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Westmorland County Council

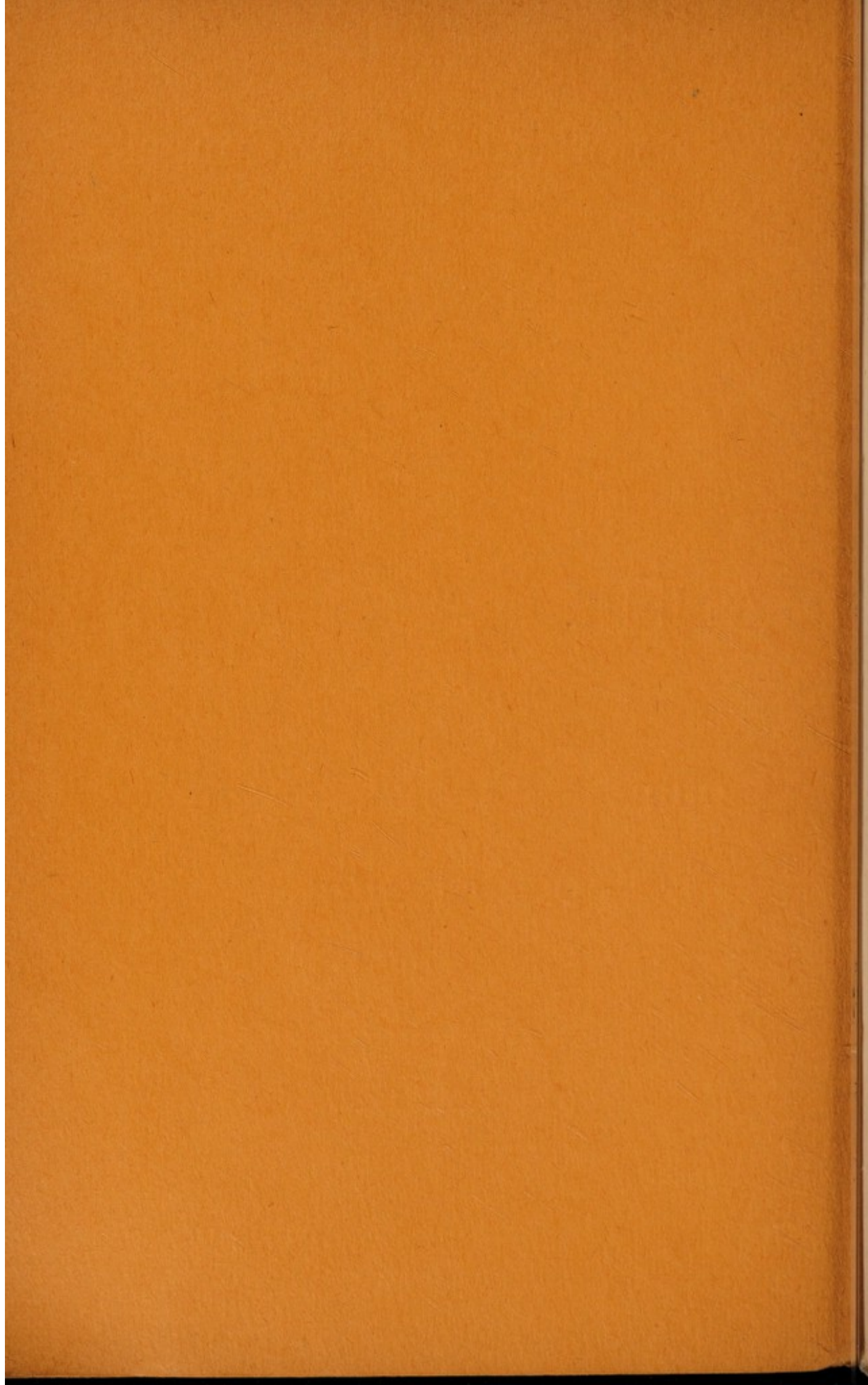


ANNUAL REPORT

OF THE

County Medical Officer
of Health.

THE YEAR 1929.



Westmorland County Council



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County of Westmorland.

Public Health and Housing Committee of the County Council

Chairman: MR. J. W. CROPPER.

Messrs. LORD HENRY BENTINCK.

DR. J. L. COCHRANE.

J. CROSBY,

R. W. DENT,

T. E. ETHELLES,

H. L. GROVES,

F. W. HARRISON,

R. W. HAYES,

W. HEWERTSON,

REV. W. KING,

R. W. LAMBERT,

W. MASON.

S. A. MOOR,

J. PARKIN,

G. H. PATTINSON,

G. N. PATTINSON,

H. A. T. SHEPHERD,

W. STALKER,

G. E. THOMPSON.

E. W. WAKEFIELD.

W. H. WALLACE.

C. S. WEBB.

District Medical Officer of Health.

Name.			Urban District.
W. BARON COCKILL, M.D., D.P.H.		...	AMBLESIDE.
"	"	"	... APPLEBY.
"	"	"	... GRASMERE.
"	"	"	... KENDAL.
"	"	"	... KIRKBY LONSDALE.
"	"	"	... SHAP.
"	"	"	... WINDERMERE.
			* Rural District.
"	"	"	... EAST
			WESTMORLAND.
"	"	"	... SOUTH
			WESTMORLAND.
"	"	"	... WEST WARD.

To the Chairman and Members of the Public Health and Housing Committee.

Gentlemen,

I have the honour to present the following Annual Report on the Health of the Administrative County of Westmorland during the year ended 31st December, 1929.

LOCAL GOVERNMENT ACT, 1929.

The outstanding feature of the year under review has been the consideration of, and the preparation for, the Public Health requirements of this far-reaching Act.

This measure involves a wholesale transfer of functions from one Authority to another and entrusts the Councils of Counties and County Boroughs with additional and very extensive duties and responsibilities, not only as regards roads and town-planning, rating and valuation, but as regards public health.

By this Act "as from the appointed day all then existing poor law authorities shall cease to exist." This means that the many diverse health activities administered by poor law authorities now pass into the hands of the Councils of Counties and County Boroughs, and this step is in line with modern ideas of co-ordination and unity of command.

How came it that poor law authorities administered health measures and established and maintained hospitals, etc.?

The answer lies in the fact that the Guardians being practical people long ago realised that while "health is the Nation's greatest asset, disease is its greatest liability." Ill-health and disablement are excessively costly—thus the Guardians, whose duty it was to vote financial succour to the destitute, had perforce to concern themselves with destitution's chief cause, namely disease.

To your Council has now been transferred the following administrative duties:—

1. *Infant life protection and vaccination.*

Sec. 2. "As from the appointed day the following provisions shall have effect with respect to functions relating to infant life protection and vaccination formerly discharged by the poor law authorities.

- (a) functions under Part I of the Children Act, 1908, shall be discharged by the councils of counties and county boroughs as functions under the Maternity and Child Welfare Act, 1918, except that where the council of

a district have established a maternity and child welfare committee, the said functions shall, in that district, be discharged by the council of the district, and not by the county council.

- (b) functions relating to vaccination shall be discharged by the councils of counties and county boroughs as functions relating to public health.

2. *Provisions as to alternative powers of giving assistance.*

This wise proviso (Sec. 5 (1)) prevents overlapping. The Public Assistance Officer and I have conferred on this point so that he may be informed of the assistance given (as approved by your committee) to persons by virtue of the Maternity and Child Welfare Act, 1918, the Blind Persons Act, 1920, and the Public Health (Tuberculosis) Act, 1921, etc.

