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BOROUGH OF
ASHTON-UNDER-LYNE

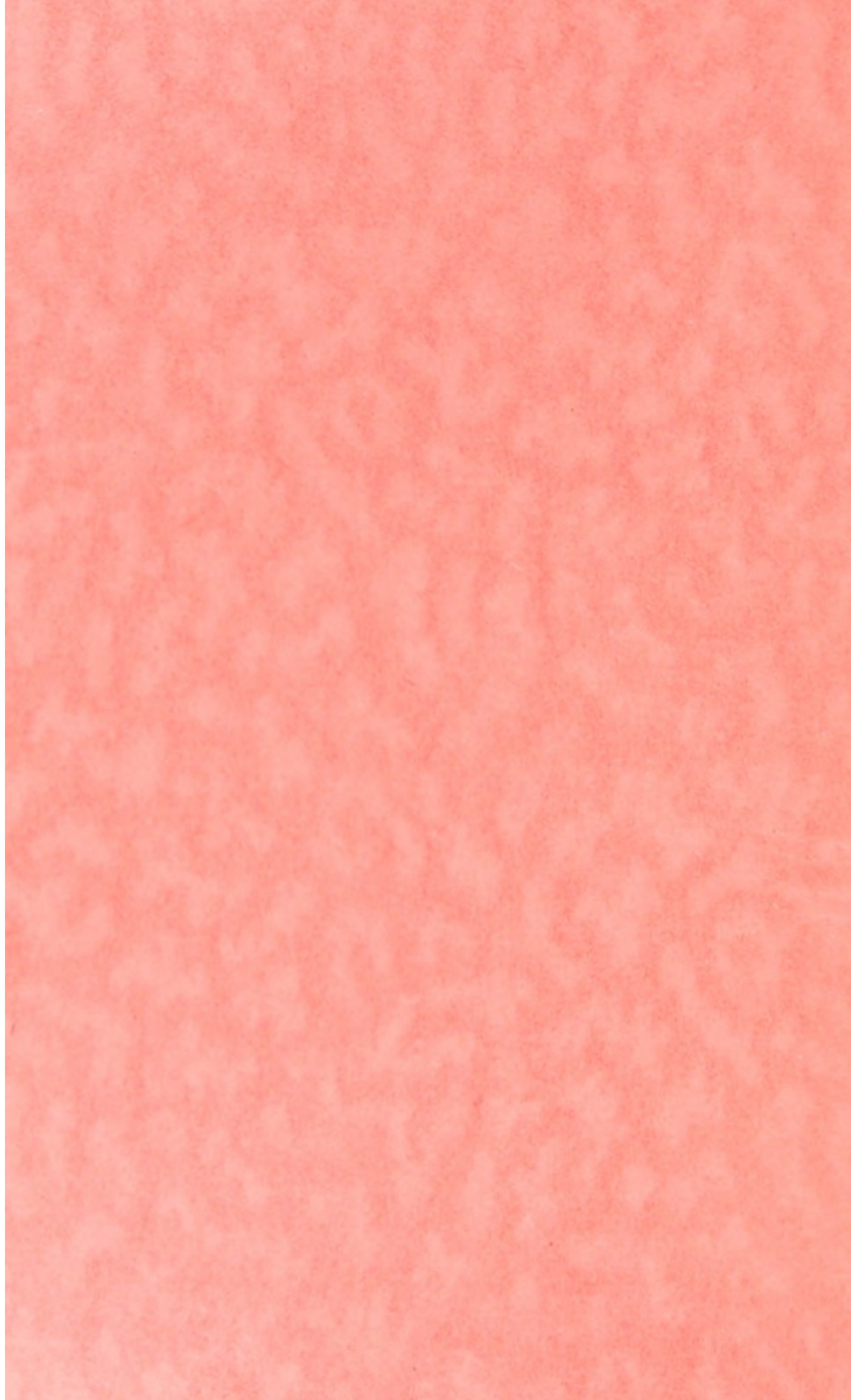
ANNUAL REPORT

of the Medical Officer of Health

FOR THE YEAR

1949







BOROUGH OF ASHTON-UNDER-LYNE

Annual Report

of the

Medical Officer of Health

For the Year 1949

Borough of Ashton-under-Lyne 1949

PUBLIC HEALTH COMMITTEE

Chairman: Alderman Flowers, J.P.

Deputy-Chairman: Councillor Wignall.

The Mayor, Alderman Massey, J.P., Councillors Fish, C.C.,

Fisher, Forbes, Gray, Hall, J. J. Hannan, MacCormack
and Williamson.

TOWN HALL CHAMBERS,
ASHTON-UNDER-LYNE.

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

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

I beg to submit my report on the Health of the Borough of Ashton-under-Lyne for the year 1949.

This report, as in previous years, covers the vital statistics relating to the town.

Certain fresh tables have been introduced in order to furnish a long-term picture of the vital statistics, and I would refer you to a brief textual summary of the statistical findings of the half-century which also contain some broad generalisation covering the new problems of communal health which are appearing to-day.

Commending this report to your notice,

I have the honour to be,

Your obedient servant,

ALAN S. SIMPSON,

Medical Officer of Health.

A Half Century of Public Health in Ashton-under-Lyne

It seems to be a suitable moment, at the end of the fiftieth year of the present century, briefly to review the progress that has been made during this period in the town's health.

That nothing is static in this life is endorsed by an appeal to the vital statistics, for changes there most certainly have been, some very considerable and most to the advantage of the public.

The birth rate has moved from its reading of 26.6 per 1,000 population in 1900 to 18.5 (average for the last five years). A low level was reached in the pre-war years, viz., 12.7.

A similar trend has been observed in the crude death rate—a fall from 19 to 14 per 1,000 with a low level in the inter-war years, though the amplitude of this decline is not as great as that of the birth rate.

The population has varied with a range between approximately 41,000 and 52,000, the peak being reached in the inter-war years, the 1931 Census recording 51,840.

