[Report 1953] / Medical Officer of Health, Westmorland County Council.

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

WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

THE YEAR 1953

Westmorland Gazette, Ltd., Printers, Kendal.

WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

THE YEAR 1953

Westmorland Gazette, Ltd., Printers, Kendal.

CONTENTS

COUNTY OF WESTMORLAND.

Public Health Department,

County Hall, Kendal.

November, 1954.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1953.

VITAL STATISTICS

With few exceptions these have shown no marked departure from previous years. The death rate for the County was 11.0 compared with 11.4 for England and Wales, but the Infant Mortality Rate of 28.81 compares less favourably with 26.8 for England and Wales. However, with the relatively small figures seen in Westmorland, the numbers are apt to fluctuate more widely than where a larger population is under examination The Kendal Infantile Mortality figures are still unsatisfactory. Prematurity is the chief cause of infantile deaths.

The chief causes of death remain as before, with heart disease, cerebral haemorrhage and cancer leading the others in that order. During the past four years heart disease has been responsible for nearly twice as many deaths as cerebral haemorrhage and cancer put together. Apart from Infant Mortality the distribution of deaths throughout the County shows no preponderance in any one place or district.

NOTIFIABLE INFECTIOUS DISEASES

Little comment is called for here as the pattern is much the same as in previous years. There has been no Diphtheria within the County, as a result of the preventive measures taken. Measles and Whooping Cough account for the great majority of cases, the former having the greater incidence. Poliomyelitis, which is a constant menace in other parts of the country, contributed one death. The other causes of death from Infectious Disease are shown on page 74.

AMBULANCE AND HOSPITAL CAR SERVICES

The Ambulance and Hospital Car Services have been fully utilised during the past year and the arrangements made have been proved adequate to the task. As in previous years, the bulk of the work has undoubtedly fallen on the Kendal Station, but good use has been made of the other ambulance stations in the more remote parts of the county. There is still a considerable amount of congestion of the housing of vehicles in Kendal, but when building materials are more plentiful some thought should be given to the building of more suitable premises. The Hospital Car Service has been very busy during the past year and at the end of the year the graph showing the use of the Services still had an upward tendency. The Council has made no change in the Service during the past year and so relies entirely on the service of voluntary car drivers and taxis. As in the previous year there is a tendency for the use of taxis to increase, particularly in the north of the county.

NURSING SERVICES

There has been steady progress in the housing of the nurses. Seven new houses have been completed and one is in the course of erection. There is little doubt that the provision of suitable houses for nurses has a material effect in assisting the Council to maintain the supply of nurses. A significant feature is that there are no vacancies in all the nursing districts in Westmorland.

CHEST SERVICES

Once again Dr. Morton has supplied a most stimulating and interesting account of the chest work in the north of the county, and it is hoped that B.C.G. Vaccination will, in the near future, be available for other members of the public.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY

County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1953.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
John A. Guy	M.D., D.P.H.	County Medical Officer	Whole	Principal School Medical Officer
F. M. Taylor	M.R.C.S., L.R.C.P., (Lond.)	Asst. County Medical Officer	Whole	School Medical Officer
J. Munro Campbell ..	M.B., Ch. B., D.P.H. ..	Tuberculosis Officer	Part	Physician Superintendent, Meathop Sanatorium
W. Hugh Morton	M.B., Ch.B., M.R.C.P., D.P.H.	Tuberculosis Officer	Part	Consultant Chest Physician
John Irvine	L.D.S.	Senior Dental Officer	Whole	Principal School Dental Officer
A. S. Carter	M.R.C.S., L.R.C.P., L.D.S.	Assist. Dental Officer	Whole	School Dental Officer
E. H. Seabury .. .. (Resigned 28-2-53)	L.D.S.	Assist. Dental Officer	Whole	School Dental Officer
A. L. Hutton .. .. (Commenced 16-3-53)	L.D.S.	Assist. Dental Officer	Whole	School Dental Officer
A. Skinner .. .. (Resigned 7-9-53)	.. .. ..	Mental Health Worker	Whole	
P. G. Holloway .. .. (Commenced 24-8-53)	.. .. ..	Mental Health Worker	Whole	
E. M. Thomas	S.R.N., S.C.M., H.V.Cert...	Superintendent Nursing Officer	Whole	

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres, land and inland water)	504,917
Population (Registrar-General's estimate of resident population, mid-1953)	66,600
Total Rateable Value as on 1st April, 1953	£477,870
Estimated product of a Penny Rate (General County) for the financial year 1953-54	£1,871

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1953.

	Total.	Males.	Females.
Live Births—Legitimate	904	447	457
Illegitimate	33	14	19
Total births ...	937	461	476

Birth Rate per 1,000 of the estimated resident population ... 14.9

Birth Rate, England and Wales, 15.5.

	Total.	Males.	Females.
Stillbirths	30	18	12

Rate per 1,000 total live and stillbirths, 31.0.

	Total.	Males.	Females.
Deaths	826	389	437

Death Rate per 1,000 of the estimated resident population, 11.0.

Death Rate, England and Wales, 11.4.

Death from Pregnancy, Childbirth or Abortions 1

Rate per 1,000 total (live and still) births, for the purpose of calculating Maternal Mortality, 1.03.

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.76.

Death Rate of Infants under one year of age :—

All infants per 1,000 total live births	28.81
Legitimate infants per 1,000 legitimate live births ...	26.55
Illegitimate infants per 1,000 illegitimate live births ...	90.91

Infant Death Rate, England and Wales, 26.8.

Deaths from :—	1952.	1953.
Cancer (all ages)	125	119
Measles (all ages)	—	—
Whooping Cough (all ages)	—	1

POPULATION.

DISTRICT.	Area in acres (Land and Inland Water).	Population. Registrar General's estimate Mid.–1953.
URBAN.		
Appleby	1,877	1,692
Lakes ...	49,917	5,494
Kendal	3,705	18,410
Windermere ...	9,723	6,474
RURAL.		
North Westmorland	288,688	16,500
South Westmorland	151,007	18,030
Westmorland ...	**504,917**	**66,600**

BIRTH RATE, 1952 and 1953.

Birth Rate per 1,000 estimated resident population.

District.	1952.	1953.
Urban.		
Appleby	10.5	13.8
Kendal	14.6	12.8
Lakes	9.7	10.0
Windermere	10.6	10.6
Rural.		
North Westmorland ..	17.6	17.7
South Westmorland ..	17.2	18.1
Westmorland	**15.1**	**14.9**
England & Wales	15.3	15.5

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	1949.	1950.	1951.	1952.	1953.
Number of births...	1,053	969	898	948	937

DEATH RATE, 1951, 1952 and 1953.

Death Rate per 1,000 estimated population.

District.	1951.	1952.	1953.
URBAN			
Appleby	9.8	12.7	10.6
Kendal	12.6	11.1	14.3
Lakes	12.7	11.9	8.5
Windermere	11.7	8.8	8.5
RURAL			
North Westmorland	13.0	11.0	10.6
South Westmorland	11.3	10.3	10.0
WESTMORLAND	12.3	10.8	11.0
ENGLAND and WALES	12.5	11.3	11.4

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 1951, 1952, and 1953, in order of maximum fatality in 1953, were as follows :—

	No. of deaths. 1951.	No. of deaths. 1952.	No. of deaths. 1953.
Heart Disease	298	246	251
Cerebral Haemorrhage	136	100	143
Cancer	132	125	119
Other Circulatory Diseases	32	51	47
Violence	36	32	43
Bronchitis	51	20	34
Pneumonia	18	18	16
Digestive Diseases	12	15	13
Nephritis	14	13	10
Other Respiratory Diseases	11	2	9
Tuberculosis of the Respiratory System	8	8	7
Influenza	38	2	5

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY. (Under 1 year).

Rate per 1,000 Live Births.

District.	1951.	1952.	1953.
URBAN			
Appleby	34.5	Nil	47.6
Kendal	46.4	29.7	46.6
Lakes	Nil	19.2	Nil
Windermere	13.9	28.6	14.3
RURAL			
North Westmorland	28.8	22.6	26.4
South Westmorland	45.5	25.4	27.5
WESTMORLAND	35.6	25.3	28.8
ENGLAND and WALES	29.6	27.6	26.8

ILLEGITIMATE INFANT DEATH RATE.

Rate per 1,000 Illegitimate Live Births.

	1951.	1952.	1953.
WESTMORLAND	Nil	65.57	90.91
ENGLAND and WALES	38.48	35	33

Causes of Death in Infants under 1 year in 1953 :—

Prematurity	9
Atelectasis	5
Other lung conditions	3
Congenital heart disease	2
Enteritis	1
Multiple deformities	1
Septicaemia	2
Cerebral haemorrhage	1
Erythroblastosis foetalis	1
Spina bifida	2

CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

There has been no Local Health Authority ante-natal clinic in the County since the only one was closed in 1949 owing to the small use made of it. A weekly specialist clinic is held at the County Hospital. Assistance is given in a very few general practitioners' surgeries by midwives; arrangements are made locally by the practitioners and midwives for their mutual convenience. The Local Health Authority has no arrangements for blood testing the expectant mothers and the extent to which practitioners carry this out is not known to me. I am, however, of the opinion that it is not done as a routine measure in every case. There are no special clinics where mothercraft training is undertaken; this of course would be a useful adjunct to any ante-natal clinic. The only mothercraft training which I am aware of is given by the district nurse/midwives in the course of their visits. Maternity outfits are supplied by the Westmorland County Council to expectant mothers and are chiefly distributed via the district nurse.

There are specialist obstetric clinics at the various hospitals serving the area (Cumberland Infirmary, Westmorland County Hospital, Lancaster Royal Infirmary); the Local Health Authority has nothing to do with these clinics. In the case of expectant mothers booking for confinement at the Penrith Maternity Home, midwives employed by the Local Health Authority are, by arrangement with the Hospital Management Committee, responsible for the ante-natal supervision. This facility has been offered to the other Hospitals providing maternity accommodation but has not been accepted.

Notification of discharge of mothers and babies is still not altogether satisfactory, with the exception of Helme Chase Maternity Home and Penrith Maternity Home, where prompt notification is received. In some cases women who have been confined are discovered some time after they have come home from hospital by hearsay information reaching the district nurse. Some improvement in this has been gradually taking place. There is, however, considerable room for further improvement here

DOMICILIARY MIDWIFERY

The midwifery service is provided directly by the Local Health Authority, who took into employment on the appointed day the staff of the District Nursing Associations which had previously undertaken

this work. There are 38 midwives; the Assistant County Medical Officer has been appointed medical supervisor of midwives and the Superintendent Nursing Officer has been appointed non-medical supervisor. These two officers are responsible for the supervision not only of midwives employed by the Authority but those working in Hospitals and Nursing Homes. There are no midwives engaged in private domiciliary practice. All except two of the midwives employed by the Local Health Authority are qualified to administer gas and air, and are provided with the necessary apparatus, and 19 of them are authorised to use pethidine. Midwives who have booked cases undertake the ante-natal care; where cases have been booked with medical practitioners and are to be confined at home they usually have ante-natal care by their own doctors. In one or two instances the practitioner has found it convenient to have something in the nature of a small private ante-natal clinic to which appropriate midwives who will be present at the confinements in the capacity of maternity nurse are invited to be present. The number of cases booked to be delivered by the midwife alone has seriously declined in Westmorland since the passing of the National Health Service Act. Arrangements have been made for the Local Health Authority to assist in selecting women who are to be confined in the Penrith Maternity Home; however, owing to the decrease in the birth rate there has been no difficulty whatsoever in obtaining beds for those cases wishing to go to maternity homes or hospitals. Local courses of lectures to all district nurse/midwives are arranged annually; in addition midwives are sent on approved refresher courses arranged by the Royal College of Midwives at the expense of the Local Health Authority, during which time they receive full salary.

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

Domiciliary Confinements

	1951	1952	1953
No. of Cases, doctor booked ...	138	146	175
No. of Cases, doctor not booked ...	111	121	44
	249	267	219

HEALTH VISITING

Apart from two full-time health visitors and one tuberculosis visitor employed in Kendal, health visiting is undertaken by district nurse/midwives, of whom 11 hold the health visitors certificate, the rest being employed under dispensation granted by the Ministry of Health.

