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WESTMORLAND COUNTY COUNCIL



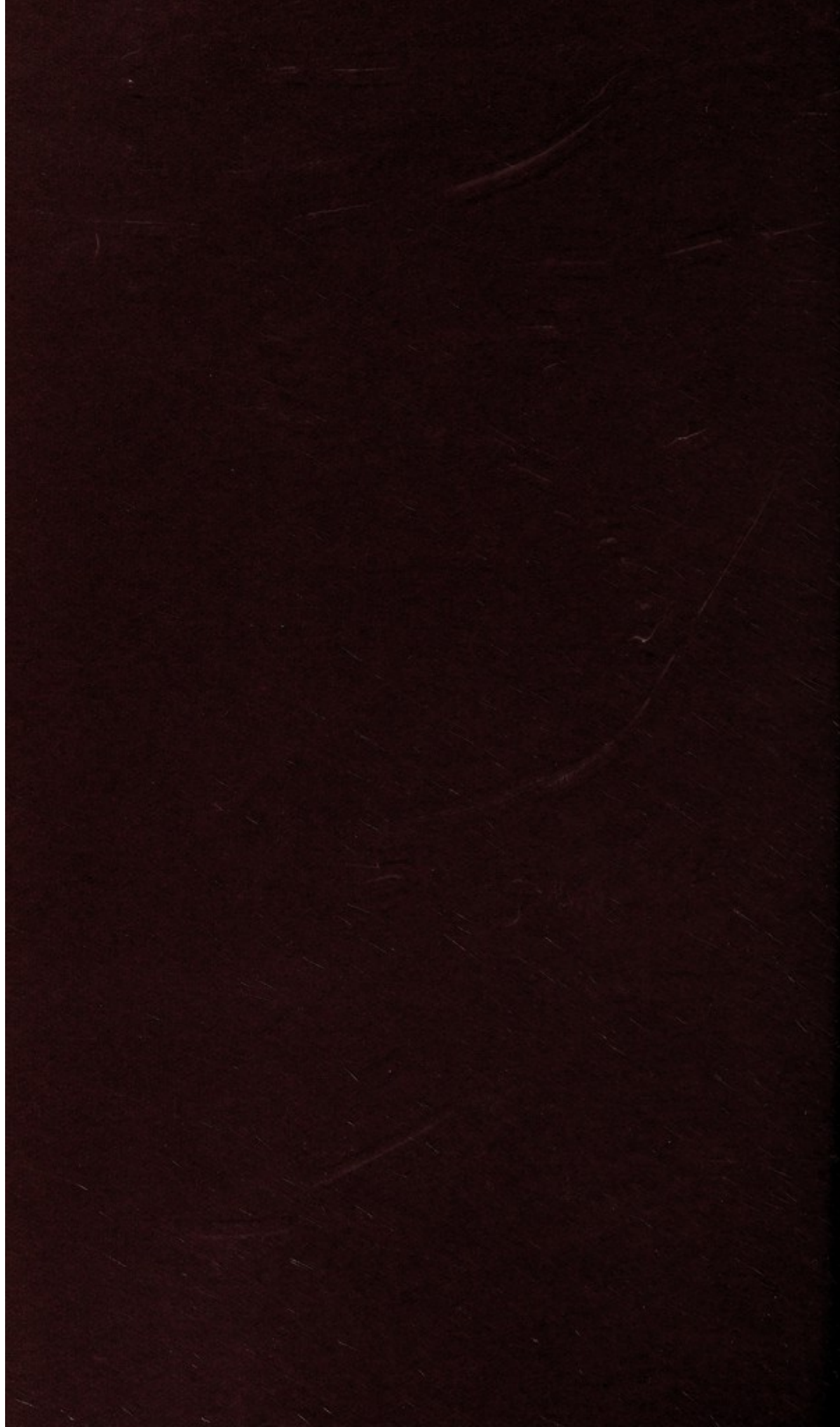
# ANNUAL REPORT

OF THE

COUNTY MEDICAL  
OFFICER OF HEALTH

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THE YEAR 1959





# WESTMORLAND COUNTY COUNCIL



## ANNUAL REPORT

### OF THE COUNTY MEDICAL OFFICER OF HEALTH

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THE YEAR 1959



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**COUNTY OF WESTMORLAND.**

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Public Health Department,

County Hall, Kendal.

September, 1960.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report on the Health of the County during the year 1959.

During the year there have been no changes of staff. Vital statistics remain much as before except for a small increase in the number of births. In general, the Death Rate for the County still exceeds that for England and Wales, while the Birth Rate is below England and Wales. Heart disease still causes by far the greater number of deaths, with Cerebral Hæmorrhage and Cancer following in that order. In infancy prematurity is the main cause of death.

Once again Infectious Disease has been quiet and has given rise to no problems. Measles has been the most prevalent of the group. There were no cases of Poliomyelitis during the year.

One bright feature of the year has been the response of the expectant mother to the value of the Mothercraft Clinic and some difficulty is now being experienced in catering for all who seek admission.

Ambulance and Sitting-Case Cars continue to function efficiently; 22,758 patients were carried a total of 314,177 miles by Sitting Cars, while Ambulances carried 3,433 for 82,154 miles. I have to thank Drs. Young and Morton for their interesting and stimulating reports on Tuberculosis and allied chest conditions.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health.



# **PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1959.**

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.
R. J. K. Tallack	.. M.B., Ch.B., D.P.H.	Asst. County Medical Officer	Whole	School Medical Officer
J. Munro Campbell .. (retired 31-8-59)	.. M.B., Ch.B., D.P.H.	Tuberculosis Officer	Part	Physician Superintendent, Meathop Sanatorium
R. Douglas Young .. (Commenced 1-9-59)	.. M.D., M.R.C.P.	.. Tuberculosis Officer	Part	Consultant Chest Physician
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
G. Austin	.. B.D.S. ..	.. Asst. Dental Officer	Whole	School Dental Officer
G. Hutton .. (Commenced 1-6-59)	.. L.D.S. ..	.. Asst. Dental Officer	Whole	School Dental Officer
P. G. Holloway	.. — ..	.. Mental Health Worker	Whole	—
E. M. Thomas	.. S.R.N., S.C.M., H.V.Cert.	.. Superintendent Nursing Officer	Whole	—



# **STATISTICS AND SOCIAL CONDITIONS OF THE AREA.**

Area (in acres, land and inland water)	...	...	504,917
Population (Registrar-General's estimate of resident population, mid-1959)	...	...	66,500
Total Rateable Value as on 1st April, 1959	...	...	£810,530
Estimated product of a Penny Rate (General County) for the financial year 1959-60	...	...	£3,227

## **EXTRACT FROM VITAL STATISTICS IN THE YEAR 1959.**

			Total.	Males.	Females.
Live Births—Legitimate	...	...	933	488	445
Illegitimate	...	...	63	38	25
			—	—	—
			996	526	470
			—	—	—

Birth Rate per 1,000 of the estimated resident population ... 15.9

Birth Rate, England and Wales, 16.5.

Illegitimate Live Births per cent. of total live births, 6.33.

			Total.	Males.	Females.
Stillbirths	...	...	11	4	7
Rate per 1,000 total live and stillbirths	...	...	10.9		
Stillbirth Rate, England and Wales	...	...	20.7		

			Total.	Males.	Females.
Total Live and Stillbirths	...	...	1,007	530	477

			Total.	Males.	Females.
Deaths of Infants under 1 year of age	...	...	13	7	6

Death-rate of Infants under 1 year of age:

All infants, per 1,000 live births ... 13.1

Legitimate infants, per 1,000 legitimate live births ... 12.9

Illegitimate infants, per 1,000 illegitimate live births ... 15.9

Infant Death Rate, England and Wales, 22.00.

	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks) ...	11	6	5
Rate per 1,000 live births, 11.0.			

Neo-Natal Mortality Rate, England and Wales, 15.8.

