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WESTMORLAND COUNTY COUNCIL

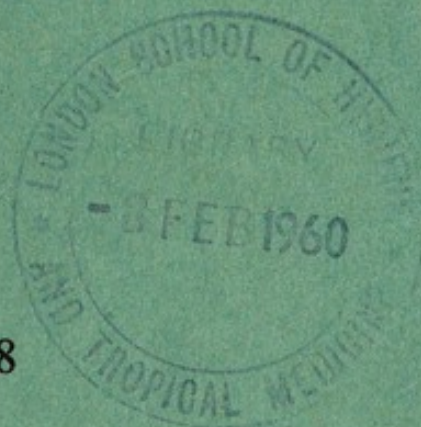


# ANNUAL REPORT

OF THE

COUNTY MEDICAL  
OFFICER OF HEALTH

—  
THE YEAR 1958







WESTMORLAND COUNTY COUNCIL



# ANNUAL REPORT

OF THE

## COUNTY MEDICAL OFFICER OF HEALTH

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THE YEAR 1958



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**COUNTY OF WESTMORLAND.**

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Public Health Department,  
County Hall, Kendal.

October, 1959.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report on the Health of the County during the year 1958.

This year I have to tell you that Dr. Taylor, Assistant County Medical Officer, retired on 31st August, after twelve years' service. Her work was chiefly in North Westmorland and the mothers and children of that region will have cause to remember her services in the sphere of Child Welfare work. She has been succeeded by Dr. R. J. K. Tallack. Mr. Ian Fletcher, the Assistant Dental Surgeon, also resigned at the end of August to commence private practice. He has been succeeded by Mr. G. Austin. Lastly, Dr. J. Munro Campbell, who for so many years held the position of Superintendent at Meathop Sanatorium and Tuberculosis Officer for Westmorland. Dr. Campbell has almost grown up with Meathop Sanatorium, with which he was associated for 30 years. His knowledge of tuberculosis as a physician, was second to none and he earned and held the respect of the many doctors in Westmorland with whom he came in contact. In addition to his professional ability, he is possessed of considerable personal charm which endeared him to all with whom he came in contact. We will greatly miss him. He has been succeeded by Dr. R. Douglas Young.

We wish Dr. Taylor and Dr. Campbell well in their retirement and hope they will have many years left to follow their natural pursuits. We also wish Mr. Fletcher the best of success in his new venture.

Turning to the Vital Statistics for the year, there has been a small drop in the estimated number of population of the County. The Birth and Death Rates are correspondingly lower and higher than the previous year. The distribution does not follow any significant pattern.



Deaths from Heart Disease show a still further increase on that for 1957 and are becoming one of the problems of the age. Heart Disease is closely followed by death from other vascular conditions. Cancer comes third. So far as we have been able to ascertain there is no predominance in Lung Cancer in Westmorland.

Infectious Disease has remained quiet throughout the year and we have not been visited by any important epidemics.

Poliomyelitis has remained relatively quiescent. The greatest number of cases has been caused by measles.

Ambulance and Sitting Case Cars continue to function efficiently, and although there has been an increasing number of Sitting Cases carried the mileage increased by nearly 29,000 miles.

There has been a lessening demand for National Dried Milk throughout the County. It would appear that owing to the increased cost of this commodity to 2s. 4d. from 10½d. mothers are turning to other brands of proprietary Dried Milk.

One can say that the Health of the County has been good during the past year.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health.

# PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1958.

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 (Retired 31-8-1958)	.. M.R.C.S., L.R.C.P. (Lond.)	.. Asst. County Medical Officer	Whole	School Medical Officer
R. J. K. Tallack (Commenced 1-9-58)	.. M.B., Ch.B., D.P.H.	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	.. 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 (Resigned 31-8-58)	.. B.D.S. ..	.. Asst. Dental Officer	Whole	School Dental Officer
G. Austin (Commenced 1-5-58)	.. B.D.S. ..	.. Asst. Dental Officer	Whole	
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-1958) ... ..	66,400
Total Rateable Value as on 1st April, 1958 ... ..	£750,323
Estimated product of a Penny Rate (General County) for the financial year 1958-59) ... ..	£2,988

## EXTRACT FROM VITAL STATISTICS IN THE YEAR 1958.

	Total.	Males.	Females.
Live Births—Legitimate ... ..	934	479	455
Illegitimate ... ..	46	24	22
	<hr/>	<hr/>	<hr/>
	980	503	477
	<hr/>	<hr/>	<hr/>
Birth-rate per 1,000 of the estimated resident population ...	15.6		
Birth-rate, England and Wales, 16.4.			
	Total.	Males.	Females.
Stillbirths ... ..	26	21	5
Rate per 1,000 total live and stillbirths ...	25.8		
Stillbirth Rate, England and Wales ...	21.6		
	Total.	Males.	Females.
Total Live and Stillbirths ...	1,006	524	482
	Total.	Males.	Females.
Deaths of Infants under 1 year of age ...	24	16	8
Death-rate of Infants under 1 year of age:			
All infants, per 1,000 live births ... ..	24.49		
Legitimate infants, per 1,000 legitimate live births ...	25.69		
Illegitimate infants, per 1,000 illegitimate live births	Nil.		
Infant Death-rate, England and Wales, 22.5.			
	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks) ...	21	13	8
Rate per 1,000 live births, 21.42.			
Neo-Natal Death-rate, England and Wales, 16.2.			
Illegitimate Live Births per cent of total live births, 4.69.			
Death from Pregnancy, Childbirth or Abortions ... ..	1		
Rate per 1,000 total (live and still) births, 0.99.			
Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.43.			
	Total.	Males.	Females.
Deaths ... ..	877	461	416
Death-rate per 1,000 of the estimated resident population, 12.1.			
Death-rate, England and Wales, 11.7.			

## POPULATION.

DISTRICT.		Area in acres (Land and Inland Water).	Population. Registrar General's estimate Mid.-1958.
URBAN.			
Appleby ..	..	1,877	1,660
Lakes ..	..	49,917	5,440
Kendal ..	..	3,705	18,460
Windermere ..	..	9,723	6,370
RURAL.			
North Westmorland		288,688	16,280
South Westmorland		151,007	18,190
Westmorland ..		504,917	66,400



# **BIRTH-RATE, 1957-58.**

Birth Rate per 1,000 estimated resident population.

District.	1957.	1958.
<b>Urban.</b>		
Appleby .. ..	15.2	11.6
Kendal .. ..	14.3	15.7
Lakes .. ..	9.0	7.9
Windermere .. ..	11.7	10.4
<b>Rural.</b>		
North Westmorland ..	17.1	19.1
South Westmorland ..	15.1	17.2
<b>Westmorland</b> .. ..	<b>14.5</b>	<b>15.6</b>
England & Wales .. ..	16.1	16.4

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.	1954.	1955.	1956.	1957.	1958.
Number of births	863	910	869	911	980

# DEATH-RATE, 1956, 1957 and 1958.

Death Rate per 1,000 estimated population.

District.	1956.	1957.	1958.
<b>URBAN</b>			
Appleby ...	16.3	12.8	12.5
Kendal ...	13.0	13.5	13.5
Lakes ...	12.6	9.1	11.3
Windermere ...	10.9	11.8	9.9
<b>RURAL</b>			
North Westmorland	13.1	11.6	13.0
South Westmorland	11.0	11.4	11.3
WESTMORLAND ...	12.3	12.0	12.1
ENGLAND and WALES	11.7	11.5	11.7

The Death-rates in this table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1956, 1957 and 1958 in order of maximum fatality in 1958 were as follows:—

	1956.	1957.	1958.
Heart Disease ...	314	294	317
Cerebral Hæmorrhage ...	172	147	159
Cancer ...	144	156	135
Violence (including accident) ...	34	31	41
Other Circulatory Diseases ...	36	36	33
Pneumonia ...	19	21	29
Bronchitis ...	26	25	24
Digestive Diseases ...	21	14	16
Other Respiratory Diseases ...	8	12	10
Tuberculosis of the Respiratory System	12	7	6
Nephritis ...	7	4	4



**MATERNITY AND CHILD WELFARE**  
**INFANTILE MORTALITY. (Under 1 year).**

Rate per 1,000 Live Births.

