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WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

THE YEAR 1960

Westmorland Gazette Ltd., Printers, Kendal.

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COUNTY MEDICAL OFFICER OF HEALTH

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CONTENTS

COUNTY OF WESTMORLAND.

Public Health Department,
County Hall, Kendal.
October, 1961.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report on the Health of the County during the year 1960.

There were no changes of staff during the year. Vital statistics remain much as before. The estimated population of the County shows a small rise of 120 persons residing in the County. Heart disease, cerebral hæmorrhage and cancer were the chief causes of death, in that order.

Once again Infectious Disease has been quiet, apart from an epidemic of measles, chiefly in North Westmorland. There were no cases of poliomyelitis in the County. With regard to Tuberculosis, the number of new cases and the number of deaths shows a slow decline. There is no doubt that a combined assault on this disease by M.M.R., chemotherapy, B.C.G. and the eradication of this disease in cattle is having a decided effect. Dr. Morton, whose report on Tuberculosis is included in this report, writing on M.M.R., says: "There is strong evidence suggesting that the prevalence of both T.B. and lung cancer is higher in the 25% who do not accept mass radiography examination. An annual X-ray examination for every adult is surely not unreasonable and would be of invaluable benefit not only to the patient but to his relatives and friends."

I am glad to report that the resurgence of Venereal Disease, and in particular Gonorrhœa, has not so far affected Westmorland and the figures kindly supplied by the Hospital Management Committees bear this out

Health Education was carried out in Infant Welfare Clinics in Mothercraft Classes, in Schools, in works canteens and at home by talks, posters, film strips and exhibition. Miss Varley, the Assistant Superintendent Nursing Officer, organised a successful Kendal school-children's poster painting competition.

The other activities of the Health Department continued to function smoothly throughout the year. The Chiropody Service and the Night Attention Scheme have been much appreciated by the general public, and in particular by the older age groups.

I have the honour to be, Your obedient Servant,

JOHN A. GUY,
County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1960.

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
R. Douglas Young	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	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-1960)	66,620
Total Rateable Value as on 1st April, 1960	£822,001
Estimated product of a Penny Rate (General County) for the financial year 1960-61	£3,274

EXTRACT FROM VITAL STATISTICS IN THE YEAR 1960.

	Total.	Males.	Females.
Live Births—Legitimate	951	506	445
Illegitimate	41	23	18
	992	529	463

Birth Rate per 1,000 of the estimated resident population ... 15.8

Birth Rate, England and Wales, 17.1.

Illegitimate Live Births per cent. of total live births, 4.13

	Total.	Males.	Females.
Stillbirths	27	12	15

Rate per 1,000 total live and stillbirths ... 26.5

Stillbirth Rate, England and Wales ... 19.7

	Total.	Males.	Females.
Total Live and Stillbirths ...	1,019	541	478

	Total.	Males.	Females.
Deaths of Infants under 1 year of age ...	16	11	5

Death-rate of Infants under 1 year of age:

All infants, per 1,000 live births 16.1

Legitimate infants, per 1,000 legitimate live births ... 16.8

Illegitimate infants, per 1,000 illegitimate live births ... 24.4

Infant Death Rate, England and Wales, 21.7.

	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks) ...	13	10	3

Rate per 1,000 live births, 13.1.

Neo-Natal Mortality Rate, England and Wales, 15.6.

Early Neo-Natal Mortality Rate (deaths under one week):
Rate per 1,000 live births 12.1

Perinatal Mortality Rate (stillbirths and deaths under one week):
Rate per 1,000 total live and stillbirths ... 38.3

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

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

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.39.

	Total.	Males.	Females.
Total Deaths	885	420	465

Death Rate per 1,000 of the estimated resident population, 12.1.

Death Rate, England and Wales, 11.5.

POPULATION.

DISTRICT.	Area in acres (Land and Inland Water).	Population. Registrar General's estimate Mid.-1960
URBAN.		
Appleby	1,877	1,680
Lakes ..	49,917	5,400
Kendal	3,705	18,600
Windermere ..	9,723	6,460
RURAL		
North Westmorland	288,688	16,170
South Westmorland	151,007	18,310
Westmorland ..	**504,917**	**66,620**

BIRTH RATE, 1959-60.

Birth Rate per 1,000 estimated resident population.

District.	1959.	1960.
Urban.		
Appleby	20.8	14.1
Kendal	15.9	15.1
Lakes	9.5	10.7
Windermere	11.8	12.7
Rural.		
North Westmorland ..	17.1	17.6
South Westmorland ..	17.6	17.7
Westmorland	**15.9**	**15.8**
England & Wales	16.5	17.1

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

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

Year.	1956.	1957.	1958.	1959.	1960.
Number of births ...	869	911	980	996	992

DEATH RATE, 1958, 1959 and 1960.

Death Rate per 1,000 estimated population.

District.	1958.	1959.	1960.
URBAN			
Appleby	12.5	12.5	14.0
Kendal	13.5	11.8	13.1
Lakes	11.3	11.4	13.5
Windermere	9.9	10.8	13.7
RURAL			
North Westmorland ...	13.0	12.1	11.7
South Westmorland ...	11.3	11.2	9.5
WESTMORLAND	12.1	11.7	12.1
ENGLAND AND WALES ...	11.7	11.6	11.5

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

The chief causes of death in Westmorland in 1958, 1959 and 1960, in order of maximum fatality in 1960, were as follows:—

	1958.	1959.	1960.
Heart Disease	317	315	287
Cerebral Hæmorrhage	159	186	175
Cancer	135	135	155
Violence (including accident) ...	41	29	47
Other Circulatory Diseases ...	33	35	45
Bronchitis	24	17	26
Pneumonia	29	22	21
Digestive Diseases	16	11	16
Other Respiratory Diseases ...	10	4	8
Tuberculosis of the Respiratory System	6	—	3

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY. (Under 1 year).

Rate per 1,000 Live Births.

District.	1958.	1959.	1960.
URBAN			
Appleby	—	—	45.5
Kendal	20.8	10.1	14.3
Lakes	47.6	—	17.9
Windermere	32.3	28.2	26.0
RURAL			
North Westmorland ...	28.3	19.8	19.3
South Westmorland ...	21.0	10.2	10.1
WESTMORLAND ...	24.5	13.1	16.1
ENGLAND AND WALES ...	22.5	22.0	21.7

ILLEGITIMATE INFANT DEATH RATE.

Rate per 1,000 Illegitimate Live Births.

	1958.	1959.	1960.
WESTMORLAIND	Nil.	15.9	24.4

Causes of Death in Infants under one year in 1960:—

Atelectasis	6
Prematurity	3
Broncho pneumonia	2
Cerebral Hæmorrhage	1
Pneumonia	1
Tentorial tear	1
Diabetes mellitus of mother ...	1
Gastro enteritis	1
	16

COMMENT ON VITAL STATISTICS.

Whilst the Vital Statistics relating to relatively small groups must always be viewed with caution, some of the figures for 1960 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.

After the high Illegitimate Birth Rate reported last year it is pleasing to be able to note that the number of children born to unmarried mothers in 1960 (41) approximates more closely to the usual figure.

When considering the low Still-Birth and Neo-Natal Mortality Rates for 1959, attention was drawn to the doubtful significance of small figures which are apt to fluctuate widely; this year the combined total is 40 compared with 22 in 1959, but even so the combined rate is only slightly above that for England and Wales.

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 1960 of 16.1 per 1,000 live births, although well below the Rate for England and Wales (21.7), is higher than that recorded last year, but compares favourably 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; this year the Rate for the County, 12.1 per 1,000 population, compares with 11.5 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.

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 also 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 26 of them are authorised to use pethidine. Midwives who have booked cases undertake the ante-natal care; where cases have been booked with medical practitioners and are to be confined at home they usually have ante-natal care by their own doctors. In one or two instances the practitioner has found it con-

venient 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 14 out of the 141 domiciliary cases had not booked a doctor, in 90 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 continuing decline in the number of domiciliary confinements, 141 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:—	1958.	1959.	1960.
(i) Doctor booked—			
(a) Doctor present	78	74	50
(b) Doctor not present ...	76	83	77
(ii) Doctor not booked—			
(a) Doctor present	2	4	1
(b) Doctor not present ...	26	22	13
Total	182	183	141

HEALTH VISITING

There are no longer any full-time Health Visitors employed in the County, but health visiting is undertaken by district nurse/midwives, of whom 18 hold the health visitor's certificate, the rest being employed under dispensation granted by the Ministry of Health.

To enable unqualified nurses to obtain the health visitors certificate scholarships are 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.

	1958.	1959.	1960.
Total Health Visits to Infants under 1 year ...	10,108	10,411	10,818
Total Health Visits to Children 1 to 5 years ...	14,419	14,517	14,315

HOME NURSING

The Home Nursing Service is provided by the district-nurse/midwife/health visitors employed directly by the Local Health Authority and is under the day-to-day control of the Superintendent Nursing Officer; there is more co-operation with general practitioners in the home nursing field by reason of the fact that although nurses may be called in by patients the nurses are instructed that they must not continue in attendance unless the medical practitioner has also been called in and given directions for the treatment of the case. Contact between the practitioners and the nurses is a direct one and generally satisfactory. There appears to be an increasing tendency for hospitals on the discharge of patients to request the assistance of the domiciliary nursing services in the continuance of the care of the patient.