To enable unqualified nurses to obtain the health visitors certificate a scholarship is awarded in alternate years under which the cost of training and maintenance is defrayed by the Local Health Authority, the nurse on her part entering into a contract to serve, after qualification, for a minimum of two years. A series of lectures is held locally during each year, and selected nurses are sent in rotation on refresher courses. There is no definite link between the health visitors services, medical practitioners and local hospitals, although some of the younger practitioners in the County are making more use of the health visitors. I do not, however, envisage that any real integration can take place until there are one or more Health Centres.

	1951	1952	1953
Total Health Visits to Infants under 1 year ...	9,791	10,433	10,499
Total Health Visits to Children 1-5 years	12,347	13,152	17,046

HOME NURSING

The Home Nursing Service is provided by the district-nurse/midwife/health visitors employed directly by the Local Health Authority and is under the day-to-day control of the Superintendent Nursing Officer; there is more co-operation with general practitioners in the home nursing field by reason of the fact that although nurses may be called in by patients the nurses are instructed that they must not continue in attendance unless the medical practitioner has also been called in and given directions for the treatment of the case. Contact between the practitioners and the nurses is a direct one and does not come through the Public Health Office. There is very little liaison with hospitals, although occasional requests for dressings or injections are received.

No specific night duty nurses are employed, but all nurses are available day or night in cases of real necessity and no difficulty has been experienced in this direction.

The Council awards one scholarship for District Training per year, and there are no arrangements for district training within this County. An annual series of lectures is arranged which includes topics specifically relating to home nursing.

DIPHTHERIA IMMUNISATION

Immunisation against diphtheria, previously the responsibility of the County Council and District Councils, has, since July, 1948, been the responsibility of the County Council alone. The treatment is given, either by the County Council medical staff or the general practitioners, according as the parents choose, at or before the first birthday, whilst all parents are urged to consent to their children receiving a reinforcing dose on attaining the age of 5 years.

In Kendal, which is the only town of any size in Westmorland, an immunisation clinic is held at monthly intervals throughout the year; booster injections of diphtheria antigen are given at the above-mentioned clinic and also at special clinics arranged from time to time throughout the County, and in other cases following school medical inspection. Arrangements for immunisation against whooping cough are similar to the arrangements for diphtheria immunisation; the age at which immunisation is first done is approximately one year. Private practitioners throughout Westmorland have been encouraged to join in the campaign against diphtheria and whooping cough by taking part in the innoculation of young children. This has become increasingly popular amongst the doctors and has led to some interesting observations.

The success of this scheme may be judged from the fact that for the sixth consecutive year there were no cases of diphtheria notified amongst residents of the County, compared with, for example, 21 notifications and 2 deaths in 1937.

It is generally held that, to provide the required security against diphtheria, about 75 per cent. of the children below the age of 10 years should have been immunised within the last 5 years, and on this basis it must be admitted that, despite an increase of over 200 in the number of children immunised during the year (765 primary and 877 re-inforcing treatments), the situation is by no means satisfactory.

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

TABLE A.

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

	Age at Date of Final Injection :							
	Under 1	1	2	3	4	5 to 9	10 to 14	Total.
Primary	276	353	28	19	11	72	6	765
Reinforcing	—	—	—	—	67	795	15	877

TABLE B.

Number of children at 31-12-53 who had completed a course of immunisation prior to that date :—

Age at 31-12-53	Under 1	1-4 years	5-9 years	10-14 years	Total under 15 years.
Born in Year	1953	1952-1949	1948-1944	1943-1939	
Last complete course of injections :					
(a) 1949—1953 ...	31	2,598	3,241	732	6,593
(b) 1948 or earlier...	—	—	1,408	2,921	4,329
(c) Est. Child Population ...	910	3,890	9,900		14,700
Immunity Index $^{100x}a/c$ ...	3.4%	66.5%	40.1%		44.8%

In addition to the foregoing, 64 children, for whom no records have been received, were reported by the Health Visitors to have been immunised by their Family Doctor.

VACCINATION AGAINST SMALLPOX.

With the coming into effect of the National Health Service Act, the Vaccination Acts, 1871-1907, were repealed, the offices of Vaccination Officer and Public Vaccinator were abolished, and it became the duty of the Local Health Authority to make arrangements for the vaccination against smallpox of all persons who need or desire this It is the duty of the Health Visitors to urge all parents to have their children vaccinated as soon as practicable after birth, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements. A record of the treatment is usually sent to the County Medical Officer, and fees are payable in respect of each report received.

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

Details of vaccinations carried out during 1953 are :—

Age at date of vaccination:	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 yrs. and over.	Total.
No. vaccinated ...	469	19	26	31	49	594
No. re-vaccinated	—	—	1	48	61	110
					Total ...	704

Of 937 children born in the County during the year, only 469 had been vaccinated, and whilst this is a slight improvement on the two preceding years (50% against 47% in 1951 and 31% in 1950) it cannot be viewed with equanimity in view of the increased risk of the introduction of smallpox infection, by reason of the increased speed and range of foreign travel.

INFANT WELFARE CENTRES

The Local Health Authority provides 16 infant welfare centres at which a doctor attends. With the exception of Brough, which is staffed by a local practitioner, the clinics are staffed by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal is the only clinic which operates weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access. The infant welfare clinics are made good use of by the mothers; the chief use is advice on general infant hygiene and feeding. Owing to the scattered nature of the population the clinics tend to be small but one feels that there is a definite need even for a small clinic.

Arrangements have been made with the local Food Officer for issue of welfare foods, cod liver oil, vitamins, etc., available under the Government Welfare Foods Scheme; the Local Health Authority has made other dried milks and nutrients available for their infant welfare centres. The greatest sale for these has been in the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

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

Area.	*Centre held at:*	*Frequency of Sessions.*
Ambleside ..	Y.M.C.A. ..	Monthly
Appleby ..	Old First Aid Post ..	Fortnightly
Bampton ..	Memorial Hall ..	Monthly
Bowness-on-W'mere ..	Rayrigg Room ..	"
Brough ..	Oddfellows Hall ..	"
Burneside ..	Bryce Institute ..	"
Calgarth ..	Social Centre ..	"
Kendal ..	School Clinic, Stramongate ..	Weekly
Kirkby Stephen ..	Friends' Meeting House ..	Fortnightly
Milnthorpe ..	Institute Annexe ..	Monthly
Shap ..	Methodist Chapel Hall ..	"
Staveley ..	Working Men's Institute ..	"
Tebay ..	Methodist Chapel Hall ..	"
Temple Sowerby ..	Church Hall ..	"
Windermere ..	Y.M.C.A. ..	"
Wickersgill ..	Social Centre ..	"

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.

Attendances at Centres

	1951.	1952.	1953.
Under 1 year	2,590	3,427	3,127
Over 1 year	2,638	2,956	3,412
Average per session ...	20.3	22.7	22.7

UNMARRIED MOTHERS AND THEIR CHILDREN.

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

Births of Illegitimate Children notified	29
Confinements in :—	
Mother's own home	4
St. Monica's Maternity Home	8
Helme Chase Maternity Home	7
Westmorland County Hospital	1
Private Nursing Homes	3
Coledale Hall, Carlisle	2
Penrith Maternity Home	1
City Maternity Hospital, Carlisle	2
Other addresses	1
Disposal of Infants :—	
Mother keeping baby in own home	19
Baby in care of paternal grandmother	1
Baby died	1
Baby in care of foster mother	1
Left the district	5
Adopted	2

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

St. Monica's Maternity Home, Kendal

The Home possesses 23 maternity beds, and during the year 68 maternity cases were admitted, eight of whom were domiciled in Westmorland.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 40 maternity beds, and during the year 113 maternity cases were admitted, none of whom were domiciled in Westmorland.

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

Care of Premature Infants

The following table gives details of premature infants born to Westmorland mothers during 1953 :—

Born in Hospital			
Still-Births			10
Live Births			45
Died within 24 hours of birth ...	8		
Survived 28 days	30		
Born at Home :			
Still-Births			1
Live Births nursed entirely at home			6
Died within 24 hours of birth ...	2		
Survived 28 days	4		
Live Births transferred to hospital			2
Died within 24 hours of birth ...	—		
Survived 28 days	2		
Born in Nursing Homes :			
Still-Births			—
Live Births			3
Died within 24 hours of birth ...	1		
Survived 28 days	2		

REGISTRATION OF NURSING HOMES

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

There were 7 registered homes at the end of the year providing beds for 70 maternity patients and 36 other patients. They have been inspected at regular intervals.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

During the year it has again been found that there is little or no demand for clinic dental treatment by expectant and nursing mothers. One or two attended for conservative treatment and only one denture was supplied

179 children under school age were inspected at Welfare Clinics and 52 were found to require treatment. Only 21 of this number, however, accepted the offer of treatment, but the mothers of the othes did say that they would have the necessary treatment done by their own family dentists. Considerable interest was shown by mothers at welfare clinics and mothers' clubs in talks on diet, hygiene and bad habits which produce malocclusions of the teeth and malformation of the jaws.

No. of Sessions worked	21	No. of pre-school children inspected	179
No. of expectant mothers inspected	7	No. requiring treatment	52
No. of expectant mothers treated	4	No. actually treated	21
Extractions: Permanent teeth	9	Extractions: Temporary teeth	34
Fillings: Permanent teeth	6	Fillings: Temporary teeth	15
Dentures	1	Silver Nitrate applications	13
Other operations	5	General Anaesthetic administered	14

THE PUERPERAL PYREXIA REGULATIONS

During 1953, nine case of Puerperal Pyrexia were notified to the local supervising authority.

DOMESTIC HELP SERVICE

When preparing their proposals under the National Health Service Act the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. Statistical details are shown in Table II on page 69.

The detailed day-to-day administration of this service is carried out by the Superintendent Nursing Officer and her Deputy. The majority of the requests for help are met, although in one or two rural areas difficulty is experienced in recruiting workers, partly due to the fact that only very casual work can be offered. In areas where fairly full time and regular employment can be offered there is much less difficulty in recruitment. The service is at present being used to capacity and its expansion is only prevented by financial stringency. The greatest number of cases helped are old and infirm people, mostly living alone. To maintain the efficient and economical running of the service a considerable amount of visiting of patients receiving help is required for the purpose of adjusting the amount of help given. The service has attracted a good type of woman and many have been in it since it was formed in 1948. It is felt that this service is one of the most vital parts of the National Health Service and that, if it were allowed to expand, it would be a means not only of ensuring the earlier return home of hospital patients but often the avoidance of the removal to homes and hostels of many aged and infirm, though not necessarily ill, people.

Owing to the fact that the workers are so widely scattered, it has not yet been found possible to provide any facilities for training.

MIDWIVES' ACT.

Total number of Midwives practising at the end of the year ...	59
District Nurse Midwives	40

Midwives in Institutions and in Private Practice, 19, viz.:—

(a) Westmorland County Hospital	5
(b) Helme Chase Maternity Home	6
(c) St. Monica's Maternity Home, Kendal ...	4
(d) Brettargh Holt	2
(e) Private Practice:	
Nursing Homes	2

Midwives' Notification Forms received during 1953 were as follows:—

Notification of sending for Medical Aid	82
„ Artificial Feeding	86
„ Stillbirth	17
„ Death	4
„ having laid out a dead body ...	7
„ liability to be a source of infection ...	11

Gas Air Analgesia

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

During the year midwives have induced Analgesia in 149 domicilliary cases, and at the end of the year 36 District Nurse Midwives were qualified for the induction of Gas-Air Analgesia

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Welfare Department, but the County Medical Officer is responsible

for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

All such applications are referred for examination to one of the specialist ophthalmologists with whom the Council has entered into arrangements for this work, and during 1953 36 such cases were referred, of whom 25 were certified as blind, six as partially sighted and five as neither blind nor partially sighted.

The total number of persons on the Council's register on 31st December 1953, was 119 blind and 12 partially-sighted.

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

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

	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(i) No. of cases registered during the year in respect of which paragraph (c) of Form B.D.8 recommends:				
(a) No treatment ...	6	2	—	13
(b) Treatment (medical, surgical or optical)	1	—	—	7
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	1	—	—	7

B.—Ophthalmia Neonatorum

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

MENTAL HEALTH

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

The Sub-Committee is constituted as follows :—

Chairman and Vice-Chairman of the Health Committee	2
Members of the Health Committee (being members of the County Council)	10
Members of the Management Committees of Mental Hospitals and Mental Deficiency Institutions ...	4
Others (whether Members of the Health Committee, or the County Council, or neither)	3

On the 5th July, 1948, this Authority took over from the Cumberland, Westmorland and Carlisle Joint Committee for the care of the Mentally Defective the duty of ascertaining what defectives in the area were subject to be dealt with under the Acts, and the duty of providing supervision, care, training and occupation for defectives living in the community. Four officers have been authorised to place persons in a place of safety, under Section 15 of the Mental Deficiency Act, 1913, of whom two have also been authorised to present petitions under the Act. A part-time Occupation Centre Supervisor is also employed.