Table 1 shows the population, birth rate, death rate and infantile mortality rate for each year of the present century, together with the quinquennial averages.

The most striking change shown in this Table is the spectacular fall in the Infantile Mortality rate, viz., from 175 to 43 per 1 000 live births, a reduction to less than one quarter of its original level. Applying the 1900 rate to the year 1949 would give us 146 infant deaths; in point of fact, we had 46 deaths, so our reduced rate has saved the lives of 100 babies in the year 1949 alone.

The chances of survival of infants born to-day are much better than they were in 1900; in fact, they can expect $18\frac{1}{2}$ more years in the case of male infants, whilst the expectation of life for females has increased by 20 years.

The factual position with regard to notifiable diseases is shown in the Table I.D./11, where the notifications received in respect of all infectious diseases are listed for the half-century.

The following observations relating to these diseases are made:—

SMALLPOX

Our last notified case in Ashton was in 1931, but it is interesting to note that the half-century shows two apparent cycles of infection, each lasting about 5 or 6 years, the first from 1902—1907 inclusive, followed by an interval of 17 years, and then a second outbreak lasting 7 years from 1924—1931.

We trust that history does not repeat itself, but, better still, insure against such an event by vaccination.

DIPHTHERIA

The campaign of immunisation against this disease is at last showing results, and the incidence during the last 10 years is steadily declining.

ERYSIPELAS

The incidence of this skin infection remains steady, though there is evidence that its severity is less than it was.

SCARLET FEVER

There has been a decline in the numbers reported over the 10 and 15 year periods at the end as compared with the beginning of the half-century, but perhaps more important though not evident in the Table is the reduced severity of the disease.

At the beginning of the century complications from Scarlet Fever were frequent and often severe, and death from the disease was by no means rare; in fact, there were 46 deaths in the 5 years 1895—1899 from the disease.

To-day the disease is mild, complications uncommon and deaths a rarity.

PUERPERAL FEVER

The decline in this condition following the introduction of the sulphanilamide drugs has been spectacular, and in 1936 legislation terminated its notifications and substituted the requirements that a "physical sign" (Puerperal Pyrexia—rise of temperature) occurring during the puerperium should be notifiable.

Though sepsis in one form or another is probably the commonest cause of Puerperal Pyrexia, there are many other causes, and the incidence of Puerperal Pyrexia is not of particular significance.

ENTERIC FEVER

The Table shows that Typhoid and Para-Typhoid Fevers have declined almost to vanishing point.

There is an interesting paragraph in the report of Ashton's Medical Officer of Health for the year 1902 in regard to this disease. Dr. Hughes said:—

“Enteric Fever. 56 cases were notified during the year with 8 deaths, as compared with 39 cases in 1901 with 3 deaths.

Average number of deaths from Enteric Fever	
1893 — 1898 14.8	1898 — 1902 9.2

This comparison (he says) is very reassuring, for the occurrence of Enteric, as a rule, bears a direct relationship to the general sanitation of the town.”

Thus, 50 years ago, did the Medical Officer of Health put his finger on the prevention of the disease, and his words have been proved correct, for whilst the last 5 years of the 19th century took a toll of 77 deaths from the disease, by the middle of the 20th century it ceased to appear as a cause of death.

TUBERCULOSIS

A glance at the trend of notified cases of phthisis shows that though some improvement has occurred, it is not very great, and not comparable with the declines which have taken place in the remaining infectious diseases.

This is not the occasion to consider why this preventable disease has not yet been prevented; certainly the failure to do so is a problem that is engaging the attention of many bodies connected with the matter.

It is, however, regrettable that the National Health Service Act of 1946 should have dealt such a blow at the well integrated Tuberculosis Service as it existed before the Act.

The problem of re-integrating the broken fragments is a matter which is to-day causing considerable concern.

PNEUMONIA

The trend of incidence of this disease since 1919 has been downwards, though not markedly so, but recent therapeutic advances in the treatment has reduced the mortality so that whereas in the five years 1898—1902 it claimed an average of 65 deaths, in the years 1945—1949 the deaths averaged 31.

OPHTHALMIA NEONATORUM

The change which has taken place here is not so much a reduced incidence as a reduction in the severity, an improvement in treatment and a diminution in severe after-effects.

Blindness following the disease is to-day very uncommon.

POLIOMYELITIS

This is one of the few diseases which prevents the balance sheet from being almost 100 per cent. good.

Fortunately, Ashton-under-Lyne has fared relatively well in the outbreaks which have occurred in the country.

So much for the trends of incidence of Infectious Diseases during the half-century; what is there to say regarding the number of deaths attributable to the Zymotic diseases to-day as compared with 50 years ago? The following Table supplies the answer:—

**DEATHS DUE TO CERTAIN ZYMOTIC DISEASES
ASHTON-UNDER-LYNE**

5 Year Period.	Measles.	Scarlet Fever.	Diphtheria	Whoop'g Cough.	Typhoid Fever.	Enteritis Diarrhoea	Totals.
1895-99	90	46	15	88	77	235	551
1945-49	3	0	8	2	0	17	30

A reduction of 551 deaths to 30 during a period of 50 years.

When we attempt to consider the causes for the above very gratifying improvements in our vital statistics, we must be broad in our outlook and realise that whilst the Public Health Services of the country have contributed largely to this result by improvement in housing, ventilation and sanitation, securing purer water supplies and insisting on cleaner food and protecting sections of the community from certain diseases by prophylactic measures, the scientists and bacteriologists by their advances have lowered the mortality from a number of our diseases, such as Pneumonia, Puerperal Sepsis, Pernicious Anæmia and Diabetes.

The public conscience in health matters is more awake to-day that it was 50 years ago.

So curative and preventive medicine have both had a hand in bettering the public health of the country, but we would do well to remember the words of Professor Cohen in his Presidential Address to the British Medical Association this year.

