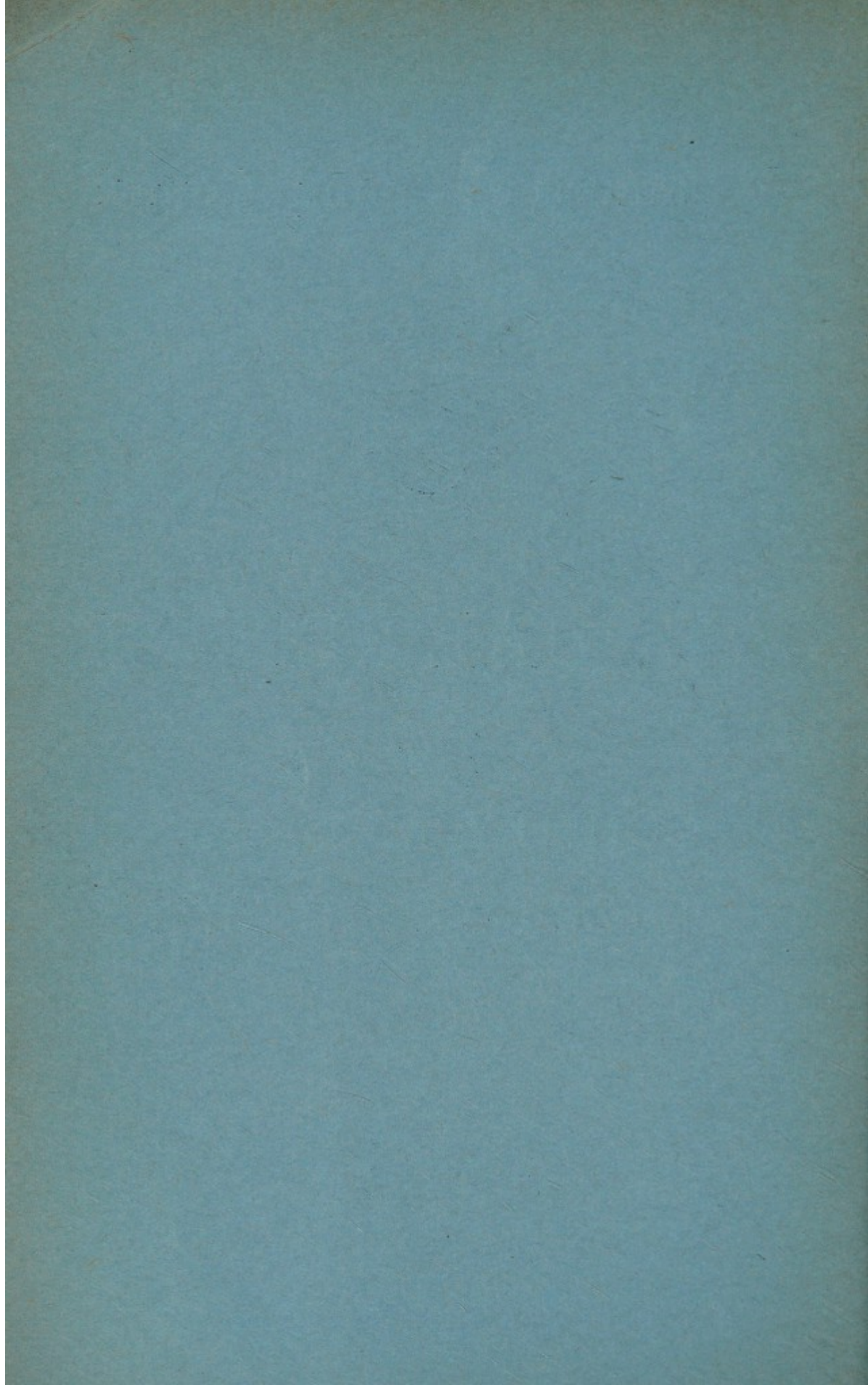


ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER OF HEALTH

THE YEAR 1934



Westmorland County Council



ANNUAL REPORT

of the

COUNTY MEDICAL
OFFICER OF HEALTH

THE YEAR 1934

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County of Westmorland.

Public Health and Housing Committee of the County Council.

Chairman: Major J. W. Cropper.
 Brindle, P.
 Browne, Mrs. C. E.
 Cochrane, Dr. J. L.
 Crosby, J.
 Gibson, J.
 Gregory, J. T.
 Groves, H. L.
 Hayes, R. W.
 Hewertson, W.
 Hickling, A.
 King, Rev. W.
 Lambert, R. W.
 Mason, W.
 Moor, S. A.
 Parkin, J.
 Pattinson, G. H.
 Shepherd, H. A.
 Shorrocks, W. G.
 Stanley, Lady Maureen
 Thompson, G. E.
 Wakefield, E. W.
 Wallace, W. H.
 Webb, C. S.

Maternity and Child Welfare Committee of the County Council.

Chairman: Major J. W. Cropper.

This Committee consists of the Members of the Public Health and Housing Committee and the following co-opted members:—

Representatives of the County Nursing Association, Maternity and Child Welfare Work, etc.:—

Mrs. J. W. Cropper, Ellergreen, Kendal.

Miss Chapman, Draw Briggs Road, Appleby.

Mrs. Crossland, Packway, Windermere.
 Mrs. Dent, Flass, Maulds Meaburn.
 Mrs. Gaddum, The Ghyll, Burneside.
 Mrs. Anthony Lowther, Clifton Hill, Penrith.
 Mrs. J. Robinson, Upper Oak Street, Windermere.

Representatives of Medical Practitioners:—

Dr. W. D. Chapman, Helmwood, Windermere.
 Dr. J. F. Dow, Uplands, Arnside.

Sanatorium Benefit Sub-Committee.

Appointed by the County Council:—

Cropper, J. W.
 Cochrane, Dr. J. L.
 Greenall, C. E.
 Groves, H. L. (Chairman).
 Prickett, H.
 Thomson, L. G.
 Wallace, W. H.

Appointed by the Westmorland County Insurance Committee:—

Craig, Dr. C. M.
 Graham, D.
 Johnston, Dr. G. A.
 MacLeod, Mrs.

County Milk Committee.

Public Health Representatives:—

Cropper, J. W.
 Cochrane, Dr. J. L.
 King, Rev. W.
 Stanley, Lady Maureen
 Shorrocks, W. G.

Diseases of Animals Representatives:—

Allen, J. V.
 Bainbridge, W.
 Cleasby, J.
 Dawson, R. J.
 Handley, J. (Chairman).

Joint Agricultural Education Representatives:—

Capstick, F. A.
 Gibson, J.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
W. E. Henderson	M.A., M.B., Ch.B., D.P.H.	County Medical Officer	Part	School Medical Officer, County of Westmorland and Borough of Kendal.
J. M. L. Wright	L.R.C.P., L.R.C.S., D.P.H.	Assist. do.	"	Assist. do. M. & C.W. & Inspector of Midwives.
J. Munro Campbell ..	M.B., Ch. B., D.P.H.	Tuberculosis Officer	"	Medical Superintendent, Meathop Sanatorium.
John Irvine	L.D.S.	County School Dental Surgeon.	"	School Dental Surgeon for Borough of Kendal.
A. Brownlie	M.B., Ch.B.	Dist. Medical Officer (Poor Law) and Public Vaccinator.	"	Private Practitioner.
A. E. Cochrane	M.B., Ch.B.	"	"	"
A. Wight	M.B., Ch.B.	"	"	"
G. A. Johnston	M.D., F.R.C.S.I. ..	"	"	"
R. G. Mathews	B.A., M.B., Ch.B. ..	"	"	"
J. R. Caldwell	M.B., Ch.B.	"	"	"
W. H. Robertson ..	M.B., C.M.	"	"	"
J. R. K. Thomson ..	M.R.C.S., L.R.C.P. ..	"	"	"
I. Bainbridge	M.B., B.S.	"	"	"
T. H. Gibson	M.D., M.B., C.M. ..	"	"	"
A. E. Ainscow	M.B., Ch.B.	"	"	"
C. H. Thackrah	L.R.C.P., L.R.C.S., L.F.P.S.	"	"	"
C. B. Byrd	M.R.C.S., L.R.C.P. ..	"	"	"
R. N. Gibson	M.D., M.B., Ch.B. ..	"	"	"
H. F. W. de Montmorency	L.R.C.P., L.R.C.S., L.F.P.S.	"	"	"
J. S. Prentice	M.B., Ch.B.	"	"	"
J. Graham	L.R.C.P., L.R.C.S., L.F.P.S.	"	"	"
J. Brennan	M.R.C.V.S.	County Veterinary Officer	Whole	Veterinary Surgeon.
C. J. H. Stock	B.Sc., F.I.C.	County Analyst.	Part	Public Analyst.
J. Bateman .. ..	.. ..	Vaccination Officer	"	Registrar, etc.
J. Hodgson .. ..	.. ..	"	"	"
E. S. Jackson .. ..	.. ..	"	"	"
A. O. Reed .. ..	.. ..	"	"	"

O	Qualifications	Name
	M.A., M.B., Ch.B., D.P.H. loc. County to General and Public Health Lancashire	Henderson ..
	L.R.C.P., L.R.C.S., D.P.H., Assistant to the Inspector & W.C. & M. Sanitary	Wright ..
	M.B., Ch.B., D.P.H., loc. County Sanitary	Campbell ..
	L.D.S., loc. County Lancashire	Vine ..
	M.B., Ch.B., loc. County (Poor Law) Vaccination	Wright ..
	M.B., Ch.B.	Christie ..
	M.D., F.R.C.S.	Houston ..
	M.B., Ch.B.	Andrews ..
	M.B., Ch.B.	Wells ..
	M.B., Ch.B.	Robertson ..
	M.R.C.S., L.R.C.P.	Thompson ..
	M.B., B.S.	Edge ..
	M.D., M.B., C.M.	son ..
	M.B., Ch.B.	Wasson ..
	L.R.C.P., L.R.C.S.	Wasson ..
	L.F.P.S.	Wasson ..
	M.R.C.S., L.R.C.P.	Wasson ..
	M.D., M.B., Ch.B.	Wasson ..
	L.R.C.P., L.R.C.S.	Wasson ..
	L.F.P.S.	Wasson ..
	M.B., Ch.B.	Wasson ..
	L.R.C.P., L.R.C.S.	Wasson ..
	L.F.P.S.	Wasson ..
	M.R.C.V.S.	Wasson ..
	B.Sc., F.I.C.	Wasson ..