3. *Hospitals.*

In several very important sections the duty is placed on county councils to make a comprehensive survey of every type of existing hospital, voluntary or otherwise, in their area, so that by consultation with the governors of such voluntary hospitals and their medical and surgical staffs there may result the best possible use of every existing hospital. Your Committee and the Governors and Staff of the County Hospital, Kendal, might well confer upon the increasing number of patients injured in motor accidents admitted to this hospital both by night and day, thus causing a shortage of beds for local patients.

4. *Registration of Births, Deaths and Marriages.*

Part II of the Act deals with this in Sec. 21 (1). It is enacted that :—" On the appointed day the function of boards of guardians under the Registration Acts in relation to a registration district and to any sub-districts comprised therein shall . . . be transferred to the council of that county or county borough."

5. *Town Planning (Secs. 40—43).*

The Act confers upon county councils the following powers :—

- (a) to act jointly with other local authorities in the preparation or adoption of a town planning scheme.
- (b) to combine councils for the purposes of town planning schemes.

- (c) to constitute the county councils as the responsible authority.
- (d) power of district councils to relinquish any of their functions under the Town Planning Act, 1925, to county councils.

6. *Relations between county councils and district councils in respect of public health functions.*

By Sec. 57 closer co-operation between district and county health authorities is secured in respect of the provision or maintenance of any sewers or sewage disposal works, or of a supply of water or in the improvement of an existing supply of water. Where in the opinion of the Minister the council of any district have made default in providing the above he may, by order, transfer to the county council the function with respect to which default has been made either for a definite period or until he may otherwise direct.

Sec. 58 makes it the duty of the council of every county after consultation with the councils of districts to make arrangements for securing, whether by means of a combination of districts or otherwise, that every medical officer of health subsequently appointed for a district shall be restricted from engaging in private practice as a medical practitioner.

This was done many years ago in Westmorland when the ten urban and three rural districts formed the Westmorland Combined Districts and employed a whole-time Medical Officer of Health.

7. *Qualifications of certain medical officers and health visitors.*

Sec. 59 empowers the Minister to make regulations prescribing the qualifications of medical officers and health visitors appointed by a local authority under the Maternity and Child Welfare Act, 1918, the Public Health (Tuberculosis) Act, 1921, and the Public Health (V.D.) Regulations.

8. *Maternity and Child Welfare Services.*

In Sec. 60 it is ordained that "where in any district any services under the Maternity and Child Welfare Act, 1918, are being provided by a council who are not the local education authority for elementary education for the district, and the Minister, on representation being made to him by the council who are such local education authority for the district, is satisfied that the transfer of the services to the council who

are such local education authority would conduce to the more efficient administration in the district of the functions relating to public health and education, the Minister may, by order :—

- (a) withdraw his sanction to any arrangements made under the Maternity and Child Welfare Act, 1918, by the council who are providing the services, and
- (b) provide for the transfer of the services to the council who are such local education authority."

This section does not affect any district in Westmorland.

The only district council who is an authority under the Maternity and Child Welfare Act, 1918, is the Borough of Kendal which is a local education authority for elementary education. As will be seen on page 16 the maternity and child welfare work in Kendal is admirable in every way.

9. *Supervision of Midwives.*

By Sec. 62 the council of any district which have established a maternity and child welfare committee and employ a medical officer of health, who is restricted from engaging in private practice, may apply to the Minister to be made the local supervising authority under the Midwives Acts, 1902 and 1926.

The Borough of Kendal possesses the above qualification, and has applied to be made the local supervising authority for its area.

10. *Provision of hospital accommodation for infectious disease.*

Reference has already been made to early sections of this Act which deal with hospital accommodation in general. Sec. 63 deals at length and in detail with the provision in every county of suitable means for the proper isolation and treatment of persons suffering from infectious disease.

To this end "the Council of the county shall, as soon as may be after the commencement of this Act, make a survey of the hospital accommodation for the treatment of infectious disease provided by the district council and by the county."

This done, the County Council in consultation with the Councils of all such districts "shall prepare . . . a scheme for the provision of adequate hospital accommodation for the treatment of infectious disease within the county."

The above although only a precis of the public health implications of this Act, provides a formidable list of addi-

tional duties which the County Council through your Committee has to discharge. By co-operative team work as between your Committee, the Public Assistance Officer and his Committee and the District Councils, the requirements of this Act can be carried out as well in the spirit as in the letter.

SUMMARY OF VITAL STATISTICS.

	1924.	1925.	1926.	1927.	1928.	1929.	England & Wales.
*Birth Rate ...	16.98	15.84	16.8	16.1	15.9	15.1	16.7
†Infantile Mortality Rate ...	67.6	46.	54.8	53.	48.9	54.	74.
*Net Death Rate ...	14.76	13.68	12.04	13.6	12.9	13.1	13.4
*Tuberculosis Death Rate (Respiratory System) ...	0.59	0.67	0.54	0.75	0.53	0.38	—
	*Per 1,000 population.						
	†Per 1,000 births.						

GENERAL STATISTICS.

Area (acres) ...	...	...	...	...	504,917
Population (Reg. Gen. Estimate, 1929) ...	...	...	...	...	63,190
Number of inhabited houses (1921) ...	...	...	...	...	14,460
Number of families or separate occupiers (1921) ...	...	...	...	...	14,648
Reduced Rateable Value ...	...	...	...	...	£370,957
Estimated product of a Penny Rate (General County) for the financial year—1929-30 ...	...	...	...	...	£1,873 17 7

ESTIMATED POPULATION FOR 1929.

The population for the Year 1929, as estimated by the Registrar-General, will be found in the following Table:—

DISTRICT.		Area in Acres: (Land and Inland Water).	Population. Registrar General's estimate for 1929.
URBAN.			
Ambleside	...	4,425	2,303
Appleby	...	1,877	1,634
Grasmere		7,333	861
Kendal		2,700	14,680
Kirkby Lonsdale		3,254	1,166
Shap		2,081	1,068
Windermere	...	9,902	5,278
RURAL.			
East Westmorland		183,771	10,840
South Westmorland		169,702	19,150
West Ward	...	119,872	6,210
Westmorland	...	504,917	63,190

BIRTH RATE, 1929.

Birth Rate per 1,000 population.

District.	No. of Births 1929.	Birth Rate 1929.	Birth Rate 1928.	Birth Rate 1927.	Birth Rate 1926.	Birth Rate 1925.
Urban.						
Ambleside	21	9.1	11.5	8.2	13.7	14.9
Appleby	16	9.8	12.2	14.2	8.3	11.6
Grasmere	11	12.8	12.6	12.6	12.7	11.3
Kendal	209	14.2	15.8	17.2	17.6	16.6
Kirkby Lonsdale ..	27	23.2	21.8	15.9	11.5	13.4
Shap	24	22.5	24.7	28.1	21.5	21.0
Windermere	80	15.2	10.9	16.3	12.8	10.3
Rural.						
East Westmorland ..	203	18.7	18.4	16.9	19.9	19.0
South Westmorland	242	12.6	15.8	15.5	14.9	15.2
West Ward	124	20	17.2	15.1	25.4	15.8
Westmorland	957	15.1	15.9	16.1	16.8	15.8
England & Wales ..		16.3	16.7	16.7	17.8	18.3

The births registered in the above 5 years were as follows :—

Year	1925	1926	1927	1928	1929
No. of Births	986	1058	995	1,002	957

In the Urban Districts Kirkby Lonsdale leads with a rate of 23.2 closely followed by Shap with 22.5.

