Borough of  Accrington

PUBLIC HEALTH DEPARTMENT.

ANNUAL REPORTS

OF THE

Medical Officer of Health and School Medical Officer

JOHN D. KERSHAW, M.D., D.P.H.,

including the

Reports of the Chief Sanitary Inspector and Cleansing Superintendent

JOHN A. HINDLE, Cert.R.San.I., M.Inst.P.C.

1944

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1944

HEALTH COMMITTEE.

THE MAYOR, Ex-Officio.
Chairman: Mr. ALDERMAN RAWSON.
Vice-Chairman: Mr. COUNCILLOR HARGREAVES.
Mr. ALDERMAN LANCASTER.
,, ,, WILKINSON.
,, COUNCILLOR AINSWORTH.
,, ,, Dr. CAMPBELL.
,, ,, DUCKWORTH.
,, ,, HINDLE (Miss).
,, ,, HOWSON.
,, ,, JOHNSON.
,, ,, MILLS.
,, ,, OLIVER.
,, ,, ROBERTS.
,, ,, SLACK.
,, ,, WADE.

MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR, Ex-Officio.
Chairman: Mr. COUNCILLOR ARNETT.
Vice-Chairman: Mr. COUNCILLOR COCKER.
Mr. ALDERMAN TETLOW.
,, COUNCILLOR AINSWORTH.
,, ,, Dr. CAMPBELL.
,, ,, HINDLE (Miss).
,, ,, JOHNSON.
,, ,, MARRIOTT.
,, ,, PILKINGTON.

Co-opted Members:
Mrs. HEYS, Miss HIGHAM, Mrs. HOLDER,
Dr. IDA MACALPINE.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer of Health:
JOHN D. KERSHAW, M.D., D.P.H.

Deputy Medical Officer of Health:
JACOB KATZ, M.D.(Prague).

Sanitary Inspector (Full-time Officer):
JOHN A. HINDLE, Cert.R.San.I., M.Inst.P.C.

Additional Sanitary Inspectors (Full-time Officers):
CLIFFORD CUNLIFFE, A.R.San.I., M.S.I.A.
JOHN GREENWOOD, A.R.San.I. (serving with H.M. Forces).
FRANK KENNIFORD, A.R.San.I., M.S.I.A.

Senior Health Visitor (Full-time Officer):
Miss C. MUNRO, S.R.N., S.C.M.

Health Visitors and School Nurses (combined posts):
(Full-time Officers)
Miss C. GREENHALGH, S.R.N., S.C.M.
Miss M. H. McPHERSON, S.R.N., S.C.M.
Miss K. KING, S.R.N., S.C.M. (serving with H.M. Forces).
Mrs. D. CHAPMAN, S.R.N., S.C.M. (temporary).
Miss J. McGAW, S.R.N., S.C.M. (temporary).

Matron, Municipal Maternity Home:
Miss O. HEGINBOTHAM, S.R.N., S.C.M.

Matron, Eagle Street War-time Nursery:
Miss A. C. WILSON, S.R.N.

Matron, Moss Hall Road War-time Nursery:
Mrs. J. LAWRENCE, R.S.C.N.

CLERICAL STAFF:
Medical Officer's Department:
Miss E. BILSBORROW.
Miss B. RILEY (temporarily transferred to industry).
Mrs. D. ROTHWELL (temporary). Resigned Sept., 1944.
Miss C. CLEGG (temporary). Commenced Sept., 1944.

Health and Cleansing Department:
JOHN WALMSLEY. Miss D. BURNS (temporary).

Caretakers, Isolation Hospital: Mr. and Mrs .H. MULHALL.

Public Health Department,
Town Hall,
Accrington.

To the Mayor, Aldermen and Councillors of the Borough of Accrington.

Mr. Mayor, Lady and Gentlemen,

I have the honour to present to you my report on the health of the Borough for the year 1944. The censorship requirements of war-time have prevented the disclosure during the past five years of the principal statistical facts upon which an Annual Health Report is based and, for that reason, Annual Reports in normal form have not been required by the Ministry of Health.

This need for security silence has now passed and it is again possible to make public this important information. At the same time, the end of the war and the beginning of the phase of reconstruction makes it desirable to take stock of our health services and needs so that we may plan for the future. For that reason I have endeavoured to make this report reasonably full, and have included some comment on all the principal topics which call for it, though I have borne in mind the continuing need for economy in paper.

In this introductory note, written in 1945, I should like to make special reference to one event which did not occur during the year under review—the retirement of Nurse C. Munro, the Senior Health Visitor. Her 30 years of service have spanned the entire period of the growth of Maternity and Child Welfare work in this country. To her fell the great responsibility of building up the Child Welfare Service in its difficult initial stages. This Service, intimately personal in character and touching the private lives of ordinary people, has always depended for its efficiency upon the Health Visitor and it is not too much to say that the good record and smooth running of our present service rests upon the foundations which Nurse Munro laid before any of her present colleagues or, for that matter, any present member of the

Maternity and Child Welfare Committee, had entered upon active Child Welfare work. However much the shape of the Service may change in the future it will always remain a monument to the unselfish work of its pioneers.

To conclude this introduction I would say that in general the health of the town has been well maintained during the war years. We have been fortunate in that we have been spared the disasters which have fallen upon the great cities and the southerly parts of the country. This fact has made the more trivial and petty war-time inconveniences loom unduly large in our eyes, but we have still had to face important and genuine troubles which were potential dangers to health. For the success which our endeavours have had in combating those troubles, I should like to commend to your attention the work of my colleagues and my staff and to thank you yourselves for your continued encouragement and practical support.

I remain, Lady and Gentlemen,

Your obedient servant,

JOHN D. KERSHAW.

GENERAL SANITARY CIRCUMSTANCES.

Water Supply.