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Blind Persons Act Committee.

Appointed by Westmorland County Council:—

Brindle, P.
 Browne, Mrs. C. E.
 Chambers, E. I.
 Duguid, G.
 Greenall, C. E.
 Gregory, J. T.
 Groves, H. L.
 Hewertson, W.
 Moor, S. A. (Chairman).
 Webb, C. S.

Nominated by:—

Appleby Town Council: A. E. P. Slack.
 Kendal Town Council: W. Cleasby.
 Carlisle Workshops for the Blind: Rev. Canon
 Gardner.
 Barrow and District Society for the Blind: F. H.
 Robinson.
 Westmorland Public Assistance Committee: Rev.
 W. King and Mrs. Somervell.

Ex-Officio:—

Chairman of the Public Health Committee (J. W.
 Cropper) and Chairman of the Education
 Committee (A. H. Willink).

District Medical Officer of Health.

<i>Name.</i>			<i>Urban District.</i>
W. Baron Cockill, M.D., D.P.H.	...		Ambleside
"	"	"	Appleby
"	"	"	Grasmere
"	"	"	Kendal
"	"	"	Kirkby Lonsdale
"	"	"	Shap
"	"	"	Windermere
			<i>Rural District.</i>
"	"	"	East Westmorland
"	"	"	South Westmorland
"	"	"	West Ward

**To the Chairman and Members of the Public Health
and Housing Committee.**

My Lady, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1934. The leading feature of the year has been the completion of the Westmorland Review Order, 1934. The appointed day for the operation of this Order is April 1st, 1935.

By this Order, the 10 Districts as set out on page 5 are re-formed into 6 Districts as follows:—

The Borough of Appleby.

The Borough of Kendal.

The Lakes Urban District.

The Windermere Urban District.

The North Westmorland Rural District.

The South Westmorland Rural District.

The main features of this transformation are as follows:—The Urban Districts of Ambleside and Grasmere are now comprised in the Lakes Urban District, the Urban District of Shap in the North Westmorland Rural District, and the Urban District of Kirkby Lonsdale in the South Westmorland Rural District. The Rural Districts of East Westmorland and West Ward are now comprised in the North Westmorland Rural District. The parish of Patterdale, formerly in the West Ward, is now included in the Lakes Urban District.

Further details in the working of this Order will fall to be recorded in the Annual Report for 1935.

I have the honour to be,

Your obedient servant,

WILLIAM ELMSLIE HENDERSON,

County Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	...	...	...	504,917
Population (Registrar-General's Estimate, 1934)				64,350
Reduced Rateable Value as on 1st April, 1934	...			£401,299
Estimated product of a Penny Rate (General County) for the financial year 1934-35	...			£1,528

The County of Westmorland is largely rural in character. The chief industry is Agriculture which, as revealed by the census, is pursued by 30% of the males engaged in occupation. Then follow in order of numbers employed:—

Building and Works of Construction.

Food, Lodging, etc.

Domestic, Outdoor Service.

On Railways.

General Labourers.

Professional Occupations.

On Roads.

General Engineering.

Boot and Shoe Making.

Mines and Quarries.

Textile Manufacturers.

Others in Paper, Prints, Books.

During 1934 the average over the year of unemployment among insured workers was about 7%, and for total workers about 5%.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1934.

	Total.	Males.	Females.
Live Births—Legitimate	838	455	383
Illegitimate	67	38	29
Birth Rate: 14.0.			

Still Births: 40. Rate per 1,000 total births: 42.3.

Deaths: 893. Death Rate: 13.8.

Deaths from Diseases and Accidents of Pregnancy or Childbirth:—

Puerperal Sepsis	2
------------------	-----	-----	-----	---

Rate per 1,000 total (live and still) births):	2.1
--	-----

Other Puerperal Causes	1
------------------------	-----	-----	-----	---

Rate per 1,000 total (live and still) births):	1.05
--	------

Total	3
-------	-----	-----	-----	---

Rate per 1,000 total (live and still) births):	3.17
--	------

Death Rate of Infants under 1 year of age:—

All infants per 1,000 live births	54.1
-----------------------------------	-----	-----	------

Legitimate infants per 1,000 legitimate live births	52.5
---	------

Illegitimate infants per 1,000 illegitimate live births	74.6
---	-----	-----	-----	------

Deaths from Measles (all ages)	3
--------------------------------	-----	-----	---

„ „ Whooping Cough (all ages)	...	2
-------------------------------	-----	---

„ „ Diarrhoea (under 2 years of age)	...	4
--------------------------------------	-----	---

POPULATION 1934.

DISTRICT.	Area in Acres: (Land and Inland Water).	Population.		
		Census 1931.	Registrar General's estimate for 1934.	
URBAN.				
Ambleside ...	4,425	2,343	2,330	
Appleby	1,877	1,618	1,610	
Grasmere	7,333	988	762	
Kendal	2,700	15,575	16,200	
Kirkby Lonsdale	3,254	1,370	1,436	
Shap	2,081	1,227	1,172	
Windermere ...	9,902	5,701	5,540	
RURAL.				
East Westmorland	183,771	10,717	10,520	
South Westmorland	169,702	18,954	18,460	
West Ward ...	119,872	6,905	6,320	
Westmorland ...	504,917	65,398	64,350	

BIRTH RATE, 1934.

Birth rate per 1,000 population.

District.	No. of Births 1934.	Birth Rate 1934.	Birth Rate 1933.	Birth Rate 1932.	Birth Rate 1931.	Birth Rate 1930.
Urban.						
Ambleside	23	9.9	7.7	10.9	8.4	11.7
Appleby	21	13.0	13.6	8.7	9.5	12.8
Grasmere	12	15.7	6.4	17.4	8.7	13.9
Kendal	230	14.2	15.7	13.9	15.0	15.5
Kirkby Lonsdale ..	14	9.8	11.0	13.5	15.1	12.0
Shap	23	11.1	14.6	24.1	18.4	20.6
Windermere	57	10.3	10.1	10.9	9.3	9.6
Rural.						
East Westmorland ..	190	18.1	14.1	17.8	16.5	20.6
South Westmorland	218	11.8	12.4	11.8	13.7	12.9
West Ward	117	18.5	16.4	15.9	17.5	17.4
Westmorland	905	14.1	13.5	13.9	14.3	15.1
England & Wales ..		14.8	14.4	15.3	15.8	16.3

The Births registered in the above 5 years were as follows:

Year	...	1930	1931	1932	1933	1934
No. of Births		954	922	896	871	905

DEATH RATE, 1934.

Death Rates per 1,000 population.

District:	No. of Deaths 1934.	Death Rate 1934.		Crude Death Rate 1933.	Death Rate 1932.	Death Rate 1931.	Death Rate 1930.
		Crude.	Stand- ardised.				
Urban.							
Ambleside	29	12.4	10.3	12.9	10.1	18.6	14.3
Appleby	29	18	14.9	20.4	13.0	10.1	15.3
Grasmere	17	22.3	16.9	12.7	17.4	15.0	11.6
Kendal	244	15	13.9	15.2	15.1	14.5	13.8
Kirkby Lonsdale	14	9.7	8.05	13.1	16.2	15.1	10.3
Shap	21	17.9	16.6	17.2	17.5	15.9	15.8
Windermere	75	13.5	10.8	16.6	13.1	15.3	12.3
Rural.							
East Westmorland	164	15.5	13.02	14.7	14.3	14.2	14.9
South Westmorland	235	12.7	11.1	13.6	12.4	12.0	10.6
West Ward	65	10.2	9.4	12.6	13.6	12.1	11.1
Westmorland	893	13.8	12.1	14.5	13.7	13.6	12.7
England & Wales	—	11.8		12.3	12.0	12.3	11.4

Crude death rate for aggregate of Westmorland Rural

Areas	...	...	...	...	13.1
For Urban	...	...	...	...	14.7
Standardised death rate for aggregate of Westmorland					
Rural Areas	...	...	...	...	11.5
For Urban	...	...	...	...	12.7

The standardised death rate is explained by the Registrar-General as follows:—"If the population of all areas were similarly constituted as regards the proportions of their sex and age group components, their crude death rates (deaths per 1,000 population) could be accepted as valid comparative measures of the mortalities experienced by the several populations. In practice, however, populations are not thus similarly constituted, and their crude death rates fail as true comparative mortality indexes." Accordingly the Registrar-General supplies a correcting factor for each district, the effect of which is to make comparable the death rate of one district with another district or with the country as a whole.

For example, Windermere shows a crude death rate for 1934 of 13.5 (deaths per 1,000 population), comparing unfavourably with the death rate for England and Wales for 1934 of 11.8. This apparent excess is nothing more than a reflection of the elderly nature of the Windermere population. If the age and sex distribution of Windermere's population were similar to that of England and Wales, then Windermere would give us a death rate of 10.8. This 10.8 figure is known as the standardised death rate as for Windermere for the year 1934.

The chief causes of deaths in 1934, in order of fatality, were as follows:—

Cause.	Number of Deaths in 1934.	Average No. of Deaths (1929-1933).
Heart Disease	201	195
Cancer	111	103
Cerebral Haemorrhage	69	72
Nephritis	52	36
Other circulatory diseases	51	39
Pneumonia	41	35
Other deaths from violence	35	30
Congenital Debility	26	35
Tuberculosis of respiratory system	26	32

INFANTILE MORTALITY, 1934.