District.	1956.	1957.	1958.
<b>URBAN</b>			
Appleby ...	52.6	—	—
Kendal ...	20.2	30.3	20.8
Lakes ...	18.2	—	47.6
Windermere ...	30.8	14.3	32.3
<b>RURAL</b>			
North Westmorland	20.0	35.6	28.3
South Westmorland	4.3	15.9	21.0
<b>WESTMORLAND ...</b>	<b>17.3</b>	<b>24.1</b>	<b>24.5</b>
<b>ENGLAND and WALES</b>	<b>23.8</b>	<b>23.0</b>	<b>22.5</b>

**ILLEGITIMATE INFANT DEATH RATE.**

Rate per 1,000 Illegitimate Live Births.

	1956.	1957.	1958.
<b>WESTMORLAND ...</b>	<b>57.7</b>	<b>Nil.</b>	<b>Nil.</b>

**Causes of Death in Infants under one year in 1958:—**

Prematurity ...	...	...	8
Atelectasis ...	...	...	4
Intra-cranial hæmorrhage ...	...	...	3
Congenital defects ...	...	...	2
Broncho-pneumonia ...	...	...	1
Meningocele of skull ...	...	...	1
Tentorial tear ...	...	...	1
Hypothermia ...	...	...	1
Pulmonary collapse ...	...	...	1
Toxæmia ...	...	...	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 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 Superintendent Nursing Officer has been appointed non-medical supervisor. She is 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 28 out of the 182 domiciliary cases had not booked a doctor, in 102 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.**

	1956.	1957.	1958.
Number of cases doctor booked ...	121	142	154
Number of cases doctor not booked	22	11	28
	<hr/> 143	<hr/> 153	<hr/> 182

#### **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.

### 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.

	1956.	1957.	1958.
Total Health Visits to Infants			
under 1 year     ...	10,399	9,594	10,108
Total Health Visits to Children			
1 to 5 years     ...	16,440	13,830	14,419



## HOME NURSING

The Home Nursing Service is provided by the district-nurse/mid-wife/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 employment of Nursing Orderlies who assist and work under the direction of the Nurse have contributed considerably to the care of this type of case.

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.

	1956.	1957	1958.
Number of Cases Attended ...	3,795	3,580	3,341
Number of Visits ...	70,835	65,934	66,985



## 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 eleventh successive 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 42.9% 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	...	...	264	358	48	670	
Reinforcing	...	...	—	22	395	417	



Number of children at 31-12-58 who had completed a course of immunisation prior to that date:—

## 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.

Details of vaccinations carried out during 1958 are:—

Details of vaccinations carried out during 1958 are:—

Age at date of vaccination.	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 yrs. and over.	Total.
No. vaccinated ...	593	46	7	12	21	679
No. re-vaccinated	—	—	3	22	100	125
						<hr/>
					<b>Total ...</b>	<b>804</b>



Of 980 children born in the County during the year only 593 are known to have been vaccinated. This figure, 60 per cent., compares with 56 per cent. in 1957 and is the highest figure for a number of years, except for the 65 per cent. recorded in 1953. 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 1958 had been extended to all children under the age of 15 years, to expectant mothers, general practitioners, ambulance staffs and also to young persons born in the years 1933-1942. It was also decided that a third inoculation should be given not less than seven months after the second one.

The limiting factor until the end of the year was the vaccine supply position, supplies consistently falling far below the amount needed. 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, and 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 15 to 25-year-old group is being dealt with at evening sessions held in village halls and similar accommodation.

The following is a summary of the work done during the year:—

	Children		Young Persons	
	born 1943 to 1959.	born 1933 to 1942.	Expectant Mothers.	Others.
Received two injections ...	6,684	22	115	39
Received one injection ...	573	1,106	19	20
On waiting list—no injections given ...	347	1,341	18	16

A total of 4,282 persons, almost entirely children, received a third dose during the period 1st September to 31st December, 1958.



Prior to 1958, a further 2,676 children had received two doses, giving a total of 9,360 children who had received this treatment; an estimated 65 per cent. of the number in this age group, whilst a further 6 per cent. had applied for, and were still awaiting, treatment at the end of the year.

Of the young persons aged 15 to 25 years it will be seen that 2,469 had applied for treatment by the end of the year, i.e., approximately 30 per cent. of those eligible.

### INFANT WELFARE CENTRES

The Local Health Authority provides 13 infant welfare centres, two 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.

<i>Area.</i>	<i>Centre held at:</i>	<i>Frequency of Sessions.</i>
Ambleside ..	British Legion Room	.. 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	.. "
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

		1956.	1957.	1958.
Under 1 year	...	3,621	2,730	3,162
Over 1 year	...	3,077	2,380	1,965
Average per session	...	18.0	20.0	15.4

#### 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 1958 were:—

Period		National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
		Tins.	Bottles	Packets	Bottles
1st Quarter	...	5,096	1,270	736	5,959
2nd Quarter	...	5,301	967	772	6,631
3rd Quarter	...	5,504	935	659	6,653
4th Quarter	...	4,993	1,129	757	5,632
Total for year	...	20,894	4,301	2,924	24,875

It will be seen from a comparison of the foregoing table with those for the two preceding years that there has been a very considerable decrease (of the order of 40 per cent.) in the quantity of National Dried Milk issued since the price was increased from 10½d. to 2s. 4d. per tin in April, 1957, and one of a similar order in the distribution of Orange Juice due to the fact that, since November, 1957, entitlement ceases at two years of age instead of at five years.



Although the entitlement to Cod Liver Oil has not changed in quantity, the amount distributed has also fallen by about 40 per cent. The reason for this is to some extent a matter for conjecture, but it would appear to be explained by the fact that parents who were prepared to take the trouble to obtain Milk, Orange Juice and Cod Liver Oil are not prepared to collect Cod Liver Oil alone.

### 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	...	...	21
--	-----	-----	----

Confinements in:—

Mother's own home	...	...	2
St. Monica's Maternity Home	...	...	1
Helme Chase Maternity Home	...	...	11
Private Nursing Homes	...	...	2
Coledale Hall, Carlisle	...	...	—
Penrith Maternity Home	...	...	1
City Maternity Hospital, Carlisle	...	...	2
Brettargh Holt Maternity Home	...	...	—
Other addresses	...	...	2

Disposal of Infants:—

Mother keeping baby	...	...	15
Baby in care of grandmother	...	...	3
Adopted	...	...	3

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 57 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, 129 maternity cases were admitted, for none of whom the Westmorland County Council were asked to assume financial liability.

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

### CARE OF PREMATURE INFANTS.

The following table gives details of premature infants born to Westmorland mothers during 1958:—

#### Born in Hospital:

Stillbirths	...	...	...	...	16
Live Births	...	...	...	...	48
Died within 24 hours of birth	...	...	...	...	4
Survived 28 days	...	...	...	...	37

#### Born at Home:

Stillbirths	...	...	...	...	2
Live Births nursed entirely at home	...	...	...	...	6
Died within 24 hours of birth	...	...	...	...	—
Survived 28 days	...	...	...	...	6
Live Births transferred to Hospital	...	...	...	...	2
Died within 24 hours of birth	...	...	...	...	—
Survived 28 days	...	...	...	...	2

#### 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 66 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 amount of dental treatment carried out for expectant and nursing mothers, while showing a slight increase on previous years, remains small.

Towards the latter end of the year the attention of every expectant and nursing mother and parent of a pre-school child was drawn to the existence of the service and I am grateful for the help given by the nursing staff in this respect.

TABLE A.

