[Report 1955] / 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 1955

Westmorland Gazette Ltd., Kendal

WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

THE YEAR 1955

CONTENTS

COUNTY OF WESTMORLAND.

Public Health Department,
County Hall, Kendal.
October, 1956.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1955. This is the tenth Annual Report which I have prepared for the Westmorland County Council and I think it would be opportune to mention the invaluable help that we have received from voluntary workers in the clinics, both for maternity and child welfare and for innoculations. The part played by the voluntary helpers in these clinics is an undramatic one but, nevertheless, it often is an important one, so far as the running of the clinic is concerned. It may not be out of place to mention that this is now the eighth year in which there have been no cases of diphtheria in Westmorland, and the part played by the voluntary worker in assisting at the clinics has been a material one in this success. I would, therefore, like to publicly thank the ladies of the St. John Ambulance and the British Red Cross Society, and the other voluntary workers, for the part they have played during the past years in the advancement of public health in Westmorland.

VITAL STATISTICS

The death-rate for the County is 10·4 as against the death-rate for England and Wales of 11·7. The Infant Mortality Rate has risen this year and is 27·47, against 24·9 for England and Wales. This condition is not so much due to a greater number of infantile deaths as to the fallacy of the small statistics. The birth-rate of the estimated resident population is 14·4, compared with the birth-rate for England and Wales of 15·0. The Registrar-General estimates that the resident population mid-1955 has fallen by 100.

The chief causes of death remain as before with heart disease, cancer and cerebral haemorrhage leading in that order. These three causes account for more than all the other classified causes of death put together. Deaths due to infectious disease are of relatively negligible proportions.

With regard to the infant deaths within the County prematurity and atelectasis seem to be responsible for far and away the greater

number of deaths of infants. The cause of the infant mortality is being investigated by a Local Obstetric Committee which has been set up this yean.

NOTIFIABLE INFECTIOUS DISEASE

Once again the comment on infectious disease is of a negative nature. We have again remained free from diphtheria and, apart from a small outbreak of measles, there have been relatively few cases of infectious disease. The dreaded poliomyelitis has been responsible for five notified cases during the year, of which three were of a paralytic nature.

The reports of the Tuberculosis Officers are again included in detail and prove most interesting reading. Dr. Morton, in his introduction, points out that the number of new cases of tuberculosis continues to show an appreciable decline and the number of cases with positive sputum at the end of the year had almost been halved. The waiting list for admission to hospital continues at a low level. I think one can rightly assume that this state of affairs is the result of new weapons which have come into the fight against tuberculosis, namely, Mass Miniature Radiography, improved lung surgery and employment of potent antibiotics.

AMBULANCE SERVICE

During the past year the ambulance service has continued to function satisfactorily. The total journeys served by the ambulance were slightly less than the previous year, although the mileage was up by approximately 3,000. Again, the sitting case car mileage was down by approximately 2,000—the total milage being 244,703 as against 246,400 for 1954.

NURSING SERVICES

The future of this service is under a cloud at the moment as there are not nearly enough recruits coming forward to fill the ranks of the profession, with the result that there is already a great scarcity of nurses within the country and Local Authorities are now competing one with another to fill the many advertised posts that are now available.

WELFARE FOODS

This service continues to function as before.

I have the honour to be,

Your obedient servant,

JOHN A. GUY,

County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1955.

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
A. Parkin .. .. (Resigned 30-4-55)	B.D.S.	Assist. Dental Officer	Whole	School Dental Officer
I. Fletcher .. .. (Commenced 12-9-55)	B.D.S.	Assist. Dental Officer	Whole	School Dental Officer
P. G. Holloway	.. .. ..	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-1955)	66,800
Total Rateable Value as on 1st April, 1955 ...	£486,910 10s.
Estimated product of a Penny Rate (General County) for the financial year 1955-6	£1,940

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1955.

	Total.	Males.	Females.
Live Births—Legitimate	867	436	431
Illegitimate ...	43	20	23
Total births ...	910	456	454

Birth-rate per 1,000 of the estimated resident population ... 14·4

Birth-rate, England and Wales, 15·0.

	Total.	Males.	Females.
Stillbirths	20	12	8

Rate per 1,000 total live and stillbirths, 21·5

Stillbirth Rate, England and Wales, 23·1.

	Total.	Males.	Females.
Deaths	802	396	406

Death-rate per 1,000 of the estimated resident population, 10·4.

Death-rate, England and Wales, 11·7.

Death from Pregnancy, Childbirth or Abortions ... 1

Rate per 1,000 total (live and still) births, for the purpose of calculating Maternal Motality, 1·08.

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0·64.

Death Rate of Infants under one year of age :—

All infants, per 1,000 live births	27·47
Legitimate infants per 1,000 legitimate live births ...	27·68
Illegitimate infants per 1,000 illegitimate live births ...	23·25

Infant Death-rate, England and Wales, 24·9.

POPULATION.

DISTRICT.	Area in acres (Land and Inland Water).	Population. Registrar General's estimate Mid.-1955.
URBAN.		
Appleby ...	1,877	1,700
Lakes ...	49,917	5,500
Kendal	3,705	18,460
Windermere ...	9,723	6,510
RURAL.		
North Westmorland	288,688	16,470
South Westmorland	151,007	18,160
Westmorland ...	**504,917**	**66,800**

BIRTH RATE 1954-55

Birth Rate per 1,000 estimated resident population.

District.	1954.	1955.
Urban.		
Appleby	12.1	12.7
Kendal	12.8	13.9
Lakes	10.4	10.4
Windermere	10.2	10.0
Rural.		
North Westmorland ..	17.1	16.3
South Westmorland ..	14.2	16.6
Westmorland	**13.7**	**14.4**
England & Wales	15.2	15.0

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

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

Year	1951.	1952.	1953.	1954.	1955.
Number of births...	898	948	937	863	910

DEATH-RATE, 1953, 1954 and 1955.

Death Rate per 1,000 estimated population.

District.	1953.	1954.	1955.
URBAN			
Appleby	10.6	11.8	11.8
Kendal	14.3	10.4	10.7
Lakes	8.5	8.7	12.4
Windermere	8.5	11.0	11.1
RURAL			
North Westmorland	10.6	10.8	11.1
South Westmorland	10.0	10.7	8.5
WESTMORLAND	11.0	10.6	10.4
ENGLAND and WALES	11.4	11.3	11.7

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 1953, 1954 and 1955, in order of maximum fatality in 1955, were as follows:—

	1953.	1954.	1955.
Heart Disease	251	301	271
Cancer	119	119	131
Cerebral Haemorrhage	143	151	125
Violence (including accident) ...	43	31	40
Other Circulatory Diseases ...	47	37	36
Bronchitis	34	27	29
Pneumonia	16	19	24
Digestive Diseases	13	11	12
Other Respiratory Diseases	9	10	12
Tuberculosis of the Respiratory System	7	2	9
Nephritis	10	8	8
Influenza	5	2	4

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY. (Under 1 year).

Rate per 1,000 Live Births.

District.	1953.	1954	1955.
URBAN			
Appleby	47.6	52.6	50.0
Kendal	46.6	16.9	38.9
Lakes	Nil	Nil	18.2
Windermere	14.3	Nil	33.3
RURAL			
North Westmorland	26.4	15.8	28.9
South Westmorland	27.5	33.8	14.5
WESTMORLAND	28.8	19.7	27.5
ENGLAND and WALES	26.8	25.5	24.9

ILLEGITIMATE INFANT DEATH RATE.

Rate per 1,000 Illegitimate Live Births.

	1953.	1954.	1955.
WESTMORLAND	90.91	58.8	23.3

Causes of Death in Infants under 1 year in 1955 :—

Prematurity	5
Atelectasis	5
Bronchitis	3
Cerebral haemorrhage	2
Broncho-pneumonia	2
Infantile asthenia	2
Meningo-myocele	1
Shock	1
Hydrocephaly	1
Asphyxia	1
Cerebral compression	1
Convulsions	1
Anoxia	1

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 is one clinic in Kendal where mothercraft training is undertaken; this of course would be a useful adjunct to any ante-natal clinic. The only other 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 37 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 25 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.

	1953	1954	1955
No. of cases, doctor booked ...	175	168	151
No. of Cases, doctor not booked...	44	9	19
	219	177	170

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 15 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.

	1953	1954	1955
Total Health Visits to Infants under 1 year ...	10,499	10,725	11,413
Total Health Visits to Children 1-5 years ...	17,046	16,438	20,240

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, but there are no arrangements for district training within this County. An annual series of lectures is arranged which includes topics specifically relating to home nursing.

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 eighth 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 of school age should have been immunised within the last 5 years, and on this basis a fall in the percentage of children protected is to be regretted.

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 to 4	5 to 14	Total.
Primary	306	316	90	712
Reinforcing	—	52	597	649

TABLE B.

Number of children at 31-12-55 who had completed a course of immunisation prior to that date :—

Age at 31-12-55	Under 1	1-4 years	5-9 years	10-14 years	Total under 15 years.
Born in Year	1955	1951-1954	1946-1950	1941-1945	
Last complete course of injections :					
(a) 1951-55 ...	74	2,433	3,603	434	6,544
(b) 1950 or earlier ...	—	—	1,361	3,332	4,693
(c) Est. Child Population	850	3,650	10,100		14,600
Immunity Index $^{100x}a/c$	8.7%	66.6%	40%		44.8%

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 small pox 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 1955 are:—

Age at date of vaccination:	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 yrs. and over.	Total.
No. vaccinated ...	466	11	10	7	23	517
No. re-vaccinated	—	—	—	7	43	50
					Total ...	567

Of 910 children born in the County during the year only 466 are known to have been vaccinated. This figure, 51 per cent., is most regrettable compared with 65 per cent. in 1954, although it compares favourably with 50 per cent., 47 per cent. and 31 per cent. in 1953, 1952 and 1951 respectively. It cannot, however, 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 18 infant welfare centres, four of which are staffed by a general practitioner, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal is the only clinic which operates weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access. The infant welfare clinics are made good use of by the mothers; the chief use is advice on general infant hygiene and feeding. Owing to the scattered nature of the population the clinics tend to be small but one feels that there is a definite need even for a small clinic.

For some years arrangements had been in force under which some Welfare Centres and some District Nurses had issued Welfare Foods supplied under the Government Scheme, but on 28th June, 1954, responsibility for this work was formally transferred to Local Health Authorities. Despite the very short notice given to the County Council of the proposed change it may confidently be stated that in general the population of the county has a service available now which is at least as convenient to them as the service which the Ministry of Food provided.

For the service available in the more remote country areas thanks are due to the many voluntary distributors, W.V.S. members, shopkeepers and others, who give of their time to handle these commodities in places where the demand could not otherwise be met.

The Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

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

Area.	*Centre held at:*	*Frequency of Sessions.*
Ambleside ..	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
Murton ..	Parish Institute ..	"
Shap ..	Methodist Chapel Hall ..	"
Staveley ..	Working Men's Institute ..	"
Tebay ..	Methodist Chapel Hall ..	"
Temple Sowerby ..	Church Hall ..	"
Warcop ..	R.A.C. Camp ..	"
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

	1953.	1954.	1955.
Under 1 year	3,127	2,736	2,968
Over 1 year	3,412	3,166	3,081
Average per session ...	22.7	19.4	18.4

DISTRIBUTION OF WELFARE FOODS

As reported last year, the Council was required to assume responsibility on 28th June, 1954, for the distribution, to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at Stramongate School Clinic, and other subsidiary centres throughout the county; some at Welfare Centres, others at the homes of District Nurses,

others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The quantities distributed during 1955 were :—

Period	National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
	Tins.	Bottles	Packets	Bottles
1st Quarter ...	8,086	2,446	661	8,182
2nd Quarter ...	8,633	1,994	758	9,661
3rd Quarter ...	8,899	1,839	805	11,521
4th Quarter ...	8,812	2,579	865	9,458
Total for year	34,430	8,858	3,089	38,822

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	17
Confinements in:—	
Mother's own home	5
St. Monica's Maternity Home	1
Helme Chase Maternity Home	5
Private Nursing Homes	—
Coledale Hall, Carlisle	—
Penrith Maternity Home	1
City Maternity Hospital, Carlisle	2
Brettargh Holt Maternity Home	—
Other addresses	3
Disposal of Infants:—	
Mother keeping baby	15
Baby in care of grandmother	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 21 maternity beds and during the year 54 maternity cases were admitted, two of whom were domiciled in Westmorland.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 40 maternity beds, and during the year 114 maternity cases were admitted, for none of whom the Westmorland County Council were asked to assume financial liability.

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 1955:—

Born in Hospital		
Still-Births		14
Live Births		34
Died within 24 hours of birth ...	2	
Survived 28 days	29	
Born at Home :		
Still-Births		—
Live Births nursed entirely at home	—	3
Died within 24 hours of birth ...	—	
Survived 28 days	3	
Live Births transferred to hospital		—
Died within 24 hours of birth ...	—	
Survived 28 days	—	
Born in Nursing Homes :		
Still-Births		—
Live Births		2
Died within 24 hours of birth ...	—	
Survived 28 days	1	

REGISTRATION OF NURSING HOMES

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

There were six registered homes at the end of the year providing beds for 64 maternity patients and 32 other patients, including one home providing 10 non-maternity beds, first registered during 1955. They have been inspected at regular intervals.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

The demand for treatment by expectant and nursing mothers continues to remain very small and only 7 attended for treatment.

56 children, under school age, were inspected at the Dental Clinics and 44 were found to require treatment. With three exceptions these were treated and made dentally fit. Treatment consisted of fillings, silver nitrate applications and extractions done in the main under general anaesthetics.

TABLE A.

	Examined.	Requiring Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	7	7	7	7
Children under 5 years ..	56	44	41	41

TABLE B.

	Scaling and Gum Treatment.	Fillings.	Crown AgNO3.	Inlay.	Extract.	Gen. Anaes.	Dentures Full.	Dentures Part.	X-ray.
Expectant and Nursing Mothers	—	4	—	—	20	6	2	1	—
Children under 5 years ..	—	23	44	—	46	34	—	—	—

THE PUERPERAL PYREXIA REGULATIONS

During 1955 two cases 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 73.

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.

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	7
(c) St. Monica's Maternity Home, Kendal ...	4
(d) Brettargh Holt	2
(e) Private Practice : Nursing Homes	1

Midwives Notification Forms received during 1955 were as follows :—

Notification of sending for Medical Aid ...	85
„ Artificial Feeding	144
„ Stillbirth	18
„ Death	3
„ having laid out a dead body ...	14
„ liability to be a source of infection	10

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 125 domiciliary cases, and at the end of the year 35 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 1955 36 such cases were referred, of whom 29 were certified as blind, six as partially sighted and one as neither blind nor partially sighted.

The total number of persons on the Council's register on 31st December, 1955, was 136 blind and 16 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	1	—	12
(b) Treatment (medical, surgical or optical)	10	—	—	6
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	6	—	—	5

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 a psychiatric clinic staffed by the Medical Staff of Lancaster Moor Hospital is held at the Westmorland County Hospital, Kendal; the Board has now appointed an additional consultant psychiatrist for the northern part of its area, and this officer has assumed responsibilty for this outpatient 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 71 and 72 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.

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

Year.	No. of Patients.	No. of Journeys.	Total Mileage.
1955	17,594	6,865	244,703
1954	17,204	5,975	246,400
1953	19,154	6,587	275,808
1952	14,579	5,908	216,299
1951	11,534	5,783	219,208

Comparable 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 have the honour to report on the activities of the County Ambulance Service for the year ending 31st December, 1955.

There has been no material change in the general set up of the Service and it continues to function very satisfactorily under the existing conditions, although there has been some concern at the out-stations by the personnel at these stations with reference to payments for services rendered. The Committee made recommendations which were acceptable to those concerned and I think satisfactory to both sides.

The number of ambulances operating remains at seven and are stationed at the following depots :—

Depot.	Number of Ambulances.	Method of Manning.
Kendal ...	4 ...	Whole-time (5) augmented by one part-time female attendant and St. John Ambulance Brigade personnel.
Ambleside ...	1 ...	Part-time personnel.
Appleby ...	1 ...	Part-time personnel.
Kirkby Stephen	1 ...	Part-time personnel.

By agreement with the Cumberland County Council the Penrith ambulance gives cover to certain of our northern parishes.

Ambulances.

There has been no replacement of ambulances during the year.

Six of the vehicles in commission are of the Bedford Lomas type, and one is a Morris.

They have all given good service and, by standardising, maintenance has been made much easier.

AMBULANCES NOW IN COMMISSION

Depot.	Make.	Year.	Mileage 31st Dec. 1955.	Condition.
Kendal	Bedford (CEC 505)	1954	21,346	Good
Kendal	Bedford (BEC 672)	1953	54,954	Good
Kendal	Bedford (AEC 905)	1951	87,868	Good
Appleby	Bedford (AEC 539)	1951	66,004	Good
Kendal	Bedford (JM 9344)	1950	80,331	Good
Kendal	Bedford (JM 9344)	1950	80,331	Good
Kirkby Stephen	Bedford (JM 8868)	1949	89,786	Fair
Ambleside	Morris (JM 7667)	1948	37,942	Good

It will be seen from the above details that the greater part of the work continues to be carried out by the Kendal depot. As far as it is possible all long distance journeys are done by Kendal, thereby easing any inconvenience to the volunteers who are privately employed.

In my previous report I suggested that mileage and not age should be the deciding factor in our replacement programme. This is now evident and I recommend that a new ambulance be purchased during the 1956-57 financial year, to replace the 1949 Bedford run at Kirkby Stephen which has now done more than 90,000 miles and will have completed over 100,000 miles by the time it is replaced.

The servicing and garaging of the vehicles at Kirkby Stephen, Appleby and Ambleside remain satisfactory and the Kendal vehicles are very well maintained by the Fire Brigade mechanic.

Ambulance Calls.

Station.	No.	Patients Carried : Infectious	Accidents	Maternity	Others.	Total Patients.	Patient Carrying Journeys.	Abortive & Service Journeys.	Total Journeys.	Mileage.
Kendal	4	38	210	57	2,235	2,540	2,148	7	2,155	54,021
Ambleside	1	—	29	—	79	108	98	2	100	3,656
Appleby	1	—	53	23	409	485	227	5	232	14,903
Kirkby Stephen	1	—	19	27	100	146	135	—	135	11,691
	7	38	311	107	2,823	3,279	2,608	14	2,622	84,271
Date :—										
1953	7	42	278	167	2,882	3,369	2,378	33	2,411	78,490
1954	7	27	239	148	2,680	3,094	2,279	29	2,308	81,025

	1955.	1954.	1953.
Average miles per journey ...	32.14	35.11	32.56
Kendal	25.07	26.46	24.41
Ambleside	36.56	39.67	37.15
Appleby	64.24	70.32	65.00
Kirkby Stephen	86.60	81.71	85.64

37 journeys are included in the above which were carried out on behalf of the Lancashire County Council with a mileage of 1,312.

Personnel.

The general efficiency of all staff has been very praiseworthy. The whole-time members who are members of the St. John Ambulance Brigade have during the year again qualified in First Aid to the Injured.

The Kendal Division of the St. John Ambulance Brigade have during the year given excellent service by providing, when required during the night, an attendant and during an emergency in the daytime have provided a driver.

The voluntary members who man the out-stations have at all times done a good job, often at considerable personal inconvenience to themselves.

Accommodation.

Accommodation for vehicles remains unchanged at Kendal, they are garaged at the Fire Station. I still suggest that other accommodation should be found and thereby leaving accommodation for Fire Service vehicles which have to stand in the open.

Wireless.

The necessity for wireless-telephony communciation of the vehicles is still of some importance and would in an area such as is covered by the service be of great value and a time saver as well as reducing the abortive miles travelled.

General.

During the period covered by this report there has been no noteworthy change of circumstances, the aim being at all times to give the service that is expected.

This has been made possible only with the co-operation of all, which co-operation at all times has been readily given.

Without a willing and efficient staff my work would have been doubly hard.

In conclusion, I again offer my very sincere thanks to the County Medical Officer and his staff for the help and advice always so readily available.

To the Control Room Attendant, my clerk and mechanic who really work so hard, as it were behind the scenes, I say "Thank you."

To you, Sir, and Members of the Health (General Purposes) Sub-Committee, I thank you once again, for your help and guidance at all times.

T. HASEMAN,
Ambulance Officer.

ANNUAL REPORT OF THE COUNTY ANALYST

1. During the year ended the 31st December, 1955, I have analysed 261 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, and the Defence (Sale of Food) Regulations, 1943.

2. Samples of genuine quality total 213, which have been certified in this respect: Four samples were reported as being of genuine quality but below standard, 21 were adulterated or below standard or disclosed some irregularity, 3 were of doubtful quality, whilst 10 reference samples and 10 appeal samples were also the subject of report.

3. The outcome of the analysis of all samples submitted during 1955, 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	61
Number of samples other than milk received for analysis	200
	261

This indicates that during the year ended the 31st December, 1955, there was a decrease of five samples received for analysis, as compared with the year ended the 31st December, 1954, when 266 samples were submitted.