Early Neo-Natal Mortality Rate (deaths under one week):

Rate per 1,000 live births ... 11.0

Perinatal Mortality Rate (stillbirths and deaths under one week):

Rate per 1,000 total live and stillbirths ... 21.8

Death from Pregnancy, Childbirth or Abortions ... Nil.

Rate per 1,000 total (live and still) births, 0.

Maternal Mortality Rate, England and Wales, per 1,000 total  
(live and still) births, 0.38.

	Total.	Males.	Females.
Total Deaths ...	864	398	466

Death Rate per 1,000 of the estimated resident population, 11.7.

Death Rate, England and Wales, 11.6.



**POPULATION.**

DISTRICT.	Area in acres (Land and Inland Water).	Population.  Registrar General's estimate Mid.-1959.
<b>URBAN.</b>		
Appleby .. ..	1,877	1,650
Lakes .. ..	49,917	5,400
Kendal .. ..	3,705	18,560
Windermere ..	9,723	6,420
<b>RURAL</b>		
North Westmorland	288,688	16,250
South Westmorland	151,007	18,220
<b>Westmorland ..</b>	<b>504,917</b>	<b>66,500</b>



# **BIRTH RATE, 1958-59.**

Birth Rate per 1,000 estimated resident population.

District.				1958.	1959.
<b>Urban.</b>					
Appleby	..	..	..	11.6	20.8
Kendal	..	..	..	15.7	15.9
Lakes	..	..	..	7.9	9.5
Windermere	..	..	..	10.4	11.8
<b>Rural.</b>					
North Westmorland			..	19.1	17.1
South Westmorland			..	17.2	17.6
<b>Westmorland</b>				<b>15.6</b>	<b>15.9</b>
England & Wales	..	..	..	16.4	16.5

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

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

Year.	1955.	1956.	1957.	1958.	1959.
Number of births	910	869	911	980	996

# DEATH RATE, 1957, 1958 and 1959

Death Rate per 1,000 estimated population.

District.	1957.	1958.	1959.
<b>URBAN</b>			
Appleby ...	12.8	12.5	12.5
Kendal ...	13.5	13.5	11.8
Lakes ...	9.1	11.3	11.4
Windermere ...	11.8	9.9	10.8
<b>RURAL</b>			
North Westmorland	11.6	13.0	12.1
South Westmorland	11.4	11.3	11.2
WESTMORLAND ...	12.0	12.1	11.7
ENGLAND and WALES	11.5	11.7	11.6

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 1957, 1958 and 1959, in order of maximum fatality in 1959, were as follows:—

	1957.	1958.	1959.
Heart Disease ...	294	317	315
Cerebral Hæmorrhage ...	147	159	186
Cancer ...	156	135	135
Other Circulatory Diseases ...	36	33	35
Violence (including accident) ...	31	41	29
Pneumonia ...	21	29	22
Bronchitis ...	25	24	17
Influenza ...	9	2	12
Digestive Diseases ...	14	16	11
Other Respiratory Diseases ...	12	10	4
Tuberculosis of the Respiratory System	7	6	—



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

Rate per 1,000 Live Births.

District.	1957.	1958.	1959.
<b>URBAN</b>			
Appleby ...	—	—	—
Kendal ...	30.3	20.8	10.1
Lakes ...	—	47.6	—
Windermere ...	14.3	32.3	28.2
<b>RURAL</b>			
North Westmorland	35.6	28.3	19.8
South Westmorland	15.9	21.0	10.2
<b>WESTMORLAND</b> ...	24.1	24.5	13.1
<b>ENGLAND and WALES</b>	23.0	22.5	22.0

**ILLEGITIMATE INFANT DEATH RATE**

Rate per 1,000 Illegitimate Live Births.

	1957.	1958.	1959.
<b>WESTMORLAND</b> ...	Nil.	Nil.	15.9

Causes of Death in Infants under one year in 1959:—

Prematurity ...	...	...	4
Congenital defects ...	...	...	4
Atelectasis ...	...	...	2
Toxaemia ...	...	...	1
Cerebral Haemorrhage ...	...	...	1
Spina Bifida ...	...	...	1



## COMMENT ON VITAL STATISTICS.

Whilst the Vital Statistics relating to relatively small groups must always be viewed with caution, some of the figures for 1959 appear worthy of comment. As stated below the relevant tables on Pages 8 and 9 of this Report, the Birth and Death Rates are calculated using the Comparability Factor, supplied for this purpose by the Registrar-General. This factor is designed to compensate for variations in the age and sex structure of the population of different areas, and to make the Birth and Death Rates so calculated comparable to those of other areas, and to the figures for England and Wales.

It is notable that the number of illegitimate births is higher than at any period since the war years and shows an increase of almost 50 per cent. on the previous year. The Still-Birth Rate, being based on such small figures, is of doubtful significance, but, coupled with the low Neo-Natal Mortality Rate, gives a combined rate much below that for England and Wales. If these two rates can be kept at such low figures it would then appear that most preventable Infant Deaths and Stillbirths were in fact being prevented.

During the post-war years the Death Rate of infants under one year of age has fallen steadily, but the rate for the County has fluctuated appreciably, being generally slightly above the national figure. The Rate in 1959 of 13.1 per 1,000 live births in addition to being well below the Rate for England and Wales (22.0) is the lowest yet recorded in the County and compares with a rate of 43.34 per 1,000 in 1950 and 47 per 1,000 in 1940, when the Rate for England and Wales was 55.

There were again no Maternal Deaths during the year.

The Total Death Rate also fluctuates more than the National Figure, that for the County usually being the higher, but this year the Rate for the County, 11.7 per 1,000 population, compares with 11.6 for England and Wales.

## 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 are three clinics in Kendal, Windermere and Ambleside where mothercraft training is undertaken; this of course would be a useful adjunct to any ante-natal clinic. The only other mothercraft training 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 38 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 27 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 con-



fined 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 26 out of the 183 domiciliary cases had not booked a doctor, in 105 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.

In view of the small number of domiciliary confinements, 183 cases between 38 midwives, it has not been necessary to introduce night rota systems, although arrangements have been made for relief during holidays, sickness, refresher courses and days off.

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

#### **Domiciliary Confinements.**

Number of cases:—	1957.	1958	1959
(i) Doctor booked—			
(a) Doctor present	... 67	78	74
(b) Doctor not present	... 75	76	83
(ii) Doctor not booked—			
(a) Doctor present	... 1	2	4
(b) Doctor not present	... 10	26	22
	—	—	—
Total ...	... 153	182	183
	—	—	—



### **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 22 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.

	1957.	1958.	1959.
Total Health Visits to Infants			
under 1 year                      ...	9,594	10,108	10,411
Total Health Visits to Children			
1 to 5 years                      ...	13,830	14,419	14,517



## 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.

	1957.	1958.	1959.
Number of Cases Attended ...	3,580	3,341	3,185
Number of Visits ...	65,934	66,985	65,789



## HEALTH EDUCATION IN THE COUNTY DURING THE YEAR 1959.

The following summary of the Health Education work is included as requested in Ministry of Health Circular 1/60.

During the year the Superintendent Nursing Officer, Assistant Superintendent Nursing Officer and the District Nurses gave talks on Health Education to various clubs and organisations throughout the County.

**Health Education** was carried out in the Child Welfare Clinics throughout the County by poster display, the theme being changed periodically during the year.

**Mothercraft Classes to Expectant Mothers** were held by the Health Visitors in the following areas:—

Kendal	...	Two sessions weekly.
Ambleside	...	One session weekly.
Windermere	...	One session weekly.
Appleby	...	Sessions when a group of mothers required it.

**Mothercraft Classes** to girls at secondary modern schools were taken by the health visitors at the following schools:—

Longlands, Kendal	...	Weekly throughout term.
Old College Windermere	...	Weekly throughout term.

It is hoped to expand this aspect of Health Education in other secondary modern schools.