	Examined.	Requiring Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	21	20	20	17
Children under 5 years	.. 104	56	50	47

TABLE B.

	Scaling and Gum Treatment.	Fillings.	Silver Nitrate.	Crown Inlay.	Extractions.	General Anaesthetic.	Denture		X-Ray.
							Full.	Part.	
Expectant and Nursing Mothers	7	29	—	—	28	4	2	2	6
Children under 5 years	.. —	17	47	—	45	20	—	—	—

### 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 61.

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 over 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	...	...	...	...	...	52
District Nurse Midwives	...	...	...	...	...	37
Midwives in Institutions and in Private Practice	...	...	...	...	...	15
viz.:—						
(a) Westmorland County Hospital	...	...	...	...	...	1
(b) Helme Chase Maternity Home	...	...	...	...	...	7
(c) St. Monica's Maternity Home, Kendal	...	...	...	...	...	4
(d) Brettargh Holt	...	...	...	...	...	2
(e) Private Practice:						
Nursing Homes	...	...	...	...	...	1

Midwives Notification Forms received during 1958 were as follows:—

Sending for Medical Aid	...	...	...	105
Artificial Feeding	...	...	...	206
Stillbirth and death	...	...	...	28
Having laid out a dead body	...	...	...	7
Liability to be a source of infection	...	...	...	4



### **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 137 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 78 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 1958 21 such cases were referred, of whom 19 were certified as blind and two as partially sighted.

The total number of persons on the Council's register on 31st December, 1958, was 135 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 ...	4	—	—	4
(b) Treatment (medical, surgical or optical)	4	1	—	6
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	4	1	—	3

Of the persons requiring treatment one in column (4) has died, one in column (1) has left the district and one was too ill for treatment.

### 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



Since the 5th July, 1948, this Authority has carried out directly 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 responsibility for this out-patient work.

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

During the year the authorised officers conveyed cases to Mental Hospitals as follows:—

		Males.	Females.	Total.
Garlands Hospital, Carlisle	...	2	3	5
Lancaster Moor Hospital	...	20	39	59
		—	—	—
Totals ...	...	22	42	64



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 59 and 60 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.
1958	...	...	22,651	8,925	305,182
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

It may be noted that whilst mileage, number of patients and number of journeys are in each case the highest figures yet recorded the mileage per patient, 13.5, and miles per journey, 34.2, are the lowest figures since the inception of the service in 1948.

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 activities of the Ambulance Service, covering the period 1st January to 31st December, 1958.

Existing arrangements, whereby the four ambulances at Kendal and the three at our out-stations are operated under the Chief Fire Officer, continue to run satisfactorily.

During the year there have been some staffing changes at Appleby, to the good, I hope, and an application has been made by the Amble-side Division of St. John Ambulance Brigade that they receive an honorarium similar to that now paid to Kendal St. John Ambulance Brigade, whereby during the night time and weekends they will give their services free.

The number of ambulances (seven) remains the same. They are stationed at the following depots:—

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	...	Do.
Kirkby Stephen	...	1	...	Do.

By arrangement, certain parishes in the north of the County receive cover from the Penrith unit of the Cumberland County Council.

#### Ambulances Now in Commission.

Depot.	Make.		Year.	Mileage at 31-12-58.	Con- dition.
Appleby	Bedford	FEC-516	1958	2,161	Good.
Kirkby Stephen	"	DJM-727	1957	22,134	"
Kendal	"	CEC-505	1954	70,928	"
Kendal	"	BEC-672	1953	123,957	"
Kendal	"	AEC-905	1951	101,770	Fair,
Kendal	"	AEC-539	1951	93,313	Poor.
Ambleside	Morris	JM-7667	1948	49,040	Good.
(Bedford Ambulance JM-9344 (1950), 97,267, awaiting disposal)					Poor.

#### Ambulance Calls.

Station.	Patients Carried					Total Patients.	Patient Carrying Journeys.	Abortive and Service Journeys.	Total Journeys.	Mileage.
	No.	Infectious.	Accidents.	Maternity.	Others.					
Kendal	4	32	269	144	1,986	2,431	1,819	17	1,836	44,577
Ambleside	1	1	50	7	124	182	141	3	144	5,007
Appleby	1	1	32	40	526	599	205	7	212	15,225
Kirkby Stephen	1	—	32	22	111	165	144	1	145	11,279
	7	34	383	213	2,747	3,377	2,309	28	2,337	76,088
Dates:										
1956	7	40	322	129	2,546	3,037	2,311	35	2,346	75,200
1957	7	37	416	210	2,973	3,636	2,366	29	2,395	75,400



Average miles per journey:	1958	1957	1956	1958	1957	1956
Kendal .. ..	24.28	23.36	24.86	32.56	31.48	32.05
Ambleside .. ..	34.77	32.20	35.66			
Appleby .. ..	71.82	71.86	71.30			
Kirkby Stephen ..	77.78	68.25	86.16			

Other than the ambulances at Kendal, which are garaged at the Fire Station, the garaging remains as before at service garages.

On behalf of the Lancashire County Council 48 journeys were carried out with a mileage of 1,772.

### Personnel.

The Kendal Division of the St. John Ambulance Brigade continue to provide an attendant when required during the night time. This arrangement has again been very satisfactory.

The whole-time staff, although so limited in numbers, have carried out their duties in an exemplary manner, often at great inconvenience to themselves. The proposal that one of their number be up-graded to the rank of Foreman-Driver will, if agreed to, give them added confidence in their work.

### Accommodation.

The position of garaging of ambulances continues the same at Kendal. The garages housing ambulances could well be used by the fire service vehicles which now stand in the open.

### Wireless.

I regret that I cannot report any progress under this heading. I am still firmly convinced that for this service radio communication is essential. Not only should the initial cost be looked at but the main factor should be efficiency. With this type of communication ambulances could be contacted between destinations and, when necessary, re-directed, thus avoiding dead mileage and the quicker transport of emergency cases.

### General.

There has been nothing of outstanding importance that calls for special reference. Every endeavour has been made at all times to give the public the service that is required. This has only been made possible by the willing co-operation of all personnel, both whole-time and volunteers.



Every effort is made to use the service economically, and where more than one patient can conveniently be carried this is done.

I would like to take this opportunity of recording my thanks to all personnel who work so conscientiously, thus enabling the service to function so satisfactorily.

I am indebted to the Fire Service personnel who so ably carry out the duties allocated to them.

In conclusion, I thank the County Medical Officer and his staff for their ready help and advice.

To you, Sir, and Members of the Health Committee I wish to offer my sincere thanks for your help and guidance which has always been so readily available.

I am indeed honoured to have served you for the past ten years.

T. HASEMAN,

Ambulance Officer.

### **FOOD AND DRUGS ACT, 1955.**

#### **ANNUAL REPORT OF CHIEF SAMPLING OFFICER, YEAR 1958.**

This report covers the period 1st January to 31st December, 1958, with reference to those provisions of the Food and Drugs Act which relate to the composition and labelling of foods with a view to securing that such articles are sold in a pure condition and do in fact comply with their respective descriptions. This 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 in the Borough of Kendal are submitted to the Town Clerk at the end of each quarter.

In the period under review, 283 samples, mainly of food or substances used in the preparation of food, were obtained, of which 185 were of milk. Compared with the previous year this shows a decrease of 29 samples, of which four were of milk. The sampling officers obtained and tested an additional 235 informal samples of milk for the purpose of preliminary sorting tests as a basis for the submission of milk samples for analysis.



### Informal Office Tests.

The Sampling Officers have carried out 555 preliminary sorting checks on churns of milk in transit to receiving depots and in addition, by means of a commercial method of testing milk, 235 informal tests were made as follows:—

29 on milk in transit from farms.

8 on milk sold by wholesale.

156 on milk purchased from roundsmen.

42 on milk supplied to schools.