There have been no changes in the principal sources of the Borough's water supply though, owing to an increased demand for industrial purposes, a greater proportion than usual has been drawn from the Altham borehole, which supplies a harder water than do the surface gathering grounds. Bacteriologically the water is of a high degree of purity, samples taken at approximately monthly intervals having all proved satisfactory. A certain amount of suspicion is at times aroused by the presence in domestic tap water of an "earthy" taste. This is apparently due to the growth of algæ. The Water Board is taking steps to deal with the fault but has not yet been completely successful. Complaints of "insects" in domestic tap water are sometimes

received, but bacteriological examinations of water from the same taps are invariably negative. It would appear that this type of contamination occurs in the domestic storage cisterns and neither it nor the earthy taste are associated with any danger to health.

Housing.

I have little comment to add to my remarks on the housing situation in my Report for 1943. Accrington's problem falls clearly into two parts, short-term and long-term and of these the latter is the greater. In 1939 approximately one hundred houses were scheduled for slum clearance. These remain to be dealt with and it is possible that difficulties in effecting repairs in war-time have accelerated the descent to slum condition of a further hundred. We have, however, lost no houses by enemy action and part of the present housing shortage is due to the temporary influx of war workers, so that their departure will materially ease the situation. We are faced with an immediate problem of technical overcrowding arising from the considerable number of war-time marriages and it is worth our while to remember that newly-married couples cannot and will not start to beget and bring up children while they are living in one room in the house of parents or other relations.

The majority of the working-class houses in the borough were built between 1860 and 1900. They are substantially constructed, but their design is out-of-date and they lack bathrooms and indoor sanitation and cannot be satisfactorily provided with these adjuncts. It is quite likely that in twenty years or less these houses will be so far below accepted standards as to be unfit for civilised living. It follows that, as a long-term programme, we are going to be faced with the almost complete re-building of the whole of the working-class quarters of the town.

For these reasons it is clear that the Council's expressed preference for permanent, as against temporary houses is wise and well-founded. I consider that some temporary houses will be needed and that we should do well to accept as many as the appropriate Ministries are ready to offer us, since that number is not likely to be great. But our main effort should be devoted to the steady development of permanent housing, thinking ahead

and anticipating progress in both structure and equipment. The life of a house is long and the progress of industry and invention swift and we do not want the next generation but one to live in houses which do not satisfy even the present generation.

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals.

Apart from the Municipal Maternity Home, which is considered elsewhere, the only part of the Borough's hospital facilities which requires special comment is the accommodation for Infectious Diseases.

The present arrangement with the Bury Joint Hospital Board is working satisfactorily so far as diphtheria and scarlet fever are concerned. Where it breaks down is in the case of the less common infectious diseases. Measles and whooping-cough, for example, are not particularly dangerous in their uncomplicated form but in both of these diseases complications sometimes do arise which demand urgent hospital treatment. An ordinary general hospital cannot admit infectious cases and an isolation hospital can only admit them if it has an adequate amount of cubicle accommodation in which these patients can be segregated from the scarlet fever and diphtheria patients with whom it principally deals. The Bury Hospital does not possess adequate cubicle accommodation to enable it to admit these special cases from outside its own normal area, so that to arrange for their admission to any hospital it is often necessary to approach three or four other hospitals, with which we have no formal agreement, before a suitable vacancy can be found.

I believe that the only satisfactory long-term solution of the problem will be found in the provision of altogether new isolation hospital accommodation in the area, with about one-third of the beds in modern cubicle blocks. Had it not been for the War we should, doubtless, have had in being by now the Accrington and District Joint Isolation Hospital; the Joint Board has a strong claim for post-war priority.

Ambulance Service.

The ambulance service for non-infectious patients has worked under severe difficulties during the war. The vehicles are well past their first youth and the provision of drivers has not always been easy. As soon as circumstances permit, we should re-equip ourselves with first-class ambulances. Experience suggests that we should have at least three in regular service and it is important that non-urgent journeys and journeys to places outside Accrington, which are usually non-urgent, should be so organised that there is always one ambulance ready for urgent local calls and a driver prepared for immediate duty. It has occasionally happened, in recent years, that it has been impossible for an ambulance to attend an emergency call within twenty or thirty minutes. We have been fortunate in that this has never resulted in tragedy, but we cannot continue to count upon luck. Cases where a fifteen-minute delay might make the difference between life and death are few, but one may arise at any time.

Nursing in the Home.

The District Nursing Association continues to provide a general domiciliary nursing service in the area and does its work well. It would, however, be all to the good if this service could be extended, and it is interesting to note that the plans for a National Medical Service outlined in the recent White Paper, include the development of a home nursing service under Local Authority auspices.

Laboratory Facilities.

The laboratory at the Municipal Health Centre, although modest, continues to justify its existence. Apart from saving time by allowing simple clinical bacteriology and pathology to be done on the spot it has been useful in Public Health bacteriology and will be more useful when the end of the war allows more time and opportunities for laboratory work. It cannot replace the facilities provided by the Manchester Public Health Laboratories for comprehensive investigations, but it reduces the demands which we have to make on them, by enabling us to carry out routine preliminary tests and to refrain from

sending away for fuller investigation samples which are obviously satisfactory. During the war this method has been used to keep a regular check on the town's water supply and it is hoped, in the near future, to make more use of the laboratory in testing milk.

Infectious Diseases.

Scarlet fever, with 98 cases, was the only infectious disease which showed more than average incidence during 1944. Fortunately the infection was of a very mild type and though 34 patients were removed to hospital removal was generally carried out because the home could not provide proper care or isolation or because some member of the household was engaged in one of the food handling trades and must, therefore, be guarded from possible infection.