The County Medical Officer and the Assistant County Medical Officer have each been approved by the Local Health Authority under Section 3 of the Mental Deficiency Act, 1913, for the purposes of giving certificates relating to Mental Defectives. The Authority also employ a Mental Health Worker.

The Authority has undertaken, on behalf of the Regional Hospital Board, the supervision of cases on licence from Institutions who are resident within the area, and also the domiciliary visiting, as and when required, for patients in Institutions and Homes whose parents and friends are resident in Westmorland. The Mental Health Worker does any visiting which may be required on behalf of patients in or discharged from the various Mental Hospitals.

No duties have been delegated to any voluntary organisation, but the authority makes a grant to the National Association for Mental Health, from which organisation help is sought in difficult cases.

The Council's Mental Health Worker is always available to advise and assist in cases of mental illness, and before 5th July, 1948, the authority had arranged with the Medical Superintendent of Garlands Mental Hospital to hold a psychiatric clinic in Kendal. This clinic was subsequently taken over by the Manchester Regional Hospital Board and staffed by the Medical Staff of Lancaster Moor Hospital; the Board has now appointed an additional consultant psychiatrist for the northern part of its area, and this officer has assumed responsibility for this out-patient work.

The Council's duly authorised officers are available not only for the removal to hospital of certified cases, but also to assist in obtaining admission of "voluntary" and "temporary" cases, and to advise on the best means of dealing with any case of mental illness.

Ascertainment of mental defectives is in general carried out by the County Medical Officer of Health and the Assistant County Medical Officer, and most cases coming to the notice of the Local Health Authority are referred to them by the Local Education Authority.

Occupation Centre

An Occupation Centre was opened in Kendal early in 1949 for one day each week for adult male and female patients. The numbers attending were, as expected in such a sparsely populated area, small, but progress was made in the teaching of rugmaking, embroidery, reading, writing, etc.

Both patients and their relatives are very enthusiastic regarding the progress made, and the latter appreciate being relieved of the responsibility for looking after the patients for a few hours each week. The standard of work in some cases was much higher than had been expected, whilst one of the male patients learned to make simple articles sufficiently well to continue with the work at home and to sell them at a profit.

As a result of the progress so made the Centre has now been opened for a further day per week for young defectives of both sexes.

A simplified version of the Annual Return to the Ministry, given on pages 67 and 68 of this Report, shows the number of cases for which the Council was responsible at the end of the year.

AMBULANCE SERVICE

As in the previous years back to 1948, the Ambulance and Sitting Case Car Service has functioned efficiently. The two services are run separately; the Ambulance Service is under the direct control of the Ambulance Officer who is also the Chief Fire Officer, while the Sitting Case Car Service is run directly by the Health Department. In former years the custom was for the British Red Cross to recruit "Voluntary Car Drivers" and to operate the Sitting Case Car Service on behalf of the Westmorland County Council. The service is now directly run by the Health Department.

In general there is little reason to believe that the service is abused; there are, of course, isolated instances. Both the hospitals and General Practitioners have been circularised about the use of the service and both have acted fairly by both service and patient. There have been a few instances where patients have been sent to distant hospitals for treatment which could have been obtained locally. Some economy could be secured if Carlisle Local Health Authority would allow Westmorland County Council to collect patients discharged from Carlisle Hospitals to addresses in Westmorland, as the cost per mile of both ambulances and sitting case cars in Westmorland is very much lower than it is for the Carlisle vehicles. At the moment this County Borough conveys all cases for which it is entitled to charge the Westmorland County Council under Section 24 of the National Health Service (Amendment) Act 1949.

Details of the Sitting Case Car work done during the year, and for comparison figures for the preceding two years are given below:

Year.	No. of Patients.	No. of Journeys.	Total Mileage.
1953	19,154	6,587	275,808
1952	14,579	5,908	216,299
1951	11,534	5,783	219,208

Similar figures for the Ambulances will be found in the following Report of the Chief Ambulance Officer, for which I am indebted to Mr. Haseman.

ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER

I beg to report on the activities of the Westmorland County Ambulance Service for the year ended 31st December, 1953.

During the period covered by this report the service has again met all demands, and all personnel are to be congratulated upon their hard work and keenness shown.

It was thought that the peak had been reached in my previous report, but from statistics it appears that although mileage is slightly less, more patients have been carried. This is accounted for by more patients receiving Clinical treatment. In the case of Kendal Station these are mainly local calls where the mileage is not high, and, consequently, shows a lower average mileage per journey.

The number of ambulances in commission remains at seven and operate as under :—

Depot.	Number of Ambulances.	Method of Manning.
Kendal ..	4 ..	Whole-time (5), augmented by two part-time female attendants and St. John Ambulance Brigade personnel.
Ambleside ..	1 ..	Retained.
Appleby ..	1 ..	Do.
Kirkby Stephen	1 ..	Do.

The Penrith Ambulance of the Cumberland County Council continues, by agreement, to give cover to certain parishes in North Westmorland.

Ambulances

One Bedford-Lomax ambulance has been purchased during the year to replace a 1939 Ford.

Only one machine of our original fleet now remains to be replaced, i.e. 1935 Austin. This ambulance is used primarily for the removal of infectious cases. Should any defect occur in the vehicle it will be very difficult indeed to get replacement parts. Owing to this, and also for the comfort of the patients to be removed, I recommend that it should be replaced at an early date.

All other ambulances continue to function satisfactorily, but consideration must be given to quicker replacements than has been the case in the past. Previously it is possible that the reason for replacement has been age and not mileage. The position is now reversed—miles not age. The suggestion made by the Chairman that an Ambulance Replacement Fund should now be inaugurated would, I suggest, keep our fleet of vehicles up to their present high standard, but it does not necessarily mean a new ambulance every year.

Ambulances Now In Commission

Depot.	Make	Year.	Mileage at 31-12-53.	Condition.
Kendal	Bedford (BEC 672)	1953	5,899	Good
Kendal	Bedford (AEC 905)	1951	62,863	Good
Appleby	Bedford (AEC 539)	1951	36,747	Good
Kendal	Bedford (JM 9344)	1950	72,790	Good
Kirkby Stephen	Bedford (JM 8868)	1949	64,774	Good
Ambleside	Morris (JM 7667)	1948	30,874	Good
*Kendal	Austin (JM 1979)	1935	31,816	Poor

* This vehicle is used for infectious cases. When this vehicle is replaced the new ambulance will not be held for this type of removal only.

As all infectious cases are dealt with from Kendal, where facilities are available for disinfecting, no difficulties should be experienced, in the removal of all types.

With the exception of major repairs, for which there are no facilities or workshops available, the maintenance of all vehicles continues satisfactorily and is carried out, in the case of ambulances at Kendal, by the Fire Brigade mechanic.

The servicing and garaging of the Ambulances at Appleby, Kirkby Stephen and Ambleside continues satisfactorily at the respective garages.

The equipment now carried on all vehicles is standard. Lung governed type oxygen resuscitating apparatus, as purchased, will replace the more obsolete type that was in commission.

It has been reported by the Kirkby Stephen and Appleby Ambulance personnel that they consider there is unnecessary waiting at the Carlisle Infirmary when patients are taken there.

It is alleged that considerable time could be saved if patients conveyed there could be more speedily admitted. They have protested at the delays, but no solution to the waiting is apparent.

As the Ambulance personnel from Kirkby Stephen and Appleby are volunteers, and business people, the continued delays are causing them concern. The cause of the delays is not known; is it shortage of staff or what?

Ambulance Calls.

Station.	No.	Patients Carried : Infectious	Accidents	Maternity	Others.	Total Patients.	Patient Carrying Journeys.	Abortive &Service Journeys.	Total Journeys.	Mileage.
Kendal	4	42	207	105	2,207	2,561	1,895	23	1,918	46,825
Ambleside	1	—	38	6	138	182	136	1	137	5,089
Appleby	1	—	20	29	388	437	186	4	190	12,359
Kirkby Stephen	1	—	13	27	149	189	161	5	166	14,217
	7	42	278	167	2,882	3,369	2,378	33	2,411	78,490
NOTE :—										
1951	7	50	224	157	2,496	2,927	2,085	16	2,101	77,231
1952	7	27	254	141	2,628	3,050	2,140	36	2,176	79,999

	1953.	1952.	1951.
Average miles per journey ...	32.56	36.76	36.76
Kendal	24.41	27.86	29.08
Ambleside	37.15	36.67	36.56
Appleby	65.00	72.43	65.93
Kirkby Stephen	85.64	81.66	80.26

By arrangement with the Lancashire County Council 42 removals, which are included in the above figures, were undertaken, with a mileage of 2,489.

I regret that it has not been found possible to go forward with the scheme to equip our ambulances with V.H.F. wireless. From enquiries made from other authorities, where the Scheme has been tried out, saving in dead mileage has resulted, and of primary importance is the fact that all vehicles are in continual contact with the headquarters, which enables the quicker control and movement of vehicles.

Personnel

On all occasions the staff, both whole-time and volunteer, have given of their best, and at all times sympathetic consideration shown to those using the Service.

It has not been necessary, except on a very few occasions, to call upon outside help, and this has only been required when an emergency has arisen.

The whole-time personnel at Kendal have again qualified in "First Aid to the Injured."

The Kendal St. John Ambulance Brigade have again done a magnificent job during the year—at all times they have been ready to provide an ambulance attendant when required.

It does appear that the number of accidents during the year has increased. The outstanding incident was the coach accident on Shap Fells at which five of our ambulances were called upon at the same time.

Accommodation

Again I respectfully bring to your notice the lack of ample accommodation for the combined services at Kendal. Garages now used by the Ambulance Service are urgently needed for the Fire Service.

It may be that at some future date it would be advisable to house the Ambulance Service (including sitting case cars) in their own quarters, and from there operate as a separate Service.

In conclusion, my thanks are offered to the County Medical Officer and his Staff for their continual help and advice during the year.

To all my Staff I offer my appreciation and thanks for their con tinued co-operation, efficiency and loyalty. In this I wish to include both whole-time, retained and volunteers serving at the various depots throughout the County, without whose full support the Service could not function. Those employed on administration and communications have done a good job.

To you, Mr. Chairman and Members of the Health (General Purposes) Sub-Committee, I submit my humble thanks for your continued support and consideration upon all occasions.

T. HASEMAN,
Ambulance Officer.

ANNUAL REPORT OF THE COUNTY ANALYST

1. During the year ended the 31st December, 1953, I have analysed 260 samples of Food and Drugs submitted by the Sampling Officers appointed for the County of Westmorland, under the Food and Drugs Act, 1938 to 1950.

2. Samples of genuine quality total 227, which have been certified in this respect; 8 samples were reported as being of genuine quality but below standard, 13 were adulterated or below standard or disclosed some irregularity, whilst 1 appeal sample and 11 reference samples were also the subject of report.

3. The outcome of the analysis of all samples submitted during 1953, including those samples which were not found to be of genuine quality or as showing some irregularity, is given in the following table :—

Number of Milk samples received for analysis	41
Number of samples other than Milk received for analysis	219
	260

This indicates that during the year ended 31st December, 1953, there was an increase of 6 samples received for analysis, as compared with the year ended 31st December, 1952, when 254 samples were submitted.

Number of samples adulterated or below standard, or showing some irregularity	13
Number of samples of genuine quality but below standard	8
Number or informal samples	13
Number of appeal samples	1
Number of reference samples	11

4. MILK

Altogether 6 samples of milk taken in the ordinary course of inspection were found to fall below standard, and these were as under :—

4 samples were deficient in fat. Proceedings are pending in respect of three samples at the date of this report.

1 sample contained 2.62% added water. Letter of caution sent.

1 sample was slightly deficient in Fat. No action taken.

5 Other Samples

During the twelve months ended the 31st December, 1953, 219 samples of articles of food, or of commodities used in the preparation of food, were received for analysis, this total being the same as the number submitted during 1952.

