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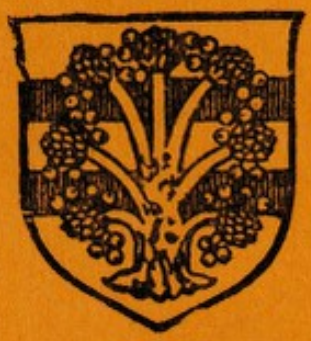
WESTMORLAND COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

THE YEAR 1957

Westmoriand Gazette Ltd., Printers, Kendal.

WESTMORLAND COUNTY COUNCIL

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CONTENTS

COUNTY OF WESTMORLAND.

Public Health Department,
County Hall, Kendal.
October, 1958

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report on the Health of the County during the year 1957. The introduction, as usual, will be brief and the substance of the report is to be found in the succeeding pages. The tables have been prepared in accordance with the Ministry of Health circular and comment has been made where appropriate.

The health of the County has been good during the past year and calls for little comment. The Minister has asked for information on home nursing, ante-natal care and smoking and lung cancer. The latter two subjects have already been the subject of special reports to the Minister and are only briefly mentioned here. The response of the public in general to the discovery of the connection between smoking and lung cancer can only be described as unenthusiastic. The Health Committee wisely have decided that the most effective propaganda should be directed to those who have not yet started to smoke, and are eneavouring to educate the older schoolchildren through lectures in school against smoking. There has been no move as yet to discontinue smoking at Council meetings as an example to the public.

The major part of the report is negative in nature and, from a Public Health point of view, this is a happy state of affairs. There have been no maternal deaths; venereal disease is almost non-existent. Tuberculosis seems to be declining, and particularly in regard to non-pulmonary forms, where there has been a seven-fold decline in this disease in this County during the past ten years. Enquiry at the local Ethel Hedley Hospital discloses the fact that patients suffering from tuberculous conditions of the bones and joints, once commonly seen, are now rare. No cases of ophthalmia neonatorum were reported.

Infectious disease, in common with the rest of the country, has caused few deaths. On the other hand, cardiac disease and cancer remain the major causes of death.

This year I must pay tribute to the Mental Health Service. There is no question but that under the National Health Service a greatly improved service has resulted with efficient liaison between Local Authority Staff, Hospitals, Patients and Occupation Centre. The latter, though small, has proved its use, and good work has been done in instructing ineducable patients.

In conclusion, as in previous years, the best tribute I can pay to the other Public Health Services is that they function quietly and efficiently without the public being much aware of it. The British Railways deserve a special mention in the excellent work they have done in transporting long-distance patients with the minimum of discomfort and the maximum of efficiency. Under this heading I should also like to include the Nursing Services, the Ambulance and Hospital Car Service.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1957.

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
M. D. McGarry .. (commenced 1-7-57)	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. ..	Asst. Dental Officer	Whole	School Dental Officer
I. Fletcher ..	B.D.S.	Asst. 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-1957)	66,600
Total Rateable Value as on 1st April, 1957	£788,508
Estimated product of a Penny Rate (General County) for the financial year 1957-58	£2,945

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1957.

	Total.	Males.	Females.
Live Births—Legitimate	867	461	406
Illegitimate	44	27	17
Total births ...	911	488	423

Birth-rate per 1,000 of the estimated resident population ... 14.5

Birth-rate, England and Wales, 16.1.

	Total.	Males.	Females.
Stillbirths	24	13	11

Rate per 1,000 total live and stillbirths, 25.7.

Stillbirth Rate, England and Wales, 22.4.

	Total.	Males.	Females.
Deaths	851	442	409

Death-rate per 1,000 of the estimated resident population, 12.0.

Death-rate, England and Wales, 11.5.

Death from Pregnancy, Childbirth or Abortions ... —

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

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.47.

Death-rate of Infants under one year of age:—

All infants, per 1,000 live births	24.15
Legitimate infants, per 1,000 legitimate live births ...	24.15
Illegitimate infants, per 1,000 illegitimate live births	Nil.

Infant Death-rate, England and Wales, 23.0.

POPULATION.

DISTRICT.	Area in acres (Land and Inland Water).	Population. Registrar General's estimate Mid 1957.
URBAN.		
Appleby	1,877	1,690
Lakes ..	49,917	5,460
Kendal	3,705	18,510
Windermere ..	9,723	6,390
RURAL.		
North Westmorland	288,688	16,320
South Westmorland	151,007	18,230
Westmorland ..	**504,917**	**66,600**

BIRTH-RATE, 1956-57.

Birth Rate per 1,000 estimated resident population.

District.	1956.	1957.
Urban.		
Appleby	12.3	15.2
Kendal	13.3	14.3
Lakes	10.4	9.0
Windermere	11.0	11.7
Rural.		
North Westmorland ..	17.0	17.1
South Westmorland ..	14.0	15.1
Westmorland	**13.8**	**14.5**
England & Wales	15.7	16.1

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.	1953.	1954.	1955.	1956.	1957.
Number of births ...	937	863	910	869	911

DEATH-RATE, 1955, 1956 and 1957.

Death Rate per 1,000 estimated population.

District.	1955.	1956	1957.
URBAN			
Appleby	11.8	16.3	12.8
Kendal	10.7	13.0	13.5
Lakes	12.4	12.6	9.1
Windermere	11.1	10.9	11.8
RURAL			
North Westmorland ...	11.1	13.1	11.6
South Westmorland ...	8.5	11.0	11.4
WESTMORLAND	10.4	12.3	12.0
ENGLAND and WALES ...	11.7	11.7	11.5

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 1955, 1956 and 1957 in order of maximum fatality in 1957 were as follows:—

	1955.	1956.	1957.
Heart Disease	271	314	294
Cancer	131	144	156
Cerebral Hæmorrhage	125	172	147
Other Circulatory Diseases ...	36	36	36
Violence (including accident) ...	40	34	31
Bronchitis	29	26	25
Pneumonia	24	19	21
Digestive Diseases	12	21	14
Other Respiratory Diseases ...	12	8	12
Tuberculosis of the Respiratory System	9	12	7
Nephritis	8	7	4

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY. (Under 1 year).

Rate per 1,000 Live Births.

District.	1955.	1956.	1957.
URBAN			
Appleby	50.0	52.6	—
Kendal	38.9	20.2	30.3
Lakes	18.2	18.2	—
Windermere	33.3	30.8	14.3
RURAL			
North Westmorland ...	28.9	20.0	35.6
South Westmorland ...	14.5	4.3	15.9
WESTMORLAND	27.5	17.3	24.1
ENGLAND and WALES ...	24.9	23.8	23.0

ILLEGITIMATE INFANT DEATH RATE.

Rate per 1,000 Illegitimate Live Births.

	1955.	1956.	1957.
WESTMORLAND	23.3	57.7	Nil.

Causes of Death in Infants under one year in 1957:—

Congenital Defects	6
Prematurity	5
Broncho-Pneumonia	3
Asphyxia	2
Atelectasis	2
Spina bifida	1
Intestinal Obstruction	1
Portal Cirrhosis	1
Suffocation	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. 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.

The very early discharge of mothers and babies from Maternity Homes and Hospitals renders prompt notification of discharge most essential, although it is hoped that a recent decision of the Hospital Management Committee to restrict bookings to such an extent as to minimise the necessity for very early discharge should go far towards rectifying this situation.

DOMICILIARY MIDWIFERY

The midwifery service is provided directly by the Local Health Authority, who employ 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 24 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, but although only 11 out of the 153 domiciliary cases had not booked a doctor, in 85 of the cases the midwife alone delivered the case. This indicates the necessity for the midwife being fully conversant with the history of the pregnancy even if a doctor is booked. Arrangements have been made for the Local Health Authority to assist in selecting women who are to be confined in the Penrith Maternity Home; but an offer of similar assistance to Helme Chase was not accepted. Local courses of lectures to all district nurse/midwives are arranged annually; in addition midwives are sent on approved refresher courses, arranged by the Royal College of Midwives, at the expense of the Local Health Authority, during which time they receive full salary.

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

Domiciliary Confinements.

	1955.	1956	1957.
Number of cases doctor booked ...	151	121	142
Number of cases doctor not booked	19	22	11
	170	143	153

Ante-Natal Care Related to Toxæmia.

Circular 9/56 enclosed for the information of the Local Health Authority a copy of a letter sent by the Ministry to the Chairmen

of Hospital Management Committees asking them to initiate discussions on a professional level between representatives of the three branches of the National Health Service.

No meeting of the kind envisaged in the letter has been held covering that part of the County falling within the area of the Manchester Regional Hospital Board, although the Board did seek the views of the local Obstetric Advisory Committee, but it cannot yet be stated that this has yielded any tangible results, although enquiries into stillbirths and neonatal deaths in the area may, and it is indeed hoped will, produce some information of value.

A meeting to deal with this problem in the Special Area of Cumberland and North Westmorland has considered and made detailed recommendations on the points suggested for consideration by the Ministry, but as the meeting was not held until May, 1958, it does not fall within the scope of this report.

HEALTH VISITING

There are no longer any full-time Health Visitors employed in the County, but health visiting is undertaken by district nurse/midwives, of whom 18 hold the health visitor's 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 now awarded each year, 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; the value of the scholarship has also been increased in an effort to attract candidates. A series of lectures is held locally during each year, and selected nurses are sent in rotation on refresher courses.

	1955.	1956.	1957.
Total Health Visits to Infants under 1 year ...	11,413	10,399	9,594
Total Health Visits to Children 1 to 5 years	20,240	16,440	13,830

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 generally satisfactory. There appears to be an increasing tendency for hospitals on the discharge of patients to request the assistance of the domiciliary nursing services in the continuance of the care of the patient.

The question of the extent to which the Home Nursing Service relieves the pressure on hospital beds is frequently raised, and whilst a specific answer may not be possible, it seems reasonable to suggest that some acute cases are discharged from hospitals earlier than they might otherwise have been although, on the other hand, both patients and general practitioners seem to have become somewhat more "hospital minded."

In the case of the chronic sick, however, there appears little doubt that, without the assistance of the District Nurse, most of the many bed-ridden patients for whom they at present care would have to be admitted to hospital at a much earlier stage in their illness. At present admission can often be deferred until they require more or less continuous day and night care, which is not practicable at home.

The 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 and allied subjects.

A summary of the work done is given below; fuller details will be found in the Statistical Tables at the end of this Report.

	1955.	1956.	1957.
Number of Cases Attended ...	4,023	3,795	3,580
Number of Visits ...	78,586	70,835	65,934

DIPHTHERIA IMMUNISATION

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 five years.

In Kendal, which is the only town of any size in Westmorland, an immunisation clinic is held at monthly intervals throughout the year; booster injections of diphtheria antigen are given at the above-mentioned clinic and also at 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 inoculation of young children.

The success of this scheme may be judged from the fact that for the tenth consecutive year there were no cases of diphtheria notified amongst residents of the County.

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 percentage of children protected of 43.8% leaves room for improvement.

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	189	341	70	600
Reinforcing	—	6	413	419

TABLE B.