Fifteen cases of diphtheria were notified, though not all the fifteen were definite clinical cases—it is probable that at least two were "carriers." Though this shows a slight increase over the totals for the two previous years (6 in 1942 and 8 in 1943) it is still a gratifyingly low incidence and we have now had three consecutive years without a death from diphtheria, something which has never happened before in the recorded history of Accrington. The total number of cases in the years 1940-44 is only slightly greater than the average **annual** number during the preceding five years and the same is true of the number of deaths.

Considerable variations in the incidence of a particular disease are always liable to occur in a small town, but it is worth noting that the dramatic decrease in diphtheria in the past three years followed closely on the heels of the intensification of the immunisation campaign in 1941; if we can extend immunisation still further we have a good hope of maintaining the excellent recent record.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres), 4,418.

Population (Census 1931), 42,991.

Registrar-General's estimate of Resident population, mid 1944, 36,850.

Number of inhabited houses (census 1931) 12,019 (1944, 13,450).

Rateable Value, £260,624.

Sum represented by a penny rate, £1,039.

VITAL STATISTICS (Provisional).

	Males.	Female.	Total.
Live Births—Legitimate	268	271	539
Illegitimate	15	13	28
	283	284	567
Stillbirths	5	7	12
Deaths of Infants under 1 year.....	14	9	23
Deaths (all ages)	261	303	564

Birth Rate per 1,000 of the estimated resident population 15.38

Stillbirths—Rate per 1,000 total births (live and still)..... 20.72

Death Rate per 1,000 estimated population 15.30

Deaths from puerperal causes:

	Deaths.	Death-rate per 1,000 total (live and still) births.
Puerperal & post-abortive sepsis	Nil.	Nil.
Other maternal causes	1	1.72
	1	1.72

Death-rate of infants under one year of age:

All infants per 1,000 live births 40.56

Legitimate infants per 1,000 legitimate live births..... 38.96

Illegitimate ,, ,, ,, illegitimate ,, ,, ... 71.42

Death from Cancer (all ages)	89
,, ,, Measles (all ages)	Nil.
,, ,, Whooping Cough (all ages)	Nil.
,, ,, Diarrhoea (under 2 years of age)	Nil.
,, ,, Pulmonary tuberculosis (all ages)	20
,, ,, Other forms of tuberculosis (all ages)	2

TOTAL NUMBERS OF BIRTHS, DEATHS, INFANT DEATHS AND INFANT MORTALITY FOR THE PAST TEN YEARS.

Year.	Births.	Deaths.	Infant Deaths.	Infant Mortality
1944	567	564	23	40.56
1943	561	605	17	30.30
1942	508	556	20	39.37
1941	464	577	19	40.94
1940	387	681	23	59.43
1939	399	579	18	45.11
1938	420	568	13	30.95
1937	402	625	23	57.21
1936	464	574	18	38.79
1935	463	591	19	41.03

CAUSES OF DEATHS OF ACCRINGTON RESIDENTS DURING 1944.

	Male.	Female.	Total.
Typhoid and Paratyphoid Fevers	—	—	—
Cerebro-Spinal Fever	1	—	1
Scarlet Fever	—	—	—
Whooping Cough	—	—	—
Diphtheria	—	—	—

Tuberculosis of Respiratory System ...	12	8	20
Other forms of Tuberculosis.....	—	2	2
Syphilitic Diseases	3	—	3
Influenza	3	1	4
Measles	—	—	—
Acute Polio myelitis & Polio-encephalitis	—	—	—
Acute infective encephalitis	2	1	3
Cancer of buccal cavity and oesophagus (m) and uterus (f)	7	9	16
Cancer of Stomach and Duodenum.....	8	9	17
Cancer of Breast	—	12	12
Cancer of all other sites	19	25	44
Diabetes	2	2	4
Intro-cranial Vascular Lesions	28	38	66
Heart Disease	85	109	194
Other diseases of Circulatory System...	11	10	21
Bronchitis	10	18	28
Pneumonia	7	5	12
Other Respiratory Diseases	2	2	4
Ulcer of Stomach or Duodenum	2	—	2
Diarrhoea, under 2 years	—	—	—
Appendicitis	3	1	4
Other Digestive Diseases	7	6	13
Nephritis	7	4	11
Puerperal and Post-abortion Sepsis	—	—	—
Other Maternal causes	—	1	1
Premature Birth	3	3	6
Congenital malformations birth injuries, etc.	3	2	5
Suicide	2	2	4
Road Traffic Accidents	2	1	3
Other violent causes	12	6	18
All other causes	20	26	46
	261	303	564

SANITARY CIRCUMSTANCES OF THE AREA.

a. **Water Supply.**

There has been no alteration in the Borough water supply, which is still provided by the Accrington and District Gas and Water Board from upland surface sources and from the Altham borehole. All the water supplies are now treated by the chloramine process and passed through pressure sand filters.

During 1944, 3 samples of the Board's water were examined bacteriologically at the Manchester Laboratories and 10 in the Muncipal laboratory. The results were satisfactory.

b. **Closet Accommodation, etc.**

No. of privy middens	3
,, ,, closets attached to these middens	3
,, ,, pail closets	98
,, ,, dry ashpits	Nil.
,, ,, movable ashbins	13954
,, ,, fresh water closets	6877
,, ,, waste water closets	6606
Closet conversions:	
Waste water to fresh water	74

SANITARY INSPECTOR'S REPORT.

The following summary report has been furnished by the Chief Sanitary Inspector:—

No. of premises visited (including housing visits)	9910
Defects discovered	879
Defects and nuisances remedied and abated	742
Notices served.—1. Informal	244
2. Statutory	3

Smoke Abatement.

Observations have revealed no serious nuisance during the year.

Eradication of Bed Bugs.

During the year 44 houses were disinfested. Satisfactory results were obtained by the use of "Lethane" and the sulphur fumigation of sealed rooms.