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

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

	1958.	1959.	1960.
Number of Cases Attended ...	3,341	3,185	2,876
Number of Visits ...	66,985	65,789	63,748

HEALTH EDUCATION.

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 and Assistant Superintendent Nursing Officer and the District Nurses have given talks on Health Education to various clubs and organisations throughout the County.

Health Education was carried out in Child Welfare Clinics throughout the County by posters, displays and the showing of film slides to groups of mothers, the theme of the posters being changed periodically.

Mothercraft Classes for expectant mothers were held by the Health Visitors in the following areas:—

1. Kendal ... Two sessions weekly.
2. Ambleside ... One session weekly.
3. Windermere ... One session weekly.
4. Appleby ... Session arranged when groups of mothers require it.

Mothercraft Classes to girls at Secondary Modern Schools were given by Health Visitors at the following schools—

1. Longlands, Kendal ... Weekly throughout term.
2. Old College, Windermere ... Weekly throughout term.
3. Shap Modern School ... Weekly for a full course.

It is hoped to expand this aspect of Health Education in other Secondary Schools.

"Check That Fall" Spring Campaign, April, 1960.

In conjunction with the Royal Society for the Prevention of Accidents, a campaign was held to follow up the campaign held in Autumn, 1959.

The following Activities took place:

1. **Leaflets** were distributed "door to door" throughout Kendal.
2. **Posters** were displayed throughout the town, the following places being used:—
   (a) Hoardings on Windermere Road and Sandes Avenue;
   (b) Public buildings;
   (c) Doctors and Dentists' surgeries;
   (d) Hospitals;
   (e) Shop windows. (The co-operation of the tradesmen in Kendal was much appreciated.);
   (f) Works canteens.
3. **An Exhibition** was held in the Stramongate Clinic; the British Red Cross and St. John Ambulance Brigade supported this exhibition by giving a display of first aid treatments.

4. **Kendal Schoolchildren's Poster Painting Competition.**

All but two of the Kendal Schools entered for this competition and 204 posters were exhibited in the Town Hall, Kendal, during the Campaign Week. The Mayoress of Kendal, Mrs. Whitwell, opened the Exhibition and presented the prizes. Many people visited the Exhibition. The winning posters were sent to the R.S.P.A. Headquarters, London, and were shown in their quarterly Safety News Magazine, also in the District Nursing Magazines. The Kendal Home Safety Committee worked very hard to make this campaign a success; their help and co-operation was greatly appreciated.

Regular weekly classes were given at Brantfield Nursery to Students taking the Nursery Nurses' Training by the Assistant Superintendent Nursing Officer.

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.

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

Whilst 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 five years, it has not, in this County, been a routine practice to give booster doses at nine or ten years of age, which accounts to some extent for the fact that only 44.5 per cent. of all children under 15 years have been immunised within the past five years. On the other hand, of the children between one and five years of age, 68 per cent. can be regarded as being fully 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	640	209	58	907
Reinforcing	—	153	618	771

TABLE B.

Number of children at 31-12-60 who had completed a course of immunisation prior to that date:—

Age at 31-12-60	Under 1	1-4 years	5-9 years	10-14 years	Total under 15 years.
Born in Year	1960.	1956-1959.	1951-1955.	1946-1950	
Last complete course of injections:					
(a) 1956-1960 ...	249	2,545	3,154	552	6,500
(b) 1955 or earlier ...	—	—	1,003	4,547	5,550
(c) Est. Child Population	960	3,740	9,900		14,600
Immunity Index $\frac{100 \times a}{c}$	25.9%	68%	37.4%		44.5%

WHOOPING COUGH IMMUNISATION

Although immunisation against Whooping Cough has been available under the Local Health Authority's services since 1950, when the Council amended its proposals to permit this, neither the Ministry nor the Authority have publicised this to the extent that the Diphtheria, Smallpox, Poliomyelitis, and to a lesser extent B.C.G., Vaccination facilities have been urged on the public. Neverthless, an increasing number of children are receiving this form of protection, usually given in the form of combined vaccine giving protection

against Diphtheria and Whooping Cough and, in many cases, Tetanus also. The total number of children immunised in the County has risen from 484 in 1958 and 651 in 1959 to 872 in 1960.

The following table is a summary of the information supplied to the Ministry for the year 1960:—

	Age at date of final injection.		
	0-4 years.	5-14 years.	Total.
Number of children who have completed a primary course of pertussis vaccine during the year	832	40	872

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 1960 are:—

Age at date of vaccination.	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 yrs. and over.	Total.
No. vaccinated ...	710	14	14	11	18	767
No. re-vaccinated	—	—	2	17	79	98
					Total ...	865

The 710 children under one year of age vaccinated during the year represents 70 per cent. of the number of children born, and whilst this cannot be viewed with equanimity, in view of the increased risk of of the introduction of smallpox infection by reason of the speed and range of foreign travel, it compares very favourably with the figure of 45 per cent. for England and Wales reported by the Ministry of Health for 1959.

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 from February, 1960, has been extended to all persons under the age of 40 years, to expectant mothers, and certain other priority classes. It was also decided that a third inoculation should be given not less than seven months after the second one.

During 1960 vaccine was again 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 over school age groups are 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:

Number who received:—	Children born 1943 to 1960.	Young Persons born 1933 to 1942.	Persons born before 1933 not yet 40.	Others.	Total.
First injection ...	957	227	3,331	27	4,542
Second injection ...	1,240	349	2,974	32	4,595
Third injection ...	—	—	—	—	3,650
On waiting list—no injections given ...	200	36	76	5	317

A total of 3,650 persons received a third dose during the year which, added to the 10,810 who had received their third doses earlier, gives a total of 14,460 who have reached this stage.

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

INFANT WELFARE CENTRES

The Local Health Authority provides 12 infant welfare centres, three of which are staffed by part-time staff, 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 nfant welfare clinics are made good use of by the mothers; the chief ıse 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 ..	Parish Church Hall ..	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

	1958.	1959.	1960.
Under 1 year	3,162	3,247	3,258
Over 1 year	1,965	2,139	1,826
Average per session ...	15.4	21.9	21.3

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 1960 were:—

Period	National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
1st Quarter ...	4,506	1,206	943	5,890
2nd Quarter ...	4,437	919	843	6,399
3rd Quarter ...	4,639	951	812	6,261
4th Quarter ...	4,535	1,195	806	5,467
Total for year ...	18,117	4,271	3,404	24,017

CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service. The approved proposals are as follows:—

The Council will provide a chiropody service by utilising the services of qualified chiropodists or by aiding voluntary bodies willing to assist in the provision of the service.

Priority will be given to the elderly, physically handicapped and expectant mothers.

The services will initially be based on Kendal and will be extended as circumstances permit to the remainder of the County. The frequency of the service to be provided in any particular part of the County will depend on the demand for the service and the availability of qualified chiropodists.

Where possible use will be made of the Council's clinics, but use will also be made of other suitable premises, including chiropodists' own surgeries, and domiciliary visits will be paid where necessary.

Detailed enquiries as to demand for the service and the availability of chiropodists qualified within the meaning of the N.H.S. (Medical Auxiliaries) Regulations, 1954, were immediately made, but owing to the unwillingness of chiropodists generally to accept the scale of fees proposed by the Employers' Side of the Whitley Council it was impossible to get the service into operation before the end of the year.

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.

Birth of Illegitimate Children notified	23
Confinements in:—	
Mother's own home	5
St. Monica's Maternity Home	4
Helme Chase Maternity Home	9
Private Nursing Homes	1
Coledale Hall, Carlisle	—
Penrith Maternity Home	2
City Maternity Hospital, Carlisle	—
Brettargh Holt Maternity Home	—
Other addresses	2
Disposal of Infants:—	
Mother keeping baby	13
Baby in care of grandmother	3
Adopted	7

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 69 maternity cases were admitted, three of whom were domiciled in Westmorland.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 40 maternity beds and, during the year, 143 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 1960:—

Born in Hospital:		
Stillbirths		12
Live Births		38
Died within 24 hours of birth ...	1	
Survived 28 days	34	
Born at Home:		
Stillbirths		1
Live Births nursed entirely at home		5
Died within 24 hours of birth ...	—	
Survived 28 days	5	
Live Births transferred to Hospital		—
Died within 24 hours of birth ...	—	
Survived 28 days	—	
Born in Nursing Homes:		
Stillbirths		—
Live Births		—
Died within 24 hours of birth ...	—	
Survived 28 days	—	

REGISTRATION OF NURSING HOMES

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

There were six registered homes at the end of the year providing beds for 66 maternity patients and 31 other patients. They have been inspected at regular intervals.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

Report of Principal Dental Officer.

