[Report 1938] / Medical Officer of Health, Ashton-under-Lyne Borough.

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BOROUGH OF
ASHTON-UNDER-LYNE

ANNUAL REPORT
OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR
1938

ALAN S. SIMPSON, M.B., B.S. (Lond.), M.R.C.S., D.P.H.
Medical Officer of Health, School Medical Officer, and Medical Superintendent to the Infectious Diseases Hospital

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J. Andrew & Co. Ltd., Printers, "Reporter" Office, Ashton-under-Lyne

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BOROUGH OF ASHTON-UNDER-LYNE
November, 1938

Public Health Committee

Chairman: Alderman Sheard.

Deputy-Chairman: Councillor Hague.

The Mayor, Alderman Massey, Councillors Anderton, Flowers, Green, Hannan, Ibbotson, Mrs. Mamourian, and Mrs. Williamson.

Maternity and Child Welfare Committee

Chairman: Councillor Mrs. Williamson.

Deputy-Chairman: Councillor Farley.

The Mayor, Councillors Anderton, Flowers, Greenwood, Hannan, and Mrs. Mamourian, and Mr. Ralphs.

TOWN HALL CHAMBERS,
ASHTON-UNDER-LYNE.
19th September, 1939.

TO THE MAYOR AND COUNCIL OF THE BOROUGH OF ASHTON-UNDER-LYNE.

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit my first Annual Report on the Health of the Borough (Year 1938).

That the completion of this report should be as late as September, 1939, is unfortunate, but unavoidable.

Quite early in the year 1939, instructions were received from the Ministry of Health that work in connection with Civil Defence should take precedence of the normal work of my department, with the result that I have been delayed in submitting my report.

The report has been completely re-written and conforms to the requirements as laid down by the Ministry of Health.

In drawing up the report, I have attempted as far as possible to submit tables and graphs giving figures and statistics over as long a period of time as possible, and generally speaking, statistical comparisons can be made rapidly from year to year throughout the present century.

Such long range fluctuations in the statistical figures are very important.

For observations on the various rates I would refer you to the appropriate section of the report.

The environmental field of preventive medicine still calls for a vast amount of work by the Health Department.

Table VII of the report shows what has been accomplished in eradicating the slums since the year 1931, but no one who is familiar with much of the existing property in the borough would suggest that this work is complete.

The eradication of the smoke damage remains to be accomplished.

The work in connection with Infectious Diseases, Maternity and Child Welfare, the Inspection and Supervision of the Food Supply and the Sanitary Department are all reported upon fully in their particular sections.

May I express to the Council my appreciation of their support, and to Dr. Evans, Mr. Handforth and the whole staff of the Health Department my thanks for their loyal assistance and keen co-operation in the work of improving the health of the borough.

Commending this report to your notice,

I have the honour to be,

Your obedient servant,

ALAN S. SIMPSON,
Medical Officer of Health.

Staff of the Health Department

Medical.

Alan S. Simpson, M.B., B.S.(Lond.), M.R.C.S., D.P.H., Medical Officer of Health, School Medical Officer, Maternity and Child Welfare Officer, Superintendent of Infectious Diseases Hospital. (Commenced duties September, 1938).

Mary Evans, M.B., Ch.B., D.P.H., Assistant Medical Officer of Health, Assistant School Medical Officer, Assistant Medical Officer for Maternity and Child Welfare.

Sanitary Inspectors.

C. Sykes Handforth, M.S.I.A., C.R.S.I., Chief Sanitary Inspector, Chief Inspector of Meat and Other Foods, etc.

Herbert Hunter, M.S.I.A., C.R.S.I., Additional Sanitary Inspector, Inspector of Meat and Other Foods, etc.

W. L. Barnsley, M.S.I.A., C.R.S.I., Additional Sanitary Inspector, Inspector of Meat and Other Foods, etc. (Appointed October, 1938).

J. Sagar, M.S.I.A., C.R.S.I., Additional Sanitary Inspector, Inspector of Meat and Other Foods, etc. (Appointed October, 1938).

Health Visitors.

Nurse Chamberlain, S.R.N., S.C.M., H.V. Certificate.
,, Coffey, S.C.M.
,, Hawcroft, S.R.N., S.C.M., H.V. Certificate.
,, Parkinson, S.R.N., S.C.M.
,, Weir, S.R.N., S.C.M.

Clerks.

C. Sharples, A. Hartley, O. M. Roberts, M. Coltas.

Hospital.

Miss Hollis, S.R.N., Matron of Infectious Diseases Hospital.
One Staff Nurse.
Two Probationer Nurses.

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

TABLE I.—Vital Statistics during 1938 and previous years.

TABLE II.—Registrar General's Return for 1938 — Causes of Death.

TABLE III.—Causes of, and Ages of Death during the year ending 31st December, 1938.

TABLE IV.—Birth-rate, Death-rate, Infantile Mortality-rate, 1900-1938.

Summary of Statistics

1. General Statistics.

Area (in Acres)	2,981
Population (Census, 1921)	51,409
Population (Census, 1931)	51,573
Registrar-General's Estimated Population, 1938	48,540
Density of Population, i.e., Persons per Acre (Whole Borough)	16
Number of Inhabited Houses (1921)	12,370
,, ,, ,, (1931)	13,871
,, ,, ,, (1938)	14,653
(At 31st December, according to Rate Books)	
Number of Families or Separate Occupiers (1921)	12,370
Number of Families or Separate Occupiers (1931)	13,561
Rateable Value	£249,125
Sum represented by a Penny Rate	£945

Ashton-under-Lyne is situated in the County of Lancashire, at the foot of the western slopes of the Pennines. Its highest point is 903 feet and its lowest 325 feet above sea level. The greater part of the town is situated between 330 and 340 feet above sea level.

The population is largely industrial and the chief industries are Cotton Spinning, Engineering (National Gas Engine Co.), Tool Making, Iron and Brass Founding, Brewing and Coal Mining.

The following table shows the extent of unemployment in the area covered by the Exchange, viz.:—Ashton-under-Lyne, Hurst, Dukinfield, Audenshaw, Waterloo and Limehurst.

Ashton-under-Lyne Employment Exchange

Number of Persons (Aged 14 and over) registered as unemployed at Ashton-under-Lyne Employment Exchange at monthly intervals during 1938.

Month	Men 18 & Over	Boys 14—17	Women 18 & Over	Girls 14—17	Total
January	3,010	102	1,757	151	5,020
February	3,217	91	2,084	118	5,510
March	3,177	106	1,624	125	5,032
April	3,084	70	1,622	91	4,867
May	3,413	88	1,953	116	5,570
June	4,103	114	3,074	181	7,472
July	3,252	68	2,039	114	5,473
August	3,568	221	2,380	203	6,372
September	3,333	110	2,200	144	5,787
October	3,354	106	1,769	101	5,330
November	3,426	89	1,877	104	5,496
December	3,424	65	1,958	95	5,542
Average	3,363	103	2,028	129	5,623

The monthly average for the last five years was as follows:—

Monthly average for 1934	7,123
,, ,, ,, 1935	6,116
,, ,, ,, 1936	5,116
,, ,, ,, 1937	3,941
,, ,, ,, 1938	5,623

Extracts from Vital Statistics

	M.	F.	Total.
Live Births, Legitimate	308	303	611
Illegitimate	18	16	34
	326	319	645

Rate per 1,000 estimated resident population 13.2

	M.	F.	Total.
Still Births, Legitimate	21	22	43
Illegitimate	—	2	2
	21	24	45

Rate per 1,000 total (live and still) Births 65

	M.	F.	Total.
Deaths	317	371	688

Crude Death Rate per 1,000 estimated resident population 14.1

Death Rate (adjusted by R.G.'s A.C.F. figure, 1.07) ... 15.0

Deaths from Puerperal Causes (R.G.'s Short List):—

	Deaths	Rate per 1,000 total live and still births
Puerperal Sepsis	—	—
Other Puerperal Causes ...	3	4.34
Totals	3	4.34

Number of Deaths of Infants under 1 year of age 50

Death-rate of Infants under 1 year of age:—

All Infants per 1,000 live births 77
Legitimate Infants per 1,000 legitimate live births ... 76
Illegitimate Infants per 1,000 illegitimate live births ... 88

Death and Death Rates From Certain Conditions.

	No. of Deaths	Ashton-under-Lyne Death Rate per 1,000 Population	England and Wales Death Rate per 1,000 Population
Pulmonary Tuberculosis	32	0·65	0·476
All forms of Tuberculosis	36	0·74	0·602
Enteric Fever	0	0·00	0·00
Smallpox	0	0·00	0·00
Measles	3	0·06	0·04
Scarlet Fever	0	0·00	0·01
Whooping Cough	4	0·08	0·03
Diphtheria	14	0·29	0·07
Influenza	5	0·10	0·11
Cancer	90	1·85	1·005
	No. of Deaths	Death Rate per 1,000 Live Births	Death Rate per 1,000 Live Births
Diarrhœa and Enteritis under 2 years of age...	4	6·2	5·5

POPULATION—Estimate, mid-1938, 48,540.

	Per 1,000 of Estimated Population				Maternal Mortality Rate		Rate of Deaths under one Year per 1,000 Live Births
	Live Birth Rate	Crude Death Rate	Death Rate from Tuberculosis of Respiratory System	Death Rate from Cancer	Per 1,000 Live Births	Per 1,000 Total (Live and Still) Births	
Mean of 5 Years : 1933 to 1937	12·5	14·3	0·66	1·96	6·04	5·76	65
Year : 1937	12·7	16·2	0·94	1·82	6·45	6·17	62
1938	13·2	14·1	0·65	1·85	4·65	4·34	77
Increase or Decrease in 1938 on 5 Years' Average, 1933-1937	+ 0·7	− 0·2	−0·01	−0·11	−1·39	−1·42	+12
Previous Year	+ 0·5	− 2·1	−0·29	+0·03	−1·80	−1·83	+15

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1938 AND PREVIOUS YEARS.

Year	Estimated Populat'n	Births			Total Deaths Registered in the District		Transferable Deaths		Net Deaths belonging to the District			
									Under 1 year of age		At all Ages	
		Uncorrected Number	Number	Rate*	Number	Rate*	of Non-residents registered in the district	of Residents not registered in the district	Number	Rate per 1,000 Births registered	Number	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1933	50540	931	634	12·5	1139	22·5	435	39	41	64·6	704	13·9
1934	51573	921	645	12·8	1068	20·7	423	50	46	71·3	645	12·8
1935	50220	991	620	12·3	1152	23·0	447	57	41	66·1	705	14·0
1936	49580	962	612	12·3	1141	22·9	469	52	38	62·0	724	14·6
1937	48810	1053	620	12·7	1262	25·8	468	74	39	62·0	794	16·2
1938	**48540**	**1149**	**645**	**13·2**	**1213**	**24·9**	**525**	**65**	**50**	**77·0**	**688**	**14·1**

* Rates in columns 5, 7, and 13 are calculated per 1,000 of the estimated gross population.

Area of District in acres (exclusive of area covered by water) 1,983. Total population of all ages, 51,040 } At census of 1931.
Number of inhabited houses, 13,871. Average number of persons per house, 3.73. }

TABLE III CAUSES OF, AND AGES AT DEATH DURING THE YEAR ENDING 31st DECEMBER, 1938.

Causes of Death	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District (a)									S. Peter's Ward		Portland Ward		Market Ward		Michael's Ward		East Ward		West Ward		Lake Hospital		Infirmary		Totals		Transferable Deaths belonging to the District	Total Deaths of "Non-Residents in Institutions in the District (b)
	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards	Under 5	Above 5	Under 5	Above 5	Under 5	Above 5	Under 5	Above 5	Under 5	Above 5	Under 5	Above 5	Under 5	Above 5	Under 5	Above 5	Males	Females		
All Causes (Certified (c)	688	50	14	5	17	26	51	213	312	9	108	5	55	12	104	5	67	6	37	10	55	16	127	6	67	317	371	65	525
All Causes Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	3	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Whooping Cough	4	1	2	—	1	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—	1	—	—	—	2	2	—	—
Diphtheria	14	—	1	5	7	—	—	1	—	1	4	—	—	4	3	1	—	—	1	—	—	—	—	—	—	6	8	13	1
Influenza	5	—	—	—	—	—	2	2	1	—	1	—	1	—	1	—	—	—	—	—	1	—	1	—	—	3	2	—	—
Encephalitis Lethargica	3	—	—	—	—	—	1	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	3	—	—	1
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respir. System	32	1	—	—	—	8	8	14	1	—	6	—	4	—	9	—	5	—	1	—	4	1	2	—	—	20	12	13	8
Other Tuberculosis Diseases	4	—	—	—	—	2	1	1	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	—	—	1	3	1	15
Syphillis	1	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
General Paralysis of the Insane, Tabes Dorsalis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cancer, Malignant Disease	90	—	—	—	—	—	7	44	39	—	15	—	8	—	9	—	10	—	7	—	11	—	17	—	13	44	46	1	48
Diabetes	14	—	—	—	—	—	2	7	5	—	1	—	1	—	3	—	1	—	—	—	3	—	2	—	3	5	9	2	4
Cerebral Hæmorrhage, etc.	34	—	—	—	—	—	—	12	22	—	7	—	3	—	8	—	6	—	1	—	—	—	6	—	3	17	17	3	56
Heart Disease	189	1	—	—	2	2	14	49	121	1	40	—	17	—	32	—	21	—	12	—	14	—	43	—	9	79	110	5	108
Aneurysm	2	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	1
Other Circulatory Diseases	32	—	—	—	—	—	1	5	26	—	3	—	2	—	9	—	3	—	—	—	3	—	12	—	—	16	16	8	18
Bronchitis	27	1	3	—	—	1	1	6	15	1	4	—	5	2	5	—	2	—	1	1	2	—	—	—	4	11	16	1	16
Pneumonia (all forms)	35	5	4	—	1	1	3	11	10	1	1	2	3	1	3	—	4	1	3	2	1	—	8	2	3	15	20	1	36
Other Respiratory Diseases	5	—	—	—	—	—	—	1	4	—	—	—	1	—	—	—	2	—	—	—	1	—	—	—	1	2	3	—	6
Peptic Ulcer	5	—	—	—	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	5	—	—	1
Diarrhœa, etc. (under 2 years)	4	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	1	—	—	—	2	2	—	—
Appendicitis	3	—	—	—	1	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—	—	1
Cirrhosis of Liver	5	—	—	—	—	1	—	2	2	—	1	—	—	—	1	—	1	—	1	—	—	—	1	—	—	2	3	—	1
Other Diseases of Liver, etc.	5	—	—	—	—	—	1	4	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	2	1	4	1	4
Other Digestive Diseases	16	—	—	—	—	1	—	6	9	—	1	—	1	—	2	—	—	—	1	—	1	—	3	—	7	9	7	—	21
Acute and Chronic Nephritis	20	—	1	—	—	3	—	10	6	—	4	—	2	—	2	1	1	—	4	—	3	—	3	—	—	7	13	2	30
Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other Puerperal causes	3	—	—	—	—	1	2	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—	11
Congenital Debility, Premature Birth, Malformation, etc.	36	36	—	—	—	—	—	—	—	5	—	2	—	3	—	2	—	3	—	4	—	13	—	4	—	19	17	—	28
Senility	16	—	—	—	—	—	—	1	15	—	5	—	1	—	1	—	2	—	3	—	—	—	4	—	—	6	10	2	26
Suicide	10	—	—	—	—	—	—	5	5	—	3	—	2	—	2	—	3	—	—	—	—	—	—	—	—	6	4	2	3
Other Violence	19	—	—	—	1	1	3	3	11	—	2	—	—	—	2	—	1	—	—	—	1	—	5	—	8	9	10	2	35
Other Defined Diseases	52	—	—	—	4	5	4	20	18	—	6	—	2	1	8	—	4	—	2	—	6	—	15	—	8	23	29	7	43
Causes ill-defined or unknown. Special Causes (included in above), Small Pox, Poliomyelitis, Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	688	50	14	5	17	26	51	213	312	9	108	5	55	12	104	5	67	6	37	10	54	16	127	6	67	317	371	65	525
Births										M. 43	F. 48	M. 54	F. 46	M. 35	F. 29	M. 26	F. 24	M. 17	F. 18	M. 23	F. 31	M. 107	F. 99	M. 21	F. 24	M. 326	F. 319		Total 645

Included in the above figures are the 65 transferable deaths belonging to the district.

TABLE II.

Registrar General's Return for the Year 1938

CAUSES OF DEATH.

No.	All Causes	M.	F.	Total
1.	Typhoid and Paratyphoid Fevers	0	0	0
2.	Measles	0	3	3
3.	Scarlet Fever	0	0	0
4.	Whooping Cough	2	2	4
5.	Diphtheria	5	9	14
6.	Influenza	3	2	5
7.	Enceph. Lethargica	2	1	3
8.	Cerebro-Spinal Fever	0	0	0
9.	Tuberculosis of Respiratory System	20	12	32
10.	Other Tuberculosis Diseases	1	3	4
11.	Syphilis	0	1	1
12.	General Paralysis of the Insane, Tabes Dorsalis...	0	0	0
13.	Cancer	44	46	90
14.	Diabetes	6	8	14
15.	Cerebral Hæmorrhage, etc.	17	17	34
16.	Heart Disease	79	110	189
17.	Aneurysm	1	1	2
18.	Other Circulatory Diseases	16	16	32
19.	Bronchitis	11	16	27
20.	Pneumonia (all forms)	15	20	35
21.	Other Respiratory Diseases	2	3	5
22.	Peptic Ulcer	5	0	5
23.	Diarrhœa, etc. (under 2 years)	3	1	4
24.	Appendicitis	3	0	3
25.	Cirrhosis of Liver	2	3	5
26.	Other Diseases of the Liver, etc.	1	4	5
27.	Other Digestive Diseases	9	7	16
28.	Acute and Chronic Nephritis	7	13	20
29.	Puerperal Sepsis	0	0	0
30.	Other Puerperal Diseases	0	3	3
31.	Congenital Debility, Premature Birth, etc. ...	19	17	36
32.	Senility	6	10	16
33.	Suicide	6	4	10
34.	Other Violence	9	10	19
35.	Other Defined Diseases	23	29	52
36.	Causes ill-defined or unknown	0	0	0
		317	371	688

TABLE IV.

BIRTH-RATE, DEATH-RATE AND INFANTILE MORTALITY IN ASHTON-UNDER-LYNE, 1900-1938.