The data obtained by this rapid commercial method, although not so detailed or so extremely accurate as a full analysis, has proved to be a valuable and reliable method for the purpose for which it is used and, as a result of such tests on informal samples, it was only considered necessary to send 74 out of the 185 formal samples of milk for analysis.

### Analysed by the Public Analyst.

The number of samples analysed by the Public Analyst was 170, of which 74 were of milk, and the number indicating some irregularity was 32, of which 31 were of milk. This indicates a decrease of 22 in the total number of samples submitted for analysis compared with the previous year.

### Milk Samples.

One effect of selective sampling is to nullify any significance in what would otherwise be regarded as a high proportion of unsatisfactory samples as disclosed in the following summary of milk samples analysed:—

Origin of Sample.	Satisfactory.	Doubtful.	Below standard.	Total.
Purchased from Retailer ...	29	—	18	47
From churns in transit ...	7	1	3	11
Follow-up or Reference ...	5	2	6	13
Appeal to Cow ...	2	—	1	3
	—	—	—	—
	43	3	28	74
	—	—	—	—



The three "Doubtful" samples, each below standard in solids-not-fat, are so classified by reason of freezing points of  $-527$ ,  $-524$  and  $-523^{\circ}\text{C}$ ., which are not freezing points usually associated with genuine milk.

Twenty-eight samples grouped as "Below Standard" comprised: 24—deficient in solids-not-fat and regarded as genuine but below standard by reason of freezing points within the accepted limits for genuine milk;

4—disclosing fat contents of 2.6%, 2.7%, 2.8% and 2.85%, regarded as being deficient in fat content to the extent of 13.3%, 10.0%, 6.7% and 5.0%, respectively, when based on the minimum standard of 3.0% for fat in milk set up in the Sale of Milk Regulations, 1939;

The action taken was to warn seven persons and note the names of 14 persons for further sampling.

### Other Samples.

Samples of articles other than milk to the number of 96 were sent for analysis, 37 being submitted as formal samples and 59 as informal samples. The range of sampling covered 24 different food commodity groupings and particular attention was given to foods prepared or pre-packed in Westmorland. A very brief summary of the classification groups of samples includes:—

Sausages	...	...	1
Other meat and meat products	...	...	20
Fish and fish products	...	...	1
Ice cream	...	...	6
Other pre-packed foods	...	...	4
Other non-pre-packed foods	...	...	58
Articles of a medicinal nature	...	...	6
			—
			96
			—

With the exception of one informal sample of ground almonds found to be stale and supplied from an old stock later withdrawn from sale, all samples of articles other than milk were found to be of genuine quality.



### **Food Labelling.**

The requirements of certain Orders and Regulations provides, amongst other things, that the statement on any label on a pre-packed article of food sold by retail shall be a true statement and not likely to mislead an ordinary purchaser. In this connection the accuracy of statements of constituents on pre-packed foodstuffs has been verified by the Public Analyst in respect of all samples submitted under the provisions of the Food and Drugs Act. A number of local packers or manufacturers are using the facilities of the Department by submitting for examination draft labels before obtaining supplies of descriptive wrappers or labels.

The number of packages examined for compliance with the labelling requirements was 3,986, of which 47 were either incorrectly labelled or not labelled.

### **Milk Pasteurising Plants.**

Regular examination of the daily thermal record charts from a milk pasteuriser's plant operated under licence from the County Council indicates a number of deviations from the prescribed method of heat treatment of milk. This is a circumstance largely due to manual operation of the plant controls. Twenty-one samples of heat-treated milk were obtained and submitted to the Public Health Laboratory Services for examination. All samples passed the prescribed test for pasteurised milk.

### **School Milk.**

Forty-two samples of the milk supplied to 42 schools were obtained and sent for examination by the Department of Pathology, Public Health Laboratory Services.

As in previous years, it has not been practicable to adhere to the original arrangements to obtain four samples annually from each school receiving undesignated milk or to obtain at least one sample from each school. The work has, however, been so arranged that with seven exceptions at least one sample has been taken from milk delivered by each supplier of school milk in Westmorland.



The results of sampling are summarised as:—

School Milk Samples.								
Designation or Description of Milk.								
Methylene Blue Prescribed Test.		Pasteurised.		Tuberculin Tested.		Undesignated.		Total.
		Bottled.	Bulk.	Bottled.	Bulk.	Bottled.	Bulk.	
Pass	...	3	—	8	1	5	13	30
Fail	...	—	—	7	—	—	5	12
		3	—	15	1	5	18	42

All samples were submitted for Biological examination and all were negative for M. Tuberculosis.

#### 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 185, and 143 inspections were made during the year to ensure that the sellers are familiar with at least those provisions of the Poisons Rules, applicable to the goods intended for sale which are mainly disinfectants, insecticides, household ammonia, horticultural sprays and paint removers. Inspections of poison registers are made four times a year in the case of listed sellers dealing in nicotine, arsenical, mercuric or other poisons where special restrictions apply.

It was found necessary to advise six traders of the statutory provisions of the Poisons List and Poison Rules.

#### Public Analyst.

After serving the County Council as the Public Analyst for a period of over 33 years, Mr. C. J. H. Stock relinquished the duties of his office following a severe illness in the early part of the year 1958.

Dr. G. H. Walker, Ph.D., F.R.I.C., the Public Analyst for Lancashire County Council was appointed Public Analyst for Westmorland from the 1st November, 1958.

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, 1958	...	...	...	12
„	new cases seen	...	...	...	68
„	follow-up cases seen	...	...	...	193

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

### Deaths from Cancer, 1957 and 1958.

	1957.			1958.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	42	43	85	30	42	72
Rural Districts	33	38	71	38	25	63
			—			—
Grand Total	...	...	156	Grand Total	...	135
			—			—



### TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1958:—

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	1	1	—	1	—	—	—	—
15	3	5	1	—	—	—	—	—
25	3	5	—	1	—	1	—	—
35	3	2	—	1	—	—	—	—
45	6	—	—	—	3	—	—	—
55	4	—	—	—	—	—	—	—
65	6	—	—	1	2	—	—	—
75	—	—	—	—	—	—	—	—
TOTAL	26	13	1	4	5	1	—	—
1957	26	18	1	2	7	—	—	—



In 1958 Westmorland patients were admitted to the following Hospitals:

Westmorland Sanatorium, Meathop	...	33
High Carley, Ulverston	... ..	6
Beaumont Hospital, Lancaster	... ..	5
Blencathra Sanatorium, near Threlkeld	... ..	4
Ormside Hospital	... ..	2
City General Hospital, Carlisle	... ..	2

### TUBERCULOSIS SCHEME

The Tuberculosis work of the County is now divided between the Manchester and Newcastle-upon-Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle-upon-Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes.

The Chest Physicians give general directions to the work of the Tuberculosis Visitors, and on their recommendation the Authority provides extra milk to necessitous cases, and open-air shelters where the housing circumstances and the condition of the patient warrants it, 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.



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.

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 1958 226 contacts were tested, of whom 92 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, 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. The cessation of post-vaccination testing and the use of freeze-dried vaccine has gone but a very little way to simplifying the work.

The following table gives details of the work done under the scheme during 1958:—

Found Positive at first Pre-Vaccination Test.	Found Positive at Second Pre-Vaccination Test.	Vaccinated.
86	10	365

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.



## ANNUAL REPORT ON TUBERCULOSIS AND OTHER CHEST DISEASES: NORTH WESTMORLAND.

### Introduction.

Statistics for 1958 again show an increase in the number of new patients seen at the chest centre and the total volume of out-patient work remains at a high level.

The number of cases of tuberculosis discovered during the year has not diminished, but, as indicated in previous reports, this figure is now stationary. Even so, an average of 140 new cases a year is still a serious problem. Not only does it entail no relaxation in our diagnostic and preventative measures, but it also indicates that for some years to come the demand for tuberculosis beds will remain. Work in connection with pulmonary tuberculosis, therefore, still continues, and I would not infer that we regard this work of less importance than we formerly did. The diagnosis and treatment of tuberculosis, therefore, remains as one of the essentials of the chest service.