“The cure of disease has always been more spectacular than its prevention, and public imagination has been fired by the triumphs of chemotherapy and modern surgery. The greater victories of preventive medicine have too often passed unheeded and unsung.”
Indeed, how true that is.

It is curious how such well-worthy achievements of Preventive Medicine as outlined above have to-day been associated with a reaction of public interest and propaganda in favour of the hospital and consultant services, so that in the deliberations of our policy makers, consultant services come first in status and receive the premier financial rewards, whilst the Public Health services scarcely secure recognition.

This perhaps is poor encouragement to sponsor the spirit of team work which must be the motive for any further advances and further improvements there must be.

Influenza, the common cold, both elude our grasp; our ageing population has brought to light many more problems of a socio-medical nature which will only be solved by very close collaboration between general practitioner, medical officer of health and the hospital consultant.

Peptic ulcer, rheumatism and that vague but threateningly large problem group of diseases at present going under the title of psycho-somatic diseases call for further investigations. Only team work will give results.

The rapid advances of science and medicine during the period under review have had certain unwanted effects, and perhaps the greatest of these is the diffusion of medicine into multiple specialities and the widespread feeling that for a medical man to limit his activities to a part of the human body is a desirable thing.

The groaning weight of technical advance has no doubt encouraged this movement, and whilst it may be necessary it presents serious drawbacks. One result is that man's essential wholeness, his mental, spiritual and physical integration as a human entity may be lost sight of, and there is the danger that specialism may focus on a tonsil, a knock-knee or a metabolic dysfunction to the exclusion of a sentient human being.

We need to return to the good general practitioner, where the physician knows his patient as a man, his hopes, his fears, as well as his mental and physical limitations.

Only with such complete knowledge should a physician speak with authority and advice on health.

In his recent book on "Psychosocial Medicine: A Study of the Sick Society," J. L. Halliday says:—

"The more a doctor knows about persons and their environment the more effective he is. In the medicine of the future, the general practitioner who has received a training

in human biology will be of pivotal importance, and specialists will be regarded merely as his technical assistants."

It is clear that to-day we have reached a stage in the advance towards a healthy population where our older measures will have very limited results; I refer here to environmental improvements. This does not imply that the environmental field needs no further attention; far from it, for it is obvious that re-housing, smoke pollution and food preparation and cleanliness, to mention but a few, are first priorities for action, but the line for action in these problems is clear, and it is for the executive authorities to implement that action.

In general the causes of death to-day are not environmental ones, as they largely were in 1900, other factors are contributing to illness and death, our modern rush and scurry (for what purpose it is not very clear) often produces an irritable and overworked nervous system; in an age when regulations govern almost every activity we indulge in, frustration or lawlessness are too frequently the result.

Frustration, overcrowding and unwarrantable rush are perhaps a combination of ingredients best calculated to encourage psycho-somatic disease in a person whose mental serenity is not very stable.

The increasing amount of vague ill health clearly associated with mental disharmony demands a wide approach if we are to be of any assistance.

As Professor Cohen says, "Dichotomy of body and mind in medicine is untenable."

No doubt the Medical Officer of 1900 would have been surprised at his successor 50 years later stressing meditation rather than sanitation, but new problems call for new approaches, and the duties of a Medical Officer of Health are clearly to consider and advise on the problems that arise in his own time.

Now in my view the pressing problems of communal health to-day are to mitigate the stress of our manner of living, to soft pedal the incessant noise, to buffer with more courtesy our frequent human contacts, to relax regulations that are vexatious, irritating and unnecessary, to reduce the tempo of living so that it becomes a joy rather than a scramble, and to investigate the exact etiology of those psycho-somatic diseases which are the cause of so much incapacity but so little mortality. The primary

opportunity for such investigation lies with the general practitioner who, with his unique knowledge of his patient's personality, can assemble data of inestimable value in helping to determine the etiological factors, particularly those of an emotional nature which set the ball of causation rolling and lead to psycho-somatic disease.

After all, psycho-somatic diseases are merely the final physical disorders which arise in persons whose mental and emotional stability is unable to withstand the pin-pricks and hurly-burly of everyday life. It is certainly within our competence to reduce the hurly-burly of living, though to buttress the emotional and nervous stability of the individual is better left to other agencies.

As Halliday very aptly says: "The preventive medicine of the future will become concerned increasingly with the investigation of noxious psychological factors of communal environment."

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.

***Mary Evans, M.B., Ch.B., D.P.H.,** Assistant Medical Officer
of Health and School Medical Officer.

SANITARY INSPECTORS

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

Herbert Hunter, M.S.I.A., C.R.S.I., Deputy Chief Sanitary
Inspector, Inspector of Meats and Other Foods, etc.

C. F. Spencer, M.S.I.A., C.R.S.I., Additional Sanitary
Inspector, Inspector of Meats and Other Foods, etc.
Resigned 1/5/49.

D. N. Hall, M.S.I.A., C.R.S.I., Additional Sanitary Inspector.
Resigned 5/10/49.

C. Stoddard, M.S.I.A., C.R.S.I., Additional Sanitary In-
spector, Inspector of Meats and other Foods.

HEALTH VISITORS

***Nurse Chamberlain, S.R.N., S.C.M., H.V. Cert.** (Senior
Nurse).

***Nurse Weir, S.R.N., S.C.M., H.V. Cert.**

***Nurse Cleary, S.R.N., S.C.M., H.V. Cert.**

***Nurse Edwards, S.R.N., S.C.M., H.V. Cert.**

***Nurse Malone, S.R.N., S.C.M., H.V. Cert.**

***Nurse Wrigley, S.R.N., S.C.M., H.V. Cert.**

Nurse Beaumont, S.R.N., S.C.M., H.V. Cert.