Year	No. of Births	Birth Rate	No. of Deaths	Crude Death Rate	No. of Infantile Deaths	Infantile Mortality Rate per 1,000	Average 5 Years		
							Birth Rate	Death Rate	Infantile Mortality
1900	1237	27·4	905	20·1	225	181			
1901	1092	24·8	821	18·7	201	182			
1902	1228	27·9	842	19·1	179	142	26·6	18·9	175·6
1903	1161	26·2	886	20·0	238	199			
1904	1203	27·0	773	17·3	207	172			
1905	1183	26·3	827	18·4	212	179			
1906	1200	26·5	788	17·4	183	152	25·8	18·1	167·3
1907	1217	26·7	822	18·0	191	156			
1908	1227	26·7	876	19·1	225	183			
1909	1069	23·1	835	18·0	176	164			
1910	1093	23·4	737	15·8	162	148			
1911	1042	23·0	801	17·7	202	193			
1912	1044	23·1	769	17·0	133	127	23·2	17·3	163·2
1913	1056	23·3	773	17·1	174	164			
1914	1053	23·3	860	19·0	196	183			
1915	902	19·9	823	20·0	153	167			
1916	771	17·7	653	16·3	90	116			
1917	740	16·9	641	16·3	75	101	17·8	17·9	124
1918	732	16·4	798	20·1	88	120			
1919	826	18·1	779	17·2	98	118			
1920	1152	25·3	651	14·3	138	119			
1921	990	22·3	664	15·0	104	105			
1922	873	19·6	602	13·5	80	91	20·5	14·0	94·6
1923	785	17·7	633	14·3	64	81			
1924	776	17·6	583	13·2	60	77			
1925	748	17·0	649	14·7	69	92			
1926	722	16·7	629	14·6	74	102			
1927	732	14·3	672	13·2	66	90	15·2	14·5	92·0
1928	747	14·3	722	13·8	52	69			
1929	725	14·0	863	16·6	78	107			
1930	739	14·2	642	12·4	43	58			
1931	765	14·7	711	13·7	53	69			
1932	690	13·5	697	13·3	58	84	13·5	13·2	69·4
1933	634	12·5	704	13·9	41	64			
1934	645	12·8	645	12·8	46	71			
1935	620	12·3	705	14·0	41	66			
1936	612	12·3	724	14·6	38	62			
1937	620	12·7	794	16·2	39	62			
1938	645	13·2	688	14·1	50	77			

Comments on the Vital Statistics for 1938

Note should be made that the following rates for 1938 show an increase over the five year average (1933-1937):—

Birth-rate—slight.
Cancer death-rate—slight.
Infantile Mortality-rate.

Further, that the following rates showed a decrease for 1938 over the previous five-year period:—

Crude death-rate—slight.
Tuberculosis death-rate—slight.
Maternal Mortality-rate.

These fluctuations are overshadowed when we examine the long range tendencies of these rates which are shown in Table IV., page 14.

This table shows that the 1938 birth-rate is one-half of the 1900 rate.

That the death-rate during this period has fallen from 20 to 14 per 1,000.

That the annual number of infant deaths has dropped from 225 in 1900 to 50 in 1938, and the corresponding rates are 181 in 1900 and 77 in 1938.

These are all very striking changes and apply to the whole country.

Their causes cannot be discussed in an annual health report, but their implications are of vital importance to the community.

SECTION B

GENERAL PROVISION OF HEALTH SERVICE FOR THE AREA

TABLE V.—Time-table of Clinics and Treatment Centres, Ashton-under-Lyne.

Maternity & Child Welfare

GRAPH I.—Showing Trend of the Infantile and Neo-natal Mortality, 1900-1938.

TABLE VI.—Causes of Infant Deaths, 1938.

Table V.

Clinics & Treatment Centres provided by the Ashton-u-Lyne Corporation

Centre		Monday	Tuesday	Wednesday	Thursday	Friday
Richmond Street	Morning	Infant Consultations 9-30 to 2	Sunlight M. and C.W. 9-30 to 12		Sunlight* School 9-30 to 12	Sunlight M. and C.W. 9-30 to 12
	Afternoon	Sunlight* School 2 to 4-30			Social Class M. and C.W. 2-30 to 4-30	Ante-Natal Alternate Fridays 2 to 5
Scotland Street	Morning					
	Afternoon	Post-Natal 2 p.m. 1st Mon. in Month	Infant Consultations 2 to 5	Social Class M. and C.W. 2-30 to 5		Ante-Natal Alternate Fridays 2 to 5
Ormonde Street	Morning					
	Afternoon			Infant Consultations & Social Class 2 to 5		

* Denotes provided by Education Committee.

Table V. Clinics and Treatment Centres provided by the Ashton-u-Lyne Corporation—*continued*

	Centre		Monday	Tuesday	Wednesday	Thursday	Friday
Education Committee	Water Street (School Clinic)	Morning	Dental Casuals 9-30 to 12 (Other than Monday morning by appointment)	Ophthalmic 10 to 12	Ophthalmic 10 to 12		Orthopaedic 1st Friday 10 to 12
		Afternoon	School Consultations and Minor Ailments 2 to 4-30	Minor Ailments 2 to 4-30	Ophthalmic and Minor Ailments 2 to 4-30	School Consultations and Minor Ailments 2 to 4-30	Minor Ailments 2 to 4-30

Clinics provided by the Lancashire County Council

	Lees Street (Tuberculosis)			Mossley Cases, 11 a.m. 1st Tuesday, 2-30 and 6-30			10 a.m.
	District Infirmary (Venereal Dis.)		6 to 7 (Females)		3 to 4 (Males & Females)	6 to 7-30 (Males)	

General Provision of Health Services in the area

(a) Laboratory Facilities:—

These remain as previously.

The clinical material, the main item of which is throat swabs, goes to the District Infirmary, which has now a very satisfactory and efficient laboratory service for this work.

Milks, waters and foods are still sent to the Manchester Public Health Laboratories, or, in the case of chemical examinations, to Mr. Melling, F.I.C., Borough Analyst, The Cliff, Manchester.

(b) Ambulance Facilities.

1. Non-infectious Cases.

The Police have motor ambulances for the conveyance of non-infectious and accident cases to hospitals.

Private individuals may arrange for the use of the Police ambulances at a fixed charge.

2. Infectious Cases.

The Corporation have a motor ambulance, which is used in connection with the removal of scarlet fever cases to the Borough Fever Hospital.

A separate van is used for removal of infectious bedding, etc., to the disinfector.

For other infectious diseases, it is the practice to make use of the ambulance attached to the particular Isolation Hospital to which the case is being removed and a charge for the use of this ambulance is made to the Ashton Corporation.

These arrangements work fairly satisfactorily.

(c) Nursing in the Home.

1. General.

The District Nursing Association provides three Nurses for general nursing. A grant of £50 per annum is made by the Town Council in consideration of the fact that they visit and attend all notified cases of pneumonia.

During the year 65 cases have been so attended.

The number of visits paid to these cases was 1,025.

2. Infectious Cases.

No nursing is provided for these in their homes in the ordinary course of events, but, should hospital accommodation be inadequate, arrangements for this would be put into operation.

No such nursing facilities were provided in 1938.

(d) Treatment Centres and Clinics, including Clinics solely for diagnosis or consultation.

A time-table of the various treatment centres and clinics is shown on the opposite page.

This table indicates the authority and committee which controls the particular clinic.

Arrangements are made between the Maternity and Child Welfare Committee and the Education Committee for children under five years, who are attending an Infant Welfare Centre, to attend the Ophthalmic, Orthopædic, Dental or Minor Ailments Clinic, where such attendances are indicated.

Similar arrangements also apply to expectant and nursing mothers to receive dental treatment at the school clinic.

The Lancashire County Council holds its Tuberculosis Dispensary at Lees Street and its Venereal Diseases Clinic at the District Infirmary.

(e) HOSPITALS: Public and Voluntary.

There are four in the area, viz.:—

	Type.	Controlled by	No. of Beds
1. Ashton-under-Lyne District Infirmary, Darnton Road ...	General	Voluntary	200
2. Lake Hospital, Mellor Road	General	Public Assistance Committee of the Lancashire County Council	430
3. Borough Isolation Hospital	Infectious Disease (Scarlet Fever only)	Ashton-u-Lyne Corporation	16
4. Ashton-u-Lyne and District Joint Smallpox Hospital ...	Smallpox only	Joint Smallpox Board	17

1. District Infirmary, Darnton-road.

No. of Beds 200

The total number of patients treated at the hospital from all districts was:—

In-patients 3,133
Out-patients 8,037

Of the patients treated, 1,108 in-patients and 3,354 out-patients were residents of Ashton.

Arrangements exist between the Borough Council and the District Infirmary for the admission and treatment of cases of puerperal infection.

An annual grant of 200 guineas is made by the Ashton Borough Council towards the funds of the institution.

2. Lake Hospital, Mellor Road.

Number of beds, 430.

These beds are allocated as shown in the accompanying table, which also gives details regarding their occupation during 1938.

Table showing the classification of the accommodation for sick, maternity and mental cases and the number of beds occupied on 31st December, 1938.

Classification of Wards	Number of Wards	Men		Women		Children (under 16 years of age)		Total	
		Provided	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Medical 2. Surgical ...	9	112	93	130	122	—	4	242	219
3. Chronic Sick ...	Included								
4. Children	1	—	—	—	—	28	18	28	18
5. Venereal	—	—	—	—	—	—	—	—	—
6. Tuberculosis ...	—	—	—	—	—	—	—	—	—
7. Isolation	—	—	—	—	—	—	—	—	—
8. Maternity ...	2	—	—	40	35	—	—	40	35
9. Mental :									
(*a*) Lunacy Act, 1890 ...	1 Male	55	57	—	—	—	1	55	58
(*i*) Short Stay	1 Female	—	—	65	51	—	1	65	52
(*ii*) Long Stay	—	—	—	—	—	—	—	—	—
10. Mental Defectives	—	—	—	—	—	—	—	—	—
11. Other	—	—	—	—	—	—	—	—	—
Total	14	167	150	235	208	28	24	430	382

An arrangement exists between the Ashton Council and the Lancashire County Council, whereby patients are admitted to the maternity unit for normal confinements.

Arrangements also exist for the admission of emergency cases at any time of the day or night to this unit, where, in the opinion of the doctor attending, hospital treatment is urgently indicated.

With reference to this maternity unit, the following figures show the maternal mortality expressed as a percentage of the number of cases admitted to the unit during each of the last four years:—

Year	No. of Maternity Cases Admitted to Unit	No. of Maternal Deaths	Percentage Maternal Mortality
1935	519	4	0·77
1936	556	5	0·90
1937	702	5	0·71
1938	697	14	2·0

3. Borough Isolation Hospital.

This hospital belongs to the Ashton Corporation and deals with scarlet fever cases only.

For a description of its accommodation and use during 1938, see section dealing with scarlet fever, page 75.

4. Ashton-under-Lyne and District Joint Smallpox Hospital.

This hospital is controlled by a Joint Hospital Board and is situated at Hartshead, three miles distant from the Ashton Town Hall.

The clerk to the Board is:—

REG. WHITWORTH, ESQ., JUNR.,
17, BOOTH STREET,
ASHTON-UNDER-LYNE.

The Medical Officer to the Board is the Medical Officer of Health for Ashton-under-Lyne.

The hospital has an accommodation of 15 beds and 2 cots and, in addition to this, there is bed accommodation in the convalescent block.

No cases were admitted to the hospital during 1938.

The hospital is kept in readiness for the admission of smallpox at any time.

Maternity & Child Welfare

There are three Maternity and Child Welfare Centres in Ashton-under-Lyne, viz.:—

West End Centre, Richmond House, York Place.

East End Centre, Enville House, Scotland Street.

Hurst Centre, Ormonde Street.

All these are adapted premises, that is, houses or other buildings used for the purpose.

The School Clinic premises are situated in Water Street and are also adapted premises (a disused public-house). The School Clinic is entirely separate from the three Welfare Centres.

There are thus four separate premises in Ashton for dealing with the Maternity and Child Welfare Services and the School Medical Services.

A visit to any one of these buildings would scarcely warrant one in the belief that they were the places from whence issued the doctrines of hygiene and preventive medicine.

To attempt to teach hygiene, cleanliness, the value of light and fresh air, in premises which are, in many cases, the reverse of hygienic, is a very serious drawback.

Every building has an "atmosphere" and this vague, but very definite, quality which attaches itself to a building, should, in the case of a Clinic, be one of cheeriness, airiness and spaciousness.

None of our Welfare Centres would seem to suggest these qualities.

The Enville House Centre presents almost all the drawbacks it is possible to conceive in the case of a Welfare Centre.

It is on the first floor, the stairs are steep, the passages are narrow and dark, the weighing room is far from the consulting room, and altogether the place is quite unsuitable for a Welfare and Ante-Natal Clinic.

At the close of the year I reported upon these matters to the Committees concerned and urged that one central combined School Clinic and Welfare Centre be built to replace the present School Clinic and Enville House Welfare Centre.

The value of such an amalgamation would very soon become evident, not only to the mothers and children who are invited to use these Clinics, but also to the medical and nursing staff. Further, a marked saving of time would result from such a combined Clinic by both your nursing and clerical staff.

I therefore take this opportunity to urge that this matter of adequate premises be dealt with as soon as possible.

The present premises are no credit to the past accomplishments of preventive medicine, nor are they an encouragement to the furtherance of the principles of hygiene.

Notification of Births

(Public Health Act, 1936, Section 203).

The Act requires that all births occurring in the area of Ashton-under-Lyne (after the 28th week of pregnancy, whether alive or dead) shall be sent to the Medical Officer of Health within 36 hours of the birth. All births occurring within the area are, therefore, notified to me whether the parent is a resident or a non-resident of Ashton-under-Lyne.

				Total Notified	Ashton Residents
Number of Live Births...	Notified	Male ..... 384 Female ... 389		773	651
Number of Still Births ...	Notified	Male ..... 27 Female ... 28		55	48
Total Births Notified Live and Still	By Institutions—	Lake Hospital	265		
		District Infirmary	131		
		Nursing Home	40		
		Midwives	376		
		Doctors	1		
		Other Sources	15		
		Total	828		
Notifications received by Department included above, but transferred elsewhere			129		
Total Notified Births allocated to Ashton-under-Lyne			699		

Percentage of Total Notified Births (Live and Still) received from	(a) Institutions and Nursing Homes	53%
	(b) Municipal Midwives	36%
	(c) Private Midwives	9%
	(d) Other sources	2%

Pregnancy, not being a notifiable condition, it is only when the normal course of this function proceeds uninterruptedly for seven months that there is any obligation to notify the resulting parturition.

Many abortions and miscarriages occur during these initial seven months which, in their results, can have as serious an effect on the woman's health as might occur from a similar incident after the 28th week.

It is interesting to note that 53 per cent. of notified births occurred in hospitals or institutions in the district.

The question of whether a woman should be advised to have her confinement at home, or in an institution, is one that can be answered only by a full knowledge of the individual's circumstances. Medical, financial and domestic factors may all be relevant in making the decision, but it is undoubtedly an important decision.

The Local Authority's policy in this matter is rather to encourage institutional confinements and, I think, bearing in mind the average housing conditions in the borough, that this is a wise one.

At the same time, if the home surroundings are good, suitable domestic help is available in the home, efficient ante-natal care predicts the probability of a straightforward confinement, then confinement in the home should be the choice.

Midwives Practising in the Area.

There were six midwives practising in the area during 1938, and four of these were Municipal Midwives appointed by the Lancashire County Council.

MUNICIPAL MIDWIVES—

Name	Address	Telephone Number	Qualification
1. Mrs. L. Wood	209, Stockport Road...	ASH. 2107	S.C.M.
2. Mrs. A. E. Ibbotson ...	41, Alexandra Street.	ASH. 2033	S.C.M.
3. Mrs. Lillie Barrett ...	280, Katherine Street..	ASH. 2119	S.C.M.
4. Mrs. B. J. Egerton ...	57, Ladbrooke Road...	ASH. 2063	S.C.M.

PRIVATE MIDWIVES—

Name	Address	Telephone Number	Qualification
1. Mrs. S. A. Sidebottom	261, Smallshaw Lane...	ASH. 2615	S.C.M.
2. Mrs. Agnes Harrop ...	111, Stamford Square..	———	S.C.M.

A reference to the figures above shows the percentage of total notified births attended by Municipal and Private Midwives.

Number of cases during the year in which medical aid was summoned by midwives, under the Midwives' Act, 1918 (Sect. 14), 200.

Transferred Births.

The names and addresses of 186 infants and young children who left the borough (including those children born in institutions in Ashton whose home addresses were outside the district) were notified to the Medical Officers of the areas of their destination, and 77 notified as coming to live in the borough.

Health Visiting.

Staff. — A reference to staff (page 6) shows that the Council employs one whole-time Health Visitor and four Health Visitors who also do School Medical work.

Each of the latter gives 4/7ths of her time to Maternity and Child Welfare work and the remaining 3/7ths to School Medical work.

The equivalent of whole-time staff devoted to purely Maternity and Child Welfare work is, therefore, 3.2/7ths Health Visitors.

During the year 1938 the number of weeks' absences from duty on account of sickness was three.

The following is a summary of the Home Visiting carried out by the Health Visitors:—

	1938	1937	1938	1937
To Expectant Mothers (first visits) ...	312	222	—	—
To children under 1 year (first visits)...	639	586	—	—
To Expectant Mothers (total visits) ...	—	—	858	525
To children under 1 year (total visits)	—	—	5601	3459
To children between 1 and 5 years (total visits)	—	—	7542	4408
To Stillbirths	—	—	46	28
To Boarded-out children	—	—	32	15
To Deaths under 1 year	—	—	48	39
To Infectious cases	—	—	645	64
To Post-Natal Mothers	—	—	210	119
To Ophthalmic cases	—	—	13	46
Grand Total			14995	8703

Comments.

I regard Home Visiting, carried out by the Health Visitors, as the most important work which the Maternity Services perform.

The personal contact in the homes between a highly-trained social worker and the mother, as a means to educate the latter in matters of health and the healthy upbringing of her children, is a feature of the Health Services which is of extreme importance.

I do not wish to decry the work which is carried out at our Welfare Centres; it has its definite place in the Welfare Scheme. The regular weighings, the medical advice available on matters of infant feeding and the upbringing of children is of great value, but the application of all this advice is only to be taught in the home where the particular difficulties under which each individual mother is working are seen by the Visitor, and appropriate advice in the light of these circumstances is given.

Maternal Mortality.

ENGLAND AND WALES—		
Maternal Mortality Rate (per 1,000 Total Births, i.e., Live and Still)	Puerperal Sepsis	0.89
	Other Puerperal Causes	2.19
	Total	3.08
ASHTON-UNDER-LYNE—		
Maternal Mortality Rate (per 1,000 Total Births, i.e., Live and Still)	Puerperal Sepsis	0.00
	Other Puerperal Causes	4.34
	Total	4.34

From the above figures for the year 1938 it will be seen that in spite of there being no deaths from Puerperal Sepsis in the borough, the total rate is higher than that of England and Wales.