**"Check That Fall" Campaign, November, 1959.** In conjunction with the Royal Society for the Prevention of Accidents an annual campaign was held during the month of November. The following activities took place:—

1. **A Public Meeting** was held in the Town Hall, Kendal; Mrs. McLean, the Home Safety Organiser for Scotland, was the speaker. Mrs. Whitwell, the Mayoress of Kendal, presided.
2. **An Exhibition** was held in the Stramongate Clinic.
3. **Questionnaires** were sent to Old People's Clubs and elderly patients. Help was given where requested with such things as improved gas taps, handrails, etc.



4. **Posters** were displayed throughout the town, the following places being used:

Hoardings.  
Public buildings.  
Doctors' and dentists' surgeries.  
Hospitals.  
Shop windows.  
Works canteens.

5. **Leaflets** were distributed throughout the town.
6. **Press Notices.** The Westmorland Gazette and the Lancashire Evening Post gave the campaign excellent support by adequate Press notices during the campaign.

**Women's Institute Half-Yearly Council Meeting.** A Home Safety display was erected in the Council Chamber at Kendal Town Hall on the day of this meeting.

Talks by the Assistant Nursing Officer were given on Personal Hygiene to Boot and Shoe Apprentices of the "K" Shoe Factory at the Allen Technical Institute, and regular weekly classes were given at Brantfield Nursery to students taking the Nursery Nurses' Training.

### **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 42.5% leaves room for improvement; on the other hand, of the children under five years of age, 65.5% can be regarded as being adequately protected.

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	...	...	417	309	49	775
Reinforcing	...	...	—	81	640	721

TABLE B.

Number of children at 31-12-59 who had completed a course of immunisation prior to that date:—

Age at 31-12-59	Under 1	1-4 years	5-9 years	10-14 years	Total under
Born in Year	1959.	1955-1958.	1950-1954.	1945-1949.	15 years.
Last complete course of injections:					
(a) 1955-59 ...	208	2,359	3,036	563	6,166
(b) 1954 or earlier ...	—	—	1,174	3,630	4,840
(c) Est. Child Population	1,000	3,800	9,900		14,500
Immunity Index $100 \times a/c$	20.8%	65.5%	36.3%		42.5%



## VACCINATION AGAINST SMALLPOX

It is the duty of the Health Visitors to urge all parents to have their children vaccinated as soon as practicable after birth, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements. A record of the treatment is usually sent to the County Medical Officer and fees are payable in respect of each report received.

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

Details of vaccinations carried out during 1959 are:—

Age at date of vaccination.	Under 1 year.	1 year. 1 year.	2-4 years.	5-14 years.	15 yrs. and over.	Total.
No. vaccinated ...	659	27	22	7	43	758
No. re-vaccinated	—	—	5	9	83	97
Total ...						855

Of 996 children born in the County during the year only 659 are known to have been vaccinated. This figure, 66 per cent., compares with 60 per cent. in 1958 and is the highest figure for a number of years. 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. There was no extension to other groups during 1959.

This year was also the first during which vaccine was generally in plentiful supply. 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 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, and the situation at the end of, the year:

	Children born 1943 to 1959.	Young Persons born 1933 to 1942.	Expectant Mothers.	Others.	Total.
Received two injections ...	2,290	1,103	175	46	5,631
Received one injection ...	287	102	24	1	414
On waiting list—no injections given ...	205	37	11	—	253

A total of 6,528 persons received a third dose during the year which, added to the 4,282 who had received their third doses during 1958, gives a total of 10,810 who have reached this stage.

The waiting list at the year end consisted entirely of recent applicants, most of whom were young babies who had only just become eligible.

### INFANT WELFARE CENTRES

The Local Health Authority provides 12 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

Area.	Centre held at:	Frequency of Sessions.
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 ..	"

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

	1957.	1958.	1959.
Under 1 year ... ..	2,730	3,162	3,247
Over 1 year ... ..	2,380	1,965	2,139
Average per session ...	20.0	15.4	21.9

#### 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 1959 were:—

Period	National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
	Tins.	Bottles	Packets	Bottles
1st Quarter ...	5,130	1,128	860	5,928
2nd Quarter ...	5,235	1,059	931	7,389
3rd Quarter ...	5,362	949	889	7,629
4th Quarter ...	4,475	1,082	740	5,266
Total for year ...	20,202	4,218	3,420	26,212

The quantities distributed during the year of Vitamin Tablets show an increase of 17 per cent. over the figure for the previous year, and there was also an increase of over 5 per cent. in the amount of Orange Juice issued.

### 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 ... 25

Confinements in:—

Mother's own home ...	6
St. Monica's Maternity Home ...	2
Helme Chase Maternity Home ...	13
Private Nursing Homes ...	—
Coledale Hall, Carlisle ...	—
Penrith Maternity Home ...	—
City Maternity Hospital, Carlisle ...	1
Brettargh Holt Maternity Home ...	—
Other addresses ...	3

Disposal of Infants:—

Mother keeping baby ...	20
Baby in care of grandmother ...	4
Adopted ...	1



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

#### **St. Monica's Maternity Home, Kendal**

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

#### **Sacred Heart Maternity Home, Brettargh Holt, Kendal**

This Home has 40 maternity beds and, during the year, 142 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 1959:—

#### **Born in Hospital:**

Stillbirths	...	...	...	...	5
Live Births	...	...	...	...	31
Died within 24 hours of birth	...	...	...	...	3
Survived 28 days	...	...	...	...	26

#### **Born at Home:**

Stillbirths	...	...	...	...	1
Live Births nursed entirely at home	...	...	...	...	6
Died within 24 hours of birth	...	...	...	...	—
Survived 28 days	...	...	...	...	6
Live Births transferred to Hospital	...	...	...	...	—
Died within 24 hours of birth	...	...	...	...	—
Survived 28 days	...	...	...	...	—

#### **Born in Nursing Homes:**

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

## REGISTRATION OF NURSING HOMES

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

There were six registered homes at the end of the year providing beds for 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.

During the year the dental staff devoted 39 sessions to the treatment of mothers and pre-school children. The figures again show a slight increase over those of the previous year. The increase in the number of fillings is a pleasing feature.

TABLE A.

	Examined.	Requiring Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	31	30	29	22
Children under 5 years	... 95	71	70	68

TABLE B.

	Scaling and Gum Treatment.	Fillings.	Silver Nitrate.	Crown Inlay.	Extractions.	General Anaesthetic.	Denture		X-Ray.
							Full.	Part.	
Expectant and Nursing Mothers	5	53	2	—	66	10	3	2	3
Children under 5 years	... —	31	53	—	73	40	—	—	—

## 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 59.



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 continues to expand steadily and appears likely to do so. 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	...	...	...	...	...	57
District Nurse Midwives	...	...	...	...	...	40
Midwives in Institutions and in Private Practice	...	...	...	...	...	17
viz.:—						
(a) Westmorland County Hospital	...	...	...	...	...	1
(b) Helme Chase Maternity Home	...	...	...	...	...	7
(c) St. Monica's Maternity Home, Kendal	...	...	...	...	...	6
(d) Brettargh Holt	...	...	...	...	...	2
(e) Private Practice	...	...	...	...	...	1

Midwives Notification Forms received during 1959 were as follows:—

Sending for Medical Aid	...	...	...	68
Artificial Feeding	...	...	...	213
Stillbirth and death	...	...	...	19
Having laid out a dead body	...	...	...	5
Liability to be a source of infection	...	...	...	9



## **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 133 domiciliary cases, and at the end of the year 38 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 72 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 1959 31 such cases were referred, of whom 26 were certified as blind and five as partially sighted.

The total number of persons on the Council's register on 31st December, 1959, was 135 blind and 13 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 ...	5	1	—	6
(b) Treatment (medical, surgical or optical) ...	9	2	—	3
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	1	1	—	4

Of the persons requiring treatment three have died, one has left the district, one was too old for treatment and three awaiting a hospital bed.

**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) ...	2



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 employs 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	1	4	5
Lancaster Moor Hospital	9	36	45
Winterton Hospital Durham	—	1	1
	—	—	—
Totals	10	41	51

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 57 and 58 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.
1959	...	...	22,758	8,355	314,177
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

It may be noted that mileage, number of patients and number of journeys are in each case the highest figures yet recorded. The mileage per patient was 13.8, and miles per journey 37.6.

