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WESTMORLAND COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL
OFFICER OF HEALTH

THE YEAR 1961



WESTMORLAND COUNTY COUNCIL



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COUNTY MEDICAL OFFICER OF HEALTH

THE YEAR 1961

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COUNTY OF WESTMORLAND

Public Health Department,

County Hall, Kendal.

September, 1962.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report on the Health of the County during the year 1961.

I usually commence the introduction to the Annual Report with a brief commentary on Vital Statistics. As in recent years there has been little or no change in the figures. The Birth Rate is slightly lower than that for England and Wales, whilst the death rate is slightly above the rate for England and Wales. This would suggest a gradually falling population. It seems to be a well-known fact that the population of Northern England is tending to fall whilst in the South of England it is increasing.

The pattern of the causes of death shows no change. Heart disease accounts for by far the majority of cases, followed some distance behind by cancer and cerebral haemorrhage in nearly equal proportions. Bronchitis, a serious disease of the less healthy parts of England is a very minor cause of death here.

Health Education is playing a more and more important part in Public Health. This year the Kendal Home Safety Committee organised a most successful campaign involving among other things a poster competition amongst the junior school children and are to be congratulated on their efforts.

In Infectious Disease the change over from the Salk to Sabin vaccine has made the task of Poliomyelitis Immunisation easier and large clinics could more easily be dealt with.

The Chiropody Service has worked well and is proving a great boon, especially to the elderly people.

I am once again indebted to Dr. Morton and Dr. Young for their reports on chest diseases which are embodied in the report. The fact that immigrants are not infrequently carrying Pulmonary Tuberculosis into the Country deserves to be given careful thought particularly by the Politicians. These infected persons are likely to be a potential cause of the disease which we are trying to eradicate and an X-Ray examination at the point of entry to Britain on the lines of a Mass Miniature X-Ray would be helpful in excluding those suffering from Pulmonary Tuberculosis and thus closing one portal of infection at present open. The fact that lung cancer cases is beginning to equal the number of Pulmonary Tuberculosis cases discovered should give food for thought.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1961

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 (Resigned 31-3-61)	M.B., Ch.B., D.P.H.	.. Deputy County Medical Officer	Whole	Deputy Principal School Medical Officer
I. S. Bailey .. (Commenced 9-5-61)	M.A., M.R.C.S., L.R.C.P., D.P.H.	.. Deputy County Medical Officer	Whole	Deputy Principal 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.	.. Principal Dental Officer	.. Whole	Principal School Dental Officer
A. S. Carter ..	M.R.C.S., L.R.C.P., L.D.S.	.. Dental Officer	.. Whole	School Dental Officer
G. Austin ..	B.D.S.	.. Dental Officer	.. Whole	School Dental Officer
G. Hutton .. (Resigned 31-5-61)	L.D.S.	.. Dental Officer	.. Whole	School Dental Officer
D. J. Harrison .. (Commenced 1-7-61)	B.D.S.	.. 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-1961) ...	66,510
Total Rateable Value as on 1st April, 1961 ...	£849,075
Estimated product of a Penny Rate (General County) for the financial year 1961-62 ...	£3,422

EXTRACT FROM VITAL STATISTICS IN THE YEAR, 1961.

	Total.	Males.	Females.
Live Births—Legitimate ...	905	492	413
Illegitimate ...	61	35	26
	966	527	439

Birth Rate per 1,000 of the estimated resident population ... 15.4
 Birth Rate, England and Wales, 17.4

Illegitimate Live Birth per cent. of total live births, 6.3

	Total.	Males.	Females.
Stillbirths ...	15	5	10
Rate per 1,000 total live and stillbirths ...	15.3		
Stillbirth Rate, England and Wales ...	18.7		

	Total.	Males.	Females.
Total Live and Stillbirths ...	981	532	449

	Total.	Males.	Females.
Deaths of Infants under 1 year of age ...	23	15	8
Death-rate of Infants under 1 year of age:			
All infants, per 1,000 live births ...			23.8
Legitimate infants, per 1,000 legitimate live births ...			24.3
Illegitimate infants, per 1,000 illegitimate live births ...			16.4
Infant Death Rate, England and Wales, 21.4			

	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks) ...	16	9	7
Rate per 1,000 live births, 16.6			

Neo-Natal Mortality Rate, England and Wales, 15.5.

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

Rate per 1,000 live births ... 13.5

Perinatal Mortality Rate (still births and deaths under one week):

Rate per 1,000 total live and stillbirths ... 28.5

Death from Pregnancy, Childbirth or Abortions ... 1.

Rate per 1,000 total (live and still) births ... 1.02.

Maternal Mortality Rate, England and Wales, per 1,000 total
(live and still) births, 0.33.

	Total.	Males.	Females.
Total Deaths ...	881	413	468

Death Rate per 1,000 of the estimated resident population ... 12.2.

Death Rate, England and Wales, 12.0

POPULATION

DISTRICT.	Area in acres (Land and Inland Water).	Population.
		Registrar General's estimate Mid. - 1961
URBAN		
Appleby	1,877	1,760
Lakes	49,917	5,500
Kendal	3,705	18,500
Windermere ..	9,723	6,550
RURAL		
North Westmorland	288,688	15,300
South Westmorland	151,007	18,900
Westmorland ..	504,917	66,510

BIRTH RATE.

Birth Rate per 1,000 estimated resident population.

District.	1959	1960	1961
URBAN			
Appleby ...	20.8	14.1	14.6
Kendal ...	15.9	15.1	14.2
Lakes ...	9.5	10.7	10.7
Windermere ...	11.8	12.7	13.7
RURAL			
North Westmorland ...	17.1	17.6	18.5
South Westmorland ...	17.6	17.7	16.2
WESTMORLAND ...	15.9	15.8	15.4
ENGLAND AND WALES ...	16.5	17.1	17.4

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

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

Year.	1957	1958	1959	1960	1961
Number of births ...	911	980	996	992	966

DEATH RATE

Death Rate per 1,000 estimated population.

District.	1959	1960	1961
URBAN			
Appleby	12.5	14.0	13.9
Kendal	11.8	13.1	12.8
Lakes	11.4	13.5	11.7
Windermere	10.8	13.7	11.9
RURAL			
North Westmorland	12.1	11.7	11.5
South Westmorland	11.2	9.5	11.4
WESTMORLAND	11.7	12.1	12.2
ENGLAND AND WALES	11.6	11.5	12.0

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 1959, 1960 and 1961, in order of maximum fatality in 1961, were as follows :—

	1959	1960	1961
Heart Disease	315	287	315
Cancer	135	155	151
Cerebral Hæmorrhage	186	175	146
Pneumonia	22	21	35
Other Circulatory Diseases	35	45	32
Violence (including accident)	29	47	27
Bronchitis	17	26	21
Influenza	12	2	15
Digestive Diseases	11	16	10

MATERNITY AND CHILD WELFARE
INFANTILE MORTALITY. (Under 1 Year).

Rate per 1,000 Live Births.

District.	1959	1960	1961
URBAN			
Appleby	—	45.5	—
Kendal	10.1	14.3	30.4
Lakes	—	17.9	52.6
Windermere	28.2	26.0	47.6
RURAL			
North Westmorland	19.8	19.3	19.5
South Westmorland	10.2	10.1	10.7
WESTMORLAND	13.1	16.1	23.8
ENGLAND AND WALES	22.0	21.7	21.4

ILLEGITIMATE INFANT DEATH RATE.

Rate per 1,000 illegitimate Live Births.

	1959	1960	1961
WESTMORLAND	15.9	24.4	16.4

Causes of Death in Infants under one year in 1961:

Prematurity	6
Broncho pneumonia	5
Congenital heart disease	3
Asphyxia	2
Hydrocephalus	2
Atelectasis	1
Cardio-respiratory collapse	1
Respiratory failure	1
Cerebral anoxia	1
Cerebral haemorrhage	1
	—
	22
	—

COMMENT ON VITAL STATISTICS.

Whilst the Vital Statistics relating to relatively small groups must always be viewed with caution, some of the figures for 1961 appear worthy of comment. As stated below the relevant tables on pages 8 and 9 of this Report, the Birth and Death Rates, are calculated using the Comparability Factor, supplied for this purpose by the Registrar General. This factor is designed to compensate for variations in the age and sex structure of the population of different areas, and to make the Birth and Death Rates so calculated comparable to those of other areas, and to the figures for England and Wales.

It is regrettable to have to report that once again the number and percentage of illegitimate births is almost equal to the high figure recorded in 1959, itself by far the highest since wartime.

When considering the low Still-birth and Neo-natal Mortality Rates during the past two years, attention was drawn to the doubtful significance of small figures which are apt to fluctuate widely; this year the combined total is 36 compared with 40 in 1960, and the combined rate is slightly below that for England and Wales.

During the post-war years the Death Rate of Infants under one year of age in England and Wales has fallen steadily, but the rate for the County has fluctuated appreciably, being generally slightly above the national figure. The Rate in 1961 of 23.8 per 1,000 live births is above the Rate for England and Wales (21.4) and is again 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 was one Maternal Death 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, 12.2 per 1,000 population, compares with 12.0 for England and Wales.

Consideration of the number of Live Births during the year shows an excess of Males over Females of 88, a figure only once exceeded and seldom approached during the last quarter of a century.