CLERKS

C. Sharples, *E. McCabe, *B. Wood, E. Waddington, *F.
Gartside, *H. Bray, *M. Thompson, *V. M. Potts.

***Services with Local Authority terminated 4/7/48.**

Transferred to Lancashire County Council 5/7/48.

***H. Bray, resigned 19/6/49.**

***F. Gartside, resigned 31/7/49.**

***M. Thompson, commenced 15/8/49.**

***V. M. Potts, commenced 1/9/49.**

EXTRACT FROM VITAL STATISTICS. 1949

Ashton-under-Lyne M.B.:

	Per 1,000 of estimated Population			Maternal Mortality Rate		
	Live Birth- rate	Crude Death- rate	Death-rate from Tubercu- culosis of Respiratory System	Per 7,000 Live Births	Per 1,000 Deaths under total Live one year per and Still 1,000 Live Births Births	Rate of
Population—						
For Birth-rate						
For Death-rates						
Mean of 5 years, 1944-1948	18.8	14.0	0.53	0.93	0.91	42
Year 1948	18.5	14.0	0.54	nil	nil	41
1949	17.6	*15.6	0.66	nil	nil	46
Increase or decrease in 1949 on—						
5 years' average, 1944-1948	-1.2	+1.6	+0.13	-0.93	-0.91	+4
Previous year	-0.9	+1.6	+0.12	nil	nil	+5.0

* 1949 adjusted death-rate (comparability factor, 0.98 = 15.3 per 1,000.

BOROUGH OF ASHTON-UNDER-LYNE

*VITAL STATISTICS

Civilian population—Registrar-General's estimate, mid-1949, 47,280.

Live Births—	Total	M.	F.	
Legitimate	800	393	407	Birth-rate per 1,000
Illegitimate ...	32	14	18	estimated civilian
				population, mid-
Total	832	407	425	1949 17.6
Stillbirths	24	8	16	Rate per 1,000 total
				(live and still)
				births 28
Deaths	738	388	350	Death - rates per
				1,000 estimated
				civilian popula -
				tion mid 1949:
				Crude 15.6
				Adjusted 15.3

Deaths from puerperal causes:—

	Deaths.	Death-rate per 1,000 total (live and still) births.
Puerperal and post-abortion sepsis	—	—
Other maternal causes	—	—
Total maternal mortality	—	—

Death-rate of infants under one year of age:—

All infants per 1,000 live births	46
Legitimate infants per 1,000 legitimate live births ...	46
Illegitimate infants per 1,000 illegitimate live births...	31

Deaths from cancer (all ages)	98
Deaths from measles (all ages)	—
Deaths from whooping cough (all ages)	—
Deaths from diarrhoea (under 2 years of age)	3

TABLE I.

**BIRTH-RATE, DEATH-RATE and INFANTILE MORTALITY
IN ASHTON-UNDER-LYNE
1900 — 1949**

YEAR	Popu- lation	No. of Births	Birth Rate	No. of Deaths	Crude Death Rate	No. of Infan- tile Deaths	Infan- tile Mor- tality Rate per 1,000	AVERAGE 5 YEARS		
								Birth Rate	Death Rate	Infantile Mor- tality
1900	45,000	1,237	27.4	905	20.1	225	181	26.6	18.9	175.6
1901	43,890	1,092	24.8	821	18.7	201	182			
1902	43,890	1,228	27.9	842	19.1	179	142			
1903	44,232	1,161	26.2	886	20.0	238	199			
1904	43,890	1,203	27.0	773	17.3	207	172			
1905	44,880	1,183	26.3	827	18.4	212	179	25.8	18.1	167.3
1906	45,161	1,200	26.5	788	17.4	183	152			
1907	45,462	1,217	26.7	822	18.0	191	156			
1908	45,798	1,227	26.7	876	19.1	225	183			
1909	46,225	1,069	23.1	835	18.0	176	164			
1910	46,514	1,093	23.4	737	15.8	162	148	23.2	17.3	163.2
1911	46,794	1,042	23.0	801	17.7	202	193			
1912	45,179	1,044	23.1	769	17.0	133	127			
1913	45,179	1,056	23.3	773	17.1	174	164			
1914	45,179	1,053	23.3	860	19.0	196	183			
1915	41,149	902	19.9	823	20.0	153	167	17.8	17.9	124
1916	43,459	771	17.7	653	16.3	90	116			
1917	44,458	740	16.9	641	16.3	75	101			
1918	44,458	732	16.4	798	20.1	88	120			
1919	44,942	826	18.1	779	17.2	98	118			
1920	45,437	1,152	25.3	651	14.3	138	119	20.5	14.0	94.6
1921	44,200	990	22.3	664	15.0	104	105			
1922	44,360	873	19.6	602	13.5	80	91			
1923	44,130	785	17.7	633	14.3	64	81			
1924	44,040	776	17.6	583	13.2	60	77			
1925	43,910	748	17.0	640	14.7	69	92	15.2	14.5	92.0
1926	43,070	722	16.7	629	14.6	74	102			
1927	50,850	732	14.3	672	13.2	66	90			
1928	51,960	747	14.3	722	13.8	52	69			
1929	51,750	725	14.0	863	16.6	78	107			
1930	51,750	739	14.2	642	12.4	43	58	13.5	13.2	69.4
1931	51,840	765	14.7	711	13.7	53	69			
1932	51,040	690	13.5	697	13.3	58	84			
1933	50,540	634	12.5	704	13.9	41	64			
1934	51,573	645	12.8	645	12.8	46	71			
1935	50,220	620	12.3	705	14.0	41	66	12.7	14.7	65.0
1936	49,580	612	12.3	724	14.6	38	62			
1937	48,810	620	12.7	794	16.2	39	62			
1938	48,540	645	13.2	688	14.1	50	77			
1939	47,950	630	13.0	719	14.9	57	58			
1940	46,320	657	14.1	793	17.1	52	79	16.0	15.0	54
1941	45,950	669	14.5	696	15.1	49	72			
1942	45,040	687	14.9	632	14.0	27	39			
1943	44,490	804	18.0	684	15.3	39	48			
1944	44,310	830	18.7	605	13.6	30	36			
1945	44,270	720	16.2	670	15.1	30	41	18.5	14.3	43
1946	46,480	884	19.0	657	14.1	41	46			
1947	47,160	1,011	21.4	613	12.9	44	43			
1948	46,270	405	18.5	325	14.0	36	41			
1949	47,280	832	17.6	738	15.6	38	46			

COMPARATIVE VITAL STATISTICS.