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

### ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER.

It has been a very busy year with a large increase in accident calls, mostly in the area covered by Kendal, and on many occasions our resources were severely extended. On eight occasions it was necessary to use Fire Brigade personnel to man the ambulances, generally at times when they could not easily be spared from their duties.



# Ambulance Calls.

Station.	Patients Carried					Total patients	Patient carrying journeys.	Abortive and service journeys.	Total journeys.	Mileage.
	Infec- tious.	Accident.	Mater- nity.	Others.						
Kendal	4	34	198	2,030		2,590	1,920	42	1,962	47,858
Ambleside	1	1	7	86		163	142	4	146	5,839
Appleby	1	2	41	417		516	227	7	234	16,336
Klby. Stephen	1	3	15	103		164	148	3	151	12,121
	7	40	261	2,636		3,433	2,437	56	2,493	82,154

Note:

1958	7	34	383	2,747	3,377	2,309	28	2,337	76,088
1957	7	37	416	2,973	3,636	2,366	29	2,395	75,400

## Average miles per journey:

Kendal	1959.	1958.	1957.
Appleby	24.39	24.28	23.36
Ambleside	70.00	71.82	71.86
Kirkby Stephen	40.00	34.77	32.20
	80.27	77.78	68.25

On behalf of the Lancashire County Council 47 journeys were carried out with a mileage of 2,106.

### Personnel.

There was one whole-time staffing change during the year, R. F. Bonham resigned and we were fortunate to obtain F. Robinson, a fully trained ambulance worker from Kingston-upon-Hull.

### Vehicles.

Vehicles.				Mileage at 31st	Condition.
Depot.	Make.	Year.	Dec., 1959.		
Kendal	Morris	FJM-890	1959	5,557	Very good.
Kendal	Bedford	CEC-505	1954	75,669	Good.
Kendal	Bedford	BEC-672	1953	134,246	Fair.
Kendal	Bedford	AEC-539	1951	109,000	Poor.
Ambleside	Morris	JM-7667	1948	55,322	Fair.
Appleby	Bedford	FEC-516	1958	18,421	Good.
Kirkby Stephen	Bedford	DJM-727	1957	34,255	Good.

The Morris (FJM-890) was received in August to replace Bedford (AEC-905). It is a smaller lightweight vehicle with forward control and plastic bodywork, costing less to buy and run. It has been thoroughly tested and appears to be satisfactory in all respects, its ease of handling and general appearance being much appreciated.

### Garaging.

No progress can be reported on the projected new Fire and Ambulance Station for Kendal and the present unsuitable conditions continue. However, the C.D. Committee has made available a spare garage at Howard Home and the fourth ambulance which normally stood in the open, has been housed there this winter.

In conclusion, I wish to record my thanks to the County Medical Officer and his staff for their advice and help, to all those who man the ambulances and so willingly meet all calls upon them, to the Fire Brigade personnel for their assistance and, lastly, to you, Sir, and Members of the Health Committee for your guidance and consideration during the year.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

G. B. DUANE,

Chief Officer.



## **EXTRACT FROM ANNUAL REPORT OF CHIEF INSPECTOR OF WEIGHTS AND MEASURES, 1959.**

### **Food and Drugs Act, 1955.**

This part of the report covers the period 1st January to 31st December, 1959, 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. The report also deals with duties allied to that part of the Food and Drugs Act for which the County Council is responsible.

Continuing previous arrangements, particulars of sampling duties in the Borough of Kendal are submitted quarterly to the Town Clerk.

A total of 352 samples, mainly of food or substances used in the preparation of food, were obtained, of which 231 were of milk. Compared with the previous year this shows an increase of 69 samples, of which 46 were milk. The authorised sampling officers obtained and tested an additional 275 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 examined 215 samples of milk purchased from roundsmen and 60 samples of milk supplied to schools. The data obtained by this Gerber or rapid commercial test is not so detailed or so accurate as a full analysis but is extremely valuable for the purpose for which it is used and, as a result of such tests on informal samples, it was considered necessary to send only 97 of the 231 formal samples of milk for analysis.

A sample of fruit sauce and a sample of milk were broken in transit to the analyst.

### **Analysed by the Public Analyst.**

The number of samples analysed by the Public Analyst was 216, of which 96 were of milk, and the number indicating some irregularity was 40, of which 34 were of milk. Compared with the previous years this indicates an increase of 46 in the number of samples analysed.

### **Milk Samples.**

One effect of selective sampling is to nullify any significance in what may otherwise be regarded as a high proportion of milk samples



irregular in some respect as disclosed in the following summary of classifications:—

Origin of Sample.

		Satis- factory.	Adulter- ated.	Otherwise below standard.	Total.
Purchased from Retailer	...	61	—	33	94
From churns in transit	...	—	—	—	—
Follow up or reference	...	—	—	—	—
Appeal to cow	...	1	—	1	2
		—	—	—	—
		62	—	34	96
		—	—	—	—

**Formal Samples.**

The 34 samples grouped as "Otherwise below standard" comprised:—

24—deficient in solids-not-fat and regarded as "genuine but below standard" by reason of freezing points within accepted limits for genuine milk.

6—disclosing fat contents of 2.2%, 2.4%, 2.75%, 2.82%, 2.85% and 2.85% regarded as deficient in fat content when based on the minimum standard of 3% for fat in milk set up in the Sale of Milk Regulations, 1939.

1—(labelled Channel Island) disclosing a fat content of 3.75% being deficient in fat when judged by the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, which prescribe that milk containing less than 4% of fat must not be sold as Jersey or Channel Islands Milk.

3—deficient in fat and solids-not-fat when judged by the standard of 3.0% for fat and 8.5% for solids-not-fat set up in the Sale of Milk Regulations, 1939. The freezing point on one of the samples discloses traces of extraneous water (0.3%).

One of the two "Appeal to Cow" samples provided an indication that the milk yield from the herd was low in fat.

No instances were recorded of any deliberate tampering with milk.

Two retailers were warned; and

Twenty-three retailers advised of the results of analysis of milk samples.



### Other Samples.

Samples of articles other than milk to the number of 121 were sent for analysis, three being submitted as formal and 118 as informal samples. One informal sample was broken in transit.

The range of sampling covered 31 different food commodity groupings and particular attention was given to foods prepared or pre-packed in Westmorland. A brief summary of the classification groups of samples includes:—

Sausages	...	...	6
Other meat and meat products	...	...	7
Fish and fish products	...	...	3
Ice Cream	...	...	4
Other pre-packed foods	...	...	75
Other non-pre-packed foods	...	...	10
Articles of a medicinal nature	...	...	16

Samples disclosing irregularities were:—

Description.			Nature of Irregularity.
Beef sausage	...	...	Failure to declare the presence of preservatives.
Plain flour	...	...	Deficient in vitamin B content.
Lemon curd	...	...	Deficient in soluble solids.
Chemical food	...	...	Contained a slight excess of ferrous phosphate when compared with the B.P.C. standard.
Split lentils	...	...	Contained food mites.
Rusks	...	...	Contained flour moth webbing.
Unopened bottle of Sparkling	...	...	Containing a wasp.
Grape Fruit Crush			

The remainder of the samples were of genuine quality.

Warning letters were sent to five manufacturers and two shopkeepers in respect of samples disclosing irregularities.

### Food Labelling.

Most pre-packed articles of food are now required to be labelled with particulars including the name and address of the manufacturer or packer and a correct description of the contents of the package. More than 5,000 packages were examined for compliance with the labelling requirements; 19 commodities were either incorrectly labelled or not labelled. The infringements mainly related to new



lines of business in respect of articles pre-packed locally, and the action taken was to advise traders of the requirements.

Legal proceedings were instituted in respect of pre-packed butter properly marked by the packer as "including imported butter" but exposed for retail sale as "Fresh Farm Butter."