During the year the Dental Staff devoted 72 sessions to the treatment of mothers and pre-school children, almost double the amount of time devoted to them last year.

The statistical returns of work done show the proportionate overall pleasing increase. Credit for the increased awareness of the services provided and willingness to use them must be given to the members of the County Nursing Staff, who have devoted time and energy to the dental health education of the mothers in their care.

M. D. McGARRY.

TABLE A.

	Examined.	Requiring Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	60	56	56	46
Children under 5 years ...	164	111	99	98

TABLE B.

	Scaling and Gum Treatment.	Fillings.	Silver Nitrate.	Crown Inlay.	Extractions.	General Anaesthetic.	Denture		X-Ray.
							Full.	Part.	
Expectant and Nursing Mothers	21	148	—	—	131	6	16	14	6
Children under 5 years ...	—	44	79	—	92	48	—	—	—

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 66.

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		55
District Nurse Midwives		38
Midwives in Institutions and in Private Practice, viz:—		
(a) Westmorland County Hospital ...	—	
(b) Helme Chase Maternity Home ...	8	
(c) St. Monica's Maternity Home, Kendal ...	7	
(d) Brettargh Holt	2	
(e) Private Practice	—	17

Midwives' Notification Forms received during 1960 were as follows:—

Sending for Medical Aid	81
Artificial Feeding	140
Stillbirth and death	29
Having laid out a dead body	6
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 99 domiciliary cases, and at the end of the year 36 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 56 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 22 were certified as blind and nine as partially sighted.

The total number of persons on the Council's register on 31st December, 1960, was 144 blind and 17 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 Section F of Form B.D.8 recommends:	(1)	(2)	(3)	(4)
(a) No treatment ...	2	3	—	10
(b) Treatment (medical, surgical or optical)	10	2	—	4
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	—	—	—	3

Of the persons requiring treatment three have died, two have left the district, two were too frail for treatment and six 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 now constituted as follows, a nominee of the Executive Council having been added during the past year:—

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
Nominated by Westmorland Executive Council	...	1
Others (whether Members of the Health Committee, or the County Council, or neither) ...	...	3
		20

Certain preliminary provisions of the Mental Health Act, 1959, having been brought into operation at earlier dates by Statutory Instrument, the main parts of the Act became operative on 1st November, 1960.

In general, the repeal of the Lunacy and Mental Deficiency Acts abolishes the old terminology, e.g., "lunatic" and "mental defective," the new Act laying down instead a widely defined term, "mental disorder," within which four categories are defined: (a) mental illness, (b) arrested or incomplete development of mind, (c) psychopathic disorder, and (d) any other disorder or disability of mind. The classification now depends almost exclusively on medical criteria, and whilst it is intended that the majority of cases admitted to hospital under the Act will do so with no more formality than they would enter hospital for a physical illness, provision is made for compulsory admission and detention of cases when this is necessary to override the unwillingness of the patient or his relatives.

Whilst it is open to the general practitioner to arrange informally for the admission to hospital of a patient, or for the "nearest relative" to make formal application, it is found in practice that the Mental Welfare Officers (formerly Duly Authorised Officers) are called upon, in the majority of cases, to make the necessary arrangements, and in many cases to convey the patients there.

Compulsory admission and detention is now based on an "application" for admission founded on the certificate of two medical practitioners, one of whom must have been approved as having special experience in the diagnosis or treatment of mental disorder. The magistrate no longer has any part in this matter, although the Courts may, under certain circumstances, authorise the compulsory admission to hospital or guardianship of persons convicted of criminal offences, if the Court is satisfied, on the evidence of two medical practitioners that the person is suffering from mental disorder.

Mental Health Review Tribunals have been set up for the purpose of reviewing, on application by the patient or his nearest relative, the case of patients compulsorily detained, with the duty to discharge those patients whose continued detention is no longer justified.

During the period of preparation prior to the commencement of the Act, the Medical Superintendent of each of the Psychiatric Hospitals serving the County was invited to discuss with the Mental Health Sub-Committee the co-ordination of the Hospital and local authority aspects of the service, with consequent benefit to smooth operation.

In the course of the year the Mental Welfare Officers arranged the admission to hospital of patients as follows:—

	Males.	Females.	Total.
Garlands Hospital, Carlisle ...	1	2	3
Lancaster Moor Hospital ...	18	23	41
	19	25	44

Training Centre.

The Centre, which has operated in Kendal since 1949, meets on three days per week and caters for both sexes and all ages of patients. In order to widen the scope of the work an Assistant Supervisor and a domestic assistant have been added to the staff and few cases are now found too troublesome for admission.

With a view to providing the more comprehensive centre service envisaged under new legislation the Committee hopes to commence building a new centre in Kendal during the financial year 1961-62, to cater for 50 patients and to work on a five-day week basis.

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.
1960	25,600	9,172	357,152
1959	22,758	8,353	314,177
1958	22,651	8,925	305,182
1957	19,945	7,317	276,864
1956	16,511	6,265	244,321

It may be noted that mileage, number of patients and number of journeys are yet again in each case the highest figures yet recorded. The mileage per patient was 13.9 and miles per journey 38.9.

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 was in general another busy year, in particular at Kendal and Kirkby Stephen, where there were small increases in the number of calls received and mileage covered. At Appleby, however, a considerable reduction in calls and mileage was recorded.

Despite the increased demands upon the small staff at Kendal all commitments were met promptly, and this was due to a large extent by the sucessful use of the two-way radio fitted to certain ambulances. This has been a big step forward and has proved of great value during the year.

An analysis of calls is set out in the Appendix on page 32.

Vehicles.

One new Morris/Wadhams ambulance was purchased during the year to replace a 1951 Bedford vehicle. Another Bedford (BEC-672) is due to be replaced in the coming year owing to age and mileage run.

Another ambulance was re-painted, and all those at Kendal are now finished in the "Vellum" colour, leaving the three out-posted vehicles to be changed as re-painting is required.

APPENDIX.

CALLS.

Station.	No.	Patients Carried. Infectious.	Accidents.	Maternity.	Others.	Total. Patients.	Patient Carrying Journeys.	Abortive and Service Journeys.	Total Journeys.	Mileage.
Kendal ..	4	28	358	190	2,160	2,736	1,932	73	2,005	54,280
Ambleside	1	3	69	7	74	153	129	5	134	4,916
Appleby ..	1	2	51	23	183	259	164	5	169	11,519
Ky Stephen	1	3	58	24	110	195	155	3	158	12,129
	7	36	536	244	2,527	3,343	2,380	86	2,466	82,844
1959 ..	7	40	496	261	2,636	3,433	2,437	56	2,493	82,154
1958 ..	7	34	383	213	2,747	3,377	2,309	28	2,337	76,088

Average miles per journey:	1960	1959	1958
Kendal	27.07	24.39	24.28
Ambleside ..	36.09	40.00	34.77
Appleby ..	68.16	70.00	71.86
Kirkby Stephen ..	76.76	80.27	77.78

1960	1959	1958
33.59	32.95	32.56

On behalf of the Lancashire County Council 39 journeys were carried out with a mileage of 1,531; and for the Lancashire County Welfare Services (in Westmorland) 10 removals with a mileage of 200.

VEHICLES

Depot.	Make.	No.	Year.	Mileage at 31 Dec., 1960.	Condition.
Kendal	Morris ..	HEC 420	1960	1,635	Very Good.
Kendal	Morris ..	FJM 890	1959	17,152	Very Good.
Kendal	Bedford ..	CEC 505	1954	82,999	Fair.
Kendal	Bedford ..	BEC 672	1953	147,720	Poor.
Ambleside	Morris ..	JM 7667	1948	59,897	Poor.
Appleby	Bedford ..	FEC 516	1958	29,940	Good.
Kirkby Stephen ..	Bedford ..	DJM 727	1957	45,549	Good.

The mechanical condition of the fleet is fairly sound, but I feel that some benefit might be gained by regular six-monthly inspections, and I look forward to the proposed Central Plant Depot being of assistance in this way.

To conclude, I wish to express my thanks to the Chairman and Members of the Health (General Purposes) Sub-Committee for their interest and support during the year: to the County Medical Officer and his staff for their help and co-operation; and to all those connected with the Ambulance Service, whether full-time or volunteer, for the ready and willing manner in which they have performed their duties.

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, 1960.

Food and Drugs Act, 1955.

This 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 of 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 year 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 respects as disclosed in the following summary of classifications:—

Origin of Sample.	Satisfactory.	Adulterated.	Otherwise below standard.	Total.
Purchased from Retailer ...	61	—	33	94
From churns in transit ...	—	—	—	—
Follow up or Reference ...	—	—	—	—
Appeal to cow ...	1	—	1	2
	—	—	—	—
Formal Samples ...	62	Nil.	34	96
	—	—	—	—

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 aud 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% 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 B.P.C. standard.
Split Lentils	Contained food mites.
Rusks	Contained flour moth webbing.

Unopened bottle of Sparkling Grape Fruit Crush ... Containing a wasp.