In the Rural Districts the West Ward has overtaken East Westmorland.

The illegitimate births in 1929 numbered 63 as against 46 in 1928. Of these 18 were registered from Urban and 45 from Rural Districts.

CAUSES OF DEATH.		Sex.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
			All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	..	M ..	172 ..	14 ..	2 ..	1 ..	3 ..	4 ..	14 ..	47 ..	50 ..	37 ..	234 ..	15 ..	6 ..	4 ..	4 ..	3 ..	13 ..	42 ..	73 ..	74 ..
		F ..	194 ..	10 ..	1 ..	5 ..	1 ..	8 ..	20 ..	41 ..	49 ..	59 ..	227 ..	13 ..	4 ..	3 ..	7 ..	5 ..	18 ..	47 ..	51 ..	79 ..
1	Enteric fever	M ..	1 ..	..	..	..	..	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Small-pox	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	Measles	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	1 ..	1 ..	..	..	..	..	..	..	..	..	1 ..	1 ..	..	..	..	..	..	..	..	..
4	Scarlet fever	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	..	..	..	..	..	..	..	..	..	..	1 ..	..	..	..	1 ..	..	..	..	..	..
5	Whooping cough	M ..	2 ..	1 ..	..	1 ..	..	..	..	..	..	..	1 ..	..	1 ..	..	..	..	..	..	..	..
		F ..	2 ..	1 ..	1 ..	..	..	..	..	..	..	..	1 ..	1 ..	..	..	..	..	..	..	..	..
6	Diphtheria	M ..	1 ..	..	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	1 ..	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7	Influenza	M ..	3 ..	..	..	..	..	..	..	1 ..	1 ..	1 ..	10 ..	1 ..	..	..	..	..	..	2 ..	4 ..	4 ..
		F ..	6 ..	..	..	..	..	..	1 ..	2 ..	2 ..	1 ..	12 ..	..	1 ..	1 ..	..	1 ..	3 ..	4 ..	..	..
8	Encephalitis lethargica	M ..	..	..	..	..	..	..	..	..	..	..	1 ..	..	..	..	..	..	1 ..	..	..	..
		F ..	2 ..	..	..	1 ..	..	..	1 ..	..	..	..	3 ..	..	..	..	1 ..	1 ..	1 ..	..	..	..
9	Meningococcal meningitis	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Tuberculosis of	M ..	6 ..	..	..	..	..	..	4 ..	2 ..	..	..	5 ..	..	..	..	1 ..	1 ..	2 ..	..	..	..
respiratory system		F ..	8 ..	..	..	..	..	5 ..	2 ..	1 ..	..	..	4 ..	..	..	..	..	3 ..	1 ..	..	..	..
11	Other tuberculous diseases	M ..	1 ..	..	1 ..	..	..	..	..	..	..	..	2 ..	..	1 ..	..	..	..	..	1 ..	..	..
		F ..	2 ..	..	..	..	..	1 ..	1 ..	..	..	..	2 ..	..	..	1 ..	..	..	..	..	..	..
12	Cancer, malignant disease	M ..	17 ..	..	..	..	..	..	..	6 ..	9 ..	2 ..	28 ..	..	..	..	..	..	1 ..	9 ..	9 ..	9 ..
		F ..	20 ..	..	..	..	..	..	1 ..	6 ..	7 ..	6 ..	29 ..	..	..	..	..	..	1 ..	12 ..	8 ..	8 ..
13	Rheumatic fever	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	2 ..	..	..	..	..	..	1 ..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..
14	Diabetes	M ..	3 ..	..	..	..	..	..	..	..	1 ..	2 ..	1 ..	..	..	..	..	..	..	1 ..	..	..
		F ..	2 ..	..	..	..	..	..	1 ..	1 ..	..	..	2 ..	..	..	..	..	..	..	..	..	..
15	Cerebral hæmorrhage, &c.	M ..	14 ..	..	..	..	..	..	..	2 ..	6 ..	6 ..	15 ..	..	..	..	..	..	2 ..	10 ..	3 ..	3 ..
		F ..	26 ..	..	..	..	..	..	..	4 ..	13 ..	9 ..	18 ..	..	..	..	..	..	3 ..	5 ..	10 ..	10 ..
16	Heart disease	M ..	37 ..	..	..	..	..	..	..	12 ..	14 ..	11 ..	57 ..	..	..	..	..	1 ..	2 ..	7 ..	25 ..	22 ..
		F ..	49 ..	..	..	..	1 ..	..	4 ..	12 ..	12 ..	20 ..	51 ..	..	..	..	..	1 ..	2 ..	9 ..	18 ..	21 ..
17	Arterio-sclerosis	M ..	6 ..	..	..	..	..	..	..	2 ..	..	4 ..	9 ..	..	..	..	..	..	..	6 ..	3 ..	3 ..
		F ..	5 ..	..	..	..	..	..	..	..	2 ..	3 ..	12 ..	..	..	..	..	..	2 ..	2 ..	8 ..	8 ..
18	Bronchitis	M ..	8 ..	..	..	..	1 ..	..	..	1 ..	2 ..	4 ..	10 ..	1 ..	1 ..	..	..	..	..	1 ..	7 ..	7 ..
		F ..	8 ..	1 ..	..	..	..	..	1 ..	1 ..	2 ..	3 ..	15 ..	5 ..	..	..	..	1 ..	2 ..	3 ..	4 ..	4 ..
19	Pneumonia (all forms)	M ..	8 ..	3 ..	..	..	..	..	1 ..	2 ..	2 ..	..	15 ..	3 ..	1 ..	2 ..	..	2 ..	1 ..	4 ..	..	2 ..
		F ..	3 ..	1 ..	..	..	..	..	..	2 ..	..	..	8 ..	3 ..	..	..	..	1 ..	1 ..	2 ..	..	1 ..
20	Other respiratory diseases	M ..	3 ..	..	..	..	..	..	1 ..	..	..	2 ..	1 ..	..	..	..	..	..	..	..	..	1 ..
		F ..	3 ..	..	..	..	..	..	..	..	..	3 ..	2 ..	..	..	..	..	..	..	..	..	2 ..
21	Ulcer of stomach or duodenum	M ..	1 ..	..	..	..	..	..	..	1 ..	..	..	1 ..	..	..	..	..	..	..	..	..	..
		F ..	1 ..	..	..	..	..	..	..	..	..	1 ..	..	..	..	..	..	..	..	..	..	..
22	Diarrhoea, &c.	M ..	3 ..	2 ..	1 ..	..	..	..	..	..	..	..	1 ..	1 ..	..	..	..	..	..	1 ..	..	..
		F ..	1 ..	1 ..	..	..	..	..	..	..	..	..	3 ..	..	1 ..	1 ..	..	..	..	1 ..	..	..
23	Appendicitis and typhitis	M ..	3 ..	..	..	..	..	..	..	3 ..	..	..	1 ..	..	..	..	..	..	1 ..	..	..	..
		F ..	3 ..	..	..	..	..	..	2 ..	1 ..	..	..	1 ..	..	..	1 ..	..	..	..	..	..	..
24	Cirrhosis of liver	M ..	..	..	..	..	..	..	..	..	..	1 ..	4 ..	..	..	..	..	..	2 ..	1 ..	1 ..	1 ..
		F ..	1 ..	..	..	..	..	..	..	..	..	..	1 ..	..	..	..	..	..	..	..	..	..
25	Acute and chronic nephritis	M ..	14 ..	..	..	..	..	1 ..	..	7 ..	4 ..	2 ..	7 ..	..	..	..	..	2 ..	1 ..	1 ..	3 ..	3 ..
		F ..	7 ..	..	..	..	..	1 ..	..	2 ..	4 ..	..	8 ..	..	..	..	..	..	2 ..	3 ..	..	..
26	Puerperal sepsis	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	1 ..	..	..	..	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..
27	Other accidents and diseases of pregnancy and parturition	M ..	2 ..	..	..	..	..	1 ..	1 ..	..	..	..	1 ..	5 ..	5 ..	..	..	..	..	..	..	..
		F ..	6 ..	6 ..	..	..	..	..	..	..	..	..	2 ..	2 ..	..	..	..	..	..	..	..	..
28	Congenital debility and malformation, premature birth	M ..	3 ..	2 ..	..	1 ..	..	..	..	..	..	..	3 ..	..	..	..	..	1 ..	2 ..	..	..	..
		F ..	..	..	..	..	..	..	..	..	..	..	2 ..	..	..	..	..	..	..	..	..	..
29	Suicide	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F ..	..	..	..	..	..	..	..	..	..	..	2 ..	..	..	..	..	..	1 ..	1 ..	..	..
30	Other deaths from violence	M ..	10 ..	..	..	1 ..	..	2 ..	5 ..	2 ..	1 ..	..	8 ..	..	1 ..	1 ..	1 ..	1 ..	..	1 ..	2 ..	2 ..
		F ..	2 ..	..	..	..	..	1 ..	..	..	..	..	6 ..	..	..	..	1 ..	1 ..	..	..	1 ..	1 ..
31	Other defined diseases	M ..	23 ..	2 ..	..	1 ..	1 ..	3 ..	4 ..	9 ..	3 ..	49 ..	4 ..	1 ..	1 ..	3 ..	1 ..	1 ..	11 ..	11 ..	16 ..	16 ..
		F ..	33 ..	3 ..	..	1 ..	..	2 ..	8 ..	7 ..	12 ..	42 ..	1 ..	2 ..	..	3 ..	..	7 ..	8 ..	5 ..	16 ..	16 ..
32	Causes ill-defined or unknown	M ..	2 ..	..	..	..	..	..	..	1 ..	1 ..	1 ..	..	..	..	..	..	..	..	..	..	..
		F ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Death Rate, 1929.