Number of children at 31-12-57 who had completed a course of immunisation prior to that date :—

Age at 31-12-57.	Under 1	1-4 years	5-9 years	10-14 years	Total under
Born in Year	1957.	1953-1956.	1948-1952.	1943-1947.	15 years.
Last complete course of injections :					
(a) 1953-57 ...	99	2,265	3,241	699	6,304
(b) 1951 or earlier ...	—	—	1,115	3,904	5,019
(c) Est. Child Population	890	3,510	10,000		14,400
Immunity Index $^{100x}a/c$	11.1%	64.5%	39.4%		43.8%

VACCINATION AGAINST SMALLPOX

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 1957 are:—

Age at date of vaccination.	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 yrs. and over.	Total.
No. vaccinated ...	508	39	22	27	54	650
No. re-vaccinated	—	—	—	19	82	101
					Total ...	751

Of 911 children born in the County during the year only 508 are known to have been vaccinated. This figure, 56 per cent., compares with 57 per cent. in 1956, 51 per cent. in 1955 and 65 per cent., 50 per cent. and 47 per cent. in 1954, 1953 and 1952 respectively. It cannot, however, be viewed with equanimity in view of the increased risk of the introduction of smallpox infection by reason of the speed and range of foreign travel.

VACCINATION AGAINST POLIOMYELITIS.

The Poliomyelitis Vaccination Scheme announced by the Ministry of Health in January, 1956, is administered by the County Council as Local Health Authority, and by the end of 1957 had been extended to all children under the age of 15 years and to expectant mothers. In the country areas, particularly, it is only by using the schools as clinics that it is possible to deal with the numbers involved, with the staff available for this work. I would like to take this opportunity of repeating my thanks to the teachers for their ready co-operation in connection with the frequent visits to the schools to carry out the vaccination; without their ready forbearance the work would be impossible.

The limiting factor during the whole of the year was the vaccine supply position, supplies consistently falling far below the amount needed. During the year the treatment of 2,450 children was completed and a further 1,016 children had received their first dose—a total of 5,640 injections—but on 31st December, 1957, there was still a waiting list of 4,663 for whom vaccine was not available.

It is much too soon to express any view, based on our own experience, on the degree of protection afforded by this vaccine, but it is pleasing to report that there have been no reactions worthy of comment.

INFANT WELFARE CENTRES

The Local Health Authority provides 14 infant welfare centres, three 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.

In addition to the arrangements outlined below for the distribution of Welfare Foods the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

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

Area.	*Centre held at:*	*Frequency of Sessions.*
Ambleside ..	Y.M.C.A. ..	Monthly
Appleby ..	Old First Aid Post ..	Fortnightly
Bampton ..	Memorial Hall ..	Monthly
Bowness-on-W'mere ..	Rayrigg Room ..	,,
Burneside ..	Bryce Institute ..	,,
Kendal ..	School Clinic, Stramongate ..	Weekly
Kirkby Stephen ..	Youth Centre ..	Fortnightly
Milnthorpe ..	Institute Annexe ..	Monthly
Shap ..	Methodist Chapel Hall ..	,,
Staveley ..	Working Men's Institute ..	,,
Tebay ..	Methodist Chapel Hall ..	,,
Warcop ..	R.A.C. Camp ..	,,
Windermere ..	St. John Ambulance Rooms ..	,,
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

	1955.	1956.	1957.
Under 1 year	2,968	3,621	2,730
Over 1 year	3,081	3,077	2,380
Average per session ...	18.4	18.0	20.0

DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution, to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at Stramongate School Clinic, and other subsidiary centres throughout the county; some at Welfare Centres, others at the homes of District Nurses, others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The quantities distributed during 1957 were:—

Period	National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
	Tins.	Bottles	Packets	Bottles
1st Quarter ...	8,286	2,236	992	10,185
2nd Quarter ...	6,193	1,631	831	12,280
3rd Quarter ...	5,891	1,587	915	11,493
4th Quarter ...	5,398	1,744	764	7,866
Total for year ...	25,768	7,198	3,502	41,824

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	20
Confinements in:—	
Mother's own home	6
St. Monica's Maternity Home	1
Helme Chase Maternity Home	7
Private Nursing Homes	—
Coledale Hall, Carlisle	—
Penrith Maternity Home	1
City Maternity Hospital, Carlisle	1
Brettargh Holt Maternity Home	—
Other addresses	4

Disposal of Infants:—

Mother keeping baby	15
Baby in care of grandmother	4
Adopted	1

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

St. Monica's Maternity Home, Kendal

The Home possesses 23 maternity beds and during the year 59 maternity cases were admitted, five of whom were domiciled in Westmorland.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 40 maternity beds and, during the year, 126 maternity cases were admitted, for one 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 1957:—

Born in Hospital:		
Stillbirths		10
Live Births		50
Died with 24 hours of birth ...	4	
Survived 28 days	43	
Born at Home:		
Stillbirths		—
Live Births nursed entirely at home		1
Died within 24 hours of birth ...	—	
Survived 28 days	—	
Live Births transferred to Hospital		5
Died within 24 hours of birth ..	1	
Survived 28 days	3	

Born in Nursing Homes:

Stillbirths	1
Live Births	—
Died within 24 hours of birth ...	—
Survived 28 days	—

REGISTRATION OF NURSING HOMES
(Sections 187 to 194 of the Public Health Act, 1936)

There were six registered homes at the end of the year providing beds for 67 maternity patients and 31 other patients. They have been inspected at regular intervals.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

Report of Principal Dental Officer.

The demand for dental treatment by expectant and nursing mothers during the year was small, as in previous years. Those cases who did attend were in need of extractions rather than conservative treatment.

The discrepancy between the 48 pre-school children requiring treatment and the 37 who were actually treated is accounted for by the children of parents who found it more convenient to have their treatment carried out by local dental practitioners.

TABLE A.

	Examined.	Requiring Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	13	13	13	13
Children under 5 years ..	75	48	37	35

TABLE B.

	Scaling and Gum Treatment.	Fillings.	Crown Inlay. AgNO3.		Extract.	Gen. Anaes.	Dentures Full.	Dentures Part.	X-ray.
Expectant and Nursing Mothers	4	6	—	—	49	9	3	—	—
Children under 5 years ..	—	8	24	—	40	24	—	—	—

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 78.

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 has expanded steadily, the cost having now risen to about three and a half times the expenditure during the first complete year's working under the present scheme, although it should be remembered that nearly half this increase is due to higher wages rates. 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 by its steady expansion it is 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	56
District Nurse Midwives	38
Midwives in Institutions and in Private Practice ...	18
viz.:—	
(a) Westmorland County Hospital	2
(b) Helme Chase Maternity Home	8
(c) St. Monica's Maternity Home, Kendal ...	5
(d) Brettargh Holt	2
(e) Private Practice Nursing Homes	1

Midwives Notification Forms received during 1957 were as follows:—

Notification of—	
Sending for Medical Aid	80
Artificial Feeding	172
Stillbirth and death	24
Having laid out a dead body	7
Liability to be a source of infection ...	6

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 119 domiciliary cases, and at the end of the year, 34 District Nurse Midwives were qualified for the induction of gas-air analgesia. Midwives are now also allowed to use Pethidine as an analgesic and this drug was administered in 68 cases.

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 1957 24 such cases were referred, of whom 18 were certified as blind and six as partially sighted.

The total number of persons on the Council's register on 31st December, 1957, was 142 blind and 10 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:	(1)	(2)	(3)	(4)
(a) No treatment ...	6	1	—	2
(b) Treatment (medical, surgical or optical)	6	1	—	2
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	3	—	—	1

Of the persons requiring treatment one in column (2) has died and one in column (4) has left the district.

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.

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 a significant feature, particularly in view of the difficulty of obtaining vacancies in Institutions, is the relief given to the parents if the defectives can be cared for in the Centre for one, two or three days per week.

As a result of the progress so made the Centre was opened for a further day per week for young defectives of both sexes and has now been extended to a third day, whilst the appointment of an Assistant Supervisor has facilitated the admission of more troublesome cases.

A simplified version of the Annual Return to the Ministry, given on pages 76 and 77 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.

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.
1957	19,945	7,317	276,864
1956	16,511	6,265	244,321
1955	17,594	6,865	244,703
1954	17,204	5,975	246,400
1953	19,154	6,587	275,808

It may be noted that although the total mileage is the highest so far recorded both the number of patients and the number of journeys show substantial increases; the mileage per patient, 13.8, is the lowest yet recorded and the miles per journey, 38.0, is the lowest for any year except 1955.

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 beg to submit my Annual Report on the Ambulance Service for the year 1957.

There has been no alteration in the set-up, with the service continuing to function very efficiently from these Headquarters.

The number of miles run compares with the previous year but the number of patients carried is quite appreciably greater. This can, I think, be attributed to co-ordinating the number of patients carried at any one time, and also, too, there were fewer long-distance journeys.

The number of ambulances in commission remains at seven, they being stationed as follows:—

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

Certain parishes in the north of the County receive cover from the Penrith unit of the Cumberland County Council.

Ambulances.

One new Bedford-Lomas ambulance, ordered during 1956, was delivered during the early part of the year, replacing a 1949 vehicle which had become uneconomical to run.

It is anticipated that a replacement will be made at Appleby during the 1958-59 financial year.

AMBULANCES NOW IN COMMISSION

Depot.	Make.	Year.	Mileage 31st Dec. 1957.	Condition.
Kirkby Stephen	Bedford (DJM 727)	1957	10,855	Good.
Kendal	Bedford (CEC 505)	1954	55,699	Good.
Kendal	Bedford (BEC 672)	1953	100,832	Good.
Kendal	Bedford (AEC 905)	1951	97,618	Good.
Appleby	Bedford (AEC 539)	1951	91,097	Poor.
Kendal	Bedford (JM 9344)	1950	85,029	Infectious cases vehicle.
Ambleside	Morris (JM 7667)	1948	44,033	Good.

Ambulance Calls.

Station.	No.	Patients Carried: Infectious	Accidents	Maternity	Others.	Total Patients.	Patient Carrying Journeys.	Abortive and Service Journeys.	Total Journeys.	Mileage.
Kendal	4	35	286	147	2,236	2,704	1,877	24	1,901	44,400
Ambleside	1	—	41	5	71	117	95	1	96	3,091
Appleby	1	2	50	41	474	567	206	1	207	14,874
Kirkby Stephen	1	—	39	17	192	248	188	3	191	13,035
	7	37	416	210	2,973	3,636	2,366	29	2,395	75,400
Dates:—										
1955	7	38	311	107	2,823	3,279	2,608	14	2,622	84,271
1956	7	40	322	129	2,546	3,037	2,311	35	2,346	75,200

	1957.	1956.	1955.
Average miles per journey ...	31.48	32.05	32.14
Kendal	23.36	24.86	25.07
Ambleside	32.20	35.66	36.56
Appleby	71.86	71.30	64.24
Kirkby Stephen	68.25	86.16	86.60

On behalf of the Lancashire County Council 43 journeys were carried out with a mileage of 1,189.