Actually, three deaths occurred amongst parturient women, none being from Sepsis.

My predecessor, or I, personally enquired very carefully into all the circumstances surrounding these three deaths, and reported thereon confidentially to the Ministry of Health.

The value of these enquiries is very great; it is unfortunately the case that these enquiries sometimes reveal that there were features of the case which were prejudicial to a

safe confinement, and when enquiry elicits the probability that these unfortunate features might have been avoided and a woman's life saved, I feel that any lessons which these deaths can teach us should receive the most careful attention of all who wish to reduce our maternal mortality rate.

There are two lessons which should result from the above deaths.

The first is that neglect to obtain Ante-Natal care by a pregnant woman is a very serious risk.

The second is that the pregnant woman should see that whatever medical advice is proffered is taken and acted upon.

After a maternal mortality rate of 7.7 per 1,000 total births for 1937, the figure of 4.34 for 1938 shows distinct improvement. One must, however, bear in mind that deaths associated with child-birth are occasionally, in our present stage of knowledge, unavoidable, and that one or two deaths in this category occurred in 1937 to give the high rate of 7.7.

My enquiries into the 1938 deaths revealed that two of the three might have been avoided and it is this type of fatality which the Maternity and Child Welfare Committee are attempting to do all they can to reduce.

The Committee's arrangement for Ante-Natal care works very satisfactorily and the co-ordination of this work with the Midwives and the Lake Hospital is all that could be desired.

As will be seen from the section dealing with this Clinic, the attendances are on the increase, and during 1938 the attendances of expectant women to this clinic per total notified births was 52 per cent.

One half of the expectant mothers in the town thus attended the Municipal Ante-Natal Clinic. I would like to see this number improved upon.

I would remind the Committee that whilst the value of Ante-Natal work in preventing maternal mortality is indisputable, the impression of value which the expectant mother might be expected to have regarding this work is not exactly enhanced by the premises in which it is conducted.

As an Ante-Natal Centre, the Enville House premises are deplorable. One must have attractive premises to encourage this work.

As a further means for reducing the maternal mortality rate, the Committee have very wisely appointed an Obstetric Consultant whose services are available should any practitioner so desire them at a confinement.

The nutritive aspect of the woman's approach to her confinement is very carefully dealt with at the Ante-Natal Clinic and I feel quite sure that a great deal of valuable work is done at the Ante-Natal Clinic to improve the standard of the woman's nutrition prior to her confinement.

(a) Number of women who died in, or in consequence of, child-birth—

1. From Sepsis	0
2. From other causes	3

(b) Number of these cases who died—

1. At home	0
2. In Hospital	3

Ante-Natal Clinic.

This Clinic is held every Friday afternoon, one week at the Richmond Street Centre, and the following week at Enville House Centre.

Dr. Evans carries out the work at this Clinic.

Fifty-one sessions were held during 1938, and 360 expectant mothers made 1,846 attendances.

This figure of 360 represents an attendance of 52 per cent. of the total notified (live and still) births, and is an increase over 1937 of 49 persons.

The number of women attending the Ante-Natal Clinics since 1933 is as follows:—

Year.	No. attending.
1933	210
1934	210
1935	207
1936	259
1937	311
1938	360

This steady increase in the numbers is very gratifying.

The defects revealed by the examination at the Ante-Natal Clinic were:—

Defective Teeth	126
Anæmia	18
Contracted Pelvis	10
Oedema	9
Varicose Veins	21
Albuminuria	19
Respiratory Diseases	12
Heart Disease	12
Gynæcological Disorders	9
Other Defects	27
Trace Albumin	36
Dyspepsia	5
Breast Disorders	14
Deformities	3
Rheumatism	2
Pulmonary Tuberculosis	3
Not Pregnant	4

Sixty-five expectant mothers received dental treatment at the Clinic.

Expectant mothers can obtain milk at cost price or less for their own consumption.

Eggs are supplied free to necessitous cases, particular attention is paid to the mother's nutritive requirements during her pregnancy.

Ninety-eight mothers were confined at the Lake Hospital. The charges made by this hospital for confinement are £2 2s. per week.

Post-Natal Clinic.

This Clinic is held on the first Monday afternoon in the month at Enville House Centre.

There were 7 sessions in the year and the number of patients who attended was 29.

The number referred to the Lake Hospital was 8 cases.

It will be noted that the number of sessions during the year was very small, which was accounted for by the additional work carried out by Dr. Evans after Dr. Philips had left and before his successor was appointed.

The following conditions were found amongst confinements investigated by the Health Visitors:—

Stillbirths visited	46
Difficult Confinements	17
Instrumental Deliveries	53
Hæmorrhage	5
Pyrexia	2
T.P.	31
Adherent Placenta	4
Albuminuria	8
Breast Abscess	3
Cæsarian Section	6
Maternal Complications	34
Premature Births	12
Phlegmasia Alba Dolens	2
Breech	5
Mastitis	5
B.B.A.	1
Mascerated Fœtus	1
Pemphigus	1

Stillbirths.

The number of stillbirths notified amongst Ashton residents during 1938 was 48.

The Health Visitors investigated 46 of these cases and it was revealed that:—

30 occurred at full-term.
7 occurred at the seventh month.
9 occurred at the eighth month.
44 were legitimate.
2 were illegitimate.
27 occurred in hospital.
19 occurred at home.

The number of stillbirths registered during 1938 was 45.

Dr. Evans has collected information regarding the clinical history of 21 confinements which resulted in either a stillbirth or a neo-natal death. All these 21 cases attended the Ante-Natal Clinic on one or more occasions, and a short record of the findings at this Clinic is given as well as the subsequent history of the confinement as far as our knowledge is available.

No.	Previous History	Age	Period of Pregnancy at first visit	By whom referred to Ante-Natal Clinic	Extra Nourishments etc., granted	Ante-Natal Record	History of Confinement
1	Instrumental delivery 8 years previously	29	7/12	Midwife	Milk, eggs and Adexolin Capsules	Attended regularly. Small measurements. Extended breech. ? hydramnios. Referred to District Infirmary for X-Ray examination. Arranged for admission to Lake Hospital	Bougie induction and instrumental delivery in the Lake Hospital. Died on 15th, day of birth; injuries to brain
2	Normal delivery 6 years previously	32	3/12	Midwife	Milk, eggs and Adexolin Capsules	Attended regularly. Suffering from glycosuria. Was under care of family doctor for treatment. Refused to go to hospital	Delivered at home by midwife. Stillborn. Macerated foetus
3	Normal delivery 1 year previously	25	5/12	Health Visitor	Adexolin Capsules	Attended twice. Nil abnormal noted. Made arrangements to be admitted to Lake Hospital for confinement but later decided to remain at home and engaged a midwife. Did not attend after 7/12. Received dental treatment	Delivered by midwife at home. Stillborn. Macerated foetus
4	Primipara	20	7/12	Health Visitor	Adexolin Capsules	Attended four times. Small pelvic measurements. Referred to Lake Hospital. Had X-Ray examination	Stillbirth in Lake Hospital. ? prematurity. Weight at birth was 4½ lbs.

5	Two previous normal confinements in the Lake Hospital. Attended Boro' Ante-Natal Clinic on each occasion	29	7/12	Health Visitor	Adexolin Capsules	Attended twice. Albuminuria. Made arrangements for admission to Lake Hospital	Confined in Lake Hospital. Twin pregnancy. Premature. One stillborn—one living
6	Normal confinement 2½ years previously	35	8/12	Health Visitor	Adexolin Capsules	Attended twice. Was already attending Ante-Natal Clinic at Lake Hospital. Wished to enter Lake Hospital under Corporation Scheme	Confined in Lake Hospital. Twin pregnancy. One living—one stillborn. Complicated labour—prolapsed arm
7	Normal confinement in Lake Hospital a year previously. Mother developed T.B. when baby was 4/12 old. Returned home from Sanatorium	21	5/12	Health Visitor	Adexolin Capsules	Pulmonary T.B. Made arrangements for admission to Lake Hospital for confinement. Attended twice. Sent in urgently to Lake Hospital by family doctor	Induced labour. Seven months' premature. Baby died on sixth day. Birth weight was 3 lbs.
8	Normal confinement in Lake Hosp. 6 years previously. Attended Boro' Ante-Natal Clinic	40	5/12	Health Visitor	Adexolin Capsules and Ostelin Co.	Attended regularly. Referred to Lake Hospital at 7½ months because mal-presentation—oblique lie	Stillbirth in the Lake Hospital. Breech delivery. Full term. Birth weight was 10 lbs.

No.	Previous History	Age	Period of Pregnancy at first visit	By whom referred to Ante-Natal Clinic	Extra Nourishments etc., granted	Ante-Natal Record	History of Confinement
9	Normal confinement 3 years previously	25	7/12	Health Visitor	Milk, eggs and Adexolin Capsules	Attended three times. Nil abnormal noted. Arrangements made for admission to Lake Hospital	Stillbirth in Lake Hospital; 7/12 premature
10	Normal confinement 9 years previously	31	6/12	Health Visitor	Adexolin Capsules	Attended regularly. Nil abnormal noted. Arrangements made for admission to Lake Hospital	Stillbirth in Lake Hospital. Asphyxiated. Long cord
11	Primipara. Nephritis at age of 17 years	34	3½/12	Health Visitor		Attended once. Slight deformity hip. Heart disease. Did not wish to go to Lake Hospital. Letter sent to family doctor. Referred to St. Mary's by family doctor three months later	Stillbirth. Breech delivery in St. Mary's Hospital, Manchester. Seven months' premature
12	Primipara	38	8/12	Family Doctor	Milk, eggs and Adexolin Capsules	Attended once. Small pelvic measurements. Some disproportion. Arranged for admission to Lake Hospital	Stillbirth in Lake Hospital; 8½ months' premature
13	Tenth pregnancy; 1st., 2nd and 4th instrumental—all other confinements normal	38	3/12	Midwife	Adexolin Capsules	Attended regularly till 2 weeks before confinement. Was suffering from acute bronchitis. Referred to family doctor. Normal L.O.A.	Sent into Lake Hospital by family doctor because of bronchitis. Stillborn. Normal Delivery. ? Post mature

14	Normal confinement 7 years previously	30	5/12	Midwife	Adexolin Capsules	Attended regularly. Nothing abnormal noted	Normal delivery at home. Spina bifida and hydrocephalus. Lived 3 days
15	Miscarriage 3 years previously	23	6/12	Midwife	Adexolin Capsules	Breech presentation. Referred to Lake Hospital for version 2 weeks before birth. Had version under general anæsthesia. When examined during last week position was L.O.A. Foetal heart faintly heard, movements not felt. Refused to enter Lake Hospital for confinement	Stillbirth at home. Full term
16	Normal confinement 6 years previously	28	6/12	Health Visitor	Adexolin Capsules	Had already made arrangements to enter Lake Hospital for confinement. Normal presentation. Persistent trace albumen. Attended Borough Ante-Natal Clinic and Lake Hospital regularly	Normal delivery in Lake Hospital. Atelectasis and congenital heart disease; 8 months' premature. Weight at birth was 4 lbs. 10 ozs. Died when 2 weeks old
17	Primipara	34	3½/12	Midwife	Milk, eggs and Adexolin Capsules	Exophthalmic goitre and albuminuria. R.O.A. position. Patient refused to go to hospital. Family doctor notified by letter. Remained under care of Ante-Natal Clinic and family doctor till eighth month. Sent into Lake Hospital by family doctor at commencement of labour	Stillbirth in Lake Hospital. Instrumental delivery. Macerated foetus.

No.	Previous History	Age	Period of Pregnancy at first visit	By whom referred to Ante-Natal Clinic	Extra Nourishments etc., granted	Ante-Natal Record	History of Confinement
18	Four previous normal confinements	32	7/12	Midwife	Ostelin Co.	Attended once only. When examined at 7/12 Breech presentation and lax abdominal wall. Anæmia	Stillbirth at home. Normal delivery. ? prolonged labour
19	Normal confinement 20 years previously. Miscarriage 2 years previously	37	6/12	Midwife	Milk, eggs and Ostocalcium Tablets	Attended regularly. Very obese. Developed albuminuria, vomiting and headaches, and raised blood pressure at 7/12. Refused admission to hospital. Family doctor notified by letter. Remained in bed and under care of family doctor	Referred to Lake Hospital at 8th month by family doctor. Normal delivery. Premature. Weight at birth was 2½ lbs. Baby died 3 days later
20	Primipara	31	4/12	Health Visitor	Adexolin Capsules	Attended regularly. Breech presentation. Referred to the Lake Hospital about 8th month	Stillbirth in the Lake Hospital. Instrumental delivery
21	Primipara	27	4/12	Health Visitor	Adexolin Capsules Ostelin Co.	Attended regularly. Anæmia. Referred to Lake Hospital about 7th month	Stillbirth in Lake Hospital. Ante-partum hæmorrhage. Premature

Infantile Mortality

Rate per 1,000 Live Births, England and Wales ... 53
Rate per 1,000 Live Births, Ashton-under-Lyne ... 77

The infantile mortality rate for 1938 was 77, which is an increase of 15 on 1937, and an increase of 12 on the five-year average 1933-37. The rate last year being 62.

A closer analysis of the rate, however, reveals that the year has not been so unsatisfactory as the figure might suggest.

The deaths under one month numbered 38, giving a neo-natal mortality rate of 59, whilst the deaths between one and twelve months of age numbered 12, giving a mortality rate in this age group of 18.

The causes of stillbirths and the majority of neo-natal deaths are, generally speaking, similar in character and include such factors as the general health of the pregnant woman and the nature of the confinement from the obstetric aspect.

On the other hand, the causes of death in the age group one month to one year include an increasing number of environmental factors acting on the child itself and the environmental diseases of infancy, such as pneumonia and enteritis, etc., play an increasing part.

That, in our present state of knowledge, prevention of these latter groups of deaths is more effective than the avoidance of death in the first month, is very obvious from the accompanying graph showing:—

(1) The infantile mortality rate from 1900 to 1938.

(2) The neo-natal mortality rate contributing to (1).

(3) The mortality rate, one month to one year contributing to (1).

The graph clearly shows the very considerable fall in the general infantile mortality rate occurring since 1900, and it further analyses this reduction by showing its two constituent parts, i.e., mortality during the first month and mortality one to twelve months.

It shows that the neo-natal mortality rate has not fallen at all, whilst the rate after one month of age has shown the biggest decline of all.

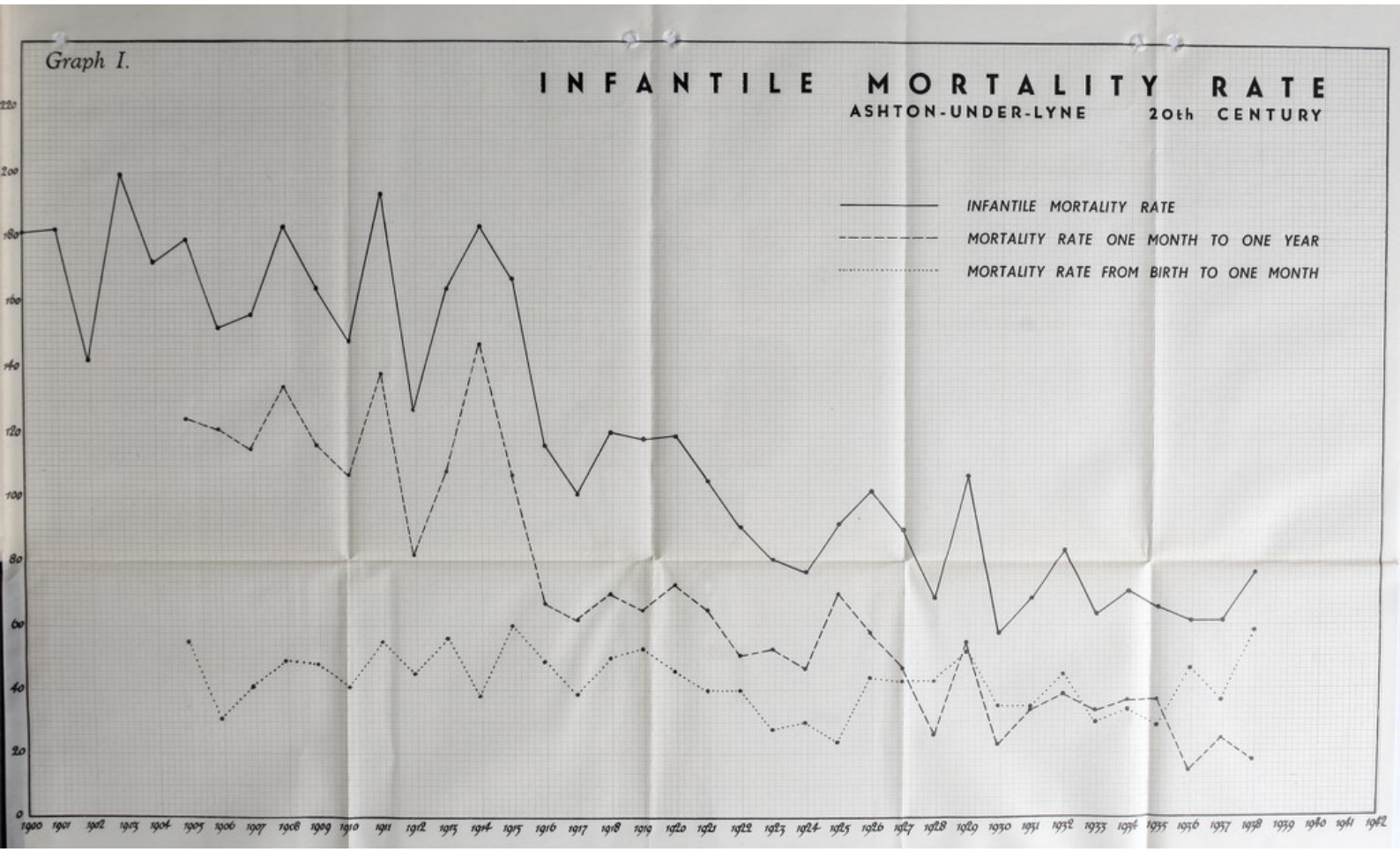
That only 12 deaths occurred between one month and one year is very satisfactory, and Table VI. on page 41 shows that pneumonia accounted for five of these deaths, and enteritis for a further three.

The neo-natal deaths, 38, were due to the following causes:—

	0—1 Week	1—2 Weeks	2—3 Weeks	3—4 Weeks	Total
Premature Birth	16	2	1	—	19
Spina Bifida	1	1	—	—	2
Convulsions	1	1	—	1	3
Cardiac Failure	1	—	—	—	1
Pneumonia	1	—	—	—	1
Congenital Heart	2	—	—	—	2
Myocardia	1	—	—	—	1
Jaundice	—	1	—	—	1
Inter-cranial Hæmorrhage ...	1	—	—	—	1
	24	5	1	1	31*

The above table shows only those cases visited by the Health Visitors during the year.