The vast majority of the new cases seen at the chest centre suffer from non-tuberculous pulmonary diseases, and the diagnosis and treatment of these conditions takes up approximately 80 per cent. of the total time we spend on investigation and treatment.

Much that has been written on the future of the chest service appears to complicate the situation unnecessarily. One would feel that as pulmonary tuberculosis declined the proportion of new cases requiring full chest centre facilities would also decline. This is so, as far as tuberculosis is concerned. No longer have we 150-200 patients attending for artificial pneumothorax and pneumoperitoneum refills. Indeed, the decrease in the total attendances at the chest centre is entirely the result of this change in therapy. In other diseases, however, such as carcinoma and bronchiectasis, the investigation required and often their therapy demands more patience and more time proportionately than did the average case of tuberculosis.

The chest centre must remain an integral part of the hospital service. The suggestion that it should be further integrated into the general medical out-patient department is still a debatable question, but it would certainly be retrograde to carry this out before the average medical out-patient department has been raised to a higher level of medical practice as far as ancillary services are concerned.



I would emphasise here the question of treatment of non-tuberculous pulmonary diseases. Undoubtedly the vast majority of cases referred to us are sent to obtain a specialist's advice regarding their treatment. Not only is a report given, which in the majority of such cases excludes tuberculosis and neoplasm and suggests a regimen of treatment for any pathological condition found, but our reports are received by the general medical practitioner, on an average, two days after the patient is seen. As requests for new appointments are invariably answered with a definite appointment within seven days, there is no waiting list for new out-patients. In many cases where urgent treatment is required the general practitioner is informed of the diagnosis and suggested regimen of treatment on the same day as the patient is seen. Such a service is only possible where X-ray facilities form an integral part of the clinic building. Delay in giving appointments and in general practitioners receiving reports as the result of such appointments in many medical out-patient departments does not appeal to general practitioners who are anxious to get early advice on a sick patient.

### **Notifications and Deaths.**

In the East Cumberland Hospital Management Committee area notifications for the pulmonary type of the disease showed a decrease of eight, the number of new cases brought to our notice being 117; on the other hand, the number of new cases of non-pulmonary tuberculosis coming under our care increased by 12 to a figure of 33. The only local authority area showing a decrease in the total notification rate was Cumberland County. Once again the majority of our new cases occurred in the first quarter of 1958.

The mass radiography unit allotted to the Special Area has continued in operation throughout the year and remains a valuable case-finding measure in tuberculosis. During the year an intensive community survey in the Ennerdale Rural District of the County of Cumberland was carried out, and a similar survey is being conducted in the Botcherby-Harraby areas of the City of Carlisle at the time of writing this report.

Table 1 gives the number of notifications throughout England and Wales for 1958 and the preceding five years:—



TABLE 1.

## Notifications in England and Wales.

Year.		Pulmonary.		Non-Pulmonary.
1953	...	40,917	...	5,629
1954	...	36,973	...	5,375
1955	...	34,209	...	4,554
1956	...	31,642	...	4,173
1957	...	29,310	...	3,807
1958	...	26,595	...	3,493

Table 2 shows the notifications for the same period for North Westmorland.

TABLE 2.

Year.			Pulmonary.		Non-Pulmonary.
1953	...	...	8	...	6
1954	...	...	6	...	5
1955	...	...	9	...	4
1956	...	...	8	...	2
1957	...	...	3	...	1
1958	...	...	4	...	1

The sex and age distribution of new cases seen in 1958 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 (NORTH WESTMORLAND)

<b>Respiratory</b>								
Age—	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65+
Males	— (1)	— (1)	— (11)	— (10)	— (7)	1 (13)	1 (16)	— (10)
Females	— (2)	— (3)	1 (14)	— (12)	— (7)	— (4)	— (3)	1 (3)
<b>Non-Respiratory.</b>								
Males	— (—)	— (4)	1 (3)	— (2)	— (1)	— (—)	— (1)	— (1)
Females	— (1)	— (1)	— (4)	— (3)	— (2)	— (4)	— (4)	— (2)



Table 4 gives the pulmonary notifications for 1958, 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 the 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	...	1(17)	—(19)	1(8)	—(6)	—(6)	—(13)
Females	...	1(25)	—(9)	—(7)	—(—)	—(4)	1(3)
No of above respiratory cases referred from M.M.R. Unit:							
Males	...	1(6)	—(8)	1(1)	—(—)	—(1)	—(1)
Females	...	—(6)	—(5)	—(—)	—(—)	—(1)	—(—)

### Deaths.

Tuberculosis is still an important cause of death, this is particularly so today with the increasing incidence of active tuberculosis in elderly patients, especially males. The diagnosis of geriatric tubercle can be a difficult problem. In some cases the disease is so severe and acute that the patient may die before the investigations are complete, and it is undoubtedly true that quite a number of sputum positive case remain undiagnosed before death.

These elderly patients, in most cases dependent on others, are therefore more liable to infect other people and thus sustain the present level of new cases of pulmonary tuberculosis. The routine X-ray examination of all in-patients in hospital must be stressed. Geriatric patients are invariably reluctant to have their chests X-rayed, often particularly noted when carrying out mass radiography surveys, and for the vast majority of geriatric patients admission to hospital will mean their first chest X-ray.

The number of patients whose names were on the tuberculosis register and who have died during the year are set out in Table 5, the figures representing both pulmonary and non-pulmonary cases of tuberculosis.



TABLE 5.

Year.		North Westl'd.	Year.		North Westl'd.
1953	...	2	1956	...	5
1954	...	—	1957	...	3
1955	...	2	1958	...	—

Table 6 gives the number of deaths from Tuberculosis in England and Wales for 1958 and the preceding five years:—

TABLE 6.

Year.		No. of deaths.	Year.		No. of deaths.
1953	...	7,911	1956	...	5,368
1954	...	7,069	1957	...	4,784
1955	...	5,838	1958	...	4,480

Whereas deaths from tuberculosis 20 years ago were roughly 25,000, today these are under 5,000. On the other hand, the death-rate in pulmonary cancer has increased from 4,500 to over 19,000. Chronic bronchitis and emphysema are still responsible for much of the morbidity from chest diseases in this country and remain by far the most killing pulmonary diseases, now accounting for something like 30,000 deaths annually.

#### Chest Centre Statistics.

Table 7 gives the number of pulmonary and non-pulmonary cases on the North Westmorland Register for 1958. The figures in parentheses in the grand total relate to the corresponding figures for 1957. The last column of this table gives the total number for the whole of the East Cumberland Hospital Management Committee area, which includes the Eastern Division of the County of Cumberland and the City of Carlisle.

During the past year intensive therapy has resulted in a considerable degree of sputum conversion in pulmonary cases. At the same time, we are now in a position to enumerate the number of sputum positive cases who remain on our Register and who have







unfortunately become resistant to specific antibiotic therapy. Table 7a is, therefore, introduced and follows Table 7, and this table applies to the whole of the East Cumberland Hospital Management Committee area. You will note that the total number of cases with a positive sputum at home at the end of the year is 10, and of these five must be considered as harbouring bacilli which are so far resistant to therapeutic measures.

TABLE 7a.

Number of active pulmonary cases in hospital ...	...	85
Number of active cases at home—Positive ...	...	10
Number of active cases at home—Negative ...	...	40
Total number of active pulmonary cases ...	...	135
Number of resistant cases at home ...	...	10
Number of notified respiratory cases not attending chest centre		Nil.

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

TABLE 8.  
CHEST CENTRE STATISTICS.