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 five clinics in Kendal, Windermere, Milnthorpe, Appleby and Ambleside where mothercraft training is undertaken. Mothercraft training is also 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 distributed via the midwife.

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 convenient to have something in the nature of a small private ante-natal clinic to which appropriate midwives who will be present at the confinements in the capacity of maternity nurse are invited to be present. The number of cases booked to be delivered by the midwife alone has seriously declined in Westmorland since the passing of the National Health Service Act, but although only 6 out of the 144 domiciliary cases had not booked a doctor, in 82 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 low proportion of domiciliary confinements, 144 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:—

	1959.	1960.	1961.
(i) Doctor booked:			
(a) Doctor present ...	74	50	59
(b) Doctor not present ...	83	77	79
(ii) Doctor not booked:			
(a) Doctor present ...	4	1	3
(b) Doctor not present ...	22	13	3
Total ...	183	141	144

HEALTH VISITING.

There are no longer any full-time Health Visitors employed in the County, but health visiting is undertaken by nurses combining health visiting with midwifery and home nursing, or with midwifery alone. Of these nurses, 18 hold the health visitor's certificate, the rest being employed under dispensation granted by the Ministry of Health. The Ministry is increasingly reluctant to grant dispensations, but it is difficult to see what further steps the authority can take to secure staff with this qualification. The offering of more scholarships is clearly not the answer, as suitable applicants are not available for those already budgeted for.

To enable unqualified nurses to obtain the health visitor's certificate, scholarships are now awarded each year under which the cost of training is defrayed by the Local Health Authority, who also pay to the student three-quarters of the minimum salary of a qualified Health Visitor, the nurse on her part entering into a contract to serve, after qualification, for a minimum of two years. A series of lectures is held locally during each year, and selected nurses are sent in rotation on refresher courses.

No arrangements have been made for Health Visitors to work in conjunction with particular general practitioners, although contact between the domiciliary nursing staff and medical practitioners is in general well maintained; neither do the hospitals utilise the Health Visitors, as such, in the follow-up of discharged patients.

	1959.	1960.	1961.
Total Health Visits to Infants under 1 year ...	10,411	10,818	10,699
Total Health Visits to Children 1 to 5 years ...	14,517	14,315	12,790

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. 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 has contributed considerably to the care of this type of case, as has also the introduction of Night Nursing and Night Attendance arrangements to cope with cases who cannot be left alone at night.

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.

		1959.	1960.	1961.
Number of Cases Attended	...	3,185	2,876	3,121
Number of Visits	...	65,789	63,748	68,370

HEALTH EDUCATION.

The following summary of the Health Education work is included as requested in the Ministry of Health Circular 1/62.

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. The demand for talks increases yearly and many hours have been spent preparing and giving them.

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

"Poisons Beware" Spring Campaign, June, 1961.

Our yearly campaign was held in conjunction with the Royal Society for the Prevention of Accidents.

The following activities took place:

1. Leaflets were distributed "door-to-door" throughout Kendal.

2. Posters were displayed throughout the County, and in Kendal the following places were 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 Kendal tradesmen was much appreciated, especially the Chemists who generously gave window space for our use.)
- (f) Works canteens.

3. An exhibition was held in Stramongate Clinic. The British Red Cross and St. John Ambulance Brigade supported this exhibition by giving a display of first aid treatments.

Kendal Schoolchildren's Poster Painting Competition.

The competition was enthusiastically supported by all but one of the schools in Kendal. 384 posters were entered and exhibited in the Town Hall, Kendal. His Worship the Mayor, Coun. N. B. Forsyth, opened this exhibition; Coun. Mrs. M. J. Forsyth, the Mayoress, presented the prizes and a silver cup, which was a new innovation this year, having been donated by the Home Safety Committee to be awarded annually to whichever school had given the most thought and effort to their posters. Castle Street School were the very deserving winners this year. Coun. K. Dobell presided. An added fillip to the campaign was given by the personal appearance of "Coco" the clown, to the exhibition, whose visit was made possible by kind permission of Bertram Mills Circus. Coco talked to approximately 1,000 schoolchildren and parents on Safety in the Home, instructing and entertaining them in his own inimitable fashion. The exhibition was also featured in the television programme "News from the North," and we are indebted to the National and Local Press for their kind interest and publicity. The help and co-operation of the Kendal Home Safety Committee helped to make the 1961 campaign a great success.

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. Appleby—sessions arranged when groups of mothers require it.
- 4. Milnthorpe—one session weekly.
- 5. Windermere—one session weekly.

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

1. Longlands—weekly throughout the term.
2. Old College—weekly throughout the term.
3. Shap Modern School—weekly for a full course each term.

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

Regular weekly classes were given at Brantfield Nursery to students taking the Nursery Nursing 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 about 6 months old, 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 fourteenth 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.

The form of return to the Ministry has now been amended and the Ministry subsequently supplies percentages of persons vaccinated. According to the return for 1961, 59 per cent. of children under 5 years old and 43 per cent. of those under 15 years had been immunised, compared with 64 per cent. and 51 per cent. for England and Wales.

These figures are somewhat disappointing and at the same time puzzling, as every child is followed up by the Health Visitor from the age of one year and reports are made as to whether the child has been immunised and, if not, the reason. In the vast majority of cases in which no record card has been received, a statement is made that the treatment has been given by the general practitioner, but it seems most unlikely that such a large number of records are not submitted. Our own estimation of the percentage of children under 5 years old who have been protected would be a figure

of the order of 67 per cent., particularly as the figure for whooping cough immunisation is given as 74 per cent. and it is extremely rare in this area for children to be immunised against whooping cough except in conjunction with diphtheria immunisation.

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:

		Children born in years:							
		1952- 1947-							
		1961.	1960.	1959.	1958.	1957.	1956.	1951.	Totals.
Primary immunisation	...	288	456	79	25	18	73	45	984
Reinforcing injections	...	—	7	17	6	15	497	30	573

WHOOPIING 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. Nevertheless, 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 percentage of children vaccinated during the first two years of life is estimated by the Ministry as 74 per cent., compared with 69 per cent. for England and Wales.

The following table is a summary of the information supplied to the Ministry for the year 1961:

		Year of birth:							
		1952- 1947-							
		1961.	1960.	1959.	1958.	1957.	1956.	1951.	Total.
No. of children who have completed a primary course during the year	...	243	455	70	21	15	39	24	867

VACCINATION AGAINST SMALLPOX.

It is the duty of 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 1961 are:

Age at date of vaccination.	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 years and over.	Total.
No. vaccinated ...	590	32	14	19	30	685
No. re-vaccinated ...	—	—	3	15	86	104
Total ...						789

The 590 children under one year of age vaccinated during the year represents, according to the Ministry, 63 per cent. of the number of children born, and, while this cannot be viewed with equanimity, in view of the increased risk of the introduction of smallpox infection by reason of the speed and range of foreign travel, it compares very favourably with the corresponding figure of 40 per cent. for England and Wales.

POLIOMYELITIS VACCINATION.

The Poliomyelitis Vaccination Scheme announced by the Ministry of Health in January, 1956, had by the end of 1957 been extended to all children under the age of 15 years, to expectant mothers, and to persons born in the years 1933 to 1942, and it had been decided to give a third dose, not sooner than 7 months after the second.

During 1960 the arrangements were extended to include all persons under the age of forty years and, in the middle of April, 1961, the Ministry announced that in future children between five and twelve years should be given a fourth dose, and asked that efforts be made to carry out this work before the summer season. Arrangements previously made prevented a commencement of this work before mid-May, but during the quarter ended 30th June, 635 first doses, 589 second doses, 1,557 third doses and 3,732 fourth doses, a total of 6,507 doses, were given, over 5,600 by the Council's staff, at schools and clinics. A further 3,000 doses were given in the succeeding quarter, by far the majority during July.

By the time the schools closed for the summer holiday every child due for a fourth dose had been given an appointment to receive it, and well over 90 per cent. of those involved had in fact had the treatment.

During the year a total of 1,426 children, born in or after 1943, received their first dose, 1,510 received their second, and on 31st December, 1961, there remained only 128 children whose treatment had not commenced. These were mostly babies, and in all cases the consent had been received very recently. Separate figures for children who had received their third dose are not kept, but it can be stated that everyone receives an appointment within a few weeks of their becoming due for this stage of the treatment; a total of 4,678 fourth doses were given to schoolchildren—in all 14,293 doses were given during the year, 10,645 of them by the Council's medical staff.

Figures supplied by the Ministry of Health indicate that since vaccination against Poliomyelitis commenced in 1956, 80% of the population now under the age of 19 years have been vaccinated.

In the country areas particularly, it is only by using the schools as clinics that it is possible to deal with the numbers involved, with the staff available for this work. I would like to take this opportunity of repeating my thanks to the teachers for their ready co-operation in connection with the frequent visits to the schools to carry out the vaccination; in a very few cases it has been found necessary to carry out the work in local halls because of lack of accommodation at school.

Number who received:—	Children born 1943 to 1961	Young Persons born 1933 to 1942	Persons born before 1933 not yet 40	Others	Total
First injection	... 1,426	334	603	39	2,402
Second injection	... 1,510	408	877	52	2,847
Third injection	... —	—	—	—	4,366
Fourth injection	... —	—	—	—	4,678
On waiting list—no injections given	... 128	11	16	—	155

INFANT WELFARE CENTRES.