The existing arrangement at Appleby, Ambleside and Kirkby Stephen continue satisfactorily for the servicing of the respective ambulances, whilst those at Kendal are serviced and maintained by the whole-time ambulance personnel and the Fire Brigade mechanic.

Personnel.

Another excellent year's work has been carried out by the volunteers and the whole-time personnel. On many occasions the whole-time members have volunteered, when the necessity has arisen, to forego their rest periods and leave days. Without this co-operation, at times, it would have been extremely difficult to give that service to the public which is now expected of us.

It is my privilege to again thank all those who man the out-stations for their diligence and untiring efforts on behalf of the Service.

The arrangement whereby the Kendal Division of the St. John Ambulance Brigade provides an attendant during the night-time continues to function satisfactorily.

Accommodation.

It is hoped that in the not too distant future that consideration will be given to the provision of more adequate garaging facilities at Kendal. Those now in use are very limited but could well be adapted to the use of the Fire Brigade.

Wireless.

No progress has been made in this direction. I am still of the opinion that in an area such as this it would be of great service and added efficiency.

General.

There has been no special incident during the year to which special reference should be drawn; the only endeavour at all times has been to give the public the service to which they are entitled.

It is encouraging to know by letter and verbally from those who have been our patients that the staff have done their work well.

It is fortunate that we have such a willing and efficient staff, both whole-time and volunteers, who are prepared at all times to place the service before self.

I would like to take this opportunity of again recording my personal thanks to all concerned for their assistance, to all Doctors and other Authorities for their co-operation and to the Fire Service personnel who help so much in the day-to-day running of the service.

I thank the County Medical Officer and his staff for their help and advice.

To you, Sir, and Members of the Health (General Purposes) Sub-Committee I offer my sincere thanks for your help and guidance which has always been so readily available.

T. HASEMAN.

Ambulance Officer.

ANNUAL REPORT OF THE COUNTY ANALYST.

1. During the twelve months ended the 31st December, 1957, I have analysed 192 samples of food submitted by the Sampling Officers appointed for the County of Westmorland under the Food and Drugs Act, 1955, two fewer than in 1956. No samples of Drugs or Medicaments were sent for anaylsis during the year.

2. Samples certified as being of genuine quality numbered 144, 28 samples were reported as being adulterated or below standard, or as disclosing some irregularity, and 14 samples of Milk were certified as being of genuine quality although below standard; six samples of Milk taken as Appeal to Cow samples were also the subject of report.

3. The result of the year's work is shown hereunder:—

Number of samples of Milk submitted for anaylsis ...	68
Number of samples Other than Milk received for analysis	124
	192

There was an increase of 14 in the number of Milk samples and a decrease of 16 in the number of other samples.

Number of samples adulterated, below standard or disclosing some irregularity	28
Number of samples of genuine quality but below standard	14
Number of Informal samples	83
Number of Appeal samples	6

4. During 1957 samples of ordinary milk to the number of 53 were submitted for analysis, the results of which are tabulated below:—

Genuine	23
Genuine, but below standard	14
Below standard in Non-fatty Solids ...	12
Below Standard in Non-fatty Solids and Fat ...	2
Below standard in Fat	2

Samples certified as being of genuine quality were those fulfilling the requirements of the Sale of Milk Regulations, 1939, i.e., containing not less than 8.5% of Non-fatty solids and not less than 3.0% of Milk Fat, while samples reported as being of genuine quality but

below standard all contained less than 8.5% of Non-fatty solids, but the freezing point in no case was nearer to zero on the centigrade scale than −.530°C., and the freezing points of all the 12 samples below the 8.5% limit for Non-fatty solids left no doubt that extraneous water was present to the extent of from 1.5% to 8.5%.

The value of the freezing point regarded from every side is fully justified by the figures for this criterion by the 12 samples reported as being of genuine quality below standard.

In these samples the Non-fatty solids ranged from 7.77% to 8.49% and the freezing points from −.533°C. to −.548°C., the accepted limits being −.530°C. to −.560°C., for authentic genuine Milk; actually the freezing point of −.548°C. was given by the sample giving 7.77% Non-fatty solids which figure, on the basis of the Sale of Milk Regulations, 1939, would have suggested the addition of 9% of added water.

Appeal samples taken in connection with those deficient in Non-fatty solids and affording freezing points confirmatory of the presence of extraneous water gave the figures shown below:—

Non-fatty Solids.		Fat.		Freezing Point.
8.26%	...	3.45%	...	−.530°C.
8.29%	...	3.45%	...	−.534°C.
8.34%	...	3.40%	...	−.534°C.
8.47%	...	3.70%	...	−.534°C.
8.63%	...	3.25%	...	−.534°C.
8.48%	...	3.70%	...	−.534°C.

The comment in regard to these Appeal samples is that while all but one of them afforded less than 8.5% Non-fatty solids, the Freezing Points of all were within the limits quoted above and the fat content of all was well above the 3% limit of the Sale of Milk Regulations.

Special samples were taken of milk sold as Jersey Milk—according to the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, milk sold as Jersey Milk must contain at least 4% of milk fat.

Altogether nine samples were submitted for analysis during the year under the designation of "Jersey" Milk, four of which cantained 4% or more of milk fat, but five samples were below the minimum required, viz.:—

Milk Fat.		Deficiency.
2.31%	...	23.00%
2.27%	...	24.40%
2.75%	...	31.25%
3.96%	...	1.00%
3.65%	...	8.75%

5. **Other Samples.**

(1) Under this heading the highest incidence of sampling of any one article of food was directed to Sausages.

The number of samples of Beef Sausages submitted for analysis was 20 and 24 for Pork Sausages; the range of meat content for the Beef Sausages was from 52.6% to 98%—not one sample being below the minimum of 50% regarded as the lowest acceptable figure in this respect.

Of the 24 samples of Pork Sausages, the meat content ranged from 61.5% to 86.0% and only six samples fell below 65% of meat content, the figure which is more or less adopted as the minimum for Pork Sausages.

The six samples which were not regarded as being satisfactory so far as the meat content was concerned gave figures for meat content as follows:—

1 sample	...	61.00%
1 sample	...	61.25%
1 sample	...	61.50%
1 sample	...	63.10%
2 samples	...	64.00%

Clearly the last three samples could be reasonably regarded as being of satisfactory quality, and in the others there was no very serious deficiency in meat content, therefore there is every cause for satisfaction that, in Westmorland at any rate, Sausage is a food of proven quality.

(2) Cream has also had the attention of your Sampling Officers during the year. Under the Food Standards (Cream) Order, 1951, there are four types of Cream:—

(a) Cream of any description	...	Fat content of not less than 18%
(b) Cream, Sterilised	...	„ „ „ „ 23%
(c) Double or Thick Cream	...	„ „ „ „ 48%
(d) Clotted Cream	...	„ „ „ „ 45%

These were represented by two samples of Cream (Fat content 61.7% and 52.% respectively), one of Sterilised Cream (Fat content 23.8%), one Clotted Cream (Fat content 65.8%) and six samples of Double Cream (with Fat content within the range of 52.4% to 62.1%) all complying with the Statutory Requirements.

(3) Meat Pies have also been taken for analysis and report on the general condition. In the six samples dealt with the meat content ranged from 27% to 46%, which was regarded as satisfactory in the absence of any standard for Meat content.

(4) Soft drinks have also received the attention of your Sampling Officers and although a very varied assortment represented by some nine different kinds were analysed, all of them were in satisfactory agreement with their descriptions and the conditions laid down in the Soft Drinks Order, 1953.

(5) The use of the word "Butter," "Buttered," "Dairy" or "Dairy Cream" in the descriptions of a number of sweetmeats, of which 21 samples were dealt with during the year, have received much consideration and in the majority of cases it has been decided, on the analytical results, that no exception could be taken to these. But some were not correct, and in one case the description was, to say the least of it, very ambiguous. This was a sample described as "Buttered Rum Eclairs (Flavoured)"—the sweets had a hard nut centre with a coverture containing 15.7% of fat and only 2.86% of this was butter fat, but the wording made it impossible to know if the qualifying word "Flavoured" was intended to apply to a Rum flavour, a Butter flavour or both.

Another sample of Fudge had the statement "Made with Pure Butter" attached to the carton in which it was packed; the fat in the sample was 19.5% but only 6.35% of this was Butter fat; the label should have read 'Contains Pure Butter."

Further examples of the use of the word "Dairy" relate to another sample called "Dairy Fudge" in which the fat was all Butter Fat, "Dairy Cream Toffee" containing Butter Fat equivalent to 16% of Cream, and "Dairy Butter Mints" with 4.3% of Butter Fat.

(6) As a fitting climax, shortly before the close of the year, seven samples of Whisky were received for analysis, all of which were of statutory strength and, indeed, were all in the region of 70% Proof Spirit.

CYRIL J. H. STOCK,

County Analyst.

FOOD AND DRUGS ACT, 1955.
ANNUAL REPORT OF THE CHIEF SAMPLING OFFICER FOR THE YEAR 1957.

1. This report covers the period 1st January to 31st December, 1957, in relation to those provisions of the Food and Drugs Act which relate to the composition and sampling of foods with a view to securing that such articles are sold only in a pure and genuine condition and do in fact comply with their respective descriptions. The report also deals with ancillary duties allied to that part of the Food and Drugs Act, for which the County Council is responsible.

The administrative area includes the whole of Westmorland.

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

2. In the period under review the total number of samples examined or tested amounted to 835. The Sampling Officers made 523 preliminary sorting tests or Gerber tests on milk in transit to collecting stations or in the course of delivery to customers or on milk supplied to schools, in addition to which 192 samples, comprising 69 of milk and 123 others, were submitted for analysis by the Public Analyst, who found 43 samples to be below standard, adulterated or irregular in some other respect.

3. **Submitted to the Public Analyst.**

One effect of selective sampling based on the results of preliminary sorting tests on informal samples is to nullify any significance in what would otherwise be regarded as a high proportion of unsatisfactory samples in the following tabular summary of milk samples analysed by the Public Analyst.

MILK SAMPLES.

	Satisfactory	Doubtful	Containing added water	Otherwise below standard	Total
Purchased from Retailer ...	24	1	4	16	45
Obtained from churns in transit	3	—	—	2	5
Follow up or Reference ...	2	—	8	3	13
Appeal to Cow	3	—	—	3	6
	—	—	—	—	—
	32	1	12	24	69
	—	—	—	—	—

The "doubtful" sample, below standard in fat and non-fatty solids, was so classified by reason of a freezing point of —.529°C.. which is not usually associated with genuine milk.

Twelve samples below standard in non-fatty solids disclosed the presence of added water in ammounts of 1.5%, 1.7%, 1.8%, 2%, 2%, 2%,, 2.6%, 3.2%, 4.6%, 4.6%, 5% and 6%, which in each case was confirmed by the freezing point.

Three of the samples were made the subject of legal proceedings. Further investigations indicated that in three cases, other than a marked difference in the freezing points, the quality of milk from the respective herds of cows was below standard in non-fatty solids, and in respect of four samples recourse was had to advice and demonstration of draining washed milk bottles, which appears to have had the desired effect.