Offensive Trades.

One gut scraper and four tripe dressers carry on scheduled offensive trades on five separate premises. The conduct of these trades has been satisfactory.

Common Lodging Houses, etc.

There are in the Borough 3 registered common lodging houses and 4 houses let in lodgings. Their condition and conduct has been satisfactory.

Housing.

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b)..... Nil.
(i) By the local authority ..... Nil.
(ii) By other local authorities ..... Nil.
(iii) By other bodies or persons ..... Nil.
(b) With State assistance under the Housing Acts:—
(i) By the local authority (included under (a) (i) above)... Nil.
(ii) By other bodies (included under (a) (iii) above)..... Nil.

1. Inspection of dwelling-houses during the year:—
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)..... 137
(b) Number of inspections made for the purpose 389
(2) (a) Number of dwelling-houses (included under sub-head (1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932) 4
(b) Number of inspections made for the purpose 48
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..... Nil.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 137

2. Remedy of defects during the year without service of formal notices:—
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers 75

3. Action under statutory powers during the year:—

(a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 1

(2) Number of dwelling-houses which were rendered fit after service of formal notices:—

(a) By owners 1

(b) By local authority in default of owners ..... Nil.

(b) Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 137

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—

(a) By owners ..... —

(b) by local authority in default of owners ..... —

(c) Proceedings under sections 11 and 13 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made ..... —

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ..... —

(d) Proceedings under section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..... —

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..... —

4. Housing Act, 1936, Part IV—Overcrowding:—

(a) (i) Number of dwellings overcrowded at the end of the year:

(ii) Number of families dwelling therein.....

(iii) Number of persons dwelling therein .....

(b) Number of new cases of overcrowding reported during the year .....

(c) (i) Number of cases of overcrowding relieved during the year .....

(ii) Number of persons concerned in such cases

No information under this head.

Inspection and Supervision of Food.

Milk Supply.	No. of Dairy Farms	45
	No. of Cows (approximate)	700
	No. of Cowkeepers	43
	No. of inspections	44
	No. of dairymen, etc., other than Cowkeepers	22
	Bacteriological examinations (Resazurin test)	
	Satisfactory	11
	Unsatisfactory	1

Meat and other Foods.

A considerable amount of time is devoted by the two Sanitary Insuectors to the inspection of meat at the Public Abattoirs prior to delivery to 80,000 consumers. A considerable amount of meat and other foods is rejected each month as unfit for human consumption.

Food and Drugs Acts.

21 samples of milk and 3 of other foods were submitted during the year. All foods were reported as being of a satisfactory standard.

INFECTIOUS DISEASES.

Notifiable diseases (other than Tuberculosis) during the year 1944.

	Total cases notified.
Smallpox	—
Scarlet Fever	98
Diphtheria (including membranous croup)	15
Enteric fever (including paratyphoid)	—
Measles, excluding German measles	108
Whooping cough	6

Acute pneumonia (primary and influenzal)	8
Puerperal pyrexia	—
Cerebro-spinal fever	4
Acute poliomyelitis	—
Acute polio-encephalitis	—
Encephalitis lethargica	—
Dysentery	—
Ophthalmia neonatorum	1
Erysipelas	—
Malaria (contracted in this country)	—
(Abroad)	—
Total	240

TUBERCULOSIS.

New Cases and Mortality during the year 1944.

NEW CASES.

Age Periods Years.	Pulmonary. M.	Pulmonary. F.	Non-Pulmonary. M.	Non-Pulmonary. F.
0—1	—	—	—	—
1—5	—	—	1	—
5—10	—	—	1	2
10—15	—	—	1	3
15—20	2	2	1	1
20—25	6	4	—	1
25—35	2	4	2	3
35—45	1	4	—	1
45—55	2	1	—	—
55—65	1	2	—	1
65 and upwards	1	2	—	—
Totals	15	19	6	12

DEATHS.

Age Periods Years.	Pulmonary. M.	Pulmonary. F.	Non-Pulmonary. M.	Non-Pulmonary. F.
0—1	—	—	—	—
1—5	—	—	—	—
5—10	—	—	—	—
10—15	—	—	—	—
15—20	—	1	—	—
20—25	—	2	—	—
25—35	5	3	—	—
35—45	2	1	—	—
45—55	2	1	—	1
55—65	2	—	—	—
65 and upwards	1	—	—	1
Totals	12	8	—	2

MATERNITY AND CHILD WELFARE.

The number of births in the area, 548, showed an increase of three on the number for 1943. It is difficult to forecast the future trend of the birth-rate, but it seems clear that we cannot expect it to increase materially above the present level. It must not be forgotten that this level is artificially high—the rise has been due to the fact that people who might not have married until, say, 1946 or 1947, have, on account of war conditions, married earlier. For that reason we are, so to speak, drawing on our future account of births and unless we can continue to keep poverty in check our birthrate may soon fall to the pre-war level.

The filling of the vacancy in the nursing staff which had been present all through 1943 has enabled us to increase not only the efficiency of our clinics but the number of visits made to

children at all ages up to five years. Better attendances at the ante-natal clinic have somewhat reduced the need for visits to expectant mothers in their homes. A very gratifying feature of the year has been the high proportion of babies born in the Borough who have been brought to the clinic. No fewer than 516 children under the age of one attended the clinic for the first time during 1944, this representing just over 95% of the number of births in the Borough. There is still room for improvement, however, in the proportion of children over the age of one who attend the clinic. We are fortunate in Accrington in that the war-time nurseries, the nursery school, the nursery classes and the infants departments of our elementary schools bring a great many of our under-fives under the care of the Medical Services, but, even so, far too many children do not receive any regular medical supervision between the ages of one and two. It cannot be to strongly impressed upon parents that the end of breast or bottle-feeding does not mark a point at which the child suddenly grows up and ceases to need care. On the contrary, it is at that age that certain very important defects tend to develop or to become visible. Granted, the need for fortnightly or even monthly weighing has passed, but if mothers would take the trouble to bring their children for inspection every three months during the second year of life they would be amply rewarded.