It is clear from the foregoing that more attention is due to the pregnant mother, and every effort should be made to see that she is safeguarded against the necessity of working during the period and that, as far as possible, all her domestic worries should receive careful attention; her nutrition is carefully watched should she be attending the Ante-Natal Clinic, and she is strongly advised to do so.


Graph I.
INFANTILE MORTALITY RATE
ASHTON-UNDER-LYNE 20th CENTURY
INFANTILE MORTALITY RATE
MORTALITY RATE ONE MONTH TO ONE YEAR
MORTALITY RATE FROM BIRTH TO ONE MONTH
220
200
180
160
140
120
100
80
60
40
20
0
1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942

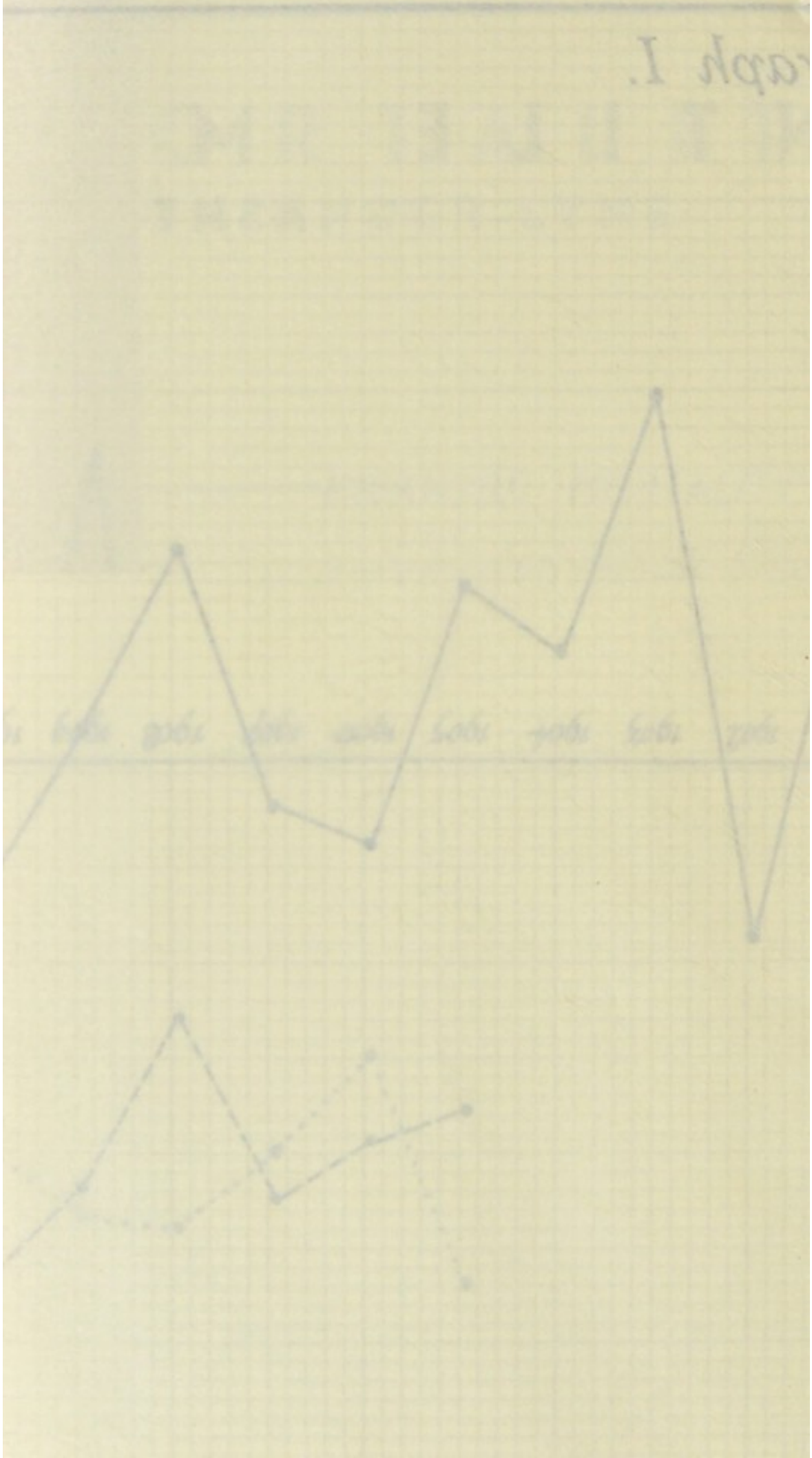


Table VI.

INFANT MORTALITY

Net Deaths from stated causes at various Ages under 1 Year of Age during the Year ending 31st December, 1938

Cause of Death	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under One Year
All Causes — Certified	37	1	—	—	38	3	3	2	4	50
All Causes — Uncertified ...	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	1	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	1	1
Diarrhœa	—	—	—	—	—	—	—	—	—	—
Enteritis	—	1	—	—	1	1	2	—	—	4
Tuberculous Meningitis ...	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis (*b*)	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	1	1
Congenital Malformations(*c*)	—	—	—	—	—	—	—	—	—	—
Premature Birth	36	—	—	—	36	—	—	—	—	36
Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—
Atelectasis	—	—	—	—	—	—	—	—	—	—
Injury at Birth	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Meningitis *not Tuberculous*	—	—	—	—	—	—	—	—	—	—
Convulsions	—	—	—	—	—	—	—	—	—	—
Gastritis	—	—	—	—	—	—	—	—	—	—
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	1	—	—	—	1
Pneumonia (all forms) ...	—	—	—	—	—	1	1	2	1	5
Suffocation (Overlying) ...	—	—	—	—	—	—	—	—	—	—
Other Causes	1	—	—	—	1	—	—	—	—	1
Total	37	1	—	—	38	3	3	2	4	50

Net Births in the Year { **Legitimate, 611** / **Illegitimate, 34** }

Net Deaths in the Year { **Legitimate, 47** / **Illegitimate, 3** }

Child Welfare Centres

The work at the infant consultations weighings at the three Welfare Centres have been well maintained during 1938, and the following table shows the number of sessions held, the number of consultations, and the weighings carried out at each of the three Centres:—

	Richmond Street Centre	Enville House Centre	Hurst Centre	Total
Consultations held	48	48	45	141
Attendances at Consultations	1107	1015	844	2966
No. of Weighings of Children	3931	3234	3038	10203

Total number of attendances at all Centres during the year:

(1) By children under 1 year of age 11,237

(2) By children between the ages of 1 and 5 3,294

Total number of children who attended at the Centres for the first time during the year, and who on the date of their first attendances were:—

(1) Under 1 year of age 469

Percentage of notified live births represented by this figure, 72%

(2) Between the ages of 1 and 5 years 161

Total number of children who attended at the Centres during the year, and who, at the end of the year, were:—

(1) Under 1 year of age 320

(2) Between the ages of 1 and 5 years 690

Generally all these figures show an increase of 1937, and are very satisfactory.

The fact that 72 per cent. of the total notified births are brought to the Welfare Centres is an indication that the work is of value and appreciated by the parents.

Instructional and Social Classes at the Welfare Centres

A reference to the Time-Table will show that there is one Social Class at each of the Centres every week.

Below is a tabular summary of the work as it has been carried out at each of the Welfare Centres during 1938:—

	East End	West End	Hurst	Total
Attendances of Mothers ...	787	1191	1940	3918
Attendances of Toddlers ...	696	509	1000	2205
Attendances at Sewing Classes	351	311	950	1612
Health Talks given	12	21	10	43
Cookery	61	219	550	830

From this it will be seen that a considerable amount of very excellent work has been carried out at all the Centres.

The Health Visitors gave 43 Health Talks.

The voluntary workers at each of the Centres are responsible for this good work, and I am quite sure that the Welfare Committee, as well as the mothers attending these Classes, would wish to express their gratitude to the voluntary workers for giving up so much of their time, interest and enthusiasm to this good work.

Provision of Dried Milk

During 1938, 19,895 packets of dried milk were sold at the Centres.

9,180 were sold at half-price and 944 were provided free in accordance with the income scale adopted.

The net cost to the Council amounted to £320 14s. 5d.

Unquestionably these easy facilities for obtaining dried milk at our Centres are in many ways very desirable features, nevertheless, they have their drawbacks which I think should be mentioned.

The natural and best way of feeding a baby is by means of its mother's breast milk, and the large majority of mothers are capable of feeding their infants on the breast for six or nine months.

To provide an easy and simple alternative, albeit not so satisfactory, does tend to make the mother not so persistent in her efforts to suckle her child as she ought to be and she is only too ready to abandon breast feeding, when the slightest difficulty occurs, in favour of the bottle.

This attitude is to be condemned.

Breast-fed babies are, generally speaking, fitter and more resistant to disease than the bottle-fed, and every effort should be made in an endeavour to encourage the practice of breast feeding.

Orthopædic Treatment

The Orthopædic Scheme is under the control of the Lancashire County Council, who provide the Medical Staff and Nurses.

The Ashton-under-Lyne School Clinic is used as a centre for the area, and the Orthopædic Surgeon, Mr. Poston, of Manchester, attends on one half-day per month.

Cases are then dealt with from Ashton-under-Lyne, District 35 of the Lancashire Education Committee, and Mossley.

The Clinic deals with both School and Pre-School Children.

A specially trained Orthopædic Nurse, paid for by the Lancashire County Council, attends at the Clinic on one day per week for "after care" work.

The cost of the scheme is pooled, and various financial adjustments are made between the authorities in the scheme.

Biddulph Orthopædic Hospital is the hospital for the scheme, and for cases sent there the charge is £3 per week. Appliances are chargeable to the authority responsible for the individual case needing them.

Parents are charged for hospital treatment according to means, and each individual case is considered by the Committee. With regard to the Ashton-under-Lyne Maternity and Child Welfare cases, the following table is a summary of the work done during 1938 at the Orthopædic Clinic.

No. of individual pre-school children attending Clinic	111
,, attendances at Clinic (pre-school children)	274
,, referred to Manchester Royal Infirmary ...	6
,, of children recommended to Biddulph for operative treatment	4
,, Consultant Sessions	14
,, recommended for remedial exercises	—
,, recommended for surgical appliances ...	159

The four cases referred to Biddulph Hospital for treatment were on account of the following defects:—

Infantile Paralysis	1
Congenital Deformities	3
	4

A classification of the conditions for which the above 111 individual children were treated is set out below:—

1.	Rickets	1
2.	Genu-Valgum (knock-knee)	33
3.	Genu-Varum (bow-leg)	8
4.	Spurius-Valgum (flat-foot)	31
5.	Calcaneo-Varus	6
6.	Torticollis (wry-neck)	6

7.	Infantile Paralysis	—
8.	Infantile Hemiplegia	1
9.	Postural Deformities	—
10.	Traumatic or Inflammatory conditions ...	5
11.	Congenital Deformities	10
12.	Other conditions	10
	Total	111

At the close of 1938 there remained a total of 273 children attending the Orthopædic Clinic; 100 of these were pre-school children, whilst the remaining 173 were school children.

The following table shows the years in which these cases came under treatment:—

STATE OF ORTHOPÆDIC REGISTER AT CLOSE OF 1938.

	Still attending School		Pre-School
1933 (and previous) cases ...	28	.....	—
1934 cases	10	.....	1
1935	16	.....	1
1936	32	.....	8
1937	40	.....	32
1938	47	.....	58
Totals	173	.....	100
		273	

Artificial Sunlight Clinic

One hundred and forty-six children made 2,369 attendances.

Conditions for which U.V.R. was ordered:—

Rickets	108
Debility	23
Bronchial Catarrh	4
Post Whooping Cough Debility	3
Post Diphtheritic Debility	3
Cervical Adenitis	2
Alopecia	1
Post Gastro-Enteritis	1
Pes Planus	1
Total	146

Child Life Protection

PUBLIC HEALTH ACT, 1936.

Sections 206—220.

(a) Number of persons who were receiving children for reward at the end of the year ... 3

(b) Number of children on the register at the end of the year ... 3

(c) Number of Child Protection Visitors at the end of the year who were Health Visitors ... 5

Nursing Homes

PUBLIC HEALTH ACT, 1936.

Sections 187—195.

The Lancashire County Council have delegated their powers under the above Act to the Ashton-under-Lyne Borough Council, who are the supervising authority for this purpose.

There are two Nursing Homes registered in the borough at:—

(1) 24, Villiers Street.

(2) Lune Villas, Stockport Road.

These Homes are frequently visited by myself and my assistant.

Treatment Facilities for Pre-School Children

At the Welfare Centres are very often encountered children who need treatment for some skin condition or minor ailment, also many of these children of under five years are found to require dental treatment.

The Maternity and Child Welfare Committee have made arrangements that such forms of treatment as are provided at the School Clinic, Water Street, for school children, shall be available to those pre-school children who are referred there.

During 1938, 21 pre-school children were referred to the Minor Ailments Clinic and made 64 attendances there.

Seventeen children were referred to the Dental Clinic, and 65 expectant mothers were also referred there.

Fifteen pre-school children were referred to the Ophthalmic Clinic for treatment.

For Puerperal Pyrexia, Fever and Ophthalmia Neonatorum, see Section on Infectious Diseases.

SECTIONS C. & D

SANITARY CIRCUMSTANCES OF THE AREA AND HOUSING

TABLE VII.—Summary of Clearance Areas, 1931-1938.

Water Supply in the Ashton-under-Lyne Area during 1938

A general outline of the method of supply and sources was included in last year's annual report. It is not, therefore, necessary to report this except to say that the Joint Board's supply to the town is derived from moorlands in the Pennines from which all sources of possible contamination have been removed.

There is close co-operation between the Water Engineer and myself on all matters likely to affect the Ashton supply and, from personal inspection of the catchment areas filter plants, I can assure the Council that the safety of the water is well safeguarded.

I append the following report which the Water Engineer has kindly supplied to me:—

"During the year, a laboratory has been installed at the Central Offices in Ashton, and weekly analyses are made of the water from various points in the town, the total number of analyses for the period 5th September, 1938, to July, 1939, being 106. Each sample of water is examined in accordance with recommendations contained in the Memorandum No. 71 of the Ministry of Health, and the examinations include presumptive B. Coli test and agar counts at 22°C. and 37°C.

"Of the 106 samples taken during the period under review, 90 per cent. were first-class samples, i.e., B. Coli was not found in 100 c.cs. 6 per cent. of the samples contained B. Coli in 100 c.cs. but not in less, and 4 per cent. B. Coli in 50 c.cs. but not in less. It should be pointed out that these samples were not taken immediately after filtration, but from house taps. The standard of purity, therefore, can be considered very high.

"The water supply has been maintained in abundant quantity during the year and the quantity of water supplied in the Ashton district, which includes Audenshaw and Limehurst, was 601,302,000 gallons. This figure represents a consumption of 25 gallons per head per day."

Drainage and Sewerage.
Closet Accommodation.
Public Cleansing.
Sanitary Inspection of the Air.
Shops and Offices.
Camping Sites.
Smoke Abatement.

See Report of Chief Sanitary Inspector appended.

With regard to the matter of smoke abatement I would once again urge that this question be tackled whole-heartedly and vigorously.

It would perhaps be scarcely fair to decry the amenities of this town of Ashton-under-Lyne except to say that it probably resembles most of Lancashire's smoke begrimed towns.

It is only necessary to travel the length of one county northwards to get out of the smoke devastated area into a district where a green field is green.

The fact that vegetation in these smoke-laden areas is a poor apology for vegetation which is unclogged by smoke and its products clearly indicates the damage which atmospheric pollution must work on the human body which is asked to live under such conditions.

This question of aerial sewerage is the most vital health problem of an environmental nature which this area is at present called upon to solve.

Schools.

My predecessor has reported upon the sanitary condition and water supply of the Public Elementary Schools and I have nothing further to add this year.

Swimming Baths

Ashton-under-Lyne Corporation Baths.

The Corporation Baths have the following bathing accommodation:—

1 Swimming Bath, 100 feet by 40 feet, 120,000 gallons.
50 Private Slipper Baths (30 Gents' and 20 Ladies').
3 Zotofoam Sweating Baths.

The swimming bath water is purified by Bell's Filtration Plant, having a four-hour turnover.

The pumps extract 15,000 gallons from the top and a similar amount from the bottom hourly.

Chlorination is maintained constantly at 0.5 on the outlet to the bath.

Warm showers are provided to enable each bather to wash under fresh, clean, running water before entering the swimming bath.

The private slipper baths are fitted with unlimited supply of hot and cold water.

Zotofoam sweating baths are provided on a modern scale with shampoo and rest room.

Brine, Peat and Pine are also given with these baths.

Zotofoam baths provide the advantages of a Turkish bath without the use of a very hot room; the room being kept at approximately 80° F.

The attendances at the Baths during 1938 were as follows:—

Swimming Baths	87,059
Private Slipper Baths	22,342
Zotofoam Sweating Bath	2,197
Total	111,598

I am very indebted to Mr. J. Taylor, the Baths Superintendent, for kindly supplying me with much information and for his co-operation in matters connected with the general arrangements.

The 1938 samples for bacteriological and for chlorine content were satisfactory.

Housing Section D

My predecessor, Dr. Phillips has for some years paid particular attention to the matter of housing conditions, more particularly with reference to the fitness of houses in the light of the Clearance Section of the Housing Act, 1936.

I have prepared the accompanying table (Table VII.) which shows the position in respect to Slum Clearance from 1931 until the end of 1938.

The table shows that there have been 63 clearance areas comprising 979 dwelling-houses and 16 other buildings.

These have been represented during the last eight years, and following upon the public enquiries held by the Ministry of Health, 13 houses and 12 other buildings have been excluded. This leaves 966 dwelling-houses and four other buildings to be (or have been) demolished.

The number of persons displaced by this action has been 2,384 persons.

During 1938 there was an enquiry held by the Ministry into 32 areas comprising approximately 400 dwelling-houses. The Orders were substantially confirmed in August, 1938.

In addition to Slum Clearance, the following table shows in a tabular form the work carried out during 1938 in Housing:—

Table VII.