The Local Health Authority provides 13 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 infant welfare clinics are made good use of by the mothers; the chief use is advice on general infant hygiene and feeding. Owing to the scattered nature of the population the clinics tend to be small but one feels that there is a definite need even for a small clinic.

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

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

<i>Area.</i>	<i>Centre held at :</i>		<i>Frequency of Sessions.</i>
Ambleside	...	British Legion Room	... Monthly
Appleby	...	Old First Aid Post	... Fortnightly
Bampton	...	Memorial Hall	... Monthly
Bowness-on-W'mere	...	Rayrigg Room	... "
Burneside	...	Bryce Institute	... "
Grayrigg	...	Village Hall	... "
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.

Attendance at Centres.

	1959.	1960.	1961.
Under 1 year	... 3,247	3,258	2,783
Over 1 year	... 2,139	1,826	1,738
Average per session	... 21.9	21.3	19.2

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 annual distribution figures for Welfare Foods during the preceding 6 full years during which the Local Health Authority has been responsible for distribution are given in the following table:—

		National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
Year.		Tins.	Bottles.	Packets.	Bottles.
1955	...	34,430	8,858	3,089	38,822
1956	...	33,108	7,676	3,251	40,079
1957	...	25,768	7,198	3,502	41,824
1958	...	20,894	4,301	2,924	24,875
1959	...	20,202	4,218	3,420	26,212
1960	...	18,117	4,271	3,404	24,017

The increase in the price of National Dried Milk, effective from 1st April, 1957, was reflected in a fall in the number of tins distributed per quarter, from an average of 8,277, to one of approximately 5,500 in the succeeding 4 quarters; whilst a limitation of entitlement to Orange Juice to children up to two years of age from 1st November, 1957, reduced the distribution of this Vitamin supplement by approximately 40%.

The quantities distributed during 1961 were:—

		National Dried Milk.	Cod Liver Oil.	Vitamin Tablets.	Orange Juice.
Period		Tins.	Bottles.	Packets.	Bottles.
1st Quarter	...	3,840	1,296	959	5,830
2nd Quarter	...	3,802	1,012	935	5,701
3rd Quarter	...	3,718	225	320	1,933
4th Quarter	...	3,630	361	492	2,100
Total for year	...	14,990	2,894	2,706	15,564

As from 1st June, 1961, the Ministry of Health increased, from 5d. to 1/6d. per bottle, the price of Orange Juice, and imposed charges of 1/- per bottle for Cod Liver Oil and 6d. per packet for Vitamin Tablets, these latter two commodities having previously been supplied free to expectant and nursing mothers and children under 5 years of age.

The fall in the distribution of Cod Liver Oil, Vitamin Tablets and Orange Juice during the 3rd and 4th Quarters of the year is obvious from this table. The annual rate of distribution of these commodities at the time of writing this report (Cod Liver Oil—1,178, Vitamin Tablets—1,746, Orange Juice—9,068) can be compared with the table shown above for 1955-1960.

Whilst a more varied and adequate diet is certainly available than was the case when these supplements were first issued during wartime, it has been generally accepted that they have contributed in no small measure to the health of the young children, and it remains to be seen whether the same high standard will be maintained without them.

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 until March, 1961, when an interim agreement was reached locally. By the end of the year it is estimated that approximately 1,300 treatments had been given.

UNMARRIED MOTHERS AND THEIR CHILDREN.

The Superintendent Nursing Officer is now responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified	...	...	27
--	-----	-----	----

Confinements in:—

Mothers' own home	...	...	4
St. Monicas' Maternity Home	...	...	1
Helme Chase Maternity Home	...	...	16
Private Nursing Homes	...	...	1
Coledale Hall, Carlisle	...	...	2
Penrith Maternity Home	...	...	2
City Maternity Hospital, Carlisle	...	...	1
Brettargh Holt Maternity Home	...	...	—
Other addresses	...	...	—

Disposal of Infants:—

Mother keeping baby	...	...	20
Baby in care of grandmother	...	...	2
Adopted	...	...	5

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 75 maternity cases were admitted, five of whom were domiciled in Westmorland.

Sacred Heart Maternity Home, Brettargh Holt, Kendal.

This Home has 40 maternity beds and, during the year, 148 maternity cases were admitted, for one of whom the Westmorland County Council were asked to assume financial liability.

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

CARE OF PREMATURE INFANTS.

The following table gives details of premature infants born to Westmorland mothers during 1961:—

Born in Hospital:

Stillbirths	...	...	...	...	9
Live Births	...	...	...	...	45
Died within 24 hours of birth	...	...	...	...	5
Survived 28 days	...	...	...	...	36

Born at Home:

Stillbirths	...	...	...	...	2
Live Births nursed entirely at home	...	...	...	...	3
Died with 24 hours of birth	...	...	...	...	—
Survived 28 days	...	...	...	...	3
Live Births transferred to Hospital	...	...	...	...	1
Died within 24 hours of birth	...	...	...	...	—
Survived 28 days	...	...	...	...	1

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 33 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 73 sessions to the treatment of mothers and pre-school children. My thanks are due to the County Nursing Staff for their co-operation in this matter.

M. D. McGARRY.

TABLE A.

	Examined.	Requiring Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	54	52	52	47
Children under 5 years	... 209	126	120	119

TABLE B.

	Scaling and Gum Treatment	Fillings	Silver Nitrate	Crown Inlay	Extractions	General Anaesthetic	Denture		X-Ray
Expectant and Nursing Mothers ...	17	107	—	—	113	8	10	12	6
Children under 5 years ...	—	89	59	—	107	32	—	—	—

DOMESTIC HELP SERVICE.

When preparing their proposals under the National Health Service Act the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. Statistical details are shown in Table II on page 61.

The detailed day-to-day administration of this service is carried out by the Superintendent Nursing Officer and her Deputy. The majority of the requests for help are met, although in one or two rural areas difficulty is experienced in recruiting workers, partly due to the fact that only very casual work can be offered. In areas where fairly full time and regular employment can be offered there is much less difficulty in recruitment. The service 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 ...	53
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 ...	5
(d) Brettargh Holt ...	2
(e) Private Practice ...	15

Midwives' Notification Forms received during 1961 were as follows:—

Sending for Medical Aid	...	...	...	62
Stillbirth and death	...	...	...	19
Having laid out a dead body	...	...	...	—
Liability to be a source of infection	...	...	...	2

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 105 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 61 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 1961, 33 such cases were referred of whom 27 were certified as blind and two as partially sighted, and four were found on examination to be neither blind nor partially sighted.

The total number of persons on the Council's register on 31st December, 1961, was 136 blind and 15 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 ...	5	2	—	11
(b) Treatment (medical, surgical or optical) ...	7	2	—	1
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ...	2	2	—	1

Of the persons requiring treatment two have died, one is too frail for treatment and two are 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 mentally disordered persons, under Section 28 of that Act.

The Sub-Committee is now constituted as follows:

Chairman and Vice-Chairman of the Health Committee ...	2
Members of the Health Committee (being members of the County Council) ...	10

Members of the Management Committees of Psychiatric Hospitals	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.

The service appears to be working smoothly and it is particularly pleasing to be able to report that no difficulty has been experienced in securing admission of mentally ill patients to hospital.

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 ...	—	4	4
Lancaster Moor Hospital ...	20	20	40
	—	—	—
	20	24	44
	—	—	—

The shortage of beds for cases of severe subnormality is still acute, but even if a permanent bed cannot be obtained, the co-operation of the Medical Superintendents usually ensures the provision of temporary accommodation where there is a pressing need.

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 had hoped 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, but it now seems unlikely that building will commence until 1963.

AMBULANCE SERVICE.

The Ambulance and Sitting Case Car Service continues 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.
1961	...	...	28,117	9,829	364,959
1960	...	...	25,600	9,172	357,152
1959	...	...	22,758	8,355	314,177
1958	...	...	22,651	8,925	305,182
1957	...	...	19,945	7,317	276,864

It may be noted that mileage, number of patients and number of journeys are again in each case the highest figures yet recorded. The mileage per patient was 12.9 and miles per journey 37.1. The mileage per patient, the lowest yet recorded, reflects the careful allocation of journeys and routing of cars. It is perhaps worthy of note that a saving of one mile per patient, the difference between 1960 and 1961 figures represents a saving of over £1,000.

ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER.

I have to report a quiet year with a slight increase in the number of calls received at Kendal and Ambleside and a slight decrease in those received at Appleby and Kirkby Stephen.

The use of radio two-way communication on the County Police network has continued to be an asset and is saving many miles and much time.

During the year the Service has lost two men who were associated with it since its inception; Dennis Bland of Kendal, who died after a short illness, was one of our keenest volunteers and had given much time to the organisation of that side of the Kendal unit, and C. G. Otway of Ambleside, who for business reasons has had to cease giving day-time cover in Ambleside.

In the latter case, day cover to the Ambleside district is now given by the Kendal unit and this aspect will be adequately tested during the coming year.

There was a welcome addition of two whole-time drivers to the strength at Kendal and this increase will certainly reduce the strain normally imposed each holiday season on the small staff here.

Vehicles.

A Morris/Wadhams Ambulance was purchased during the year and a Bedford bought in 1953 disposed of. The small fleet is in very good condition with the exception of the ambulance at Ambleside, which has now been in commission for 14 years.

Finding a garage for the fourth ambulance at Kendal was again a problem this winter. With the kind co-operation of the management of the Woolpack Hotel it has been possible to put the vehicle under cover each night, but the arrangement is expected to terminate shortly.