Of these, only 7 were the subject of adverse reports, and they were as follows :—

1 sample of Pork Sausage was deficient in meat content to the extent of 13.7% and contained 302 parts per million Sulphur Dioxide. Letter of caution sent.

1 sample of Beef Sausage contained 206 parts per million of Sulphur Dioxide.

2 samples of Rum Butter in which the fat was not all Butter Fat.— No proceedings were taken in one case, and the other is under consideration.

1 sample of Ice Cream was deficient in Fat to the extent of 48.8%.— Letter of caution sent.

2 samples of Pork Sausage (Preserved) were found to be deficient in meat content to the extent of 6.1% and 7.7%.—In these cases no action was taken.

Apart from the above observations, the work of the past year has been of the usual character and calls for no further comment.

CYRIL J. H. STOCK,
County Analyst.

FOOD AND DRUGS ACTS, 1938-1950

ANNUAL REPORT OF SAMPLING OFFICER FOR THE YEAR 1953.

This report covers the period 1st January to 31st December, 1953, in relation to those provisions of the Food and Drugs Acts which relate to the composition and sampling of foods and drugs with a view to securing that such articles are sold only in a pure and genuine condition. It also deals with ancillary duties allied to that part of the Food and Drugs Act, for which the County Council is responsible.

The administrative area includes the whole of Westmorland.

Continuing the previous arrangements, particulars of sampling duties undertaken in the Borough of Kendal are extracted quarterly and sent to the Town Clerk.

In the period under review, the sampling officers have carried out 583 preliminary sorting tests or "Gerber" tests on milk. As a result of such tests it was only considered necessary to send 41 milk samples for analysis by the Public Analyst; 219 samples other than milk were obtained and sent direct to the Public Analyst.

The total number of samples analysed by the Public Analyst was 260, of which 23 or 8.85% were found to indicate some irregularity.

If milk samples found to be genuine but below standard might be classified as satisfactory then the figures of 23 and 8.85% would be reduced to 13 and 5% respectively. Statistical details with comparative figures for the previous two years are given on pages 36 and 37.

Milk Samples

The data obtained by preliminary sorting tests and rapid commercial or "Gerber" tests on milk, although not so detailed or so extremely accurate as analyses by the Public Analyst, has proved to be a very valuable and reliable method for the purpose of selective sampling in determining which, if any, of the formal samples obtained, should be submitted for analysis by the Public Analyst.

Sixteen of the milk samples submitted were irregular in some respect and of these; 5 were deficient in fat; one although complying with the presumptive legal standard in other respects, contained 2.6% of added water; one "Appeal to Cow" sample was below standard in both non-fatty solids and in fat content; and the remaining nine samples were found to be genuine but below standard in non-fatty solids.

Two of the samples deficient in fat were made the subject of legal proceedings. Warning letters were issued in respect of other samples disclosing irregularities.

Samples Other Than Milk

The 219 samples "other than milk" were mainly foodstuffs or constituents used in the preparation of food and comprised 206 formal and 13 informal samples from 33 different commodities. Particular attention has been given to pre-packed and non-pre-packed foods manufactured or prepared for sale or consignment in Westmorland.

Classification of Samples :

Nature.	Satis-factory.	Indicating some irregularity,	Total.
Pre-packed foods	92	2	94
Sausages	36	4	40
Pressed Meats, etc.	13	—	13
Fish Cakes	11	—	11
Ice Cream	48	1	49
Other Non-packed Foods ...	8	—	8
Articles of a medicinal nature ...	4	—	4
	212	7	219

Samples disclosing irregularities were :—

Article.	Nature of Irregularity.
Pork Sausage ...	Meat content deficient to the extent of 6.1%
Pork Sausage ...	Meat content deficient to the extent of 7.7%
Pork Sausage ...	Meat content deficient to the extent of 13.7%
Ice Cream ...	Fat content deficient to the extent of 48.8%
Beef Sausage ...	Failure to exhibit "Contains Preservative" Notice.
Rum Butter ...	Containing 22.2% fat other than butter fat.
Rum Butter ...	Containing 7.4% fat other than butter fat.

The action taken in each case after consultation with the Clerk of the Council, was to send warning letters to the traders concerned.

Having regard to the compositional quality of sausage and the absence of a statutory standard since the 1st March, 1953, the following information is submitted in respect of samples obtained after the price and quality controls were withdrawn :—

	Based on 16 samples of Pork Sausage.		Based on 19 samples of Beef Sausage.	
	Meat content.	Price per lb.	Meat content.	Price per lb.
		s. d.		s. d.
Maximum ...	80.0%	3 0	86.5%	2 8
Minimum ...	56.13%	2 6	51.0%	1 10
Average ...	68.0%	2 8	64.2%	2 0

The previous requirements as to the meat content of Beef and Pork Sausages were 50% and 65% respectively. The maximum retail prices were previously 2s. per lb. for Beef Sausages, and 2s. 9d. per lb. for Pork Sausages.

The following table indicates the range and average quantities of constituents of the under-mentioned samples.

Calculations based on	Constituents include	Maximum %	Minimum %	Average %
43 Samples of... Ice Cream	Sugar as cane sugar ...	26.60	4.11	13.15
	Fat	12.14	2.56	8.78
5 Samples of ... Chocolate Ices	Sugar as cane sugar ...	22.61	16.66	19.48
	Fat	25.09	19.24	22.36
4 Samples of ... Fish Cakes	Fish	58.0	40.0	46.75

Prosecutions

Persons charged.	Nature of offence.	Result £ s. d.
*1 ...	Milk deficient in fat ...	2 0 0
*1 ...	Milk deficient in fat ...	2 0 0

* Pending at 31st December, 1953.

Ancillary Duties

Milk Pasteurisation Plants

All premises on which milk is pasteurised for sale, are required to obtain an annual licence from the County Council as the Food and Drugs Authority. Conditions of the licence include methods of pasteurisation and prescribed tests to be applied to samples of pasteurised milk.

Only one plant is operating in Westmorland and from 23 samples obtained, 2 failed to pass the prescribed tests. The examination of a further 2 samples was described as "test void" but this does not indicate that the milk was improperly pasteurised.

School Milk

Samples of the milk supplied, have been taken at 44 schools and submitted for examination by the Department of Pathology, Public Health Laboratory Services.

It has not been possible to visit each school in the County or to adhere to the original arrangements to obtain 4 samples per year from each of the schools supplied with undesignated milk, but the visits have been so arranged that at least one sample has been taken from milk supplied by all except 3, of the total number of suppliers of milk to schools in the County.

The results of the tests applied are summarised as follows :—

	Samples obtained.	Tests applied : B. Coli.	Methylene Blue.	Phosphatase.	Cavy Inoculated.	Total Tests.
Satisfactory ...	31	36	41	5	56	138
Unsatisfactory ...	21	16	11	—	—	27
Test Void ...	4	—	—	—	—	—
	56	52	52	5	56	165

Of the 16 samples classified as unsatisfactory by reason of the presence of b. coli., 11 were satisfactory on the methylene blue test.

Pharmacy and Poisons Act, 1933

The sellers of poisons listed in Part II of the Poisons List are required to obtain a licence in respect of such poisons and to comply with such provisions of the Act and Poisons Rules as relate to Part II poisons.

Statistical details are given in the table on page 38.

Of 6 infringements noted, 5 were corrected at or shortly after the time of visiting and one trader has ceased to sell poisons.

A quarterly examination has been made of the Poisons Registers which are required to be kept by listed sellers of nicotine and its salts, arsenical, mercurial and other poisons.

The Labelling of Food Order, 1953

Pre-packed articles of food, when sold by retail, must, subject to certain exceptions, be marked with a statement of ingredients. The

accuracy of such statements is checked on all articles submitted for analysis under the Food and Drugs Act and examinations are made when carrying out the provisions of the Sale of Food (Weights and Measures Act) to ensure that those products which require to be labelled are in fact labelled in a proper manner.

Examinations of 3,424 pre-packed articles of food have been made during the period under review.

Thirty technical infringements have been noted but these were corrected at or shortly after the time of the inspection.

New Orders

Of 11 New Orders by Statutory Instruments received in respect of subjects coming under the above headings, 1 is a de-controlling Order, 3 may be classified as continuation Orders and 7 extend in some measure the existing controls imposed by statute.

Statistical summary of the records of sampling and allied duties over the past three years is appended hereto.

A. BRYANT,

Chief Sampling Officer.

STATISTICAL SUMMARY OF SAMPLING AND ALLIED DUTIES FOR THE YEARS 1951, 1952 and 1953

	1953		1952		1951	
	Satisfactory.	Doubtful.	Satisfactory.	Doubtful.	Satisfactory.	Doubtful.
Preliminary sorting checks on milk from churns in transit	376	21	585	3	780	14
Office "Gerber" tests on milk from churns in transit	19	5	8	8	12	3
Office "Gerber" tests on milk from retailers ..	92	20	72	23	98	29
Office "Gerber" tests on milk supplied to schools	46	4	55	11	44	4
	533	50	720	45	934	50
Number of examinations of milk by Sampling Officer	583		765		984	

Classification of Samples Analysed by Public Analyst.

	1953	1952	1951
Milk.			
Genuine	25	18	7
Genuine but below standard in non-fatty solids	9	7	14
Doubtful	—	3	1
Below standard in fat	5	8	3
Containing added water	1	—	2
"Appeal to Herd" Satisfactory	—	—	2
"Appeal to Herd" Below standard	1	—	6
Total number of milk samples	41	36	35
Other than Milk.			
Informal Genuine	13	8	16
Informal showing some irregularity	—	2	—
Formal Genuine	199	200	212
Formal showing some irregularity	7	8	9
Total number of "other than milk" samples	219	218	237
Total			
Number of samples classified as satisfactory	237	226	237
Number of samples showing some irregularity	23	28	35
Number of samples submitted for analysis	260	254	272
Number of persons noted for further sampling	5	14	4
Number of warning letters sent to traders	6	4	7
Number of prosecutions	—	4	3
Number of prosecutions pending	2	—	1
Milk.			
Pasteurising Establishments:			
Satisfactory samples from	19	24	13
Unsatisfactory samples from	2	6	—
Test void	2	—	—
Total samples to pathological laboratory	23	30	13
Milk supplied to Schools.			
Satisfacory samples from	31	28	28
Unsatisfactory samples from	21	37	18
Test void	4	—	—
Total samples to pathological laboratory	56	65	46

Pharmacy and Poisons Act, 1933.

Number of Listed Sellers of Part II Poisons	180	184	185
Number of visits to premises	86	66	105
Number of infringements noted	6	4	9

NOTIFIABLE DISEASES

A Table will be found on page 73 detailing the incidence of these diseases in 1953. The Registrar-General has supplied figures as to the incidence per 1,000 of the estimated average population of notification of certain diseases in 1953 in England and Wales. In the following Table the incidence of notification of these diseases per 1,000 of the estimated population of Westmorland is compared with that of England and Wales :

	Westmorland.		England & Wales.	
	1952.	1953.	1952.	1953.
Typhoid Fever	—	—	—	—
Paratyphoid Fever ...	—	—	0.02	0.01
Meningococcal Infection ...	0.05	0.03	0.03	0.03
Scarlet Fever	0.66	0.63	1.53	1.39
Whooping Cough... ...	5.74	2.57	2.61	3.58
Diphtheria	—	—	0.01	0.01
Erysipelas	0.12	0.16	0.14	0.14
Smallpox	—	—	—	—
Measles	2.24	14.14	8.86	11.27
Pneumonia	0.39	0.49	0.72	0.92
Acute Poliomyelitis (including Polioencephalitis)—				
Paralytic	0.05	0.09	0.06	0.06
Non-Paralytic ...	—	—	0.03	0.03
Food Poisoning	0.06	0.16	0.13	0.25

CANCER TREATMENT

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

Number of Clinics held at Kendal during the year ending 31st December, 1953		12
„	new cases seen	85
„	follow-up cases seen	209

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to

the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

Deaths from Cancer, 1952 and 1953

	1952.			1953.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban districts	34	32	66	25	36	61
Rural Districts	29	30	59	35	23	58
	Grand Total ...		125	Grand Total ...		119

TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1953 :—

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	2	—	—	3	—	—	—	1
5	4	2	1	1	—	—	—	—
15	3	6	4	2	—	—	—	—
25	7	4	—	2	—	—	—	—
45	5	3	—	—	2	1	—	—
65	4	—	—	—	3	1	—	1
75	1	—	—	—	—	—	—	—
TOTAL	26	15	5	8	5	2	—	2
1952	28	22	—	8	5	3	1	—

In 1953 Westmorland patients were admitted to the following Hospitals :—

Westmorland Sanatorium, Meathop	26
High Carley, Ulverston	5
Longtown Infectious Diseases Hospital, Carlisle ...	2
Gateshead Infectious Diseases Hospital	1
Ormside Infectious Diseases Hospital	3
Beaumont Hospital, Lancaster	10
City General Hospital, Carlisle	3
Cumberland Infirmary, Carlisle	1
Blencathra Sanatorium, near Threlkeld	5
Baguley Sanatorium, Manchester	1
Wrightington Hospital, near Wigan	2
Oswestry Orthopaedic Hospital	1

TUBERCULOSIS SCHEME

The Tuberculosis work of 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, and on their recommendation the Authority

provides extra milk to necessitous cases, and open-air shelters where the housing circumstances and the condition of the patient warrants it.