1949.

POPULATION ... 10,520.

RATES		Ashton	Mossley	Droyls- den	148 Smaller Towns	England and Wales
Live Births	per 1,000 estimated population	17·6	16·2	15·4	18·0	16·7
Stillbirths	per 1,000 live and Stillbirths	28	23	26	—	—
Crude Death Rate	per 1,000 estimated population	15·6	13·1	10·6	11·6	11·7
Adjusted Death Rate	per 1,000 estimated population	15·3 (CF 0.98)	12·6 (CF 0.96)	13·3 (CF 1.25)	—	—
Pulmonary T.B. Deaths	per 1,000 estimated population	0·66	0·1	0·45	—	—
Cancer Deaths	per 1,000 estimated population	2·07	1·71	1·69	—	—
Infant Death (All)	per 1,000 live births	46	65	39	30	32
Maternal Deaths	per 1,000 live and stillbirths	—	—	—	—	0·98
Measles Notifications	per 1,000 estimated population	9·7	5·0	9·6	9·18	8·95
Pertussis Notifications	per 1,000 estimated population	1·14	4·5	2·5	2·39	2·39

CAUSES OF DEATH
1949.

BOROUGH ASHTON-UNDER-LYNE

No.	CAUSE OF DEATH	M	F	Total	Group Total	Group Per-centage
1	Typhoid and Para-T. Fever ...	—	—	—	—	—
2	Cerebro-Spinal Fever ...	—	—	—	—	—
3	Scarlet Fever ...	—	—	—	—	—
4	Whooping Cough ...	—	—	—	—	—
5	Diphtheria ...	1	—	1	—	—
6	Respiratory Tuberculosis ...	21	10	31	67	9%
7	Other Forms of T.B. ...	4	4	8	—	—
8	Syphilitic Disease ...	1	2	3	—	—
9	Influenza ...	6	15	21	—	—
10	Measles ...	—	—	—	—	—
11	Acute Polio & Polio-Enceph. ..	1	—	1	—	—
12	Acute Inf. Enceph. ...	1	1	2	—	—
13	Cancer of Buccal Cav. Oesoph. M. Uterus F ...	2	3	5	—	—
14	Cancer Stomach and Duodenum ..	15	8	23	98	13%
15	Cancer of Breast ...	—	9	9	—	—
16	Cancer (all other sites) ...	40	21	61	—	—
17	Diabetes ..	3	3	6	—	—
18	Intra-cranial Vascular Lesions ..	27	40	67	67	9%
19	Heart Diseases ...	113	103	216	257	35%
20	Other Circulatory Diseases ..	26	15	41	—	—
21	Lronchitis ...	26	28	54	—	—
22	Pneumonia ...	24	15	39	104	14%
23	Other Respiratory Diseases ..	9	2	11	—	—
24	Ulcer Stomach and Duodenum ..	5	2	7	—	—
25	Diarrhoea (under 2 years) ..	1	2	3	—	—
26	Appendicitis ...	2	—	2	—	—
27	Other Digestive Diseases ...	12	13	25	—	—
28	Nephritis ...	7	11	18	—	—
29	Puerperal & Post Abopt. Sepsis ...	—	—	—	—	—
30	Other Maternal Causes ...	—	—	—	—	—
31	Prem. Birth ...	7	3	10	25	3.5%
32	Cong. Malform. Birth Inj. ..	6	9	15	—	—
33	Suicide ...	1	1	2	—	—
34	Road Traffic Accidents ...	5	—	5	—	—
35	Other Violent Causes ...	5	7	12	—	—
36	All Other Causes ...	17	23	40	—	—
Total		388	350	738		

CAUSES OF, AND AGES AT DEATH during the years 1911-1949.