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

CALLS

Station	No.	Infectious.	Patients carried	Others.	Total Patients	Patient carrying journeys.	Abortive and Service journeys.	Total journeys.	Mileage.
Kendal	4	35	390	222	2,188	2,012	44	2,056	54,088
Ambleside	1	3	84	2	81	146	7	153	5,212
Appleby	1	3	55	16	137	159	3	162	10,348
Ky. Stephen	1	1	47	12	111	132	7	139	10,332
	7	42	576	252	2,517	2,449	61	2,510	79,980
1960	7	36	536	244	2,527	2,380	86	2,466	82,844
1959	7	40	496	261	2,636	2,437	56	2,493	82,154

Average miles per journey :

	1961	1960	1959
Kendal	26.31	27.07	24.39
Ambleside	34.07	36.09	40.00
Appleby	63.88	68.16	70.00
Kirkby Stephen	74.33	76.76	80.27

On behalf of the Lancashire County Council 67 journeys were carried out with a mileage of 2,111; and for the Lancashire County Welfare Services (in Westmorland) 4 removals with a mileage of 71.

VEHICLES

Depot.	Make.	Year.	Mileage at 31 Dec. 1961.	Condition.
Kendal	Morris	1960	10,678	Very Good
Kendal	Morris	1959	40,353	Very Good
Kendal	Bedford	1954	87,900	Fair
Kendal	Bedford	1953	166,224	Poor
Ambleside	Morris	1948	65,109	Poor
Appleby	Bedford	1958	40,288	Good
Kirkby Stephen	Bedford	1957	54,321	Good
	HEC	420		
	FJM	890		
	CEC	505		
	BEC	672		
	JM	7667		
	FEC	516		
	DJM	727		

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,

(Signed) G. B. Duane,

Ambulance Officer,

EXTRACT

FROM ANNUAL REPORT OF

CHIEF INSPECTOR OF WEIGHTS AND MEASURES

1961

FOOD AND DRUGS ACT

That part of the Food and Drugs Act, 1955, for which the County Council is the Food and Drugs Authority, relates mainly to protection services for the ultimate purchaser. These are designed to prohibit the addition of harmful substances to food offered for sale, and to ensure that the purchaser is unlikely to be prejudiced as to the description under which they are sold. The use of colouring matter, preservatives or other substances used as additives in food is controlled by limitations or standards of composition defined by statutory orders or regulations in respect of certain foods.

This report also deals with duties allied to that part of the Food and Drugs Act for which the County Council is responsible.

A total of 1,197 samples, mainly of milk, were obtained during the period under review. These were dealt with as follows:—

	Year 1961-62.	Year 1960-61.
Milk for preliminary sorting tests by Sampling Officers	617	(267)
Milk for testing under the Milk (Special Designation) Regulations	377	(24)
School milk for the purpose of additional tests..	63	(48)
Milk and other samples for analysis by the Public Analyst	140	(127)

The results of 27 formal and 113 informal samples submitted to the Public Analyst are briefly summarised as:—

Commodity Group.	Satisfactory.	Irregular in some respect.
Cake or pudding, including mixtures and fillings	6	1
Condiments or Pickles	3	—
Curry Powder	1	—
Cream	2	—
Cheese or Cheese Spreads	3	—
Edible Fats or Oils	5	1
Flavouring or Seasoning Materials.. .. .	2	—
Flour or Flour Confectionery	10	2
Fruit or Vegetables	7	2
Fish or Fish Products	1	—
Meat or Meat Products	11	3
Milk or Products made with Milk	23	12
Medicinal Products	13	—
'reserves including Honey	4	—
Soft Drinks, Liquid or Powder	2	3
Spirituuous Liquors	—	1
Sweets or Sugar Confectionery	13	5
Tea or Coffee	3	—
	109	30

One sample was broken in transit to the Public Analyst.

Samples classified as irregular in some respect were found to consist mainly of foods not strictly complying with the description under which they were sold and, in addition to 4 samples of sub-standard but genuine milk, included:—

Butter Sponge Cake	..	containing no butter.
Creamy Fudge	..	with insufficient butter fat to justify the description.
Flour	..	containing insect cocoon webbing.
Grilling Mushrooms	..	half of which were small, hard and not suitable for grilling.
Milk	..	containing (a) broken glass; (b) soil; (c) brush bristle; (d) 6% extraneous water; (e) deficient in fat.
Orangeade	..	with a strong flavour of disinfectant.
Potted Meat	..	containing water to an extent which justified a change of description to meat mould or brawn.
Rum and Butter Toffee	..	with no rum and insufficient butter to justify the description.
Vodka	..	slightly deficient in proof spirit.
Whey Butter	..	with excessive water content.

Legal proceedings were taken in respect of broken glass in milk and the bottler was fined £10. In the remaining instances each trader or manufacturer was warned or advised of the nature of the irregularity.

FOOD LABELLING

Over 8,000 prepacked articles of food were examined for compliance with the labelling requirements, 30 commodities were found to be either incorrectly labelled or not labelled with a true description of the contents or name and address of the packer or labeller. All irregularities were rectified following notification to the responsible person concerned.

MILK (SPECIAL DESIGNATION) REGULATIONS

The Milk (Special Designation) (Specified Areas) Order, 1962, which came into operation on the 26th February, 1962, extends the specified areas (previously limited to the area of the urban districts of Lakes and Windermere), to include the whole of the County as an area in which only specially designated milk may normally be sold by retail. The special designations permitted are for raw milk "Tuberculin Tested" and for heat treated milk "Sterilised," "Pasteurised" and Tuberculin Tested Milk (Pasteurised). Authorisation for the use of such special designation is by licence granted, by the Ministry of Agriculture, Fisheries and Foods, in respect of producers, and by the Food and Drugs Authority in respect of Dealers other than Producers.

A few minor anomalies still remain to be cleared but the manner in which the general change over to actually applying a designation has been carried out is a tribute to the good will of the dairymen concerned. Eighteen licences were issued to Milk Dealers during the year and the number of operative dealers at the 31st March, 1962, was 96. The total number of producers and dealers authorised to bottle or carton milk in the area amounts to about 233.

The conditions of licence include a requirement that the milk shall satisfy a Methylene Blue, or keeping quality, test and that heat treated milk shall satisfy either the Phosphatase test for pasteurised milk or the Turbidity test for Sterilised Milk. Samples procured for this purpose were submitted for examination by the Public Health Laboratory Services and the results are summarised as:—

Type of Milk.	Number of Samples.	Tests Applied					
		Methylene Blue			Phosphatase		
		Pass.	Fail.	Test void.	Pass.	Fail.	Test void.
Pasteurised	16	16	—	—	15	1	—
Tuberculin Tested (Pasteurised)	101	87	10	4	93	3	5
Tuberculin Tested	302	266	31	5	—	—	—
Undesignated	21	17	1	3	—	—	—
	440	386	42	12	108	4	5

Regular inspections were undertaken at the only milk pasteurisation plant in the county. Of 101 samples examined, 3 were found to be slightly under pasteurised.

SCHOOL MILK SAMPLES

Sixty-three samples for statutory and biological examination were taken from consignments of the milk delivered at 56 schools. All samples were negative for Tuberculosis but 3 samples failed to reach the prescribed standard on the Methylene Blue test.

PHARMACY AND POISONS ACT

One of the objects of this Act is to secure to the public reasonable facilities for the supply of poisons for agricultural, horticultural, industrial and sanitary purposes within the limits of control imposed on suppliers.

Poisons may only be sold under prescribed conditions, the more dangerous poisons being sold only by registered pharmacists. Other persons may sell poisons named in Part II of the Poisons List if they have registered with the local authority for that purpose and observe the conditions relating to such sales.

Forms in which such poisons are commonly sold from shops other than chemists shops are household ammonia, paint removers, hair dyes, insecticides, disinfectants, horticultural sprays and seed dressings.

The number of persons listed as sellers of Part II Poisons is 168. Poisons registers kept by listed sellers of nicotine, arsenical, mercurial and certain other poisons, were examined at quarterly intervals and 155 other inspections were made to ensure that each seller is at least familiar with the provisions relating to the poisons in his possession for sale. Eight traders were warned in respect of non-compliance.

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, 1961	...	...	...	12
„	New Cases Seen	...	...	...	62
„	Follow-up Cases Seen	...	...	...	450

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, 1960 and 1961.

	1960			1961		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	48	45	93	32	51	83
Rural District	32	30	62	30	38	68
Grand Total	...	...	155	Grand Total	...	151

TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1961:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	1	—	—	—	—	—
15	1	—	—	—	—	—	—	—
25	2	2	—	1	—	—	—	1
35	3	3	1	2	—	—	—	—
45	3	—	—	1	3	1	—	—
55	4	—	—	—	—	—	—	—
65	4	2	—	—	—	—	—	—
75	2	—	—	—	—	—	—	—
TOTAL	19	7	2	4	3	1	—	1
1960	21	14	3	4	2	1	—	—

In 1961 Westmorland patients were admitted to the following Hospitals:

Meathop Hospital	...	...	9
Beaumont Hospital, Lancaster	...	...	13
Blencathra Sanatorium, near Threlkeld	...	...	3
Longtown Hospital, Carlisle	...	...	2
Heath Charnock Hospital, Chorley	...	...	1
Deepdale Hospital, Preston	...	...	1
Ethel Hedley Hospital, Windermere	...	...	1

TUBERCULOSIS.