#### Prosecutions.

No. of charges.	Nature of Offence.	Result.
1	Displaying a misleading label with pre-packed food exposed for sale contrary to Section 6 of Food and Drugs Act, 1955	Fine £25-0-0. Costs £14-7-0.

#### The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953.

The duties under this heading include inspection of the arrangements for storage, handling and pasteurising milk at premises operated under licence from the County Council as the Food and Drugs Authority. Twenty-nine samples of heat-treated milk were obtained and submitted to the Public Health Laboratory Services for examination. With one exception all samples passed the prescribed tests for pasteurised milk.

#### School Milk Samples.

Fifty-seven samples of the milk supplied to 49 schools were obtained and sent for examination by the Department of Pathology, Public Health Laboratory Services.

As in previous years, it has not been possible, due to pressure of other duties, to adhere to the original arrangement 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 12 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—

Prescribed Test.	Designation or Description of Milk.						Total.
	Pasteurised. Bottled.	Pasteurised. Bulk.	Tuberculin Tested. Bottled.	Tuberculin Tested. Bulk.	Undesignated. Bottled.	Undesignated. Bulk.	
Pass	9	—	11	1	5	21	47
Fail	—	—	5	—	—	4	9
Test void	—	—	1	—	—	—	1
Samples	9	—	17	1	5	25	57



All samples were submitted for statutory and biological examination and all were negative for m. Tuberculosis.

Complaints of glass fragments in school milk were investigated, found to be justified and, as a result of action taken by the bottlers, there has been no further cause for complaint.

The Milk (Special Designation) (Specified Areas) Order, 1958, provides that the retail sale of Undesignated Milk shall be discontinued in the Urban Districts of Lakes and Windermere and only milk designated as "Pasteurised," "Sterilised" or "Tuberculin Tested" may now be sold in this "specified area."

All milk retailers in the area are complying with the requirements so far as milk in bottles or cartons is concerned, but a small number of producer-retailers are careless in failing to observe their obligation to seal and label churns of milk intended for retail sale.

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

Prescribed conditions are required to be observed on the sale of poisons, and all traders requiring to sell poisons included in Part II of the Poisons List must, unless they are pharmacists, cause particulars of their names and premises so used to be entered on the County Council's list of sellers of Part II Poisons.

An attempt is made to maintain annual inspections at listed premises of shopkeepers where sales of poisons are mainly limited to household ammonia, disinfectants and insecticides. In the case of listed sellers dealing in nicotine, arsenical, mercuric or other poisons where special restrictions apply, inspections of the poisons registers has been maintained at four times a year.

The number of listed sellers of Part II Poisons is 177 and 183 inspections were made during the year. It was found necessary to advise 11 traders of the requirements of the Poisons List and Poisons Rules.

Changed methods of trading, including "help yourself counters" displaying poisons likely to be used by householders, may help to increase sales but may also provide a cause for concern where low counters or floor displays are readily accessible to children.

A. BRYANT,  
Chief Inspector.

### 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, 1959	...	...	...	12
„ new cases seen	...	...	...	87
„ follow-up cases seen	...	...	...	165

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, 1958 and 1959.

	1958.			1959.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	30	42	72	30	38	68
Rural Districts	38	25	63	37	30	67
	<hr/>			<hr/>		
	Grand Total ... 135			Grand Total ... 135		
	<hr/>			<hr/>		



**TUBERCULOSIS.**

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1959:—

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	3	1	—	—	—	—	—
5	1	1	2	—	—	—	—	—
15	—	4	—	1	—	—	—	—
25	6	6	—	—	—	—	—	—
35	5	3	—	—	—	—	—	—
45	6	—	—	—	—	—	—	—
55	3	2	—	—	—	—	—	—
65	2	—	—	1	—	—	—	—
75	—	—	—	—	—	—	—	—
TOTAL	23	19	3	2	—	—	—	—
1958	26	13	1	4	5	1	—	—

In 1959 Westmorland patients were admitted to the following Hospitals:

Westmorland Sanatorium, Meathop	...	14
High Carley, Ulverston	...	2
Beaumont Hospital, Lancaster	...	8
Blencathra Sanatorium, near Threlkeld	...	6
Ormside Hospital	...	4



### 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 now under the control of Dr. R. Douglas Young, Consultant Chest Physician, who has succeeded Dr. Campbell, and is centred on the Kendal Chest Clinic. In 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.

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 1959 122 contacts were tested, of whom 51 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, and from May, 1959, this was extended to all young persons in attendance at schools or other educational establishments.

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 1959:—

No. Skin Tested.	Found Positive.	Vaccinated.
518	74	404

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 NORTH WESTMORLAND AREA TUBERCULOSIS AND OTHER CHEST DISEASES 1959

The volume of out-patient work done at the chest centre remains at a high level and the number of new cases seen constitutes a new high record. This is well illustrated in Table 1, which relates to the past eight years and shows that the slight drop in the total attendances is almost entirely due to cessation of collapse therapy.

TABLE 1.

	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.
New cases ...	2,793	3,209	3,937	4,632	4,301	4,651	4,636	4,827
Total atten- dances	13,244	17,895	20,348	19,302	17,044	19,345	17,895	16,631
Refills ...	5,731	7,755	8,087	6,306	3,474	1,997	768	254

The number of new cases of tuberculosis discovered during the year is practically stationary and the tables relating to tuberculosis



which follow suggest that the problem of tuberculosis is by no means solved and that it is still serious. There is even a considerable hazard from the public health viewpoint in our present regimen of treatment.

Non-tuberculous chest disease once again accounts for the vast majority of new patients seen at the chest centre. There is again an increase in the number of new cases of pulmonary cancer found, and the therapeutic measures available in this disease are still inadequate.

## TUBERCULOSIS.

### Notifications.

In the East Cumberland Hospital Management Committee area notifications of the pulmonary type of the disease showed a decrease of one, the number of new cases brought to our notice being 116, whilst the new cases of non-pulmonary tuberculosis decreased by 12 to the figure of 21.

Table 2 gives the number of notifications throughout England and Wales for 1959 and the preceding five year:—

TABLE 2.

Year.	Pulmonary.	Non-Pulmonary.
1954	36,973	5,375
1955	34,209	4,554
1956	31,642	4,173
1957	29,310	3,807
1958	26,595	3,503
1959	24,499	2,880

Table 3 shows the number of notifications for the same period for the three local authority divisions of the East Cumberland area:—

TABLE 3.

Year.	Carlisle City.		Cumberland Eastern Division.		North Westmorland.		Totals.	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Fulm.	Non-Pulm.
1954	90	10	66	19	6	5	162	34
1955	71	7	56	20	9	4	136	31
1956	65	8	54	10	8	2	127	20
1957	68	8	54	12	3	1	125	21
1958	66	17	47	15	4	1	117	33
1959	59	8	50	11	7	2	116	21



The mass radiography unit allotted to the Special Area has continued in operation throughout the year, whilst a second static unit has been in operation since the beginning of 1960. Although scarcely three months have elapsed (at the time of writing this report) since the static unit started operations there is no doubt that both units, and particularly the static unit, are valuable case-finding measures.

The sex and age distribution of the new cases seen in 1959 are set out in Table 4 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 4.

	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65+
<b>Respiratory.</b>								
Males ..	— (1)	— (2)	— (5)	1 (6)	— (8)	2 (14)	1 (20)	— (11)
Females	— (1)	— (4)	1 (7)	— (12)	2 (10)	— (3)	— (5)	— (7)
<b>Non-Respiratory.</b>								
Males ..	— (—)	— (—)	— (1)	— (1)	— (1)	— (2)	— (—)	— (1)
Females	— (—)	— (—)	1 (3)	— (4)	— (2)	— (2)	— (2)	1 (2)

Table 5 gives the pulmonary notifications, again for 1959, but classified into those who are infectious and those who are non-infectious at the time of their initial examination. The extent of the disease is also shown. The figures in parentheses are again for the whole of the East Cumberland Hospital Management Committee area:—

TABLE 5.