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.

Number of charges.	Nature of Offence.	Result.
1	Displaying a misleading label with pre-packed food exposed for sale contrary to Section 6 of the Food and Drugs Act, 1955 ...	Fine £25 0s. 0d. Costs £14 7s. 0d.

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.						
	Pasteurised.		Tuberculin Tested.		Undesignated.		
	Bottled.	Bulk.	Bottled.	Bulk.	Bottled.	Bulk.	Total.
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, unles 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.

The Merchandise Marks Acts, 1887 to 1953, are designed to prohibit the application of a false trade description to goods and to ensure that certain imported goods are not sold in such a way as to lead the purchaser to believe they are produced in the United Kingdom.

Marking Orders made under the Act of 1926 require certain imported products to be labelled with an indication of origin on exposure for retail sale and in this connection 276 visits were made to shops and other places. The 631 displays examined included:—

Butter ...	191	Honey ...	120
Dried Fruits ...	109	Meat ...	1
Fresh Apples ...	88	Tomatoes ...	122

No false trade descriptions were seen other than imported butter marked "Fresh Farm Butter," but this was dealt with under the false labelling provisions of the Food and Drugs Act.

Nineteen traders failed to label displays in the prescribed manner, but such omissions were remedied at the time of inspection.

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, 1960		12
„ new cases seen		61
„ follow-up cases seen		397

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, 1959 and 1960.

	1959			1960		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	30	38	68	48	45	93
Rural Districts	37	30	67	32	30	62
	Grand Total ...		135	Grand Total ...		155

TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1960:—

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	1	—	—	—	—	—	—
5	3	2	—	—	—	—	—	—
15	—	1	1	2	—	—	—	—
25	3	2	2	2	—	—	—	—
35	4	4	—	—	—	—	—	—
45	3	3	—	—	—	1	—	—
55	1	1	—	—	—	—	—	—
65	7	—	—	—	1	—	—	—
75	—	—	—	—	1	—	—	—
TOTAL	21	14	3	4	2	1	—	—
1959	23	19	3	2	—	—	—	—

In 1960 Westmorland patients were admitted to the following Hospitals:

Westmorland Sanatorium, Meathop ...	11
Beaumont Hospital, Lancaster	14
Blencathra Sanatorium, near Threlkeld ...	7
Ormside Hospital	2
Longtown Hospital, Carlisle	2
Seaham Hall, Durham	1
Cumberland Infirmary, Carlisle ...	1

TUBERCULOSIS SCHEME

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

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

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

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and during 1960 98 contacts were tested and 80 were vaccinated. This figure includes a number of new-born infants vaccinated without any preliminary skin test.

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 polio-

myelitis 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 1960.

No. Skin Tested.	Found Positive.	Vaccinated.
340	53	279

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
1960.

Introduction.

Once again the volume of out-patient work continues at the chest centre at a high level. Although the total number of attendances shows a slight drop as compared with last year, this is due almost entirely to a decrease in the number of cases seen by the physiotherapist. Greater use has been made of the physiotherapists both at Penrith and Kirkby Stephen, particularly for patients coming from North Westmorland and the south-east Cumberland areas.

The number of new cases of tuberculosis discovered during the year shows a very substantial decrease as compared with 1959, the decrease amounting to no less than 38%. This is extremely satisfactory in itself, but a study of the figures later on in this report, particularly those referring to new cases discovered with a positive sputum, suggests that there is still a long way to go before the problem is entirely solved.

Non-tuberculous chest diseases account for most of the work at the chest centre. The number of new cases of pulmonary cancer discovered during the year emphasises the continued need for adequate therapy.

TUBERCULOSIS.

Notifications.

In the East Cumberland Hospital Management Committee area notifications of pulmonary tuberculosis showed a decrease of 44, whilst the new cases of non-pulmonary tuberculosis decreased by one to 20.

Table 1 gives the number of notifications throughout England and Wales for 1960 and the preceding five years:—

TABLE 1.

Year.	Pulmonary.	Non-Pulmonary.
1955	34,209	4,554
1956	31,642	4,173
1957	29,310	3,807
1958	26,595	3,503
1959	21,063	3,855
1960	21,643	2,906

Table 2 shows the number of notifications for the same period for the three local authority divisions of the East Cumberland area:—

TABLE 2.

Year.	Carlisle City.		Cumberland Eastern Division.		North Westmorland.		Totals.	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
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
1960 ...	46	12	19	6	7	2	72	20

The County division of this area shows the most striking decline, both in the number of pulmonary and non-pulmonary notifications. The new cases in North Westmorland remain exactly as they were in 1959.

For the first time, in the area served by the East Cumberland Hospital Management Committee, the number of new cases of active pulmonary tuberculosis has fallen below the hundred mark and we hope this fall will continue. At the same time the number of new cases of pulmonary cancer as seen in Table 12 remains at a steady level. Whilst both diseases involve all age groups, men of 45 years of age and upwards are much more frequently involved per thousand in both diseases and it is considered that these present the population group most likely to benefit from routine chest radiographic examination.

Of the cases of pulmonary tuberculosis discovered in 1960 the sexes involved were roughly equal, but two-thirds of the males were over 45. In pulmonary cancer males are involved in a ratio of about 6 to 1 female, and also again 75% of the males are over 45. It is most important, therefore, that any male patient in the age group of 45 and upwards attending a doctor, no matter how trivial or vague his symptoms may be, should be referred for chest X-ray examination. Apparently healthy individuals of this age group should undoubtedly have an annual X-ray examination.

The mass radiography unit allotted to the Special Area continued in operation throughout the year, whilst a static unit has also operated locally at the base in Brunswick Street, Carlisle, since early 1960. The mobile unit continues to play its part in discovering new cases of both pulmonary tuberculosis and pulmonary cancer. The static unit is largely concerned with the examination of patients referred by their own doctors because of symptoms and, as a result, the work of this unit is proporionately more valuable as a case-finding measure.

Table 3 illustrates the usefulness of the static unit as a diagnostic measure as compared with the work of the mobile unit, both in East and West Cumberland.

TABLE 3.

	Mobile Unit. East Cumberland.	Mobile Unit. West Cumberland.	Static Unit.
Miniature films ...	20,014	16,314	2,418
Large films ...	1,209	624	497
Referred for clinical examination ...	179	104	132
Active Tuberculosis ...	12	18	9
Inactive Tuberculosis (under supervision) ...	4	21	7
Bronchiectasis ...	12	9	7
Neoplasm ...	5	7	14
Pneumoconiosis ...	2	52	—
Cardiac Diseases ...	108	23	12
Sarcoidosis ...	3	—	2
Other conditions ...	20	8	4
Not yet diagnosed ...	—	—	—

The sex and age distribution of the new cases in 1960 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 +	Total.
Respiratory.									
Males ..	1 (1)	— (1)	— (4)	1 (4)	— (3)	— (6)	— (9)	1 (7)	3 (35)
Females	— (1)	1 (4)	1 (4)	— (8)	1 (9)	1 (6)	— (5)	—(—)	4 (37)
Non-Respiratory.									
Males ..	—(—)	— (3)	1 (1)	— (1)	—(—)	—(—)	— (1)	— (1)	1 (7)
Females	— (1)	—(—)	1 (4)	— (4)	— (3)	— (1)	—(—)	—(—)	1 (13)

Table 5 gives the pulmonary notifications, again for 1960, and 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:
Respiratory.						
Males ..	1(11)	—(10)	— (1)	— (3)	2 (6)	— (4)
Females ..	1(15)	1(10)	— (2)	1 (3)	— (3)	1 (4)

Number of above respiratory cases referred from M.M.R. units:

	R.A. 1:	R.A. 2:	R.A. 3:	R.B. 1.	R.B. 2:	R.B: 3:
Males ..	— (4)	— (2)	— (1)	—(—)	— (3)	— (1)
Females ..	— (6)	1 (3)	—(—)	1 (1)	—(—)	—(—)

The marked decline in the number of new cases of pulmonary tuberculosis in the Cumberland County area is probably fortuitous and one expects some variation in this figure from year to year. It is true also that the number of new cases of non-pulmonary tuberculosis still show a decline as with pulmonary tuberculosis, but the low figure for the year together with our experience at the chest centre definitely suggests that not all cases of non-pulmonary tuberculosis are notified. This is particularly applicable to adults with comparatively minor lesions such as tuberculous cervical glands. We feel it is important that notification of such cases should be continued, as without this we cannot make any effort to discover the source of the infection.

Deaths.

The number of patients dying from pulmonary tuberculosis during 1960 constitutes a new low record; although 35 patients whose names were on the Tuberculosis Register died during the year, only four patients died from tuberculosis itself; no less than 15 of these cases died as a result of cardio-vascular incidents, whilst carcinoma at various sites was responsible for the death of another six patients.

As death as a result of pulmonary tuberculosis is nowadays unusual the tables formerly incorporated in the report and relating to deaths are now omitted.