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 1961 191 contacts were tested and 124 were vaccinated. This latter 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 school-children 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 the arrangement of a programme of this work so that it does not interfere seriously with other arrangements such as regular clinics, Committee meetings, etc., nor clash with school holidays, functions and examinations, is a matter of the utmost difficulty, and has become increasingly so with the advent of the poliomyelitis vaccination campaign. The cessation of post-vaccination testing and the use of freeze-dried vaccine has gone but a very little way to simplifying the work.

The following table gives details of the work done under the scheme during 1961:—

Number Skin Tested	Found Positive.	Vaccinated.
1322	142	1182

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the test (indicating that they have previously been exposed to infection) since the commencement of the scheme, as shown in the following table:

Year.	Percentage of children. found positive	
1955	...	34
1956	...	25.6
1957	...	27.6
1958	...	20.8
1959	...	14.3
1960	...	15.6
1961	...	10.7

ANNUAL REPORT.

NORTH WESTMORLAND AREA

TUBERCULOSIS AND OTHER CHEST DISEASES.

Introduction.

The volume of work at the chest centre remained at a high level during 1961.

In the East Cumberland Hospital Management Committee area notifications of pulmonary tuberculosis showed a decrease of 14 over the whole area. Whilst this decrease is particularly noticeable in the North Westmorland and Carlisle City areas, the apparent increase in the East Cumberland county area should not give cause for alarm, for as noted in Table 2 the number of new cases of pulmonary tuberculosis discovered during the previous year, for the East Cumberland area was an exceptionally low figure—so exceptional that one almost anticipated that more cases would be discovered in this area during 1961.

In 1960, the number of new cases for the whole area for the first time fell below the hundred mark. The present new figure of 58 new cases for the whole area suggests that the figure for 1962 will be below the 50 mark.

The number of notified cases of tuberculosis under supervision at the chest centre had dropped from 1,450 in early 1960, to 1,413 on the 1st January, 1961. This high figure is undoubtedly an indication of the intensive diagnostic measures carried out during the 1950-1960 decade, and is also an index of the success of our therapeutic measures. Large numbers of these patients are now being removed from the Registers as completely cured and no longer requiring chest centre supervision. During 1961 no less than 140

patient's names were so removed. The number of cases under supervision at the chest centre will undoubtedly be reduced, and at 31-12-61 the total number had been further reduced to 1,288. This decline in the total number will continue, and is most satisfactory. Almost three times as many patients had their names removed from the Register as cured as were detected as new cases during the year.

For the first time the number of new cases of lung cancer during 1961 has exceeded the number of new cases of tuberculosis. Unfortunately, the majority of these cases are beyond the scope of our present regimen of therapy.

The mass radiography units allotted to the Special Area continue to play a vital role in diagnosis. The static unit in Carlisle is particularly valuable, and the high pick-up rate of this unit in both tuberculosis and neoplasm should be noted. Encouraged by these results, we are proposing to employ the mobile unit as a static unit in Whitehaven every Friday in the near future and it is hoped that the general practitioners in this area will find this diagnostic service as valuable as it is here in Carlisle. As most of the cases passing through the static unit are cases under their own general practitioners and are referred by them, the work of such a unit prevents overloading the work at the chest centre.

Tuberculosis.

Table 1 shows the number of notifications throughout England and Wales for 1961 and the preceding five years:—

Table 1

Year.	Pulmonary	Non-pulmonary
1956	31,642	4,173
1957	29,310	3,807
1958	26,595	3,503
1959	21,063	3,855
1960	21,129	2,861
1961	19,087	2,728

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

Table 2

Year.	Carlisle City		Cumberland Eastern Div.		North Westmorland		Totals.	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
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
1961	27	9	25	8	2	1	58	18

Table 3 shows the age and sex distribution of the new cases discovered in the North Westmorland area during 1961, the figures in parenthesis represent the total number discovered in the whole of the East Cumberland Hospital Management Committee area, which also includes Carlisle City and the Eastern Division of the County of Cumberland.

Table 3

	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
Respiratory:									
Males	- (1)	- (1)	- (2)	- (6)	- (6)	- (5)	- (7)	1 (5)	1 (33)
Females	- (1)	- (2)	1 (6)	- (4)	- (3)	- (5)	- (2)	- (2)	1 (25)
Non-Respiratory:									
Males	- (-)	- (-)	- (-)	- (1)	- (1)	- (-)	- (-)	1 (3)	1 (5)
Females	- (-)	- (-)	- (2)	- (2)	- (3)	- (4)	- (1)	- (1)	- (13)

Once again, almost half the new cases in males in the whole area were over 45 and I would again stress the importance of X-Ray examination for males of this age group no matter how trivial their symptoms may be.

Twenty-six names were removed from the Tuberculosis Registers during the year as having died, but none died specifically from pulmonary tuberculosis itself although the disease may have contributed to death in two cases.

Although death from pulmonary tuberculosis is now rare, and there is strong evidence to suggest that the tuberculosis morbidity in the community has markedly declined, tuberculosis is still prevalent. A negative chest X-Ray although ruling out a pulmonary lesion, does not necessarily exclude abdominal tuberculosis. A Mantoux test is usually positive in the presence of tuberculosis disease, but even a Mantoux test can remain negative in the presence of a miliary or abdominal infection.

Table 4 gives the number of pulmonary and non-pulmonary cases on the chest centre register at the end of 1961; these figures relate only to the North Westmorland area but the last column relates to the total number of cases in the three local authority areas.

TABLE No. 4.

Clinic Register as at the end of 1961: North Westmorland

	Respiratory.		Non-Respiratory.		Totals.		Grand Total.	No. on Register for the whole of the East Cumberland area.			
	M.	W.	Ch.	M.	W.	Ch.					
A. (1) No. of notified cases of T.B. on Register, 1-1-61	29	28	4	8	11	2	37	39	6	82(77)	1413(1450)
(2) Transfers in from other areas during the year	1	—	—	—	—	—	1	—	—	1 (6)	24 (42)
(3) Cases lost sight of which re- turned during the year	—	—	—	—	—	—	—	—	—	— (2)	1 (6)
B. No. of cases diagnosed as T.B. during the year:—											
T.B. minus	1	1	—	—	—	—	1	1	—	2 (4)	48 (61)
T.B. plus	—	—	—	1	—	—	1	—	—	1 (5)	28 (31)
Totals of A and B	31	29	4	9	11	2	40	40	6	86(94)	1514(1590)
C. No. of cases in A and B written off Register during the year:—											
(1) Recovered	1	3	—	3	2	1	4	5	1	10 (6)	148 (71)
(2) Died (all causes)	1	1	—	—	—	—	1	1	—	2 (2)	26 (35)
(3) Removed to other areas	2	3	—	1	—	—	3	3	—	6 (4)	44 (63)
(4) Other reasons	—	1	—	—	—	—	—	1	—	1 (—)	8 (8)
	4	8	—	4	2	1	8	10	1	19(12)	226 (177)
D. No. of notified cases of T.B. on Register on 31-12-61	27	21	4	6	9	—	33	30	4	67(82)	1288(1413)

It is re-assuring to note that the problem of drug resistance in this area is not significant, the four cases shown in Table 5 are the same four cases shown in Table 7 in 1960. In general the problem of resistance reflects the standard of our therapeutic measures. As far as primary resistance is concerned in untreated patients, no patient during 1961 was found to be resistant to even one of the anti-tuberculous drugs.

Table 5

	At Home.												Total
	In Hospital.			Still positive.			Formerly pos., neg.						
							at end of 1961.			Negative.			
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
No. of active cases	23	5	3	3	1	—	18	13	—	18	30	—	114
No. of quiescent cases	—	—	—	—	—	—	—	—	—	551	569	58	1178
No. of resistant cases	—	—	—	3	1	—	—	—	—	—	—	—	4

Chemotherapy in pulmonary tuberculosis gives excellent results, providing that the correct drug combinations are used and that the patients take these drugs as prescribed. All patients who initially have a positive discharge should be treated in hospital until conversion has been obtained.

The administration of steroids with anti-tuberculosis drugs can be valuable in certain cases, but such combined therapy requires considerable deliberation before being embarked on; there should, for example, be no evidence to suggest that the tubercle bacilli concerned are not still sensitive to the anti-tuberculosis drugs used, otherwise steroid therapy might cause spread of the tuberculous disease.

There has been no alteration in our regimen of treatment since the last report for 1960. Chemotherapy intensively applied has so reduced mortality and incidence rates that eradication of the disease can now be regarded as feasible. Certain problems, however, remain, the biggest is probably the incidence of not only tuberculosis but chest disease as a whole in elderly men over the age of 45.

In this area we have not previously had the problem of immigrants increasing the incidence of the disease in the area. During the past year no less than six immigrants have been found to be suffering from pulmonary tuberculosis—two Chinese, two Portugese, one Pakistani and one Italian. To make matters worse 5 of these immigrants worked in hotels and catering establishments. None had had an X-Ray prior to entering this country. It seems all wrong to me that whereas anyone from the Special Area desiring to emigrate to U.S.A. or Canada must have a clear X-Ray prior to embarkation, immigrants should be allowed into Great Britain without any such safeguard. All of these patients have required intensive hospital and chemotherapy

treatment. The risk to the general public in allowing anyone into this country without a clear X-Ray check is a big one.