Summary of Clearance Areas

No.	Area	Date of Order	Buildings Represented: Dwelling Houses	Buildings Represented: Other Buildings	Excluded by Ministry: Dwelling Houses	Excluded by Ministry: Other Buildings	No. of Persons to be Displaced	Persons Displaced	Date of Repr.	Date of Inquiry	Date of Confirmation
1.	Charlestown (Orange St., Kent St. and Gosford St.), Compuls'y Purchase	1931	46	1	—	—	177	177	24/ 6/31	16/ 3/32	24/10/32
2.	Charlestown (Pitt Street), Compulsory Purchase ...	1931	20	3	—	1	64	64	24/ 6/31	16/ 3/32	24/10/32
3.	Holden Street, etc.	1934	37	1	—	1	134	134	11/ 4/34	11/ 9/34	26/10/34
4.	Nook Lane and Wells Street	1934	16	—	—	—	67	67	11/ 4/34	11/ 9/34	26/10/34
5.	Lees Yard, etc.	1934	10	2	1	2	45	45	11/ 4/34	11/ 9/34	26/10/34
6.	Winter Street, etc.	1934	11	—	—	—	54	54	11/ 4/34	11/ 9/34	26/10/34
7.	Carr Street	1934	4	—	—	—	10	10	11/ 4/34	11/ 9/34	26/10/34
8.	Charlestown (York St., etc.)	1935	61	2	2	2	253	253	28/11/34	26/ 3/35	11/ 7/35
9.	Charlestown (Peel St., etc.)	1935	20	—	—	—	82	82	28/11/34	26/ 3/35	4/ 6/35
10.	Hibbert's Yard, etc.	1935	8	—	—	—	44	44	28/11/34	26/ 3/35	4/ 6/35
11.	Adelphi Court	1935	6	—	1	—	19	19	28/11/34	26/ 3/35	15/ 6/35
12.	Camp Street	1935	3	—	—	—	9	9	30/ 1/35	26/ 3/35	4/ 6/35
13.	Charlestown (Canning St., etc.)	1935	42	2	2	2	199	199	28/11/34	26/ 3/35	22/ 7/35
14.	Wheat Street, etc.	1936	73	—	—	—	282	282	29/ 1/36	26/ 1/37	28/ 5/37
15.	Wych Street, etc.	1936	46	1	2	—	187	187	29/ 1/36	26/ 1/37	28/ 5/37
16.	Wood Street, etc.	1936	37	—	—	—	146	146	25/ 9/35	26/ 1/37	28/ 5/37
17.	Cotton Street (Worthington Square)	1936	25	—	—	—	125	125	25/ 9/35	26/ 1/37	28/ 5/37
18.	Albion Street, etc.	1936	21	1	—	1	72	72	27/11/35	26/ 1/37	7/ 6/37
19.	Cavendish Street	1936	16	1	—	1	53	53	27/ 5/36	26/ 1/37	7/ 6/37
20.	North Street	1936	8	—	—	—	21	21	25/ 9/35	26/ 1/37	28/ 5/37
21.	Church Street, etc.	1936	7	—	1	—	15	15	25/ 9/35	26/ 1/37	28/ 5/37

Table VII. SUMMARY OF CLEARANCE AREAS—*continued*

No.	Area	Date of Order	Buildings Represented		Excluded by Ministry		No. of Persons to be Displaced	Persons Displaced	Date of Repr.	Date of Inquiry	Date of Con-firmation
			Dwelling Houses	Other Buildings	Dwelling Houses	Other Buildings					
22.	Oldham Street, etc.	1936	7	—	—	—	29	29	27/11/35	26/ 1/37	28/ 5/37
23.	Wellington Street...	1936	6	—	—	—	19	19	25/ 9/35	26/ 1/37	28/ 5/37
24.	West Street	1936	4	—	2	—	8	8	27/11/35	26/ 1/37	28/ 5/37
25.	Winter Street	1936	3	—	—	—	7	7	27/11/35	26/ 1/37	28/ 5/37
26.	Ryecroft Street	1936	2	—	—	—	10	10	27/11/35	26/ 1/37	28/ 5/37
27.	Fleet Street	1936	2	—	—	—	11	11	27/11/35	26/ 1/37	28/ 5/37
28.	Mossley Road No. 1	1936	2	—	—	—	6	6	29/ 1/36	26/ 1/37	28/ 5/37
29.	Mossley Road No. 2	1936	2	—	—	—	2	2	29/ 1/36	26/ 1/37	28/ 5/37
30.	Margaret Street	1936	11	—	—	—	21	16	29/ 1/36	26/ 1/37	28/ 5/37
31.	Conduit Street	1936	15	—	1	—	32	23	29/ 1/36	26/ 1/37	28/ 5/37
32.	Park Street, etc.	1937	46	—	—	—	152	45	28/ 4/37	1/ 3/38	31/ 8/38
33.	Church Street, etc., No. 2 ...	1937	41	—	—	—	143	22	28/ 4/37	1/ 3/38	31/ 8/38
34.	Higher Wharf Street, etc. ...	1937	45	—	—	—	155	24	28/ 4/37	1/ 3/38	31/ 8/38
35.	Chapel Street, etc.	1937	36	—	—	—	120	8	28/ 4/37	1/ 3/38	31/ 8/38
36.	Wellington St., etc., No. 2...	1937	27	2	—	2	76	—	28/ 4/37	1/ 3/38	31/ 8/38
37.	Wimpole Street, etc.	1937	19	—	1	—	56	—	28/ 4/37	1/ 3/38	31/ 8/38
38.	Higher Wharf St., etc., No. 2	1937	15	—	—	—	49	—	28/ 4/37	1/ 3/38	31/ 8/38
39.	Holden Street No. 2	1937	11	—	—	—	39	—	28/ 4/37	1/ 3/38	31/ 8/38
40.	Pot Yard Lane	1937	6	—	—	—	20	—	28/ 4/37	1/ 3/38	31/ 8/38
41.	Garden Walks	1937	7	—	—	—	30	17	28/ 4/37	1/ 3/38	31/ 8/38
42.	Old Cross Street	1937	7	—	—	—	31	—	28/ 4/37	1/ 3/38	31/ 8/38
43.	Hemingway's Yard	1937	7	—	—	—	30	9	28/ 4/37	1/ 3/38	31/ 8/38
44.	Seel Street	1937	5	—	—	—	10	—	28/ 4/37	1/ 3/38	31/ 8/38
45.	Lees Place	1937	2	—	—	—	7	—	28/ 4/37	1/ 3/38	31/ 8/38
46.	Woolley Street No. 1	1937	3	—	—	—	12	—	28/ 4/37	1/ 3/38	31/ 8/38
47.	Woolley Street No. 2	1937	2	—	—	—	6	—	28/ 4/37	1/ 3/38	31/ 8/38
48.	Fleet Street No. 2	1937	10	—	—	—	37	9	30/ 6/37	1/ 3/38	31/ 8/38
49.	Covent Yard	1937	7	—	—	—	18	—	30/ 6/37	1/ 3/38	31/ 8/38

Table VII. SUMMARY OF CLEARANCE AREAS—*continued*

No.	Area	Date of Order	Buildings Represented: Dwelling Houses	Buildings Represented: Other Buildings	Excluded by Ministry: Dwelling Houses	Excluded by Ministry: Other Buildings	No. of Persons to be Displaced	Persons Displaced	Date of Repr.	Date of Inquiry	Date of Confirmation
50.	Glebe Street	1937	3	—	—	—	17	8	30/ 6/37	1/ 3/38	31/ 8/38
51.	Saxon's Yard	1937	5	—	—	—	11	—	30/ 6/37	1/ 3/38	31/ 8/38
52.	Hillgate Street	1937	6	—	—	—	21	—	30/ 6/37	1/ 3/38	31/ 8/38
53.	Portland Street, etc.	1937	33	—	—	—	135	27	21/ 7/37	1/ 3/38	31/ 8/38
54.	Garside's Yard, etc.	1937	9	—	—	—	22	—	21/ 7/37	1/ 3/38	31/ 8/38
55.	Cavendish Street No. 2 ...	1937	8	—	—	—	23	—	4/ 8/37	1/ 3/38	31/ 8/38
56.	St. Peter's Street	1937	3	—	—	—	12	—	4/ 8/37	1/ 3/38	31/ 8/38
57.	Fleet Street No. 3	1937	5	—	—	—	15	—	4/ 8/37	1/ 3/38	31/ 8/38
58.	Fleet Street No. 4	1937	2	—	—	—	9	—	4/ 8/37	1/ 3/38	31/ 8/38
59.	Fleet Street No. 5	1937	6	—	—	—	23	10	4/ 8/37	1/ 3/38	31/ 8/38
60.	Gas Street, etc.	1937	8	—	—	—	41	9	4/ 8/37	1/ 3/38	31/ 8/38
61.	Charles Street No. 1	1937	4	—	—	—	24	7	4/ 8/37	1/ 3/38	31/ 8/38
62.	Charles Street No. 2	1937	16	—	—	—	59	—	4/ 8/37	1/ 3/38	31/ 8/38
63.	Hillgate St. and Collier St....	1937	4	—	—	—	—	—	29/ 9/37	1/ 3/38	31/ 8/38
			979	16	13	12	3606	2384			

SUMMARY.

	Houses.		Other Buildings
Represented to Ministry of Health	979	...	16
Houses and other buildings excluded by Ministry of Health	13	...	12
Houses and other buildings to be demolished ..	966	...	4

9th August, 1939.

Housing Statistics

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b)	172
(1) By Local Authority	93
(2) By other Local Authorities	Nil.
(3) By other bodies or persons	79
(b) With State assistance under the Housing Acts:—	
(1) By the Local Authority (included under (a) (1) above)	93
(2) By other bodies or persons (included under (a) (3) 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)	177
(b) Number of inspections made for the purpose	1020
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	139
(b) Number of inspections made for the purpose	849
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
(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	170

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 74

3. Action Under Statutory Powers During the Year.

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

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

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

(a) By owners ... ... Nil.

(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 ... ... Nil.

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

(a) By owners ... ... Nil.

(b) By Local Authority in default of owners ... ... Nil.

(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 9

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 7

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

4. Overcrowding.

(a)	(1) Number of dwellings overcrowded at the end of the year	259
	(2) Number of families dwelling therein	261
	(3) Number of persons dwelling therein	1712
(b)	Number of new cases of overcrowding reported during the year	Nil.
(c)	(1) Number of cases of overcrowding relieved during the year	389
	(2) Number of persons concerned in such cases	2069

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Inspection and Supervision of Food

(a) Milk Supply.

Dairies, cowsheds and milk shops are periodically inspected at frequent intervals during the year.

No structural alterations or improvements to farm buildings (e.g., re-modelling of cowsheds) are recorded during 1938.

There are 18 dairy farms in the area and approximately 243 cows. The number of cowkeepers is 18.

The number of inspections of farms during the year was 85. The number of dairymen or milk purveyors (other than cowkeepers) is 408.

Bacteriological Testing of Milk.

The following bacteriological standards for graded milks are prescribed by the Milk (Special Designation) Order 1936:—

Tuberculin Tested Milk, including **Tuberculin Tested Milk (Certified):**
Accredited Milk.

Standard:

The milk when tested in accordance with the prescribed method must not decolourise methylene blue within 4½ hours if the sample is taken at any time from 1st May to 31st October; or within 5½ hours if the sample is taken at any time from the 1st November to the 30th April.

The milk also must not contain coliform bacillus in 1/100 millilitre.

11 samples of milk representing one or other of the above grades were submitted to the total bacterial count and the coliform test.

No methylene blue tests were carried out.

The results were as follows:

No. of Sample	Type of Milk	Total Bacteria per millilitre	B. Coli present or absent in 1/100 c.c.
1.	Tuberculin Tested "Certified"	4,200	Absent
2.	,, ,, ,,	11,800	Present
3.	,, ,, ,,	2,150	,,
4.	Tuberculin Tested	177,000	,,
5.	,, ,, ...	330	Absent
6.	,, ,, ...	7,800	,,
7.	,, ,, ...	1,880	,,
8.	,, ,, ...	24,000	Present
9.	Accredited	26,500	,,
10.	,, ...	2,800	Absent
11.	,, ...	2,600	,,

From this it appears that 5 samples in these 3 grades failed to comply with the regulations.

Tuberculin Tested Milk (Pasteurised).

Standard: The milk must not contain more than 30,000 bacteria per millilitre.

No samples of this grade were submitted.

Pasteurised Milk.

Standard: The milk must contain not more than 100,000 bacteria per millilitre.

Eight samples were submitted and one failed to comply with this standard.

No. of Sample	Type of Milk	Total bacteria per c.c.	B. Coli present or absent in 1/100 c.c.
12.	Pasteurised	190	Absent
13.	,, ...	750	Present
14.	,, ...	680	,,
15.	,, ...	490,000	,,
16.	,, ...	5,900	Absent
17.	,, ...	14,000	Present
18.	,, ...	520	,,
19.	,, ...	4,600	Absent

The total count and B. Coli test as applied to 16 samples of ordinary milk was as follows:—

No. of Sample	Type of Milk	Total bacteria per c.c.	B. Coli present or absent in 1/100 c.c.
20.	Ordinary	24,000	Present
21.	,, ...	22,400	,,
22.	,, ...	10,000	,,
23.	,, ...	44,000	,,
24.	,, ...	11,200	,,
25.	,, ...	18,600	Absent
26.	,, ...	7,100	,,
27.	,, ...	10,600	,,
28.	,, ...	3,100	Present
29.	,, ...	1,900	Absent
30.	,, ...	11,400	,,
31.	,, ...	118,000	Present
32.	,, ...	12,400	Absent
33.	,, ...	7,900	Present
34.	,, ...	17,800	,,
35.	,, ...	39,000	,,

The results of examining 7 samples of ice-cream and expressed as the probable number of B. Coli for 100 c.c of sample were as follows:—

No. of Sample		Probable number of B. Coli per c.c. of Sample
36.	Ice Cream	7,000
37.	,, ,, ...	250
38.	,, ,, ...	140
39.	,, ,, ...	1,800
40.	,, ,, ...	250
41.	,, ,, ...	600
42.	,, ,, ...	1,800,000

The results of the above samples of milk would show that considerable improvement might be obtained in the bacterial cleanliness of the milk.

The production of clean milk calls for a continued effort at cleanliness.

The shippon must be clean, the cows clean, the milkers clean in person, and in their methods, and, most important, the utensils must be clean.

Clean utensils calls not merely for scalding the vessels and bottles, but for the use of live steam after cleansing.

23 samples of milk were taken for examination for the presence of the tubercle bacillus. Four cases were reported to be "positive." On the list of April, 1938, the investigations of these cases were transferred to the officers of the Ministry of Agriculture and Fisheries, and these "positive" cases were fully investigated by them. The procedure now is that samples may be taken by your officers, and if positive returns are made these are reported to the County Council and the Ministry of Agriculture and Fisheries take the matter in hand and the question of compensation is settled direct by them and not paid as heretofore by the local authority.

Milk (Special Designations) Order 1936.

The following licences have been issued by the Corporation under the above Act:

1 Pasteuriser's licence to use the designation "Pateurised."

2 Supplementary licences to use the designation "Pateurised."

1 Dealer's license to use the designation "Tuberculin Tested."

6 Dealer's licences to use the designation "T.T." (Certified).

1 Supplementary licence to use the designation "T.T." (Certified).

3 Supplementary licences to use the designation "Accredited."

(b) Meat and Other Foods.

See report of the Chief Sanitary Inspector.

(c) Adulteration, Etc.

For report on the sampling carried out under the Food and Drugs (Adulteration) Act, 1928, see report of the Chief Sanitary Inspector.

(d) The Laboratories

at which the bacteriological examination of food is carried out are the Public Health Laboratories, York Place, Manchester.

(e) Nutrition.

Little propaganda has been undertaken in regard to popular education on matters relating to nutrition.

SECTION F

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

TABLE VIII.—Diseases notified during 1938. Their ages, and ward distribution.

TABLE IX.—Notifiable diseases 1900-1938.

TABLE X.—Deaths from notifiable diseases 1900-1938.

GRAPH II.—Scarlet Fever Incidence 1900-1938, and Scarlet Fever Mortality 1900-1938.

GRAPH III.—Diphtheria Incidence and Mortality 1900-1938.

TABLE XI.—Deaths and Death Rate from Principal Zymotic Diseases.

Table IX.

NOTIFICATIONS RECEIVED

Year	Smallpox	Diphtheria	Erysipelas	Scarlet Fever	Puerperal Fever	Puerperal Pyrexia	Enteric Fever	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Acute Primary Pneumonia	Ophthalmia Neonatorum	Cerebro-Spinal Meningitis	Acute Poliomyelitis	Encephalitis Lethargica	Dysentery	Totals
1900	5	6	..	114	3	..	58	..	..	..	..	..	..	..	..	186
1901	..	12	..	252	2	..	39	..	..	..	..	..	..	..	..	305
1902	22	21	..	207	5	..	56	..	..	..	..	..	..	..	..	311
1903	150	12	11	52	3	..	43	..	..	..	..	..	..	..	..	271
1904	117	25	33	302	4	..	29	..	..	..	..	..	..	..	..	510
1905	40	12	18	166	3	..	30	..	..	..	..	..	..	..	..	269
1906	119	10	27	97	4	..	19	..	..	..	..	..	..	..	..	276
1907	8	6	27	290	1	..	17	..	..	..	..	..	..	..	..	349
1908	..	14	19	224	1	..	30	..	..	..	..	..	..	..	..	288
1909	..	30	38	261	5	..	54	..	..	..	..	..	..	..	..	388
1910	..	9	30	140	1	..	35	..	..	..	..	..	..	..	..	215
1911	1	29	43	123	1	..	33	91	..	..	7	..	..	..	..	328
1912	..	17	46	41	2	..	32	92	..	..	11	..	1	..	..	242
1913	..	17	25	228	5	..	13	117	26	..	7	..	..	..	..	438
1914	..	20	45	357	1	..	14	102	5	..	1	1	..	..	..	546
1915	..	14	28	147	..	..	11	79	12	..	4	1	..	..	..	296
1916	1	20	23	42	1	..	12	83	18	..	3	..	..	..	..	203
1917	..	15	16	31	3	..	8	54	17	..	5	..	..	..	..	149
1918	..	13	9	36	..	..	6	105	..	..	4	..	..	..	..	173
1919	..	18	19	90	1	..	3	67	15	94	8	2	..	1	3	321
1920	..	25	23	166	5	..	10	88	24	64	8	..	..	4	..	417
1921	..	25	13	71	11	..	9	62	34	87	8	..	..	2	..	322
1922	..	22	16	100	1	..	10	46	45	117	8	2	..	1	..	368
1923	..	13	12	133	7	..	6	53	47	108	8	..	..	3	..	390
1924	77	15	6	141	2	..	7	51	31	67	5	..	..	11	..	413
1925	12	19	13	110	5	..	3	49	36	99	4	..	..	1	..	351
1926	1	16	14	66	3	..	5	66	49	85	6	..	1	3	..	315
1927	..	20	10	80	3	4	2	62	51	72	6	..	..	2	..	312
1928	12	27	21	80	7	2	4	70	36	100	2	..	..	2	..	363
1929	31	19	13	85	3	5	1	67	46	158	3	1	..	1	..	433
1930	99	36	25	359	..	2	3	56	21	61	3	..	..	1	..	666
1931	1	13	16	201	1	4	..	52	38	89	3	3	..	1	..	422
1932	..	22	18	163	..	4	1	42	20	99	..	2	..	..	..	371
1933	..	16	22	73	2	5	..	57	24	136	3	..	..	1	..	339
1934	..	38	19	93	2	4	..	42	22	100	4	1	..	..	..	325
1935	..	63	31	69	1	10	..	57	16	78	9	1	..	2	..	337
1936	..	127	37	179	2	16	1	40	34	85	3	1	..	1	..	526
1937	..	243	25	233	3	22	1	60	30	97	5	1	..	2	5	727
1938	..	225	29	116	..	37	2	44	22	66	5	3	3	..	2	554
	696	1304	820	5718	104	115	607	1854	719	1862	143	19	5	39	10	14015

Table X.