NET DEATH RATE PER 1000 POPULATION.

District:	No. of Deaths 1929.	Death Rate 1929.	Death Rate 1928.	Death Rate 1927.	Death Rate 1926.	Death Rate 1925.
Urban.						
Ambleside	28	12.2	11.1	11.3	12.4	9.6
Appleby	22	13.5	14.0	18.8	11.6	20.2
Grasmere	7	8.1	16.1	14.9	18.4	12.5
Kendal	194	13.2	12.5	14.5	12.9	15.7
Kirkby Lonsdale	28	24	13.1	15.9	11.5	10.3
Shap	22	20.6	13.3	8.7	21.5	23.0
Windermere	65	12.3	15.2	15.5	8.7	12.6
Rural.						
East Westmorland	152	14	14.7	12.0	11.0	12.7
South Westmorland	241	12.6	12.3	13.2	13.0	10.8
West Ward	68	11	10.5	14.6	9.5	14.0
Westmorland	827	13.1	12.9	13.6	12.04	13.1
England & Wales	—	13.4	11.7	12.3	11.6	12.2

In the attached table, furnished by the Registrar General, the causes of deaths at different periods of life in the administrative county in 1929 are set out.

Infantile Mortality, 1929.

DEATHS OF INFANTS UNDER ONE YEAR PER 1,000 BIRTHS.

DISTRICT.	No. of Births in 1929	No. of Deaths in 1929.	Infantile Mortality Rate in 1929.	Infant Mortality Rate in 1928.	Infant Mortality Rate in 1927.	Infant Mortality Rate in 1926.	Infant Mortality Rate in 1925.
Urban.							
Ambleside	21	3	143	0	0	32	29
Appleby	16	0	0	0	45	0	0
Grasmere	11	0	0	91.	0	0	0
Kendal	209	13	62	57.	103	85	76
Kirkby Lonsdale	27	1	37	40.	105	0	66
Shap	24	0	0	0	69	48	95
Windermere	80	7	87	53.	12	29	19
Rural.							
E. Westmorland	203	10	49	65.	54	68	43
S. Westmorland....	242	14	58	49.	27	54	40
West Ward	124	4	32	28.	43	19	34
Westmorland	957	52	54	48.9	53.2	54.8	46.6
England & Wales	—	—	74	65	69	70	75

The Infantile Mortality rate for 1929 of 54 per 1,000 births is considerably below the rate (74) for England and Wales.

In the Urban Districts there were 388 births and 24 infant deaths, giving a rate of 62 per 1,000 births. In the Rural Districts there were 569 births with 28 infant deaths yielding a rate of 49 per 1,000 births.

No deaths of infants were recorded from Appleby, Grasmere and Shap, while of the Rural Areas the West Ward again leads with a low rate.

In the following tables will be found the age-incidence and causes of deaths of infants in the various districts :

Age Incidence of Infantile Mortality, 1929.

DISTRICT.	1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total under 1 year.
URBAN.										
Ambleside	—	2	—	—	2	—	—	—	—	3
Appleby	—	—	—	—	—	—	—	—	—	—
Grasmere	—	—	—	—	—	—	—	—	—	—
Kendal	1	1	—	3	5	—	1	5	2	13
Kirkby Lonsdale	—	—	—	—	—	—	—	1	—	1
Shap	—	—	—	—	—	—	—	—	—	—
Windermere	2	—	—	—	2	1	3	1	—	7
RURAL										
E. Westmorland	—	1	2	1	4	2	1	1	2	10
S. Westmorland	3	—	1	—	4	3	3	1	3	14
West Ward	2	—	—	—	2	—	—	2	—	4
Westmorland	8	4	3	4	19	6	8	12	7	52

Analysis of Causes of Deaths of Infants under 1 year in 1929.

DISTRICT.	Gastritis.	Convulsions	Bronchitis	Pneumonia	Prematurity	Atrophy, Debility and Marasmus.	Congenital Malformation	Other Causes	TOTAL	Deaths in order of Fatality.
URBAN.										
Ambleside	1	—	1	1	—	—	—	—	3	
Appleby ...	—	—	—	—	—	—	—	—	—	
Grasmere	—	—	—	—	—	—	—	—	—	
Kendal ...	1	1	—	3	2	1	3	2	13	Pneumonia Other Causes ... { 11
Kirkby Lonsdale	—	—	—	—	—	—	—	1	1	Bronchitis ... 8
Shap ...	—	—	—	—	—	—	—	—	—	Prematurity ... 7
Windermere	—	1	—	1	2	—	1	2	7	Congenital Malformation 5
RURAL.										
E. Westmorland	—	2	3	1	2	—	—	2	10	Convulsions ... 4
S. Westmorland	1	—	3	4	—	2	—	4	14	Atrophy, Debility and Marasmus ... } 3
West Ward	—	—	1	1	1	—	1	—	4	Gastritis 3
Westmorland	3	4	8	11	7	3	5	11	52	

MATERNITY AND CHILD WELFARE.

As recorded in my Annual Report for 1928 Dr. Dorothy Potts, the Assistant County Medical Officer, to the regret of your Committee and her colleagues, was compelled owing to ill-health to resign her post. Since June, 1928, Dr. Alison Maxwell Wood has acted as Deputy with great efficiency and acceptance. By the end of January, 1930, other duties called her elsewhere and a permanent successor to Dr. Potts was appointed in Dr. Jessie Wright, who took up duty in March, 1930.