In all six cases the usual intensive contact examinations were required entailing considerable chest physician time, etc. Matters were made worse by the fact that one of the immigrants took up duty at a factory a few days after we had carried out our annual mass radiography survey of this factory. His diagnosis some weeks later, when he fell ill, necessitated a second similar survey being carried out, involving considerable effort and expenditure, not only to the chest service but to the factory concerned.

Further, to have six immigrants in a total new case incidence of 58 for the year is too big a percentage.

All immigrants into this country should obviously have adequate X-Ray examination before entry so that our efforts in eradicating the disease here should not be halted, and the intended legislation to this effect is to be welcomed.

Contact work has been continued as in previous years, and Table 6 shows the number of new contact examinations at the chest centre and the number of these contacts who have been notified as suffering from active tuberculosis disease for the past five years.

TABLE 6.

Year	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.
1956 ...	1180	920	180	4	4	—
1957 ...	1522	1126	112	9	5	—
1958 ...	1277	986	187	11	3	—
1959 ...	1474	1152	103	4	6	—
1960 ...	1115	906	166	6	—	3
1961 ...	942	898	118	2	4	—

Table 7 shows the number of contacts and hospital staff who have been vaccinated with B.C.G. vaccine over the same period. Most of the adult contact examinations over the age of 15 continue to be carried out on the mass radiography unit, thus relieving pressure at the chest centre.

TABLE 7.

Year.	East Cumberland		Carlisle City		North Westmorland		Hospital staff	
	M.	F.	M.	F.	M.	F.	M.	F.
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
1961 ...	59	76	80	75	7	5	6	37

We have continued, in co-operation with the City of Carlisle, to investigate those primary school children, aged 6, who are found to have a

positive Mantoux test on school entry. Whilst no case of active tuberculous disease has been found in these children, one further case of tuberculosis has been found as a result of this survey. The difficulty in tracing the source of infection in such children must be emphasised, and to get only one new case of tubercle as a result seems at first sight wasteful energy. However, we must continue to make use of all methods to discover unknown sources of infection.

Table 8 shows the number of such Mantoux positive six-year olds referred from the City of Carlisle since we started this scheme, and the number of new cases each year resulting from this investigation. This table is inserted as it appears to me to be quite a valuable method of ascertainment.

Table 8

Year	No. of children Mantoux tested	No. of such children found to have a positive Mantoux test	No. of NEW cases of active tubercle discovered after investigation of Mantoux positive children and families
1954	263	13	4
1955	824	35	1
1956	641	25	—
1957	701	26	1
1958	583	16	2
1959	609	15	2
1960	592	28	2
1961	688	11	1

The number of beds in the East Cumberland area available for the treatment of chest cases are:—

Ward 18, Cumberland Infirmary, Carlisle	...	...	...	14
Longtown Chest Unit	...	...	...	26
Blencathra Hospital	...	...	...	25

Rehabilitation panels continue to be held monthly in respect of all patients who attend at the chest centre.

Cancer of the Lung.

Table 9 shows the number of new cases of lung cancer seen at the chest centre during the past seven years:—

Table 9

Year.	Carlisle City.	Cumberland East Div.	North Westmorland.	Total.
1955	8	12	1	21
1956	16	11	2	29
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64

Of the total number of new cases seen for the whole area in 1961 only nine were females. Unfortunately, comparatively few patients were found after investigation to be fit for radical surgery. Until new and more effective therapy is available we must continue to concentrate on securing earlier diagnosis in these cases.

Just as in tuberculosis, there is no symptom characteristic of early lung cancer. A man may have had bronchitis for several winters but when his cough suddenly becomes more severe and his sputum more purulent and probably tinged with blood, then obviously some factor other than bronchitis is present. Likewise, chest pain of unexplained origin and a change in the cough habit itself persisting for more than two or three weeks in persons over 45 should create suspicion. Haemoptysis is a symptom common to many chest diseases; bronchiectasis is more liable to cause profuse bleeding than probably any other chest condition. Stained sputum, however, particularly in men over 45, is likelier to be due to lung cancer than to anything else.

In most cases there are no distinctive physical signs, and indeed, in a recent survey elsewhere, over 50% of the cases of lung cancer had no definite physical signs at all. Routine X-Ray examination will give a diagnosis in most cases, but, in some, added measures such as tomography and bronchography will be necessary to secure a diagnosis.

The origin of lung cancer remains obscure despite wide and extensive research. More adequate knowledge of the pathology and physiology of cancer is required before prevention can be achieved. Certain agents are freely associated with an increased incidence of the disease such as radioactive material, nickel, and asbestos; less generally accepted agents are tobacco smoke and certain petroleum derivatives. There is much circumstantial evidence associated with the latter in the incidence of lung cancer. Most of the cases of lung cancer coming to our notice in Carlisle are heavy cigarette smokers, but there is a small percentage who are non-smokers.

Periodic X-Ray examination, therefore, is still the only possible way of obtaining early detection of lung cancer, but even with this there is no guarantee that all of the so-called early cases will be found amenable to surgery. Indeed, as pointed out in previous reports, therapy in cancer is still most inadequate. All one can say at present is that any patient, particularly men over 45, who present with such symptoms as cough, stained sputum, and chest pain should be investigated, and that all men of this age group should have a yearly examination.

Sarcoidosis.

There are now 43 cases of pulmonary sarcoidosis under supervision at the chest centre. This is more often a disease of the young adult rather than one of the younger or older age groups. Many cases are first discovered on routine mass radiography examination, and many do not require any therapy. Indeed, the prognosis in most cases so discovered is excellent.

Only very few cases, those with extensive lung parenchymatous changes, or with a considerable degree of mediastinal glandular enlargement, or both, require therapy. Only a small proportion of these cases require in-patient treatment in hospital, and the results of therapy are in general excellent.

Bronchiectasis.

Table 10 shows the number of cases of bronchiectasis on the register at the chest centre and attending for physiotherapy and medical supervision. The number of new cases coming to our notice still remains at a high level. Most of the new cases, however, are in the older age groups, and there are fewer cases in younger people. This is satisfactory in that the presence of bronchiectasis in the younger persons would naturally infer that adequate antibiotic therapy had not been given in previous infections.

Table 10

				City of Carlisle.	Cumberland East Div.	North Westmorland.	Total.
No. of cases of bronchiectasis on Register at 1-1-62				160	139	23	322
New cases diagnosed in:							
1961	...	...	...	19	17	1	37
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

Bronchitis, Asthma and Emphysema.

Chronic bronchitis continues to be the chief cause of morbidity and unemployment in this area. Full use continues to be made of the physiotherapist, and as the number of these cases are considerable much work is entailed in their supervision and control of treatment.

Every effort is made to treat bronchospasm of whatever cause. Respiratory irritants such as tobacco smoke should be avoided in cases of bronchitis, even though such restrictions are unwelcome to the patients.

Chronic cough whatever the cause is to be controlled; although the severe asthmatic attack probably does most damage in producing early emphysematous changes, milder bronchospasm with which the patients learn to live in relative comfort can also produce trauma. This is where physiotherapy is of value. The exercises are generally individualised, and each exercise mastered before a new one is added; all respiratory distress is avoided during physiotherapy, and naturally progress in many cases is relatively slow. Many cases do present with considerable emphysema and the treatment of these

cases is largely medical. The recent decline in the need for surgery in tuberculosis, however, has enabled the thoracic surgeons to pay more attention to the treatment of localised emphysematous bullae. The small number of cases done in this area already have resulted in unexpectedly gratifying results.

It is very difficult in a disease such as emphysema, with the patient already breathless, to decide to refer a case to the thoracic surgeon. Until now, the decision to refer has been based on the radiological appearances plus simple vital capacity measurements. In future, however, greater emphasis will obviously be placed on the investigation of such patients in a regional physiological laboratory. Ultimately, one hopes that with increased knowledge becoming available as the results of such tests, simpler apparatus will be available for use in out-patient departments so that more rational therapy can be instituted and supervised.

MASS RADIOGRAPHY UNIT.

ANNUAL REPORT, 1961.

(NOTE:—Figures given in brackets throughout the report relate to the corresponding figures for 1960).

Both the Static and Mobile Units were fully operational throughout the twelve months of 1961. Early in 1962 both units were converted from 35 m.m to 100 m.m. X-Ray sets. The standard of the films as a result of the conversion has been greatly improved. Figures shown in the present report which refer to the number of persons referred for further X-Ray films will be omitted in future as it is unnecessary with the 100 mm. film. During 1961 both units operated satisfactorily with unqualified radiographer staff and the quality of the films produced showed no deterioration.

Groups Examined.

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 60 occasions. 1,113 (1,627) contact cases were X-Rayed, 516 from the East Cumberland area and 597 from West Cumberland.

Results.

35,807 (38,746) persons were examined by the Units during the year.

Number recalled for full sized X-Ray ... film	2,230 ... 6.23% (2,330 ... 6.01%)	of total examined
Number referred for clinical examin- ... ation	439 ... 1.23% (415 ... 1.07%)	of total examined
Number failing to attend for full ... sized film	81 ... 3.63% (96 ... 4.12%)	of those recalled

Table 1 shows the number of abnormalities revealed during 1961 throughout the whole of the Special Area.

TABLE 1.