	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
<b>Respiratory.</b>						
Males ..	2 (20)	1 (24)	— (3)	— (1)	1 (7)	— (12)
Females ..	2 (21)	— (13)	— (2)	— (3)	— (3)	1 (7)
No. of above re- spiratory cases referred from M.M.R. unit.						
Males ..	— (6)	— (7)	— (1)	— (—)	— (2)	— (2)
Females ..	— (5)	— (3)	— (—)	— (—)	— (—)	— (2)



### Deaths.

The number of patients on the Tuberculosis Register who died during the year is set out in Table 6. In many cases, particularly in sudden death where an autopsy has been carried out, pulmonary tuberculosis has been found to be completely healed and quiescent, thus bearing out my comments in previous reports. The number of cases where death can be reasonably attributed to active tuberculous disease or its complications is indeed small and average two or three per year in the East Cumberland area. Without exception, these deaths are of patients who have been on the register for a very considerable number of years with extensive bilateral disease and usually harbouring tubercle bacilli resistant to our present therapeutic armamentarium. Very occasionally death occurs in a comparatively new case, where the disease has progressed for many years undiagnosed prior to initial examination.

TABLE 6.

Year.	North Westmorland.	Totals for Special Area.
1954	—	20
1955	2	31
1956	5	22
1957	3	26
1958	—	22
1959	2	28

Table 7 gives the number of cases of tuberculosis who have died in England and Wales for 1959 and the preceding five years:—

TABLE 7.

Year.	No. of Deaths.
1954	7,069
1955	5,838
1956	5,368
1957	4,784
1958	4,480
1959	3,855

Table 8 give the number of pulmonary and non-pulmonary cases on the North Westmorland Register. The figures in parentheses in the Grand Totals relate to the corresponding figure for 1958.



TABLE 8.  
Clinic Register as at the end of 1959—North Westmorland.

	Respiratory			Non-Respiratory			Grand Total	No. on Register for the whole of East Cumberland Area
	M	F	Ch	M	F	Ch		
A (1) No. of notified cases of T.B. on Register 1-1-59 ..	30	27	1	10	10	5	83 (90)	1491 (1451)
(2) Transfers in from other Clinics ..	2	1	—	—	—	—	3 (2)	34 (51)
(3) Cases lost sight of which re-turned during the year ..	—	—	—	—	—	—	— (—)	— (—)
B No. of new cases diagnosed during the year as T.B.								
T.B. Minus ..	3	2	—	—	—	—	5 (4)	95 (113)
T.B. Plus ..	1	1	—	—	2	—	4 (1)	42 (37)
Totals of A and B ..	36	31	1	10	12	5	95 (97)	1662 (1652)
C No. of cases in A and B written off during the year:								
1. Recovered ..	4	5	—	1	—	—	10 (6)	130 (56)
2. Died-a.l causes ..	—	—	—	1	1	—	2 (—)	28 (22)
3. Removed to other areas ..	3	1	—	—	—	—	4 (8)	42 (64)
4. Other reasons ..	—	1	1	—	—	—	2 (—)	12 (19)
	7	7	1	2	1	—	18 (14)	212 (161)
D No. of notified cases of T.B. on Clinic Register on 31-12-59 ..	29	24	—	8	11	5	77 (83)	1450 (1491)



There has been increasing evidence in recent years that the population of tubercle bacilli in various communities has changed in that some strains of bacilli isolated from new cases are found to be resistant to one or other of the therapeutic drugs. In 1956 the Medical Research Council in a sample survey found 5 per cent. of new cases to be resistant to one of the three more commonly used drugs, viz., Streptomycin, Isoniazid and Paramisan. Random surveys have been carried out elsewhere, particularly in India, where the percentage of such cases was even greater, and where indeed the percentage still appears to be rising.

In the East Cumberland area no new case of pulmonary tuberculosis has produced bacilli resistant to either Streptomycin or Isoniazid, but two cases have produced a strain showing some resistance to Paramisan. This is not unexpected as ten to fifteen years ago Paramisan was the therapeutic agent largely used in this area for the treatment of the disease. From a new case of tuberculosis of cervical glands tubercle bacilli were isolated which were found to be resistant to Isoniazid.

Fortunately, in all such surveys it is found that in the large majority of such cases treatment with drugs to which the patient's bacilli are still sensitive is still largely effective. Every effort is made to convert tubercle positive cases to tubercle negative. In addition to the three drugs already named, full use is made of Cycloserine and Viomycin, and conversion in many cases is aided by appropriate surgical treatment, usually resection.

In spite of all our efforts, however, there remains a small percentage of patients who continue to be infectious. There is a considerable case for retaining such patients in hospital where they can be isolated. One cannot, however, compel all such patients to remain in hospital, particularly when he or she has in all probability spent a very considerable time in hospital, and at the end of 1959 there were three cases in the whole of the East Cumberland area at home who harboured resistant organisms.

This is obviously one of the major health problems of the future. Such cases are obviously a great potential danger to the public health, and until new and powerful antibiotics are introduced there appears to be no solution. The patients are unfortunately in a position where they can easily infect other people. Much is done at the chest centre



to minimise this risk. Regular contact examinations and advice help considerably, but in spite of the very full co-operation which we get from such patients the danger to other people is always there. Even with immediate family contacts, where a positive Mantoux test has shown the contact to be infected when initially examined, one dreads the possibility of one of these contacts developing tuberculosis with bacilli of the same strain as the original case, that is, resistant to our present antibiotics. Mantoux negative reactors, on the other hand, are immediately vaccinated with B.C.G. vaccine, and there is no doubt whatever that very considerable protection ensues against future infection.

Table 9 relates to this problem of infection and applies to the whole of the East Cumberland area:—

TABLE 9.

Number of active pulmonary cases in hospital on 31-12-59	...	46
Number of active cases at home—positive	...	5
Number of active cases at home—negative	...	83
Total number of active pulmonary cases	...	134
Number of resistant case at home	...	3
Number of notified respiratory cases not attending chest centre	Nil.	

Contact work has been continued as in previous years, and Table 10 shows the number of new contact examinations and the number of these contacts who have been diagnosed as suffering from active tuberculosis disease for the past five years:—

TABLE 10.

Year.	No. of contacts No. of NEW contacts seen. diagnosed as tubercle.		
1954	...	72	1
1955	...	186	—
1956	...	180	—
1957	...	112	—
1958	...	187	—
1959	...	103	—



Table 11 shows the number of contacts and members of the hospital staffs who have been vaccinated with B.C.G. vaccine over the same period:—

TABLE 11.

Year.		North Westmorland. Hospital Staff.			
		M.	F.	M.	F.
1954	...	5	11	—	11
1955	...	5	4	2	24
1956	...	1	5	—	27
1957	...	5	4	—	34
1958	...	7	7	3	45
1959	...	4	4	1	49

Supervision of the initial Mantoux positive reactors is an important facet in chest work. Such contacts must be routinely X-rayed at intervals in the same way as patients whose initial X-ray shows old quiescent or healed disease. The radiological abnormality may be of minimal extent but it is just these people who will contribute largely to the new cases of the future when their original healed lesion breaks down.

It is to be regretted that B.C.G. vaccination has not been yet officially made available to all infants. Evidence of the value of this measure has accumulated throughout the world and the figures show a very low attack rate in those tuberculin negative and vaccinated with B.C.G. vaccine. The vast majority of cases of frank tuberculosis are in those positive to tuberculin when initially examined. If B.C.G. vaccination were made available to all infants there is no doubt that there would be a rapid drop in the incidence of the disease.

At the same time the number of follow-up examinations, including X-ray examination, necessary in initial Mantoux positive reactors could be drastically curtailed. At the present time these reactors must be systematically followed up, particularly when their sensitivity is high. In B.C.G. vaccinated contacts it is our current practice to see these contacts at intervals of not less than two years. If, therefore, B.C.G. vaccination was made generally available, as suggested, it would go some way to reducing any radiological hazard.



Another anomaly is that a Mantoux negative reactor of 18 who has left school and is in a training college or other educational establishment can be vaccinated with B.C.G. vaccine by the local authority, but his friend of 18 working in a factory cannot be.