Table 6 gives the number of pulmonary and non-pulmonary cases on the Chest Centre Register at the end of 1960; these figures relate only to North Westmorland, but the last column relates to the total number of cases in the three local authority areas.

TABLE 6.

Clinic Register as at the end of 1960: North Westmorland.

	Respiratory.			Non-Respiratory.			Totals.			Grand	No. on Register for the whole of the East
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	Total.	Cumberland area.
A. (1) No. of notified cases of T.B. on Register, 1-1-60 ..	29	24	—	8	11	5	37	35	5	77(83)	1450(1491)
(2) Transfers in from other areas during the year ..	1	2	2	—	1	—	1	3	2	6 (3)	42 (34)
(3) Cases lost sight of which returned during the year ..	1	1	—	—	—	—	1	1	—	2(—)	6 (—)
B. No. of cases diagnosed as T.B. during the year:—											
T.B. minus ..	—	1	2	1	—	—	1	1	2	4 (5)	61 (95)
T.B. plus ..	2	2	—	—	1	—	2	3	—	5 (4)	31 (42)
Total of A and B ..	33	30	4	9	13	5	42	43	9	94(95)	1590(1662)
C. No. of cases in A and B written off Register during the year:—											
(1) Recovered ..	1	—	—	2	2	1	3	2	1	6(10)	71 (130)
(2) Died (all causes) ..	1	—	—	—	1	—	1	1	—	2 (2)	35 (28)
(3) Removed to other areas ..	2	2	—	—	—	—	2	2	—	4 (4)	63 (42)
(4) Other reasons ..	—	—	—	—	—	—	—	—	—	— (2)	8 (12)
Totals of C ..	4	2	—	2	3	1	6	5	1	12(18)	177 (212)
D. No. of notified cases of T.B. on Clinic Register on 31-12-60 ..	29	28	4	8	11	2	37	39	6	82(77)	1413(1450)

Table 7 relates to pulmonary tuberculosis only and gives respectively the number of new cases, quiescent cases and the number of resistant cases on the registers at the Chest Centre at the end of 1960.

TABLE 7.

	AT HOME.												
	In Hospital.			Still positive.			Formerly pos., neg. at end of 1960.			Negative.			
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	Total.
No. of active cases ..	14	14	1	2	1	—	17	6	—	31	17	5	108
No. of quiescent cases ..	—	—	—	—	—	—	—	—	—	547	532	53	1132
No. of resistant cases ..	1	—	—	2	1	—	—	—	—	—	—	—	4

The regimen of treatment remains unaltered. Bed rest initially with intensive combined chemotherapy results in cure in the vast majority of new cases. Resection is reserved for persistent foci which fail to resolve with chemotherapy alone, but the numbers referred for surgery show a progressive decline.

Tubercle bacilli are mainly spread by patients with chronic cavitating disease and resection of any such cavities preceded and followed by adequate chemotherapy not only results usually in complete cure of the patient but is very valuable as a public health measure. The small number of cases still positive and resistant to the main antibiotic armamentarium remains a difficult problem. Of the four cases noted in Table 7 three have already had major thoracic surgery and all have had intensive combined chemotherapy. All four are in such a state that further surgery cannot be contemplated and one is forced to persist with a combination of antibiotics which we know are not so potent as Streptomycin with Isoniazid and Paramisan.

One accepts it as a fact today that all strains isolated are of the human type. The whole of England has been an attested area with all herds free from tuberculosis since 1st October, 1960, and our local area of Cumberland and North Westmorland has been free for a considerably longer period of time. The completion of the eradication plan has undoubtedly been a considerable achievement on the part of the veterinary services.

Chronic cavitating pulmonary disease is either the result of an overwhelming infection or a particularly virulent strain of bacilli. In the East Cumberland area the risk of infection is falling, the population in general is a well-nourished population and it appears that strains of tubercle bacilli or attenuated virulence are unable to establish sufficent chronic cavitating disease to survive.

There is no question but that, clinically, bed rest is of proved value initially in the treatment of pulmonary tuberculosis. It remains a difficult matter to decided on the length of the period of bed rest in each individual case. In very active tubercle with cavitation it is beneficial and cavities tend to close, just as bed rest tends to promote the rate of healing in cases of peptic ulcer. No hard and fast rule, however, can be given. Venous thrombosis and pulmonary emboli can make lying in bed a hazardous occupation. Each case has, therefore, to be judged on its own merits.

We continue to use combined chemotherapy, i.e., two or more drugs at the same time because of the risk of developing resistant strains of tubercle bacilli. Recently there has been in the international field considerable advocacy for using Isoniazid alone to control pulmonary tuberculosis; such pressure has been particularly acute in both America and India. There is some evidence to suggest that the use of Isoniazid and Paramisan together in pulmonary lesions of doubtful activity makes the likelihood of a relapse less likely than with similar cases who do not receive any therapy. Isoniazid has been used itself in various areas for the treatment of patients whose only evidence of tubercle is a positive Mantoux test, but there is no valid evidence that this procedure is worth while. An impressive series of control studies carried out by the Medical Research Council leaves no doubt as to the value of combined therapy.

As indicated, the need for surgical resection is diminishing in tubercle. This is not surprising, many of the cases submitted to the surgeon during the past five years were patients who first came under treatment prior to 1950-51, when our drug regimen was much less effective than it is today. As a result, many of these patients who also had collapse therapy, had residual foci which failed to resolve, hence the need for resection. Many of these cases, too, had residual cavitating disease occupying the greater part of a lobe. Today it is unusual, after a reasonable period of satisfactory and intensive combined chemotherapy, for a patient to have a residual active focus

occupying more than a small segment of a lobe. The vast majority of cases referred to the surgeon today only require segmental resection. It is essential to continue with chemotherapy for some time after the completion of hospital treatment, and this specialised aftercare, which may last 15 months to two years is most important in order to prevent any probability of a relapse.

Although the number of new cases of non-pulmonary tuberculosis coming to our notice is small, I should like to draw attention to the fact that of the 20 new cases no less than six are cases of genito-urinary tubercle; indeed, this figure has not shown any decrease over the past five years. Until intensive combined chemotherapy was introduced the standard treatment for renal tubercle was nephrectomy, and, as in other major operations in tuberculous patients in pre-chemotherapy days, the operation carried a high mortality. Now, with intensive combined chemotherapy the tendency, in the vast majority of these patients, is towards complete cure just as in the treatment of pulmonary tuberculosis. Surgery is resorted to less and less, and is only indicated when there is persistence of tubercle bacilli. The full regimen of combined chemotherapy is, therefore, carried out for renal tubercle as it is carried out for pulmonary tuberculosis.

Contacts.

Contact work has been continued as in previous years, and Table 8 shows the number of new contacts examined at the Chest Centre, and the number of these contacts who have been diagnosed as suffering from active tuberculous diseases for the past five years.

TABLE 8.

	No. of NEW Contacts seen.			No. of Contacts diagnosed as tubercle.		
	Carlisle City.	Cumberland East. Div.	North Westl'd.	Carlisle City.	Cumberland East. Div.	North Westl'd.
1955 ...	1,383	1,126	186	3	5	—
1956 ...	1,180	920	180	4	4	—
1957 ...	1,522	1,126	112	9	5	—
1958 ...	1,277	986	187	11	3	—
1959 ...	1,474	1,152	103	4	6	—
1960 ...	1,115	906	166	6	—	3

Table 9 shows the number of contacts and hospital staff who have been vaccinated with B.C.G. vaccine over the same period. Our contacts continue to be routinely examined either at the Chest Centre or at the mass radiography units, and this is particularly important where the initial Mantoux test has been positive.

TABLE 9.

	East Cumberland.		Carlisle City.		North Westmorland.		Hospital Staff.	
	M.	F.	M.	F.	M.	F.	M.	F.
1955 ...	54	31	58	67	5	4	2	24
1956 ...	38	46	40	62	1	5	—	27
1957 ...	74	69	77	84	5	4	—	34
1958 ...	79	76	99	86	7	7	3	45
1959 ...	77	79	86	82	4	4	1	49
1960 ...	43	57	75	75	8	12	14	25

Although at the Chest Centre we are concerned chiefly with the examination and B.C.G. vaccination of contacts and hospital staff, very close liaison is maintained with the schemes of the three local authorities whereby all school-leavers having a negative Mantoux test are vaccinated with B.C.G. vaccine; some of these vaccinated children fail to convert and they are referred to the Chest Centre for re-testing and, if necessary, re-vaccination.

In addition, the City of Carlisle commenced to Mantoux test all school entrants aged 5-6 in 1954, and those found to be positive have been referred to the chest centre for full family investigation in order to discover, if possible, the source of the infection.

Table 10 gives the number of school entrants whose parents consented to Mantoux testing in the Carlisle City area from 1954 and the number of those children who have been found to be Mantoux positive and referred to the chest centre. The table also shows for each year the number of new cases of pulmonary tuberculosis discovered directly as a result of this enquiry. Twelve new cases of active tuberculosis have been discovered as a result of the investigation of approximately 150 Mantoux positive children and so confirms the suggestion that this is indeed a profitable case-finding measure.