We have continued to confine our clinic activities to sessions at the Municipal Health Centre, but have not lost sight of the needs of outlying parts of the Borough. The Huncoat branch clinic, closed early in the war because of the poor attendances, will be opened again when circumstances permit and the pre-war scheme for a branch clinic in the Spring Hill area will be reconsidered in the fairly near future.

Home Helps.

The Corporation's Home Help scheme remains dormant. The need is still present and the Ministry of Health has recognised the necessity for its extension to cases other than those of confinements, but such a scheme depends for its success upon the women engaged for the work being absolutely right for it in every way and there is, naturally, a dearth of suitable women who

are free to take up such very intermittent part-time work. In the meantime, the nursing staff have given informal help in this direction by putting persons in need of help into touch with women who are temporarily free and are able to make private arrangements to help in the home.

Child Life Protection.

A careful watch has been kept upon all children who are cared for, for reward, by persons other than their parents, even where such care only amounts to "daily minding." On the whole "daily-minding" has been discouraged except where the circumstances were exceptionally good. If it is impossible for a mother to look after her children it is obviously better that they should be under the care of experts in good surroundings than that they should be looked after by inexperienced amateurs in surroundings which cannot give them fresh air and playing-space. Further, rationing difficulties make it difficult to cater for someone else's child, whereas nurseries have preferential treatment in regard to food.

There has been an increase in the number of children adopted by Accrington parents. In this connection it is our practice to advise prospective adopters to make their arrangements through recognised adoption societies. The pitfalls of adoption are many and serious. Apart from the legal complexities, it is most important to know beforehand as much as possible about the child who is to be adopted. Even an attractive baby may have latent within him the seeds of mental or physical illness or defect and only expert help and advice can warn the adopter in time. This expert advice is one of the things which the adoption societies exist to supply; the wise parent will be ready to take all such help.

Municipal Maternity Home.

The Municipal Maternity Home has faced with depleted staff a year of increased activity, during which it admitted 328 cases as against 299 in 1943. The energy and enthusiasm of the staff have carried them through successfully, but it is unfair that those good qualities should, as so often happens, be rewarded

only by a steady increase of the strain. A shortage of nurses and midwives is only to be expected in war-time, but we have felt, we believe, justly, that our claims have not received the recognition they deserved. The Home has also suffered considerably from the fact that the war prevented the taking of any steps to enlarge it and to improve its facilities.

During the year the need for improved and increased accommodation has been recognised by the Council as an important part of Accrington's post-war plans and the Committee has visited several sites in the Borough and has made recommendations as to their suitability. The Home cannot be conveniently enlarged to any great extent and the building of a new Home is clearly the most satisfactory solution of our problem. Exactly when and how this will be done we cannot tell until we see what shape the nation's health services as a whole are going to take, but that is no reason why we should not begin our serious planning now.

War-Time Nurseries.

After a somewhat slow start the War-time Nurseries in Eagle Street and Moss Hall Road have proved an unqualified success. The demand for accommodation was heavier at Eagle Street because of its more central situation, but both have been well filled and have had waiting lists during part of the year. It is pleasant to record that the nurseries have done more than merely look after the children while their mothers have worked; almost every child who has attended for any length of time has improved in physical and psychological condition.

While we believe in theory that the home is the best place for every child, we are compelled to admit that the average working-class house, housing estates apart, is by no means ideal as an environment for a child. In the older parts of Accrington it is difficult, if not impossible, for the best of mothers to give her child all it needs. Two-thirds of our houses have no baths, a great many have no indoor sanitation and an inadequate hot water supply and few have gardens, except, again, on the housing estates. To give a mother up-to-date advice on child hygiene and to expect her to practice it under these difficulties is far too

optimistic. The nursery can and does provide these things and their effects on the children have been marked as one would expect. In war-time the nurseries have enjoyed other advantages, particularly in respect of diet. It is not too much to say that the food provided in them has been better than any child could possibly have received in even a wealthy household. But even after war-time difficulties have passed there will be considerable scope for the nurseries, perhaps in an altered form and with some of the characteristics of nursery schools.

Critics of nurseries suggest that they encourage laziness and inefficiency among mothers. There is some truth in that suggestion. Accrington, however, was always a town in which an appreciable proportion of married women went out to work and it will not be surprising if, for some time after the war, we still have enough working mothers to fill the nurseries with their children. As to the non-working mothers, let us remember that some will need temporary provision for their children because of family illness, that an only child may be far better off in a nursery than at home, that the mother of a large family is entitled to some respite from her household cares and that the mother who is so lacking in maternal instinct as to be lazy and careless about her children will be lazy and careless whether those children are at home or in a nursery—to put them in a nursery may well be the kindest thing for them.

THE SCHOOL MEDICAL SERVICE.

STAFF.

School Medical Officer: JOHN D. KERSHAW, M.D., D.P.H.

Deputy School Medical Officer: JACOB KATZ, M.D. (Prague).

School Nurses:

Miss C. GREENHALGH.

Miss M. McPHERSON.

Miss K. KING (serving with H.M. Forces).

Mrs. D. CHAPMAN (temporary).

Miss J. McGAW (temporary).

Clerical Staff:

Miss E. BILSBORROW.

Miss B. RILEY (temporarily transferred to industry).

Mrs. D. ROTHWELL (temporary).
Resigned September, 1944.

Miss C. CLEGG (temporary).
Commenced September, 1944.

(All the above carry out duties in respect of Maternity and Child Welfare or general Public Health work, in addition to their School Medical Service duties).