The twenty-four samples grouped as "otherwise below standard" comprise:—

16 deficient in non-fatty solids which, by reason of their freezing points, must be regarded as of genuine quality but below standard in non-fatty solids;

1 slightly below standard in fat and non-fatty solids.

7 below standard in fat.

Of the samples below standard in fat, one contained 2.95% and another 2.85% of fat compared with the limit of 3% for fat in milk set up in the Sale of Milk Regulations, and five samples of Jersey Milk with fat contents of 2.27%, 2.31%, 2.75%, 3.65% and 3.96% were deficient in fat when judged by the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, which prescribe that milk sold as Jersey Milk must contain not less than 4% of fat. Three of the Jersey Milk samples were made the subject of legal proceedings.

Samples "Other Than Milk."

The 123 samples "other than milk" submitted to the Public Analyst comprised 40 informal and 83 formal samples of food and

drink likely to be named in any household shopping list. Particular attention was given to foods prepared or pre-packed by local manufacturers or packers as indicated in the following grouping:—

Fish and Fish Products ...	2
Sausages	44
Other Meat and Meat Products ...	9
Cream and Ice Cream	15
Other food pre-packed locally ...	22
Other articles	31
	123

Samples disclosing irregularities were:—

Description of Article.	Nature of Irregularity.
Pork Sausage ...	Deficient in meat content to the extent of 1.6%
Pork Sausage ...	Deficient in meat content to the extent of 5.3%
Pork Sausage ...	Deficient in meat content to the extent of 5.8%
Pork Sausage ...	Deficient in meat content to the extent of 7.6%
Buttered Rum Eclairs (flavoured) ...	Ambiguous description.
Fudge made with Pure Butter ...	Misleading statement "Contains Pure Butter" would not be open to objection.

The following table gives a summary of the price and meat content of sausage samples:—

Based on	Range of Meat content.	Range of prices per lb.	Average Meat Content.	Average Price per lb.
24 Samples of Pork Sausage ..	61.06% to 86.0% ..	2/6 to 3/9½ ..	70.82%	3/-
20 Samples of Beef Sausage ..	52.66% to 98.0% ..	1/11 to 3/- ..	68.87%	2/5

4. **Prosecutions.**

Number of Charges.	Nature of Offence.	Result. Fine.	Costs.
1 ...	Selling Jersey Milk deficient in fat ...	£3-0-0	—
1 ...	Selling Jersey Milk deficient in fat ...	£5-0-0	—
1 ...	Using for the sale of certain milk a designation "Tuberculin Tested" when not holding a licence authorising the use of that designation with that milk ...	Dismissed.	
1 ...	Ditto ...	Withdrawn.	
1 ...	Selling milk containing added water	£30-0-0	£2-16-0

5. **Milk Pasteurisation Plant.**

A dealer's application to pasteurise milk received approval in the month of October, 1957, and 12 visits have been made to the plant at which the designation "Pasteurised" is permitted to be applied to milk. Nine samples of heat-treated milk were obtained and sent for examination. Each sample passed the prescibed tests for pasteurised milk.

6. **Ancilliary Duties.**

School Milk.

Samples have been obtained from deliveries of milk at 50 schools and the work has been so arranged that, with only two exceptions, at least one sample has been obtained from milk delivered by each supplier of school milk in Westmorland. The following summary indicates the description and results of an examination of the samples by the Public Health Laboratory Services.

SCHOOL MILK SAMPLES

Classification.	Pasteurised. Bottled.	Pasteurised. Bulk	T.T. Bottled	T.T. Bulk.	Undesignated. Bottled.	Undesignated. Bulk.	Total.
Satisfactory ..	6	—	10	—	3	19	38
Unsatisfactory ..	—	—	6	—	1	5	12
	6	—	16	—	4	24	50

The samples classified as unsatisfactory failed to pass on the Methylene Blue test.

All samples were satisfactory on the cavy inoculation test.

7. **Pharmacy and Poisons Act, 1933.**

Shopkeepers are permitted to sell certain poisons when registered with the local authority for that purpose and prescribed conditions are required to be observed. The number of persons listed as sellers of such poisons is 189. Two hundred and twenty-six inspections were made to ensure that sellers are familiar with at least those provisions of the Poisons Rules applicable to the goods intended for sale, which mainly comprise disinfectants, insecticides, household ammonia, horticultural sprays and paint removers. Inspections of poisons registers are made four times a year in the case of listed sellers dealing in nicotine, arsenical, mercurial or other poisons where special restrictions apply.

It was found necessary to direct the attention of eight traders to the provisions of the Poisons Lists and the Poisons Rules.

8. **Food Labelling Orders.**

Most pre-packed articles of food are now required to be labelled with the name and address of the packer or manufacturer in addition to an indication of the contents of the package. The number of packages examined for compliance with the Labelling requirements was 6,241, of which 91 were either incorrectly labelled or not labelled. The infringements were mostly in respect of traders beginning new lines of business, including locally pre-packed poultry or clean vegetables in polythene wrappers.

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, 1957		12
,,	new cases seen	89
,,	follow-up cases seen	180

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, 1956 and 1957.

	1956.			1957.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	25	39	64	42	43	85
Rural Districts	36	43	79	33	38	71
Grand Total ...			143	Grand Total ...		156

TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1957:—

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	1	—	—	—	—	—	—	—
5	1	3	—	1	—	—	—	—
15	5	4	—	1	—	—	—	—
25	7	5	—	1	2	—	—	—
35	4	3	—	1	—	—	—	—
45	3	2	1	—	3	—	—	—
55	3	—	—	—	—	—	—	—
65	2	—	—	—	2	—	—	—
75	—	1	—	—	—	—	—	—
TOTAL	26	18	1	2	7	—	—	—
1956	27	13	2	2	11	1	1	—

In 1957 Westmorland patients were admitted to the following Hospitals:—

Westmorland Sanatorium, Meathop	32
High Carley, Ulverston	8
Victoria Hospital, Blackpool	1
Beaumont Hospital, Lancaster	1
Seaham Hall Sanatorium, Durham	2
Blencathra Sanatorium, near Threlkeld	3
Wrightington Hospital, near Wigan	3

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, although these forms of assistance have seldom been required in recent years.

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

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and during 1957 76 contacts were tested, of whom 46 were vaccinated.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53.

Owing to the fact that the tests must be read at 72-hour intervals and that for practical purposes the actual vaccination can be carried out only on Thursday, owing to the restricted life of the vaccine, the arrangement of a programme of this work so that it does not interfere seriously with other arrangements such as regular clinics, Committee meetings, etc., nor clash with school holidays, functions and examinations, is a matter of the utmost difficulty, and has become increasingly so with the advent of the poliomyelitis vaccination campaign. A simplification of the procedure approved by the Ministry whilst this report was under preparation should do something to simplify the arrangements for the future.

The following table gives details of the work done under the scheme during 1957:—

Found Positive at first Pre-Vaccination Test.	Found Positive at Second Pre-Vaccination Test.	Vaccinated.
57	31	231

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.

Statistics for 1957 show little material alteration from those of 1956. The volume of out-patient work continues to increase.

The increased number of notified cases of tuberculosis on the chest centre register is largely due to the greatly improved survival rate from tuberculosis. The number of new cases of tuberculosis is exactly the same as in 1956. The intense supervision of contacts, which we have continued during the year, is reflected in the increased number of such contacts diagnosed as tubercle. There is practically no waiting list for admission to hospital for cases of tuberculosis.

The number of patients referred to the chest centre with non-tuberculosis chest conditions continues to increase, and our work in this direction continues to be grossly handicapped by the number of beds available in the chest unit at the City General Hospital. The problem of non-tuberculous chest disease is quite distinct from that of tuberculosis. The latter is an infectious disease which, in the past, has required special provision both in out-patient and in-patient facilities.

The large number of non-tuberculous chest disease cases requiring admission makes it imperative that we should have a bed unit at this hospital sufficient to cope with this problem, and that the same time have cubicles available for the admission of emergency cases of tuberculosis. The present ward unit at the City General Hospital is totally inadequate and the dilapidated, draughty nature of the building is a blot on our present day hospital service. During the winter months it becomes a severe trial even to the nursing staff, far less the patients, and it should be pulled down and replaced by a new unit.

Chest disease other than tuberculosis continues to be responsible for a higher morbidity and a higher mortality in the community than tuberculosis.

Notifications.

In the East Cumberland Hospital Management Committee area notifications for the pulmonary type of the disease remained at 125, the same as in 1956; notifications of non-pulmonary disease increased from 19 to 21. In the North Westmorland area the new pulmonary

cases dropped to 3 as compared to 8 in 1956. Most of our new cases were in the first quarter of 1957.

The mass radiography unit allotted to the Special Area has continued in operation throughout the year. It remains a valuable case finding measure, and regular factory and public session surveys have continued. New ground is being broken this year by an intensive community survey in the Ennerdale Rural District of the County, and arrangements are in hand to conduct a similar survey in the Botcherby and Harraby areas of the City of Carlisle early in 1959.

Table 1 gives the number of notifications throughout England and Wales for 1957, and the preceding five years:—

TABLE 1.

Notifications in England and Wales.

Year.	Pulmonary.	Non-Pulmonary.
1952	41,904	6,189
1953	40,917	5,629
1954	36,973	5,375
1955	33,580	4,554
1956	31,642	4,173
1957	29,310	3,807

Table 2 shows the notifications in North Westmorland for 1957 and the preceding five years.

TABLE 2.

Year.	Pulmonary.	Non-Pulmonary.
1952	22	4
1953	8	6
1954	6	5
1955	9	4
1956	8	2
1957	3	1

The sex and age distribution of new cases seen in 1957 are set out in Table 3, and apply to the North Westmorland area, the figures in parentheses being for the whole of the East Cumberland Hospital Management Committee area, including the Eastern Division of the County of Cumberland and the City of Carlisle.

TABLE 3.

Respiratory Age—	Under 5.	5-15	15-25	25-35	35-45	45-55	55-65	65+
Males	— (3)	1 (4)	— (5)	— (6)	—(14)	— (8)	1(13)	—(10)
Females	— (1)	— (3)	—(11)	—(28)	— (9)	— (5)	— (2)	1 (3)
Non-Respiratory.								
Males	—(—)	— (2)	— (3)	—(—)	— (2)	1 (1)	—(—)	—(—)
Females	— (1)	—(—)	— (3)	— (1)	— (2)	— (3)	— (2)	— (1)

Table 4 gives the pulmonary notifications for 1957, and these are further classified as to whether they are infectious or non-infectious, and also the extent of the disease they have on first examination. The figures in parentheses are again for the whole of East Cumberland Hospital Management Committee area.

TABLE 4.