Rate per 1,000 Births.

DISTRICT.	No. of Births in 1934	No. of Deaths in 1934.	Infant Mortality Rate in 1934.	Infant Mortality Rate in 1933.	Infant Mortality Rate in 1932.	Infant Mortality Rate in 1931.	Infant Mortality Rate in 1930.
Urban.							
Ambleside	23	2	87	0	40	0	148
Appleby	21	1	48	45	71	0	143
Grasmere	12	0	0	200	0	0	0
Kendal	230	15	65	99	86	119	61
Kirkby Lonsdale	14	0	0	62	150	0	0
Shap	23	1	43	0	103	90	136
Windermere	57	3	53	71	32	19	0
Rural.							
E. Westmorland	190	11	58	47	48	57	80
S. Westmorland....	218	12	55	69	54	51	48
West Ward	117	4	34	77	98	75	55
Westmorland	905	49	54	72	67	68	63
England & Wales	—	—	59	64	65	66	60

AGE INCIDENCE OF INFANTILE MORTALITY, 1934.

DISTRICTS.	1 week.	1-2 weeks.	2-3 weeks	3-4 weeks.	Under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total under 1 year.
URBAN										
Ambleside	1	—	—	1	2	—	—	—	—	2
Appleby	1	—	—	—	1	—	—	—	—	1
Grasmere	—	—	—	—	—	—	—	—	—	—
Kendal	7	2	1	—	10	2	1	2	—	15
Kirkby Lonsdale	—	—	—	—	—	—	—	—	—	—
Shap	—	—	—	—	—	—	—	—	1	1
Windermere	—	—	2	—	2	—	1	—	—	3
RURAL										
E. Westmorland	3	1	2	2	8	2	—	—	1	11
S. Westmorland	6	1	—	—	7	—	2	1	2	12
West Ward	2	—	1	—	3	1	—	—	—	4
Westmorland.....	20	4	6	3	33	5	4	3	4	49

Analysis of Causes of Death of Infants under 1 year in 1934.

DISTRICT.	Gastritis.	Convulsions	Bronchitis	Pneumonia	Atrophy, Debility and Marasmus.	Congenital Malformation	Prematurity	Other Causes	Total	Deaths in order of Fatality.
URBAN.										
Ambleside	—	—	—	1	—	—	—	1	2	Prematurity .. 17
Appleby ...	—	—	—	—	—	1	—	—	1	Other Causes .. 12
Grasmere	—	—	—	—	—	—	—	—	—	Pneumonia .. 6
Kendal ...	2	1	1	2	—	2	5	2	15	Gastritis .. 4
Kirkby Lonsdale	—	—	—	—	—	—	—	—	—	Convulsions .. } 3
Shap ...	—	—	—	1	—	—	—	—	1	Congenital Malformation
Windermere	1	—	—	—	—	—	1	1	3	Bronchitis .. } 2
RURAL.										Atrophy, Debility and Marasmus .. }
E. Westmorland	—	1	1	—	1	—	6	2	11	
S. Westmorland	—	1	—	1	1	—	3	6	12	
West Ward	1	—	—	1	—	—	2	—	4	
Westmorland	4	3	2	6	2	3	17	12	49	

MATERNITY AND CHILD WELFARE.

During 1934, 31 District Nursing Associations received payments from the County Council, acting through the County Nursing Association, amounting in all to £1,853, allocated as follows:—

	£	s.	d.
For Maternity and Child Welfare Health Visiting	1230	4	0
For Tuberculosis Visiting	316	6	0
For School Nursing	306	10	0

1934 has been a year of advance. This will be seen in the following reports by Dr. Jessie Wright, the Assistant County Medical Officer of Health, and by Mrs. Gaddum, the Honorary Secretary of the County Nursing Association.

Dr. Wright's Report on Maternity and Child Welfare Work in 1934.

There are 31 District Nursing Associations in the County. All of the nurses act as part-time Health Visitors for infants and expectant mothers, assist at clinics, and act as Infant Protection Officers, as Tuberculosis Visitors and as School Nurses. A fully-trained Nurse with a Health Visitor Certificate has been appointed for the unnursed areas in the north-east of the County to act as Health Visitor and Maternity Nurse. Her headquarters are in Brough, and she serves an area including Stainmore, Kaber, Warcop, Musgrave, Thwaites and Mallerstang.

A part-time Health Visitor and Maternity Nurse is employed in Arnside. There are now 10 Infant Welfare Centres in the County, and a new one is to be commenced at Tebay in March, 1935.

Drs. Bainbridge, Chapman and Mathews attend the Brough, Troutbeck and Barbon centres respectively, the others being taken by the Assistant County Medical Officer for the County.

The centres are, on the whole, well attended, and an improvement in mothercraft is noticeable all over the County this year, and it is hoped that this will help to reduce the high rate of infant mortality which obtained last year.

In this connection, however, it is to be noticed that from last year's figures two-thirds of the infant deaths occurred within the first month, and five-sixths of this number of Neonatal deaths took place within the first week—that is before our Health Visitors or Clinics had seen the babies.

The biggest number of infant deaths was the result of prematurity. This points to the importance of ante-natal and lying-in care of the mothers. Westmorland has now a chain of trained Maternity Nurses embracing the whole County, so that no mother in Westmorland need suffer for want of skilled ante-natal care and nursing. Co-operation on the part of the mothers themselves is what is wanted now.

The Health Visitors' work is supervised by this department; health leaflets provided by the Medical Staff are supplied to them regularly for their own information and for distribution among their community; accurate health records are kept by the nurses in respect of every child below school age and every expectant mother under their care.

Three nurses each year are sent to a post-certificate course in an up-to-date hospital, a regular rotation being observed; and an approved monthly Health Magazine is sent to each nurse to keep her in touch with modern Health questions and practices.

Annual Report of the County Nursing Association.

Mrs. Gaddun reports as follows:—

“During the year 1934 no new District Nursing Associations were established. The Maternity and Child Welfare Committee of the County Council has, however, approved the appointment of a whole-time Health Visitor in the area in the north of the County at present un-nursed. An arrangement has also been made with a resident nurse at Arnside, who is undertaking the Health Visiting in that area. This means the attendance at School Medical Inspections and following up cases needing attention, supervision of Tubercular cases, ante-natal care and monthly visits to all children under 5 years of age are now undertaken throughout the County.

These duties are the Health responsibilities of the County, and are the work for which the grants are paid to established Associations.

While fully realising that this is far from the ideal, the County Nursing Association hopes that the presence of a nurse in the areas will help to create the demand for local Associations where sick nursing and its attendant comforts can be undertaken.

Mothercraft Competition.

The 'Westmorland Gazette' approached the Westmorland and Kendal Health Authorities with a view to holding a Mothercraft Competition and Baby Show in Kendal in the Spring. The C.N.A. decided to co-operate in the scheme, as it was felt that it would stimulate interest in Maternity and Child Welfare. The Mothercraft Competition started on December 1st, 1933, and was judged over a period of four months. In April a Regional Show was held in each nursing area, and the winning babies from each of the four classes came to Kendal on May 3rd for the Final Show. The classes were divided as follows:—

- A. Under six months.
- B. Six months to one year.
- C. One year to two years.
- D. Two years to five years.

One hundred and seventeen children attended the Final Show and represented 31 Districts, Kirkby Stephen being the only district not to compete.

The Westmorland Federation of Women's Institutes very kindly assisted at the Regional Shows, where in most cases tea was provided.

Nurses' Re-union.

The Nurses' Re-union was held in Kendal on the same day as the Final Show, and was attended by 26 nurses.

Refresher Courses.

The District Nurses from Levens and Milnthorpe attended post-graduate midwifery courses at Liverpool in May, and the District Nurse from Bowness attended a Health Visitors' Course in London in June. All the nurses wrote afterwards to say how much they appreciated being sent to the courses and how interesting they had found them.

Lectures for Midwives.

The question arose during the year of the possibility of arranging Lectures for midwives in Westmorland. It was felt that the area is so scattered that it would be difficult to get attendances to justify the expenses incurred. At the suggestion of the County Medical Officer of Health the Committee decided instead to issue free copies to each District Nurse of the monthly journal, 'Mother and Child.' This is the official organ of the National Council for Maternity and Child Welfare, and has in it articles from all the leading Health Societies.

Holiday Nursing.

Attention of secretaries must be drawn to the adequate provision of a nurse when their own nurse is on holiday or is away or off duty through sickness. If adjacent nurses are relieving each other during these times, then the consent of the secretaries must also be obtained. The fact that must be emphasised is that this is the definite responsibility of the secretary.

Midwives and Maternity Nurses.

In view of the many nurses acting as midwives in the County and of the various queries received during the year, attention must be given to two matters referring to midwives and maternity nurses:—(1) The rule of the Midwives Board which reads: 'No midwife shall lay out a dead body except in the case of a patient upon whom she has been in attendance at the time of death. After laying out a dead body for burial she must forthwith notify the Local Supervising Authority and undergo adequate cleansing according to Rule 6. (2) In some District Associations it is the rule for the fee to be paid for a confinement only, and any subsequent visits from the nurse are charged separately. This sometimes leads to the nurse being discharged on the second or third day, which is not in any way suitable. A more general practice, and one to be recommended, is to make the charge inclusive for the confinement and for 10 days afterwards. The Medical Officer asks that this plan shall be universally adopted in the County.

New Nurses' Qualifications.

The Association would again like to emphasise that, in view of the fact that the nurses act as part-time Health Visitors in Westmorland, Nursing Associations should choose if possible a nurse with special training in this; also with the C.M.B. for ante-natal and maternity work, even if no midwifery is undertaken.