School Dental Officer: F. LOMAX, L.D.S.

Dental Attendant: Mrs. W. BRECKELL.

Opthalmic and Aural Surgeon (part-time): Dr. C. M. GEDDIE.

Orthopædic Surgeon (part-time): Mr. S. M. MILNER.

Speech Therapist (Part-time): Miss E. BRADY.

North-East Lancashire Child Guidance Clinic:

(The services of the Clinic are available to Accrington as required).

Medical Psychiatrist (part-time): Dr. M. BALINT.

Psychologist (part-time): Mrs. E. M. BALINT.

Psychiatric Social Worker (full-time): Miss B. H. COOKE.

THE SCHOOL MEDICAL SERVICE.

Between the end of the year under review and the issue of this report, the Accrington Education Committee has ceased to exist and the Lancashire County Council has become the Local Education Authority. It is useless to protest against an accomplished fact; the wise procedure is to let the past be the past and to set about making the best use of the future. None the less I cannot refrain from making some retrospective comment upon the nine years during which I was the servant of the old Accrington Education Committee. They were years of considerable difficulty. The first four could hardly be described as prosperous, while the last five were complicated by the vicissitudes of war. None the less they were years of progress and each of them was marked by some forward step in the extension or development of the School Medical Service.

To stress comparisons between the present and the past would be unfair, for the fact that my predecessor in office was only a part-time officer necessarily prevented him from fully realising his ambitions for his work. The progress of the School Medical Service of the town since 1935 has, however, been a legitimate cause for gratification, Let me say that I do not make this claim out of personal pride; nothing which has been accomplished would have been possible had I not received the help not only of the Education Committee but of the general body of the citizens of Accrington. What has been done has been the work of the town as a whole and has fully justified the claim which I have many times made, in speech and in writing, that the liveness of the small town which is an organic social whole makes it able to achieve far more in relation to its resources than do many of our biggest and wealthiest cities. It has been my privilege in the last few months to do a great deal of work on behalf of the non-county boroughs in the course of their efforts to obtain some practical recognition of their past successes in School Medicine and Public Health generally. This work has brought me into contact with both County Medical Officers and the Medical Officers of the Ministry of Education and I have found that such recognition is very generally conceded among those who understand the facts. I believe that in Lancashire, at any rate, the

future practice of the School Medical Service will be founded upon a genuine partnership between the County Authority and those engaged in work in the areas of the Divisional Executives and that Accrington will still be able to take a pride in its progressiveness.

While Divisional School Medical Officers will in future make their Annual Reports to the County Medical Officer, the Association of County Medical Officers has acknowledged the need for individual localities to be fully informed of the work of the School Medical Service in their areas and has agreed that each Local Medical Officer of Health shall have the right to include in his Annual Public Health Report an account of the work which he may have done as Divisional School Medical Officer. I consider it both right and necessary that both the Borough Council and the public should be fully informed of the progress of what is, after all, an integral part of their Health Services, and I propose to take full advantage of this privilege. Although, therefore, the present report cannot be made to the body under which the work it concerns was actually undertaken, I offer the following account of the work of the School Medical Service in 1944 to the Corporation of Accrington.

1. **School Medical Inspection.**

The resignation of Dr. J. Katz, Assistant School Medical Officer, in September, 1944, necessitated some temporary reduction in the work pending the appointment of his successor. Dr. A. Greenhalgh, Junr., was engaged part-time to assist in school medical inspections, but the gap was not completely filled. Attention was concentrated upon the inspection of the entrant and leaver age-groups and some of the re-inspections which fell due in the period in question were deferred, so that the most urgent work was actually completed and the total work of the year fell but little short of normal.

The findings at medical inspection call for little comment, there being no abnormal incidence of defects. The "Nutrition" figures, representing less a specific assessment of nutrition than a general estimate of physical well-being, were virtually the same as those of 1943, only 7% of the children inspected falling below

normal and none being seriously subnormal. The causes of this subnormality were probably many and varied. I am satisfied that children's diets generally, taking into account the supplements which are available, were sufficient to maintain a reasonable level of health, though I hesitate to pronounce definitely on the point; there may have existed slight chronic deficiencies whose effects, though not at present measurable, may show themselves later. It must, however, be remembered that the black-out has interfered with domestic ventilation, particularly at night, and that Double Summer Time has reduced the average hours of sleep of children, two things which would militate against the general advantages of good feeding.

2. The Treatment of Defects.

a. Minor Ailments.

The number of defects treated in the Minor Ailments Clinic was 1,060, an increase of 95 on the total for the preceding year. No single type of ailment showed any particular increase in its incidence and I attribute the overall increase partly to a general tendency, which has been notable for some years, to seek proper treatment early for these ailments and partly to the undoubted fact that war conditions have tended to favour the spread of skin diseases. With a considerable proportion of mothers out at work and with household duties multiplied and complicated it is only to be expected that some children will be less well cared for and "neglect" conditions such as impetigo and scabies will spread more easily. That the increase is comparatively small is a considerable tribute to the work of mothers under hard and trying conditions.

b. Defective Vision.

There was a slight fall in the number of children treated for errors of refraction. This is due entirely to the absence of an Assistant Medical Officer during the last four months of the year. Since no "Intermediate" children were inspected during that period, the number of children referred for treatment was a little below the average and it was necessary to cancel one or two refraction clinics in order that other urgent work might be undertaken.

In this connexion I would ask Head Teachers and Class Teachers for a little more co-operation than has been received from certain schools in the past. There is still a tendency to wait for routine inspection to detect defective vision in children who, to a careful observer, would already have shown signs of defect and not all teachers are yet making a practice of reporting childen who have spectacles but do not wear them constantly.

c. **Nose and Throat Defects.**

The success of conservative treatment of nose and throat defects has continued. There is an increasing body of knowledge to reinforce the opinion that many cases of tonsillar enlargement are due not to sepsis of the tonsils but to chronic nasal catarrh or sinus infection and that treatment of the underlying condition can make operation unnecessary. The facilities which we can at present offer are limited in their nature and extent, but I hope that when war conditions have passed it may be possible to do more in this direction.