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

B.C.G. vaccination is available under arrangements with, and on the advice of, the Chest Physicians.

The service in the South of the County is under the control of Dr. J. Munro Campbell, Physician Superintendent of Meathop Sanatorium, with whom the Health Department has had a long and happy association, and is centred on the Kendal Chest Clinic. In the North the service is administered by the Special Area Committee for Cumberland and North Westmorland, who have appointed as Consultant Chest Physician Dr. W. Hugh Morton, whose work is centred on the Chest Centre, City General Hospital, Carlisle, and with whom a close association has rapidly developed, to the great benefit of all aspects of the work.

Extracts from the reports of the two Tuberculosis Officers on the work in that part of the county falling within their respective districts are given below.

NORTH WESTMORLAND

Introduction

Chest Disease needs little introduction in a Public Health report. Not only is pulmonary tuberculosis one of the most common serious diseases of the lungs, but it is an infectious one.

Other lung disease such as bronchiectasis, chronic bronchitis in the aged, and pneumoconiosis can result in as much disability and crippling as pulmonary tuberculosis, and can entail serious economic problems to the individual and the factory where he is working, and to the community.

Pulmonary cancer, previously relatively uncommon, has recently been the subject of considerable publicity, even in the lay press.

TUBERCULOSIS

Notifications.

The notifications for the North Westmorland area dropped to a new low level during 1953. You will recall that last year I hinted that the peak notification rate had been reached for this area, and that our figures would, in future, tend to fall into line with the lower notification rates generally throughout the country.

I would again stress the value of periodic chest X-ray examination of the ordinary individual, as there is still undoubtedly a reservoir of unsuspected cases infecting other members of the community. During the past year a larger proportion of our new cases have been comparatively early and amenable to treatment, and in spite of exhaustive enquiries no family history of tubercle has been discovered in more than 80% of these. The mass radiography unit continues to prove an asset in discovering such cases, but I believe that in spite of our reasonably intensive propaganda, there is still a considerable lack of appreciation of the value of a periodic chest examination by a comparatively small, though not unimportant percentage of the community.

The fear that he has the disease may in itself make the patient postpone a consultation with his own doctor until it is too late. A recent survey in London suggested that this might be the vital factor in our inability to check the spread of the disease more rapidly, and this factor in itself emphasises that our propaganda must be still more vigorous. Not only must we continue to press for frequent chest X-ray examinations but we must also press forward with all methods of therapy, both medical and surgical, so that the fact that more and more patients are made well and restored to normal working life, will convince the ordinary individual in the street of our methods, both diagnostic and therapeutic. No matter how successful we may be, however, in treatment, the importance of everyone in the community being able to appreciate the value of periodic chest overhaul must be emphasised.

Not only must an individual realise that the early discovery of the disease means cure and a quick return to normal working life, but he should also appreciate that by neglecting to consult his doctor, or have a periodic chest examination, he is, by spreading the disease, inflicting grave damage on his fellow citizens.

Co-operation between the general medical practitioners and ourselves continues to be of a very high standard.

Table 1 gives the number of notifications throughout England and Wales for the years 1947 to 1952.

TABLE 1.

Year.	No. of notifications.
1947	61,800
1948	62,500
1949	63,300
1950	59,000
1951	49,440
1952	41,904

Table 2 shows the notifications in North Westmorland for 1953 and the preceding five years.

TABLE 2.

Year.	Pulmonary.	Non-pulmonary.
1948	17	5
1949	8	6
1950	12	6
1951	9	7
1952	22	4
1953	8	6

Deaths

The number of deaths has remained stationary in this area for 1953. This is not unexpected and I anticipate that this number will continue to be at the same level for a further two years yet.

Modern anti-biotics, whilst they make a valuable contribution to the cure of patients, also result in what must, unfortunately, be only temporary improvement in patients who are suffering from very extensive and incurable disease. The result is that the lives of such patients are prolonged, and one would say that in the absence of modern anti-biotics many of the deaths which occurred in 1953 would have occurred in earlier years.

Fortunately, the proportion of new cases coming to our notice and classified as advanced, and also the proportion of cases still in an infectious state on completion of treatment both show a steady decline.

Last year I commented on the mortality rates in both sexes. The new known morbidity for 1953 in North Westmorland is set out in tables 3 and 4 :—

TABLE 3.

Number of new cases for 1953, showing sex and age period distinction :

	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus
Respiratory								
Males	—	—	—	2	1	2	—	—
Females	—	—	2	—	—	1	1	1
Non-Respiratory								
Males	—	1	—	—	—	—	—	—
Females	1	1	2	2	1	—	—	—

TABLE 4.

Number of new cases for 1953 showing distinction of early and advanced disease.

	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Respiratory						
Males ...	—	—	1	2	—	2
Females ...	1	2	—	—	1	1
No. of above respiratory cases referred by M.M.R.						
Males ...	—	—	—	—	—	—
Females ...	—	2	—	—	1	1

NOTE:—"B" cases refer to cases where the organism has been isolated.

I would point out (1) the large number of cases found to have minimal or early disease after passing through the mass radiography unit; (2) that the morbidity rate is higher at a later period of life in males than it is in females; and (3) the comparatively large number of males who have been found to have a positive sputum and are thus infectious. These points emphasise (i) the importance of periodic mass X-ray overhaul, and (ii) the ignorance shown, particularly by males, in estimating the relative importance of early diagnosis and probable cure, and late diagnosis and chronic invalidism with its relative economic problems both affecting the individual and the community in general.

Table 5 shows the deaths from pulmonary tuberculosis throughout England and Wales, and table 6 shows the deaths from pulmonary and non-pulmonary tuberculosis in North Westmorland for 1953 and the preceding five years.

TABLE 5.

Year.	Number of deaths.
1948	25,880
1949	23,320
1950	18,750
1951	12,031
1952	9,335

TABLE 6.

Deaths from pulmonary and non-pulmonary tuberculosis in North Westmorland for 1953 and the preceding five years.

Year.	Pulmonary.	Non pulmonary.
1948	4	2
1949	2	—
1950	5	1
1951	1	1
1952	3	—
1953	2	—

Table 7 gives the total number of notified cases of tuberculosis, both pulmonary and non-pulmonary, on the North Westmorland Register for 1953.

TABLE 7.

Clinic Register as at the End of 1953

North Westmorland

	Respiratory			Non-Respiratory			Totals			Grand Total
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register on 1st January, 1953 ...	29	22	3	6	15	5	35	37	8	80 (63)
Additions to Register during 1953 ...	5	6	—	—	5	3	5	11	3	19
	34	28	3	6	20	8	40	48	11	99
Removals from Register during 1953 ...	6	2	—	—	2	—	6	4	—	10
Number on Register on 31st December, 1953 ...	28	27	2	6	18	8	34	45	10	89 (80)
Number known to have had a positive sputum within the preceding 6 months ...	7	5	—	—	—	—	7	5	—	12

I would again comment on the number of cases known to have had a positive sptum within the last six months of the year. From table 4 it will be noted that 6 cases, a little over a half of the total number of new cases coming to our notice in the last year, were discovered to have a positive sputumn. At the end of 1952 there were 12 cases on our register as having had a positive sputum within the last six months of the year; this figure has remained the same for 1953. About two-thirds of these cases come into the category of chronic advanced cases for whom little permanent benefit can be expected from treatment. The remaining third would probably have become non-infectious had full surgical facilities been available. As the new Thoracic Unit at Seaham Hall only opened in September the full effect of the work done there will not be seen in this table until the end of the current year, 1954, when one would expect that this figure will have fallen very much further.

The percentage of new cases with a positive sputum leaves no room for complacency as this percentage merely reflects the operations of our mass radiography unit and intensive diagnostic Chest Centre work. There is undoubtedly, and I must again emphasise this, a large reservoir of unknown infectious cases in this community.

Contact Examinations.

The examination of contacts in its widest sense takes up considerable time at the Chest Centre. Tables 8 and 9 give the total number of contact examinations for the year.

As before, all contacts under the age of 15 are Mantoux tested, and those negative after two intradermal tests are given B.C.G. The latter was not refused in any single case during the year.

It was found impossible to extend Mantoux testing to adults apart from nursing and hospital staffs, because of the otherwise heavy demands on the limited personnel at the Chest Centre. It is, however, most desirable that contacts of all ages should be Mantoux tested as even at the age of 20, at least 35 per cent. of this age group and perhaps a larger percentage in this area, will have no reaction to the Mantoux test and as tuberculosis tends to decline the Mantoux test will become increasingly important. Should pulmonary tuberculosis become a rarity, then a positive Mantoux test in a member of the community will be of extreme diagnostic importance and lead us to our cases of tuberculosis.

It is impossible to estimate the percentage of positive reactors in this community as, of course, the people whom we test are a selected

group and have already been in fairly close contact with known cases of tubercle. Considerable information will doubtless come to light when the medical staffs of the local authorities commence large scale tuberculin tests in school children.

All contacts are examined radiologically either at the Chest Centre or through the Mass Radiography Unit, and are kept under periodic supervision and are given appointments to attend every four to six months. This is most important, particularly in the strongly positive Mantoux reactors, and I hope it will be possible to pass through the mass radiography unit all school children who are tested later by the local authorities' medical officers.

The expression "contact" is used in its widest sense, and during the past year the number of contacts of each notified case has varied enormously. Not only are the immediate family contacts examined but neighbours, and where the case is a school child, even the whole school. One such case involved the staff and pupils amounting to 591, and occurred in January, just after the end of the year under review.

All contacts of cases of tuberculosis, both pulmonary and non-pulmonary, notified after death, are investigated in the same way, and are retained under supervision.

TABLE 8

Statement of Attendances at Chest Centre, Carlisle, during 1953.

		Resident.	Non-Resident.
(1)	No. of New Cases seen:—		
	Adult Males	50	—
	Adult Female	46	2
	Male Child	16	—
	Female Child	10	1
(2)	No. of Old Cases seen:—		
	Adult Male	103	12
	Adult Female... ...	107	26
	Male Child	31	2
	Female Child... ...	14	4
(3)	No. of New Contacts seen:—		
	Adult Male	33	—
	Adult Female... ...	46	—
	Male Child	36	—
	Female Child... ...	36	—

(4)	No. of Old Contacts seen:—		
	Adult Male	8	—
	Adult Female... ...	5	—
	Male Child	25	—
	Female Child... ...	16	—
(5)	No. of Cases seen by Physiotherapist:—		
	Adult Male	6	—
	Adult Female... ...	4	—
	Male Child	20	—
	Female Child	6	—
(6)	No. of Cases of Pneumoconiosis	2	—
(7)	No. of A.P. Refills given ...	62	—
(8)	No. of P.P. Refills given ...	220	—
(9)	No. of E.P. Refills given ...	—	—
(10)	Screen Examinations only ...	3	—

TABLE 9

Summary of Contact Examinations during 1953

		M.	W.	Ch.
(a)	Total number of new contacts examined in 1953 either at Chest Centre or M.M.R. ...	35	46	72
(b)	Total number of new contacts attending Chest Centre only		47	
(c)	Number of old contacts examined during 1953...		54	
(d)	Number of contacts examined through the M.M.R.		—	
(e)	Total number diagnosed as tuberculous ...		—	
(f)	Number of Mantoux tests carried out ...		69	
(g)	Number of contacts vaccinated with B.C.G. during 1953		9	

B.C.G. Vaccination

B.C.G. vaccination continues to be given wherever possible, and evidence continues to accumulate of its value in preventing active tuberculous disease. Until now, contacts of definite cases of tubercle and nursing and medical staffs in hospitals have been the only members of the community to whom vaccination has been offered.