	North Westmorland.		Total for Special Area.		Total figures for 1957.
	R.	N.R.	R.	N.R.	
1. No. of NEW Cases seen:—					
Adult male ...	71	1	972	8	
Adult female ...	60	1	812	23	
Male child ...	6	—	194	9	
Female child ...	11	—	147	7	
2. No. of OLD Cases seen:—					1,891
Adult male ...	159	11	2,790	39	
Adult female ...	111	11	2,800	163	
Male child ...	26	2	509	14	
Female child ...	12	—	351	8	
3. No. of NEW CONTACTS seen:—					6,569
Adult male ...	46	—	520	—	
Adult female ...	72	—	721	—	
Male child ...	31	—	619	—	
Female child ...	38	—	604	—	
					2,760



	North Westmorland.		Total for Special Area.		Total figures for 1957.
	R.	N.R.	R.	N.R.	
4. No. of OLD CONTACTS seen:—					
Adult male ...	4	—	114	—	
Adult female ...	25	—	174	—	
Male child ...	17	—	523	—	
Female child ...	12	—	460	—	
				—	1,359
5. No. of Cases seen by Physiotherapist:—					
Adult male ...	3	—	1,121	—	
Adult female ...	3	—	1,115	—	
Male child ...	3	—	1,224	—	
Female child ...	10	—	966	—	
				—	4,573
6. No. of A.P. Refills given ...	—	—	—	—	70
7. No. of P.P. Refills given ...	19	—	768	—	1,719
8. No. of E.P. Refills given ...	—	—	—	—	208
9. No. of Screenings only	4	—	69	—	147
10. No. of Aspirations	11	1	38	13	49
	—	—	—	—	—
Total Attendances...	754	27	17,611	284	19,345

### Contact Examinations.

Contact work has been continued as in previous years and the term "contact" is employed in its widest sense and covers anyone who has come in contact with a case of tuberculosis.

Table 9 gives the number of new contacts examined and the number diagnosed as tuberculous for 1958 and the preceding five years. These figures apply to North Westmorland only.

All contacts found to be Mantoux negative continued to be offered B.C.G.; it is worth while again recording that no case suit-



able for B.C.G. vaccination has refused this. I have to report, however, that one case of a tuberculous pleural effusion occurred in a young woman who was vaccinated with B.C.G. vaccine in 1952. Follow-up Mantoux tests in this case following B.C.G. were, however, most ambiguous, and it is a moot point whether this patient had been successfully vaccinated.

TABLE 9.

Year.	No. of New Contacts seen.		No. of Contacts diagnosed as Tubercle.	
	North Westl'd.		North Westl'd.	
1953	...	47	...	—
1954	...	72	...	1
1955	...	186	...	—
1956	...	180	...	—
1957	...	112	...	—
1958	...	187	...	—

#### Hospital Facilities and Waiting Lists.

There is no waiting list for cases of tuberculosis either to hospital or the Thoracic Unit. With pulmonary disease, other than tubercle, however, there is always a steady waiting list. As the vast majority of these cases are emergencies and requiring urgent and constant medical supervision, the City General Hospital Chest Unit of 21 beds has been used to its fullest capacity.

Table 10 shows the number of beds available in the chest service and the average monthly bed occupancy throughout the year.

TABLE 10.

Unit.	No. of beds available.	No. discharged during the year.	Average stay of patients.	Average monthly bed occupancy.
Blencathra	... 32	84	219.3	43.53
Longtown	... 23	66	160.9	23.84
Ormside	... 22	66	100.5	20.26
Chest Unit, City General Hospital	... 21	298	30.5	19.59



There has been no radical alteration in the programme of treatment since this was described in my 1956 report, but it would not be out of place to comment on one or two minor facets of the therapeutic programme.

The need for long-term therapy in tuberculosis is now an accepted view, and in this area we have continued ambulant therapy for approximately 12 months after a patient's discharge from hospital; in certain cases this period has been extended to 18 months. We have continued to admit all cases of active tuberculosis to hospital initially but, in general, the programme of rest therapy has been curtailed. Throughout the whole period of therapy, i.e., the part carried out in hospital and the portion carried out after discharge, the specific drugs have been given combined, and cases of drug resistance have been comparatively few and far between. Many patients on ambulant therapy following their discharge develop gastro-intestinal symptoms as most combinations of drugs given for ambulant therapy contain Paramisan. The symptoms produced may become severe, but usually disappear on temporarily stopping all drugs, and we feel that it is good therapy in cases who are prone to digestive symptoms to allow either a short break in therapy or else to authorise one day per week during which no therapy is taken, analogous to Digitalis therapy in cardiac conditions.

On the other hand, one questions whether such long continued post-hospital therapy is necessary. It is easy to assume when a patient's progress is satisfactory that this is the result of therapy. Many of the quiescent cases on our Register had no ambulant therapy following their discharge from hospital and have remained fit and well.

Resection remains the surgical treatment of choice in tuberculosis, and very close association is maintained between the chest centre and the Department of Thoracic Surgery. During the past year we have carried out no artificial pneumothorax inductions, and the management of intra-pleural pressures is largely a thing of the past. A pneumoperitoneum has been induced twice and has been maintained.

Today pleural biopsy is assuming increasing importance in cases of pleural effusion. Where a biopsy is correctly timed a diagnosis by this method is often available before the ordinary sputum examination result has been received. Other centres have reported that



in 80 per cent. of pleural effusions the aetiology can be diagnosed correctly by this method and that something like 60 per cent. of malignant effusions are thus diagnosed. We ourselves have no figures available for this yet as we are just starting to use this method. If our future work confirms these promising results it will mean that pleural biopsy, although it will not entirely eliminate the need for surgical biopsy, will in many cases dispense with this uncomfortable procedure.

Bronchography remains important as the effectiveness of properly managed long-term chemotherapy becomes more effective. The number of cases requiring major surgery has diminished for the same reason. Persistent tubercle bacilli in the sputum, with or without a resistant cavity, is obviously one indication for surgery following chemotherapy. In many cases, however, the indications are not clear cut, and one is tempted to advise resection in order to render a patient free from any future breakdown.

Until we have a clearer and more accurate assessment of the long-term results of combined chemotherapy it is probably good treatment to advise resection at present in many cases of doubt.

Preliminary intensive combined therapy shows a progressively high sterilisation rate in resectable lesions, but when one considers the increasing notification rate in geriatric patients one feels safer when resection has been carried out. The almost uniformly good results of combined chemotherapy, however, now means that resection, if it is to be carried out, will be carried out at a somewhat later date than it was, say, two years ago. Disease in geriatric patients also tends to require more prolonged chemotherapy than it does in a young adolescent. For this, amongst other reasons, there is an undoubted tendency for the average in-patient period per patient to increase slightly from previous years. Table 10 bears out this statement but still compares favourably with recent American statistics where the average period of stay in hospital of tuberculous patients was 139 days. A re-activation rate of 10 per cent. in the American series suggested that the initial programme of in-patient treatment had been too drastically curtailed, and we must guard against a similar mistake.

#### **Other Chest Diseases—Carcinoma, Bronchiectasis, etc.**

In previous reports it has been customary to add a short section on chest diseases other than tuberculosis seen at the chest centre.



Unfortunately, the **incidence of pulmonary carcinoma** is still rising and the number of new cases found fit for surgery on first examination remains low. Unfortunately there is no recent advance in therapy. Table 11 shows the number of cases of carcinoma attending the chest centre during the year.

TABLE 11.

	M.	W.	Ch.	Total.	Total for 1957.
<b>East Cumberland.</b>					
No. of new cases seen ...	23	4	—	27	11
No. admitted for investigation ...	2	1	—	3	3
No. found unfit for surgery ...	21	3	—	24	8
<b>Carlisle City.</b>					
No. of new cases seen ...	21	6	—	27	24
No. admitted for investigation ...	5	1	—	6	3
No. found unfit for surgery ...	16	5	—	21	19
<b>North Westmorland.</b>					
No. of new cases seen ...	4	1	—	5	3
No. admitted for investigation ...	—	—	—	—	—
No. found unfit for surgery ...	4	1	—	5	3

Table 12 shows the number of cases of **Bronchiectasis** on the Active Register of the chest centre and attending for physiotherapy.