Respiratory.	R.A. 1.	R.A. 2.	R.A. 3.	R.B. 1.	R.B. 2.	R.B. 3.
Males ...	—(14)	2(24)	—(3)	—(5)	—(9)	—(8)
Females ...	—(24)	—(11)	1(7)	—(1)	—(11)	—(8)
No of above respiratory cases referred by M.M.R. Unit:						
Males ...	—(3)	—(7)	—(—)	—(2)	—(1)	—(1)
Females ...	—(8)	—(3)	—(—)	—(—)	—(5)	—(3)

Deaths.

The number of people whose names were on the Tuberculosis register for the North Westmorland area, and who have died during the year set out in Table 5.

TABLE 5.

Year.	Pulmonary.	Non-Pulmonary.
1952 ...	3	—
1953 ...	2	—
1954 ...	—	—
1955 ...	2	—
1956 ...	5	—
1957 ...	3	—

Tables 6 gives the number of deaths from tuberculosis in England and Wales for 1957 and the preceding five years:

TABLE 6.

Year.	No. of deaths.
1952	9,335
1953	7,911
1954	7,069
1955	5,838
1956	5,368
1957	4,784

As indicated last year there are now comparatively few deaths from tuberculosis itself. The vast majority of our deaths have in fact been due to conditions other than tubercle; this is not surprising in view of the substantial percentage of new cases in the older age groups.

Chest Centre Statistics.

Table 7 gives the number of cases of pulmonary and non-pulmonary tuberculosis on the North Westmorland register for 1957. The figures in parentheses in the grand total relate to the corresponding figures for 1956.

There were no cases in North Westmorland, within the last six months of the year, who had a positive sputum. This is an extremely satisfactory result. Whilst the figures relating to North Westmorland are of necessity small, our aim is to secure the same result throughout the whole of the East Cumberland area, and our intensive therapeutic procedures, both medical and surgical, will, I am certain, attain this result.

TABLE 7.

CLINIC REGISTER AS AT THE END OF 1957.

North Westmorland

	Respiratory.			Non-Respiratory.			Totals.			Grand Totals.
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register on 1st January, 1957 ..	36	26	2	8	15	8	44	41	10	95(100)
Additions to Register during 1957 ..	5	2	1	1	1	—	6	3	1	10 (12)
..	41	28	3	9	16	8	50	44	11	105(112)
Removals from Register during 1957 ..	9	2	1	—	2	1	9	4	2	15 (17)
Number of cases on Register on 31st December, 1957 ..	33	26	1	10	14	6	43	40	7	90 (95)
Number known to have had a positive sputum within the preceding 6 months ..	—	—	—	—	—	—	—	—	—	— (—)

Table 8 gives the statistical summary of the work done at the chest centre during the year.

TABLE 8.

CHEST CLINIC STATISTICS.

	North Westmorland.		Total for Special Area.		Total figures for 1956.	
	R.	N.R.	R.	N.R.		
1. No. of NEW Cases seen:—						
Adult male ...	58	1	757	4		
Adult female ...	39	—	734	14		
Male child ...	12	—	199	11		
Female child ...	13	—	169	3		
				——	1,891	2,021
2. No. of OLD Cases seen:—						
Adult male ...	167	13	2,625	47		
Adult female ...	107	23	2,771	190		
Male child ...	34	3	518	23		
Female child ...	5	2	373	22		
				——	6,569	5,333
3. No. of NEW CONTACTS seen:—						
Adult male ...	22	—	675	—		
Adult female ...	32	—	795	—		
Male child ...	26	—	665	—		
Female child ...	32	—	625	—		
				——	2,760	2,280

	North Westmorland.		Total for Special Area.		Total figures for 1956.
	R.	N.R.	R.	N.R.	
4. No. of OLD CONTACTS seen:—					
Adult male ...	1	—	161	—	
Adult female ...	5	—	237	—	
Male child ..	11	—	515	—	
Female child ...	9	—	446	—	
				— 1,359	2,280
5. No. of Cases seen by Physiotherapist:—					
Adult male ...	2	—	1,317	—	
Adult female ...	7	—	1,068	—	
Male child ...	4	—	1,140	—	
Female child ...	3	—	1,048	—	
				— 4,573	2,313
6. No. of A.P. Refills given ...	3	—	70	— 70	438
7. No. of P.P. Refills given ...	53	—	1,719	— 1,719	2,556
8. No. of E.P. Refills given ...	32	—	208	— 208	480
9. No. of Screenings only	5	—	147	— 147	222
10. No. of Aspirations ...	—	—	31	18 49	40
11. No. of Other Cases seen					292
Total Attendances ...	682	42	19,013	332	17,044
			19,345		

Contact Examinations.

Contact work has been continued as in previous years, and Table 9 gives the total number of contacts diagnosed as tuberculous since 1952.

TABLE 9.

	No. of New Contacts seen.			No. diagnosed as tuberculous.		
	M.	W.	Ch.	M.	W.	Ch.
1952 ...	18	27	99	—	—	—
1953 ...	6	5	36	—	—	—
1954 ...	8	16	48	—	—	1
1955 ...	50	64	72	—	—	—
1956 ...	44	63	73	—	—	—
1957 ...	22	32	58	—	—	—

All Mantoux negative contacts continue to be offered B.C.G. vaccination, and it is worth noting that no contact who has been vaccinated with B.C.G. has developed active tuberculous disease since we first commenced vaccination in 1950.

I feel that the B.C.G. scheme as a whole lags seriously behind. It is true that Mantoux negative schoolchildren of 14 are now offered B.C.G. by the local authority, but I maintain that B.C.G. should be offered to infants and all children, particularly in an area such as this where tuberculosis has, in the past, had a high prevalence. Even in the United States, where they have been slower than in this country in using this valuable method of saving lives, they have now made B.C.G. vaccine available to any registered practitioner, and I very definitely feel that every doctor in this country should have a supply of B.C.G. vaccine for his own use amongst his own patients. B.C.G. vaccine and the prevention of tuberculosis should be the prerogative of every physician and not limited to physicians in the local authority and chest services.

Hospital Facilities and Waiting Lists.

There is now no real waiting list for cases of tuberculosis. The demands on our beds have so diminished that we have been able to forfeit part of the Blencathra bed complement of 62 to the geriatric department.

Table 10 shows the number of tuberculosis cases from the North Westmorland area admitted to hospital for treatment during 1957 and also the average monthly bed occupancy by cases of tuberculosis from the whole of the East Cumberland Hospital Management Committee area. The figures in respect of the City General Hospital unit cover both cases of tuberculosis and non-tuberculous disease.

TABLE 10.

Institution.	Adults.	Children.	Average monthly bed occupancy.
Blencathra ...	3	—	66.87
Longtown ...	—	—	24.74
Ormside Sanatorium	—	—	20.75
Chest Unit, City General Hospital ...	6	1	18.29

Treatment of tuberculosis was fully discussed in the 1956 report and has continued on identical lines. New drugs such as Pyrazinamide and Cycloserin have become available in this country during 1957, and are now being extensively used in combination with other drugs. It is too early yet to judge the long term prospects of these two additional drugs, but results so far obtained with Cycloserin particularly are indeed promising.

Rehabilitation Panels continue to be held monthly at the chest centre.

Other Chest Diseases.

Carcinoma.

Last year throughout England and Wales the death-rates from all forms of cancer were 2,312 per million for men and 1,891 for women, the corresponding figures for 1956 being 2,274 and 1,891. About 33% of the male and 6% of the female cancer deaths were from lung cancer and the death-rates from this disease increased from 726 per million in 1956 to 759 for men and from 111 to 116 for women. Just over 20,000 died in Britain from lung cancer in 1956; this is more than four times the death-rate from tuberculosis and almost four times the number of deaths on the road. The rise in deaths from lung cancer has been steeper than in any year since records were kept.

The following table shows the number of cases seen at the chest centre during 1957; the figures in parentheses refer to the corresponding figure for 1956.

	Males.	Females.	Children.	Total.	
East Cumberland.					
No. of New Cases seen ...	7	3	1	11	(11)
No. Admitted for Investigation ...	2	1	—	3	(1)
No. found Unfit for Surgery ...	5	2	1	8	(10)
Carlisle City.					
No. of New Cases seen ...	18	5	1	24	(16)
No. Admitted for Investigation ...	5	—	—	5	(7)
No. found Unfit for Surgery ...	13	5	1	19	(19)
North Westmorland.					
No. of New Cases seen ...	3	—	—	3	(2)
No. Admitted for Investigation ...	—	—	—	—	(1)
No. found Unfit for Surgery ...	3	—	—	3	(1)

The number of cases of pulmonary carcinoma seen and investigated again increased in 1957 as compared with 1956. The increase has been rather more marked in those under 45 years of age, although these are still only a small proportion of the total lung cancer cases seen. The ratio of males to females in the whole group is roughly four to one; this compares with an over-all incidence of six to one in 1956.

Cough is a common symptom, but probably the most frequent symptom necessitating medical advice is chest or shoulder pain. In the young age groups the squamous type cancer is less common than in the older age groups, and the disease tends to run a more rapid course. Probably the biggest danger in younger people is that the correct diagnosis is often missed, for in them lung cancer may not be so readily suspected.

Pneumonectomy continues to offer the only reasonable hope of survival. Patients should consult their doctors at the earliest opportunity after symptoms appear, and I make no apologies for repeating these symptoms from last year—unaccustomed cough, increasing dyspnœa, hæmoptysis, pain in the chest and loss of weight; all these symptoms merit immediate investigation. Every person who will undergo an X-ray examnation of the chest every six months after attaining the age of 45 should be in a position of early, or fairly early, detection of favourable (slowly growing) tumours and corresponding early treatment.

It is probably not out of place at this stage to comment on the radiation hazard which faces the community today. With the advent of the "A" and "H" bombs and nuclear power plants, radiation has been the subject of wide controversy and many articles in the Press, both lay and scientific. Even a recent TV programme has been devoted to Strontium 90 and the incidence of bone cancer. Not only is there a direct risk involved in excessive radiation but there is also a considerable risk to the genetic development of the race. Much of the evidence in regard to the latter is, of necessity, incomplete, and it will take very considerable time and effort before a safe permissible level of radiation can be expected. One has to decide now what is an acceptable risk and balance this against the effects of excessive radiation and then to do anything that can be done to reduce additional exposure to a safe level. A new code of practice for users of X-ray machines has been brought into use.

As far as chest examinations go, and particularly mass radiography examination, it is recognised that the amount of radiation received during such examinations is comparatively small, and we feel that any risk involved is more than balanced by the value of such examinations in the diagnosis and treatment of disease.

Bronchiectasis and Septic Bronchitis.

The following table gives the number of cases of bronchiectasis on our active register on the 31st December, 1957:—

	East Cumb.			Carlisle City.			North West.		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Total on Register 1-1-57 ..	47	38	32	54	32	27	15	6	4
New Cases during 1957 ..	9	8	1	9	7	7	2	2	1
Total on register, 31-12-57	54	46	35	59	36	31	17	7	4
No. of Attendances for Physiotherapy ..	373	390	790	942	671	1391	2	7	7

Acute and chronic inflammatory conditions often involve the bronchi and produce inflammation with little or no disease in the lung parenchyma, and bronchial irritation producing cough and sputum is a common diagnostic and therapeutic problem. When the disease is limited and of short duration a complete diagnosis is seldom obtained and treatment is limited to the relief of symptoms. When the symptoms are prolonged and recurrent it may be necessary to resort to different diagnostic procedures and therapeutic efforts.