The current year, however, will see this scheme extended to school children between the ages of 13 and 14, and it is to be hoped that the scheme will also apply in the very near future to infants and children under 5. Not only is routine B.C.G. vaccination in infants less time consuming in that one can dispense with the preliminary Mantoux test and vaccinate right away, but such vaccination of infants would go a long way to reducing the incidence of acute forms of tubercle, such as meningitis, etc., in the under 5's.

Institutional Treatment

The number of beds available for the treatment of pulmonary tuberculosis in the area covered by the East Cumberland Hospital Mangement Committee is given in Table 10.

TABLE 10.

Institution	No. of Beds.	
Meathop	10	
Blencathra	31	(temporary allocation)
City General Hospital ...	14	
Longtown	23	
Cumberland Infirmary ...	10	
Ormside	20	

Table 11 gives a summary of the Hospital Return for the year 1953 in respect of beds under the East Cumberland Hospital Management Committee.

This table shows the scope of the work done with the beds under our control. There are two points I would bring to your notice. The first is that Streptomycin is no longer used alone in chemotherapy, because if it is so used resistance to the tubercle bacilli rapidly develops. Secondly, minor collapse therapy with its ancillary minor surgery, such as adhesiotomy and phrenic evulsion continue to play an important part in treatment. Whilst in selected cases this treatment is excellent, the number of cases so treated will undoubtedly decline as the increasing availability of major surgery facilities will be used in preference. This is not only our experience but would appear to be general throughout the country; indeed, in one area, viz., South Wales Region no A.P. or P.P. inductions have been done for two years.

TABLE 11.

Summary of Hospital Return for the Area Covered by the East Cumberland Hospital Management Committee

	Blencathra. Sanatorium.	Ormside Sanatorium.	City General Hospital.	Cumberland Infirmary.	Longtown Hospital.
No. of patients given:—					
(a) Streptomycin	—	—	—	—	—
(b) Streptomycin and Paramisan	—	28	39	13	37
(c) Isoniazide	—	—	—	—	16
(d) Isoniazide and Streptomycin	—	6	23	14	—
(e) Paramisan	—	—	—	—	—
(f) Adhesion Section ...	—	—	33	—	—
(g) Phrenic Crush	—	—	52	6	3
(h) P.P. Inductions ...	48	—	40	—	—
(i) A.P. Inductions ...	26	—	15	—	—
(j) Aspirations	—	—	11	—	—
(k) I.N.H.-P.A.S.-Strepto. ...	—	14	12	3	23
No. of patients discharged during 1953:—					
R.A. Cases—Quiescent ...	52	25	43	9	36
Non-quiescent ...	5	11	20	—	3
R.B. Cases—Quiescent ...	54	13	51	9	37
Non-quiescent ...	57	—	48	12	20
No. of Patients—Died ...	8	—	—	—	1
Non-tuberculous	—	—	4	—	1

Table 12 gives the total number of cases from the North Westmorland area admitted to institutions for treatment during 1953.

TABLE 12.

Sanatorium.	Adults.	Children.
Blencathra	5	—
Meathop	1	—
Longtown	4	—
City General Hospital ...	4	1
Cumberland Infirmary ...	2	—
Ormside	6	—

Table 13 shows the waiting list for the whole of the area covered by the East Cumberland Hospital Management Committee.

TABLE 13.

Section (a) Sanatorium waiting list as on the 31st December, 1953:—

8 Males, 9 Females, — Children, Total 17.

Section (b) Major surgical waiting list as on 31st December, 1953:—

20 Males, 23 Females, Total 43.

You will note that the waiting list for the ordinary sanatorium admissions is now at a low level, but I would again comment on the lack of beds for the investigation and treatment of non-tuberculous conditions, such as bronchiectasis and neoplasm.

There is no waiting list for minor surgery, as all cases arising are dealt with routinely within a week or two.

You will note, however, the considerable waiting list of cases for major surgery. The new Thoracic Unit at Seaham Hall Hospital opened at the beginning of September, and I append herewith in table 14 the number of cases done there from the date it opened up to the time of writing this report, 27th April, 1954.

TABLE 14.

	East Cumberland.		Carlisle City.		North Westmorland.	
	M.	F.	M.	F.	M.	F.
Thoracoplasty ...	4	8	4	7	—	2
Resection ...	—	—	—	1	—	1
Decortication ...	—	—	1	—	—	—
Extra Pleural Pneumothorax	1	—	2	1	—	—
Pneumonectomy ...	—	—	—	1	—	—

It will be noted that in spite of this excellent turnover there is still a comparatively big waiting list for major surgery, and I am afraid it will tend to keep about its present level as modern chemotherapy and other methods of treatment are undoubtedly rendering more and more patients fit for major surgery. I would particularly comment on the very excellent results following both thoracoplasty and extra pleural pneumothorax at Seaham Hall. Whilst there is no doubt that resection in certain cases of advanced tuberculous disease, e.g., destroyed lung or stricture of the larger bronchi is the treatment of choice, thoracoplasty and extra pleural pneumothorax gives good results in most lesions limited to upper lobes, and both these latter procedures have a great advantage over partial resection in that the complication of over extension of the remaining lung tissue does not arise. These operations, however, are only one stage in the treatment of pulmonary tuberculosis, although a life-saving one as far as many of our patients are concerned.

Care and After-Care, Including Rehabilitation.

In addition to the very full contact examinations carried out when a case is notified every effort is made to advise a patient on the hygiene and other measures necessary to prevent the spread of the infection. Contacts are supervised regularly, and the patient is admitted to hospital as soon as there is a vacancy, usually within a week or two. Close co-operation is maintained with the local sanitary authority in the matter of disinfection and alternative housing.

On completion of treatment a patient in this area is not allowed to return to work until we are satisfied that he is (i) fit for work; and (ii) non-infectious and consequently not a danger to others. Although every effort is made to make a patient fit to return to his former employment, obviously some types of work are grossly unsuited to a patient who has had pulmonary tuberculosis. Work in the milk and milk products industry is contra-indicated from the public health point of view, while such work as quarrying and long distance transport driving is physically unsuitable. Such patients are interviewed by a Rehabilitation Panel consisting of representatives from the Ministry of Labour, and chest physicians, which continue to meet at the Chest Centre monthly; at these sessions the full problem is discussed with the patient. Suitable work is either provided or, in the case of a patient in the under 40 age group, a course of industrial rehabilitation may be provided at one of the Ministry of Labour's residential colleges. The cost of such a course is defrayed by the Ministry of

Labour, and every effort is made to place patients in industry locally when their course is completed.

I would particularly comment here on the number of patients who have decided to go in for nursing, and there is at the present time a considerable number of these training in the major hospitals in the East Cumberland area.

On the patient's return to work very close supervision is exercised, particularly during the first six months; at the training centres this is carried out by the Ministry of Labour medical officers, but the bulk of the patients return to work locally, and this supervision is undertaken at the Chest Centre.

Ambulance Service

Our calls on the ambulance service remain high, largely because we continue to send patients home before their full periods of graduated bed rest and exercise have been completed, thus enabling us to have a larger turn-over in our beds.

OTHER CHEST DISEASES

Bronchiectasis

The following table shows the number of bronchiectasis cases on our register at the end of 1953; the number of new cases coming to our notice during the year, and the number of attendances for physiotherapy made by patients suffering from this disease.

	M.	F.	Ch.
On register 31-12-52	9	3	4
New cases during 1953	5	1	1
Total on Register on 31-12-53 ...	14	4	5
No. of attendances for physiotherapy ...	6	4	26

The results of treatment by physiotherapy continue to be excellent, particularly in those cases, be it adult or child, who regularly carry out their exercises at home at least four to six times daily. The patient who does not do well is the one who does not take the trouble to do these exercises at home and whose clinical and radiological condition shows no improvement after six months.

The following table shows the age and sex distribution of the cases of bronchiectasis at present under investigation and attending here for treatment:—

	Under 5		5-10		10-15		15-25		25-45		45 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
North Westmorland	—	—	—	—	3	1	4	1	5	1	7	1	23

We still only have the services of a physiotherapist for two sessions weekly, but I am hoping that when the physiotherapy service is further extended that we shall have a considerable increase in the physiotherapy time at the Chest Centre. Bronchiectasis is a condition which, particularly in children, requires very frequent supervision by qualified staff. The average child requires supervision at least twice weekly, and no more than two children can satisfactorily be supervised at the same time. With intelligent adults treatment should be supervised twice weekly for the first fortnight, and thereafter they need only be supervised once each fortnight. This supervision is essential as postural coughing is a skilled measure and results from close consultation between the physiotherapist and the chest physician.

Asthma and Bronchitis

Large numbers of children continue to be seen suffering from asthma and bronchitis, and full use is again being made of the physiotherapy facilities in their treatment. In contra-distinction to the treatment of bronchiectasis, the same close supervision by the physiotherapist is not required here, children with asthma and bronchitis can best be treated successfully in classes of not more than 8 children after preliminary instruction of the child and parent at the commencement of treatment. These children should attend their classes once weekly and also continue to regularly carry out their breathing exercises at home.

Bearing in mind the essential difference in the treatment of bronchiectasis and chronic bronchitis and asthma, the accommodation required is also very different. At the Chest Centre here we are very handicapped so far as space is concerned, but use is made of a small room for the treatment of bronchiectasis; we really require a further room of about the same size, as, when the physiotherapy time at the

Chest Centre is increased, other demands on this room will make it very difficult to fit in extra sessions. With regard, however, to the treatment of bronchitis where children can be treated satisfactorily in classes of not more than eight children this is more easily carried out in the Rehabilitation Department at the Cumberland Infirmary where they have a big enough room for this purpose.

Many older people have also been seen and have been fully investigated. Chronic bronchitis can be quite incapacitating in adults; it is often associated with emphysema and the sum total is the considerable loss of much functional lung tissue entailing shortness of breath and interference with the individuals' working capacity. Both in chronic bronchitis and bronchiectasis the individual is liable to acute inflammatory attacks, and much can be done in impressing ordinary hygienic measures on these patients with a view to preventing the acute respiratory infections which exacerbate their symptoms.

During the past 12 months much work has been done in various centres in the country on the bacteriology of these infections and on the value of the modern anti-biotics in their prevention. As far as treatment of the acute pulmonary infection is concerned both in chronic bronchitis and bronchiectasis penicillin in adequate dosage, parenterally, is probably our most valuable drug. In the prevention, however, of the acute respiratory infections which pre-dispose to the localised inflammation in the lungs it would appear that an anti-biotic such as aureomycin is of some value when given in relatively small doses for a comparatively long period, but work on this subject is still going on.

Neoplasm

The number of cases of neoplasm seen and investigated during the year, although comparatively small, has necessitated considerable investigation.

As before, cases considered suitable for major surgery have been admitted to Shotley Bridge Hospital without any delay, and other cases have been referred to the Radio-Therapy Department.

The death rate from cancer of all kinds abates very little, and recent figures have shown a rise in overall cancer mortality in males by 6 per cent., and for women a fall of approximately the same amount. The resultant small disparity between the sexes is accounted for largely by the mortality from pulmonary cancer in males.

Indeed, at one of the large general hospitals in London, with 800 autopsies a year pulmonary neoplasm accounts for 30 per cent. of all neoplasm examinations.

Much effort has been expended through the country to try and get early diagnosis in such cases, but, even where such an early diagnosis has been made on clinical and radiological grounds, there would appear to be much more important factors influencing the treatment of these cases. The growth rate of the tumour itself would appear to be of overwhelming importance. When first noted radiologically, even the size of the abnormality on the X-ray film is not a guide as some cancers, when first seen, may be slowly growing ones and others when first seen may be of the rapid invasive metastatic type. One is inclined to assume that cancer spreads generally by lymphatics but some investigators with equal evidence feel that there is some spread at one stage via the blood stream itself.

A recent investigation into gastric cancer even showed that the greater delay and longer the symptoms the greater was the survival rate. It is well-known that a patient with an untreated cancer of the breast may survive for a long period.