There are, however, still cases in which the removal of the tonsils are desirable and it has been unfortunate that the accommodation provided by the Victoria Hospital is so limited that considerable delay has sometimes occurred in the carrying out of operations. Perhaps this too may pass when conditions become more normal.

d. **Dental Defects.**

The School Dental Officer submits his own report on the work of the dental service. Little more than half of the children who require dental treatment actually obtain it, a position which has been more or less constant for many years and which seems to defy all attempts to change it. I can see no remedy but long-term and intensive public education. This can well begin in the schools; certain of the town's schools have an acceptance rate well above the average, which suggests that a considerable number of teachers are fully alive to the need. We must remember, too, that the child of to-day is the parent of the future and that if he, or she, has been well and truly taught that with the teeth, as with so many other things, "a stitch in time saves nine," his or her children will learn that important lesson at home.

e. **Orthopædic and Postural Defects.**

There is little fault to be found with the way in which parents accept for their children the treatment of the more serious orthopædic defects, a fact which shows up in high relief the difficulties of the dental service. We have, however, still far to go in dealing with minor defects of posture. The experiment has been tried of holding periodical sessions at the School Clinic for the training of children in remedial exercises, but the results did not justify the attendance of the Orthopædic Nurse and the scheme was abandoned.

It is quiet clear that merely to show the child how to do the exercises is not enough. "Round shoulders" do not excite the interest of the average parent sufficiently to ensure that the child is made to do the exercises at home and, after the novelty has worn off, the exercises are discontinued. The only way in which postural defects can be prevented or cured is by a systematic and constructive policy of physical education in the schools, and we shall make little progress until such a policy is adopted. The Physical Training Organisers are willing and eager to co-operate in this work, and I have already approached them regarding the possibility of associating remedial exercises for children with defective posture with the general physical training work in school. At the moment practical difficulties of accommodation and staffing prevent the undertaking of any major work in this direction, but I am not without hope for the future.

That hope is intensified by information which is coming to hand from the Army's Physical Re-Development Centres. It has been found possible, by intensive courses, to bring something like 75% of the Army's sub-standard recruits up to the full army standard of fitness, and if this can be done in youths of 18 or 19 whose defects are well established, it should be possible to work even more successfully on youngsters in whom the defects are only just beginning to show themselves. This might well be associated with the "Camp School" developments which were becoming general before the war; in that way it would be possible to make a month or two of physical conditioning or re-conditioning available for all of that great number of the older school-children who need it.

f. **Provision of Meals.**

The School Meals Service has been considerably expanded during the past two years and now provides a cooked mid-day meal for an average of 1,000 children. The general standard of the meals is good, but I must regretfully confess that I do not yet consider it good enough. My chief criticism is that the meals lack variety. Stews are far too common, dried peas and beans appear too often in the menu and the range of puddings is very limited. It must be conceded that large-scale catering is not by any means easy at the moment, but I am disappointed that difficulties should be accepted as insuperable barriers and not treated as challenges to the cooks' skill and ingenuity. Other towns have succeeded in overcoming them and Huncoat School, which carries out its own catering and cooking, provides meals which are certainly of a higher standard than those from the central kitchen.

Dietetically, there is one important fault. Vitamin C, a food factor of which most of us get too little, is destroyed by heat. A certain amount of it is inevitably lost in cooking, but the greatest loss occurs while cooked vegetables are being kept hot in containers; it is probably true to say that in meals cooked centrally and transported in containers, as are most of our Accrington dinners, Vitamin C is to all intents and purposes entirely absent. This makes it essential, if our dinners are to be dietetically satisfactory, that they should contain a proportion of raw vegetable, either as salads or as shredded raw cabbage or carrot. It is a fact that children often prefer these vegetables raw, but we are not yet making any proper use of that fact. As an alternative we might consider the possibility of doing vegetable cookery on the spot, at least in those schools which possess cooking facilities, a procedure which would also relieve the pressure on the apparatus in the central kitchen.

This last point is important in that one of the reasons for the lack of variety, especially in regard to puddings, is the limited amount of oven space available. We should, however, also consider whether our single central kitchen is sound in policy. It is necessary for some meals to be packed in their containers ready for transport nearly two hours before they are to be

consumed, a fact which probably makes them less appetising as well as less nutritious, and, even so, our cooking and transport service is working at full capacity without completely satisfying the demand. Certainly, if the service is to expand further, as the Ministry of Education apparently intends that it should, we must try to expand by decentralisation.

I should, morever, like to see a greater measure of mutual co-operation between the teachers and the staff of the kitchen. A cook always tends to receive more brickbats than bouquets, but it cannot be for the good of our children that the principal contacts between the teachers and the cooks arise over complaints. It is impossible to avoid the impression that many teachers feel that the cooks adopt a "take it or leave it" attitude, while the cooks feel that the teachers are deliberately and assiduously looking for faults. Occasional meetings between the kitchen supervisor and teachers, not to air grievances but to discuss what is, after all, a problem common to both sides, would certainly clear the air.

g. **Open-air Schools.**

We must not lose sight of the point that in theory the transfer of powers as Local Education Authority from the Borough to the County Council offers us certain advantages, especially in respect of the greater financial resources which will be available in the provision of special services on a larger scale and over wider areas than hitherto. Open-air school accommoda- is an excellent example of this.