TABLE 10.

	1954	1955	1956	1957	1958	1959	1960	Totals.
No. of children Mantoux tested ..	263	824	641	701	583	609	592	4,213
No. of such children found to have a positive Mantoux test ..	13	35	25	26	16	15	28	158
No. of NEW cases of active tubercle discovered after investigation of Mantoux pos. children and families ..	4	1	—	1	2	2	2	12

Hospital Facilities, Waiting List and Rehabilitation.

There is no waiting list for the admission of cases of tuberculosis to hospital or to the thoracic unit. Table 11 shows the number of beds available to the chest service during 1960, the unit at Ormside Hospital was allowed to run down until it finally closed on the 31st March, 1960.

TABLE 11.

	1960.					1959.			
	Beds.	Patients.				Beds.	Patients.		
	No. of beds available.	Average daily no. occupied.	Total discharges.	Discharges of cases of tubercle.	Average length of stay in days	No. of beds available.	Average daily no. occupied.	Total discharges.	Average length of stay in days
Cumberland Infirmary	13	12.3	217	11	21.5	—	—	—	—
City General Hospital	—	—	—	—	—	21	20.01	261	34.7
Blencathra Hospital	31	33.56	106	86	129.2	48	42.67	92	175.8
Longtown Hospital	24	24.76	128	61	67.9	24	23.97	87	110.5
Ormside Hospital ..	x	5.5	13	12	115.8	22	19.01	62	132.5

x Unit allowed to run down in January and finally closed in March, 1960.

Rehabilitation panels continue to be held at monthly intervals.

Other Chest Diseases.

Neoplasm.

Table 12 shows the number of new cases of lung cancer seen at the Chest Centre in 1960. The small decrease in this figure compared to 1959 gives no reason for optimism as the survival rate from the disease remains poor and treatment remains inadequate.

TABLE 12.

	City of Carlisle		Cumberland East. Div.		North West'l'd.		Totals.
	M.	F.	M.	F.	M.	F.	
No. of new cases in 1960 ...	27	4	15	5	3	—	54
No. of 1960 cases unfit for surgery ...	20	4	13	5	3	—	45
No. of new cases—							
1959	22	4	22	9	2	—	59
1958	21	6	23	4	4	1	59
1957	18	5	7	4	3	—	37
1956	16		11		2		29
1955	8		12		1		21

Advanced local disease with or without spread to other areas, or a poor cardio-respiratory reserve, excludes surgery for the vast majority of new cases. In those accepted for surgery there is no delay in their admission to the thoracic unit.

The therapy of those not submitted for surgery is largely palliative and symptomatic. Deep X-ray therapy is valuable in that it relieves pain and arrests hæmoptysis in approximately 75% of patients. The three-year survival rate of such cases is under 10% and upper lobe lesions seem to do rather better than those situated in lower lobes. The chances of longer survival are also much greater with squamous-celled carcinoma than with anaplastic-celled carcinoma. Some cases submitted to deep X-ray therapy show a very considerable regression of the tumour mass with improvement in the patient's general condition and, particularly by clearing the bronchi, in the function of the affected lung. On the other hand some patients do not respond at all, partly because the tumour is insensitive and probably more likely because there has been earlier dissemination of the malignant cells to other areas of the body.

Although more effective oral nitrogen-mustard drugs are becoming available for use in bronchial carcinoma, the fact that newer preparations are always being introduced bears out our view that chemotherapy so far in pulmonary cancer has little or no effect on the survival rate. No one is satisfied with our present drugs. One of the chief difficulties with drugs of the nitrogen-mustard group is that drugs dissociate with release of the active components as soon as the drug is dissolved in water. The problem would be to prepare a compound that would be activated only at the site of the tumour and could be suspended in stable solution if given parentally, and could also be given orally.

Bronchiectasis.

Table 13 shows the number of cases of bronchiectasis on the active register at the Chest Centre and attending for physiotherapy. This table also shows the number of new cases of bronchiectasis seen over the past five years

TABLE 13.

	City of Carlisle.	Cumbl'd. East. Div.	North Westl'd.	Total.
No. of cases of bronchiectasis on Register at 1-1-61 ...	143	132	24	299
New cases diagnosed in—				
1960	26	16	4	46
1959	16	16	6	38
1958	23	19	2	44
1957	23	18	5	46
1956	18	19	1	38
1955	25	12	2	39

The results of physiotherapy in bronchiectasis are good providing one has the fullest co-operation from the patient or from the patient's parents. The tendency is for fewer cases to be submitted to the surgeon. Minor unilateral cases all do well with physiotherapy alone, and if the latter is adequately carried out patients can become almost symptom free and not require surgery. Bilateral cases, on the other hand, if not responding adequately to physiotherapy, would require bilateral surgery with the inevitable risk of respiratory crippling.

Indications for surgery, therefore, in bronchiectasis have become narrower and rather more clear cut than they were ten years ago.

Bronchitis, Asthma, Etc.

Other conditions such as bronchitis, asthma and emphysema require the help of the physiotherapist. In this country chronic bronchitis still causes more unemployment and sickness than any other single condition. In addition, many men contiue at work even in spite of considerable disablement, particularly those employed in light sedentary occupations. The problem for the chronic bronchitic over the age of 50 is an acute one. Physiotherapy is of undoubted value; patients feel that something active is being done for them, and if at the same time appropriate medical treatment is given to combat the frequent intercurrent infections which they get, most are able to continue satisfactorily at work.

NEWCASTLE REGIONAL HOSPITAL BOARD.

SPECIAL AREA COMMITTEE FOR CUMBERLAND AND NORTH WESTMORLAND.

MASS RADIOGRAPHY UNIT ANNUAL REPORT, 1960.

(Note.—Figures given in parentheses throughout the Report relate to the corresponding figures for 1959.)

The Mobile Unit was fully operational throughout the twelve months. The Unit vehicles were overhauled by the Ministry of Supply during the month of June and during this period we arranged for the Unit to operate at 1, Brunswick Street, Carlisle. The Static Unit at the M.M.R. Base began operating on the 18th January, 1960, and continued throughout the year with two half-day sessions weekly. The figures given in the report relate to the work of both units.

Groups Examined.

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 57 occasions; 1,627 (2,104) contact cases were X-rayed, 859 from the East Cumberland area and 768 from West Cumberland.

Results.

There were 38,746 (44,554) persons examined by the Units during the year. These included 276 inmates of Dovenby Hall Hospital.

Patients at Garlands Hospital are no longer examined by the Unit. Excluding the mental patients 38,470 (43,482) persons were examined.

Number recalled for full-sized X-ray film	2,330 (2,348)	6.01% (5.27%)	of total examined
Number referred for clinical examination	415 (499)	1.07% (1.12%)	of total examined
Number failing to attend for full-sized film	96 (141)	4.12% (6.00%)	of those recalled

Table 1 shows the number of abnormalities revealed during 1960 throughout the whole of the Special Area. I would point out that all the figures in the tables which follow refer to abnormalities found on large film examination. Many abnormalities are noted on miniature film which either require no further investigation or are consistent with the patient's age and do not require therapy. Many cases of inactive tubercle come within this category. These miniature film abnormalities are not included in the tables.

TABLE 1.

	No. of cases found.		Percentage of total examined.	
Abnormalities Revealed.				
(1) Non-tuberculous conditions:				
(a) Bronchiectasis ...	28	(52)	.07	(.12)
(b) Pneumoconiosis ...	54	(74)	.14	(.17)
(c) Neoplasm ...	26	(17)	.07	(.04)
(d) Cardiovascular conditions ...	140	(280)	.36	(.63)
(e) Miscellaneous requiring investigation	37	(39)	.10	(.09)
(2) Pulmonary Tuberculosis:				
(a) Active ...	39	(45)	.10	(.10)
(b) Inactive requiring supervision ...	32	(64)	.08	(.14)
(c) Active (previously known ...	—	(2)	—	(.005)

Table 2 gives a detailed analysis of the work of the Units, with the work of the Mobile Unit divided into the East and West Cumberland areas.

TABLE 2.

Source of examination.	Static Unit, Carlisle.					Mobile Unit. East Cumberland.						Mobile Unit. West Cumberland.						
	Doctors' cases.	Contact cases.	Students 15 years and over.	General public.	Totals.	Doctors' cases.	Contact cases.	Students 15 years and over.	School staff.	General public.	Surveys.	Totals.	Doctors' cases.	Contact cases.	Students 15 years and over.	School staff.	General public.	Surveys.	Mentally defective patients.	Totals.
Miniature films	1,567	196	10	645	2,418	24	663	1,376	200	9,924	7,827	20,014	42	768	994	31	7,262	6,941	276	16,314
Large films	368	16	—	113	497	5	45	59	5	639	456	1,209	11	74	13	2	326	191	7	624
Clinical examinations ..	109	4	—	19	132	4	11	5	1	106	52	179	1	7	2	—	65	28	1	104
Active Tuberculosis	9	—	—	—	9	—	—	1	—	8	3	12	1	3	—	—	11	2	1	18
Inactive Tuberculosis requiring supervision	5	1	—	1	7	—	—	—	—	2	2	4	—	1	—	—	12	7	1	21
Bronchiectasis ..	6	—	—	1	7	—	1	—	—	4	7	12	1	1	—	—	3	3	1	9
Neoplasms	13	—	—	1	14	1	—	—	—	2	2	5	—	1	—	—	3	3	—	7
Pneumoconiosis	—	—	—	—	—	—	—	—	—	1	1	2	—	9	—	—	40	3	—	52
Cardiac conditions	8	1	—	3	12	—	1	—	1	84	22	108	—	3	—	—	13	7	—	23

Table 3 gives the relative figures as between East and West Cumberland for the past eight years.