Number of samples adulterated or below standard or showing some irregularity ...	21
Number of samples of genuine quality but below standard	4
Number of Informal samples	7
Number of Appeal samples	10
Number of Reference samples	10

4. **MILK.**

Of the total number of Milk samples submitted for analysis during the year, 20 were found to be of genuine quality, complying with the requirements of the Sale of Milk Regulations, 1939, in all respects, 14 samples were below standard, four samples were reported as being of genuine quality but below standard, three samples were

reported as being of doubtful quality and in connection with the deficient samples 10 samples were taken as reference samples and 10 samples were taken as Appeal to Cow samples.

Of the 14 samples below standard, 10 were deficient in non-fatty solids and the freezing points in each case afforded confirmation of the presence of extraneous water in amounts varying from 2·4 per cent. to 13 per cent., while the samples of genuine quality but below standard were all deficient in non-fatty solids but with freezing points showing that the deficiencies were due to some natural cause and not to the addition of water, but the three samples certified as being of doubtful quality, while containing low non-fatty solids, also gave freezing points which were on the borderline for genuine milk, a combination of circumstances which it is not usual to find where the deficiency in non-fatty solids is due to some cause other than the addition of water.

Samples of Jersey milk have also been submitted during the year. In only one case was the sample not in accordance with its description, and that disclosed 3 per cent. of fat instead of the minimum 4 per cent. which entitles milk to be described in this way, and another sample of Jersey milk afforded non-fatty solids 9·24 per cent. and fat 4·15 per cent. Appeal sample taken in connection afforded the following results:—

Non-fatty solids.		Fat.
8·55%	...	3·35%
9·24%	...	4·15%
9·30%	...	4·25%
9·23%	...	4·10%

The Appeal sample giving only 3·35 per cent. of fat could not be described as Jersey milk.

Appeal samples taken in connection with deficiencies in non-fatty solids, of which there were six, gave the following results:—

Non-fatty solids.		Freezing point.
7·75%	...	—·534°C.
7·90%	...	—·539°C.
8·66%	...	—·548°C.
8·69%	...	—·542°C.
8·68%	...	—·545°C.
8·77%	...	—·541°C.

In all these samples freezing points fall within recognised limits for genuine unwatered milk, and in the case of those two samples disclosing marked deficiencies in non-fatty solids indicate the value of the freezing point in determining whether or not a sample of milk has a deficiency in non-fatty solids through natural causes or owing to the addition of water.

5. OTHER SAMPLES.

Altogether seven samples of articles other than milk were the subject of adverse report during the year ended the 31st December, 1955, comprising a sample of Rum Butter in which only 40 per cent. of the fat was Butter Fat, so that the article had been prepared with a mixture of butter and margarine and not pure butter, and it was the only sample out of the 10 submitted which was incorrectly described. A Sweetened Cake Flour was found to be badly infested by mites and totally unfit for human consumption, while the rest of the samples were all Pork Sausages, four of which were deficient in meat content, the deficiencies varying from 4·2 per cent. to 12 per cent., calculated on the basis of 65 per cent. of meat for pork sausages, and one sample, although it contained 76·5 per cent. of meat, had been preserved by the addition of sulphur dioxide to the extent of 316 parts per million, with no declaration of the presence of preservative as required by the Preservatives, etc., in Food Regulations.

In connection with the meat content of sausages, about which there had been considerable publicity recently, it is of interest to note that out of 22 samples of Beef Sausages submitted for analysis no samples fall below 50 per cent. in meat content, while of the 22 samples of Pork Sausages received during the year only seven fall below 65 per cent. in meat content. The following table shows the distribution of the meat content in these samples:—

Beef Sausages.		Pork Sausages.	
Below 50%	0	Below 60%	1
50-55%	1	60-65%	6
55-60%	1	65-70%	4
60-65%	6	70-75%	5
65-70%	3	75-80%	4
70-75%	1	80-85%	1
75-80%	3	96%	1
80-85%	3		—
85-90%	0		22
90-95%	3		—
97%	1		
	—		
	22		
	—		

Of the six samples of Pork Sausages in the range 60 to 65 per cent. the deficiencies were:—

Samples 60-65%.

61·2%—1	Deficient	6%
62·2%—1	„	4%
62·3%—1	„	4%
64·0%—3	„	1·6%

It is evident from the above data that in general the quality of sausages procurable in the County of Westmorland is most satisfactory and there is no evidence to indicate any difficulty in adhering to a 50 per cent. meat content for Beef Sausages and a 65 per cent. for Pork Sausages, for even in the case of those falling between 60 and 65 per cent. three of them were certainly to be regarded as being of reasonable genuine quality, i.e., containing 64 per cent. of meat.

CYRIL J. H. STOCK,
County Analyst.

FOOD AND DRUGS ACTS, 1938-1950
ANNUAL REPORT OF THE CHIEF SAMPLING OFFICER FOR THE YEAR 1955.

This report covers the period 1st January to 31st December, 1955, with reference to the provisions of the Food and Drugs Acts relating to the composition and labelling of foods and drugs and also deals with ancillary duties allied to those parts of the Food and Drugs Acts for which the County Council is responsible.

The administrative area includes the whole of Westmorland.

Continuing 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 made 1,263 preliminary sorting tests or Gerber tests, from milk in transit to collecting stations, or in the course of delivery to customers or from milk supplied to schools in addition to which, 261 samples comprising 61 of milk and 200 others were submitted to the Public Analyst who found that 36 samples were below standard, adulterated or irregular in some other respect.

Analysed by the Public Analyst.

Milk Samples.

It will be appreciated that one effect of selective sampling, following up preliminary sorting tests on milk samples, is to nullify any significance in what would otherwise be regarded as a high proportion of unsatisfactory samples in the following table:

MILK SAMPLES.

	Satisfactory.	Below Standard.	Doubtful.	Added Water.	Total.
Purchased from Retailer ...	15	8	1	—	24
Obtained from churns in transit	5	2	1	9	17
"Follow up" or "Reference"	5	—	1	4	10
"Appeal to Cow" ...	7	3	—	—	10
	—	—	—	—	—
	32	13	3	13	61
	—	—	—	—	—

Of the 13 samples below standard, 6 were genuine milk with a low content of "Solids not fat"; 2 disclosed slight deficiencies in "solids not fat" and 5 samples were classified as "deficient in fat," of which 2 samples described as Jersey milk contained only 3.0% and 3.35% of fat instead of not less than 4.0% fat as would be expected in milk to which the designation "Jersey" is applied.

Eleven samples containing added water were made the subject of legal proceedings and the action taken in respect of other samples disclosing irregularities was to warn the seller or note the name of the producer with a view to further sampling.

Samples Other Than Milk.

The 200 samples "other than milk" were mainly foods or constituents used in the preparation of food and comprised 7 informal and 193 formal samples from the 34 different commodities. Particular attention was given to foods manufactured, packed or prepared for sale in Westmorland.

Classification of Samples.

Nature.	Satisfactory.	Indicating some Irregularity.	Total.
Sausages	42	5	47
Meat Products	5	—	5
Fish Products	6	—	6
Ice Cream	14	—	14
Other prepacked food ...	117	2	119
Other non-prepacked food ...	5	—	5
Articles of a medicinal nature ...	4	—	4
	193	7	200

Samples disclosing irregularities were:—

Article.	Nature of Irregularity.
Pork Sausage ..	Deficient in meat content to the extent of 4.2%
Pork Sausage ..	Deficient in meat content to the extent of 4.3%
Pork Sausage ..	Deficient in meat content to the extent of 5.8%
Pork Sausage ..	Deficient in meat content to the extent of 12.0%
Pork Sausage ..	Failure to exhibit "Contains Preservative" Notice
Sponge Mixture ..	Infested with food mites
Rum Butter ..	Containing fat other than butter fat

in respect of which, warning letters were sent to the sellers in each case.

The following table gives a summary of the price and meat content of sausage samples based on information supplied on request to the Ministry of Agriculture, Fisheries and Food each quarter.

Based on	Range of Meat content.	Range of prices per lb.	Average Meat Content.	Average Price per lb.
23 samples of Pork Sausage ..	57% to 96% ..	2/5 to 3/- ..	73%	2/9d.
24 samples of Beef Sausage ..	54.5% to 97% ..	2/- to 2/9 ..	73.7%	2/4½d.

Prosecutions.

Number of Persons Charged.	Nature of Charge.	Result Fine.	Cost.
		£ s. d.	£ s. d.
1 ..	Selling milk to which an addition had been made	2 10 0	2 3 9
	Ditto	2 10 0	2 3 9
1 ..	Selling milk to which had been added water ..	Conviction quashed on appeal to Quarter Sessions	
	Ditto	Ditto	

Ancillary Duties.

Milk Pasteurisation Plant.

Eight visits have been made to the only plant in the County at which the designation "Pasteurised" is permitted to be applied to milk. Eight samples of heat treated milk were obtained and sent for examination. Two samples failed to pass the prescribed tests for pasteurised milk.

School Milk.

Samples have been obtained from 78 deliveries of milk at 49 schools. Certain suppliers deliver to a number of schools and the work has been so arranged that at least one sample has been obtained from milk delivered by each supplier of school milk in Westmorland. The samples are sent for examination by the Department of Pathology, Public Health Laboratory Services, and the results of the tests applied are summarised as follows :—

	Samples obtained.	Tests Applied. B.Coli.	Methylene Blue.	Phos. phatase.	Cavy Innoc- :ated.	Total Tests.
Satisfactory ..	19	36	44	5	56	141
Unsatisfactory	57	24	32	—	—	56
Test Void ..	2	2	2	—	—	4
	78	62	78	5	56	201

Of the 24 samples classified as unsatisfactory by the presence of b.coli., 8 were found to be satisfactory on the Methylene Blue test.

Pharmacy and Poisons Act, 1933.

Shopkeepers are permitted to sell certain poisons provided they have registered with the local authority for that purpose and ob-

serve the conditions governing the sale of poisons. The forms in which such poisons are commonly retailed from shops, other than chemists' shops, are household ammonia, sheep dips, horticultural sprays, insecticides, disinfectants, rat and mouse poison, hair dyes and paint removers. Certain arsenical and mercurial poisons may only be sold to persons who are engaged in and require the article for the trade or business of agriculture or horticulture.

The number of persons listed as sellers of Part II poisons is 181, and attempt has been made to ensure that each seller is familiar with at least those provisions of the poisons rules which apply to the articles exposed for sale.

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

It was found necessary to direct the attention of 11 traders to the provisions of the Poisons List and the Poisons Rules.

Food Labelling.