TABLE 12.

**Bronchiectasis.**

	M.	W.	Ch.	Total	Total for 1957.
<b>East Cumberland.</b>					
Cases on Register at 1-1-59 ...	53	52	27	132	133
New cases diagnosed from 1-1-58 to 31-12-58 ...	6	10	3	19	18
No. of cases which have had surgical treatment to 31st December, 1958 ...	5	11	3	19	18
Attendances for physiotherapy ...	322	525	847	1,694	1,555



**Carlisle City.**

Cases on Register at 1-1-59 ...	69	40	34	143	126
New cases diagnosed from 1-1-58 to 31-12-58 ...	13	5	5	23	23
No. of cases which have had sur- gical treatment to 31-12-58 ...	6	8	3	17	15
Attendances for physiotherapy ...	796	587	1,330	2,713	3,004

**North Westmorland.**

Cases on Register at 1-1-59 ...	14	7	3	24	28
New cases diagnosed from 1-1-58 to 31-12-58 ...	—	2	—	2	5
No. of cases which have had sur- gical treatment to 31-12-58 ...	3	1	—	4	5
Attendances for physiotherapy ...	3	3	13	19	16

**Acknowledgements.**

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 main centre of work is at Ghyll Head, Kendal, where chest clinic sessions are held each week on Friday at 11 a.m. to 1 p.m. and 2 p.m. to 3 p.m., and also on Tuesday from 4-30 p.m. to 6 p.m. The Friday sessions are mainly consultative and advisory, whereas the Tuesday evening one is for refill cases and patients who are at work during the day.

The staff arrangement of having Nurse Inchmore from the Westmorland County Hospital, Miss Airey, the clerk from Westmorland Sanatorium, and Nurse Dale, a Health Visitor from the County Health Department, has continued to function satisfactorily. It might be added here that apart from the immediate clinical work at the Chest Clinic, the registers, films, returns and appointments are dealt with at the Westmorland Sanatorium, as also is everything connected with X-ray, apart from the actual taking of the film.

Occasional extra sessions are held to cover work arising from B.C.G. vaccinations or some demand out of the ordinary run, e.g., when the Manchester Regional Hospital Board Mass Radiography Unit No. 5 is working in the area.

The following table indicates briefly the comparative work over the past few years:—

	1954.	1955.	1956.	1957.	1958.
(1) No. of persons first examined during the year	345	284	376	322	402
(2) No. of persons in (1) who were contacts ...	97	89	153	122	153
(3) No. of new cases diagnosed as tuberculous ...	26	32	25	26	28
(4) No. of cases in (3) who were contacts ...	2	4	6	—	3
(5) No. of cases on Clinic Register on 31st December	279	263	263	265	243
(6) No. of cases in (5) who had positive sputum between 1st July and 31st December ...	17	20	12	13	6
(7) Health Visitor's visits to all cases ...	1,890	1,777	1,813	982	721



Though the number of new cases of Pulmonary Tuberculosis remains low, the work of the Chest Clinic has not diminished, as "in toto," the number of cases seen for the first time during the year has considerably increased. Quite a large number of the patients are sent to exclude Pulmonary Tuberculosis and the majority have no serious abnormality of the lungs, though, of course, the usual crop of chronic bronchitics accounts for quite a few, and **unfortunately bronchial carcinoma appears to be turning up all too frequently.**

Except for the few remaining refills still being given, no active treatment is carried out at the Chest Clinic, though general control and advice on the chemotherapeutic side is maintained, and I feel sure that the regular check-up of patients and the encouragement to persevere conscientiously with whatever form of therapy is deemed suitable holds an important place, as the drug treatment becomes more and more a long-term policy.

The small Solus X-ray set at the Chest Clinic continues, within its capacity, to produce quite satisfactory straight films and 864 have been taken during the year whilst screen examinations of patients have totalled 1,542. If further or fuller X-ray investigation is required, lateral films, tomograms, etc., the patients are given an appointment to attend at Meathop.

The number of Tuberculin tests done (204) has almost doubled last year's figure, as also has the figure of B.C.G. vaccinations, with a total of 77.

It is noted that it is almost universal for new babies of ex-Sanatorium patients to be put forward for B.C.G. vaccination at the earliest possible moment, which is very satisfactory. Also there is no doubt that the request to "contacts" to come for X-ray examination is met willingly and much more accepted as the right thing to do than was the case not so many years back. Hospital treatment of chest cases from South Westmorland is chiefly at Meathop, though some cases go to Beaumont Hospital or High Carley—the latter two especially in the case of children, and, for major surgery (non-tuberculous), to Victoria Hospital, Blackpool.



TABLE: WESTMORLAND SANATORIUM.

		1955.			1956.			1957.			1958.		
		M.	F.	Ttl.	M.	F.	Ttl.	M.	F.	Ttl.	M.	F.	Ttl.
South Westmorland													
patients in Meathop													
at 1st January	..	7	8	15	9	3	12	12	4	17	7	5	12
Admissions during													
year	..	17	7	24	23	11	34	16	16	32	26	10	36
Discharges during													
year	..	15	12	27	19	10	29	22	15	37	21	15	36
South Westmorland													
patients in Meathop													
at 31st December		9	3	12	13	4	17	7	5	12	12	0	12

Admissions to, and Discharges from, Westmorland Sanatorium were much the same as in 1957, but it will be noted that the twelve patients left at the end of the year were all male. This was due to the fact that the remaining number of female patients had been transferred to Beaumont Hospital, Lancaster (three Westmorland patients), so that the whole of the "Home Section" might be used for "chronic sick."

The demand for Sanatorium beds for the Manchester Regional Hospital Board area has now dwindled to a mere trickle and the total number of male patients in the Sanatorium is a steadily diminishing one—rather a remarkable change from a regional waiting list of about 600 only four years ago !

In spite of the "easier" treatment of Pulmonary Tuberculosis cases, I still am firmly convinced that an initial period under institutional guidance is of great importance to the patient, and his future health and recovery, not only from the therapeutic point of view but also as a centre for his education in a way of life which is still a "sine qua non" for his eventual recovery. It is so necessary, too, that he gets the habit of taking the required medication and realises its importance. One cannot help feeling that there may be a danger that with the "easy" treatment and rapid loss of symptoms, that a patient may develop a false sense of security and cease his injections, cachets or pills long before healing and recovery is assured.



The potent and effective anti-tuberculous drugs are mostly well known now, but there is a fairly continuous crop of "new" drugs or combinations so that one has a varied scope in the case of one or other not proving effective.

The more active forms of surgical intervention have almost passed from the scene—A.P. and P.P. refills are minimal in numbers now (not so long ago 4,000 refills was the annual figure) and major surgery is only required in exceptional cases.

Apart from the care and treatment of the patient one must not lose sight of the fact that a further reason for hospitalisation is, of course, the separation of the patient from his home fireside, as it is in the developing stages that the patient may be in a potentially, if not actually, infectious state.

With the quite remarkable alteration in the picture of tuberculosis, changes are bound to be required and the positions in the South Westmorland area and at the Sanatorium are undergoing a process of change. The Sanatorium has beds for chronic sick and will probably be admitting orthopaedic cases as well, so that the tuberculous section may be a very small part of the work. In the visiting staff, Mr. E. O. Bray, the dental surgeon, still pays weekly visits, and Mr. Freeman, the E.N.T. Consultant, visits about every six weeks, but Mr. J. S. Glennie has ceased his visits to the Sanatorium and now centres on Lancaster Royal Infirmary, where we meet for discussion of cases every other week. Also connected with changes, and perhaps opportune, the new Consultant Chest Physician, will be centred on Lancaster instead of Meathop. In the circumstances, I feel that as this is my thirtieth, and last, annual report in connection with tuberculosis in Westmorland I could take the opportunity of saying how happy I have been in my work here, a position which is largely due to the friendliness and co-operation I have invariably received from all the practitioners and my medical confreres in the County of Westmorland, and I would also like to thank all the Clinic staff, both at Fellside and at Ghyll Head, for their excellent work which, though perhaps difficult and hard at times, has proved well worth while.