DEATHS

Year.	Scarlet Fever	Diphtheria	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Totals.
1900	1	3	80	10	94
1901	8	6	109	12	135
1902	14	5	69	5	93
1903	2	4	65	6	77
1904	9	9	42	4	64
1905	7	4	62	2	75
1906	2	0	67	2	71
1907	14	2	47	2	65
1908	4	5	68	0	77
1909	11	14	78	1	104
1910	2	0	67	1	70
1911	2	5	64	10	81
1912	0	5	60	14	79
1913	13	3	52	10	78
1914	14	4	55	20	93
1915	0	1	59	21	81
1916	1	3	64	12	80
1917	0	5	50	10	65
1918	1	5	66	13	85
1919	1	5	42	12	60
1920	3	3	38	12	56
1921	1	4	40	12	57
1922	2	2	43	12	59
1923	2	1	37	15	55
1924	3	1	30	9	43
1925	0	4	43	14	61
1926	1	2	46	3	52
1927	0	0	38	5	43
1928	1	6	55	7	69
1929	1	2	39	11	53
1930	2	3	36	7	48
1931	0	3	39	8	50
1932	1	2	31	14	48
1933	0	2	37	9	48
1934	0	3	29	5	37
1935	1	5	25	3	34
1936	0	2	30	6	38
1937	1	8	46	5	60
1938	0	14	32	4	50
	125	155	1980	328	2588

Prevalence of, and control over Infectious Diseases

General.

554 notifications were received during 1938 in respect to Notifiable Infectious Diseases. (The figure for last year was 727).

66 of these notifications related to Tuberculosis and 488 to other infectious diseases.

Neither Chicken-Pox, Measles, Whooping Cough nor German Measles are notifiable in the Borough and yet from a mortality standpoint, two of these diseases (Measles and Whooping Cough) contributed one-quarter of the total deaths from Zymotic diseases (notifiable diseases other than Tuberculosis).

The number of deaths from Zymotic diseases was 28, giving a death rate from Zymotic diseases of 0.5 per 1,000 population.

This death rate is the highest recorded since the year 1929, and the disease which has mainly contributed to it is Diphtheria, which accounted for 14 deaths (i.e., one-half of the total number).

Table IX. on page 70 shows the yearly notification for each notifiable infectious disease throughout the present century, and it provides very valuable information concerning the general trend of most of the infectious diseases during the last 39 years. Any observations in regard to these figures I will make under the particular disease.

Table VIII., opposite page 73, classifies the diseases notified during 1938 according to their age grouping and the borough ward or institution from which the case was notified. This table also shows the number of cases removed to hospital.

Table VIII. BOROUGH OF ASHTON-UNDER-LYNE.—NOTIFIABLE DISEASES

Number of cases of infectious diseases notified, number of deaths from these diseases, number of cases removed to hospital, and deaths in hospital during the year ending 31st December, 1938.

Disease	Cases Notified													Total Cases Notified in each Locality (*e.g.*, Parish or Ward) of the District									Total Deaths	Hospital	
	Total Cases at all Ages	Years												1	2	3	4	5	6	7	8	9		Total cases removed to Hospital	Deaths in Hospital of persons belonging to district
		Under 1	1—2	2—3	3—4	4—5	5—10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over	St. Peter's Ward	Portland Ward	Market Ward	Michael's Ward	Hurst East Ward	Hurst West Ward	Lake Hospital	Infirmary	Boro' Hospital			
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Croup	225	2	1	10	11	17	86	48	20	19	6	5	—	46	17	53	19	22	30	17	21	—	14	189	—
Erysipelas	29	—	—	—	—	—	1	—	—	4	3	15	6	7	5	1	3	5	2	2	4	—	—	6	—
Scarlet Fever	116	1	2	6	5	12	45	20	11	10	4	—	—	26	17	26	12	14	18	2	1	—	—	78	—
Enteric Fever (including Paratyphoid	2	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—	2	—
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Cerebro-Spinal Meningitis	3	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	2	1	—	—	3	—
Poliomyelitis	3	—	—	1	—	—	1	—	1	—	—	—	—	1	1	—	—	—	1	—	—	—	—	1	—
Ophthalmia Neonatorum...	5	5	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	3	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trench Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentry	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	1	—	—	1	—
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
Acute Primary Pneumonia	64	7	1	7	5	2	6	2	4	12	3	12	3	7	5	16	5	11	9	11	—	—	35	12	—
Acute Influenzal Pneumonia	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	2	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	44	—	—	—	—	—	1	1	4	18	9	10	1	14	6	6	8	3	6	1	—	—	32	—	—
Other forms of Tuberculosis	22	—	—	1	—	—	4	6	3	3	3	1	1	4	2	4	4	1	6	1	—	—	4	—	—
Any other Diseases *notifiable* in district, *e.g.*:																									
Measles and German Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhœa, etc. (under 2 years)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Any other disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	37	—	1	—	—	—	—	—	4	23	9	—	—	2	—	1	2	1	1	29	1	—	—	3	—
Totals	554	15	5	26	21	31	146	77	47	92	38	44	12	108	54	109	53	57	74	69	30	—	78	295	

With regard to isolation hospital accommodation generally, the following pages show that the Borough of Ashton-under-Lyne at present has a small hospital for the isolation of Scarlet Fever cases only (16 beds) which at an annual cost of £1,800 is not an economical proposition.

Further, it is shown that all other infectious diseases have to be sent to isolation hospitals outside the borough at a cost during 1938 of approximately £4,000.

These arrangements are far from satisfactory and it is high time that adequate isolation hospital accommodation was provided for the borough without asking other authorities to do the work for us.

Specific Infections

Scarlet Fever.

Case rate 2.41 per 1,000 population England and Wales.

Case rate 2.4 per 1,000 population Ashton-under-Lyne.

116 cases of Scarlet Fever were notified during 1938 (233 in 1937), giving a case rate of 2.4 per 1,000 population.

This rate of incidence follows closely that of England and Wales.

The cases were distributed throughout the year as follows:

1st quarter	51
2nd „	30
3rd „	17
4th „	18
Total	116

14 cases were amongst pre-school children.
77 cases were amongst school children.
25 cases were over school age.
69 cases were amongst females.
47 cases were amongst males.

The ward distribution of the cases where they occurred at home, or the institutions from which they were notified, was as follows:—

St. Peter's Ward	26
Portland Ward	17
Market Ward	26
Michael's Ward	12
Hurst East Ward	14
Hurst West Ward	18
Lake Hospital	2
District Infirmary	1
Total	116

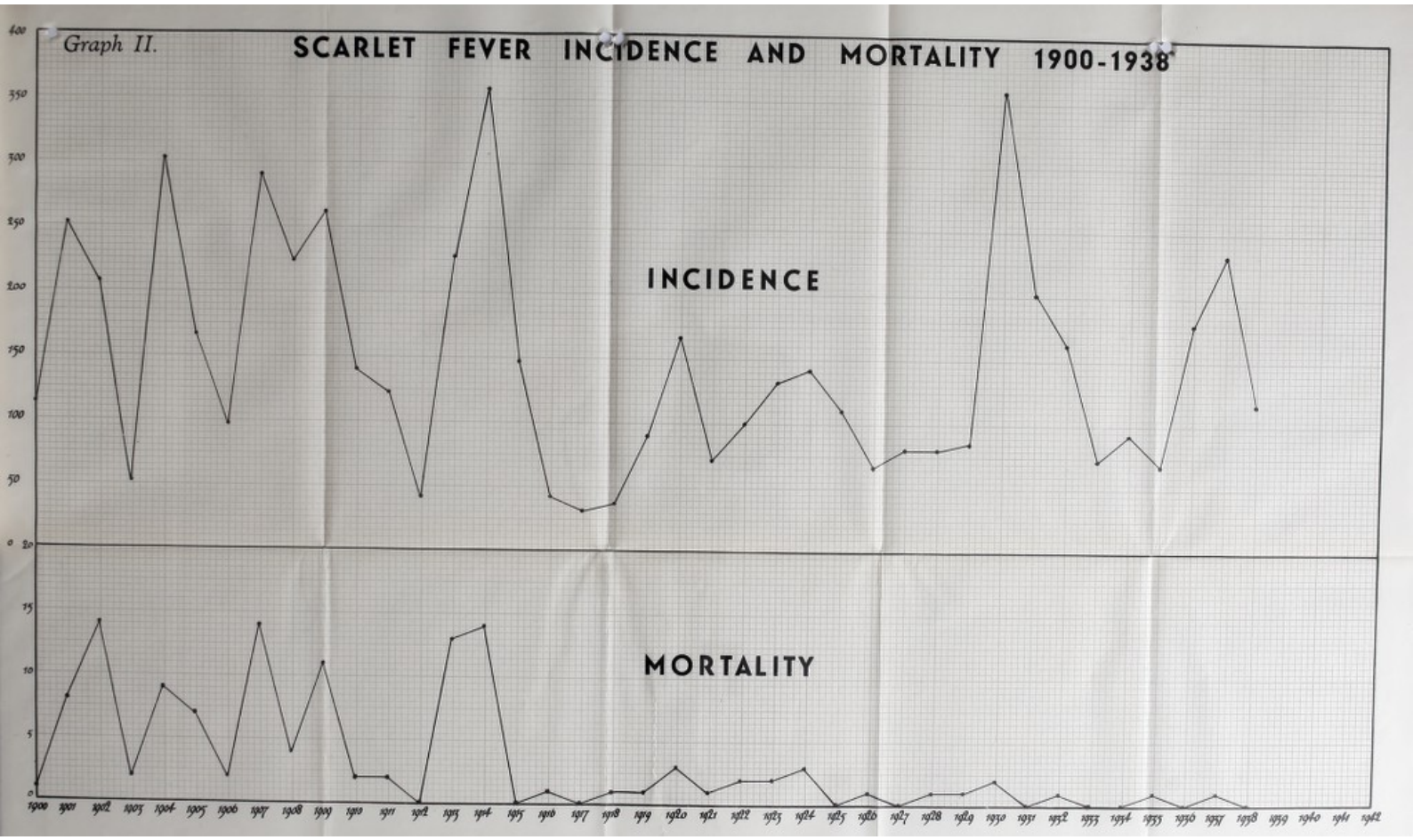
Of the 116 cases, 74 were removed to hospital (67 per cent.). Of the remaining 42 cases, six of these were removed to outside hospitals, whilst 36 were isolated at home.

A reference to the incidence and mortality chart facing page 74 shows that the incidence has fluctuated fairly widely throughout the century from a minimum of 31 to a maximum of 359 cases annually. The mean for the period of 39 years is 146.

The mortality graph shows that until the year 1914, the number of deaths recorded from Scarlet Fever was quite appreciable, actually they averaged 7 per annum.

Since 1914 the average annual death roll from the disease has been barely one.

It is evident, therefore, from this graph that though the disease remains almost as prevalent to-day as it did at the beginning of the century, its severity has become much less of late years.


Graph II.
SCARLET FEVER INCIDENCE AND MORTALITY 1900-1938
INCIDENCE
MORTALITY
400
350
300
250
200
150
100
50
0
20
15
10
5
0
1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942

Graph II.

Borough Isolation Hospital

This hospital is situated in Fountain-street and it is used entirely for the hospital isolation of Scarlet Fever cases.

The staff consists of a matron and three nurses, one ward maid and domestic and outside staff.

The accommodation consists of two wards, one for male cases and one for female. On the male side there are 7 beds, one cot and an isolation single-bed cubicle. The accommodation on the female side is similar.

The total working accommodation is thus 14 beds and 2 cots (excluding the two side wards) and at a basis of 16 beds, the bed week accommodation is 832 bed weeks per annum.

During 1938, 74 cases were sent in from the borough, and in addition a further 7 cases were admitted for other authorities, payment being made by these authorities.

The average duration of the cases in hospital was 32.5 days, and the usage of the hospital expressed in bed-weeks of occupation was 334 bed-weeks.

Taking the average running costs of this hospital at £1,800 per annum, with a bed-week occupation of 334 during 1938, the approximate cost of treating cases at this hospital was £5 7s. 9d. per week during 1938—not a very economical proposition.

During the year, 85 scarlet fever patients were treated:

	Ashton Cases.	Outside Cases.	Total.
Remaining in Hospital, 1st January, 1938...	11	1	12
Admitted during the year	74	7	81
Discharged during the year	81	4	85
Died during the year	—	—	—
Remaining in Hospital, 1st January, 1939 ...	5	3	8

Districts from which outside cases were received:—

Droylsden ..... 1 Limehurst ..... 5 Failsworth 1

Diphtheria.

Case Rate ~~0.07~~ 1.58 per 1,000 population England and Wales.

Case Rate 4.6 per 1,000 population Ashton-under-Lyne.

225 cases of Diphtheria were notified during 1938, as against 243 during 1937.

The number of deaths due to the disease was 14 (8 last year) and this figure has never been higher throughout the present century. It was equalled in the year 1909. See Table X., opposite page 71.

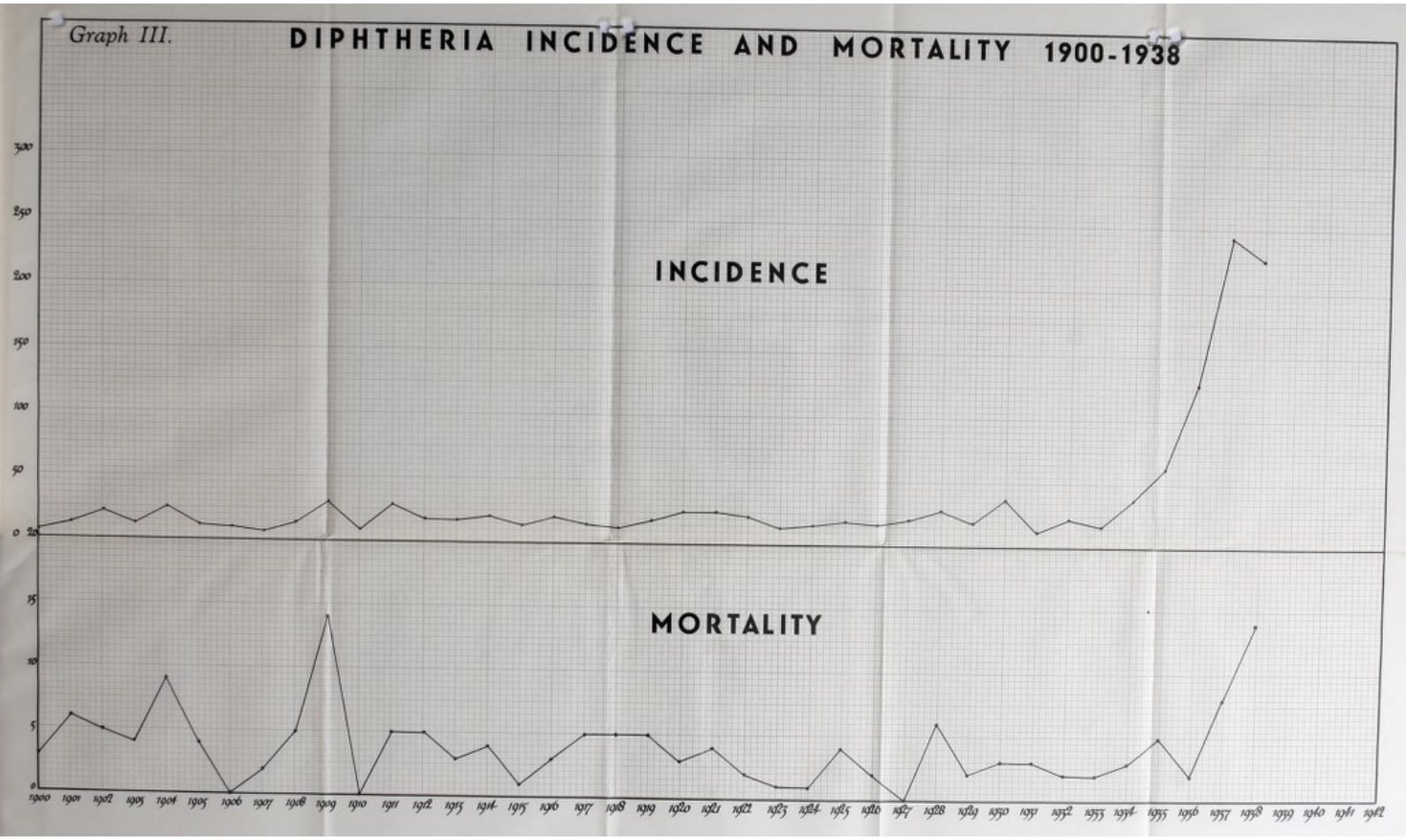
The distribution of the cases during the year was as follows:

1st Quarter	55
2nd „	54
3rd „	31
4th „	85
Total	225

The borough wards and institutions from which notifications were received were as follows:—

St. Peter's Ward	46
Portland Ward	17
Market Ward	53
Michael's Ward	19
Hurst East Ward	22
Hurst West Ward	30
Lake Hospital	17
District Infirmary	21
Total	225

Graph III.


DIPHTHERIA INCIDENCE AND MORTALITY 1900-1938
INCIDENCE
MORTALITY
300
250
200
150
100
50
0
15
10
5
0
1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942

Graph III.

The grouped age distribution is shown in Table VIII., opposite page 73, where it will be noted that the highest incidence is on the age group 5—10 years.

48 cases occurred amongst children younger than school age (or amongst children not attending school). 127 cases occurred amongst children attending school. 50 cases occurred amongst persons above school age.

The distribution of the 127 cases occurring amongst school children in respect to the school which they attended was as follows:—

School.	Number of Cases.
Stamford	6
Gatefield	11
St. Peter's, Welbeck Street	3
Undenominational	7
Cockbrook	3
Parochial	7
St. Mary's	5
St. Peter's, Victoria Street	4
St. James' Branch	1
Christ Church	1
Grammar School	1
Hurst Council	1
West End	20
Modern	3
Mossley Road	10
St. Ann's	6
St. James' Central	13
Trafalgar	7
Broadoak Council	7
Holy Trinity	4
Elgin Street	3
Schools outside town	4
Total	127

These school distribution figures do not call for any particular comment; the distribution follows fairly closely the school population at risk.