After seven years of useful work at Witherslack, Nurse Littlejohn has retired, and Nurse Lambert, from Staveley, has left to undertake a Health Certificate course. Both nurses took the greatest interest in their Health work. Nurse Stoker has come to Staveley, and a new nurse is about to be appointed to Witherslack.

This report would be incomplete if it did not mention the interest and help of Dr. Henderson and his staff, to whom nothing appears to be too much trouble."

The Annual Report of the County Nursing Association also includes the following report of the Assistant County Medical Officer on the work of the nurses:—

"The nurses have been visited by me from time to time throughout the year. Their equipment has been inspected, and health visits have been paid with them in their districts. One hundred and twenty-five visits were paid.

From these visits it can be reported that in every case the nurses are satisfactorily equipped for their work, and that they are, as a whole, keenly interested in their work, deeply sympathetic to their patients, and on all the infant visiting rounds when I have accompanied them they have been well received by the mothers and have handled the cases tactfully and made a thorough and helpful visit.

Infant Visiting.

The total number of actual infants visited was ...	774
The total visits to infants numbered ...	5731
The total visits to children between 1 and 5 was	5957

Ante-natal Visiting.

(Comprising advice on diet, etc., and supervision).	
Actual number of expectant mothers seen was ...	445
The number of visits paid was ...	1967

Maternity Cases.

No. of cases dealt with as a midwife	...	155
No. of cases dealt with as a maternity nurse with a doctor	... ..	266

These figures represent an immense amount of labo-
rious and courageous work on the part of our nurses, when
the roughness of the country is remembered, the scattered
population and the long distances, and, in addition, the
very real probability of encountering dangerous cattle,
dogs, etc., in approaching lonely farmhouses.

The Child Welfare Centres.

At the Child Welfare Centres the nurses are invaluable. There are now 10 Centres; one of these, at Brough,
has had to be carried on without a nurse until the end of
this year.

The number of attendances at Clinics by nurses during
the year was 97. The number of children seen was
386, and the number of attendances of children was 1,920.
These figures are very satisfactory, and indicate that the
mothers are co-operating in the health campaign.

The nurses' influence in bringing the mothers to the
Clinic is a great asset, as is also their reliability in weigh-
ing accurately, their patience in dealing with the mothers,
and in following up the cases at home when necessary.
Their dependable regularity in attending the Clinics, in
spite of busy times and frequently after having been up all
night at a case, deserves the highest appreciation, and I
am very grateful for their help at these Centres.

A new Clinic is to be started shortly in Tebay, where
the bulk of the population is within reach of the Centre
and the Health Visiting is very heavy for the nurse.

These Centres are for teaching mothercraft and for
detecting early abnormalities. They are all run by volun-
tary committees, and the Medical Officers of the County
Health Authority are deeply grateful to these ladies who
assist in this valuable work.

All our nurses are now not only doing the regular
work of a district nurse, but are maintaining the high
standard required of the Health Visitor of today. In the

county districts where there are no Clinics the work is harder for the nurse, but is carried out well and thoroughly. The nurses are anxious to keep up to date with every step of progress in preventive medicine, and are all very appreciative of the monthly health magazine which they now receive, thanks to the County Nursing Association. Many letters and expressions of gratitude have been received.

The standard of Health Visiting and reporting is improving to a marked degree.

We regret the retiral of Nurse Littlejohn, of Wither-slack. She has always been an excellent and conscientious nurse and health visitor and a good co-operator. For some time now she has found rather trying the distances which she has had to cover, in all weather, on foot or bicycle. She has devoted many long, hard years to the profession of district nursing."

In addition to the foregoing, the figures for the Borough of Kendal, as kindly supplied by Dr. Cockill, the Medical Officer of Health of the Westmorland Combined Districts, are added as follows:—

**BOROUGH OF KENDAL MATERNITY AND CHILD WELFARE
CENTRE.**

No. of times the Centre has been open	...	51	
No. of babies under one year attending	...	118	
No. of children 1 to 5 years attending	...	121	
			239
No. of consultations for babies	...	1409	
No. of consultations for children	...	900	
No. of consultations for mothers	...	233	
No. of consultations for expectant mothers	...	168	
			2710
Average no. of babies attending per session	...	27.6	
Average no. of children attending per session...	...	17.9	
Average no. of mothers attending per session...	...	4.5	
Average no. of expectant mothers attending per session	...	3.3	
			53.3
No. of expectant mothers admitted to Hospital under the Maternity and Child Welfare Act		13	

Summary of Nurses Petersen and Metcalfe's Work.

First visits to infants under 12 months	...	202	
Subsequent visits	...	1322	
Visits to children 1—5 years of age	...	629	
First visits to expectant mothers	...	64	
Subsequent visits	...	143	
Still-birth enquiries	...	7	
Infant death enquiries	...	14	
Attendance at Centre	...	48	
Visits to Institutions	...	12	
		—	2441

Summary of Nurse Hughes' Work.

Visits to cases of Ophthalmia Neonatorum	...	23	
Visits to cases of Puerperal Pyrexia	...	16	
		—	39

CHILDREN ACT, 1908—PART I.**Infant Life Protection.**

The infant protection visitors are the various district nurses, acting under the direction of Dr. Wright.

The nurses report quarterly, on special forms, as to the care of the infants and furnish interim reports on any circumstances calling for immediate investigation.

The nurses have proved themselves tactful and vigilant visitors. In the County during 1934 the figures were as follows:—

No. of persons receiving children for reward at the end of 1934	...	...	...	...	20
No. of children on the Register:—					
(1) At the end of the year	...	...	...	...	22
(2) Who died during the year	...	...	...	...	—

Three children were returned to the care of relatives. Three children were transferred to the care of other foster-mothers in Westmorland and one in Cumberland.

It is gratifying to find that the majority of the children were in the charge of worthy foster-mothers who were exercising every care for their wards.

School Children.

The School Medical Service is engaged in child welfare work and is in close touch with the Welfare Centres. In 1934, including the Borough of Kendal, the nurses paid 2,439 visits to the homes in connection with school children. 2,780 children had dental treatment, 6,291 had dental inspection, and 3,650 had medical inspection. Nine children were in-patients at the Westmorland Sanatorium, and 11 were in residence at the Ethel Hedley Orthopaedic Hospital, Windermere. Further details of the work for school children will be found in my Annual Reports as School Medical Officer.

Nursing in the Home.

For this we have to thank the 31 District Nursing Associations for establishing and maintaining a district nursing service which covers most of the County. In addition there is a Nursing Association in the Borough of Kendal employing two nurses.

The County Nursing Association actively encourages the formation of District Nursing Associations so that the services of a nurse in sick-nursing may be available over as much of the County as possible. (See page 17).

MIDWIVES ACT, 1902 & 1918.

Dr. Jessie Wright, the Assistant County Medical Officer of Health, who acts as Inspector of Midwives, reports as follows:—52 notifications of intention to practise in the County were received in 1934. Of these, 34 were from district nurses, 7 from the Maternity Department of the County Hospital, Kendal, 2 from St. Monica's Maternity Home for unmarried mothers at Kendal, and one from the Public Assistance Institution, Kendal. The remaining 8 were midwives in private practice.

The following notifications from midwives were received in 1934:—

Form of notification of sending for medical aid ...	83
" " Still Birth ...	4
" " Artificial Feeding ...	1
" " Laying out dead body ...	9
" " Liability to be source of infection ...	5

THE PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER & PUERPERAL PYREXIA) REGULATIONS, 1926.

Under the above Regulations there were notified in the County (including the Borough of Kendal) in 1934, 5 cases of Puerperal Fever and 4 cases of Puerperal Pyrexia.

MATERNAL MORTALITY.

In 1934 there were 2 deaths from Puerperal Sepsis and 1 death from other Puerperal causes, making a rate per 1,000 total births of 2.1 for the former and 1.05 for the latter causes. The total rate is 3.17 per 1,000 total births, that for England and Wales being 4.41.

The high rate which has obtained in this County in past years has been the constant concern of your Committee. As has been recorded in previous reports, your Committee has directed every effort to secure the reduction of this rate by encouraging, with the help of the County Nursing Association and substantial annual payments, the establishment of additional District Nursing Associations employing nurse-midwives, by arranging for these nurses to attend, in relays, post-certificate courses in midwifery, by increasing the number of maternity and infant centres, by extending ante-natal supervision, by the supply of milk to expectant mothers, and by meeting the cost in necessitous cases of the maintenance of mothers at the Maternity Department of the County Hospital, Kendal.

The very helpful visits of Dr. Isabella Cameron and Dr. Maitland, of the Ministry of Health, fall to be recorded in my report for 1935.

NURSING HOMES REGISTRATION ACT, 1927.

In 1934 there were 7 registered Homes, of which 6 were for maternity and general nursing and 1 for maternity only. These Homes are regularly visited and inspected by Dr. Wright, and all were found to be conducted and staffed satisfactorily.

CO-OPERATION WITH THE NATIONAL HEALTH INSURANCE.

The County Council appoints 5 representatives as members of the County Health Insurance Committee. The

Chairman of the Medical Service Sub-Committee, as of the Pharmaceutical Sub-Committee, is a member of the County Council, viz., the Rev. W. King.

Representatives of the County Health Committee and of the County Insurance Committee are members of the Governing Body of the Westmorland Sanatorium at Meathop.

Again, the County Sanatorium Benefit Sub-Committee, consisting of 7 members of the County Council and of 3 members appointed by the County Insurance Committee, is in close co-operation with the work of the National Health Insurance. This Sub-Committee takes a practical and sympathetic interest in the welfare of the patients.

PUBLIC ASSISTANCE MEDICAL RELIEF.

For Public Assistance administration the County consists of two areas, South Westmorland and North Westmorland. During 1934 there was one change in the personnel of the District Medical Officers, viz.: Dr. A. E. Ainscow taking the place of Dr. King in the Temple Sowerby district.