Many of the misfortunes of victims of bronchiectasis could have been prevented, especially during childhood had everyone—patients and physicians—been aware of the hazard of chronic respiratory tract symptoms. Delay of a few weeks in removal of an obstructing foreign body, especially if it be of organic origin, may lead to severe bronchiestasis. Frequently patients are unaware of this possibility and fail to seek medical advice.

Enlarged hilar glands due to the primary tuberculous complex must be regarded with concern, and in many cases treatment with specific chemotherapy is advisable. Such treatment is often effective in reducing the size of the lymph glands rapidly. These lymph glands, if untreated, often press upon or ulcerate into the bronchi and lead to obstruction with consequent bronchiectasis, particularly if the middle lobe is involved. B.C.G. vaccination plays a vital part in diminishing the possibility of bronchiectasis from this cause.

Whooping cough and measles are too often considered the necessary scourges of childhood and children may not be given medical treatment at an early stage of their illness. Obstructive pneumonitis as it occurs in these two infections offers another logical cause for many cases of bronchiectasis. Antibiotic therapy is often effective and should largely succeed in preventing pneumonia and subsequent bronchiectasis. It is well to remember that the bronchi in children are of much smaller calibre than in cases of adults and bronchial obstruction easily develops as a result of œdema and fibrinous exudate blocking the bronchi during such respiratory infections. Active immunisation has also a vital part to play in preventing bronchiectasis and should be carried out during infancy.

Broncho-pneumonias of childhood tend to be self-limited infections. If prolonged, they, too, lead to bronchiectasis. Early antibiotic therapy of mild and severe pneumonic infections alike in children must be recommended. In adults, too, pneumonia and other lower respiratory tract infections play a vital part in the incidence of bronchiectasis. Now that the general public is largely aware of the importance of adequate treatment for pulmonary disease, most patients with prolonged cough and recurrent episodes of fever will seek medical advice.

Acute septic bronchitis is also a component of many pulmonary diseases. Epidemic disease, including influenza, often produces a septic bronchitis of varying degree and duration. Septic bronchitis is also common in cases of suppurative sinusitis. Indeed, in both bronchitis and bronchiectasis the para-nasal sinuses are very frequently infected, and treatment is difficult unless the associated bronchial lesion can be treated with success. The eradication of chonic post-nasal discharge by surgical measures, although it rarely produces any dramatic effect on the endo-bronchial lesion, does reduce the amount of bronchial infection and so lessens the chances of re-infection when the appropriate medical therapy is carried out.

Treatment is essentially medical and consists in the main of adequate antibiotic therapy for the acute and intercurrent infections, and physiotherapy carried out as a routine day by day. It is important for the patient, or in the case of a child his parents, to understand exactly what is required. Postural drainage to be effective must be done in a position suitable for the drainage of the segment

or segments involved and should be carried out at least four times daily, that is before all main meals and at bedtime. Only in a small proportion of cases is surgery considered necessary. Surgery is usually confined to cases of bronchiectasis of limited degree and should be carried out preferably in the later years of childhood if maximum pulmonary function is to be preserved. Children tolerate surgery remarkably well and the segments remaining after resection may undergo true hypertrophy. In cases where resection is undertaken in adult life, after growth is completed, then the result, as far as pulmonary function is concerned, is not so good.

If physiotherapy is carried out properly and conscientiously surgery should only be required for a very small number of cases. If major surgery is considered necessary one should be certain of two facts: (1) that the individual to be submitted to surgery should have obtained the maximum possible benefit by medical means before operation and (2) that if surgery is considered necessary then the extent of the resection must be such that the patient, cured of his bronchiectasis, is not left a respiratory cripple. Bronchiectasis when untreated either medically or surgically is likely to become more severe and extend to previously uninvolved segments.

Asthma and Emphysema.

Asthma is common in adults and children and its treatment is important. Not only is this given to relieve symptoms, but it is directed towards preventing the more serious condition of emphysema and cardiac disease in later life. Diligent management of patients with broncho-spasm, of whatever cause, can prolong life and comfort greatly.

It is not only the patients with the more severe asthmatic attacks who are likely to develop emphysema. Very severe attacks usually mean adequate medical treatment. The more constant and mild conditions of broncho-spasm with which patients tend to live in relative comfort produces as much irreversible injury to the lungs later.

Treatment consists essentially in relieving the attacks by medical means and physiotherapy. Physiotherapy means for most patients better posture and co-ordination. They are encouraged by the fact that something is being done to prevent attacks. They are also taught when to breathe out and when to breathe deeply.

Patients with asthma and those with emphysema should particularly avoid all forms of respiratory irritants, especially tobacco smoke and allergens, even though this entails restrictions most unwelcome to the patient. Dusty occupations and those involving exposure to atmospheric irritations should be avoided. Many cases merit admission to hospital. Cases with status asthmaticus require Cortisone and antibiotic therapy; in cases of emphysema treatment may be primarily one of sustaining and improving the tone of the cardiac muscle.

The persistence of bronchial irritation is damaging in the long run, and chonic cough, whatever the cause, must be controlled, and this can be done. We, as physicians, advise all patients how to keep well and the patient with a cough has a duty to himself to seek professional advice before he becomes disabled.

Cardiac Disease.

The heart and lungs are so closely bound together anatomically and physiologically that disfunction of one organ is sooner or later reflected in the function of the other, and it is not surprising that we investigate many such cases at the chest centre. Often the lungs are initially involved, e.g., in bronchiectasis with emphysema where the reduction of the vascular bed in the affected lung segments produces chronic right heart strain. Again, too, the lungs may be initially involved in a more widespread interstitial fibrosis with resultant obstruction of the flow of blood from the right side of the heart. Frequently, however, the pulmonary changes are secondary to cardio-vascular disease, and when both the heart and lungs are involved these changes are more often the result of some degree of left ventricular failure.

The investigation of such disease is well worth while. The patients usually give a long history of steady deterioration, and treatment, which may be prolonged, will often halt this process and in many cases even result in the patient resuming his normal employment.

Cases of congenital heart disease come into a rather different category; after their preliminary investigation at the chest centre they are further investigated at the thoracic unit; some may even be considered suitable for surgery and, in others, their susceptibility to

intercurrent chest infections makes it desirable that they should remain under chest centre supervision.

MASS RADIOGRAPHY.

(Note.—Figures given in parentheses throughout the report relate to the corresponding figures for 1956.)

During 1957 the Unit spent slightly more time in West Cumberland than in East Cumberland. Once again, owing to technical staff shortage, we had to close the Unit for the month of August. During the severe influenzal epidemic in the latter part of the year we had unfortunately to close the Unit for a period of three weeks because of illness amongst the staff. Had the staff remained fit, however, it is very doubtful whether our surveys during these three weeks would have borne results as there was very considerable morbidity from influenza in the factories and workshops we had arranged to survey.

Groups Examined.

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 37 occasions; 2,847 (2,675) contact cases were X-rayed, 1,570 from the East Cumberland area and 1,277 from West Cumberland.

Facilities for X-ray examination were again made available to shoolchildren but each child is now limited to one examination before the age of 15 and, as before, such mass radiography examinations were complementary to the Mantoux testing and vaccination scheme of the local authorities; 7,851 (8,775) schoolchildren passed through the Unit.

Sessions were held for members of the general public in 33 (24) towns and villages in the Special Area and 19,322 (20,397) persons passed through the Unit.

The full co-operation of the general practitioners in the area was again invited as in previous years. The fact that both East and West Cumberland have now good chest centre facilities greatly limits the usefulness of the mass radiography unit as far as the general practitioners are concerned and this is not surprising in a scattered area such as we have. General practitioners know that they can refer cases directly to the chest centres at any time and, indeed, of the total number of new cases of tuberculosis seen during the year

the vast majority were seen at the request of the patient's own doctor.

Results.

During the year 44,073 (48,420) persons were examined by the Unit. These included 1,189 (1,223) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients 42,884 (47,197) persons were examined.

No. recalled for full-sized X-ray film 2,095—4.75% of total examined. (2,236—4.62%)

No. referred for clinical examination 542—1.23% of total examined. (550—1.14%)

No. failing to attend for full-size film 154—7.35% of total examined. (170—7.60%)

In the East Cumberland area all but three of those mass radiography recall non-attenders accepted further appointments at the chest centre.

TABLE 1.

	Number of cases found.	Percentage of total examined.
Abnormalities revealed:		
(1) Non-Tuberuculous conditions:		
(a) Bronchiectasis ...	42 (52)	.10 (.10)
(b) Pneumoconiosis ...	94 (64)	.21 (.13)
(c) Neoplasms ...	11 (10)	.02 (.02)
(d) Cardiovascular conditions	440 (413)	1.00 (.82)
(e) Miscellaneous ...	777 (822)	1.76 (1.69)
(2) Pulmonary Tuberculosis:		
(a) Active ...	53 (82)	.12 (.17)
(b) Inactive ...	537 (596)	1.22 (1.23)
(c) Active (previously known)	8 (20)	.02 (.04)

Table 2 gives a detailed analysis of the work of the Unit in the East Cumberland (including North Westmorland) area.

TABLE 2.

Source of Examination.	Miniature Films.	Large Films.	Clinical Exams.	Active T.B.	Inactive T.B.	Bhronchiectasis	Neoplasms.	Pneumoconiosis.	Cardiac Conditions.
Doctors' cases ...	101	22	7	—	2	1	—	—	6
Ante-natal case ...	111	9	2	—	3	—	—	—	1
Contact cases ...	1,570	63	14	—	21	—	—	—	28
Scholars ...	4,392	122	19	3	11	2	—	—	2
School staff ...	277	9	1	—	7	—	—	—	—
General public ...	11,138	648	181	21	149	9	4	1	221
Surveys ...	5,815	311	86	5	76	4	3	—	82
Mentally defective patients	859	61	29	8	43	2	—	1	28
Totals ...	24,263	1,245	339	37	312	18	7	2	368

Disposal.

There is no waiting list for admission to hospital or sanatorium of new cases of tuberculosis. Now that we have effective medical and surgical therapy, pulmonary tuberculosis invariably carries an excellent prognosis. Naturally the return to work of the patient is earlier in cases where the diagnosis has been made early. Each month's delay means a slightly longer period of time off work.

Table 3 refers to East Cumberland and gives the total number of cases discovered in the East Cumberland area last year with the percentage of positive sputum cases discovered by mass radiography examination. This table is introduced again to emphasise early diagnosis. If every person consulted their doctor or had an X-ray examination when feeling ill we should scarcely get such a high percentage of sputum positive cases coming through the mass radiography unit for the first time.

TABLE 3.