Most pre-packed foods are now required to be labelled with a statement of ingredients and the name and address of the manufacturer or packer in addition to an indication of the weights or measures of the contents. The number of packages examined during the period under review was 4,437 arising from which, 115 technical infringements were noted and these were corrected at the time of, or shortly after, the Inspector's visit to the premises.

A. BRYANT,

Chief Sampling Officer.

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, 1955	12
„ new cases seen	73
„ follow-up cases seen	193

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, 1954 and 1955

	1954.			1955.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	29	35	64	33	36	69
Rural Districts	26	29	55	31	31	62
Grand Total ...			119	Grand Total ...		131

TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1955:—

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	1	—	—	—	—
1	1	—	—	1	—	—	—	—
5	3	—	2	1	—	—	—	—
15	9	7	—	2	—	—	—	—
25	5	3	—	1	2	1	—	—
35	3	—	1	2	—	—	—	—
45	2	—	—	—	3	2	—	—
55	4	1	2	—	—	—	—	—
65	—	1	—	—	1	—	—	—
75	1	1	—	—	—	—	—	—
TOTAL	28	13	5	8	6	3	—	—
1954	26	18	6	9	3	1	1	—

In 1955 Westmorland patients were admitted to the following Hospitals :—

Westmorland Sanatorium, Meathop	25
High Carley, Ulverston	7
Longtown Infectious Diseases Hospital, Carlisle	1
Ormside Infectious Diseases Hospital	5
Beaumont Hospital, Lancaster	5
City General Hospital, Carlisle	3
Cumberland Infirmary, Carlisle	1
Blencathra Sanatorium, near Threlkeld	5
Wrightington Hospital, near Wigan	2

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.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and at the end of 1953 the Ministry of Health advised the extension of the scheme to cover schoolchildren aged between 13 and 14 years, but it was not found possible to commence the work until the spring of 1955, when a small pilot group was dealt with in Kendal.

The number of contacts and schoolchildren vaccinated during 1955 are given below:—

Contacts	...	...	23
Schoolchilren		...	62

With regard to the scheme covering school children, it is worthy of note that of 100 school children whose parents desired them to have this form of protection, 34 had already been infected with tuberculosis though not suffering from the disease in an active form; 62 were vaccinated and in four cases the treatment was not completed owing to absence of the children from school. Of the 62 children vaccinated a subsequent test showed that in only one case had the treatment failed to produce the anticipated result.

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

Our statistics for 1955 continue to show the same trends as were noted in the report for 1954. Whilst **the number of new cases of pulmonary tuberculosis found continues to show an appreciable decrease the drop in the number of those with a positive sputum at the end of the year has been almost halved** as compared to 1954. **The waiting list for admission** to hospital of cases of tuberculosis **remains at a low level,** but the small number of beds available for the treatment of non-tuberculous pulmonary conditions continues to create a waiting list problem. As pulmonary conditions other than tuberculosis continue to account for the vast majority of cases seen and investigated at the chest centre, this lack of beds is serious, particularly during epidemics of acute respiratory illness; in several instances recently we have had to refuse admission to patients whose condition, when first seen at the chest centre, warranted immediate hospital admission.

Whilst the results in tubercle are highly gratifying, I would again stress that these should not cause complacency. A further decrease of infection in this community will obviously result in a larger number of susceptible persons who are not only non-infected but who are completely unprotected, and our continued inability to vaccinate with B.C.G. vaccine the large mass of the susceptible population below the age of 13 continues to be a serious gap in our efforts.

As in pervious years, a short section on non-tuberculous diseases of the chest is appended. Not only should the steady increase in the number of new cases of pulmonary cancer be noted, but also the comparatively low proportion of these new cases who are considered fit for major surgery. As mentioned later, these figures in part reflect the apathy and ignorance which characterises the attitude of the older age groups in the population to regular mass radiography examination.

TUBERCULOSIS

Notifications.

In the East Cumberland area in 1955, notifications for the pulmonary type of the disease dropped from 170 to 139 and the notifications of non-pulmonary disease dropped from 34 to 31. This decrease was general throughout the area, except in North Westmorland, where

nine new cases notified in 1955 represented a 50 per cent. increase on the corresponding figure for the previous year. In the Cumberland county area the new pulmonary cases fell from 66 to 56, whilst in the Carlisle City area corresponding figures were 98 and 74.

This decrease in the number of new cases of tuberculosis is common to most areas in the conntry and our figures are comparable to the other chest areas in the Newcastle Region. There is no doubt but that this decrease is genuine as it has occurred in spite of our efforts to extend our mass radiography surveys and to provide in general enhanced facilities for the examination of suspects.

The mass radiography unit allotted to the Special Area continues to play a vital role, not only in the discovery of new cases of tuberculosis and cancer, but more particularly in examining an appreciable percentage of the population who have never before had a chest X-ray. This percentage, although still small, shows a definite increase and I have no doubt that, provided our factory and public session surveys are carried on with the same intensity and regularity as heretofore, this percentage will slowly increase. There will still remain a hard core of the elderly public who will adamantly refuse to pass through the unit, and this problem will be with us for some time yet. As, however, the older sections of the population die off we should expect much more co-operation from the younger generations taking their place now that these have become accustomed to periodic routine mass radiography examination as part of their way of life. In this older age group there are undoubtedly undiscovered cases of active tuberculous disease, and it is only when their resistance breaks down or when they are admitted to hospital for an operation and have their pulmonary condition discovered on routine chest X-ray that we discover these cases. It is unfortunate that these elderly patients should not seek advice before a medical or surgical emergency arises, particularly as immediate hospital treatment is available to all cases and, if the disease is found early, an excellent prognosis can be given.

The assessment of cases of pulmonary tuberculosis as active continues to be a major part of our chest centre work. The number of cases under observation shows a decided increase, and assessment is particularly difficult, especially in cases where a patient is symptomless and only presents radiological evidence of a pulmonary lesion.

I must again stress the importance of notifying cases of active non-pulmonary tuberculosis when these are first seen. I called atten-

tion to this in the report for 1954, but during this year several further instances have occurred where on enquiring into the family history of a new case of pulmonary tuberculosis, a relative with un-notified non-pulmonary tuberculosis has been found.

Table 1 gives the number of notifications throughout England and Wales for the years 1950 to 1955.

TABLE 1

Notifications in England and Wales.

Year.	No. of Notifications.
1950	... 59,000
1951	... 49,440
1952	... 41,904
1953	... 40,917
1954	... 36,973
1955	... 34,209

Table 2 shows the notifications in North Westmorland for the years 1950 to 1955:—

TABLE 2

Year.	Pulmonary.	Non-Pulmonary.
1950	12 ...	6
1951	9 ...	7
1952	22 ...	4
1953	8 ...	6
1954	6 ...	5
1955	9 ...	4

The sex and age distribution of cases seen in 1955 are set out in Table 3 and apply to the North Westmorland area only, the figures in parentheses being the number of cases from the whole of the East Cumberland Hospital Management Committee area, including the County, City of Carlisle and North Westmorland.

TABLE 3.

	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus.
Respiratory.								
Males	1(4)	—(3)	1(11)	1(10)	1(15)	1(11)	2(13)	2(9)
Females	—(—)	—(3)	—(25)	—(17)	— (7)	—(4)	—(3)	—(4)
Non-Respiratory.								
Males	—(—)	—(1)	1(1)	—(1)	—(—)	—(2)	1(2)	—(1)
Females	— (1)	—(—)	—(—)	1(4)	— (8)	—(3)	—(3)	—(1)

I would particularly draw attention to the very marked decrease in the number of new female cases of tuberculosis in the whole area. In the Cumberland county area, whilst the number of new cases has remained approximately the same the decrease in the female sex has not been nearly so marked.

One notes with some satisfaction the drop in the number of new cases in the under 15 age group. I am, however, by no means satisfied that this happy state of affairs is likely to continue. **As noted elsewhere in the mass radiography section there is a most serious gap in our preventative service in that teaching and other school staff in the county area do not pass through the mass radiography unit as staff when we examine school leavers from their schools. Whilst some members of the staff undoubtedly take advantage of the public sessions I very definitely feel that the school medical department should have a regular assurance that no school staff has evidence of active tuberculous disease.** The danger is very great and although a tragedy has not yet occurred in this area it might easily do so. **In Derbyshire in 1952 a teacher was responsible for the occurrence of active tuberculous disease in 13 children, not only that, but the percentage of Mantoux positive children was found to be extremely high, particularly in the 6 to 7 age group.**

Table 4 (a) gives the pulmonary notifications for 1955, and these are further classified as to whether they are infectious or non-infectious and also the extent of the disease which they have on first examination. The figures given apply to the North Westmorland area whilst the figures in parentheses again refer to the whole of the East Cumberland area.

RESPIRATORY

TABLE 4 (a)

	R.A. 1	R.A. 2	R.A. 3	R.B. 1	R.B. 2	R.B. 3
Males ...	1(24)	5(21)	1(9)	—(3)	—(5)	2(14)
Females ...	—(22)	—(15)	—(6)	—(1)	—(6)	—(13)
No. of above respiratory case referred by M.M.R.						
Males ...	1(4)	2(7)	—(3)	—(—)	—(2)	1(3)
Females ...	—(9)	—(9)	—(2)	—(—)	—(3)	—(1)

Table 4 (b) shows the number of cases who first came under our care with definite evidence of cavitation.

TABLE 4 (b)

	With cavitation	Without cavitation	Total.	Percentage with cavitation
Carlisle City ...	23	51	74	31·08% (43·88%)
East Cumberland ...	16	40	56	28·57% (48·48%)
North Westmorland ...	3	6	9	33·33% (33·33%)
	42	97	139	30·21% (45·29%)

Both these tables show a welcome change in two different ways. First, the number of cases classified as R.B., viz., those who are infectious and have a positive sputum has dropped. Secondly, the number of cases who, when first examined present definite evidence of cavitation has also markedly declined. Practically half the new cases of tubercle in 1954 had definite cavitation when first seen, but in 1955 this proportion had dropped to less than one-third. As these figures are all strictly comparable to the figures for 1954 they do show, I feel, a very considerable improvement in the tuberculosis state of this community, and this improvement has been more marked in the County of Cumberland area.

Deaths

The number of deaths of cases of tuberculosis in North Westmorland are set out in Table 5, for 1950 to 1955.

TABLE 5

Year.	Pulmonary.	Non-Pulmonary.
1950 ...	5	1
1951 ...	1	1
1952 ...	3	—
1953 ...	2	—
1954 ...	—	—
1955 ...	2	—

Table 6 gives the number of deaths from tuberculosis throughout England and Wales from 1950 to 1955.

TABLE 6.