CAUSES OF DEATH	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911			
1-Typhoid and Paratyphoid Fevers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2-Cerebro Spinal Fever ...	—	—	—	1	1	—	—	1	2	1	—	—	1	—	1	2	1	2	3	2	1	4	—	3	—	—	—	2	2	4	1	—	2	7	2	6	3	14	5	—		
3-Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	2	1	1	—	1	—	3	2	2	1	3	1	1	—	—	1	14	13	—	2	—		
4-Whooping Cough ...	—	2	—	—	—	—	2	1	3	—	—	4	—	—	—	3	1	1	3	1	14	1	9	3	7	—	17	3	4	4	—	13	1	15	—	32	6	11	3	—		
5-Diphtheria ...	1	2	—	—	5	6	6	2	1	4	6	14	8	2	5	3	2	2	3	3	2	6	—	2	4	1	1	2	4	3	5	5	3	1	4	3	5	5	—	—		
6-Tuberculosis of Respiratory System ...	31	25	26	22	29	19	21	25	32	24	34	32	46	30	25	29	37	31	39	36	39	55	38	46	43	39	37	43	40	38	42	66	50	64	59	55	52	60	64	—		
7-Other Forms of Tuberculosis ...	8	6	8	2	10	4	5	3	6	9	4	4	5	6	3	5	9	14	8	7	11	7	5	3	14	9	15	12	12	12	12	13	10	12	21	20	10	14	10	—		
8-Syphilitic Disease ...	3	7	5	4	2	3	2	3	5	7	1	1	4	1	2	4	2	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9-Influenza ...	21	7	3	11	—	6	18	5	4	14	16	5	29	4	22	5	29	13	19	5	60	12	16	32	15	14	32	16	8	4	71	96	5	3	1	5	3	6	2	—		
10-Measles ...	0	2	0	1	—	1	1	1	2	2	—	3	—	1	—	10	1	6	1	11	1	5	3	12	6	11	—	18	—	14	1	8	15	2	30	35	6	27	27	—		
11-Acute Poliomyelitis and Encephalitis ...	1	2	—	1	—	—	—	—	1	—	1	—	5	3	2	3	1	1	2	3	7	2	2	2	1	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
12-Acute Infectious Encephalitis ...	2	2	1	—	—	—	1	2	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13M-Cancer of Buccal Cavity and Oesophagus (Males only) ...	2	2	4	5	12	5	6	4	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13F-Cancer of Uterus ...	3	4	4	5	12	8	6	10	6	9	3	85	90	89	87	114	98	104	83	104	81	68	68	82	58	56	61	63	52	48	42	56	46	42	43	49	35	43	41	42	—	
14-Cancer of Stomach and Duodenum ...	23	24	14	13	17	22	16	23	16	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15-Cancer of Breast ...	9	11	6	13	11	7	12	7	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16-Cancer of all other sites (with 3 sub. groups) ...	61	56	45	46	51	46	52	58	37	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17-Diabetes ...	6	3	6	2	4	9	4	4	10	11	11	14	9	11	13	11	7	17	10	13	7	11	5	5	1	13	9	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18-Intra-Cranial Vascular Lesions ...	67	65	69	79	76	69	56	63	53	74	39	34	31	41	28	33	36	33	34	34	34	42	25	32	32	29	35	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19-Heart Disease (with 4 sub. groups) ...	216	199	205	214	184	195	214	203	183	226	243	189	235	218	171	159	181	157	155	128	159	134	108	90	112	84	95	87	75	84	51	84	66	58	47	69	54	65	—	—		
20-Other Diseases of the Circulatory System ...	41	27	14	19	14	13	7	16	14	24	48	37	44	28	39	25	24	41	31	35	34	36	45	31	28	17	25	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21-Bronchitis ...	54	44	37	46	69	53	71	44	58	77	16	27	33	27	26	20	31	25	50	33	70	50	41	45	78	57	66	65	83	89	113	88	81	88	95	94	93	104	69	—		
22-Pneumonia ...	39	21	36	30	29	20	31	20	37	41	32	35	50	50	49	34	53	51	48	35	90	49	47	48	55	51	53	67	67	80	74	91	42	51	85	74	57	70	52	—		
23-Other Respiratory Diseases ...	11	8	8	9	11	9	3	9	8	16	7	5	10	1	7	6	4	6	7	4	10	2	4	10	11	14	1	8	2	—	2	8	4	2	2	8	4	13	7	—		
24-Ulceration of the Stomach or Duodenum ...	7	5	3	2	9	6	5	5	9	8	8	5	6	5	4	4	4	3	6	7	9	2	6	7	9	3	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	
25-Diarrhoea (under 2 years of age) ...	3	2	4	2	6	1	5	1	4	4	—	4	5	2	3	4	9	4	1	3	7	7	12	11	15	8	12	5	16	12	12	9	10	11	37	63	77	21	95	—		
26-Appendicitis ...	2	1	—	3	4	—	—	3	3	1	7	3	4	2	1	5	4	2	1	5	4	2	3	7	1	—	2	2	—	2	—	1	3	2	3	1	3	—	3	—	—	
27-Other Digestive Diseases (with 4 sub. groups) ...	25	15	19	19	14	19	17	11	19	22	15	21	31	17	24	23	16	23	20	2	3	1	4	2	—	5	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	
28-Nephritis ...	18	13	14	14	16	16	17	18	14	12	21	20	13	29	17	23	27	30	37	22	30	21	21	28	17	20	21	16	21	21	28	16	17	16	15	11	22	15	20	—		
29-Puerperal and Post abortive Sepsis (with 2 sub. groups) ...	—	—	—	1	—	—	1	1	2	—	1	—	—	—	2	3	2	—	2	—	1	2	2	1	1	1	5	1	4	—	1	—	1	—	—	—	—	—	—	—	—	—
30-Other Maternal Causes (with 2 sub. groups) ...	—	—	—	—	1	2	1	—	1	1	3	3	4	2	2	2	2	3	—	3	4	6	4	3	1	—	2	3	3	—	4	1	—	2	2	7	3	2	2	—		
31-Premature Birth ...	10	12	12	13	9	6	7	4	7	14	28	36	23	30	23	21	20	37	30	27	41	25	30	28	21	26	22	34	39	48	42	37	25	35	47	37	71	48	53	—		
32-Congenital Malformations, Birth Injury, Infantile Disease (with 2 sub. groups) ...	15	15	14	15	9	14	8	11	16	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
33-Suicide ...	2	6	3	1	5	8	4	3	3	6	3	10	5	8	6	10	11	6	4	11	13	11	5	2	5	6	3	4	3	7	5	3	4	1	2	10	8	6	1	—		
34-Road Traffic Accidents ...	5	2	2	5	5	3	3	3	6	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35-Other Violent Causes ...	12	11	13	14	13	14	20	20	21	19	23	19	27	30	30	22	19	18	15	29	29	18	28	17	12	16	14	16	11	9	21	7	53	14	23	16	20	11	14	—		
36-All other Causes (with 14 sub. groups) ...	40	49	36	38	46	32	58	49	99	61	76	73	76	89	84	78	67	82	73	100	114	141	127	99	104	100	94	83	221	171	207	205	203	196	268	233	215	228	319	—		
Totals ...	738	650	613	657	670	605	684	632	696	793	719	688	794	724	705	645	704	697	711	642	863	722	672	629	649	583	633	602	664	651	754	798	641	626	796	836	773	769	801	—		

Infant Deaths

There were 38 deaths of infants under one year of age during 1949, giving an infantile mortality rate of 46 per 1,000 live births, which is an increase of 4 on the previous year.