### Hospital Facilities and Waiting List.

There is no waiting list for cases of tuberculosis either to hospital or to the thoracic unit; with pulmonary disease other than tuberculosis, however, there is always a steady waiting list, and the demand for admission of such cases is very great, particularly during the winter months.

Table 12 shows the number of beds available to the chest service during 1959 with the average monthly bed occupancy:—

TABLE 12.

Unit	No. of beds available.	No. discharged during the year.	Average stay of patients.	Average monthly bed occupancy
Bencathra ..	48	92	175.8	42.67
Longtown ..	24	87	110.5	23.97
Ormside ..	22	62	132.5	19.01
Chest Unit, City ..	21	261	34.7	20.01
General Hospital				

The City General Hospital unit closed down at the end of the year and the Ormside unit was vacated on the 31st March, 1960; in their place a unit of 13 beds at the Cumberland Infirmary was made available.

Whilst the tuberculosis position is such that the unit at Ormside is no longer required, it is a very different matter with the acute unit which we had at the City General Hospital here, and the high bed occupancy at this unit did suggest that a ward unit of 13 beds at the Cumberland Infirmary would be a poor exchange. Three months' experience of this has confirmed our fears; the demand on our beds continues to be very heavy, and the fact that the ward unit is now at the opposite end of Carlisle makes it much more difficult for us, bearing in mind our heavy commitments in out-patients at the chest centre, to supervise their investigation and treatment.



**OTHER CHEST DISEASES.****Neoplasm.**

Table 13 shows the number of new cases of pulmonary cancer seen at the chest centre for the year. There is a steady increase in this figure, and once again the number of cases found fit for surgery is very small indeed. For some years now there has been a trend towards conservatism in the surgical treatment of pulmonary cancer, and whereas some years ago pneumonectomy was the operation of choice, lobectomy is now possibly carried out more often. The disease remains much commoner in men and the survival rate after diagnosis remains poor.

TABLE 13.

	M.	F.	Ch.	Total.	Total for 1958.
<b>East Cumberland.</b>					
Number of new cases seen ...	22	8	1	31	27
Number admitted for investigation	3	—	—	3	3
Number found unfit for surgery ...	19	8	1	28	24
<b>Carlisle City</b>					
Number of new cases seen ...	22	4	—	26	27
Number admitted for investigation	2	—	—	2	6
Number found unfit for surgery ...	20	4	—	24	21
<b>North Westmorland.</b>					
Number of new cases seen ...	2	—	—	2	5
Number admitted for investigation	1	—	—	1	—
Number found unfit for surgery ...	1	—	—	1	5

**Bronchiectasis.**

Table 14 shows the number of cases of Bronchiectasis on the active register at the chest centre and attending for physiotherapy. Patients from North Westmorland and the Penrith area now attend for their physiotherapy at Penrith with consequent saving in their time. During the year several cases of foreign body obstruction in the major bronchi were discovered and were immediately admitted to the thoracic unit where the foreign body was removed. In addition



to cases of frank bronchiectasis there are a large number of cases of asthma and septic bronchitis who also attend for physiotherapy and who are not included in this table.

TABLE 14.

	M.	F.	Ch.	Total.	Total for 1958.
<b>North Westmorland.</b>					
Cases on Register at 1-1-60 ...	13	7	5	25	24
New cases diagnosed from 1-1-59 to 31-12-59 ...	2	1	1	4	2
Number of cases which have had surgical treatment to 31-12-59 ...	3	3	—	6	4
Attendances for physiotherapy ...	20	26	14	60	19

There is no doubt in our minds as to the value of physiotherapy. Even in some cases of emphysema and chronic bronchitis in the older patient where chest measurements and vital capacity, etc., may not show any improvement, there is very marked general improvement, probably largely the result of the patient feeling that something has been done for him. It is, however, quite a different matter in the child with asthma and bronchitis where physiotherapy undoubtedly can promote cure.

#### Acknowledgments.

It is again a pleasure to acknowledge the valuable help in our work from the County Public Health Department, and I would express my sincere thanks to Dr. Guy and the Health Visitors for their continued valuable co-operation.

W. HUGH MORTON,

Consultant Chest Physician.

Chest Centre,

City General Hospital,

Carlisle.

May, 1960.



## TUBERCULOSIS: SOUTH WESTMORLAND.

## General Statistics: Tuberculosis Register.

TABLE I.

	Respiratory				Non-Respiratory			
	M.	W.	Ch.	Total	M.	W.	Ch.	Total
A. Notified cases on Clinic Register at 1st January, 1959. . .	129	86	16	231	2	6	4	12
B. Children transferred to adults during the year . .	2	—	—	2	1	1	—	2
C. No. of notified cases added:								
Not bacteriologically confirmed:								
Group I . . . . .	3	—	3	6	}	—	—	2
Group II . . . . .	2	4	1	7				
Group III . . . . .	1	—	—	1				
Bacteriologically confirmed:								
Group I . . . . .	—	—	—	—				
Group II . . . . .	1	1	—	2				
Group III . . . . .	2	—	—	2				
D. Transfers in during year . .	13	5	—	18	1	—	—	1
Totals of A, B, C and D . .	153	96	20	269	4	7	6	17
E. No. of notified cases removed during year:								
(a) Recovered . . . . .	7	11	1	19	—	2	—	2
(b) Died (all causes) . .	2	—	—	2	—	—	—	—
(c) Transfers out . . . . .	9	9	—	18	—	—	—	—
(c) Others . . . . .	1	1	—	2	—	—	—	—
F. Children transferred to adults during the year . .	—	—	2	2	—	—	2	2
Total of E and F . . . . .	19	21	3	43	—	2	2	4
G. Total remaining on Clinic Register at 31st December, 1959 . .	134	75	17	226	4	5	4	13

This table shows the tendency for new cases to be non-infectious and the disease of limited extent in the lungs, an indication of earlier diagnosis. This is itself a reflection to some extent of the awareness of general practitioners to the significance of early symptoms. There is a favourable balance in the register, 18 new cases being added during the year and twenty-three removed. This does not include patients transferred in or out of the area, eighteen of each. Of the two patients "lost sight of," one was a vagrant and the other an unmarried mother who could not be traced after she left Brettargh Holt.



Of the two Deaths recorded, one was due to hæmatemesis unrelated to the patient's tuberculosis; the other was due to an acute respiratory illness in which tuberculosis may well have been an accessory factor. Thus, one death possibly attributable to tuberculosis has occurred during the year.

TABLE II.

Notified Cases of Respiratory Tuberculosis, 1959.

Age	0-5	6-10	11-15	16-20	21-30	31-40	41-50	51-60	61-70	71-80
Male ..	1	1	—	—	1	4	1	1	—	2
Female ..	1	1	—	—	3	1	—	1	—	—
Total ..	2	2	—	—	4	5	1	2	—	2

The figures are too few to justify analysis but they follow the national trend for disease in men to show itself later in life. The continued notification in young children emphasises the need for unremitting vigour in the search for infectious cases and the need for contact examination. The Tuberculosis Health Visitor has the major part to play in this work, an aspect which assumes greater importance as notified cases get fewer and a thorough search can be made for a source case.

#### Meathop Sanatorium.

The hospital has continued to provide beds for male tuberculosis patients both from South Westmorland and from the rest of the Manchester Region. The number of non-local patients is not high as Sanatorium beds are almost universally available and many of these patients have been discharged from their local hospital for a variety of reasons or are unwilling to be re-admitted there. Organismal resistance is not uncommon in such patients and constitutes a problem in treatment. In spite of uncertainty as to the future of the hospital, Matron Wilkinson has kept her staff together, enabling the offer of immediate admission to new patients to be continued.

#### Chest Clinic.

Work has continued at Ghyll Head to which practitioners refer a variety of chest conditions.



TABLE III.