Year.	No. of deaths.
1950	18,750
1951	12,031
1952	9,335
1953	7,911
1954	7,069
1955	5,838

A certain amount of criticism of tuberculosis statistics is expressed at various times, and the past 12 months has seen rather more articles written on this subject than usual. It is true that there are certain anomalies and tables 5 and 6 may be used to illustrate one of these. These both show the number of cases of pulmonary tuberculosis who have died died during 1955, but these cases may not necessarily have died from their pulmonary tuberculosis. Indeed, one or two of our cases have died from other causes, in three instances the exact cause of death being the result of a motor accident, nephritis and non-tuberculous pneumonia. It would, indeed, be very difficult to exactly enumerate deaths from the disease itself. In cases where death has actually occurred from the disease, the disease has been of a chronic extensive nature where cure was impossible.

Whilst such anomalies should be borne in mind when reading the statistics I feel that these make little material alteration to the actual figures in a chest area such as ours when compared from year to year. It is, however, a very different matter when comparing the statistics of one chest area with those of another chest area, even in the same region, and this is particularly true of notification figures. Some chest physicians notify primary tuberculous hilar adenitis discovered on radiological investigation, whilst others reserve notification of such cases for those exhibiting definite clinical symptoms. Such variations could be largely accounted for by the tuberculisation state of the community concerned, and it may well be that some decades hence tuberculosis may have so diminished that the finding of a primary complex and a positive Mantoux may necessitate notification. In spite of all such anomalies, I feel that the Ministry forms, on which our statistics are based, are reasonably sound and give one an accurate picture of the work done in tuberculosis in any chest centre. If the Ministry forms were further elaborated, as some have suggested, to include diseases other than tubercle, I very definitely

feel that the additional information given would not be worth the cost and time of the extra labour involved in compiling such statistics.

Chest Centre Statistics.

Table 7 gives the number of cases of pulmonary and non-pulmonary tuberculosis on the North Westmorland register for 1955. The figures in parentheses in the grand total relate to the corresponding figures for 1954.

The very striking decrease in the number of cases with a positive sputum, and hence infectious, during the last six months of the year should be noted. Whilst the higher number of deaths for the year has reduced this figure slightly, the major factor has undoubtedly been the intensive therapy, both medical and surgical, which has been carried out during the year.

The statistical summary of the work done at the chest centre during the year (not reproduced) shows that the number of new cases seen at the chest centre has remained practically constant, and with one exception show comparatively little variation in the overall picture. The statistics suggest that the work now undertaken at the chest centre is now on a reasonably firm basis and that the statistics will not alter appreciably from year to year. **The exception referred to is the striking drop in the number of cases attending for minor collapse therapy. Not only have we successfully terminated this treatment in a further group of cases, but there has been a very much smaller number of new cases necessitating this therapy.** I anticipate that the numbers of those requiring such therapy will diminish still further in future.

Contact Examinations.

Our contact work has been carried out on the same lines as in 1954 and efforts continue to be conducted on as wide a basis as possible. Child and adolescent contacts continue to be Mantoux tested as well as X-rayed. Contacts continue to include contacts at work as well as family contracts, both immediate and remote. Last year I specifically drew attention to a serious gap in our contact examination, e.g. in cases where other members of the family were married and were living in different parts of the county or city as the case may be, and particularly if the relative was a married sister. During the past year we have had two further cases of pulmonary tuberculosis in married women whom we had never seen before, and in both cases a sister was already under our care with the disease.

TABLE 7.

Clinic Register as at the end of 1955.

North Westmorland

	Respiratory			Non-Respiratory			Totals			Grand Total
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register on 1st January, 1955 ...	33	29	2	9	16	8	42	45	10	97 (89)
Additions to Register during 1955 ...	10	—	1	2	1	1	12	1	2	15 (17)
	43	29	3	11	17	9	54	46	12	112(106)
Removals from Register during 1955 ...	4	5	1	1	1	—	5	6	1	12 (9)
Number of Cases on Register on 31st December, 1955 ..	39	25	2	10	16	8	49	41	10	100 (97)
Number known to have had a positive sputum within the preceding 6 months ...	2	—	—	—	—	—	2	—	—	2 (7)

Positive reactors in the 5-7 age group continue to be seen in co-operation with the school medical departments, and have been investigated at the chest centre. During the past year one case of active tuberculous disease was discovered as a result of these investigations.

The conversion rate after B.C.G. vaccination remains high. In two cases done during the year the post-B.C.G. Mantoux test was negative, but on repetition they were found to be positive.

The number of contacts found to be tuberculous, for the whole East Cumberland area, and notified during the year total 7 as compared with 26 in 1954.

Whilst this essential preventative service has worked satisfactorily there are still certain gaps, some of which cannot be corrected without throwing an impossible burden on an already hard worked staff.

Nursing and domestic staff in the hospitals in the East Cumberland Hospital Management Committee continue to be Mantoux tested and are given B.C.G. where necessary; they are also examined radiologically at intervals.

There is now no question of the efficacy of B.C.G. vaccine in preventing the miliary types of the disease. Since we commenced vaccinating susceptible contacts with B.C.G. vaccine no such contact in this area has been notified as a case of tuberculous disease. Whilst few controlled trials have been carried out in this country many have been carried out abroad, and these **to my mind leave no doubt but that B.C.G. vaccine should be made available to all susceptible persons and more particularly that every new born child should have this.** As matters stand at present I firmly believe that our future cases of tuberculous disease will be found amongst those individuals who have not been vaccinated with B.C.G. vaccine, and each year's delay in making this vaccination available to all newly born infants postpones by another year our hopes of completely eradicating the disease from the community.

One should not leave the question of B.C.G. vaccine without mentioning the recent suggestion that Isoniazid, which is now well established in the treament of the disease, should also be used prophylactically with B.C.G. vaccine. Of the numerous factors involved here, two points appear to me to stand out. First, one would ask how complete is the immunity resulting from B.C.G. vaccination. **I personally feel that if a person has been successfully vaccinated by B.C.G. vaccine, and even re-vaccinated later should**

his allergic state have altered and his Mantoux test have again reverted to negative, that person will not develop active tuberculous disease. Secondly, there is no question but that the prolonged administration of an antibiotic allows certain bacilli to become resistant to that antibiotic and for this reason **I feel that a powerful antibiotic such as Isoniazid should not be used prophylactically.**

All entrants to one of the largest groups of factories in the county area continue to be X-rayed as a routine, and every effort has been made to induce workers over the age of 45 to attend the mass radiography unit at 12 monthly intervals. This scheme alone has undoubtedly resulted in a very great improvement. Previously this group of factories provided us with a considerable number of new cases of tubercle of varying extent and degree, but during the past year no new case from this group of factories has come to our notice.

The tendency to have routine chest X-rays of all in-patients and out-patients attending any hospital department is spreading; not only are such routine chest X-rays most valuable from the tubercle point of view but they are of considerable value to the medical staff concerned, particularly by the anaesthetist in surgical cases.

Institutional Treatment.

Table 9 gives the number of beds available for the treatment of tuberculosis in the area covered by the East Cumberland Hospital Management Committee.

TABLE 9.

Institution.	No. of Beds.
Blencathra	70
City General Hospital	15
Longtown Hospital	23
Cumberland Infirmary	10
Ormside Sanatorium	22
Ward 7, City General Hospital ...	2
Ward 8, City General Hospital ...	2

Table 10 gives the number of cases from the North Westmorland area admitted to institutions for treatment during 1955.

TABLE 10.

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

Complete bed rest along with intensive chemotherapy continues to be our sheet anchor in the treatment of pulmonary tuberculosis. The small number of cases who have had ambulant chemotherapy and who have during the year come into the area has tended to convince us that bed rest is all important. Many people still regard haematogenous dissemination of tubercle as a rare complication of tuberculosis localised in the lungs, except in the early post-primary period or in the later terminal stages of the disease. **Recent work in Holland, however, based on aspiration liver biopsies has shown that blood spread is very frequent in all types of tuberculosis and at all stages. Even in erythema nodosum, a non-pulmonary condition, aspiration liver biopsy showed sub-miliary tubercles present in 14 out of 20 cases.** Studies of other workers have tended to confirm these findings, there being some variation in the percentage of positive results, but these variations may well be due to differences in technique. These findings do emphasis the need for rest.

The number of cases admitted with diabetes and tubercle and uro-genital tubercle has declined, but close co-operation is maintained as heretofore with the other specialists involved.

All cases of pleurisy with effusion in young adults, in the absence of other demonstrable cause, continue to be treated as tuberculous. As mentioned in last year's report, such cases have been treated in the same way since 1950, and no case has returned to us with further evidence of active tuberculous disease after such treatment. There is no doubt, however, that without adequate treatment, a considerable number, up to 30 per cent. of such cases, would return to us within two to five years with a pulmonary lesion, and a recent paper in " The American Review of Tubercle " has given the re-activation rate of 65 per cent. in American Servicemen who had been inadequately treated for their initial pleurisy.

Table 11 gives the waiting lists for the whole of the East Cumberland Hospital Management Committee area as on the 31st December, 1955.

TABLE 11

Waiting List as at 31-12-55.

	Males.	Females.	Children.	Total.
(a) For admission to hospital or sanatorium ...	2	4	—	6
(b) For admission to Thoracic units	2	1	—	3

During the year we gave up our beds in Meathop Sanatorium. West Cumberland demands on Blencathra Sanatorium have so lessened that during the greater part of the year we have been able to make use of about 70 per cent. of the beds for East Cumberland patients. The lower waiting lists and the larger number of beds available to us have allowed us to admit many cases previously considered chronic and hopeless to our beds for long-term treatment, already with some measure of success.

The beds at Longtown Hospital and Ormside Sanatorium have continued in full use throughout the year and I hope that it will be possible to reduce the comparative overcrowding at Blencathra Sanatorium in the foreseeable future and so raise the standards of the beds there to those pertaining at Ormside Sanatorium and Longtown Hospital. I feel that this is particularly essential in dealing with an infectious disease such as tuberculosis.

Our work at the chest centre here continues to be seriously hampered by lack of space and accommodation. An Odelca camera unit would not only save film and repay its initial cost in a comparatively short time but would allow us to increase facilities for routine X-ray examinations. Our consulting room space, dressing rooms for patients and waiting room accommodation are all inadequate and further extension at the chest centre is urgently required.