NUTRITION.

Westmorland has been relatively free from unemployment as compared with other areas. A close watch has been, and is being, kept by the School Medical Service on the question of nutrition of the school children. As School Medical Officer I was able to report to the County Education Committee that I had not found evidence of an increase of impaired nutrition among the children inspected. The subject of nutrition has been dealt with in our health talks in 1934. See page 47.

LABORATORY FACILITIES.

There has been no change in these facilities during the year. The Laboratory maintained by the Westmorland United Districts under the direction of Dr. Cockill, the Medical Officer of Health of the United Districts, continues its very useful work. Dr. Cockill kindly furnishes a report on the work undertaken in 1934. (See page 28).

At the Westmorland Sanatorium, Meathop, sputum is examined for the Tubercle Bacillus.

Under the Public Health (V.D.) Regulations, blood and specimens are examined at the Public Health Laboratory, Manchester University.

Samples of milk are examined for the bacterial count and for the Tubercle Bacillus at the Pathological Laboratory, Cumberland Infirmary, Carlisle.

Analyses in respect of the Sale of Food and Drugs Acts were conducted by the County Analyst at his Laboratory at Darlington.

LABORATORY REPORT, 1934.

DISTRICT.	Diphtheria.	Enteric Fever.	Paratyphoid.	Tubercle (Sputum).	Gonococcus.	Organisms.	Meningococcus.	Blood.		Vaccine Culture.	Urine.			Water.		Milk.		TOTALS.
								Diseases.	Organisms.		Bacilluria.	Glycosuria.	Deposit.	Analysis.	B. Coll.	Bacterial Count.	B. Coll.	
URBAN.																		
Ambleside	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Appleby	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Grasmere	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Kendal	25	8	1	8	5	9	-	9	1	-	10	1	-	2	24	27	27	374
Kirkby Lonsdale	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Shap	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	3
Windermere	29	-	-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	31
RURAL.																		
East Westmorland	21	3	-	-	-	-	-	-	-	-	-	-	-	3	4	-	-	31
South Westmorland	63	3	3	-	4	15	-	15	1	-	5	-	-	10	10	10	11	135
West Ward	13	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	14
TOTALS	386	14	4	9	9	-	-	25	2	-	15	1	-	16	40	37	38	596

HOSPITAL ACCOMMODATION.

A detailed account was given in my report for 1930 of the various hospitals and institutions available for the infectious sick, for medical surgical patients, for maternity cases, for the treatment of tuberculosis, and for mental illness.

Your Committee has been in conference with the Local Health Authorities concerning the reorganisation of isolation hospital accommodation in the County.

The Institutional Provision for the Care of Mental Defectives remains as detailed in my report for 1933.

The Cumberland and Westmorland Voluntary Mental Welfare Association, whose Chairman is the Lady Mabel Howard, continues to do work of the greatest value not alone in ascertainment but in advising and encouraging the parents and guardians of the mental defectives. Miss Moclair, the Organising Secretary, and her staff are devoted workers over their wide area. Many parents have expressed to me their appreciation of Miss Moclair's help and guidance. Increasing co-operation with Child Guidance Clinics has marked the year's work.

ORTHOPÆDIC TREATMENT.

Westmorland is fortunate in having available, thanks to the generosity of Mr. O. W. E. Hedley, of Briery Close, Windermere, an excellently equipped Orthopaedic Hospital which is approved by the Board of Education as a Hospital School. Here children below school age are sent under the Maternity and Child Welfare Scheme, children of school age by the Education Committee, and children suffering from Surgical Tuberculosis under the County Tuberculosis Scheme.

There are after-care clinics at which a team of experts from the Hospital attend, at Kendal, Penrith, and at the Hospital Out-patient Department.

In 1934, 11 children received residential treatment and 42 children attended the after-care clinics.

AMBULANCE FACILITIES.

These facilities still remain in the efficient and ever-ready condition as described in previous reports.

The whole community is indeed indebted to the self-sacrificing service of the men and women officers of the St. John Ambulance Divisions under the able and experienced guidance of Dr. Cockill, Commissioner for the N.W. area of the St. John Ambulance Association. The Windermere Division has recently provided a new motor ambulance of the most up-to-date construction.

THE HOUSING (RURAL AUTHORITIES) ACT, 1931.

Mr. Corbett, the County Housing Inspector, reports that in pursuance of the above-named Act, the following works were carried out in 1934:—

1. Conversion of barn into dwelling house at Great Asby for which a grant of £100 was made.
2. Two cottages at Yanwath reconditioned. Grant £150.
3. Two cottages at Sockbridge reconditioned. Grant £150.
4. A cottage and barn at Sockbridge for reconditioning and conversion. Grant £200.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The Analyst for the County (excluding the Borough of Kendal) is Mr. C. J. H. Stock, B.Sc., F.I.C. The collection of the samples is in the hands of the County Police.

The County Analyst kindly furnishes the following report for 1934:—

1. During the 12 months ended 31st December, 1934, I have analysed 71 samples of food and drugs submitted by the Inspectors appointed under the Food and Drugs (Adulteration) Act, 1928, for the County of Westmorland, viz.:—

From the Appleby Division	...	35
From the Kendal Division	...	36
		—
		71
		—

The number of samples shows a decrease of 7 as compared with the number submitted during the year 1933.

2. The result of the analysis of these samples is briefly summarised in the following table, from which an indication of the action taken in connection with those samples which were found not to be of genuine quality is shown:—

No. of milk samples submitted	...	...	46
No. of samples of other articles	...	...	25
			—
	Total	...	71
			—
No. of samples adulterated or below standard...			5
No. of genuine samples below standard	...		1
No. of samples of doubtful quality	...		0
No. of samples taken in course of delivery (reference)	...	...	0
No. of samples taken on appeal to the cow	...		1
No. of persons cautioned	...	...	0
No. of persons summoned	...	...	0
No. of persons convicted	...	...	0
No. of cases in which no action was taken	...		6
No. of cases pending at end of year	...		0
Amount of fines	...	...	None
Amount of costs	...	...	None

3. The percentage of adulteration for the year is 7.14; for the 12 months ended the 31st December, 1933, it was 11.84. All samples which have been reported otherwise than of genuine quality are included, but appeal samples and reference samples are not included. Samples which have been found to be below standard, but actually as of genuine quality, have been treated as genuine for the purposes of the report.

4. Of the 46 samples of milk submitted during the year, 5 have been returned as being adulterated or below standard, and 1 sample which was slightly below standard in non-fatty solids was shown to be of genuine quality by the application of the freezing point test.

In connection with the samples which were definitely below standard, 1 appeal sample was submitted which

proved to be of genuine quality. The sample to which this referred contained only 1.68 per cent. of fat.

The average composition of the 39 samples which complied with the limit set up in the Sale of Milk Regulations, 1901, was:—

Non-fatty solids	...	...	8.90%
Fat	...	...	3.80%

For the previous 12 months the average figures for 42 genuine samples were:—

Non-fatty solids	...	...	8.86%
Fat	...	...	3.61%

From these figures it may be judged that the general quality of the milk produced in the County is of satisfactory quality, and these figures also show that a Fat content of 1.68 per cent., which was found in one of the samples returned as being below standard, and which gave on appeal to the cow 3.40 per cent. of Fat, requires explanation.

All samples which have been submitted during the year have been found to be free from the presence of visible dirt, but it should be noted that that circumstance is by no means an index of the cleanliness of the milk supply, as it may be quite possible to produce milk under exceedingly unsatisfactory conditions, while the milk itself, although exhibiting no visible proof of contamination, may contain invisible evidence of contamination in the shape of organisms which can only be detected by bacteriological tests.

The 5 samples reported as being below standard were all deficient in Fat, the greatest deficiency in which occurred in the sample referred to above; the other four samples did not disclose figures which warranted the institution of proceedings.

The percentage of adulteration for milk during the past year is 11.11; in arriving at this figure the sample which was below standard in non-fatty solids, but which was found to be actually of genuine quality, is excluded from the number of samples falling below standard, as is also the appeal sample which was taken.

5. Other Samples.

Articles other than milk submitted for analysis during the year were represented by 25 samples representing 15 different articles, all of which were recognised household commodities.

The following table indicates the nature of the article sampled:—

Bicarbonate of Soda	...	1
Butter	...	2
Cheese	...	1
Cream of Tartar	...	2
Fish Paste	...	1
Flour, Self-raising	...	1
Ice Cream	...	3
Jam	...	1
Margarine	...	1
Raisins and Sultanas	...	2
Sausage	...	3
Spice, Mixed	...	1
Suet, Shredded	...	4
Tea	...	1
Vinegar	...	1

In each case the samples of foodstuffs complied with the requirements of the Food and Drugs (Adulteration) Act, 1928, in every particular, including a sample of Sultanas and one of preserved Sausage, containing sulphur dioxide, the proportions of which were in accordance with the (Preservatives, etc., in Food) Regulations.

The samples of Bicarbonate of Soda and of Cream of Tartar, which, although frequently used in the preparation of foodstuffs, are more properly described as drugs, did not differ from the standard laid down for these articles in the British Pharmacopoeia, ed. 1932.

6. Generally speaking, the work over the past 12 months has shown that, so far as the sampling reflects the general condition, there has been no gross adulteration of the commodities supplied to the public.

(Signed) CYRIL J. H. STOCK.

In the Borough of Kendal the Analyst is Mr. W. H. Roberts, M.Sc., F.I.C., Liverpool. The Borough Sanitary Inspector is the Inspector under this Act.