18 were males and 20 were females, and only one of the 38 deaths was illegitimate.

The accompanying Table shows that almost half of these deaths occurred before the age of 7 days, viz., 17 out of 38, and that prematurity and congenital malformations were the chief causes of the deaths at this early age.

A positive correlation was noted to exist between the age at death and the weight at birth of these infantile deaths, meaning that the greater the birth weight the better chances of survival.

There were 24 stillbirths registered during the year.

**INFANT DEATHS
BY CAUSE, SEX AND AGE GROUPS.**

ASHTON-UNDER-LYNE

CAUSE OF DEATH	AGE AT DEATH						TOTALS							
	Under 1 day	1—7 days	Over 1 week and up to 4 weeks	Over 4 weeks and up to 6 months	Over 6 mths and up to 12 months									
	M	F	M	F	M	F	M	F	Both M F Sexes					
Pneumonia (all forms)	—	—	—	—	—	—	2	1	1	3	3	4	7	
Other Respir Diseases	—	—	—	—	—	—	—	1	—	—	—	1	1	
Diarrhoea and Enteritis	—	—	—	—	—	—	—	1	2	—	—	1	2	3
Congenit. Malforms	—	—	3	4	1	3	2	—	—	—	—	6	7	13
Congenital Debility	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prematurity	—	—	6	3	1	—	—	—	—	—	—	7	3	10
Birth Injury	—	—	—	—	—	1	—	—	—	—	—	—	1	1
Other Diseases of 1st Year	—	—	—	1	—	—	—	1	—	—	—	—	2	2
All Other Causes	—	—	—	—	—	—	1	—	—	—	—	1	—	1
Total All Causes	—	—	9	8	2	4	6	5	1	3	18	20	38	

Tuberculosis

The table set out below (Table I) shows the age grouping of the new cases ascertained during 1949 as well as the age grouping of the deaths.

TABLE T./I
NEW CASES AND MORTALITY

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 			2				1	1
5—10 	2		1					
10—15 								
15—20 	5	2	1	1		3		3
20—25 	7	5	1			2	1	
25—35 	8	7		1	2	1		
35—45 	8	3	1		9	2		
45—55 	4	1			6	1		
55—65 	8	1	1		3	1		
65 and upwards...	3				2			
TOTALS	45	19	7	2	22	10	3	4
	64		9		32		7	
	73				39			

Case Rate per 1,000 ...	1.35	0.19	Death Rate per 1,000	0.66	0.14
	1.54			0.81	

From this it will be noted that the case-rate per 1,000 of the population was 1.35 for pulmonary Tuberculosis and 0.19 for non-pulmonary.

TABLE T./II
TUBERCULOSIS

YEAR	INCIDENCE			DEATHS		
	Case Rate per 1,000			Death Rate per 1,000		
	Pulm'ry	Non-Pulm'ry	Total	Pulm'ry	Non-Pulm'ry	Total
1930	0.91	0.39	1.30	0.70	0.13	0.83
1931	1.00	0.70	1.70	0.74	0.17	0.91
1932	0.78	0.32	1.10	0.66	0.14	0.80
1933	1.13	0.47	1.60	0.45	0.22	0.67
1934	0.83	0.43	1.26	0.57	0.10	0.67
1935	0.14	0.31	1.45	0.50	0.05	0.55
1936	0.83	0.59	1.42	0.60	0.13	0.73
1937	0.19	0.55	1.74	0.94	0.10	1.04
1938	0.91	0.45	1.36	0.66	0.08	0.74
1939	0.81	0.38	1.19	0.71	0.06	0.77
1940	1.10	0.48	1.58	0.52	0.19	0.71
1941	1.10	0.32	1.42	0.70	0.13	0.83
1942	1.10	0.60	1.70	0.55	0.12	0.67
1943	1.16	0.59	1.75	0.52	0.04	0.56
1944	1.17	0.27	1.44	0.45	0.09	0.54
1945	1.27	0.40	1.67	0.68	0.18	0.86
1946	1.22	0.25	1.47	0.47	0.05	0.52
1947	1.02	0.42	1.44	0.53	0.19	0.72
1948	1.03	0.27	1.30	0.54	0.13	0.67
1949	1.35	0.19	1.54	0.67	0.14	0.81
TOTAL ...	19.05	8.38	29.43	12.16	2.44	14.60
Average for 20 years	0.95	0.42	1.47	0.60	0.06	0.73
Average for first 5-year period 1930-34	0.93	0.46	1.39	0.62	0.15	0.77
Average for last 5-year period 1945-49	1.17	0.30	1.48	0.57	0.13	0.71

The pulmonary death rate was 0.66 and the non-pulmonary 0.14.

The trend of the incidence of Tuberculosis and deaths from the disease as expressed by the respective rates is shown in Table T.II, which covers the last 20 years, viz., 1930-1949 inclusive.

Incidence and death rate for both pulmonary and non-pulmonary Tuberculosis are there set out and averaged for the 20 years.

To illustrate trends, the first five years of this period have been averaged and compared with the last five years, with the following results: the Table shows (last two lines) that whereas non-pulmonary Tuberculosis incidence has declined from 0.46 to 0.30 per 1,000, Pulmonary Tuberculosis has risen from 0.93 per 1,000 to 1.17 per 1,000.

The death-rate for both pulmonary and non-pulmonary Tuberculosis has declined.

Phthisis, therefore, whilst not showing any very considerable increase, is not on the wane.

These figures, whilst not alarming, should cause us to look very critically at our measures of prevention and control in this disease to see where exactly they are falling short, for Tuberculosis is, after all, a preventable disease.

Cancer

The number of deaths occurring where cancer was entered as a cause of death was 99, giving a death rate of 2.09 per 1,000 of the population. This is a slight increase on last year's figures, and also on the five years' average 1944-1948.