The present ward unit in the Pavilion here requires urgent replacement. Beds should be available for the investigation and treatment of all cases of pulmonary disease whether these be tuberculous or non-tuberculous, and the average turnover of chest cases seen at the chest centre during the past two years suggests that a new unit of at least 25 beds is essential. Empty sanatorium beds elsewhere are no solution to this problem, as the majority of pulmonary cases requiring urgent admission to a bed suffering from acute and serious pulmonary disease. Not only would it be reckless and dangerous to send these cases to a sanatorium bed out in the country, but their condition on admission is such that it would be inhuman to deprive relatives of comparatively easy facilities for visiting them. Again, too, diabetics who suffer from pulmonary disease must be admitted to a city unit where adequate laboratory and dietetic control can be carried out.

Care and After-Care

Much time is spent with the Local Authority staffs in this important branch of the tuberculosis scheme. The early admission of patients to hospital has considerably facilitated our work.

Rehabilitation Panels continue to be held every month at the chest centre. Not only are cases of tuberculosis dealt with in this way, but also cases of other pulmonary disease, such as bronchiectasis.

I would again stress that we do not allow cases of pulmonary tuberculosis to return to work whilst the disease is active, but I would point out that this assurance on our part does not necessarily mean that all cases take our advice. Although we can advise patients, and almost every patient takes our advice, there is an occasional one who does not. Such a person may return to work with a positive sputum and ignore our advice, and unless his work is associated with certain manufacturing processes we cannot exert any compulsory powers. I feel that is most important and would strongly commend industrial medical staff to have a patient's statement confirmed that he is fit to return to work and is not a danger to others.

Ambulance Service

We continue to be greatly indebted to the ambulance service. We still have a large number of patients attending for collapse therapy, and whilst these are diminishing, the number of cases with serious non-tuberculous disease is increasing, so that our calls on the ambulance service remains at a high level.

OTHER CHEST DISEASES

Introduction.

Chest diseases other than tuberculosis continue to affect the vast majority of the patients seen at the chest centre. Whilst some of these conditions are acute and some serious there is no doubt that chronic pulmonary disease contributed largely, not only to the mortality rates in this area, but also to the morbidity rates in general. The enhanced facilities now available to us for case finding in tuberculosis have greatly helped in evaluating the true extent of those diseases in the area. Last year, whilst deaths from pulmonary tuberculosis throughout England and Wales were just over 7,000, deaths from pulmonary cancer were 16,000 and the mortality from bronchitis alone was almost 30,000 per annum.

Neoplasm.

The numer of cases of pulmonary cancer seen and investigated during 1955 has again risen, and as before cases considered suitable for pneumonectomy have been admitted to the Thoracic Surgical Unit without delay. Unfortunately, the number of cases considered fit for surgery is still far too low, but has risen from 12.5 per cent. to 29 per cent. in 1955.

There is no doubt but that the disease is steadily increasing, and in the present state of our knowledge it is imperative that a diagnosis should be established as early as possible. Any delay in diagnosis means in fact that one forfeits the only possible hope of cure by a pneumonectomy. In one or two of our cases treatment has been confined to lobe resection followed by deep X-ray therapy. From published results there is no doubt that pneumonectomy is the operation of choice and experimental work has shown conclusively that the lymphatic glands are a definite barrier to the spread of cancer cells, and whilst deep X-ray therapy can exert a very marked effect on the diseased gland itself, the effect on healthy glands is not good. Extensive investigations are necessary before operation is advised but even when the investigations are completed an accurate diagnosis may not be possible until thoracotomy has been carried out. Some lesions when first seen radiologically are so small that the usual extensive pre-operative investigations prove negative. Whilst pulmonary cancer affects chiefly the older age groups of the population, one case in a young married woman of 22 was found last year. In young adults where a solitary shadow noted radiologically suggests a localised tuberculoma our policy is to advise surgery with a view to resection as the risk of overlooking a possible cancer cannot be trifled with. Even in cases where biopsy, after resection, has proved the lesion to be of the nature of a tuberculoma we feel that the operation has been well worth while, because so often recently have we seen such lesions break down completely in elderly people.

Some pulmonary shadows proved to be of the nature of a simple non-malignant tumour when resected, and here again I feel that the operation has proved its worth; not only has one been able to exclude a malignant growth but one has by resection removed the risk of such a simple growth becoming malignant in future.

There is no doubt that there is still considerable apathy on the part of many patients in the over 45 age groups to delay examination until it is too late, and it is extremely doubtful whether this can be rectified by further propaganda or instructions about the danger of cancer.

As matters stand at present the only way in which we can secure an early diagnosis is by radiological examination, and we can only advise such an examination at regular intervals. One wonders whether in time regular mass radiography examinations might not be compulsory. Already large sections of the population throughout the country require to submit to an X-ray examination either

on appointment to a particular job, or in some cases at regular intervals. This has caused little or no reaction in such groups of people, and I feel that the extension of such a scheme has much to commend it.

Whilst the apathy in some cases may be caused through ignorance one feels that in most cases the patient is well aware of the possibility of neoplasm but has delayed seeking medical advice or an X-ray examination, and this attitude is typical of the way in which he, the patient, has handled previous difficulties in his life. I do feel, too that some patients, although they think of cancer as a possibility dread the thought of either an operation or an anaesthetic, and our statistics naturally do not tend to allay these fears completely.

A full and frank discussion with the patient takes place when operative treatment is advised, and, unfortunately, in many cases one has to stress that the growth is not in as early a stage as one would prefer, but the operation does afford a chance of survival. The inevitable result is, as one would expect, viz. — that a proportion of such cases do not survive a two to three year period. Were all cases submitted to the thoracic surgeon in their early stages, then I think that the results obtained would allay these fears.

With regard to the cause of cancer our knowledge has not progressed much. A recent survey in New Zealand has been interesting in that it showed a higher incidence of lung cancer in immigrants from the United Kingdom than in the New Zealanders. The survey showed that the habits and extent of tobacco smoking in the two groups was very similar, and the conclusion was reached that the greater incidence of the disease in immigrants from this country was due to factors associated with urbanisation.

Once again no high incidence of cancer in any of the local industries has been noted. On the other hand my colleagues in the pathological laboratory have noted an exceptional number of iron ore miners who have had pulmonary cancer. It is possibly too early to say definitely whether this is a true relative increase or not. Recent work in coal miners has shown that pulmonary cancer is much less frequent in these workers than in the general population, and it may well be that in iron ore miners this slight increase is more apparent than real and may be due to one of several factors.

Bronchiectasis.

The following table shows the number of Westmorland cases of bronchiectasis on our active register at the end of 1954, and the number of cases coming on to our register during the year, and the number of attendances made by patients suffering from the disease.

	North Westmorland.		
	M.	W.	Ch.
On Register 31-12-54	17	3	4
New cases during 1955	—	1	1
Total on Register 31-12-55	16	5	4
No. at attendances for physiotherapy ...	4	3	7

This aspect of our work has so increased that it has been very difficult to cope with their treatment. Throughout the year we only had the physiotherapist for two sessions per week but we have now, at the time of writing this report, been able to increase this to four sessions per week.

The results of treatment continue to be satisfactory and as before full co-operation in their investigation and treatment is maintained with the Thoracic Unit.

Asthma, Bronchitis and Emphysema.

The vast majority of our new cases suffer from one of these conditions, and in an increasing number of such cases their condition has been so acute when first seen as to merit immediate admission to hospital for investigation and treatment. When one realises how much working time is lost in the older age groups as a result of bronchitis and emphysema I feel that it is time well spent to investigate these cases fully and to try and alleviate their condition. As before full use is made of the physiotherapy facilities.

Pneumonias and Acute Inflammatory Lesions.

A much larger number of acute respiratory cases have been seen in 1955 than in the previous year, and during one recent epidemic cases were extremely ill when first seen.

With efficient antibiotic therapy few pulmonary abscesses occur and of those which do appear most respond well to the antibiotics.

The outlook on pulmonary abscess has changed very considerably over the past ten years. Before the last war treatment was essentially surgical, and complications were frequent, chiefly empyema and brain abscess. The advent of Penicillin, however, altered the picture and one would say that the treatment is now essentially medical. Whilst most abscesses of bacteriological origin clear up satisfactorily with antibiotic therapy, close radiological control is necessary to ensure that resolution has taken place. There is no doubt that lung abscess is much less common than it was prior to the war. Of those seen many are not the result of simple bacteriological inflammation but are associated with pulmonary neoplasm. Three cases seen at the chest centre recently presented themselves for the first time with a large abscess which was proved to be neoplastic. We therefore consider it essential that all cases of abscess should be bronchoscoped to exclude the more serious pathology, even when the abscess cavity is apparently resolving radiologically with consequent improvement in the clinical condition. The only cases of lung abscess which would not be bronchoscoped would be those where the abscess was so extensive on clinical and radiologcal grounds, and when a patient was in such a state that surgery would not be contemplated under any circumstances. One case of hydatid abscess was seen during the year.

Pneumoconiosis.

Pneumoconiosis Panels continued to be held periodically at the chest centre; the majority of the cases come from the West Cumberland area. The degree of compensation awarded is based chiefly on the radiological appearances and yet a patient may be as seriously incapacitated as one who is accepted, and yet not show any radiological evidence of pneumonconiosis. A recent report from the Medical Research Council's research unit at Cardiff has brought this problem to the fore, and has pointed out that the age of the patient is as important as the radiological degree of pneumoconiosis in assessing his clinical disability.

Workers in Newcastle-on-Tyne have even suggested that the X-rays should be omitted. This suggestion creates a very serious problem which, I feel, is associated with the focal emphysema present before there is definite radiological evidence of Pneumoconiosis, and it would indeed be difficult to decide whether the disability of cough and sputum and dyspnoea could be attributed to the patient's exposure to dust. Most of these iron ore miners examined are in the older age groups, and it is doubtful whether the incidence

of pulmonary disability in such patients showing no radiological evidence of pneumoconiosis is actually more common than in the average non-iron ore working population of the same age groups.

Mass Radiography

(NOTE.—Figures given in parentheses throughout the report relate to the corresponding figures for 1954.)

During 1955 we were faced with an acute shortage of technical staff and, as a result, it was decided to close down the unit completely for a period of four weeks in July-August so that the staff would be able to fit in their annual leave at this time and to allow of a complete overhaul of the unit itself and its transport, which is now five years old. For the other eleven months of the year the unit was fully operational throughout the Special Area and the surveys were carried out with increased intensity, so that a further 5,000 people were examined for the whole year in spite of the unit's closure in July-August.

The time spent in the Special area was divided between East and West Cumberland and in 1955 the number of days spent in each area was exactly proportional to the population of each area; 126 days were spent in East Cumberland and 101 in West Cumberland.

Groups Examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 37 (41) occasions, 3,814 (2,413) contact cases were X-rayed, 2,382 from the East Cumberland area and 1,432 from West Cumberland.