The Medical Officer of Health in his annual report for 1934 for the Borough of Kendal supplies the following information:—

Article.	No. of Sample.	Result.	Remarks.
MILK	34	Genuine.	
MILK	1	2.72% Milk Fat. 8.72% Non-Fatty Solids.	Deprived of 9% of its milk fat. Informal sample. Further samples satisfactory.
MILK	1	2.80% Milk Fat. 8.29% Non-Fatty Solids.	Deprived of 6% of its milk fat, also deficient in non-fatty solids. Vendor warned. Further samples proved satisfactory.
MILK	1	2.60% Milk Fat. 9.14% Non-Fatty Solids.	Deprived of 13% of its milk fat. Informal sample. Subsequent samples in order.
MILK	1	2.85% Milk Fat. 8.72% Non-Fatty Solids.	Deprived of 5% of its milk fat. Informal sample. Further samples in order.
MILK	1	2.79% Milk Fat. 8.83% Non-Fatty Solids.	Deprived of 7% of its milk fat. Informal sample. Further samples in order.
MILK	1	2.37% Milk Fat. 9.23% Non-Fatty Solids.	Deprived of 21% of its milk fat. Legal proceedings taken. Case dismissed.
MILK	1	2.52% Milk Fat. 9.28% Non-Fatty Solids.	Deprived of 16% of its milk fat. Formal sample see below.
MILK	1	2.80% Milk Fat. 8.95% Non-Fatty Solids.	Deprived of 6% of its milk fat. Formal sample taken at place of delivery. Vendor warned.
PEPPER	2	Genuine.	
MARGARINE ..	3	"	
GROUND ALMONDS	2	"	
JAM	3	"	
BREAD & BUTTER	1	"	
CONDENSED MILK	1	"	
BUTTER	1	"	Correctly labelled. Slightly rancid and probably imperfectly mixed butter.
BUTTER	1	"	
RICE	1	"	
CREAM	2	"	
TRIPE	2	"	
LARD	1	"	
DRIPPING ..	1	"	
BLOATER PASTE..	1	"	
TINNED CREAM ..	2	"	
TINNED PEAS ..	2	"	Free from added copper salts.
DANISH BUTTER	1	"	
COCOA	1	"	
GINGER	1	"	
SAUSAGES ..	11	"	
COFFEE	5	"	
COFFEE	1	Not Genuine.	Mixture of coffee and chicory. (29%). Informal.
COFFEE	1	Contained foreign ingredient, viz. :— 25% chicory.	Formal sample. Vendor warned in future to disclose contents of admixture prior to sale.
89			

The highest fat content was 4.60 per cent., and the highest non-fatty content was 9.65 per cent.

The average percentage of milk fat and non-fatty solids in all milks (genuine and non-genuine) was 3.45 and 8.97 per cent. respectively.

PUBLIC HEALTH (MILK & CREAM) REGULATIONS, 1912.

		No. of samples examined for presence of preservatives.	No. of samples in which preservative was found to be present.
Milk	...	42	Nil
Cream	...	4	Nil

Notifiable Diseases (Other than Tuberculosis) During the Year 1934.

Age.	Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever, including Paratyphoid.	Puerperal Fever	Puerperal Pyrexia.	Pneumonia.	Erysipelas.	Ophthalmia Neonatorum.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Poliomylitis.
Under 1 year ..	—	—	—	—	—	—	4	—	9	—	1	—
1 " ..	—	1	2	—	—	—	1	—	—	—	1	—
2 " ..	—	5	—	—	—	—	5	—	—	—	1	—
3 " ..	—	7	2	—	—	—	3	—	—	—	—	—
4 " ..	—	13	3	—	—	—	1	—	—	—	—	—
5 " ..	—	43	13	—	—	—	5	—	—	—	—	—
10 " ..	—	36	10	—	—	—	4	2	—	—	—	—
15 " ..	—	8	2	—	1	—	1	1	—	—	—	—
20 " ..	—	10	3	1	3	2	10	4	—	1*	—	—
35 " ..	—	2	—	1	1	2	4	4	—	—	—	—
45 " ..	—	3	2	1	—	—	12	10	—	—	—	1
65 and over ..	—	—	—	—	—	—	9	5	—	—	—	—
Total Cases notified ..	—	128	37	3	5	4	59	26	9	1	3	1
Cases admitted to Hospital ..	—	106	34	3	2	—	—	2	3	—	2	1
Total Deaths ..	—	1	5	1	1	1	16	1	—	—	2	1

NOTIFIABLE DISEASES, 1934.

Disease.	Ambleside.	Appleby.	Grasmere.	Kendal.	Kirkby Lonsdale.	Shap.	W'mere.	E. West'd.	S. West'd.	W. Ward.	Total 1934.	Average Notified 1926-30.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	26	—	—	1	2	3	5	37	24
Scarlet Fever	1	12	5	20	1	1	1	19	59	9	128	175
Enteric Fever	—	—	—	1	—	—	—	1	1	—	3	2
Erysipelas	1	3	—	8	—	—	1	4	5	4	26	23
Pulmonary Tuberculosis	2	2	3	25	—	2	3	4	15	1	57	56
Other forms of Tuberculosis	1	—	—	8	—	1	1	9	2	—	22	14
Pneumonia	1	3	—	2	—	1	3	31	6	12	59	94
Encephalitis Lethargica	—	—	—	1	—	—	—	—	—	—	1	4
Cerebro-Spinal Fever	—	—	—	1	—	—	—	—	2	—	3	4
Poliomyelitis	—	—	—	—	—	—	—	—	1	—	1	1
Puerperal Pyrexia	1	1	—	—	—	—	1	1	—	—	4	(1927-1930) 6
Puerperal Fever	—	—	—	4	—	—	—	—	1	—	5	3
Ophthalmia Neonatorum	—	1	—	4	—	1	—	2	—	1	9	1

[illegible]

NOTIFIABLE DISEASES.

A table will be found on page 36 dealing with the incidence of these diseases during 1934.

There has been an increase in the incidence of Diphtheria in the Borough of Kendal in 1934 as compared with recent years. This did not amount to epidemic magnitude. It was carefully watched by the Medical Officer of Health in view of the prevalence of Diphtheria in other neighbouring parts of England.

BLIND PERSONS ACT, 1920.

This Act is administered by a Committee appointed under a Scheme of date January 1st, 1932.

On page 5 will be found the names of the members of this Committee and by whom they are nominated.

The examination and certification previous to the registration of a blind person is in the capable and experienced hands of Dr. Wright, the Assistant County Medical Officer.

The Barrow and District Society for the Blind, through its Secretary, Captain F. H. Robinson, and its teachers for the blind, renders most valuable help in all pertaining to the welfare of the blind.

The number of blind persons resident in the administrative County on the Register at the end of 1934 was 76.

The Specialist Referee appointed for this area is Dr. C. Alston Hughes, of Rodney Street, Liverpool. He knows the County intimately, is known to many Westmorland residents, and his appointment was warmly welcomed.

PREVENTION OF BLINDNESS.

Ophthalmia Neonatorum.

In 1934, 9 cases of this disease were notified. The infants were treated at home successfully. No impairment of vision resulted.

TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1934:—

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ..	—	1	—	—	—	1	—	—
1— ..	—	—	1	1	—	—	—	1
5— ..	3	3	5	2	—	—	1	—
10— ..	—	—	—	—	—	—	—	—
15— ..	7	7	2	5	4	6	1	4
20— ..	—	—	—	—	—	—	—	—
25— ..	5	10	1	—	—	2	—	1
35— ..	5	2	1	1	2	1	—	—
45— ..	3	3	1	—	3	2	—	—
55— ..	1	3	—	1	—	1	—	2
65— ..	2	2	—	—	4	1	—	—
TOTALS ..	26	31	11	10	13	14	2	8

Total Notifications.	Year 1934.	Average 1926-30.	Average 1921-25.
Pulmonary ...	57	56	81
Non-Pulmonary ...	21	14	17
Total Deaths.			
Pulmonary ...	27	33	35
Non-Pulmonary ...	10	8	9

In 1934, 55 patients suffering from Tuberculosis and 7 observation cases were admitted to the Westmorland Sanatorium, Meathop. Seven patients suffering from Surgical Tuberculosis were admitted as follows:—

To the Ethel Hedley Orthopaedic Hospital ...	4
To Leasowe Hospital	1
To Wrightington Hospital	1
To Oswestry Hospital	1

There were 5 deaths registered of persons who had not previously been notified as suffering from Tuberculosis. The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is as 1 to 7.4.

The report which follows (page 40) has been prepared by Dr. J. Munro Campbell, the Clinical Tuberculosis Officer, who is also Medical Superintendent of the Westmorland Sanatorium, Meathop. His report deals with the work done in 1934 as to institutional, dispensary and domiciliary treatment and supervision, and records the help afforded by the district nurses as health visitors. He again appreciates the cordial co-operation of the doctors practising in the County, and invites their continued help in extending his examination of "contacts."

In his report as Medical Superintendent, Dr. Munro Campbell refers to the building extensions which include a new dining hall, four two-bed wards, a bathroom and a "quiet" room. With regard to the X-Ray plant he reports as follows:—"The Chairman of the Governors, H. Leigh Groves, Esq., whose deep interest in our Sanatorium is well known, has most generously offered to finance personally the modernisation of our X-Ray department. So we look forward with gratitude to having before long an entirely up-to-date X-Ray plant." I am sure we all wish to thank the Chairman of the Governors for this generous action. With a thoroughly up-to-date X-Ray installation, and in view of the modern methods of treatment carried out at the Sanatorium, we have the fullest confidence in the Medical Superintendent and his staff.

**CLINICAL TUBERCULOSIS OFFICER'S REPORT,
THE YEAR 1934.**

Dispensaries.

Fellside School, Kendal—Every Friday, 11 a.m. to 12 noon.

Fellside School, Kendal—1st Tuesday in each month, 6 p.m. to 7 p.m.

Briardene, Appleby—1st Saturday in February, May, August and November, from 1-30 p.m. to 3 p.m.