The varied activities undertaken by health visitors—maternity and child welfare visiting, school nursing, after-care visiting in connection with the County Tuberculosis scheme, etc.—are carried out by the part-time services of the District Nurses employed by 25 District Nursing Associations. For these services the County Council makes substantial annual payments to these Associations amounting in all to £1,454.

Now that the County Nursing Association is at work it is hoped that additional nursing associations may be established. While the more populous areas in the County are covered by Nursing Associations, yet there are districts such as Orton, Tebay, Brough, Great Langdale, etc., where a resident nurse is clearly indicated.

Isolated farms and cottages outside nursing areas and the communities mentioned above have been visited by Dr. Maxwell Wood, whose visits have been much appreciated by the mothers.

Home visiting by the nurses or by Dr. Maxwell Wood has been the main activity. The ante-natal supervision of mothers has been extended.

Maternity and Child Welfare Centres are held once a month at Windermere, Bowness-on-Windermere and Ambleside, at all of which the Assistant County Medical Officer attends. The Centres are supported by local voluntary committees who devote much time and energy to this worth-while social service.

The figures for 1929 as to visits by nurses and by Dr. Maxwell Wood are as follows :—

	By Nurse.	By Dr. Maxwell-Wood.	Total.
Expectant Mothers visited	349	—	349
Total visits	1,865	—	1,865
Infants visited	539	126	665
Total visits	5,357	608	5,965
Children, 1-5 years			
Total visits	3,508	279	3,787

The Borough of Kendal, which is an authority under the Maternity and Child Welfare Act, acting through its Maternity and Child Welfare Committee, maintains a Centre held weekly at Abbot Hall, Kendal. This admirable centre is conducted by Dr. Cockill, the Medical Officer of Health for the Westmorland Combined Districts, who kindly furnishes the following statement of the work accomplished in Kendal in 1929.

Summary of work done in connection with Kendal Maternity and Child Welfare Centre, 1929.

Number of times the Centre has been opened	...	51
„ babies under 1 year attending	... 129	
„ children, 1—5 years „	... 129	
	—	258
„ consultations for children	... 2034	
„ „ mothers	... 272	
„ „ expectant mothers	... 119	
	—	2425
Average No. of children attending per session	... 39.9	
„ „ mothers attending per session	... 5.3	
„ „ expectant mothers attending per session	... 2.3	
	—	47.5
Number of expectant mothers admitted to hospital under the Maternity and Child Welfare Act		15

The following is a summary of Nurse Petersen's (the Kendal Health Visitor) excellent work :—

Number of Visits to babies under 12 months	...	201
„ Subsequent visits	...	993
„ Visits to children (1—5 years)	...	246
„ First Visits to expectant mothers	...	72
„ Subsequent visits	...	74
„ Still Birth Enquiries	...	12
„ Attendances at Centre	...	46
Total		1644

Passing from infants and pre-school children to children within the school age we find that in the Administrative County the Nurses paid 3,270 visits to the homes in connection with children found defective at school medical inspection.

1,339 children had dental treatment, 2,276 had dental inspection, 486 had their eyes tested by refraction, and 3,566 had routine medical inspection.

Nineteen children received residential treatment at the Ethel Hedley Orthopaedic Hospital, Calgarth Park, Windermere, in 1929. In addition 114 children have been under continued observation at the Orthopaedic After-Care Clinics at Kendal, Penrith, and at the Ethel Hedley Hospital out-patient department.

MATERNAL MORTALITY.

In 1929, one maternal death occurred from puerperal sepsis. Three deaths were registered as due to other accidents and diseases of pregnancy and parturition.

The figures for the years 1924-1929 as to maternal deaths are as follows :—

Year.	No. of Births.	Deaths from Sepsis.	From other causes.
1924	1060	1	4
1925	986	2	4
1926	1058	0	2
1927	995	3	1
1928	1002	0	3
1929	957	1	3

There is universal concern about the question of maternal mortality, which finds expression both centrally and locally in careful investigation into the cause and the best means of combating this sorrowful death rate.

Your Committee's policy has been to increase the number of qualified maternity nurses throughout the County by annual payments to the District Nursing Associations, to extend ante-natal supervision, and to secure maternity hospital accommodation for abnormal and emergency cases or for mothers from unsuitable or remote homes..

MATERNITY HOSPITAL ACCOMMODATION.

There is a Maternity Department at the County Hospital, Kendal, which is a general Hospital maintained on a voluntary basis. The majority of the mothers themselves meet the cost (£2 5s. od. per week). When unable to do so in full, your Authority pays the Hospital and recovers from the patient on an average half the total cost.

In 1929 67 mothers from Kendal and 46 from the County were confined at this Maternity Hospital. Since it was opened (6 beds) on the 5th March, 1924, to 31st December, 1929, 485 mothers have been confined.

MIDWIVES ACTS, 1902 AND 1918.

Dr. Maxwell Wood, who acted as Inspector of Midwives, reports as follows:—34 qualified Midwives notified their intention to practise in the County in 1929. Of these 23 were District Nurses. Three Midwives practised in the Maternity Department of the County Hospital, Kendal, two at St. Monica's Maternity Home for unmarried mothers and one at the Kendal Poor Law Institution, the remainder being in private practice. Two bona-fide Midwives notified their intention to practise in 1929.

The following notifications were received from Midwives in 1929:—

Form of Notification of sending for Medical Aid	...	48
" " Still Birth	... "	4
" " Artificial Feeding	... "	3
" " Laying out dead body	... "	4
" " Liability to be source of		
infection	... "	3
" " Death	... "	1

THE PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS, 1926.

Under the above Regulations, 8 cases of Puerperal Pyrexia and 3 cases of Puerperal Fever were notified.

The services of Dr. Douglas Smith, Gynæcologist, Carlisle, are available for any notifying practitioner on request, as well as the provision of a trained nurse and laboratory facilities.

In the following Table a statement of the number of diseases notified in the various districts in 1929, will be found :—

NOTIFIABLE DISEASES.

Disease.	Ambleside.	Appleby.	Grasmere.	Kendal.	Kirkby Lonsdale.	Shap.	W. mere.	E. West'd.	S. West'd.	W. Ward.	Total 1929.	Average Notified 1921-25.
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	4	—	—	10	—	—	21	3	4	2	44	22
Scarlet Fever	3	3	—	33	1	—	7	39	34	7	127	154
Enteric Fever	—	—	—	1	—	—	—	1	—	—	2	4
Erysipelas	—	2	—	4	—	—	1	1	7	4	19	12
Pulmonary Tuberculosis	—	1	—	14	1	1	5	9	18	3	52	81
Other forms of Tuberculosis	—	1	—	5	—	—	1	1	4	1	13	17
Pneumonia	6	8	—	17	1	1	1	63	19	9	125	109
Encephalitis Lethargica	—	—	—	1	—	—	2	1	—	—	4	4
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	0	5
Puerperal Pyrexia	—	—	—	3	—	—	—	1	1	3	8	—
Puerperal Fever	—	—	—	2	—	—	1	—	—	—	3	2
Ophthalmia Neonatorum	—	—	—	—	—	—	—	1	—	1	2	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	1
Polio-encephalitis	—	—	—	1	—	—	—	—	—	—	1	—

TUBERCULOSIS.