	Male.	Female.	Children.	Total.
New Cases seen ...	131	116	90	337
New Contacts ...	—	—	—	107
Refills ...	—	—	—	171
B.C.G. Vaccinations ...	—	—	—	53
Visit by T.B. Health Visitor ...	—	—	—	1,009
Total attendances ...	552	593	396	1,481

The trend in recent years has been for a shortening of the period of hospital treatment together with longer out-patient treatment. This policy of short-term bed rest, early ambulation and prolonged chemotherapy has proved effective in a very high proportion of cases and has the advantages of reduced break in the patient's domestic and working life. It does, however, demand close and prolonged follow-up which entails considerable clinic time. The close co-operation of the Tuberculosis Health Visitor is essential in this work and I should like to see one nurse responsible for the after-care of all tuberculosis cases and their contacts in the area.

With the increased number of non-tuberculous conditions being referred to the clinic I have felt it desirable to arrange for the majority of X-rays to be taken in the main X-ray Department of the hospital, where a more powerful machine is available. This has thrown an added strain on the department, but the staff has responded well. The number of screenings has diminished together with the continued drop in refills, there now being only one patient receiving pneumo-peritoneum refills and none with a pneumothorax.

Although the main centre of the Chest Physician's activities has been shifted from Meathop to Lancaster Chest Clinic, it is my intention to continue the existing services of Kendal Clinic and, if possible, to extend them as the changing needs of chest medicine demand. With Meathop in the conscientious day-to-day care of Dr. Isobel Fraser, who also sees clinic patients at Ghyll Head, I feel that I have inherited from Dr. J. Munro Campbell an organisation for the care of the tuberculous which I hope I may maintain as efficiently as in the past.

I look forward to a close and happy association with Dr. Guy and his department.

R. DOUGLAS YOUNG,  
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, 1959, 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, 1959, are as follows:—

Centre.	Syphilis.	Soft Chancre.	Gonorrhoea.	Non- Venereal & undiagnosed conditions.	Total number of cases.
Carlisle ...	—	—	—	—	—
Kendal ...	4	—	—	13	17
Lancaster ...	3	—	1	10	14
	—	—	—	—	—
Total ...	7	—	1	23	31
	—	—	—	—	—



# 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 1959.

### Ascertainment

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

### Disposal of Cases reported during the Year:

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



**Care Arranged under Circular 5/52**

		Males.	Females.	Total
Admitted to N.H.S. Hospitals	...	4	7	11
Admitted elsewhere	... ..	—	—	—
		—	—	—
Total	...	4	7	11
		—	—	—

**Particulars of Mental Defectives on 31st December, 1959.**

		Males.	Females.	Total
(1) Number of Defectives found "subject to be dealt with":—				
(a) In Hospitals—				
Under 16 years of age	...	6	4	10
Aged 16 years and over	...	59	43	102
(b) Under Guardianship—				
Under 16 years of age	...	—	—	—
Aged 16 years and over	...	—	—	—
(c) Under Statutory Supervision—				
Under 16 years of age	...	11	10	21
Aged 16 years and over	...	10	12	22
(d) In "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	18	31
		—	—	—
Total	...	99	87	186
		—	—	—



TABLE 1.

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

	No. of clinics provided	No. of sessions per month	No. of Women who attended.	No. of new cases included in col. (4).	Total attendances.
(1)	(2)	(3)	(4)	(5)	(6)
Ante-natal ...	3	6½	53	53	315
Post-natal ...	—	—	—	—	—

TABLE II.

**DOMESTIC HELPS**

(a) Number of Domestic Helps employed at 31st December, 1959:—

(1) Whole-time	...	...	...	...	...	—
(2) Part-time	...	...	...	...	...	53
(3) Whole-time equivalent of (2) above	...	...	...	...	...	25

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

(1) Maternity	...	...	...	...	...	53
(2) Tuberculosis	...	...	...	...	...	2
(3) Chronic sick, including aged and infirm	...	...	...	...	...	234
(4) Others	...	...	...	...	...	51

TABLE III.

**HOME NURSING**

	Medical.	Surgical.	Infectious Diseases	Tuber- culosis.	Maternal Compli- cations.	Others.	Totals.
No. of cases attended during year ..	2,522	615	20	15	13	—	3,185
No. of visits paid during year ..	55,080	7,403	164	412	101	2,629	65,789



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.
			1959	1958	1957-54		Under 1 yr.	1-2 years.	2-5 years.	
13	21	309	272	254	366	892	3,247	947	1,192	5,386

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.				
5,325	—	—	1,009	10,411	5,417	9,100	1,358	3,940	4,718	Nil.

In addition, 1,983 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 Institutions.
	Domiciliary Cases.					
	Doctor not booked.		Doctor booked.		Totals	
Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.			
Midwives employed by:						
(a) the Authority ..	4	22	74	83	183	—
(b) Voluntary Organisations	—	—	—	—	—	157
(c) Hospital Management	—	—	—	—	—	673
Committees ..	—	—	—	—	—	10
Midwives in private practice ..						
Totals ..	4	22	74	83	183	840

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the fourteenth day .. .. . 745

No. of domiciliary cases in which the infant was wholly breast fed at fourteenth day .. .. . 116



**2. Midwives in Private Practice**

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

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

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

## (a) For Domiciliary cases :—

(i) Where the Medical Practitioner had arranged to provide Maternity Services under the National Health Service Act, 1946	...	...	...	42
(ii) Other cases	...	...	...	—
			Total	42

(b) For cases in Institutions	...	...	...	27
-------------------------------	-----	-----	-----	----

**4. Administration of Analgesia**

## (a) Number of Midwives in practice in the area qualified to administer Analgesics :—

(i) Domiciliary	...	...	...	38
(ii) In Institutions	...	...	...	11
				— 49

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

29

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

(i) when doctor was not present	...	...	59
(ii) when doctor was present	...	...	74
			— 133

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

(i) when doctor was not present	...	...	31
(ii) when doctor was present	...	...	41
			— 72

TABLE VII.

**AMBULANCE SERVICES**

(1)	No. of Vehicles at 31-12-59.	Total No. of patients	Total No. of journeys.	No. of emergency patients included in col. (3).	Total mileage during period.
(2)	(3)	(4)	(5)	(6)	
Ambulances ...	7	3,433	2,493	496	82,154
Cars See below*		22,758	8,355	247	314,177

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



# NOTIFIABLE DISEASES, 1959.

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infect. Encephalitis	Typhoid Fever
Appleby ..	—	6	—	1	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—
Kendal ..	—	4	—	—	15	3	—	—	—	—	19	2	—	5	2	—	—	—	—
Lakes ..	—	1	—	—	3	—	1	—	—	—	—	—	—	21	1	—	—	—	—
Windermere	—	1	—	—	—	—	—	—	—	—	5	—	—	11	—	—	—	—	—
N Westmorland	—	21	—	1	11	2	2	—	—	—	3	—	—	144	—	—	—	1	—
S Westmorland	—	8	—	—	13	—	1	—	—	—	18	—	—	14	10	—	—	—	—
Totals 1959	—	41	—	2	42	5	4	—	—	—	45	2	—	201	13	—	—	1	—
Totals 1958	—	23	4	3	39	5	12	—	2	—	5	1	—	304	94	—	3	—	—



**NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1959.**

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 ..	—	—	—	—	—	—	—	—	2	—	—	2	1	—	—	—	—
1-2 Years	—	5	—	—	—	—	—	—	8	—	—	42	2	—	—	—	—
3-4 „ ..	—	3	—	—	—	—	—	—	13	—	—	37	7	—	—	—	—
5-9 „ ..	—	30	—	—	1	—	—	—	4	—	—	97	2	—	—	—	—
10-14 „ ..	—	3	—	—	—	—	—	—	2	—	—	18	1	—	—	—	—
15-24 „ ..	—	—	—	—	—	—	—	—	7	1	—	4	—	—	—	—	—
25 years and over	—	—	—	2	3	—	—	—	10	1	—	1	—	—	—	1	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	41	—	2	4	—	—	—	45	2	—	201	13	—	—	1	—
Cases admitted to Hospital ..	—	—	—	—	1	—	—	—	5	—	—	2	1	—	—	1	—
Total Deaths ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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