Our cases of lung cancer are so small that it would not be wise to draw any conclusions from them, but my own personal records, all of pulmonary neoplasms seen since 1934, and now numbering approximately 160 cases, show little difference in the survival rates between those who have been treated surgically and those who have been considered inoperable even in such a small series as this, however, it is unfair to draw conclusions. Recent investigations elsewhere have suggested indeed that by the time a definite abnormality is noted radiologically most cases of pulmonary neoplasm have progressed too far to permit of successful surgery.

The recent publicity given to tobacco smoking and cancer, both in the medical and lay press, has prompted persons other than those suffering from neoplasm to ask: "Should I give up smoking?" a question which is not easy to answer. The evidence in support of a relationship between tobacco smoking and cancer is not, in my view, conclusive, and in the absence of more definite evidence it would, I feel, be quite wrong for one to be dogmatic on this issue. I feel it is safe, however, to advise all young people to stop smoking, and this is probably good advice. In the case of smokers over the age of 40 I doubt very much whether any cessation of the habit then would effect in any way the incidence of pulmonary neoplasm.

In spite of the conflicting evidence which accumulates year by year we must, in our present state of knowledge, continue to make as early a diagnosis as possible.

Pneumoconiosis

Pneumoconiosis and Silicosis Panels are held at the Chest Centre in consultation with the Senior Permanent Member of the Silicosis Board. Most of the cases naturally come from West Cumberland, and most have been associated with the haematite industry. So far as East Cumberland is concerned a few cases come from the Alston area or from the Patterdale Valley in Westmorland.

I am well satisfied with the results of these panels; a considerable time is spent not only in the examination of the patient and his X-ray films but also in evaluating the percentage of disability due to the disease, and that percentage, if any, due to some medical condition other than pneumoconiosis or silicosis.

Just as in tuberculosis, the advice to a patient with pneumoconiosis varies with each individual case. Generally speaking, one would say that a stage 1 pneumoconiotic in young workers would prompt one to advise that they get out of the pit and seek fresh employment. In pneumoconiotic case stage 2 and 3, however, these would generally be permitted to stay in their employment provided they were working in " approved conditions " and remained under periodic clinical and radiological supervision.

It is a different matter in the more advanced cases of confluent massive fibrosis where there may even be cavitation. This confluent massive fibrosis is the result of infection being super-imposed on stage 2 and 3 pneumoconiosis and according to international classification they are classified either A, B, C, or D, depending chiefly on the size and extent of the confluent lesions. The infection may be either due to the tubercle bacillus or to some organism other than the tubercle bacillus.

The Cardiff school, who have had considerably more experience in this disease, feel that the infection is always tuberculous, this even in spite of negative histological and bateriological findings at autopsy. In Wales such patients are even allowed to continue with their employment in " approved " working conditions, and statistics there have shown that such patients, even those with cavities, live as long working underground as other patients with the same category of disease who have transferred to light industry outside the pit. Whilst these

statistics are very convincing I would personally hesitate to advise a patient with massive fibrosis and cavitation to return to work underground.

MASS RADIOGRAPHY

Groups Examined

During 1953 the Unit operated continuously throughout the Special Area, and in addition to carrying out surveys at works and factories, surveys of the general public were carried out on 29 (24) occasions, 1,407 (2,033) contact cases were X-rayed, 1,079 from the East Cumberland area and 328 from West Cumberland. 677 (938) National Service Recruits were examined; 4 were found to be suffering from active tuberculosis, 2 from bronchiectasis and 2 from heart disease.

Facilities for chest X-ray examination continued to be made available in our public surveys to school children of 14 years and over. The School Medical Officers of the authorities concerned were contacted, and full advantage was taken of the service as 4,707 (4,642) children of these age groups passed through the unit. It is to be noted that examination of school children is only carried out after receiving the consent of the parents.

The full co-operation of the general practitioners in the areas visited was invited during each survey, but unfortunately the number of persons referred by general practitioners declined from 355 in 1952 to 267 in 1953.

Sessions were held for members of the general public in 24 (20) towns and villages in the Special Area. Preliminary propaganda was carried out, including advertisements in the press, in local cinemas and by posters and handbills. These public surveys necessitated no prior appointment, and were well attended, 20,090 (23,281) persons having passed through the unit.

Results

During the year 41,523 (44,849) persons were examined by the Unit. These included 1,069 (1,079) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients, 40,463 (43,770) civilians were examined, of whom 20,731 (22,816) were males and 19,732 (20,954) were females. These examinations are set out in the Ministry of Health age groups in Table 1.

TABLE 1. M.M.R.

Age :	14 and under	15-24	25-34	35-44	45-59	60 and over	Total all ages
Male	1,715 (1,834)	4,715 (5,289)	5,039 (5,156)	3,876 (4,860)	4,200 (4,860)	1,186 (1,270)	20,731 (22,816)
Female	1,648 (1,893)	7,196 (6,867)	4,072 (4,180)	2,995 (3,545)	3,065 (3,617)	756 (852)	19,732 (20,954)
Totals	3,363 (3,727)	11,911 (12,156)	9,111 (9,336)	6,871 (7,952)	7,265 (8,477)	1,942 (2,122)	40,463 (43,770)

No. recalled for full-sized X-ray film: 1,832—4.41% of total examined. (1,665—3.71%)

No. referred for clinical examination: 593—1.43% of total examined (600—1.34%)

No. failing to attend for full-sized film: 104—5.68% of those recalled (93—5.58%)

The detailed results of the X-ray examinations are shown in Table 2.

TABLE 2. M.M.R.

	Male.	Female.	Total.	Percentage of total examined.
Abnormalities Revealed.				
(i) Non-tuberculous conditions:				
1. Abnormalities of ribs	170	187	357 (422)	.86 (.94)
2. Bronchitis and Emphysema	426	552	978 (713)	2 11 (1.59)
3. Bronchiectasis	62	31	93 (94)	.22 (.21)
4. Pneumoconiosis	90	—	90 (130)	.22 (.29)
5. Pleural thickening	274	105	379 (358)	.91 (.80)
6. Intrathoracic neoplasms	7	2	9 (11)	.02 (.02)
7. Cardiovascular lesions				
(a) congenital	2	1	3 (2)	.007 (.004)
(b) acquired	134	201	335 (390)	.81 (.87)
8. Miscellaneous	102	71	173 (163)	.42 (.36)
(ii) Suspected pulmonary tuberculosis:				
Previously known—				
1. Active	4	9	13 (20)	.03 (.04)
2. Inactive	8	9	17 (19)	.04 (.04)
Newly Discovered—				
1. Active	59	62	121 (131)	.29 (.29)
2. Inactive primary	249	167	416 (458)	1.00 (1.02)
3. Inactive post-primary	244	170	414 (658)	1.00 (1.47)

The number recalled for clinical examination included all persons presenting radiological evidence of possible active pulmonary tuberculosis, cases of bronchiectasis, particularly those in the under 35 age groups, all neoplasms, and many of the persons presenting iron ore and pneumoconiotic changes in the X-ray pictures. Clinical examinations were carried out at the Chest Centres.

All cases of pulmonary tuberculosis, bronchiectasis, pulmonary neoplasm and pneumoconiosis which were found were further investigated at the Chest Centres and treatment where practicable was started immediately.

Many other abnormal conditions were discovered, some meriting considerable investigation, and occasionally necessitating a short period in hospital. Those requiring treatment were referred to the appropriate medical and surgical department.

Comments.

The number of persons passing through our units has declined during 1953, the result chiefly of our policy in examining smaller communities in the area who had not previously been examined. Mass radiography will continue to play a vital part in the war against tuberculosis and the very nature of this struggle will inevitably entail a smaller number of persons examined annually because it will increasingly be made available to certain smaller groups of the population selected chiefly by their exposure to infection. You will recall that the statistical data for 1951 and 1952 suggested that there was a larger incidence of active tuberculous disease in certain parts of the West Cumberland area. This would appear to be borne out by the 1953 figures. As a result of this, in the spring of last year we had arranged to devote an increasing part of the time to survey work in West Cumberland but the full effects of this will not be known until the figures for the current (1954) year appear.

1954 will also see a considerable increase of the scheme for B.C.G. vaccination, namely, in its extension to school children between 13 and 14 years of age. I hope that the co-operation already existing between the local health authorities and ourselves will permit of mass radiography examination being made available to all those children at about the same time as their Mantoux testing is done. It might, and should be possible for all the family contacts of the Mantoux positive re-actors to pass through the unit at a following mass radiography session.

Once again I would emphasis that the results of the mass radiography service cannot be assessed on the number of abnormalities found and especially on the number of new cases of active tuberculosis discovered. Important though these figures are, it is not less important to be able to give an assurance that so large a proportion of the general public have normal chest X-rays.

Again even in spite of a normal X-ray report, should chest symptoms develop later, the person concerned should seek further medical advice, preferably from his own doctor.

I would, however, plead for a bigger response from factory workers when our unit is doing a factory survey. The unit can and will cope just as easily if 100% of the factory staff pass through as with 50% or 60%.

Acknowledgments

Once again it is a pleasure to acknowledge the valuable help received in the Chest Centre work as a whole from the staff of the Public Health Department, and particularly I would express my sincere thanks to Dr. Guy, the County Medical Officer, for his continued valuable co-operation.

W. HUGH MORTON,

Consultant Chest Physician.

SOUTH WESTMORLAND.

During 1953 the Chest Clinic work was carried out at the Fellside Clinic, Kendal, though at the time of writing this the transfer to Ghyll Head, Westmorland County Hospital, Kendal, has taken place. The sessions have remained unchanged—11 a.m. Fridays for consultation and review, and 4-30 p.m. Tuesdays for refills, and review also. A few consultations and X-rays are also taken at Meathop. The total number of cases seen for the first time during the year 1953 was 296, of whom 99 were contacts. A diagnosis of tuberculosis was made in 34 cases, and the table below shows the comparative figures for the previous three years, and it will be noted that there is little change in the totals :—

	1950.	1951.	1952.	1953.
(1). No. of persons first examined during year ..	369	310	250	296
(2). No. of persons in (1) who were contacts ..	99	95	61	99
(3). No. of new cases diagnosed as tuberculous ..	37	43	22	34
(4). No. of cases in (3) who were contacts ..	5	3	5	3
(5). No. of cases on Clinic Register at 31st Dec. ..	257	280	286	298
(6). No. of cases in (5) who had positive sputum between 1st July and 31st Dec. ..	43	39	37	28
(7). Health Visitor's Visits:				
(a) to new cases and contacts	554	723	395	185
(b) to old cases..	1,452	1,869	2,021	1,665
	2,006	2,592	2,416	1,850

The actual numbers of Clinic attendances during the year were 2,634 and 830 refills were given for artificial pneumothorax and artificial pneumoperitoneum — the refills tend to be a decreasing figure, no doubt due to the great increase in the use of Streptomycin, P.A.S. and I.N.A.H., and the continued development of major surgical methods.

Radiographs taken numbered 601 and X-Ray screening was carried out on 1,836 patients. No Streptomycin has been given at the Clinic, but full co-operation has been obtained from practitioners in the area in arranging for the injections to be given in recommended cases, and so far this method has met the needs of patients.

Mrs. D. Williams, S.R.N., has continued her valuable services at the Clinic and as Tuberculosis Health Visitor for Kendal, and has made about 2,000 domiciliary visits. Amongst her multifarious duties are the studying of environmental conditions and helping with hous-

ing problems, control of and advice to patients, chasing-up contacts, follow-up of all cases, carrying out Tuberculin Jelly tests, etc. Tuberculin Jelly and Mantoux tests were carried out in 179 cases. B.C.G. was given to 12 children.

No. 5 M.M.R. Unit of the Manchester Regional Hospital Board, which covers the northern part of the Region, has not visited the Westmorland Area this year, but is due to visit again after Easter, 1954.

Hospital treatment of patients for the South Westmorland area is largely carried out at Meathop, though a few patients have gone to Beaumont Hospital, Lancaster, or (for major surgery) to High Carley Sanatorium, Ulverston. The table shows particulars for Meathop for 1952 and 1953 :—

	1952			1953		
	M.	F.	Total.	M.	F.	Total.
South Westmorland patients in Meathop at 1st January ...	10	9	19	8	9	17
Admissions during year ...	11	10	21	13	10	23
Discharges during year ...	13	10	23	14	15	29
South Westmorland patients in Meathop at 31st December ...	8	9	17	7	4	11

Of the 29 discharged (includes 4 deaths), 19 had Streptomycin, 17 Paramisan Sodium (P.A.S.), and 17 Isonicotinic Acid Hydrazide (I.N.A.H.). These drugs are generally given in combination — Streptomycin + P.A.S., Streptomycin + I.N.A.H., or P.A.S. + I.N.A.H.