It has been realised for some time that open-air education was desirable for a considerable number of our school children. It would have been possible to find enough children in Accrington alone to fill a two-class or three-class school, and I believe that, had it not beenfor the War, we should probably have had such a school before now. From the educational point of view, however, even a three-class school is far from satisfactory. A school of this type must provide for children of all ages and of varying abilities; in the small school it is necessary to throw together in one class children who would, in their ordinary schools, be graded into two, three or more classes. It follows that the small open-

air school confronts the teachers with a very difficult problem and that the child may lose educationally almost as much as he gains in physical health.

Blackburn, our neighbour, has a sufficient school population to justify the establishment of a full-size open-air school and has made excellent use of its opportunities. Within easy reach of Accrington there is a total school population almost as great as that of Blackburn and, with modern transport facilities, there is no reason why there should not be set up, in this neighbourhood, a large open-air school for the children of what we are accustomed to call "Greater Accrington." I believe that the County Council is favourably disposed toward such schemes and I think that Accrington might wisely and profitably begin now to take the initiative in pressing for such a school.

h. **The Education of the Dull or Backward Child.**

The same general argument in favour of larger schools for larger areas applies to the case of the backward child. I do not wish to disparage the excellent work which is being done at present in our Special Class at St. James's School; I would, in fact, like to pay special tribute to Miss Waddington's first-rate work under difficulties. The Intelligence Quotients of the children in that class, however, range from 65 to 85 and their actual ages from 8 to 14, so that it is impossible for their number to be increased beyond 15 if they are to be taught effectively. A two-class school, however, might be able to take 40 or 45 children and do even better work.

I hope, also, that the decision of the Education Committee in 1943 to provide special teaching arrangements for the child who is merely educationally backward in one or two special subjects will not be forgotten in this transition period. It was impossible, at that time, to implement the decision, but the suggested scheme would have filled an important need which cannot be entirely met within the ordinary school, even after reorganisation, and I should like to see the subject discussed with and urged upon the County Council at the earliest opportunity.

STATISTICAL SUMMARY.

School Medical Inspection.

A. Routine Medical Inspections.

No. of Inspections.

Entrants 576. Second age group 362. Third age group 288.

Total 1,226.

Other routine inspections... Nil.

Grand total 1,226.

B. Other Inspections.

Special inspections and re-inspections..... 1,448.

Nutrition.

Classification of the nutrition of children inspected during the year in the routine age groups.

Excellent.	Normal.	Slightly subnormal.	Bad.
Nil.	1,139 (93%)	87 (7%)	Nil.

Defects of Eyes, Nose or Throat.

Group 1. Number of defects treated under Minor Ailments clinic scheme 1,060

Group 2. Treatment of defective vision and squint.

Errors of refraction .....146. Other defects .....20.

Group 3. Treatment of defects of nose and throat.

Operative treatment .....6. Other treatment.....64.

Verminous Conditions.

Average number of visits per school 3

Number of individual children examined 9,771

Individual children found unclean 566

Speech Defects.

The Speech Therapist reports as follows:—

	Stammer.	Other defects.
No. of cases	11	21
Discharged as normal	1	7
Discharged or left school improved.....	—	2
Suspended under observation	4	1

Still attending:

Much improved	2	2
Improved	1	9
Unimproved	1	—
In attendance less than 3 months	2	—

Children of pre-school and early school age have been kept under observation during the year and in several cases the development of a stammer has probably been averted as a result of advice given to parents on home treatment .

Treatment of speech defective children of school age is prolonged very considerably in cases where both parents are working as there is so little time or energy left for supervision of practice at home. The active co-operation of the class teacher has done a great deal in helping to overcome this particular difficulty.

DENTAL REPORT, 1944.

Municipal Health Centre,

Accrington.

I beg to submit my seventeenth annual report as Dental Officer. This deals with the work carried out by my Department for the twelve months ended 31st December, 1944. Each elementary school in the Borough was visited twice during the year, the teeth of 9,858 children being inspected in the course of 83 half-days devoted to dental inspection. All children in attendance were included. 196 special cases also received examination at the Dental Clinic making a grand total of 10,054 children inspected. These inspections revealed that 4,115 children or 40.9% of the total number examined, required dental attention. Notifications, which offered the requisite treatment at the Dental Clinic on receipt of a favourable reply, were dispatched to the respective parents of these children. Consent was obtained in 2,193 cases, which actually received treatment, and do not include those children absent when notified to attend the Dental Clinic.

The number treated represents 53.3% approximately of the total found to be in need, and is slightly higher than the 51.1% who accepted in the preceding year.

Treatment occupied 358 half-days during which the attendances made by the children totalled 2,361. Extractions consisted of 1,615 temporary and 104 permanent teeth. In 490 cases the required extractions were performed under general anæsthesia. For the maintenance of this service I have to express my sincere thanks to Dr. Paterson, who very efficiently carried out the duties of anæsthetist for many months, during which time we had no Assistant School Medical Officer. On the conservative side fillings were completed in 505 permanent and 25 in temporary teeth, a total of 530 fillings.

In addition 439 other operations were performed and consisted of dressings, scalings, and silver nitrate treatment, which is very efficacious for preserving the temporary teeth. 13

pre-school children received treatment at the Dental Clinic during the past year. Administrations of general anæsthetic were given in 5 cases and a total of 8 temporary teeth extracted. 4 temporary teeth were filled and 13 other operations carried out.

1 Mother was fitted with full upper and lower dentures by a local dental practitioner of her own choice. These were found to be satisfactory and fees were allowed at National Health Insurance rates.

To the Medical Officer I express my thanks for his continual support. I am also under obligation to the Head Teachers for their co-operation. As the service will be taken over in future by the County Education Authority I desire especially to record my appreciation of the courtesy and consideration given to me by the Chairman and Members of the Accrington Education Committee throughout the whole period I have served them.

FRED LOMAX,

Dental Officer.