TABLE 3.

	East Cumberland.						West Cumberland.					
	Active Tuberculosis	Inactive Tuberculosis.	Neoplasms.	Cardiac Conditions.	Bronchiectasis.	Pneumoconiosis.	Active Tuberculosis.	Inactive Tuberculosis.	Neoplasms.	Cardiac Conditions.	Bronchiectasis.	Pneumoconiosis.
Year.												
1953 ..	56	506	5	243	64	6	78	341	4	95	29	84
1954 .	49	438	6	217	39	1	100	381	6	101	22	133
1955 ..	51	455	10	363	38	3	60	302	1	70	25	80
1956 ..	46	338	8	360	37	3	56	258	2	53	15	61
1957 ..	37	312	7	368	18	2	24	226	4	72	24	92
1958 ..	40	153	10	321	27	2	16	81	4	90	16	125
1959 ..	33	40*	13	241	37	3	14	24*	4	39	15	71
1960 ..	21	11*	19	120	19	2	18	21*	7	23	9	52

* Requiring supervision.

Table 4 refers solely to new cases of pulmonary tuberculosis seen in East Cumberland.

TABLE 4.

	No. of new cases.	No. with positive sputum.	Percentage of new cases with positive sputum.	No. of new cases referred by M.M.R.	Percentage of new cases referred by M.M.R.	Percentage positive sputum cases found by M.M.R.
Year.						
1953 ...	140	45	32	52	37	20
1954 ...	170	56	33	36	21	13
1955 ...	139	42	30	43	31	21
1956 ...	125	39	31	39	31	18
1957 ...	125	42	34	33	26	29
1958 ...	117	32	27	29	25	9
1959 ...	116	31	27	28	24	6
1960 ...	72	28	39	21	29	18

The number of new cases of pulmonary neoplasm coming to our notice during 1960 is shown in the following table, which again refers to East Cumberland.

TABLE 5.

	1954.	1955.	1956.	1957.	1958.	1959.	1960.
No. of cases of neoplasm seen at Chest Centre ...	16	21	29	38	59	59	54
No. discovered by M.M.R.	6	10	8	7	10	13	19

Comments.

Mass Radiography continues to be an important facet in our case finding measures both in pulmonary tuberculosis and lung cancer. The static unit is largely concerned with the examination of patients with symptoms referred by their own doctors and as a result the work of this unit is proportionately more valuable.

Both units have operated continuously throughout the year and with its wide coverage one would have expected a much higher response in the communities surveyed than we do actually get. One is indeed lucky to carry out a survey and secure a 75% response.

Even with such a figure, however, there is strong evidence suggesting that the prevalence of both tuberculosis and lung cancer is higher in the 25% who do not accept mass radiography examination. An annual X-ray examination for every adult is surely not unreasonable and would be of invaluable benefit not only to the patient but to his relatives and friends. Unfortunately, persistent efforts to get this hard core of non-attenders through the Unit bears little fruit and the final result is not commensurate with the effort and the cost involved. Apathy is difficult to combat and the decline in the reservoir of tuberculous infection in the community probably accentuates the feeling of security in people who consequently do not pass through the Unit.

For the first time in the area served by the East Cumberland Hospital Management Committee the number of new cases of active tuberculosis has fallen below the 100 mark. At the same time the number of new cases of lung cancer has remained at a steady level. While both diseases involve all age groups men over the age of 45 are much more frequently involved and this is the population group most likely to benefit from routine radiography examination. In 1960, of the new cases of pulmonary tuberculosis in the East Cumberland area discovered, the sexes involved were roughly equal, but two-thirds of

the male patients were over 45. In the case of lung cancer the males are involved in the ratio of 6 to 1, male to female, and here again 60% of the males were aged over 45.

The high pick-up rate of both tuberculosis and lung cancer in the static unit is to be noted. The majority of the examinees are patients with pulmonary symptoms referred by their own doctors. In view of the marked preponderance of both diseases in males over the age of 45 it is strongly suggested that doctors in the Carlisle area should refer all such persons for at least annual examination, no matter how trivial or vague their symptoms may be.

Both Units were operated during the latter six months of the year with unqualified technical staff, and technical standards have been maintained at the usual level. The mobile unit is being converted to a 100m.m. unit this year and considerable alteration to the van is also anticipated in order to make the Mobile Unit more fully mobile. We had anticipated carrying out further street surveys during 1960, but as such surveys are very difficult with the van as it is built at present we have delayed carrying out the street surveys until after modification of the van. Present figures show a larger pick-up rate in the City of Carlisle than elsewhere in the Special Area and it is anticipated that the first of these street surveys will be arranged for a section of the City.

Acknowledgments.

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

The interpretation of films and disposal of abnormalities is no easy task and would be impossible without the friendly co-operation of my colleagues on the hospital staff, and to all I tender my sincere thanks.

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

W. HUGH MORTON,

Medical Adviser.

TUBERCULOSIS: SOUTH WESTMORLAND.

GENERAL STATISTICS: TUBERCULOSIS REGISTER.

TABLE 1.

	Respiratory.				Non-Respiratory.			
	M.	W.	Ch.	Total.	M.	W.	Ch.	Total.
A. Notified Cases on Clinic Register 1st January, 1960 ..	134	75	17	226	4	5	4	13
B. Children transferred to adults during the year ..	1	1	—	2	—	—	—	—
C. No. of notified cases added:								
Not Bacteriologically confirmed:								
Group I ...	1	—	2	3				
Group II ..	—	2	—	2				
Group III ..	1	—	—	1				
Bacteriologically confirmed:					2	—	1	3
Group I ..	—	—	—	—				
Group II ..	4	1	—	5				
Group III ...	1	—	—	1				
D. Transfers in during year ..	11	5	—	16				
Totals of A, B, C and D ..	153	84	19	256	6	5	5	16
E. No. of notified cases removed during year:								
(a) Recovered ..	2	—	—	2	1	1	—	2
(b) Died (all causes) ..	3	1	—	4	1	—	—	1
(c) Transfers Out ..	7	7	—	14	—	—	—	—
(d) Others ..	—	—	—	—	—	—	—	—
F. Children transferred to adults during the year	—	—	2	2	—	—	—	—
Total of E and F ..	12	8	2	22	2	1	1	4
G. Total remaining on Clinic Register at 31st December, 1960 ..	141	76	17	234	4	4	4	12

Groups 1, 2 and 3 in section C indicate the extent of the pulmonary disease, Group 3 being the most extensive.

This table shows that fifteen new cases of tuberculosis were notified during the year. This is a reduction in the number of pulmonary cases compared with last year, in males, females and children. There were three non-pulmonary cases compared with two last year, the infection in each case involving abdominal glands.

The notification rate of 30 per 100,000 population is comparable with other rural areas.

Five patients died during the year and three of these died from unrelated causes. The remaining two died with chronic pulmonary tuberculosis, complicated in one case by valvular cardiac disease which was the major cause of death.

No primary resistant organisms were found amongst the new patients but resistance to the common anti-tuberculous drugs is not infrequently met with inward transfers with active disease.

Seven patients have had positive sputa whilst remaining at home, in three cases the organisms being drug resistant. These patients, particularly the resistant cases, constitute a risk of infection to others but every effort is made to bring in to hospital those who are willing, especially if there are any child contacts. Frequent visits from the Tuberculosis Health Visitor is one of the most important methods of protecting contacts and ensuring their regular surveillance.

CHEST CLINIC.

	1959.	1960.
New Cases	337 ...	232
New Contacts	107 ...	94
B.C.G. Vaccination ...	53 ...	52
Total attendances ...	1,481 ...	1,004
Visits by T.B. Health Visitor ...	1,009 ...	865

There has been a drop in the total number of attendances compared with last year, due partly to the fall in tuberculosis and partly to other factors. The latter include the cessation of one weekly session and of the re-fill clinic and some changes in registering attendances now that the X-rays are taken in the County Hospital. The number of cases of bronchial carcinoma continue to rise slowly, but the proportion cured is still low. By having an adequate number of beds in Beaumont Hospital, Lancaster, bronchoscopy can be carried out within a day or two of any patient's attendance at the clinic,thus appreciably reducing the waiting time for surgery. Although fewer cases of tuberculosis may be discovered, the contact search must continue to be thorough and the Health Visitor's work is one of the major factors in reducing the number of future cases. B.C.G. vaccina-

tion continues to be used as extensively as is permitted. With increasing reliance on chemotherapy, collapse therapy has gradually come to an end and with it one of the regular weekly clinics.