The number of notifications of Tuberculosis and the number of deaths registered from Tuberculosis in 1929, are as follows :—

		No. of		Average,	
		Notifications.		1921—25.	
Notification of Tuberculosis :		1929.			
Pulmonary		...	52	...	81
Other Forms		...	13	...	17
Deaths from Tuberculosis :—					
Pulmonary		...	23	...	35
Other Forms		...	7	...	9

Towards the end of 1929 Dr. C. Ferguson Walker resigned the Medical Superintendentship of the Westmorland Sanatorium and in his place Dr. Munro Campbell was appointed.

The Medical Superintendent of the Westmorland Sanatorium also acts as County Tuberculosis Officer.

I am indebted to Dr. Munro Campbell for the following report for the year 1929 :—

REPORT BY THE COUNTY TUBERCULOSIS OFFICER,

Dr. J. Munro Campbell, M.B., Ch.B., D.P.H.

Under the tuberculosis scheme for the County of Westmorland, the County Medical Officer of Health, Dr. W. E. Henderson, is the chief administrative officer, whilst the Medical Superintendent of the Westmorland Sanatorium is the Chief Clinical Tuberculosis Officer.

The general control from the clinical side is centred at the Sanatorium, where clerical assistance is available and where the presence of a laboratory for examinations for various specimens and the presence of an X-Ray apparatus makes it a good centre.

During the year 86 specimens of sputum were examined, these having been sent in either in connection with the Dispensaries or else by private practitioners.

In regard to the X-Ray apparatus 29 examinations were made by this means for dispensary purposes.

Dispensaries, Etc.

A dispensary session is held at Kendal weekly and another one at Appleby when required, though this latter one is being held at fixed intervals during 1930.

Naturally in an area with so scattered a population as Westmorland, domiciliary consultations or consultations at a doctor's consulting room are of comparatively frequent occurrence, in addition to the Dispensary work.

Health Visitors..

There is no whole-time nurse for the tuberculosis scheme in the County. The work of visiting is carried out by the District Nurse in the area concerned. In the case of Kendal Dispensary, Nurse Illingworth, the District Nurse for the Levens Nursing Association, carries out the duties of Dispensary Nurse and Tuberculosis Visitor for Kendal. Miss Illingworth has just been appointed as Assistant Superintendent for Gloucestershire, and though I am delighted at her advancement, I very much regret our loss, and would take this opportunity of expressing my thanks for the excellent work she has done in connection with Tuberculosis in her district.

Nurse Curwen, the district nurse for Appleby, attends the Dispensary held in her area.

Nurses' visits and all other particulars associated with the Dispensaries are fully detailed in this table.

Diagnosis.	Pulmonary.				Non-pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts):												
(a) Definitely tuberculous ..	16	10	2	1	—	—	1	1	16	10	3	2
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	3	2	—	1
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	12	12	5	1
B.—Contacts examined during the year:—												
(a) Definitely tuberculous ..	2	1	—	1	—	—	—	—	2	1	—	1
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	—	1	2	2
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	5	—	3	7
C.—Cases written off the Dispensary Register as												
(a) Cured ..	24	23	8	7	3	1	3	2	27	24	11	9
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	19	16	10	11
D.—Number of Persons on Dispensary Register on Dec. 31st:—												
(a) Diagnosis completed ..	61	51	6	10	3	1	4	4	64	52	10	14
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	1	—	1	—

1. Number of persons on Dispensary Register on January 1st	218
2. Number of patients transferred from other areas and of "lost sight of" cases returned	4
3. Number of patients transferred to other areas and cases "lost sight of"	27
4. Died during the year	17
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ..	4
6. Number of attendances at the Dispensary (including Contacts)	279
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ..	2
8. Number of attendances at General Hospitals or other Institutions approved for the purpose, of patients for— (a) "Light" treatment (b) Other special forms of treatment	— 2
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	—
10. Number of consultations with medical practitioners :— (a) At Homes of Applicants (b) Otherwise	30 123
11. Number of other visits by Tuberculosis Officers to Homes	81
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	819
13. Number of (a) Specimens of sputum, &c., examined (b) X-Ray examinations made in connection with Dispensary work	39 29
14. Number of Insured Persons on Dispensary Register on the 31st December	76
15. Number of Insured Persons under Domiciliary Treatment on the 31st December	35
16. Number of reports received during the year in respect of Insured Persons :— (a) Form G.P. 17 (b) Form G.P. 36	21 —

Institutional Treatment.

The Westmorland Sanatorium is the approved institution for treatment of Westmorland cases, and, as stated in the first section of the report, the County Council have the privilege of "15 beds" at a modified fee.

Taken on the whole the average number of "beds occupied" was distinctly below previous years and is shown in detail below:—

	Observation.	Pulmonary Tuberculosis.		Non-pulmonary Tuberculosis.		Total.
		Sanatorium. beds.	Hospital beds.	Diseases of Bones and Joints.	Other conditions.	
Adult Males ..	.5	5.5	9	—	—	15
Adult Females ..	.25	6.5	3	1	—	10.75
Children under 10	1.15	.60	—	.5	1	3.25
Total	1.9	12.60	12	1.5	1	29

The next Table, number XIV, divides into the various headings the total number of admissions, discharges and deaths with the balance "in residence" at the beginning and end of the year.

17 patients were in institutions other than Westmorland Sanatorium:—

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year	Died in the Institution	In Insti- tutions on Dec. 31
Number of Patients.	Adults	M.	10	24	16	7	11
		F.	13	16	20	4	5
	Ch'd'n	M.	—	2	1	1	—
		F.	5	4	7	1	1
Number of Observation Cases.	Adults	M.	1	1	2	—	—
		F.	2	1	3	—	—
	Ch'd'n	M.	2	—	2	—	—
		F.	1	2	3	—	—
Total			34	50	54	13	17

The results of treatment expressed as the condition on discharge of the 54 Westmorland patients discharged during the year are shown below:—

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Total.
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis	Class T.B. minus. 8 cases.	Quiescent	2	-	2	1	2	2	-	-	-	1	1	-	11
		Improved	-	1	-	-	-	-	-	3	-	-	-	-	4
		No material improvement ..	-	1	-	-	-	-	-	-	-	-	-	-	1
		Died in Institution ..	1	-	1	-	-	-	1	-	-	-	1	-	4
	Class T.B. plus Group 1. 5 cases.	Quiescent	-	1	-	-	-	1	1	-	-	-	-	-	3
		Improved	-	1	-	-	-	-	-	-	-	-	-	-	1
		No material improvement ..	-	-	-	-	-	-	-	-	-	-	-	-	-
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-
	Class T.B. plus Group 2 6 cases.	Quiescent	-	-	-	1	-	-	-	1	-	1	1	-	4
		Improved	1	2	-	2	1	-	3	-	-	-	1	-	10
		No material improvement ..	-	-	-	-	-	-	1	-	1	-	1	-	3
		Died in Institution ..	1	-	-	-	-	-	-	-	-	1	1	-	3
	Class T.B. plus Group 3 5 cases.	Quiescent	-	-	-	-	-	-	-	-	-	1	-	-	1
		Improved	1	-	-	-	1	-	-	-	-	1	-	-	3
		No material improvement ..	-	-	-	-	1	-	-	1	-	-	-	-	2
		Died in Institution ..	3	1	-	-	1	-	-	-	-	-	1	-	6
Non-Pulmonary Tuberculosis	6 cases.	Quiescent or Arrested ..	-	-	-	-	-	-	-	-	1	-	-	-	1
		Improved	-	-	-	-	-	-	-	-	-	-	-	-	-
		No material improvement ..	-	-	-	-	-	-	-	-	-	-	-	-	-
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			Under 1 week.			1-2 weeks.			2-4 weeks.			More than 4 weeks.			57
Observation for purposes of diagnosis.	Tuberculous	-	-	-	-	-	-	-	-	-	-	2	2	4	
	Non-Tuberculous ..	-	-	-	-	-	-	1	-	1	-	3	5		
	Doubtful	-	-	-	-	-	-	-	-	-	-	1	1		
	Totals							1			1 2 6			10	

The following dental treatment was given to Westmorland patients during their stay in the Sanatorium:—

Table XVI.—Dental Treatment of Westmorland Patients at Meathop.