Abnormalities Revealed.	No. of cases found.		Percentage of total examined.	
(1) Non-tuberculous conditions :				
(a) Bronchiectasis ...	33	(28)	.09	(.07)
(b) Pneumoconiosis ...	46	(54)	.13	(.14)
(c) Neoplasm ...	29	(26)	.08	(.07)
(d) Cardiovascular conditions	168	(140)	.47	(.36)
(e) Miscellaneous requiring investigation ...	36	(37)	.10	(.10)
(2) Pulmonary Tuberculosis :				
(a) Active ...	31	(39)	.09	(.10)
(b) Inactive requiring super-vision ...	31	(32)	.09	(.08)
(c) Active (previously known) ...	2	(—)	.006	(—)

TABLE 2

	1954	1955	1956	1957	1958	1959	1960	1961
No. of cases of neoplasm seen at Chest Centre ...	16	21	29	38	59	59	54	64
No. discovered by M.M.R. ...	6	10	8	7	10	13	19	24

Comments.

The future use of mass radiography in general is still uncertain. It was recently estimated that there were still 50,000 undiagnosed cases of pulmonary tuberculosis in persons over the age of 15 years in England and Wales. The same report showed that 10% of the cases of lung cancer throughout the country were diagnosed with the help of mass radiography units but in just over half of these, the cases were referred by medical practitioners to static units. Both diseases when discovered by mass radiography are more often found in persons who have not had a previous chest X-Ray examination.

This is borne out in our own figures here in Carlisle. The high pick-up rate both in tuberculosis and lung cancer in the Static Unit is to be specially noted. For the first time in the East Cumberland area the number of new cases of neoplasm discovered has exceeded the number of new cases of pulmonary tuberculosis discovered. Of the new cases of pulmonary tuberculosis discovered far too high a proportion are still found to have extensive disease and a positive sputum.

Of other diseases discovered by mass radiography, more of these are undoubtedly discovered amongst cases referred to a static unit by general practitioners than amongst those examined at routine surveys by the mobile unit, e.g., the vast majority of inflammatory lesions discovered came to the Static Unit. There is a steady pick-up rate in bronchiectasis and cardiac conditions throughout the whole area. Most of the cases of pneumoconiosis are naturally discovered in the western area.

We should, therefore, as far as possible, continue to concentrate on those members of the general public who have so far not had a chest x-ray. With this object in view we propose to carry out further street by street surveys in selected areas each year. During 1962 such a survey will be carried out in the City of Carlisle and another in Whitehaven. In view of the excellent results from the Static Unit we also propose to use the Mobile Unit as a Static Unit in Whitehaven to operate every Friday from the 4th May, 1962. In addition we are increasing the number of sessions at the Static Unit in Carlisle from two sessions a week to six sessions a week, the latter to include one evening session.

We shall also continue to try to secure the passage through the Unit of all those people whose work involves contact with large numbers of fellow workers. The male population over the age of 45 remains as before the population group at greatest risk and we feel that street by street sessions

will be advantageous where these older age groups are concerned. The recent discovery of five cases of active tuberculosis in immigrants in the East Cumberland area who were all employed in the catering industry and the high incidence over the past ten years of tuberculosis in this industry points to an occupational group which appears to necessitate closer mass radiography supervision than the general public.

There is no doubt that mass radiography still plays a very vital role in discovering a significant number of new cases of both pulmonary tuberculosis and cancer of the lung and we have not yet reached the stage when some economy in our efforts can be made. It is hoped that the provision of further static mass radiography facilities at both Carlisle and Whitehaven will be found helpful to the general practitioners in the area.

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.

It gives me great pleasure to acknowledge the great help and co-operation we have received from the general practitioners in the East Cumberland area. They have taken full advantage of the sessions of the Static Unit with considerable benefit to the patients concerned.

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 at 1st January, 1961	141	76	17	234	4	4	4	12
B. Children transferred to adults during the year ...	1	—	—	1	—	1	—	1
C. No. of notified cases added:								
Not Bacteriologically confirmed :								
Group I ...	—	1	—	1	}	—	1	1
Group II ...	1	—	—	1				
Group III ...	1	1	—	2				
Bacteriologically confirmed :								
Group I ...	—	—	—	—	}	—	1	1
Group II ...	5	2	—	7				
Group III ...	4	1	—	5				
D. Transfers in during the year	9	1	—	10	—	—	—	—
Totals of A, B, C and D ...	162	82	17	261	4	6	5	15
E. No. of notified cases removed during year :								
(a) Recovered ...	40	18	3	61	—	1	—	1
(b) Died (all causes) ...	4	1	—	5	—	—	—	—
(c) Transfers out ...	6	3	—	9	—	—	—	—
(d) Others ...	3	—	2	5	—	—	—	—
F. Children transferred to adults during the year ...	—	—	1	1	—	—	1	1
Totals of E and F ...	53	22	6	81	—	1	1	2
G. Total remaining of Clinic Register at 31st December, 1961 ...	109	60	11	180	4	5	4	13

Groups I, II and III, in section C indicates the extent of the pulmonary disease—Group III being the most extensive.

There has been, during 1961, a reduction of 21% in the number of patients on the Register. This is the result of a review of long standing cases and does not indicate any sudden change in the incidence of the disease. Sixteen new pulmonary cases were discovered during the year, seven of these being picked up by Mass Radiography. Two new non-respiratory cases were notified, an adult with recrudescant cervical adenitis and a child with meningitis. This child is a token of the effectiveness of modern chemotherapy when it is appreciated that, suffering from a previously fatal disease, she survived many weeks of semi-consciousness to pass her eleven plus examination within the year. There has fortunately been no increase in the number of cases presenting with drug resistant organisms but they constitute about 15% of new cases and have a worse prognosis than drug-sensitive patients.

CHEST CLINIC.

			1959.		1960.		1961.
New Cases	...	...	337	...	232	...	489
New Contacts	...	...	107	...	94	...	198
B.C.G. Vaccination		...	53	...	52	...	124
Total Attendances		...	1,481	...	1,004	...	1,232
Visits by T.B. Health Visitor			1,009	...	865	...	996

The number of attendances rose again this year. This was partly due to the survey carried out by the No. 5 Mass Radiography Unit of the Manchester Regional Hospital Board, which was the most successful campaign carried out in this area. Our thanks are due to Dr. J. Capper and his Staff for their energy and enterprise in X-Raying 11,206 persons in Kendal and South Westmorland. Thirteen cases requiring close clinic supervision or treatment were picked up and of these seven have been notified and treated. Two others moved to their home areas for supervision. The remainder are under close supervision. It is hoped that these surveys will be repeated for, although the return is likely to be a diminishing one, it has produced almost half of the new cases found this year. There is no need for a static Mass Radiography Unit in this area as the open radiographic services provided for practitioners at the County Hospital is quite adequate providing staff shortage becomes no more serious. Practitioners must be encouraged to send for X-Ray before he returns to work, any man of middle age or over who has recovered from anything more than an attack of bronchitis. The load on the X-Ray department would be increased but the greater yield of "early" carcinomas would be worth it.

Of the nine new patients with carcinoma of the bronchus found during the year, only four were sufficiently early to justify operation. Of these four, three were found on the Mass X-Ray Survey. These numbers are too small to translate into statistics but they are reasonably representative of findings throughout the country and should be a spur to the principle of early X-Ray. The dangers of radiation which have received such prominence in the press should never discourage the most liberal use of chest X-Ray facilities.

Bronchitis and its associated maladies formed the major part of the clinic attendances apart from the follow up of tuberculosis patients and examination of contacts. The latter is time consuming work for the Health Visitor but results in discovering some active tuberculosis. An increasing amount of time has to be devoted by her to supervision of domiciliary treatment which in most cases involves Streptomycin injections. The co-operation of the District Nurses here has been exceptionally good and I wish to express my appreciation of the trouble to which they go in order that the daily treatment shall be regularly given, particularly when the patient lives in a remote farmhouse.

HOSPITALS.

Beaumont Hospital continues to be the main centre for treatment of acute chest illness in males and for all female patients. The male beds at Meathop are used for cases of tuberculosis or less acute non-tuberculosis illness. Throughout the year an average of eleven tuberculosis and four non-tuberculosis beds were occupied, but the latter are more liable to seasonal fluctuation and ten beds were occupied in January. The latest information would suggest that the Hospital will not be closed until after 1971 which is encouraging.

I again wish to thank Dr. Guy and his Staff for their continued help and co-operation throughout the year.

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

NO. 5 MASS RADIOGRAPHY UNIT.

REPORT ON THE MASS RADIOGRAPHY SURVEY CARRIED OUT IN KENDAL AND SOUTH WESTMORLAND.

SURVEYS NO. 2 AND 3—17-4-1961—23-6-1961.

Response.

This Survey was the fourth visit to Kendal and South Westmorland and 11,206 persons were X-Rayed. The previous survey was in 1957 when 10,280 persons were examined.

During this current survey, the unit did not X-Ray children below the age of 15 and consequently a group of over 2,000 were not available to the

unit. However, this loss was more than offset by an increase in the general public response from 2,500 to 6,100 in the present survey.

Villages not previously visited were brought into this present survey, such as Grasmere, Burton-in-Kendal, Arnside and Holme and no doubt they helped in the increase in the general public response. Also, during this survey the unit visited both Windermere and Bowness. In the past, this district has been covered from a site mid-way between the two centres. We are grateful to the Windermere Urban District Council for the loan of a room in the Public Library in Windermere. This resulted in the general public response being increased by over 200 from this district.