Year.	Total number of new cases of pulmonary tuberculosis.	Total number with positive sputum.	Percentage of new cases with positive sputum.	Percentage positive sputum cases found by M.M.R.
1951 ...	148	57	39%	23%
1952 ...	221	91	41%	22%
1953 ...	140	45	32%	20%
1954 ...	170	56	33%	13%
1955 ...	139	42	30%	21%
1956 ..	125	39	31%	18%
1957 ..	125	42	34%	29%

Table 4 relates to North Westmorland and shows the total number of new cases discovered in 1957 and the proportion of these 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 4.

North Westmorland.

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

2. **Bronchiectasis.**

The treatment for bronchiectasis is largely medical. All such cases are investigated without delay and there is no delay in giving treatment. It is anticipated that the number of such cases requiring surgery will steadily diminish in the future.

3. **Pulmonary Neoplasm.**

There is no delay in investigation here. Every case suspected of being a pulmonary neoplasm is bronchoscoped within a fortnight and cases considered fit for surgery are almost immediately admitted to Shotley Bridge Hospital with a view to surgery.

4. **Pneumoconiosis.**

Investigation of pneumoconiosis continues to take up an appreciable time in the West Cumberland area and is important in the general scheme for preventing the spread of tuberculosis.

5. **Cardiovascular Conditions.**

There is a steadily increasing number of such conditions discovered on mass radiography surveys and practically all of these are further investigated at the chest centres. Most serious pulmonary diseases cause some cardiac embarrassment. Cardiac disease itself, either right heart failure or arterio-sclerotic coronary disease is poorly tolerated by persons with poor respiratory reserve, notably those with emphysema. Although the heart strain in such cases usually progresses, timely diagnosis and therapeutic measures will usually prolong life and entail reasonable comfort for the patient.

Cases of primary cardiac disease are also investigated fully. A small number of congenital heart defects have been discovered and full co-operation is maintained with other hospital departments, notably the thoracic major surgery clinic in their investigation and treatment.

6. **Other Conditions.**

Many other conditions are discovered on mass radiography examination and referred to the chest centres for further investigation and treatment. Full co-operation is maintained with other departments in the hospital service and in general every effort is made to secure a correct diagnosis and arrange for treatment.

COMMENTS.

There has been a considerable downward trend in the number of newly discovered cases of pulmonary tuberculosis during the last 10 years, and it would appear that this trend has now been halted and it is likely that the figures for 1958 will approximate those of 1957. This is not peculiar to the Special Area but is common to many areas in England and Wales and to other countries as well. It is clear, therefore, that the routine mass radiography examination of factory and workshop employees and general public, valuable as these examinations still remain in this area, are no longer as productive or as economic. It is essential, therefore, that the work of a mass radiography service and the situation in an area such as ours must be constantly reviewed. Every effort must be made to survey the popu-

lation groups which might be likely to return a higher incidence of the disease. At the same time our efforts should not be confined to discovering tuberculosis alone, but should embrace other diseases such as pulmonary cancer, bronchiectasis, heart disease and other pulmonary conditions. Our efforts should be intensified where there is a substantial incidence in the population or where the incidence is tending to increase.

The Ennerdale Rural District has for many years been recognised as one of the black spots in the County of Cumberland so far as tuberculosis is concerned and at the time of writing this report an intensive street by street community survey of this area is being carried out. In addition to a high incidence of tuberculosis in this area in the past there has also been the added complication of a high incidence of pneumoconiosis in the iron ore workers. Such a survey as this has entailed very considerable preparation and consultation not only with the local authorities but with all bodies official and otherwise whom it was felt could make the survey successful. We of the mass radiography unit have been greatly encouraged by the co-operation we have obtained from these bodies in this survey and we hope that all our combined efforts will result in very good response from the general public.

A similar survey is planned for the Harraby/Botcherby area in the City of Carlisle early in 1959, and similar consultations will shortly take place with the local authorities and other bodies concerning this survey. We have felt that the incidence of tuberculosis in Carlisle has been the highest in the whole of the Special Area since 1950, and experience at the chest centre has suggested that a survey in these two areas of the City might be productive.

In addition to these larger community surveys the mass radiography unit will be directed throughout the area to other centres where chest centre information suggests that there is a considerable increase in the incidence of tuberculosis or where local conditions have so altered that some increase might be expected. An example is Brampton and Spadeadam where there has been a small but definite increase in tuberculosis and where there is a large new floating population.

At the same time we shall continue to press on with our regular mass radiography surveys.

The only hope in pulmonary cancer is to secure an early diagnosis and this means that everyone should try to avail themselves of an annual X-Ray examination at least.

It is hoped that a static unit will be provided at the mass radiography base in Carlisle so that the mobile van can be used to its fullest extent in carrying out surveys throughout the area. Such a static unit would help considerably not only in improved facilities being available to the general practitioners in Carlisle and district for sending their cases but it would make easier contact investigations of known cases of tuberculosis. It would also save time by making the factory surveys every two years instead of annually after first arranging that all new employees of these factories should come to the static unit before starting work.

Contact examinations are a very important part of the work of the mass radiography unit. Indeed were it not for the unit we should be unable to cope with these examinations with our limited chest centre facilities.

Of all diseases other than tuberculosis, pulmonary carcinoma is the biggest and most serious problem. An appreciable number are discovered early by our mass radiography unit, but the overall problem in this area shows a steady increase, e.g., in the East Cumberland area the number of cases of pulmonary cancer rose last year by almost 30%. There is still an appreciable incidence of bronchiectasis in this area and at the present time there are 287 cases in East Cumberland under active treatment. It is anticipated that now that antibiotics are in general use this disease will decline. In the whole area there is a considerable incidence in lung/heart disease—bronchiectasis and emphysema are possibly the two commonest diseases of the older age groups of our community, and the investigation of these cases has been very worthwhile.

It is necessary to comment briefly on the radiation hazard which has received widespread publicity both in the medical and in the lay press. The danger from X-Ray examination is very small indeed and the amount of radiation received is only a very small part of the total radiation which comes to us naturally out of the air and artificially from man-made sources. The minimal safety dose of radiation is at present unknown and it is imperative that we should take every step we can to keep exposure to radiation activity from any source to a minimum. For these purposes every necessary protection is being provided on the mass radiography unit which will

be effective, not only to members of the public but to the team working the unit. One must keep a balanced view of this danger and remember that without X-Ray examinations we would be unable to detect diseases and especially tuberculosis at its earliest stage.

For a large part of 1957 we suffered from an acute shortage of radiographers and as a result we have arranged to close the unit for the month of August during the current year again. Not only does this allow of staff leave but it is necessary for the Ministry of Supply to overhaul and repair the unit vehicles. New arrangements have been made by the Ministry of Health and instead of the unit being overhauled locally our unit, like others in the North of England, has now to be overhauled annually at Blackpool.

I am happy to be able to say that our technical staff is now at full strength.

Acknowledgments.

It is a pleasure to acknowledge once more the valuable help received in arranging these surveys from the Medical Officers of Health concerned in the area and from the Managements and Workers' Organisations of the factories visited.

The interpretation of films and disposal of abnormalities is no easy task and would be impossible without the friendly co-operation of my colleagues on the hospital staff, and to all I tender my sincere thanks. I would specially mention the very great help received from Dr. Scott Harden, radiologist to the unit.

I would also like to thank the numerous organisations who have in any way helped us, including the Police, who continue to advise with regard to the traffic problem inherent in our surveys.

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

W. HUGH MORTON,

Consultant Chest Physician.

TUBERCULOSIS: SOUTH WESTMORLAND.

The Kendal Chest Clinic at Ghyll Head has continued its sessions on two days each week, Friday 11 a.m. to 1 p.m. and 2 p.m. to 3 p.m. and on Tuesday 4-30 p.m. to 6 p.m., and the staffing has remained on the same lines as last year—a nurse (Miss Inchmore) from the Westmorland County Hospital, a health visitor (Miss Dale) from the County Health Department and a clerk (Miss Airey) from Meathop Sanatorium—and the work has proceeded quite smoothly and, though most of the figures on the appended table show some decreases, the work at each session, with the exception of refills, seemed to be as busy and fully occupied as usual. The appointment system for patients worked quite well on the whole, in spite of varied interruptions and breaks. An occasional extra clinic was held for Tuberculin Tests or B.C.G. vaccinations but, generally, such cases were dealt with at 10-45 a.m., prior to the normal clinic.

	1953.	1954.	1955.	1956.	1957.
(1) No. of persons first examined during the year	296	345	284	376	322
(2) No. of persons in (1) who were contacts ...	99	97	89	153	122
(3) No. of new cases diagnosed as tuberculous ...	34	26	32	25	26
(4) No. of cases in (3) who were contacts ...	3	2	4	6	Nil.
(5) No. of cases on Clinic Register on 31st December	298	279	263	263	265
(6) No. of cases in (5) who had positive sputum between 1st July and 31st December ...	28	17	20	12	13
(7) Health Visitor's visit to all cases ...	1850	1890	1777	1813	982

It will be noted that the number of new cases of Pulmonary Tuberculosis remains low (and this is still a decreasing figure), and also that the proportion of diagnosed new cases out of the total of new patients is only 1 in 12, which shows that the Chest Clinic, replacing the old Tuberculosis Dispensary, still fills a useful place in the Health Service, in spite of the steady fall in incidence and mortality of Pulmonary Tuberculosis.

In addition to the consultation side of the Clinic work, the work of supervision of Pulmonary Tuberculosis cases over a period of years is still as important as ever, in spite of, or perhaps because of, the many new forms of chemotherapeutic treatment available—though A.P. and P.P. refills themselves are a rapidly diminishing need. In regard to Chemotherapy, the Clinic has remained purely advisory and no drugs are given or supplied at the Clinic. After each review of a patient a report is sent to the General Practitioner.

The number of films taken at the Clinic were 801 and screenings were 1,465. The small X-ray set continues to take, within its capacity, satisfactory films and has continued to prove its usefulness, not the least of its benefits being its ability to correlate the chest findings without delay and allowing a report to be sent to the practitioner with the least possible delay.

The number of Tuberculin Tests (116) tends to increase. They are done either for diagnostic purposes or pre-B.C.G. vaccinations. The majority of these tests are being done with P.P.D. and the Heaf Multiple Puncture gun, though the Mantoux intradermally, with varying degrees of dilution of Old Tuberculin, is still preferred on occasions: 37 patients have been given B.C.G. vaccination. This is a steadily increasing number and there is certainly a larger public demand for it.

Most of the tuberculous patients requiring treatment are admitted to the Westmorland Sanatorium, but a few go to Beaumont Hospital at Lancaster. Major surgery cases (tuberculosis) are generally admitted to High Carley Hospital, whilst others for major surgery or special investigation may go to Victoria Hospital, Blackpool, or Lancaster Royal Infirmary, under Mr. J. S. Glennie, the Consultant Thoracic Surgeon for the area.