						1929.
Extractions	..	..	..	..	..	96
Fillings	..	..	..	..	..	2
Scalings	..	..	..	..	..	4
Dentures Repaired	..	..	..	..	..	2
Part dentures supplied		..	..	..	..	5
Full dentures supplied		..	..	..	..	15

As far as I have been able to judge during my short experience in this district, ex-patients attend well at the Dispensaries whenever they are within getatable distance and for those further away domiciliary visits, nurses' reports and consultations with doctors keep one in touch. In its mild degree the unemployment of ex-Sanatorium patients arises here also. In regard to this and also to extra help for needy patients the Kendal Charity Organisation Society is often helpful. Extra help and nourishment are also obtainable for deserving cases through the Administrative Officer, and nine shelters are provided for suitable cases in the County area, two of which have changed their location and their tenants during the past year.

Finally, I would like to add my thanks to Dr. W. E. Henderson for his co-operation and for his kindness to me since I came to the County of Westmorland.

THE CONTROL OF BOVINE TUBERCULOSIS.

Under the Tuberculosis Order the following action has been taken:—

	1929.	1928	1927.	1926.
Animals Destroyed	89	84	90	126
Compensation paid:—				

Rate.	No. of Animals.	Amount paid.		
		£	s.	d.
1	2	22	5	0
2	17	86	5	0
3	70	171	5	0
Total		£279	15	0

Of the 89 animals destroyed in 1929, 26 were from farms in South Westmorland, 43 from East Westmorland, and 20 from West Ward.

PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS.

A. Scheme.

- (a) Arrangements are in force whereby Westmorland patients are treated at the V.D. Clinics at the North Lonsdale Hospital, Barrow-in-Furness, at the Cumberland Infirmary, Carlisle, and at the Preston Royal Infirmary (occasionally).

There is a maternity home for unmarried mothers in Kendal (St. Monica's); all patients before admission have the Wassermann test applied. Should any prove positive they are transferred to the Hope Hospital, Leeds, for obstetric and venereal treatment.

- (b) Diagnosis.

All medical practitioners are supplied free of cost to them with special outfits (blood and smears) for sending specimens to the Pathological Department of the University of Manchester.

- (c) Attendance at V.D. Clinics.

In necessitous cases the scheme provides for the payment of the railway fares to the Clinics.

- (d) Supply of Approved Drugs.

The medical practitioners who have had previous experience in the administration of approved drugs have been supplied with these drugs.

B. Adequacy of Provision.

The distance of the Clinics is a disadvantage, but the incidence of venereal disease in this County does not warrant the opening of a centre.

From extensive enquiry in all directions I cannot find a high incidence of the disease in this County.

C. Co-operation of Medical Profession.

All practitioners have been informed about the Scheme and the facilities offered, and they frequently make use of the diagnosis outfits.

D. Public Instruction.

By means of the Westmorland Branch of the Social Hygiene Council special lectures have been given as detailed in previous reports.

During 1929, 44 blood specimens were sent to the Public Health Laboratory, Manchester, of which 5 gave a positive and 39 a negative Wassermann reaction. Six specimens were examined for *Gonococcus* at the Laboratory of the Westmorland Combined Districts.

In 1929, 6 patients were treated, 4 for Syphilis and 2 for Gonorrhœa at Barrow-in-Furness. The total attendances numbered 27 and the aggregate number of "in-patient days" was 4. One patient was treated at the Hope Hospital, Leeds.

CANCER RESEARCH.

Mention was made in my Annual Report for 1928 of the field investigations, extending over two years, into the incidence of cancer in man and animals in Westmorland, which have been directed by Dr. Louis Sambon.

The field work was completed by the beginning of 1930, and Dr. Sambon is at present engaged in the preparation of his report upon the data revealed by his researches. During these two years of tracking this disease through a County the whole process has been an excellent example of co-operative team-work. Experts from the British Museum, members of the Medical and Veterinary professions, the Clergy, Registrars, game-keepers, farmers, shepherds, poultry-keepers, scouts (beetle, mice and rat catching) and Toc H have all figured in the team.

The Committee which was formed at the onset of the work, as described in my Report for 1928, has taken a practical interest in the development of the scope of the survey and its appeals for funds—for the work is on a voluntary basis—have been most generously met.

A short preliminary report of the nature of the investigations was published in November, 1929, in the "British Medical Journal" and has aroused deep interest in this and other countries, notably Canada, Italy, Switzerland and France.

HOUSING.

The Housing (Rural Workers) Act, 1926, empowers County Councils to help, either by grant or loan, owners of dwelling houses for agricultural workers or workers of similar status, to recondition such dwelling houses.

Cottages for agricultural workers, or for persons of similar economic condition, found on inspection to be defective may remain unremedied when the owner is not in a financial position to carry out the reconditioning. This Act helps such owners to remedy the defects.

Your Committee has seen to it that the reconditioned dwelling house is to be occupied by genuine rural workers and not by the well-to-do "week-end-cottage" folk from the cities.

In 1929, 1 application in terms of this Act for grant in aid was made, was approved and the work carried out.

The following table (attached) summarises for the administrative County the housing work in 1929:—

The following Statement summarises the Housing Work in 1929.

[illegible]

The following Statement summarises the

SALE OF FOOD AND DRUGS ACTS.

In the County, excluding the Borough of Kendal, the County Police take samples under these Acts. The County Analyst, Mr. C. J. H. Stock, B.Sc., F.I.C., reports for the year ended 31st December, 1929, as follows:—

1. During the 12 months ended the 31st December, 1929, I have analysed 77 samples of Food and Drugs submitted by the Inspectors appointed under the Food and Drugs (Adulteration) Act, 1928, for the County of Westmorland, viz:

From Appleby Division	...	...	...	36
From Kendal Division	...	...	...	41
Total	...	...	...	77

2. The following table briefly summarises the result of the analysis of these samples and indicates what action has been taken in connection with those samples which were not found to be of genuine quality:—

No. of samples of Milk submitted	...	...	51
No. of other samples submitted	...	...	26
Total	...	...	77

No. of samples adulterated or below standard	...	4
No. of samples of doubtful quality	...	0
No. of appeal to cow samples	...	1
No. of samples on delivery (reference samples)	...	1
No. of persons cautioned	...	2
No. of persons summoned	...	1
No. of persons convicted	...	1
No. of persons discharged	...	0
No. of persons to pay costs	...	0
No. of cases in which no action taken	...	1
No. of cases pending at end of year	...	0
Amount of Fines	...	£4 16 0
Amount of Costs	...	4 0

3. The percentage of adulteration for the year is 5.33; for the 12 months ended the 31st December, 1928, it was 10.66. In each case all samples which have been reported as either adulterated or below standard are included, but appeal and reference samples are not included.

4. In one case only has it been necessary to institute proceedings and in that instance the charge was found to be proved and a conviction and fine followed.