It is very unwise to assume that because two or more cases of diphtheria occur in one class at about the same time, the source of infection lies in that class.

Where the evidence before me suggests such a possibility it is my practice to see that the whole class are inspected to detect any possible nasal cases.

One must bear in mind certain facts regarding the spread of diphtheria which are not commonly appreciated.

The first is that the disease is spread by infected cases, or carriers of the germ, which means that it is spread by individuals and not classrooms or premises.

The value of disinfection of classrooms and such like places is extremely small.

Secondly, that in the case of a school child, such an individual spends eighteen hours out of the twenty-four in or near its own home, which is sometimes overcrowded, sometimes dirty, often badly ventilated.

It is, therefore, very unwise to hastily incriminate a school association lasting six hours out of the twenty-four where conditions are, generally speaking, fairly hygienic.

I would, however, urge that head teachers should make the best use of the space which their classroom offers and not crowd their children into an unnecessarily small space in an otherwise commodious classroom.

The spread of diphtheria is encouraged by bad ventilation, close personal contact and overcrowding.

None of these conditions need occur in a school, though they unfortunately sometimes occur in the home.

There were 100 male cases and 125 female cases.

37 cases were nursed at home, whilst 188 cases were removed to hospital.

For clinical faucial diphtheria, hospital isolation is called for in the vast majority of cases, and skilled nursing is essential for these cases.

The comparatively large numbers (37) of cases nursed at home reflects upon the fact that quite a number of cases notified as clinical diphtheria were, in fact, bacteriological diphtheria with few or no clinical manifestations; where home isolation is possible in these cases it is advised, where it is not possible one must perforce admit them to hospital as they are potential sources of infection.

Swabs Examined for the Diphtheria Organism.

During 1938, 2,339 swabs (throat or nasal) were examined by the Pathologist at the District Infirmary, Ashton-under-Lyne. 1,161 were negative and 178 were positive, i.e., 8 per cent. of the swabs examined showed the diphtheria organism to be present.

Eight virulence tests were carried out, and in three cases the organism isolated was found to be virulent and in five cases non-virulent.

The expenditure on the above work amounted to approximately £590.

Practitioners are provided with the materials and the report upon the examination free of cost.

In this connection I would point out that the value of a bacteriological examination of the nose or throat of a suspected case of diphtheria is limited.

Practitioners are under an obligation to notify to the local Authority when a person is suffering from clinical diphtheria, and the criterion for notification must always be the presence in a patient of the signs and symptoms of diphtheria.

No one will deny that the use of the swab in a doubtful clinical case is very valuable when the report upon that swab is positive, but a negative report by no means excludes diphtheria and the final decision must in these cases be made on clinical grounds.

I would further urge that the diagnosis of diphtheria should be provisionally made, or excluded, on the first visit so far as the question of treatment is concerned, and the practice of waiting twenty-four hours or more for the result of a swab is a very undesirable one. Diphtheria should be diagnosed on clinical grounds.

The graph opposite page 76 provides an interesting study on the incidence and mortality from the disease during the present century. It will be noted that the incidence of the disease (as reported by notifications) remained comparatively steady at a level of about 10—25 cases per annum from 1900 until the year 1935, when the incidence commenced to rise—

1935	showing	63	cases
1936	,,	127	,,
1937	,,	243	,,
1938	,,	225	,,

The mortality curve shows a rise to 14 deaths in 1909 and again 14 deaths in 1938.

I would suggest that the absence of a rise in the incidence curve for 1909 corresponding to the 1937-8 rise might be accounted for by the inclusion amongst the reported cases during the recent epidemic period of bacteriological cases and very mild clinical cases showing a positive swab result which would have escaped reporting in 1909, and had present-day practice in regard to diphtheria been operative in 1909, that year would have shown a corresponding rise.

Do these graphs help us to indicate how the disease might be stamped out?

I think they do and that very clearly.

The Schick test is a very reliable one and it indicates definitely whether the individual tested is susceptible to, or immune from, the disease.

As a result of many thousands of such tests at all ages, one fact constantly emerges and it is that as an individual grows older, from birth to adult age, his response to the Schick test passes from susceptibility to immunity.

Now this altered response to the test can only arise from two factors. The usual cause is a growing natural immunity as a result of exposure to the diphtheria organism during his childhood or adolescence, and the other factor is the production in him of an immunity by artificial means.

Now it is patent from our graph that a level of 10—30 notifications a year over thirty years is an insufficient amount of diphtheria to immunise the whole community, if it had been, one would not have had the 1935-38 outbreak.

From 1909 until 1935 there was growing up a group of children who had never contacted any exposure to the diphtheria germ and these children provided the necessary fuel for the 1935-38 outbreak.

The lesson is obvious.

To rely on the disease to immunise the population means much illness and many deaths, and we have at our disposal to-day a means whereby immunity can be bestowed on every individual without exposing him to the dangers of contracting the disease.

I refer to artificial immunisation.

That a thorough and widespread campaign of artificial immunisation can reduce the mortality from the disease to nil is a well-accepted fact, which even the opponents of this measure must agree with; further, that such a campaign, if it embraces

a sufficient number of the child population will virtually eradicate the disease from a community altogether is the belief of all those who have carefully scrutinised the reports from other parts of the world and are in a position to pass competent judgment.

There remains the apathy of public opinion to this measure, and failing an alteration in this rooted attitude of indifference by the man in the street, one must be prepared to accept in a fatalistic manner the loss of a number of valuable lives every year from a preventable disease.

Hospital Isolation.

Of the 225 cases of Diphtheria notified during 1938, 37 were nursed at home and 188 were removed to hospital. The hospitals to which these cases were removed were as follows:—

	Cases
Hyde Infectious Hospital	96
Ladywell „ „	42
Westhulme „ „ (Oldham)	34
Monsall „ „	8
Stockport „ „	8
Total	188

The expenditure for sending Diphtheria cases to outside hospitals was approximately £4,000.

Diphtheria, therefore, during the year has cost Ashton-under-Lyne 14 lives, £4,000, and a considerable amount of illness.

Erysipelas.

Case Rate 0.40 per 1,000 population England and Wales.

Case Rate 0.63 per 1,000 population Ashton-under-Lyne.

29 cases of this disease were notified during 1938. 13 were males and 16 females. Five cases were removed to infectious hospitals. The mean age of these 29 cases was 52 years.

Smallpox.

No cases were notified during the year.

Enteric Fever.

Case Rate 0.03 per 1,000 population England and Wales.

Case Rate 0.04 per 1,000 population Ashton-under-Lyne.

Two cases of enteric fever were notified, no deaths occurred.

Cerebro-Spinal Fever.

Three cases of this disease were notified during 1938. Two of these were from the Lake Hospital and related to non-residents of Ashton, the third was an Ashton case and was sent to Hyde, it remained there for eighteen days and discharged —diagnosis not confirmed.

Anterior Poliomyelitis.

Three cases of Anterior Poliomyelitis were notified during 1938, two cases were sent to Biddulph Hospital, the other was dealt with at home.

Dysentery.

Two cases were notified in 1938. One from the Lake Hospital and one from the District Infirmary. Neither case was an Ashton resident.

Ophthalmia Neonatorum.

Five cases were notified during the year, in three cases the notifications were from the general hospitals and related to non-residents, whilst in the remaining two Ashton cases recovery was complete and no interference with vision resulted.

Encephalitis Lethargica.

No cases were notified during the year.

Puerperal Pyrexia and Puerperal Fever.

Case rate 14.42 per 1,000 total births, England and Wales.

Case rate 24.3 per 1,000 total births, Ashton-under-Lyne.

No cases of puerperal fever were notified during 1938.

37 cases of Puerperal Pyrexia were notified, and of these 17 were in respect to residents of Ashton-under-Lyne.

These latter were received from:—

Private practitioners	7
Lake Hospital	10
Total	17

The remaining 20 notifications were received from the Lake Hospital (19) and the District Infirmary (1), and were in respect of non-residents of Ashton-under-Lyne.

It should be realised that Puerperal Pyrexia as defined for notification purposes means a rise in temperature during the puerperium, and it may, of course, be the outset of puerperal fever or other forms of Sepsis; on the other hand it may be due to causes definitely removed from Sepsis: but inasmuch as any fever is required to be notified, the authority is thus in a position to have a very early knowledge of a commencing case of Puerperal Fever.

The District Infirmary are prepared to receive such cases of Puerperal Fever, as are sent there by the authority under a specified agreement.

Pneumonia.

Case rate 1.10 per 1,000 population England and Wales.
Case rate 1.36 per 1,000 population Ashton-under-Lyne.

The number of cases of Acute Primary Pneumonia notified during 1938 was 66 cases, which is a favourably low figure in comparision with the average annual notification figures in Ashton since 1918 (when Pneumonia became a notifiable disease).

11 of these cases were notified from the Lake Hospital, whilst the remainder were from practitioners.

In all domiciliary cases of Pneumonia, a copy of the notification is forwarded immediately to the local Sick Nursing Association who arrange for their nurses to visit the cases and act under

the instruction of the practitioner. I regard the system of domiciliary visits a very valuable arrangement, and the co-operation of the Nursing Association in this matter is much appreciated. I hope that next year this body will be good enough to supply me with a brief report on each case, so that should the type of case prevalent appear to warrant the provision of serum in the treatment of these cases, the local authority would have some evidence before it, in deciding the question.

The number of deaths registered as due to Pneumonia was 35, and the age distribution of these deaths is shown in Table III., opposite page 14.

Cancer

Death Rate per 1,000 population Ashton-under-Lyne, 1938 = 1.85.

The number of deaths attributed to Cancer (including Malignant Disease) during 1938 was 90, giving the above death rate.

The number of deaths due to this disease in each of the last 8 years was as follows:—

1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
71	104	66	85	98	114	87	89	90

The age distribution of the 1938 deaths was:—

Ages	Male.	Female.
15 — 20	1	—
20 — 35	—	1
35 — 40	1	1
40 — 45	2	2
45 — 50	—	1
50 — 55	2	6
55 — 60	10	11
60 — 65	5	8
65 — 70	9	5
70 — 75	3	5
75 and over	11	6
Total	44	46

The mean age at death of male cases was 64, and of female cases 61. As regards the site of the disease, the following table shows the site of the primary growth separately for male and female cases:

	Males.	Females.
Buccal Cavity and Pharynx ...	4	—
Digestive Organs and Peritoneum.	—	—
Oesophagus	4	—
Stomach and Duodenum	5	10
Rectum	6	1
Liver and Biliary Passages	4	2
Pancreas	2	2
Peritoneum	1	1
Other Digestive Organs	5	10
Respiratory Organs...	4	1
Uterus	—	5
Other Female Genital Organs ...	—	7
Breast	—	4
Male Genito-Urinary Organs... ...	3	—
Skin	3	—
Other or Unspecified Organs ...	3	3
Total	44	46

The places where the deaths occurred were as follows:—

	Females.	Males.	Total
Home	32	26	58
District Infirmary	5	7	12
Lake Hospital	8	9	17
Other Institutions	1	2	3
Total	46	44	90

The above table shows that well over half the deaths occurred in their own homes, though it is likely that a considerable number of these cases returned from a hospital or institution prior to their death.

Cancer was responsible for 13 per cent. of the total death roll during the year and occupies second place on the list of "Principal killing diseases." The average annual death roll over the last 9 years has been 89.

The Government are promoting legislation for the better provision of diagnostic and treatment centres for this disease, and this action is very welcome.

If the public would dismiss their fatalistic attitude to this disease, and realise that if the condition is diagnosed in its early stage the chances of a cure are very considerable indeed, provided that such a case is dealt with by a competent team, which included the surgeon and radiation expert, acting in consultation and having at their disposal a highly-equipped treatment centre including radium and all the facilities appurtenant to such a centre.

The Cancer Act aims at establishing these treatment centres in various regions of the country.

It is unfortunately the case at present that the diagnostic facilities available for a suspected case of cancer are not as accessible as they should be, nor are the public sufficiently willing to seek medical opinion at a stage of the disease when there are reasonably good chances of a complete cure. It is too often the case that this delay in seeking advice makes the chances of recovery considerably less.

I think it needs to be realised that the chances of recovery in the early stages are considerably brighter than the public realise.

Venereal Disease

Public Health (Venereal Diseases) Regulations, 1916.

The Lancashire County Council, who administer these regulations, have a treatment centre at the Ashton-under-Lyne District Infirmary.

The following shows the work carried out at the Venereal Diseases Clinic at the Ashton-under-Lyne District Infirmary during the year 1938:—

Patients under treatment at 1st January, 1938 ...	168
New cases admitted during 1938	175
Total attendances	5459
Patients receiving treatment at the end of 1938 ...	165
Pathological examinations	1284
Injections	946

Of the 175 new cases admitted during the year, 66 were Ashton residents.

Tuberculosis

Death-rate per 1,000 population, Ashton-under-Lyne: Pulmonary Tuberculosis, 0.65; all forms of Tuberculosis, 0.74.

Mortality per cent. of total deaths from all causes for Pulmonary Tuberculosis, 4.7.

There were 36 deaths from Tuberculosis during 1938 and of these 32 were caused by Pulmonary Tuberculosis and four by Non-Pulmonary Tuberculosis.

The corresponding rates are shown above.

The 32 deaths from Pulmonary Tuberculosis expressed as a percentage of the total deaths from all causes gives the figure 4.7 per cent.

The above rates are shown for each of the last 10 years for Ashton-under-Lyne, and the corresponding figures for England and Wales, in the following table:—

	Ashton-under-Lyne		England and Wales	
	Death Rate per 1,000 Population	Mortality per cent. of Total Deaths	Death Rate per 1,000 Population	Mortality per cent. of Total Deaths
1928... ...	—	—	0·75	6·5
1929... ...	0·75	4·5	0·79	5·9
1930... ...	0·69	5·6	0·73	6·4
1931... ...	0·75	5·5	0·74	6·0
1932... ...	0·59	4·4	0·68	5·7
1933... ...	0·73	5·2	0·69	5·6
1934... ...	0·56	4·5	0·63	5·4
1935... ...	0·49	3·5	0·60	5·2
1936... ...	0·60	4·1	0·58	4·8
1937... ...	0·94	5·8	0·58	4·7
1938... ...	0·65	4·7	—	—
Mean for last 10 Years ...	0·67	4·8	0·61	5·6

This table shows that the death-rate per 1,000 of the population in Ashton-under-Lyne has closely approximated to the rate for England and Wales during the last 10 years.

The Respiratory Tuberculosis mortality expressed as a percentage of the total deaths is, however, lower for Ashton-under-Lyne than for England and Wales.

The number of notifications in respect to Tuberculosis received during 1938 were:—

44 Pulmonary cases.

22 Non-pulmonary cases.

The following table shows the age and sex distribution of the new cases and similar information for the 36 deaths:—

TUBERCULOSIS.

New Cases and Mortality During 1938.

Age—Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Years								
0—1	—	—	—	—	1	—	—	—
1— 5	—	—	1	—	—	—	—	—
5—10	—	1	2	2	—	—	—	—
10—15	1	—	4	2	—	—	—	—
15—20	2	2	2	1	—	—	—	—
20—25	3	3	—	1	2	6	1	—
25—35	10	2	1	1	4	2	—	1
35—45	5	4	—	3	1	1	—	1
45—55	5	1	—	—	4	2	—	—
55—65	4	—	1	—	8	—	—	1
65 and upwards ...	—	1	1	—	—	1	—	—
Totals	30	14	12	10	20	12	1	3

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925:—

No action has been taken.

PUBLIC HEALTH ACT, 1925, SECTION 62:—

No action has been taken.

BOROUGH OF ASHTON-UNDER-LYNE

Report of Tuberculosis Officer for the year

During the year 1938, 66 notifications of patients suffering from tuberculosis were received. Of these, 44 were notified as suffering from tuberculosis of the lungs, 20 from non-pulmonary tuberculosis, and 2 combined cases.

Of the 44 pulmonary cases, 31 were found to have tubercle bacilli in the sputum, 4 had negative sputum, 6 had no sputum, and in 3 cases the sputum was not examined.

Of the combined cases, — were found to have tubercle bacilli in the sputum, — had negative sputum, and 1 had no sputum, and in one case the sputum was not examined.

The 20 non-pulmonary cases are classified as follows:

Glands 8, hip —, elbow —, abdomen 2, dactylitis —, spine 2, knee 2, epididymis —, meninges 1, genito-urinary —, ribs —, multiple 1, ankle —, skin 1, foot 1, skin and glands —, abscesses —, wrist 1, kidney 1.

19 of the notified cases died during the year (16 pulmonary, 2 non-pulmonary, 1 combined).

54 of the cases applied for treatment. In the remaining 12 cases no application was made for the following reasons:— Diagnosis not confirmed after examination 3, in Union Hospital —, removed from district —, died immediately after notification 6, refused to apply 3, no action necessary —.

Of the patients who applied for treatment, 15 were sent to sanatoria, 11 to pulmonary hospital, 1 to general hospital, 7 to orthopædic hospital, — to non-pulmonary sanatoria, and 1 to skin hospital. The remaining 19 cases were under dispensary supervision only.

In addition to the notified cases, a number of patients are sent to the Dispensary for diagnosis. During the year, 226 new cases were sent for diagnosis by the doctors, school medical officers, etc.

The number of re-attendances of old patients at the Dispensary for supervision and arrangements for treatment was 886.

Special enquiries are made as to the health of other inmates of the house where there are patients suffering from definite Tuberculosis, and 36 of these contacts were examined during the year.

In supervision and visiting, special attention is paid to the open cases, i.e., cases where tubercle bacilli are present or have been found in the sputum. On the 1st January, 1938, there were 85 such cases known to be living in the district. On the 31st December, 1938, there were 88 positive cases living. These figures include quiescent and arrested cases.

23 of the positive cases died during the year.

10 positive cases removed from the district during the year.

The condition as to isolation of the positive cases was as follows:—

Separate room	85
Separate bed	27
Unable to have separate bed	9

49 of the positive cases were in institution for treatment and isolation at some time during the year.

The number of positive cases living at 31st December, 1938, who had tubercle bacilli in the sputum during 1938 was 54. The other 34 had either negative or no sputum.

Of the 54 cases who had tubercle bacilli in the sputum during 1938, 28 had separate rooms, 10 had separate beds, two were unable to have separate bed, and 14 were in institution at the end of the year.

4 housing defects were reported during the year. Of these, 4 had been remedied by the end of the year.