WESTMORLAND SANATORIUM TABLE

	1954.			1955.			1956.			1957.		
	M.	F.	Ttl.	M.	F.	Ttl.	M.	F.	Ttl.	M.	F.	Ttl.
South Westmorland patients in Meathop at 1st January ..	7	4	11	7	8	15	9	3	12	13	4	17
Admissions during year .	14	12	26	17	7	24	23	11	34	16	16	32
Discharges during year ..	14	8	22	15	12	27	19	10	29	22	15	37
South Westmorland patients in Meathop at 31st December	7	8	15	9	3	12	13	4	17	7	5	12

Admissions to Westmorland Sanatorium were about the same as the previous year, but discharges were more numerous and there were only 12 South Westmorland cases in the Sanatorium at the 31st December.

The general demand for Sanatorium beds has fallen so rapidly in all districts that Meathop, so long dependent on admissions from other areas, now finds that these areas can deal with their own local cases, so that even the total number of patients in Westmorland Sanatorium has rapidly decreased, and in 1958 a start is to be made in using part of the Home Section for female chronic sick—probably more of the short stay type of patient rather than the "permanent resident."

The treatment of Pulmonary Tuberculosis by chemotherapy has caused tremendous changes in the approach to the disease. Though it is possible to treat people at home, I am still firmly convinced that at least the primary stages of treatment should still be carried out under sanatorium conditions, with its regular rest times, its disciplinary control, its educative effects and, not least, its isolation of infective cases.

Surgical treatments of Pulmonary Tuberculosis, both minor (A.P. and P.P. etc.) and major (Thoracoplasty, Lobectomy, etc.) are rapidly fading from the scene—it is mostly cases which are proving obstinate to improvement under chemotherapy, and where lesions remain unstable and possibly infective, that are eventually put forward for surgical measures.

The initial treatment of Pulmonary Tuberculosis is generally found amongst two at least of the following: Streptomycin, P.A.S. I.N.A.H., though various other drugs — Dihydro-Streptomycin, Cycloserine, Viomycin—may well come into the picture and be substituted if the former fail to give satisfaction and/or the patient becomes resistant. In a few cases the temporary use of Prednisone has proved of benefit to the patient.

I think there is no doubt that some of the more potent drugs are much more safely used under hospital conditions, and are not very suitable for home administration. It is generally possible by the time patients are ready and suitable for discharge to be able to put them on one of the chemotherapeutic agents administered in cachets or tablets, which, under present ideas, may well have to be maintained over a period of one or two years.

Mr. J. S. Glennie, F.R.C.S., Consultant Thoracic Surgeon for this area, continues to hold fortnightly sessions at Meathop, when cases from both the Sanatorium and from the Clinic can be discussed.

Also Mr. G. Freeman, F.R.C.S., Consultant E.N.T. Specialist, regularly visits the Sanatorium, to see new patients and review old cases.

Dental work is carried out by Mr. E. O. Bray, L.D.S., who holds a session each week.

J. MUNRO CAMPBELL,

Consultant Chest Physician.

No. 5 MASS RADIOGRAPHY UNIT.

Report on the Mass Radiography Survey carried out in Kendal and South Westmorland, Survey No. 2 (1957).

1st April, 1957, to 17th June, 1957.

This was the Unit's third visit to Kendal and South Westmorland; the previous Survey was carried out in 1954 when 11,000 persons were examined. During the Survey under review the Unit operated from sixteen different sites as listed below:

Girls High School, Kendal.

Secondary Modern School, Kendal.

Parish Hall, Kendal.

K Shoe Factory, Low Mills, Kendal.

K Shoe Factory, Netherfield, Kendal.

The Institute, Burneside.

The Institute, Staveley.

Lakes Urban District Council Offices, Ambleside.

St. John's Rooms, Windermere.

Heversham Grammar School, near Milnthorpe.

The Institute, Milnthorpe.

The Institute, Kirkby Lonsdale.

Queen Elizabeth School, Kirkby Lonsdale.

Oakfield School, Kirkby Lonsdale.

Casterton School, Kirkby Lonsdale.

Summerlands Ltd., Endmoor, near Kendal.

As will be seen from the attached tables, 10,280 persons were examined during these visits, and 10 cases of Active Tuberculosis requiring treatment were discovered. This equals a rate of 0.97 per thousand, which compares with a rate of 1.3 per thousand in 1954. In addition to the 10 Active Cases discovered, it should be pointed out that an additional six cases of Tuberculosis requiring occasional supervision were referred to the Chest Clinic.

During these Surveys, the Unit encountered difficulties due to staff shortages, both clerical and technical. Indeed, many of the sessions were carried out with very depleted staffs. The reason for this shortage was mainly due to staff leaving the Unit.

In conclusion, I would like to thank Dr. J. Munro Campbell, Consultant Chest Physician, and his staff, for their assistance, also Dr. J. A. Guy, the County Medical Officer, and his staff were most helpful to the Unit. My grateful thanks to Dr. Guy for supplying clerical assistance to the Unit during a week of the Kendal Survey.

J. F. CAPPER,
Medical Director.

C. HALL,
Organising Secretary.

28th August, 1958.

BOVINE TUBERCULOSIS

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

During the period 1st January to 31st December, 1957, 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 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. Westmorland had not, at the end of the year, been specified by the Minister.

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, 1957, are as follows:—

Centre.	Syphilis.	Soft Chancre.	Gonorrhoea.	Non-Venereal & undiagnosed conditions.	Total number of cases.
Carlisle ...	1	—	—	—	1
Kendal ...	1	—	1	4	6
Lancaster ...	—	—	1	5	6
Total ...	2	—	2	9	13

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 1957.

Ascertainment

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

Disposal of case reported during the Year:

	Males.	Females.	Total.
(a) Ascertained defectives found "subject to be dealt with" :—			
(i) Admitted to Hospitals ...	—	—	—
(ii) Placed under Statutory Supervision	4	—	4
(iii) Died or removed from area	—	—	—
(iv) Taken to "Place of Safety"	—	—	—
(v) Action not yet taken ...	—	—	—
	—	—	—
Total ...	4	—	4
	—	—	—
(b) Cases not at present "subject to be dealt with":—			
Placed under Voluntary Supervision	1	1	2

Care Arranged under Circular 5/52

Admitted to N.H.S. Hospitals ...	4	4	8
Admitted elsewhere	—	—	—
	—	—	—
Total ...	4	4	8
	—	—	—

Particulars of Mental Defectives on 31st December, 1957.

	Males.	Females.	Total.
(1) Number of Defectives found "subject to be dealt with":—			
(a) In Hospitals—			
Under 16 years of age ...	10	2	12
Aged 16 years and over ...	66	51	117
(b) Under Guardianship—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	1	1	2
(c) Under Statutory Supervision—			
Under 16 years of age ...	9	9	18
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	1	—	1
Aged 16 years and over ..	9	16	25
	—	—	—
Total ...	110	91	201
	—	—	—

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 new cases included in col. (4). (5)	Total attendances. (6)
Ante-natal ...	1	4	28	28	147
Post-natal ...	—	—	—	—	—

TABLE II.

DOMESTIC HELPS

(a) Number of Domestic Helps employed at 31st December, 1957:—

(1) Whole-time	1
(2) Part-time	48

(b) Number of cases where Help was provided :—

(1) Maternity	34
(2) Tuberculosis	2
(3) Chronic sick, including aged and infirm	153
(4) Others	27

TABLE III.

HOME NURSING

	Medical.	Surgical.	Infectious Diseases.	Tuber-culosis.	Maternal Compli-cations.	Totals.
No. of cases attended during year ...	2,778	695	68	15	24	3,580
No. of visits paid during year ...	57,035	8,050	318	339	192	65,934

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.
			1957	1956	1955–52		Under 1 yr.	1-2 years.	2-5 years.	
14	21	327	306	247	402	955	2,730	1,023	1,357	5,110

TABLE V.

HEALTH VISITING

No. of children under 5 yrs. visited.	Expectant mothers		Children under 1 yr. of age.		Children 1–2 yrs.	Children 2–5 yrs.	Tuberculous households	Other cases	Total households visited.	Visits to tuberculous households by T.B. visitors
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.		
5,054	—	—	956	9,549	5,071	8,759	1,232	4,164	4,819	Nil.

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 ..	1	10	67	75	153	—
(b) Voluntary Organisations	—	—	—	—	—	162
(c) Hospital Management Committees	—	—	—	—	—	625
Midwives in private practice ..	—	—	—	—	—	11
Totals ..	1	10	67	75	153	798

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the fourteenth day 671

No. of domiciliary cases in which the infant was wholly breast fed at fourteenth day 96

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	42	
(ii) Other cases	—	
	—	42
(b) For cases in Institutions		38

4. Administration of Analgesia

(a) Number of Midwives in practice in the area qualified to administer Analgesics :—		
(i) Domiciliary	34	
(ii) In Institutions	16	
	—	50
(b) Number of sets of Analgesic apparatus in use by the Authority's midwives		31
(c) Number of cases in which gas and air was administered in domiciliary practice:—		
(i) when doctor was not present	62	
(ii) when doctor was present	57	
	—	119
(d) No. of cases in which pethidine was administered in domiciliary practice :—		
(i) when doctor was not present	32	
(ii) when doctor was present	36	
	—	68

TABLE VII.

AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-57. (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	3,636	2,395	416	75,400
Cars	See below*	19,945	7,317	142	276,864

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

NOTIFIABLE DISEASES, 1957.

	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 ..	—	—	—	—	2	—	1	1	—	—	—	—	—	31	2	—	—	—	—
Kendal ..	—	1	—	3	18	—	—	—	—	—	—	—	—	195	65	—	—	—	—
Lakes ..	—	—	—	—	—	—	—	—	—	—	—	—	—	60	1	—	—	—	—
Windermere	—	—	—	—	5	1	1	—	—	—	—	—	—	63	63	—	—	—	—
N Westmorland	—	2	—	—	6	2	2	—	1	—	—	1	—	383	47	—	—	1	—
S Westmorland	—	3	23	3	13	—	5	—	—	—	1	—	—	382	63	2	1	—	—
Totals 1957	—	6	23	6	44	3	9	1	1	—	1	1	—	1114	241	2	1	1	—
Totals 1956	—	25	1	3	40	4	5	2	—	—	134	5	—	745	63	—	47	—	—

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1957.

Ages.	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Acute Pneumonia	Acute Poliomyelitis non-paralytic	AcutePoliomye-litis 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	—	—	—	—	—	—	—	—	23	14	—	—	—	—
1-2 Years	—	—	—	—	—	—	—	—	—	—	—	169	37	1	1	—	—
3-4 ,, ..	—	3	1	—	—	—	—	—	1	—	—	263	58	—	—	—	—
5-9 ,, ..	—	3	3	—	1	—	—	—	—	—	—	516	106	1	—	—	—
10-14 ,, ..	—	—	2	—	—	—	—	—	—	—	—	109	14	—	—	1	—
15-24 ,, ..	—	—	4	—	2	1	—	—	—	1	—	28	3	—	—	—	—
25 years and over	—	—	12	6	6	—	1	—	—	—	—	6	9	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	6	23	6	9	1	1	—	1	1	—	1114	241	2	1	1	—
Cases admitted to Hospital ..	—	1	5	2	3	1	1	—	—	—	—	1	1	2	1	—	—
Total Deaths ..	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—

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