By arrangement with the Medical Officers of Health concerned facilities for X-ray examination were made available for all schoolchildren over the age of 13, this examination being complementary to the Mantoux testing and B.C.G. vaccination schemes of the local authorities. Full advantage was taken of the service as 9,757 (4,329) 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 again invited during each survey as in previous years, but the small number of persons so referred is undoubtedly a reflection of the very close liaison between the general practitioners and the chest centres in both areas. Indeed, when one takes into account

the large number of patients referred directly by the general practitioners to the chest centres themselves one can well appreciate that the comparatively small number of patients referred directly to the mass radiography unit must be those unwilling to attend a chest centre but for whom a mass radiography examination may not be so severe a test.

Of the 350 cases referred to the mass radiography unit by general practitioners, three new cases of active tuberculosis, seven new cases of bronchiestasis and one pulmonary neoplasm resulted and go to show, I feel, that the general practitioners in this area are very much on their toes in that they are managing to persuade this small but valuable number of suspect cases to attend the mass radiography unit. In fact, had larger numbers of patients been referred to the unit by general practitioners I would have suggested that the high standards of clinical medicine in this area had deteriorated and that the liaison between the general practitioners and the chest centres was not as close as it ought to be.

Sessions were held for members of the general public in 29 (33) towns and villages in the Special Area. Preliminary propaganda was carried out, including advertisements in the Press, in the local cinemas and by posters and handbills. These public sessions necessitated no prior appointments and were well attended, 20,125 (20,217) persons having passed through the unit.

Results

During the year 49,629 (44,471) persons were examined by the unit. These included 1,177 (1,124) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients, 48,452 (43,347) civilians were examined.

		Percentage of total examined of those recalled
Number recalled for full-sized X-ray film ...	2,214	4.46
	(1,990	4.47)
Number referred for clinical examination ...	521	1.05
	(599	1.35)
Number failing to attend for full-sized film ...	193	8.72
	(127	6.40)

The number recalled for clinical examination included all persons presenting radiological evidence of possible active pulmonary tuberculosis, cases of bronchiestasis, 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.

It will be noted that the number of persons failing to attend for large-sized film examination at the unit has increased, but the majority of these non-attenders have taken advantage of a second or later appointment at the chest centres and have been fully investigated. These non-attenders at the unit tend to increase during the summer months when people go on holiday. Again, the intensity with which surveys have been conducted during 1955 has not allowed adequate time in many instances for large film appointments to be repeated.

The detailed results of the X-ray examinations are shown in Table 1.

TABLE 1.

			Percentage of total examined.	
Abnormalities Revealed.				
(i) Non-tuberculous conditions				
(a) Bronchiectasis	63	(61)	.13	(.14)
(b) Pneumoconiosis	83	(134)	.17	(.30)
(c) Neoplasms	11	(12)	.02	(.03)
(d) Cardiovascular conditions	433	(318)	.87	(.72)
(e) Miscellaneous	398	(697)	.80	(1.57)
(ii) Pulmonary Tuberculosis				
(a) Active	94	(126)	.19	(.28)
(b) Inactive	757	(819)	1.53	(1.84)
(c) Active (previously known)	17	(23)	.03	(.05)

TABLE 2.

EAST CUMBERLAND.

Source of examination.	Miniature Films.	Large Films.	Clinical Exams.	Active T.B.	Inactive T.B.	Bronchiectasis.	Neoplasms.	Pneumoconiosis.	Cardiac Conditions.
Doctors' cases ..	235	50	14	2	6	4	1	—	8
Ante-natal cases	158	7	2	1	1	—	—	—	—
Contact cases ..	2382	97	18	3	51	2	—	—	27
Scholars ..	5473	140	23	—	14	2	—	—	5
School Staff ..	447	20	2	—	12	—	—	—	3
General Public	12448	718	149	19	203	18	7	2	237
Surveys ..	7700	331	60	8	111	4	—	—	37
Mentally defective patients ..	852	79	3	18	57	8	2	1	46
Totals ..	29695	1442	271	51	455	38	10	3	363

Disposal.

1. **Pulmonary Tuberculosis.**

All cases presenting evidence of active pulmonary tuberculosis were referred to the chest centres where full investigation was carried out and treament instituted immediately.

Table 3 relates solely to East Cumberland and shows the total number of new cases of active pulmonary tuberculosis discovered during the year at the chest centre and the proportion of those which were referred directly by the mass radiography unit.

All cases are further classified according to the extent of their disease and also whether the sputum was negative or positive (R.A. cases—negative; R.B. cases—positive).

TABLE 3.

East Cumberland						
Respiratory						
	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Males ..	8 (9)	8 (9)	2 (4)	1 (2)	3 (3)	6 (5)
Females ..	8(10)	7(11)	2 (3)	— (1)	5 (2)	6 (7)
No. of above cases referred by M.M.R.						
Males ..	1 (4)	2 (2)	1(—)	— (1)	2 (1)	2(—)
Females ..	4(—)	7(—)	1 (1)	—(—)	2 (1)	—(—)
Carlisle City						
Respiratory						
	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Males ..	15(12)	8(10)	6(—)	2 (2)	2 (5)	6(10)
Females ..	14(27)	8(13)	4 (3)	1 (2)	1 (8)	7 (6)
No. of above cases referred by M.M.R.						
Males ..	2 (6)	3 (2)	2(—)	—(—)	—(—)	—(—)
Females ..	5 (3)	2 (5)	1(—)	— (2)	1 (1)	1 (—)
North Westmorland						
Respiratory						
	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Males ..	1(—)	5 (1)	1(—)	— (1)	— (1)	2 (1)
Females ..	— (2)	—(—)	—(—)	—(—)	—(—)	—(—)
No. of above cases referred by M.M.R.						
Males ..	1(—)	2(—)	—(—)	—(—)	— (1)	1(—)
Females ..	— (1)	—(—)	—(—)	—(—)	—(—)	—(—)

2. **Bronchiectasis.**

All cases of bronchiectasis found were fully investigated and in the East Cumberland area were retained under regular supervision at the chest centre and were treated with considerable benefit by the physiotherapist on the hospital staff.

3. **Neoplasms**

The number of pulmonary neoplasms discovered remains practicaly the same as it was for 1954, but it is interesting to note that of the total of 11 that were discovered 10 were from the East Cumberland area and this figure of 10 contributed largely to the considerable increase in the number of new cases of pulmonary neoplasm for East Cumberland seen at the chest centre in 1955.

4 **Pneumoconiosis**

As before, all the cases of pneumoconiosis found, with the exception of three, were located in the West Cumberland area.

5. **Other conditions.**

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 or surgical department.

Comments.

Rather more time was spent, as has already been noted, in East Cumberland in 1955 as compared to West Cumberland, and it is interesting to note that in spite of this the number of persons passing through the unit in West Cumberland has remained approximately the same as before, but that the additional time spent in East Cumberland has resulted in an additional 6,000 persons being examined, the figure of 29,695 examinees being the highest number ever recorded in the East Cumberland area. During the year considerably larger numbers of schoolchildren were examined and as only two new cases of active tuberculous disease were found in this group, one must wonder whether the time spent on these examinations was time profitably spent. From the case findings aspect it certainly was not, but from the educational viewpoint I feel it was time well spent. We must look on these school-leavers as the people we desire to come through our unit from the factories and workshops in the future, and I feel certain that if our services continue to be carried out with the same regularity and intensity as heretofore, we shall all the sooner reach the happy position of securing a 100 per cent. response. As it is at present, there is a persistent reluctance on the part of both men and women in the later age groups to attend the unit during factory surveys and, as I once stated before, during a factory survey we can as easily cope with 100 per cent. of the staff as with 50-70 per cent. as we do at present.

I would particularly draw attention to the figures relating to the number of school staff passing through the mass radiography unit. You will note that we X-rayed 447 in East Cumberland but that only 25 were examined in West Cumberland, and all the latter were from a private school. Whilst I appreciate that many of the staff attend ordinary public sessions, I feel very strongly that school staff, and indeed anyone dealing with the education of young children and coming in contact with them, should have a regular chest X-ray examination. This not only applies to school teachers but to canteen staff, and I also feel that the Medical Officer of Health in his capacity of School Medical Officer should have available to him the results of such examination. There is one further point in this connection and

that is that staff should pass through at the same time as their pupils and thus, by their example, impress their young charges with the importance of an X-ray check-up.

During 1955 the investigation of suspects was pursued vigorously from the chest centres, the net being spread wider by including contacts at work and remote family contacts and in the X-ray examinations, the mass radiography unit played an ever-increasing part, the number of such examinations increasing by practically one-third. This increase has been particularly marked in West Cumberland, where our colleagues have been able to intensify their efforts.

It is now calculated that of the total population of 300,000 in the Special Area practically 120,000 have passed through the unit. Whilst this extra 20,000 is a comparatively small figure, the steady increase, year by year, is very satisfactory. Many of the new cases of tuberculosis found in 1955 had never passed through the unit before and there is no doubt that the knowledge that we have no sanatorium waiting list and that tuberculosis can be cured is spreading and breaking down barriers which it would have been impossible to attack five years ago. It is a great pity that pulmonary cancer did not carry the same good prognosis today as does tuberculosis, but in the present state of our knowledge it should and ought to be realised by everyone that the only possible hope of survival in pulmonary cancer is early diagnosis, and early diagnosis means in fact the radiological discovery of a small isolated lesion.

Whilst such lesions are not always malignant and, indeed, in young people, they are often in the nature of localised tuberculomata, they merit full investigation when discovered radiologically and, in most cases, diagnosis cannot be accurately made until surgical intervention has been carried out. It is therefore most important that the individual should realise that his best insurance policy as far as both tuberculosis and cancer of the lung is concerned is for him to pass through the mass radiography unit at least once every twelve months. This applies to both sexes and, in the case of cancer, particularly to those over the age of 40.

Once again I would repeat myself in emphasising that the results of the mass radiography service cannot be assessed on the number of abnormalities found nor in the number of new cases of active tuberculosis and cases of cancer discovered. Important though these figures are it is no less important to be able to give an assurance that so large a proportion of the general public have normal chest X-rays.

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 County Health Department, and particularly I would express my sincere thanks to Dr. J. A. Guy, the County Medical Officer for his continued valuable co-operation.

W. HUGH MORTON,

Consultant Chest Physician.

Chest Centre,
City General Hospital,
Carlisle.

May, 1956.

SOUTH WESTMORLAND

The Chest Clinic sessions held at Ghyll Head, Westmorland County Hospital, underwent a slight alteration of hours during the year and are now as follows :—

> Consultation and review Clinics every Friday from 11 a.m. to 1 p.m. and from 2 p.m. to 3 p.m., whilst each Tuesday evening at 4-30 there is a refill clinic followed by a review session for patients who are working.