305 specimens of sputum were examined at the Ashton Laboratory during the year. Of these 54 were positive, and 251 were negative.

During the year 1938, 62 cases were discharged from institution as follows:

Sanatoria	30
Pulmonary Hospital	17
General Hospital	7
Orthopædic Hospital	8
Non-pulmonary Sanatoria	—
Skin Hospital	—

The results on discharge were as follows:—

Quiescent or arrested	15
Improved	25
I.s.q.	11
Worse	—
Died	10
Diagnosis not confirmed	1

During the year there were 3 deaths from tuberculosis where the cases had not been notified previously.

GEORGE FLETCHER, M.D.,
Consultant Tuberculosis Officer.

A RETURN SHOWING THE NUMBER OF DEATHS AND DEATH RATE,

From the Principal Zymotic Diseases; also Phthisis and Respiratory Diseases, from 1928 to 1938 inclusive.

Names of Diseases	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Enteric	4	—	2	—	—	—	—	1	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—
Measles	5	1	11	1	6	1	10	—	1	—	3
Scarlet Fever	1	1	2	1	1	—	—	1	—	1	—
Whooping Cough ...	1	14	1	2	1	1	3	—	—	—	4
Diphtheria, including Membranous Croup	6	2	3	3	2	2	3	5	2	8	14
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	2	1	—	2	—	2	3	2	1	—	—
Diarrhœa ... ... Dysentery... ...	7	7	3	1	—	9	4	3	2	5	4
Erysipelas...	—	—	—	—	—	—	—	—	1	1	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Leth. ...	2	7	3	2	1	1	3	2	3	5	3
Cerebro Spinal Fever	—	—	—	—	—	—	—	1	—	1	—
Total Deaths from Zymotic Diseases...	28	33	25	12	11	16	26	15	10	21	28
Death Rate fron Zymotic Diseases...	0·5	0·6	0·48	0·23	0·21	0·31	0·50	0·30	0·20	0·43	0·5
Deaths—Phthisis ...	62	39	36	39	31	37	29	25	30	46	32
Rate	1·1	0·75	0·69	0·75	0·59	0·73	0·56	0·49	0·60	0·94	0·65
Deaths from Respiratory Diseases...	101	170	72	105	82	117	65	72	78	93	67
Rate	1·9	3·2	1·39	2·02	1·5	0·2	1·2	1·4	1·5	1·9	1·3
Deaths from other Causes	532	623	509	555	573	534	525	595	606	634	561
Rate	10·2	11·9	9·83	10·7	10·9	10·5	10·1	11·8	12·2	12·9	11·0
Total Deaths from all causes	**722**	**865**	**642**	**711**	**697**	**704**	**645**	**705**	**724**	**794**	**688**
General Death Rate from all causes ...	**13·8**	**16·6**	**12·4**	**13·7**	**13·3**	**13·9**	**12·8**	**14·06**	**14·6**	**16·2**	**14·1**

Annual Report of the Chief Sanitary Inspector for the year 1938

TO THE WORSHIPFUL THE MAYOR, MR. CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

MR. MAYOR, MR. CHAIRMAN, LADY AND GENTLEMEN,

I beg to submit for your consideration my Seventh Annual Report.

The year brought considerable changes in the staff of the department. Mr. Don resigned his appointment as Additional Sanitary Inspector in June, and a few weeks later, in August, Mr. Ward left Ashton after six years service with the Corporation, and it was not until October that the two vacancies were filled. These changes of course affected the working of the department and tended to reduce the amount of work carried out.

In addition, the time of Mr. Hunter was to some extent devoted to work in connection with Air-Raid Precautions. Mr. Hunter attended a course of training for instructors, held at Easingwold, and it is gratifying to report that he was successful in obtaining the highest award given, namely, Instructor A.R.P.S. (Special), and at the present time he is busily engaged training the staff in Decontamination Work. It is anticipated that the duties under this heading will increase very considerably in the future and priority is being given to this essential service.

Housing was again one of the major activities in the department, and in March, 1938, an inquiry was held regarding thirty-two areas comprising 400 dwelling-houses, five dwelling-houses and shops, three dwelling vans, and two lock-up shops. The Inspector appointed by the Minister of Health inspected all the properties included above, and with few exceptions the Orders were duly confirmed.

The re-housing of tenants from Clearance Areas proceeded apace and there has been a large increase in the numbers removed to new surroundings. Two hundred and forty-five dwelling-houses were vacated, and the tenants re-housed; compared with forty-one in 1937, and one hundred and eighty-six in 1936.

A procedure was adopted in these cases similar to that described in my last Report, and no difficulties were experienced in persuading tenants to agree. Generally speaking, I think the people concerned do appreciate the opportunity of living in improved surroundings, and although at times difficulties are encountered in meeting the wishes of tenants for a particular house or district, on the whole, they are only too willing to be removed to the Council Estates.

In addition to houses dealt with by way of Clearance Area procedure, twelve houses were represented as individually unfit and the necessary action taken.

Little progress was made during the year in dealing with cases of overcrowding, but a very large reduction has resulted from the normal movement of the population. The real need is to satisfy those cases where large families exist. The difficulties are very real ones, but it is hoped that when the demand for houses in connection with the Clearance Programme is satisfied the Corporation will be able to deal with the problem.

I am pleased to report that in spite of the shortage of staff during part of the year we were able to devote the necessary time to Meat and Food Inspections and there was no reduction in the number of visits paid and inspections made. More than 17,000 animals' carcases were examined, an increase of over 1,000 on the previous year, and I would respectfully draw your attention to the tables in the report which will give some idea of the amount of work involved in this branch of the service.

It was necessary to institute legal proceedings in one case and the defendant was fined £10 and £2 2s. costs for having in his possession meat which was unfit for sale for human consumption.

I should like to place on record my appreciation of the work done by the members of my department, and in particular the assistance rendered by Mr. Hunter who, during the period when the staff was depleted, spared no effort in an endeavour to carry out the additional duties which were of necessity placed upon him.

I must also express my sincere thanks to the Chairman and Members of the Health Committee for the kind consideration they have always shown me; to the Town Clerk, who has on all occasions so willingly given his advice and guidance; and to the Medical Officer of Health for his interest and support during the year.

Yours respectfully,

C. SYKES HANDFORTH,
Chief Sanitary Inspector.

Sanitary Inspector's Office,
Ashton-under-Lyne.
July, 1939.

Summary

Details of Inspections Made and Work Carried Out During 1938.

Number of nuisances reported and found	1887
Number of nuisances abated	1892
Preliminary notices and letters served with respect to nuisances	326
Notices sent re infectious diseases	372
Number of cases removed to infectious diseases hospitals	294
Number of houses disinfected	426
Number of articles removed and disinfected	4236
Number of visits to houses re infectious diseases	966
Number of visits to premises re defective and choked W.C.'s, W.W.C.'s, slop sinks, waste and soil pipes	1152
Number of visits under Housing Acts	1020
Number of visits to common lodging-houses, furnished rooms and dwelling vans	39
Number of visits to slaughter-houses	1293
Number of visits to cowsheds, milk shops, refreshment houses, ice cream makers and bakehouses	806
Number of visits to factories and workshops	117
Number of visits to offensive trade premises	18
Number of visits re rat infestations	26
Number of visits under the Shops Acts	91
Number of smoke observations taken	81
Number of samples taken under the Food and Drugs (Adulteration) Act	94

FACTORY AND WORKSHOPS ACT, 1901.
FACTORIES ACT, 1937.

1. INSPECTIONS for purposes of provisions as to health.
Including Inspections made by Sanitary Inspectors.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories with Mechanical Power... ...	87	—	—
Factories without Mechanical Power ...	36	—	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)...	—	—	—
Total	117	—	—

2. DEFECTS FOUND

Particulars (1)	Number of Defects			Number of defects in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Want of Cleanliness (S. 1) ...	6	6	—	—
Overcrowding (S. 2)	—	—	—	—
Unreasonable Temperature (S. 3)	—	—	—	—
Inadequate Ventilation (S. 4)...	—	—	—	—
Ineffective Drainage of Floors (S. 6)	—	—	—	—
Sanitary Conveniences (S. 7) — Insufficient ...	3	3	—	—
Sanitary Conveniences (S. 7) — Unsuitable or Defective ...	3	3	—	—
Sanitary Conveniences (S. 7) — Not Separate for Sexes ...	—	—	—	—
Other Offences ... ... (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937)	12	12	—	—
Total	24	24	—	—

Food and Drugs (Adulteration) Act 1928

During the year ninety-four samples were taken and submitted to the Public Analyst and the following table gives details of the samples taken.

TABLE No. 2

Whisky	10
Milk	71
Marmalade	1
Sugar	1
Dried Apples	1
Dried Apricots	1
Cornflour	1
Ground Almonds	1
Currants	1
Raisins	1
Sultanas	1
Candied Peel	1
Fruit Jelly	1
Jam	1
Coffee	1
	94

The attached table gives details of the samples found upon analysis to have been adulterated.

The quality of the milk sold in the town from a chemical point of view continues to be very good. A large proportion of the ordinary milk retailed in the borough is sold by producer retailers.

In recent years the sale of pasteurised milk has increased and samples taken show that this, generally speaking, reaches the standard laid down in the Order.

PARTICULARS OF ADULTERATION

No.	Sample Article	Adulteration or Offence	Remarks
659	New Milk	Deficient in fat 20%	
292	New Milk	Deficient in fat 4%	Re sample 659
690	Whisky	Excess water 15.4%	Informal
717	New Milk	Extraneous water 1.4%	

Meat Inspection

During the year 17,083 animals were examined in the borough, compared with 16,033 in 1937, and 14,640 in 1936.

Thirty-four animals were surrendered and destroyed as being unfit for sale for human consumption, comprising eleven cows, three bullocks, one heifer, twelve pigs, and seven lambs. Included in the eleven cows surrendered seven were brought in and dealt with under the provisions of the Tuberculosis Order.

The usual tables are attached. From these it will be observed that the number of bovines found to be affected by tuberculosis is very similar to the figure for last year, but in the case of pigs there has been an increase. Pigs' heads surrendered during the year numbered 343, compared with 280 in 1937. In the case of bovines, 45 heads and tongues were surrendered, a percentage of 2.09, the same figure as last year, compared with 2.7 in 1936. The percentage in the case of pigs was 12.04, compared with 9.89 in 1937, and 7.5 in 1936.

One prosecution was instituted during the year, and a fine of £10, plus £2 2s. costs, was imposed by the borough magistrates.

The number of slaughter-houses in the town is twelve.

Tables Nos. 3 and 4 give the quantity of meat and offals surrendered and destroyed during the year.

TABLE No. 3

Carcases with all organs condemned as totally unfit for human consumption.

Animals.	Tuberculosis.	Accident.	Inflammatory Diseases	Other Conditions
Cows	10	—	1	—
Bullocks	2	—	—	1
Heifers	1	—	—	—
Pigs	11	1	—	—
Sheep	—	4	—	3

Carcases partially condemned as unfit for human consumption.

Animals.	Tuberculosis.	Accident.	Inflammatory Diseases	Other Conditions
Cows	2	1	—	—
Heifers	2	—	—	—
Bullocks	1	—	—	1
Pigs	11	2	—	1

TABLE No. 4

Various Organs Condemned as Unfit for Human Consumption.

	Heads	Tongues	Lungs	Livers	Stomachs	Hearts	Spleens	Mesenteries	Intestines	Udders	Kidneys	Diaphragms	Omentum
Tuberculosis:													
Bovines	45	45	43	26	8	6	3	29	7	8	–	3	–
Pigs	343	343	127	131	4	111	6	371	12	–	–	98	–
Inflammatory Diseases:													
Bovines	–	–	12	17	–	2	–	–	–	2	2	–	–
Pigs	1	1	54	10	2	14	1	2	2	–	–	–	–
Sheep	–	–	3	3	–	3	–	–	–	–	–	–	–
Parasitic Diseases:													
Bovines	4	4	20	14	–	–	–	–	–	–	–	–	–
Pigs	–	–	2	13	–	–	–	–	–	–	1	–	–
Sheep	–	–	–	–	–	–	–	–	–	–	–	–	–

TABLE No. 4 (Continued)

Other Diseases and Conditions:

	Heads	Tongues	Lungs	Livers	Stomachs	Hearts	Spleens	Mesenteries	Intestines	Udders	Kidneys	Diaphragms	Omentum
Bovines	–	–	1	79	1	–	1	1	–	–	–	1	1
Pigs	–	–	–	20	–	–	–	–	–	–	–	–	–
Sheep	–	–	–	–	–	–	–	–	–	–	–	–	–

The following table gives some idea of the work involved in this particular branch of my department:

No. of visits to slaughter-houses during 1938	1,293
No. of visits to food premises and markets	719
No. of carcases inspected:	
Cattle	2,148
Sheep and Lambs	12,088
Pigs	2,847
Total	17,083

The total weight of meat and offals destroyed during the year as diseased, unsound and unfit for the food of man was 24,499lbs., or 10 tons 18 cwts. 2 qrs. 27lbs.

Smoke Abatement

During the year 81 half-hourly smoke observations were taken of the factory chimneys in the borough.

Last year I reported at some length on the problem. It does appear that the emission of black smoke from factory chimneys is on the decrease. The problem of domestic smoke still remains.

There is at present no legislation governing the output of smoke from the domestic chimney. There is no doubt that the increasing use of electricity and gas in dwelling-houses for cooking and allied purposes is a step in the right direction, but until these can be reduced in price to such an extent as to be within the means of the general body of inhabitants for use for all purposes—heating, lighting, and cooking—substantial progress

in the substitution of these agents for these purposes will not be made. In my view the solution of the problem lies in the use of gas and electricity in conjunction with a suitable solid fuel. In all cases the cost should not be greater than that of the present fuel, and, if possible, it should be cheaper. The economic aspect of this problem is the root of the difficulty. It is very probable that if these alternatives to raw coal could be popularised and a greater demand ensue, then this alone would have a tendency to reduce cost and thus enable a greater use to be made of these smokeless agents.

The results of the observations taken during the year are as follows:

9 Chimneys emitted black smoke in excess of 2 minutes in 30.

14 Chimneys emitted black smoke less than 2 minutes in 30.

58 Chimneys emitted no black smoke during the observations.

Warning letters were sent regarding the 9 offending chimneys.

Public Cleansing

This work is carried out by the Public Cleansing Committee.

There are only four middens in the borough with six closets attached, and these are situated in the rural part of the district.

Proper galvanised iron dustbins are being substituted for ashtubs as rapidly as possible, and about 9,000 dustbins have been provided in the town during the last few years.

Number of dry ashpits	76
Number of fresh-water closets	6502
Number of waste-water closets and pails	9631

Dustbins are emptied weekly.

Shops Acts, 1934

During the year the whole of the shops in the borough were visited and inspected as follows:

Beef and Pork Butchers	80
Boot and Clog Repairers	48
Boot and Shoe Dealers	23
Chemists and Druggists	14
Confectioners and Bakers	105
Cycle and Radio Dealers	30
Drapers	61
Dyers and Cleaners	10
Fish, Chips and Tripe Dealers	89
Fish and Poultry Dealers	13
Greengrocers and Florists	52
Grocers and Provision Dealers	77
Hairdressers	65
Hardware and Ironmongers	23
Herbalists and Temperance Bars	18
House Furnishers	31
Jewellers, Watch and Clock Makers	15
Mantles, Gowns and Furriers	23
Milliners and Hosiers	14
Motor Cars and Petroleum	12
Mixed businesses	243
Ladies and Children's Outfitters	15
Newsagents and Stationers	60
Plumbers and Electricians	18
Secondhand Dealers	10
Sweets and Tobacco	71
Tailors and Outfitters	41
Tobacconists	16
Wallpapers, Paints, etc.	14
Miscellaneous	93
	1384

Attention was called to the provisions of the Shops Acts 1934.

Many difficulties are encountered in this borough owing to the congested state of the shopping centre, but every endeavour is made to see that the highest possible standard regarding sanitary accommodation is attained.

In the case of lock-up shops the difficulties are very greatly increased, as many of these have no rear space and it is impossible to provide conveniences within the building.

A large number of shops are dwelling-houses and shops not employing assistants.

2,597 visits were paid to the shops in the town, and the provisions of the Act regarding ventilation and temperature are generally observed.

Eradication of Bed Bugs

During the year 16 Council houses were fumigated with hydro-cyanide gas on account of the infestation of the bed bugs, 17 other houses were found to be so infested, and the houses were disinfested by the owners in a similar manner. A number of enquiries were received during the year and the owners were recommended to carry out a similar procedure, but in some cases on account of the cost of hydro-cyanide treatment the houses were sprayed with Zaldecide fluid.

The effects of tenants removed from clearance areas are also treated with hydro-cyanide gas before being taken to the houses on the Council estates. In addition, in practically every case the tenants visit the Public Baths, receive a change of clothing (which has previously been collected and disinfested by steam) leaving their dirty clothing which is afterwards collected and disinfested.

Disinfestation by hydro-cyanide gas is carried out by private contract, spraying with Zaldecide and steam disinfestation by the Council.

The tenants of the Council houses are visited by the members of the Housing Department to ensure as far as possible that infestation or re-infestation does not occur.

Camping Sites

There are no camping sites in the borough.

Drainage and Sewerage

There have been no major alterations during the year.

The nuisance regarding the Smallshaw brook received attention during the year, and drainage improvements were carried out, and it is now hoped that the nuisance will not recur.

Rat Repression

National Rat week was celebrated in the borough from November 7th to November 12th, 1938. The occupiers of slaughter-houses, factories, workshops, food-preparing premises, etc., were all circularised, calling their attention to the urgent necessity of taking the requisite steps to free their premises from rats and mice. A special circular was drawn up and the Director of Education very kindly arranged to have same brought to the notice of headmasters and headmistresses with a view to drawing the attention of their senior pupils to the matter.

Special steps were also taken on properties under the control of the Corporation.

During the year numerous interviews and visits have taken place, and a very large number of rat baits have been laid. Although it is the duty of occupiers of lands or premises to deal with this serious matter, the department has been, and is, only too willing to give any assistance they possibly can. Our activities have not by any means been confined to National Rat Week, but this period, set apart for this particular purpose, has undoubtedy been the means of drawing special attention to these pests.

Contagious Diseases of Animals

For a short period during the year Ashton, in common with many other parts of the country, was subject to the Foot and Mouth (Regulations of Movement) Order of 1938.

One outbreak of Swine Fever was confirmed on premises within the borough, and these premises were still under restriction at the end of the year.

From the 1st day of April, 1938, the administration of the Tuberculosis Order was transferred to the Ministry of Agriculture and Fisheries who now deal with cases of tuberculosis found in the borough and coming under the above Order. This, of course, only applies to live animals, and only to those animals specified in the Order.