In spite of their undoubted efficacy, especially in acute early cases, other forms of treatment are still frequently required, such as A.P. (6 cases) and P.P. (4 cases), or at times major surgery in the form of thoracoplasty or resection of a segment, a lobe or even the whole lung.

The average stay of the patients discharged was unusually high at 365.5 days, but this was accounted for by the 4 patients who died and were in for 697, 692, 1,503 and 1,777 days respectively — which in itself indicates an important point often overlooked in hospital treatment — the care and isolation of an infective patient whose home conditions are unsuitable.

J. MUNRO CAMPBELL,
Consultant Chest Physician.

BOVINE TUBERCULOSIS

The Tuberculosis Order, 1938, is carried out by the Divisional Inspector of the Ministry of Agriculture and Fishers, in co-operation with the County Police.

During the period 1st January to 31st December, 1953, 6 animals were slaughtered under the above Order as follows :—

Cows in Milk :—

2 excreting or discharging tuberculous material.
1 suffered from chronic cough.
2 T.B. udders.

Other cows :—

1 excreting or discharging tuberculous material.

Compensation to owners is paid by the Ministry of Agriculture and Fisheries.

MILK SUPPLIES

The Milk and Dairies (Food and Drugs) Act, 1944, remained in abeyance from the date of its enactment until 1st October, 1949, on which date the County Council ceased to be responsible for the licensing of producers of Tuberculin Tested and Accredited Milk.

This Act and the Regulations made thereunder brought about the following position :—

The Minister of Agriculture and Fisheries is now responsible for :—

(i) The registration and supervision of dairy farms.
(ii) The licensing and supervision of producers of Tuberculin Tested and Accredited Milk.

The County Council is responsible for :—

The licensing and supervision of pasteurising and sterilising premises.

The County District Councils are responsible for :—

(i) The registration and supervision of milk distributors and dairies, other than dairy farms.
(ii) The licensing of dealers of designated milk.

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

It is further provided that all licences to use the designation "Accredited" shall lapse on 30th September, 1954, and shall not be

renewable; no new licence to use the designation "Tuberculin Tested" will be granted after 30th September, 1954, unless the herd is Attested, and after 30th September, 1957, all "Tuberculin Tested" licences still in force will apply only to attested herds.

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

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

TREATMENT OF VENEREAL DISEASES.

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

For the first time since 1949, there has been an increase in the number of cases attending the Kendal Clinic where the total of new patients in 1949, 1950, 1951, 1952 and 1953 have been respectively 50, 35, 19, 13 and 20. Whether these figures bear any relationship to the number of persons becoming infected cannot, however, be stated with certainty, as some cases are now probably treated by general practitioners.

Westmorland cases treated at the following Centres for the year ended 31st December, 1953, are as follows :—

New Cases.

Centre.	Syphilis.	Soft Chancre.	Gonorrhoea.	Non-Venereal & undiagnosed conditions.	Total number of cases.
Carlisle ...	1	—	—	1	2
Kendal ...	3	—	6	11	20
Lancaster ...	—	—	1	4	5
South Shields	—	—	1	—	1
	—	—	—	—	—
Total ...	4	—	8	16	28
	—	—	—	—	—

STATISTICAL TABLES.

The following tables are a simplified version of the Annual Returns now required by the Ministry of Health :—

MENTAL DEFICIENCY ACTS, 1913-1938.

Particulars of Cases Reported during the Year 1953.

Ascertainment.

	Males.	Females.	Total.
(a) Cases reported by Local Education Authority :—			
(i) As ineducable	3	2	5
(ii) As needing care and supervision after leaving school	1	—	1
(b) Other cases found "subject to be dealt with"	1	—	1
(c) Other cases ascertained but not "subject to be dealt with"	—	—	—
	—	—	—
TOTAL cases reported during the year...	5	2	7
	—	—	—

Disposal of cases reported during the Year.

	Males.	Females.	Total.
(a) Ascertained defectives found "subject to be dealt with" :—			
(i) Admitted to Institutions ...	2	1	3
(ii) Placed under Statutory Supervision	2	1*	3
(iii) Died or removed from area...	—	—	—
(iv) Taken to "Place of Safety" ...	1	1*	2
(v) Action not yet taken ...	—	—	—
	--	—	—
Total ...	5	3	8
* Same case.	—	—	—
(b) Cases not at present "subject to be dealt with":—			
Placed under Voluntary Supervision	—	—	—

Particulars of Mental Defectives on 31st December, 1953.

	Males.	Females.	Total.
(1) Number of Defectives found "subject to be dealt with":—			
(a) In Institutions—			
Under 16 years of age ...	4	6	10
Aged 16 years and over ...	51	42	93
(b) Under Guardianship—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	—	1	1
(c) Under Statutory Supervision—			
Under 16 years of age ...	7	6	13
Aged 16 years and over ...	11	17	28
(d) Taken to "Place of Safety"—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	1	—	1
(e) Action not yet taken under (a) to (d) above	—	—	—
	—	—	—
TOTAL number of defectives "subject to be dealt with"	74	72	146
	—	—	—

Included in (b) to (d) above are 8 cases (6 male and 2 female) who are awaiting removal to an Institution.

(2) Number of Defectives under Voluntary Supervision :—

	Males.	Females.	Total.
Under 16 years of age	—	—	—
Aged 16 years and over	10	20	30
	—	—	—
Total ...	10	20	30
	—	—	—
TOTAL number of defectives (1) and (2) above	84	92	176

TABLE 1.

ANTE-NATAL AND POST-NATAL CLINICS.

(1)	No. of clinics provided (2)	No. of sessions per month (3)	No. of Women who attended. (4)	No. of women in col. 4 who had not attended a clinic since previous confinement. (5)	Total attendances. (6)
Ante-natal ...	—	—	—	—	—
Post-natal ...	—	—	—	—	—

TABLE II.

DOMESTIC HELPS.

(a) Number of Domestic Helps employed at 31st December, 1953 :—	
(1) Whole-time	5
(2) Part-time	30
(b) Number of cases where Help was provided :—	
(1) Maternity	49
(2) Tuberculosis	—
(3) Chronic sick including aged and infirm	109
(4) Others	38

TABLE III.

HOME NURSING.

	Medical.	Surgical.	Infectious Diseases.	Tuber-culosis.	Maternal Compli-cations.	Totals.
No. of cases attended during year ...	2,929	1,332	96	51	59	4,467
No. of visits paid during year ...	59,559	15,857	473	1,216	448	77,553

TABLE IV.

INFANT WELFARE CENTRES.

No. provided	No. of Sessions per month	No. of Children who at first attendance were under 1 yr.	No. of children who attended and who were born in :			Total No. who attended	No. of attendances made by children who at date of attendance were :			Total Attendances.
			1953	1952	1951–48		Under 1 yr.	1-2 years.	2-5 years.	
16	24	379	297	305	491	1,093	3,127	1,314	2,098	6,539

TABLE V.

HEALTH VISITING.

No. of children under 5 yrs. visited.	Expectant mothers		Children under 1 yr. of age.		Children 1–2 yrs.	Children 2–5 yrs.	Tuberculous households	Other cases	Total households visited.	Visits to tuberculous households by T.B. visitors
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.		
5,178	—	—	944	10,499	5,909	11,137	891	4,335	4,686	2,080

TABLE VI.

MIDWIVES' ACT, 1951—RETURN OF LOCAL SUPERVISING AUTHORITY.

1. Maternity Cases Attended.

(1)	No. of deliveries in the area attended by Midwives during the period:					
	Domiciliary Cases.					
	Doctor not booked.		Doctor booked.		Totals	Cases in Institutions.
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.		
Midwives employed by:						
(a) the Authority ..	8	36	80	95	219	—
(b) Voluntary Organisations	—	—	—	—	—	162
(c) Hospital Management Committees	—	—	—	—	—	491
Midwives in private practice ..	—	—	—	—	—	39
Totals ..	8	36	80	95	219	692

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the fourteenth day 454

2. Midwives in Private Practice.

(a) Domiciliary	—	
(b) In Nursing Homes...	6	
		6

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

No. of cases in which medical aid was summoned during the period :—

(a) For Domiciliary cases :—		
(i) Where the Medical Practitioner had arranged to provide Maternity Services under the National Health Service Act, 1946	35	
(ii) Other cases	3	
	—	38
(b) For cases in Institutions		31

4. Administration of Analgesia.

(a) Number of Midwives in practice in the area qualified to administer Analgesics :—		
(i) Domiciliary	36	
(ii) In Institutions	16	
	—	52
(b) Number of sets of Analgesic apparatus in use by the Authority's midwives		31
(c) Number of cases in which gas and air was administered in domiciliary practice :—		
(i) when doctor was not present... ...	90	
(ii) when doctor was present	59	
	—	149
(d) No. of cases in which pethidine was administered in domiciliary practice :—		
(i) when doctor was not present... ...	23	
(ii) when doctor was present	27	
	—	50

TABLE VII.

AMBULANCE SERVICES.

(1)	No. of Vehicles at 31-12-53 (2)	Total No. of patients. (3)	Total No. of journeys. (4)	No. of emergency patients included in col. (3) (5)	Total mileage during period. (6)
Ambulances ...	7	3,369	2,411	278	78,490
Cars	...See below*	19,154	6,587	222	275,808

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

NOTIFIABLE DISEASES, 1953.

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Abortive Poliomyelitis	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Cerebro-Spinal Fever	Meningococcal Infection	Cerebro-Spinal Meningitis	Food Poisoning	Acute Post Infect. Encephalitis
Appleby ..	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—
Kendal ..	—	15	—	2	13	—	4	—	—	2	—	31	3	—	399	60	—	—	—	6	2
Lakes ..	—	2	—	2	4	1	2	—	—	1	—	—	—	—	109	12	—	—	—	—	—
Windermere	—	2	—	2	4	1	5	—	—	—	—	—	—	—	43	2	—	1	—	—	—
N Westmorland	—	6	—	—	7	6	14	—	—	1	—	—	1	—	75	57	—	1	—	4	—
S Westmorland	—	15	—	5	12	5	8	—	—	2	—	4	1	—	316	34	—	—	—	1	—
Totals 1953	—	41	—	11	41	13	33	—	—	6	—	35	5	—	942	171	—	2	—	11	2
Totals 1952	—	44	—	8	50	8	26	—	—	3	—	21	4	—	149	382	—	3	—	4	1

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1953.

Ages.	Smallpox.	Scarlet Fever.	Paratyphoid Fever	Erysipelas.	Acute Pneumonia.	Abortive Poliomyelitis	Acute Poliomyelitis non-paralytic	AcutePoliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Measles	Whooping Cough	Cerebro-Spinal Fever	Meningococcal Infection	Cerebro-Spinal Meningitis	Food Poisoning	Acute Post-Infect. Encephalitis
Under 1 year ..	—	—	—	—	—	—	—	—	—	—	—	—	15	14	—	—	—	—	—
1-2 Years	—	2	—	—	1	—	—	—	—	—	—	—	142	33	—	—	—	—	1
3-4 „ ..	—	7	—	—	3	—	—	—	—	7	—	—	219	42	—	—	—	2	—
5-9 „ ..	—	23	—	—	2	—	—	2	—	12	—	—	495	74	—	2	—	—	1
10-14 „ ..	—	9	—	1	1	—	—	1	—	1	—	—	46	4	—	—	—	—	—
15-24 „ ..	—	—	—	—	4	—	—	3	—	9	1	—	10	1	—	—	—	2	—
25 years and over	—	—	—	10	22	—	—	—	—	6	4	—	15	3	—	—	—	7	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	41	—	11	33	—	—	6	—	35	5	—	942	171	—	2	—	11	2
Cases admitted to Hospital ..	—	10	—	2	—	—	—	6	—	—	—	—	2	—	—	2	—	2	2
Total Deaths ..	—	1	—	—	—	—	—	1	—	2	—	—	—	1	—	—	—	—	1

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