J. MUNRO CAMPBELL,

Consultant Chest Physician.



### BOVINE TUBERCULOSIS

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

During the period 1st January to 31st December, 1958, 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.

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.



Under the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1958, Windermere Urban District and Lakes Urban District have been specified as areas to which, since 1st October, 1958, this Act applies.

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, 1958, are as follows:—

Centre.	Syphilis.	Soft Chancre.	Gonorrhoea.	Non- Venereal & undiagnosed conditions.	Total number of cases.
Carlisle ...	—	—	1	3	4
Kendal ...	2	—	1	8	11
Lancaster ...	2	—	2	2	6
	—	—	—	—	—
Total ...	4	—	4	13	21
	—	—	—	—	—



## 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 1958.

##### Ascertainment

	Males.	Females.	Total.
(a) Cases reported by Local Education Authority :—			
(i) As ineducable ... ..	2	4	6
(ii) As needing care and supervision after leaving school	2	—	2
(b) Cases reported by Police or Courts ...	—	—	—
(c) Other cases ascertained but not "subject to be dealt with" ...	2	1	3
(d) Action incomplete ... ..	—	—	—
TOTAL cases reported during the year	6	5	11
	—	—	—

##### Disposal of case reported during the Year:

	Males.	Females.	Total.
(a) Ascertained defectives found "subject to be dealt with" :—			
(i) Admitted to Hospitals ...	2	1	3
(ii) Placed under Statutory Supervision ... ..	2	3	5
(iii) Died or removed from area	—	—	—
(iv) Taken to "Place of Safety"	—	—	—
(v) Action not yet taken ...	—	—	—
Total ...	4	4	8
	—	—	—
(b) Cases not at present "subject to be dealt with":—			
Placed under Voluntary Supervision ... ..	2	1	3



**Care Arranged under Circular 5/52**

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

**Particulars of Mental Defectives on 31st December, 1958.**

		Males.	Females.	Total
(1) Number of Defectives found "subject to be dealt with":—				
(a) In Hospitals—				
Under 16 years of age	...	6	3	9
Aged 16 years and over	...	60	40	100
(b) Under Guardianship—				
Under 16 years of age	...	—	—	—
Aged 16 years and over	...	1	—	1
(c) Under Statutory Supervision—				
Under 16 years of age	...	10	9	19
Aged 16 years and over	...	10	13	23
(d) Taken to "Place of Safety"—				
Under 16 years of age	...	—	—	—
Aged 16 years and over	...	—	—	—
(e) Under Voluntary Supervision:				
Under 16 years of age	...	—	—	—
Aged 16 years and over	...	13	19	32
		—	—	—
Total	...	100	84	184
		—	—	—



TABLE 1.

**ANTE-NATAL and POST-NATAL CLINICS**

(1)	No. of clinics provided	No. of sessions per month	No. of Women who attended.	No. of new cases included in col. (4).	Total attendances.
(2)	(3)	(4)	(5)	(6)	
Ante-natal ...	2	8	36	32	283
Post-natal ...	—	—	—	—	—

TABLE II.

**DOMESTIC HELPS**

(a) Number of Domestic Helps employed at 31st December, 1958:—

(1) Whole-time	...	...	...	...	...	—
(2) Part-time	...	...	...	...	...	53

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

(1) Maternity	...	...	...	...	...	49
(2) Tuberculosis	...	...	...	...	...	1
(3) Chronic sick, including aged and infirm	...	...	...	...	...	201
(4) Others	...	...	...	...	...	26

TABLE III.

**HOME NURSING**

	Medical.	Surgical.	Diseases.	Infectious Tuber- culosis.	Maternal Compli- cations.	Others.	Totals.
No. of cases attended during year ..	2,608	674	22	17	20	—	3,341
No. of visits paid during year ..	56,350	7,313	64	370	126	2,762	66,985



TABLE IV.

## INFANT WELFARE CENTRES

No. of children 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.
			1958	1957	1956-53		Under 1 yr.	1-2 years.	2-5 years.	
13	21	323	284	264	362	910	3,162	927	1,038	5,127

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.				
4,958	—	—	1,027	10,108	4,997	9,422	1,189	3,313	4,946	Nil.

In addition, 1,784 visits were made where the Health Visitor failed to make contact with the person sought.



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:					Cases in Institu- tions.
	Domiciliary Cases.				Totals	
	Doctor not booked.		Doctor booked.			
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.		
Midwives employed by:						
(a) the Authority ..	2	26	78	76	182	— 128
(b) Voluntary Organisations ..	—	—	—	—	—	679
(c) Hospital Management ..	—	—	—	—	—	7
Committees ..	—	—	—	—	—	
Midwives in private practice ..						
Totals ..	2	26	78	76	182	814

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the fourteenth day .. .. . 696

No. of domiciliary cases in which the infant was wholly breast fed at fourteenth day .. .. . 110



## 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	...	...	...	67
---	-----	-----	-----	----

(ii) Other cases	...	...	...	—
			Total...	67

(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	...	...	...	13
				— 47

(b) Number of sets of Analgesic apparatus in use by the Authority's midwives	...	...	31
--	-----	-----	----

### (c) Number of cases in which inhalation analgesics were administered in domiciliary practice :—

(i) when doctor was not present	...	...	63
(ii) when doctor was present	...	...	74
			— 137

### (d) No. of cases in which pethidine was administered in domiciliary practice :—

(i) when doctor was not present	...	...	41
(ii) when doctor was present	...	...	37
			— 78

TABLE VII.

## AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-58. (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	3,377	2,337	416	76,088
Cars	See below*	22,651	8,925	163	305,182

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



# NOTIFIABLE DISEASES, 1958.

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomye- litis non-Paralytic	Acute Poliomye- litis Paralytic	Acute Polio- encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infect. Encephalitis	Typhoid Fever
Appleby ..	—	1	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Kendal ..	—	13	1	—	24	1	—	—	—	—	1	1	—	98	1	—	1	—	—
Lakes ..	—	—	—	—	2	—	4	—	1	—	—	—	—	6	—	—	—	—	—
Windermere	—	—	—	—	2	1	1	—	—	—	—	—	—	63	63	—	—	—	—
N Westmorland	—	—	—	1	4	2	2	—	1	—	2	—	—	4	—	—	2	—	—
S Westmorland	—	9	3	1	6	—	4	—	—	—	2	—	—	133	30	—	—	—	—
Totals 1958	—	23	4	3	39	5	12	—	2	—	5	1	—	304	94	—	3	—	—
Totals 1957	—	6	23	6	44	3	9	1	1	—	1	1	—	1114	241	2	1	1	—



# NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1958.

Ages.	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	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
Under 1 year ..	—	—	1	—	—	—	1	—	—	—	—	3	4	—	—	—	—
1-2 Years	—	—	—	—	1	—	—	—	1	—	—	41	15	—	2	—	—
3-4 „ ..	—	5	—	—	—	—	—	—	2	—	—	79	29	—	—	—	—
5-9 „ ..	—	15	—	—	3	—	—	—	1	—	—	165	36	—	—	—	—
10-14 „ ..	—	3	1	—	—	—	—	—	1	—	—	8	4	—	—	—	—
15-24 „ ..	—	—	1	—	2	—	—	—	—	1	—	6	2	—	—	—	—
25 years and over	—	—	1	3	6	—	1	—	—	—	—	2	4	—	1	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	23	4	3	12	—	2	—	5	1	—	304	94	—	3	—	—
Cases admitted to Hospital ..	—	—	—	—	1	—	2	—	1	—	—	—	—	—	1	—	—
Total Deaths ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—

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