Medical Director's Comments.

Table 2.

13 cases of Active Tuberculosis, representing 1.2 per thousand were discovered. Amongst men 10 cases were found, representing 1.8 per thousand as compared with 0.97 per thousand in 1957—a high rate for a rural area.

4 cases of Malignant Neoplasms were found, representing a combined rate of 0.4 per thousand, but for men only, a rate of 0.6 per thousand.

Table 3.

It will be seen that 6 cases of Active Tuberculosis were found among the factories and offices group and 7 cases among the general public group, as compared with 4 cases in the factories and offices group and 5 cases among the general public group in 1957. The number of cases have therefore been increased in both groups during this survey.

We are grateful to Dr. J. A. Guy, the County Medical Officer of Health and his staff at the County Health Department, also to Dr. F. T. Madge, the Medical Officer of Health to the South Westmorland Rural District Council, and his staff, and to Dr. R. D. Young, the Consultant Chest Physician.

J. CAPPER
Medical Director.

J. AINSWORTH
Organising Secretary,

TABLE 1. ANALYSIS OF PERSONS EXAMINED

TYPE OF EXAMINEE (G.R.O. Coding)	MALES											FEMALES											GRAND TOTAL
	Under 14	14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 65	65 & over	Total	Under 14	14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 64	65 & over	Total	
Out-patients and In- patients of Hospi- tals (excluding Mental Hospitals) (0)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Army Intakes ..(1)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Practitioner Referrals ..(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School Children ..(3)	—	—	240	—	—	—	—	—	—	—	240	—	—	386	—	—	—	—	—	—	—	—	386
Contacts(4)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Special Surveys ..(5)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Factories/Offices ..(6)	—	—	230	260	710	650	460	124	113	20	2567	—	—	349	330	290	250	340	100	30	10	1699	4266
Inmates of Prisons, etc.(6X)	—	—	—	60	64	42	—	—	—	—	166	—	—	—	—	—	—	—	—	—	—	—	166
General Public Vol- unteers(7)	—	—	220	220	460	470	520	120	170	180	2360	—	—	280	274	830	870	740	200	194	400	3788	6148
Ante-natal patients (8)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental and Mental Deficiency Hospi- tals—Patients and Staff(9)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	—	—	690	540	1234	1162	980	244	283	200	5333	—	—	1015	604	1120	1120	1080	300	224	410	5873	11,206

N.B. These figures represent a 10% sample of the number of persons X-rayed.

TABLE III.—TYPES OF EXAMINEES SUFFERING FROM RESPIRATORY TUBERCULOSIS REQUIRING TREATMENT (Code O)

TYPE OF EXAMINEE (G.R.O. Coding)	MALES										FEMALES								GRAND TOTAL				
	Under 14	14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 64	65 & over	Total	Under 14	14	15- 19	20- 24	25- 34	35- 44	45- 54		55- 59	60- 64	65 & over	Total
Out-patients and In- patients of Hospi- tals (excluding Mental Hospitals)(0)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Army Intakes ..(1)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Practitioner Referrals ..(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School Children ..(3)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Contacts(4)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Special Surveys ..(5)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Factories/Offices ..(6)	—	—	—	1	2	—	—	1	2	—	6	—	—	—	—	—	—	—	—	—	—	—	6
Inmates of Prisons, etc.(6X)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Public Vol- unteers(7)	—	—	—	1	—	—	3	—	—	—	4	—	—	—	—	2	—	—	—	1	—	3	7
Ante-natal patients (8)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental and Mental Deficiency Hospi- tals—Patients and Staff(9)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	—	—	—	2	2	—	3	1	2	—	10	—	—	—	—	2	—	—	—	1	—	3	13

MILK SUPPLIES.

The Milk and Dairies (Food and Drugs) Act, 1944, which came into operation on 1st October, 1949, and the Regulations made there-under 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, and as this report was in preparation a further Order extending this control to the rest of the County was made.

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, 1961, are as follows:—

Centre.	Syphilis.	Soft Chancre.	Gonorrhœa.	Non- Venereal and undiagnosed conditions.	Total number of cases.
Carlisle	...	—	—	2	2
Kendal	...	—	3	11	14
Lancaster	...	—	2	2	4
	...	—	—	—	—
Total	...	—	5	15	20
	...	—	—	—	—

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	11.0	88	80
Post-natal	...	—	—	—	391

TABLE II.
DOMESTIC HELPS.

(a) Number of Domestic Helps employed at 31st December, 1961:—					
(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	...	...	...	...	32
(2) Tuberculosis	...	...	...	...	—
(3) Chronic sick, including aged and infirm	...	...	...	...	274
(4) Others	...	...	...	...	56

TABLE III.
HOME NURSING.

	Medical.	Surgical.	Infections Diseases.	Tuber- culosis.	Maternal Compli- cations.	Others.	Totals.
No. of cases attended during year	...	2,309	633	130	18	31	N/A 3,121
No. of visits paid during year	...	55,352	9,024	413	1,442	118	2,021 68,370

TABLE IV

INFANT WELFARE CENTRES

No. of Sessions provided	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
		1961	1960	1959-56		Under 1 year	1-2 years	2-5 years	
13	21	264	240	326	1,151	2,783	799	939	4,521

TABLE V

HEALTH VISITING

No. of children under 5 yrs. visited	Expectant mothers		Children under 1 yr. of age		Children 1-2 yrs.	Children 2-5 yrs.	Tuberculous households	Other cases	Total households visited	Visits to tuberculous households by T.B. visitors
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
4,998	—	—	1,006	10,699	4,841	7,949	1,291	5,857	4,958	Nil.

In addition, 1,768 visits were made where the Health Visitor failed to make contact with the person sought.

TABLE VI

MIDWIVES' ACT, 1951: RETURN OF LOCAL SUPERVISING AUTHORITY

1. Maternity Cases Attended

(1)	No. of deliveries in the area attended by Midwives during the period:						Cases in Institu- tions
	Domiciliary Cases						
	Doctor not booked		Doctor booked		Totals		
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery			
Midwives employed by:							
(a) the Authority	3	3	59	79	144	—	
(b) Voluntary Organisations ..	—	—	—	—	—	166	
(c) Hospital Management Committees	—	—	—	—	—	683	
Midwives in private practice ..	—	—	—	—	—	—	
Totals	3	3	59	79	144	849	

No. of cases delivered in Institutions but attended by domiciliary midwives after discharge therefrom before the tenth day 466

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	...	...	...	25
(ii) Other cases	...	...	...	—
		Total	...	25
(b) For cases in Institutions	...	...	...	37

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	...	...	...	60
(ii) when doctor was present	...	...	...	45
				— 105
(d) Number of cases in which pethidine was administered in domiciliary practice:—				
(i) when doctor was not present	...	...	...	37
(ii) when doctor was present	...	...	...	24
				— 61

TABLE VII

AMBULANCE SERVICES.

(1)	No. of Vehicles at 31-12-61	Total No. of patients.	Total No. of Journeys.	No. of emergency patients included in col. (3)	Total mileage during period.
(2)	(3)	(4)	(5)	(6)	
Ambulances	7	3,387	2,510	576	79,980
Cars	See below*	28,117	9,829	289	364,959

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

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1961

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 ..	—	—	—	—	—	—	—	—	—	—	—	19	9	—	—	—	—
1-2 Years	—	2	—	—	—	—	—	—	—	—	—	274	14	1	—	—	—
3-4 Years	—	2	—	—	—	—	—	—	1	—	—	331	19	—	—	1	—
5-9 Years	—	16	—	—	1	—	—	—	1	—	—	822	54	—	—	—	—
10-14 „ ..	—	3	—	—	1	—	—	—	1	—	—	198	18	—	—	—	—
15-24 „ ..	—	—	—	—	3	—	—	—	2	2	—	46	1	—	—	—	—
25 years and over	—	—	—	2	34	—	—	—	5	—	—	5	—	—	—	—	—
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	23	—	2	39	—	—	—	10	2	—	1695	115	1	—	1	—
Cases admitted to Hospital ..	—	—	—	—	1	—	—	—	—	—	—	1	1	1	—	1	—
Total Deaths ..	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—

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

NOTIFIABLE DISEASES, 1961

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomye- litis non-Paralytic	Acute Poliomye- litis Paralytic	Acute Polio- encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infect. Encephalitis	Typhoid Fever
Appleby ..	—	1	—	—	—	—	2	—	—	—	—	—	—	6	11	—	—	—	—
Kendal ..	—	4	—	—	12	3	6	—	—	—	4	2	—	628	22	1	—	—	—
Lakes ..	—	—	—	—	2	—	—	—	—	—	—	—	—	41	4	—	—	—	—
Windermere ..	—	—	—	—	1	1	—	—	—	—	—	—	—	115	—	—	—	—	—
N. Westmorland	—	15	—	1	2	—	2	—	—	—	3	—	—	58	33	—	—	1	—
S. Westmorland	—	3	—	1	9	2	29	—	—	—	3	—	—	847	45	—	—	—	—
Totals 1961 ..	—	23	—	2	26	6	39	—	—	—	10	2	—	1695	115	1	—	1	—
Totals 1960 ..	—	23	—	4	35	7	1	—	—	—	2	4	—	523	55	—	22	—	—