HOSPITALS.

All female patients are admitted to Beaumont Hospital, Lancaster, and the ward is large enough to avoid any waiting list. Male patients are admitted either to Beaumont or to Meathop Hospitals. There are sufficient beds at Meathop to ensure no waiting list and a non tuberculous ward has been opened which provides much-needed accommodation mainly for bronchitic patients. During the winter and spring months this ward provided some relief to the acute medical ward of the Westmorland County Hospital. It is, however, the declared policy of the Regional Hospital Board to close Meathop Hospital and to transfer the patients, including those in the geriatic ward, to Lancaster hospitals. A waiting list may not be avoidable in that event but as beds are not yet available it is unlikely that the transfer can take place for some time, and until it does Westmorland patients will continue to be treated at Meathop as they have since 1900.

I wish to acknowledge my thanks to Dr. Guy with his staff in the Health Department for his help and co-operation throughout the year.

R. DOUGLAS YOUNG, M.D., M.R.C.P.E.

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, 1960, no animals were slaughtered under the above Order.

MILK SUPPLIES.

The Milk and Dairies (Food and Drugs) Act, 1944, which came into operation in 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, 1960, are as follows:—

Centre.	Syphilis.	Soft Chancre.	Gonorrhœa.	Non-Venereal and undiagnosed conditions.	Total number of cases.
Carlisle ...	—	—	—	2	2
Kendal ...	—	—	2	4	6
Lancaster ...	1	—	3	5	9
	—	—	—	—	—
Total ...	1	—	5	11	17
	—	—	—	—	—

TABLE 1.

ANTE-NATAL and POST-NATAL CLINICS.

(1)	No. of clinics provided. (2)	No. of sessions per month. (3)	No. of Women who attended. (4)	No. of new cases included in col (4). (5)	Total attendances. (6)
Ante-natal ..	3	10.25	97	86	609
Post-natal ..	—	—	—	—	—

TABLE II.

DOMESTIC HELPS.

(a) Number of Domestic Helps employed at 31st December, 1960:—

(1) Whole-time	—
(2) Part-time	57
(3) Whole-time equivalent of (2) above	20

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

(1) Maternity	30
(2) Tuberculosis	1
(3) Chronic sick, including aged and infirm	255
(4) Others	54

TABLE III.

HOME NURSING.

	Medical.	Surgical.	Infectious Diseases.	Tuber-culosis.	Maternal Compli-cations.	Others.	Totals.
No. of cases attended during year ..	2,179	601	34	14	48	—	2,876
No. of visits paid during year	52,673	7,466	185	570	234	2,620	63,748

TABLE IV.

INFANT WELFARE CENTRES

No. provided	No. of Sessions per month	No. of Children who at first attendance were under 1 yr.	No. of children who attended and who were born in :			Total No. who attended	No. of attendances made by children who at date of attendance were :			Total Attendances.
			1960	1959	1958–55		Under 1 yr.	1-2 years.	2-5 years.	
12	20	284	278	256	273	1,091	3,258	866	960	5,084

TABLE V.

HEALTH VISITING

No. of children under 5 yrs. visited.	Expectant mothers		Children under 1 yr. of age.		Children 1–2 yrs.	Children 2–5 yrs.	Tuberculous households	Other cases	Total households visited.	Visits to tuberculous households by T.B. visitors
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.		
5,441	—	—	1,064	10,818	5,528	8,787	1,191	5,052	4,903	Nil.

In addition, 2,034 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:					
	Domiciliary Cases.					
	Doctor not booked.		Doctor booked.		Totals	Cases in Institutions.
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.		
Midwives employed by:						
(a) the Authority ..	1	13	50	77	141	—
(b) Voluntary Organisations	—	—	—	—	—	140
(c) Hospital Management Committees	—	—	—	—	—	691
Midwives in private practice ..	—	—	—	—	—	1
Totals ..	1	13	50	77	141	832

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the fourteenth day 655

2. **Midwives in Private Practice.**

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

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

Number 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	49	
(ii) Other cases	—	
Total ...	49	
(b) For cases in Institutions	32	

4. **Administration of Analgesia.**

(a) Number of Midwives in practice in the area qualified to administer Analgesics:—		
(i) Domiciliary	36	
(ii) In Institutions	12	
	—	48
(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	61	
(ii) when doctor was present	38	
	—	99
(d) Number of cases in which pethidine was administered in domiciliary practice:—		
(i) when doctor was not present	35	
(ii) when doctor was present	21	
	—	56

TABLE VII.

AMBULANCE SERVICES.

(1)	No. of Vehicles at 31-12-60. (2)	Total No. of patients. (3)	Total No. of journeys. (4)	No. of emergency patients included in col. (3). (5)	Total mileage during period. (6)
Ambulances ...	7	3,343	2,466	536	82,844
Cars	See below*	25,600	9,172	396	357,152

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

MENTAL HEALTH ACT, 1959: PATIENTS IN COMMUNITY CARE.

	Mentally Ill.				Psychopath.				Sub-normal.				Severely Sub-normal.				Totals.			
	Under age 16		16 and over.		Under age 16		16 and over.		Under age 16		16 and over.		Under age 16		16 and over.		Under age 16		16 and over.	
	M. (1)	F. (2)	M. (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	M. (17)	F. (18)	M. (19)	F. (20)
2. Number of Patients under Guardianship at 31-12-60 ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
3. Number of Patients under L.H.A. care at 31-12-60 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Receiving training or occupation in day centre ..	—	—	—	—	—	—	—	—	—	1	2	2	8	7	2	6	8	8	4	8
Awaiting training or occupation in day centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Receiving training or occupation in residential centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting training or occupation in residential centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Awaiting residence in L.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident at L.A. expense in private residential home ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

MENTAL HEALTH ACT, 1959: PATIENTS IN COMMUNITY CARE—(Contd.)

	Mentally Ill.				Psychopath.				Sub-normal.				Severely Sub-normal.				Totals.			
	Under age 16		16 and over.		Under age 16		16 and over.		Under age 16		16 and over.		Under age 16		16 and over.		Under age 16		16 and over.	
	M. (1)	F. (2)	M. (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	M. (17)	F. (18)	M. (19)	F. (20)
(f) Resident at L.A. expense by boarding-out in private home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(g) Receiving home visits and not included under (a) to (f) ..	1	—	5	13	—	—	2	4	—	—	12	19	—	1	9	9	1	1	28	45
(h) Others (including not yet visited ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(i) Number of Patients involved at (a) to (h). (See Note 3.) ..	1	—	5	13	—	—	2	4	—	1	15	22	8	8	11	15	9	9	33	54
4. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31-12-60																				
(a) In urgent need of hospital care ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
(b) Not in urgent need of hospital care ..	—	—	—	—	—	—	—	—	—	—	3	4	2	4	4	5	2	4	7	9
5. Number of patients admitted temporarily for residential care during 1960																				
(a) To N.H.S. hospitals ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	5
(b) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1960.

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 ..	—	—	—	—	—	—	—	—	—	—	—	13	2	—	—	—	—
1-2 Years	—	—	—	—	—	—	—	—	—	—	—	28	2	—	1	—	—
3-4 „ ..	—	3	—	—	—	—	—	—	1	—	—	122	16	—	—	—	—
5-9 „ ..	—	14	—	—	—	—	—	—	—	—	—	291	28	—	—	—	—
10-14 „ ..	—	4	—	—	—	—	—	—	—	—	—	57	6	—	—	—	—
15-24 „ ..	—	1	—	1	—	—	—	—	—	4	—	9	1	—	21	—	—
25 years and over	—	1	—	3	1	—	—	—	1	—	—	3	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	23	—	4	1	—	—	—	2	4	—	523	55	—	22	—	—
Cases admitted to Hospital ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Deaths ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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

NOTIFIABLE DISEASES, 1960.

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infect. Encephalitis	Typhoid Fever
Appleby ..	—	2	—	1	3	—	—	—	—	—	—	—	—	34	—	—	2	—	—
Kendal ..	—	2	—	1	9	—	—	—	—	—	1	4	—	56	1	—	—	—	—
Lakes ..	—	—	—	—	3	—	—	—	—	—	—	—	—	41	4	—	—	—	—
Windermere	—	—	—	—	1	—	—	—	—	—	—	—	—	118	1	—	—	—	—
N Westmorland	—	14	—	—	11	3	1	—	—	—	—	—	—	231	4	—	—	—	—
S Westmorland	—	5	—	2	8	4	—	—	—	—	1	—	—	43	45	—	20	—	—
Totals 1960	—	23	—	4	35	7	1	—	—	—	2	4	—	523	55	—	22	—	—
Totals 1959	—	41	—	2	42	5	4	—	—	—	45	2	—	201	13	—	—	1	—