The following Table shows the general work done in connection with the Clinic Service :—

	1951.	1952.	1953.	1954.	1955.
(1) No. of persons first examined during year ..	310	250	296	345	284
(2) No. of persons in (1) who were contacts	95	61	99	97	89
(3) No. of new cases diagnosed as tuberculous	43	22	34	26	32
(4) No. of cases in (3) who were contacts ..	3	5	3	2	4
(5) No. of cases on Clinic Register on 31st Dec. ..	280	286	298	279	263
(6) No. of cases in (5) who had positive sputum between 1st July and 31st Dec. ..	39	37	28	17	20
(7) Health visitors' visits					
(a) to new cases and contacts	723	395	185	184	61
(b) to old cases ..	1869	2021	1665	1706	1716
	2592	2416	1850	1890	1777

There is no very striking change in the figures, though there is a slight tendency to lower figures.

Total attendances were 1,895 and refills for A.P. and P.P. were 688, as compared to 1,970 and 721 respectively in the previous year.

Except for the occasional "difficult" patient the attendances of patients called for review were very satisfactory and again with the occasional obstinate exceptions the response of contacts called in for X-ray examination has been very good and generally seems to meet with little opposition nowadays.

The Local Authorities concerned have been as a rule very helpful in considering any housing problems arising in connection with ex-Sanatorium patients and in regard to employment of tuberculous patients no great difficulty has arisen in getting work for them when they are considered fit.

Most of those patients who require treatment have been admitted to Westmorland Sanatorium, though one or two have been treated at Beaumont Hospital, Lancaster, whilst in the case of patients accepted for major surgery, admission to High Carley Hospital, Ulverston, is arranged.

In the case of non-tuberculous cases (bronchiectasis and neoplasm etc.) requiring investigation or treatment such as bronchoscopy, thoracotomy or major surgical procedures, admission is arranged for either to Lancaster Royal Infirmary or Victoria Hospital, Blackpool, under the Consultant Thoracic Surgeon.

WESTMORLAND SANATORIUM TABLE.

	1953.			1954.			1955.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
South Westmorland patients in Meathop at 1st January	8	9	17	7	4	11	7	8	15
Admissions during year ..	13	10	23	14	12	26	17	7	24
Discharges during year ..	14	15	29	14	8	22	15	12	27
South Westmorland patients in Meathop at 31st December	7	4	11	7	8	15	9	3	12

The above table records admissions and discharges to the Westmorland Sanatorium. Though the numbers do not show much variation from previous years, there has been a noticeable tendency to lessening numbers since the autumn 1955 which continues at the time of this report.

In regard to treatment no definite hard and fast line is taken in regard to antibiotics which, though they are generally continued more or less throughout the 'paitient's stay in the Sanatorium, are used with more variation than previously. Streptomycin (or its

equivalent) along with P.A.S. or I.N.A.H. are still the mainstay, especially in early exudate cases though other groupings of drugs can also prove very effective.

Though P.P. and A.P. treatment are used much less frequently than formerly I still feel they have a useful place in the treatment of pulmonary tuberculosis, especially where antibiotics are not fully effective and where the major surgical procedures are unsuitable.

Of the 27 patients discharged from Westmorland Sanatorium, 3 had P.P. treatment and 3 had A.P. treatment (and thoracoscopy) and 4 were transferred for major surgery.

Mr. J. S. Glennie, F.R.C.S., Consultant Thoracic Surgeon for No. 2 area of the Manchester Regional Hospital Board visits Westmorland Sanatorium every fortnight to discuss cases not only in connection with the Sanatorium, but also cases arising from the Chest Clinics at Kendal and Lancaster.

Mr. G. Freeman, F.R.C.S., E.N.T. Specialist visits Westmorland Sanatorium monthly when he sees all new admissions and also reviews old cases and when required sees patients referred from the Chest Clinics.

Mr. N. C. Scott, F.R.C.S., from High Carley Hospital, has carried out thoracoscopies and phrenics when required.

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, 1955, no animals were slaughtered under the above Order.

MILK SUPPLIES

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

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

(i) The registration and supervision of dairy farms.

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

The County Council is responsible for :—

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.

All licences to use the designation " Accredited " lapsed on 30th September, 1954; no new licence to use the designation " Tuberculin Tested " can be granted after that date unless the herd is Attested,

and after 30th September, 1957, all "Tuberculin Tested" licences still in force will apply only to attested herds. This state of affairs already exists in Westmorland.

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

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

TREATMENT OF VENEREAL DISEASES

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

Westmorland cases treated at the following Centres for the year ended 31st December, 1955, are as follows:—

New Cases.

Centre.	Syphilis.	Soft Chancre.	Gonorrhoea.	Non-Venereal & undiagnosed conditions.	Total number of cases.
Carlisle ...	—	—	—	2	2
Kendal ...	2	—	—	8	10
Lancaster ...	2	—	—	4	6
	—	—	—	—	—
Total ...	4	—	—	14	18
	—	—	—	—	—

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 1955

Ascertainment

	Males.	Females.	Total.
(a) Cases reported by Local Education Authority :—			
(i) As inducable	—	—	—
(ii) As needing care and supervision after leaving schooi	—	—	—
(b) Other cases found "subject to be dealt with"	—	—	—
(c) Other cases ascertained but not "subject to be dealt with" ...	—	—	—
(d) Action incomplete	—	2	2
	—	—	—
TOTAL cases reported during the year	—	2	2
	—	—	—

Disposal of cases reported during the Year.

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

Care Arranged under Circular 5/52

Admitted to N.H.S. Hospitals ...	3	2	5

Particulars of Mental Defectives on 31st December, 1955

	Males.	Females.	Total.
(1) Number of Defectives found "subject to be dealt with":—			
(a) In Institutions—			
Under 16 years of age ...	7	4	11
Aged 16 years and over ...	49	43	92
(b) Under Guardianship—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	—	1	1
(c) Under Statutory Supervision—			
Under 16 years of age ...	8	6	14
Aged 16 years and over ...	14	12	26
(d) Taken to "Place of Safety"—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	—	—	—
(e) Under Voluntary Supervision:			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	8	14	22
Total ...	86	80	166

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 ...	1	4	10	10	72
Post-natal ...	—	—	—	—	—

TABLE II.

DOMESTIC HELPS

(a) Number of Domestic Helps employed at 31st December, 1955:—	
(1) Whole-time	2
(2) Part-time	44
(b) Number of cases where Help was provided :—	
(1) Maternity	49
(2) Tuberculosis	3
(3) Chronic sick, including aged and infirm	156
(4) Others	31

TABLE III.

HOME NURSING

	Medical.	Surgical.	Infectious Diseases.	Tuber-culosis.	Maternal Compli-cations.	Totals.
No. of cases attended during year ...	2,934	1,015	24	33	17	4,023
No. of visits paid during year ...	64,240	12,909	156	1,061	220	78,586

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.
			1955	1954	1953–50		Under 1 yr.	1-2 years.	2-5 years.	
18	26	419	312	307	596	1,215	2,968	1,309	1,772	6,049

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.		
4,537	—	—	867	11,413	7,490	12,750	805	3,847	4,716	160

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 ..	2	17	64	87	170	—
(b) Voluntary Organisations	—	—	—	—	—	140
(c) Hospital Management Committees	—	—	—	—	—	547
Midwives in private practice ..	—	—	—	—	—	28
Totals ..	2	17	64	87	170	716

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the fourteenth day 612

No. of domiciliary cases in which the infant was wholly breast fed at fourteenth day 129

2. Midwives in Private Practice

(a) Domiciliary	—		
(b) In Nursing Homes...	1		
	—	1	

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	56		
(ii) Other cases	—		
	—	56	
(b) For cases in Institutions		29	

4. Administration of Analgesia

(a) Number of Midwives in practice in the area qualified to administer Analgesics :—			
(i) Domiciliary	35		
(ii) in Institutions	16		
	—	51	
(b) Number of sets of Analgesic apparatus in use by the Authority's midwives		35	
(c) Number of cases in which gas and air was administered in domiciliary practice:—			
(i) when doctor was not present	76		
(ii) when doctor was present	49		
	—	125	
(d) No. of cases in which pethidine was administered in domiciliary practice :—			
(i) when doctor was not present ...	31		
(ii) when doctor was present	14		
	—	45	

TABLE VII.

AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-55. (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	3,729	2,622	311	84,271
Cars	...See below*	17,594	6,865	241	244,703

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

NOTIFIABLE DISEASES, 1955

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infect. Encephalitis	Typhoid Fever
Appleby ..	—	—	—	—	1	—	—	—	—	—	—	—	—	10	2	—	—	—	—
Kendal ..	—	2	—	2	9	5	—	—	1	—	2	—	—	4	6	—	3	—	—
Lakes ..	—	15	—	1	3	—	1	—	—	—	—	—	—	50	—	—	8	—	—
Windermere	—	1	—	—	6	1	5	2	1	—	—	—	—	3	2	—	—	—	—
N Westmorland	—	1	—	—	9	4	2	—	—	—	4	2	—	290	62	—	—	—	—
S Westmorland	—	5	—	1	13	3	—	—	1	—	8	—	—	11	4	—	1	—	1
Totals 1955	—	24	—	4	41	13	8	2	3	—	14	2	—	368	76	—	12	—	1
Totals 1954	—	24	—	2	44	15	7	7	1	—	2	3	—	542	115	5	2	1	—

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1955

Ages.	Smallpox.	Scarlet Fever.	Paratyphoid Fever	Erysipelas.	Acute Pneumonia.	Acute Poliomyelitis non-paralytic	AcutePoliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infect. Encephalitis	Typhoid Fever
Under 1 year ..	—	—	—	—	—	—	—	—	1	—	—	6	4	—	—	—	—
1-2 Years	—	1	—	—	—	—	—	—	2	—	—	61	11	—	—	—	—
3-4 „ ..	—	1	—	—	—	2	1	—	1	—	—	82	15	—	—	—	—
5-9 „ ..	—	12	—	—	—	—	—	—	7	—	—	182	45	—	—	—	—
10-14 „ ..	—	8	—	—	—	—	1	—	1	—	—	28	1	—	3	—	—
15-24 „ ..	—	2	—	—	1	—	1	—	1	2	—	6	—	—	2	—	—
25 years and over	—	—	—	4	7	—	—	—	1	—	—	3	—	—	7	—	1
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	24	—	4	8	2	3	—	14	2	—	368	76	—	12	—	1
Cases admitted to Hospital ..	—	15	—	2	—	2	3	—	—	—	—	—	—	—	—	—	1
Total Deaths ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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