5. Of the 51 samples of Milk submitted during the 12 months, 4 were returned as being adulterated or below standard, while 1 sample was taken as a reference sample in course of delivery and 1 sample was taken as an appeal to the cow sample.

Excluding these 2 latter samples, the percentage of adulteration for milk amounted to 8.16; for the previous 12 months the figure was 16.66.

The average composition of the 45 genuine samples was as follows:—

Non-fatty Solids	...	...	...	8.85%
Fat	...	...	...	3.76%

For the previous 12 months the average figures were:—

Non-fatty Solids	...	...	...	8.80%
Fat	...	...	...	3.57%

The one reference sample taken proved on analysis to be of genuine quality as did also the appeal sample but in this case, owing to an alteration in the composition of the herd between the purchase of the original sample and the taking of the appeal purchase, the figures for the two analyses were hardly comparable.

As the figures show the general quality of Milk supplied in the County maintains a satisfactory level.

6. Other Samples.

In no case was there any indication that the articles falling under this heading were other than of satisfactory quality as shown by the fact that the 26 samples submitted complied with all the requirements of the Food and Drugs (Adulteration) Act, 1928.

(Signed) CYRIL J. H. STOCK,

County Analyst.

In the Borough of Kendal the Inspector under these Acts is the Borough Sanitary Inspector, and the Borough Analyst is Mr. W. H. Roberts, M.Sc., F.I.C., Liverpool.

The Medical Officer of Health for Kendal in his Annual Report for 1929, states:—

The following articles were taken and submitted for analysis :

<i>Article.</i>	<i>No. of samples.</i>	<i>Result.</i>	<i>Remarks.</i>
Milk ..	33	Genuine.	
Milk ..	3	Slightly watered.	Vendors warned and further samples taken.
Milk ..	1	2.75% Milk Fat, 9.5% Non-fatty solids.	Vendor fined £5 and £1 1s. costs.
Milk ..	1	2.77% Milk Fat, 9.04% Non-fatty solids.	Sample from retailer followed by sample from producer as below.
Milk ..	1	2.42% Milk Fat, 9.07% Non-fatty solids.	Vendor fined £2 10s. and £1 1s. costs.
Milk ..	1	2.52% Milk Fat, 9.05% Non-fatty solids.	Vendor fined £2 10s. and £1 1s. costs.
Cream ..	6	Genuine.	
Margarine ..	2	Genuine.	
Danish Butter	1	Genuine.	
Sausages ..	6	Genuine.	
Sausages ..	1	Deficient in meat to extent of 16% and contained sulphur dioxide 30 parts per million parts of the sample, which was not declared at time of purchase.	Vendor warned.
Fish paste ..	2	Genuine.	

The average percentage of milk fat and non fatty solids in all milks (genuine and non-genuine) was 3.53 per cent. and 9 per cent. respectively.

The highest fat content was 4.4 per cent. and the highest non-fatty content was 9.4 per cent.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 & 1917.

Under these regulations in 1929, 91 samples of milk and 7 samples of cream were examined for preservatives. In no case were preservatives found.

BACTERIOLOGICAL INVESTIGATIONS.

The Medical Officer of Health of the Westmorland Combined Districts kindly supplies the following report on the bacteriological and analytical work done in his laboratory which is maintained by the Combined Districts. The facilities which this laboratory provides for prompt examination and report make for the speedy control of infection and are greatly appreciated by the Doctors practising in the County.

In addition to the 43 specimens of sputum examined for the Bacillus Tuberculosis in the above laboratory, 86 specimens were examined at the laboratory of the Westmorland Sanatorium, Meathop, Grange-over-Sands.

Blood specimens for the Wassermann test and other specimens are examined at the Pathological Department, University of Manchester (see page 27).

LABORATORY REPORT, 1929.

DISTRICT.	BACTERIOLOGICAL.										PHYSICAL & CHEMICAL					TOTALS.			
	Diphtheria.	Tubercle (Sputum).	Organisms.	Enteric Agglutinations.	Gonococcus.	Vaccine Cultures.	Water (B Coll).	Bacilluria.	Malaria.	Puerperal Sepsis.	Milk.		Cyto-Diagnosis.	Urinary Deposits.	Blood Diseases.		Water Analysis.	Water Deposits.	
											Bacterial Counts.	B. Coll.							
Ambleside	55	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56
Appleby	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Grasmere	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kendal	105	34	1	5	4	4	27	24	2	1	9	9	1	2	17	1	1	1	247
Kirkby Lonsdale	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Shap	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Windermere	42	-	-	-	-	1	-	3	-	-	-	-	-	-	1	2	-	-	49
East Westmorland	36	-	-	1	-	-	8	-	-	-	-	-	-	-	-	8	3	3	56
South Westmorland	64	9	1	-	2	1	4	6	-	-	15	15	3	-	5	2	-	-	127
West Ward	5	-	-	-	-	-	3	-	-	-	12	12	-	-	-	3	-	-	35
TOTALS	316	43	3	6	6	6	42	33	2	1	36	36	4	2	23	16	4	4	579

HEALTH EDUCATION.

An endeavour is made to hand on health news to persons of all ages in the county. Simple and direct talks on the art of healthy living are given to the school children at the conclusion of every medical inspection. In this way the teaching of hygiene as part of the school curriculum is encouraged and reinforced. I am much indebted to the teachers for the opportunity they so willingly afford me.

To the adolescent, through the youth organisations of the Scouts, Guides, Rovers and Rangers, etc., demonstrations are given in training for their Health Badges.

Audiences of adults are provided all over the County through such agencies as the Women's Institutes, Mother's Unions, Citizen's Associations, Toc H, etc., when such subjects as Health and Citizenship, Food and your money's worth, First Aid in the Home, Health in the Home, Care of the Eyes and Teeth, etc., are considered.

STAFF CHANGES.

The regretted resignation for health reasons of Dr. Dorothy Potts, the Assistant County Medical Officer, has already been referred to (page 15).

I take this opportunity of expressing my great indebtedness to Dr. Potts for her valued help. For nine years she carried out with zeal and efficiency her many duties in connection with School and Public Health work which took her into every corner of this mountainous county. Wherever she went she met with great acceptance from parents, children and teachers. To her successor, Dr. Jessie Wright, we extend a hearty welcome and very cordially thank Dr. Alison Jean Maxwell Wood for her most efficient services during Dr. Potts' absence on sick leave.

As will be seen on page 20 Dr. Munro Campbell has been appointed the County Tuberculosis Officer in succession to Dr. C. Ferguson Walker. Dr. Munro Campbell's interesting report will be found on pages 20-25.

Mr. Nathan Tyson, Clerk in the School Medical and Public Health Departments, and for many years previously in the service of the Clerk of the Peace, was compelled because of illness to re-

sign his post. His services will still be available for consultation as he has an intimate knowledge of, and much experience in, the clerical details of these departments. I desire to put on record my thanks to Mr. Tyson for our happy association together of many years and for the invaluable assistance he afforded me.

The thanks of your Committee are due to Dr. Cockill, the Medical Officer of Health for the Westmorland Combined Districts, who made available the part-time services of his clerk—Miss Garnett—during Mr. Tyson's absence. As from February 1st, 1930, Miss Garnett has been appointed clerk vice Mr. Tyson.

I desire to express my thanks to Dr. Cockill for his help not only during the above changes but continuously from year to year. The closest co-operation between his Office and the County Health Department is maintained. For instance, in the preparation of the statistical portion of this Report Dr. Cockill has afforded me great help.

I have the honour to remain,

Your obedient servant,

W. E. HENDERSON.