Meathop, Grange-over-Sands—By appointment.

Consultations are carried out at any time, by arrangement.

The Tuberculosis scheme for the County of Westmorland is administratively controlled by the County Medical Officer of Health, and the clinical work is carried out by the Medical Superintendent of Westmorland Sanatorium for whose services the County Council pay the Governors of the Sanatorium.

Instead of any special Tuberculosis nurses, the work of visiting tuberculous patients in most cases rests with the district nurses in the area concerned, and these nurses send in quarterly reports on the condition of the patients in their district, and when required visit the patients along with the Tuberculosis Officer. In my opinion these district nurses carry out their duties very satisfactorily; they are in close contact with the "life" of the district, and these visits, owing to the wide nature of their duties, are unobtrusive and not labelled "tuberculous." I wish to thank all for their continued support and good work, and especially Nurses Hinde and Dowen, who, in addition to their district duties, help me at the Kendal and Appleby Dispensaries.

The Table XI on the following pages is from the official Ministry of Health Form 145, and shows particulars of the work done during the year. The figures generally do not show much change to the previous year, but in regard to "contacts," though 11 higher than last year, the number is still too low, and I would be grateful of the further co-operation of the practitioners in the County for examining as many contacts as possible, and their support in getting rid of the feeling of suspicion that such a suggestion still

tends to generate. At the same time, I would acknowledge the friendly spirit of all of the profession with whom I come in contact, and with whom I find great pleasure in working.

There has been increased use of Meathop as a dispensary centre for new cases, and this is a decided advantage in that an X-Ray can be taken at the time and does not entail a separate arrangement, as when a case is seen elsewhere.

Table XI.

Diagnosis.	Pulmonary.				Non-pulmonary.				Total.				Grand Total
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts):													
(a) Definitely tuberculous ..	16	29	3	2	4	5	4	1	20	34	7	3	64
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	1	3	1	—	5
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	31	23	7	3	64
B.—Contacts examined during the year:—													
(a) Definitely tuberculous ..	3	1	1	1	—	—	—	—	3	1	1	1	6
(b) Diagnosis not complete ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	11	9	7	15	42
C.—Cases written off the Dispensary Register as													
(a) Recovered ..	3	5	1	—	—	—	1	2	3	5	2	2	12
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	43	36	14	19	112
D.—Number of Persons on Dispensary Register on Dec. 31st:—													
(a) Definitely tuberculous ..	90	79	14	10	12	14	12	8	102	93	26	18	239
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	1	3	1	—	5

1. Number of cases on Dispensary Register on January, 1st 220	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 5
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" 14	4. Cases written off during the year as Dead (all causes) 24
5. Number of attendances at the Dispensary (including Contacts) 305	6. Number of Insured Persons under Domiciliary Treatment on the 31st December 5
7. Number of consultations with medical practitioners: (a) Personal 54 (b) Other 57	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) 299
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes 1207	10. Number of :— (a) Specimens of sputum, examined 103 (b) X-Ray examinations made 90 in connexion with Dispensary work.
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above .. 1	12. Number of "T.B. plus" cases on Dispensary Register on December 31st .. 100

On the inset table will be seen the results of County of Westmorland patients who had sanatorium treatment at Meathop. There were also cases at Ethel Hedley Hospital, Windermere; Owestry; and Wrightinton Hospital, Parbold.

JLK 61657

The results of treatment of the Westmorland patients are shown in Table XII and expresses the condition on discharge.

Table XII.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.													Total.	Less than 28 days.		
			Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.							
			M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch					
Pulmonary Tuberculosis	Class T.B. minus. 12 cases.	Quiescent	-	1	-	-	2	4	1	-	1	-	-	-	9	-	-	-	
		Not Quiescent	3	-	-	1	1	-	-	-	-	-	-	-	5	-	-	-	
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Class T.B. plus Group 1. 2 cases.	Quiescent	-	-	-	1	-	-	1	-	-	-	-	-	2	-	-	-	
		Not Quiescent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Class T.B. plus Group 2 25 cases.	Quiescent	-	-	-	1	1	-	1	1	-	-	-	-	4	-	-	-	
		Not Quiescent	-	1	-	1	5	-	5	2	-	-	2	-	16	-	-	-	
		Died in Institution ..	-	-	-	-	-	-	2	2	-	-	1	-	5	-	-	-	
	Class T.B. plus Group 3 6 cases. + 2.	Quiescent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not Quiescent	-	-	-	2	1	-	-	-	-	-	1	-	4	-	-	-	
		Died in Institution ..	1	-	-	-	-	-	-	1	-	-	-	-	2	2	-	-	
Non-Pulmonary Tuberculosis	2 cases. + 1.	Quiescent	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-		
		Not Quiescent	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1	
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL ..															49	2	-	1	

OBSERVATION CASES.

Table XIII.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Tuberculous ..	-	-	1	-	-	1	-	-	-	-	-	-	-	-	2
Non-Tuberculous	-	1	-	1	-	1	-	-	-	-	-	-	1	1	1
Doubtful	-	1	-	-	-	1	-	-	-	-	-	-	-	1	1
Totals	-	2	1	1	-	3	-	-	-	-	-	-	1	2	4

Table XIV.

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year	Died in the Institution	In Institutions on Dec. 31.
Number of Patients.	Adults	M.	16	17	18	5	10
		F.	11	26	18	4	15
	Ch'd'n		4	5	7	—	2
Number of Observation Cases.	Adults	M.	—	1	1	—	—
		F.	—	2	2	—	—
	Ch'd'n		—	4	4	—	—
Total			31	55	50	9	27

Dental treatment carried out on patients admitted to the Sanatorium is shown in the following table:—

Table XV.

				1933.
Extractions	..	..	..	109
Fillings	..	..	..	1
Scalings	..	..	..	1
Dentures Repaired	..	..		5
Dentures (part) supplied	}		..	17
Dentures (full) supplied				
Consultations	..	..		68
No. of patients treated				25

Of the nine shelters belonging to the Westmorland County Council only one has been changed in site during the year, viz., from Bonningate to Storth End. The others remain at Arnside, Askham, Bowness, Brampton, Grasmere, Heversham, Milnthorpe and Yanwath. All have been maintained in good condition.

In conclusion I would thank Dr. W. E. Henderson, the County Medical Officer, and the members of his department for their ever ready help and co-operation.

BOVINE TUBERCULOSIS.

The Tuberculosis Order, 1925, is carried out by the County Veterinary Inspector, assisted by the County Agricultural Officer and the County Police.

In 1934, 60 animals were destroyed as follows:—

Cows in milk	...	...	27
Other Cows or Heifers	...	...	30
Other Bovines	...	...	3
			—
			60
			—

The total compensation paid in 1934 to owners was £171 2s. 6d.

Mr. Brennan, M.R.C.V.S., the whole-time County Veterinary Inspector, left to undertake a similar post in the County of Lancashire. I thank him for his prompt and efficient help. To Mr. Stinson, M.R.C.V.S., his most capable successor, I extend a cordial welcome.

BACTERIOLOGICAL AND BIOLOGICAL EXAMINATION OF MILK.

The systematic examination of milk samples for the bacterial count and for the presence of *Bacillus Tuberculosis* has been in action since November, 1932. The following figures deal with the period 14th November, 1932, to 31st December, 1934:—

BIOLOGICAL EXAMINATION OF MILK (For the presence of *Bacillus Tuberculosis*).

Period.	Total Cows.	Samples reported on.	T.B.	
			Neg.	Pos.
14-11-32—				
31-12-33	3,774	310	305	5
1-1-34—				
31-12-34	7,177	515	513	2
Total	10,951	825	818	7

BACTERIOLOGICAL EXAMINATION OF MILK

(The Bacterial Count—an Index of Cleanliness).

Period.	Total Cows.	No. of bulk samples.	Organisms per c.c.		Neg. for B. Coli.	B. Coli present in		
			Below 30,000	Above 30,000		10 c.c.	100 c.c.	1000 c.c.
14-11-32—								
31-12-33	5123	405	229	176	184	82	53	86
1-1-34—								
31-12-34	7570	550	256	294	191	121	98	140
Total	12693	955	485	470	375	203	151	226

The above figures show that in the search for the *Bacillus Tuberculosis*, of 825 bulk samples, representing the milk from 10,951 cows, 818 samples were free from the germ of *Tuberculosis*, while 7 samples contained this germ. While we deplore the fact that this germ was found in 7 samples, yet this incidence is low compared with similar investigations in other areas. Immediately on receipt of the Laboratory report on these 7 samples, the County Veterinary Surgeon examined the herds involved, excluded

from the milk herds any suspected cows, took individual milk samples from such cows for "follow up" biological examination and a bulk sample from the rest of the herd. The cows proved to be yielding the *Bacillus Tuberculosis* in their milk were located and destroyed.

As regards the Bacterial Count, the above figures reveal the fact that of 955 bulk samples examined for this count, 485 contained less than 30,000 organisms per c.c. (the limit for Certified Milk, while 200,000 is the Grade "A" limit). 375 samples were negative for *Bacillus Coli*, while 203 samples showed this organism present in 1/10 of a c.c. but not in 1/100 or 1/1000 c.c. In Grade "A" Milk the *Coli* limit is *B.Coli* present in 1/10 c.c. but not in 1/100 or 1/1000 c.c.

These results show what many of our milk producers are achieving when scrupulous care is taken at every stage from the cow to the consumer.

A duplicate copy of the Laboratory report on each sample is passed to the Medical Officer of Health of the Westmorland Combined Districts, who, through the various Sanitary Inspectors, informs the milk producer. Where a high bacterial count is revealed, steps are taken by the milk producer in question to overhaul his methods and secure cleaner milk.

How the Milk Marketing Board's Accredited Milk Scheme came into operation in 1935, was keenly adopted by many milk producers, and how an ad hoc Milk Committee was appointed will be recorded in my Report for 1935.

PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS.

Westmorland patients are treated at the V.D. Clinics at the North Lonsdale Hospital, Barrow-in-Furness; at the Cumberland Infirmary, Carlisle; and occasionally at the Preston Royal Infirmary and at Darlington Clinic.

All applicants, before admission to St. Monica's Maternity Home for unmarried mothers, have the Wassermann test applied. Should any prove positive they are transferred to the Hope Maternity Hospital, Leeds, for appropriate treatment. One such patient and her infant were treated there in 1934.

NATION RETURNS.

No. of these Births which on 31st Jan. 1935 remained unreported in the Vaccination Register, or account only entered in the "Report Book" of			No. of these Births remaining on 31st Jan. 1935, neither duly entered in the "Vaccination Register" (column 8, 9 & 10 of this Return), nor reported in the "Report Book" (column 8, 9 & 10 of this Return).			Total number of certificates and copies of certificates of successful primary vaccination of children under 15 received during the calendar year 1934.			No. of Statutory Declarations of Objection actually received by the V.O. irrespective of the dates of birth of the children to which they relate, during the calendar year 1934.		
Response sent by medical officers to vaccination authorities	Removal to Districts of the vaccinee of which action officers have been duly apprised	Removal to places unknown, or which cannot be reached, and cases not having been found.	Response sent by medical officers to vaccination authorities	Removal to Districts of the vaccinee of which action officers have been duly apprised	Removal to places unknown, or which cannot be reached, and cases not having been found.	Response sent by medical officers to vaccination authorities	Removal to Districts of the vaccinee of which action officers have been duly apprised	Removal to places unknown, or which cannot be reached, and cases not having been found.	Response sent by medical officers to vaccination authorities	Removal to Districts of the vaccinee of which action officers have been duly apprised	Removal to places unknown, or which cannot be reached, and cases not having been found.
412	2	41	412	2	41	412	2	41	412	2	41
50	—	41	50	—	41	50	—	41	50	—	41
52	—	42	52	—	42	52	—	42	52	—	42
53	—	43	53	—	43	53	—	43	53	—	43
54	—	44	54	—	44	54	—	44	54	—	44
55	—	45	55	—	45	55	—	45	55	—	45
56	—	46	56	—	46	56	—	46	56	—	46
57	—	47	57	—	47	57	—	47	57	—	47
58	—	48	58	—	48	58	—	48	58	—	48
59	—	49	59	—	49	59	—	49	59	—	49
60	—	50	60	—	50	60	—	50	60	—	50
61	—	51	61	—	51	61	—	51	61	—	51
62	—	52	62	—	52	62	—	52	62	—	52
63	—	53	63	—	53	63	—	53	63	—	53
64	—	54	64	—	54	64	—	54	64	—	54
65	—	55	65	—	55	65	—	55	65	—	55
66	—	56	66	—	56	66	—	56	66	—	56
67	—	57	67	—	57	67	—	57	67	—	57
68	—	58	68	—	58	68	—	58	68	—	58
69	—	59	69	—	59	69	—	59	69	—	59
70	—	60	70	—	60	70	—	60	70	—	60
71	—	61	71	—	61	71	—	61	71	—	61
72	—	62	72	—	62	72	—	62	72	—	62
73	—	63	73	—	63	73	—	63	73	—	63
74	—	64	74	—	64	74	—	64	74	—	64
75	—	65	75	—	65	75	—	65	75	—	65
76	—	66	76	—	66	76	—	66	76	—	66
77	—	67	77	—	67	77	—	67	77	—	67
78	—	68	78	—	68	78	—	68	78	—	68
79	—	69	79	—	69	79	—	69	79	—	69
80	—	70	80	—	70	80	—	70	80	—	70
81	—	71	81	—	71	81	—	71	81	—	71
82	—	72	82	—	72	82	—	72	82	—	72
83	—	73	83	—	73	83	—	73	83	—	73
84	—	74	84	—	74	84	—	74	84	—	74
85	—	75	85	—	75	85	—	75	85	—	75
86	—	76	86	—	76	86	—	76	86	—	76
87	—	77	87	—	77	87	—	77	87	—	77
88	—	78	88	—	78	88	—	78	88	—	78
89	—	79	89	—	79	89	—	79	89	—	79
90	—	80	90	—	80	90	—	80	90	—	80
91	—	81	91	—	81	91	—	81	91	—	81
92	—	82	92	—	82	92	—	82	92	—	82
93	—	83	93	—	83	93	—	83	93	—	83
94	—	84	94	—	84	94	—	84	94	—	84
95	—	85	95	—	85	95	—	85	95	—	85
96	—	86	96	—	86	96	—	86	96	—	86
97	—	87	97	—	87	97	—	87	97	—	87
98	—	88	98	—	88	98	—	88	98	—	88
99	—	89	99	—	89	99	—	89	99	—	89
100	—	90	100	—	90	100	—	90	100	—	90

VACCINATION RETURNS.

Registration Sub-Districts comprised in the Vaccination Officer's District.	No. of Births returned in the "Birth List Sheets" as registered from 1st Jan. to 31st Dec. 1933.	No. of these Births duly entered by 31st Jan., 1935, in Columns I, II, IV & V of the "Vaccination Register" (Birth List Sheets), viz. :—					No. of these Births which on 31st Jan., 1935, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			No. of these Births remaining on 31st Jan., 1935, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 & 7, of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 & 10 of this Return).	Total number of certificates and copies of certificates of successful Primary vaccination of children under 14 received during the calendar year 1934.	No. of Statutory Declarations of Conscientious Objection actually received by the V.O. irrespective of the dates of birth of the children to which they relate, during the calendar year, 1934.
		Col. I. Successfully vaccinated.	Col. II. Insusceptible of Vaccination.	Had Small-pox.	Col. IV. No. in respect of whom Statutory Declarations of Conscientious objection have been received.	Col. V. Died unvaccinated.	Postponement by medical certificate.	Removal to Districts the vaccination officers of which have been duly apprised	Removal to places unknown, or which cannot be reached, and cases not having been found.			
Milnthorpe ..	95	65	—	—	19	6	2	2	1	—	92	21
Ky. Lonsdale	53	26	—	—	18	5	—	—	—	4	30	12
Ambleside ..	118	63	1	—	39	4	1	1	—	9	79	43
Kendal ..	327	72	5	—	171	25	3	6	3	42	92	161
Lowther ..	53	25	—	—	22	2	—	—	—	4	25	17
Morland ..	62	11	—	—	41	5	—	—	1	4	25	33
Appleby ..	74	22	—	—	48	1	3	—	—	—	33	49
Ky. Stephen	46	16	—	—	28	1	—	—	1	—	22	37
Orton ..	41	11	—	—	28	1	—	—	1	—	14	27
	869	311	6	—	414	50	9	9	7	63	412	400

During 1934, 93 blood specimens were sent to the Public Health Laboratory, Manchester, of which 12 were positive and 81 negative; and in addition 5 specimens were examined for Gonococcus, of which 1 was positive and 4 were negative. Thirteen patients underwent treatment at the Clinics in 1934.

VACCINATION ACTS.

On the inset facing this page will be found a summary of the returns of the Vaccination Officers. There were 17 Public Vaccinators (see page 5 inset) and 4 Vaccination Officers in 1934.

HEALTH EDUCATION.

In this important section of Public Health work we try to interest people in the art of heathy living—the positive side of the picture. We find that a good many folk still talk and think overmuch about the horrors of disease and forget the splendours of health.

Modern health teaching, especially for the young, is concerned very largely with the positive side of the picture. The nightmare posters of germs crawling over shut windows and over the baby's dummy have been replaced by the brightly-coloured posters issued by the Health and Cleanliness Council showing what clean air and clean habits can effect.

The Board of Education Syllabus on Health and Hygiene is taught in our schools, and medical inspection day is rounded off by a talk on health by Dr. Wright or myself. The adolescent who happens to be a Scout, Rover Scout or a Guide or Ranger, is trained in health habits, and when qualifying for the Health Badge is examined on this subject by Dr. Wright or myself. Dr. Chapman very kindly organised a series of lectures and demonstrations for the Windermere Rangers on subjects connected with personal and communal health.

As for the adults, thanks to the widespread organisation of the Women's Institute in this County, whereby a ready-made audience is provided for us, we have been able to hand on health news as hitherto. The subjects dealt with have been "Food Values," "Health in the Home," "Child Guidance," "Care of the Teeth," "Clean

Milk," "Care of the Eyes," "The right behaviour of grown-ups in the presence of children," etc., etc. In this work, which involves much evening work, sometimes over snowy roads, with fog as the worst enemy, Dr. Wright and Mr. Irvine, the County School Dental Surgeon, have most ably helped me.

In 1934 we had a return visit from the Lecturers of the Dental Board (with their travelling exhibition). The children in the schools visited were much interested, as were the teachers, in these helpful and fascinating demonstrations on the care of the teeth.

We are grateful to the Health and Cleanliness Council and to the Dental Board for the free supply of their excellent posters.

The Dental Board once again deserve our thanks for giving us the privilege of these demonstrations free of all cost to our County.

I once again take this chance to record my deep indebtedness to my colleagues for their valued help.

Dr. Wright, as Assistant County Medical Officer, has carried out her many duties at the Centres, supervising nurses and midwives, special examination of eyes in schools and in connection with the Blind Persons Act, etc., with great industry and efficiency.

Dr. Munro Campbell, the County Tuberculosis Officer, has most ably co-operated with us and with the Doctors practising in the County.

To Dr. Cockill, the Medical Officer of Health for the Westmorland Combined Districts, we are constantly indebted for his very helpful co-operation.

Again I record with gratitude the help afforded by the Doctors practising in the County. Our thanks are also due to Miss Garnett and her staff for her untiring industry in her ever-increasing clerical duties.