The age grouping of these deaths and separation into sexes is shown in the attached Table.

CANCER DEATHS, 1948

Age Groups	Males	Females	Total
15—20	—	—	—
20—35	1	—	1
35—40	—	—	—
40—45	4	2	6
45—50	2	—	2
50—55	5	2	7
55—60	5	3	8
60—65	11	7	18
65—70	11	14	25
70—75	9	8	17
75 and over	10	5	15
TOTAL	58	41	99

The number of deaths attributed to cancer in each of the last 12 years was as follows:—

1938	.....	90	1944	.....	86
1939	.....	85	1945	.....	99
1940	.....	87	1946	.....	89
1941	.....	70	1947	.....	74
1942	.....	98	1948	.....	97
1943	.....	96	1949	.....	99

The Prevalence and Control over Infectious Diseases.

GENERAL

Table I.D./I shows the number of cases of infectious disease notified during 1949, the number of deaths and the number removed to hospital arranged in age groups.

Table I.D./II shows the trend of notification since the commencement of this century.

MEASLES AND WHOOPING COUGH

Year	Cases Notified	
	Measles	Whooping Cough
1939	0	8
1940	686	129
1941	260	128
1942	521	39
1943	355	197
1944	419	69
1945	233	34
1946	136	175
1947	696	48
1948	439	236
1949	461	54

NOTIFIABLE DISEASES.
TABLE I.D./I.

TOTAL CALLS NOTIFIED.
AGE PERIODS YEARS

DISEASES	Total Cases at all Ages	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and Over	Total Deaths	Total Cases Removed to Hospital from the District
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	4	—	—	—	1	—	—	—	—	—	—	—	—	1	2
Erysipelas	15	—	—	—	—	—	—	—	4	—	—	8	2	—	1
Scarlet Fever	265	—	10	26	32	50	105	29	8	3	2	—	—	—	102
Puerperal Pyrexia	3	—	—	—	—	—	—	—	—	2	1	—	—	—	—
Enteric Fever	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Pneumonia	55	3	6	4	2	2	2	2	2	5	8	9	10	11	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	2	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Poliomyelitis, Etc.	6	—	1	—	1	—	1	—	1	2	—	—	—	1	6
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	461	25	76	106	67	70	108	6	1	—	2	—	—	—	9
Whooping Cough	54	6	15	11	7	8	7	—	—	—	—	—	—	—	2
Pulmonary Tuberculosis	64	—	—	—	—	—	2	—	7	38	5	9	3	32	—
Non-Pulmonary Tuberculosis	9	—	1	1	—	—	1	—	2	3	—	1	—	7	—
Totals	940	35	109	148	110	130	231	38	26	53	18	27	15	52	124

It might be noted that the incidence of diphtheria viz. 4 cases is the lowest recorded this century.

INFECTIOUS DISEASES

TABLE I.D./II
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
1939	—	84	17	59	—	28	—	39	18	67	5	6	1	—	—	324
1940	—	59	12	42	—	27	1	51	22	95	4	21	—	—	—	334
1941	—	38	12	48	—	23	7	51	14	86	5	16	4	—	—	304
1942	—	42	20	86	—	28	1	49	27	85	8	8	—	—	—	354
1943	—	61	21	98	—	19	—	43	22	126	10	4	—	—	—	404
1944	—	60	17	63	—	13	1	48	15	31	2	4	—	—	—	254
1945	—	64	6	41	—	7	—	56	18	38	1	3	—	—	—	234
1946	—	25	12	27	—	8	1	57	11	58	3	3	—	—	—	205
1947	—	11	12	26	—	7	1	48	20	31	1	—	1	—	—	158
1948	—	19	14	131	—	2	2	48	12	44	0	1	4	—	—	277
1949	—	4	15	265	—	3	—	45	19	55	1	2	6	—	—	415

DIPHTHERIA IMMUNISATION

			School.	Pre-School.	Total.
Children Immunised from 1934-1936...			124	...	— ... 124
„ „ in 1937 ...	...	...	219	...	46 ... 265
„ „ „ 1938 ...	...	...	174	...	54 ... 228
„ „ „ 1939 ...	...	...	33	...	23 ... 56
„ „ „ 1940 ...	...	...	147	...	178 ... 325
„ „ „ 1941 ...	...	...	1933	...	422 ... 2355
„ „ „ 1942 ...	...	...	185	...	525 ... 710
„ „ „ 1943 ...	...	...	616	...	680 ... 1296
„ „ „ 1944 ...	...	...	615	...	626 ... 1241
„ „ „ 1945 ...	...	...	103	...	411 ... 514
„ „ „ 1946 ...	...	...	209	...	364 ... 573
„ „ „ 1947 ...	...	...	164	...	282 ... 446
„ „ „ 1948 ...	...	...	176	...	527 ... 703
„ „ „ 1949 ...	...	...	33	...	295 ... 328
Total Immunised at 31/12/49 ...			4731	...	4433 ... 9164

Total Immunised under 5 years and
between 5 and 15 years at 31/12/49... 4349 ... 1304 ... 5653

Percentage Immunised at 31/12/49 ... 70% ... 32% ... 55%

DIPHTHERIA IMMUNISATION.

Persons inoculated each year from 1934-1949

Age in y'rs on 31st Dec of the cor- responding year	1934-36	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	Total inoculated aged five years on 31st December, 1949, 1304
0										4	5	17	35	70	Total inoculated aged 5-9 years on 31st December, 1949, 1914
1										218	257	205	379	171	
2		8	5	3	87	97	178	188	234	113	53	30	49	35	
3		19	17	9	24	175	210	171	178	50	30	15	28	7	
4		11	17	4	43	58	116	163	97	26	19	15	36	12	
5		8	15	7	24	92	21	158	117	23	32	54	51	12	Total inoculated aged 10-14 years on 31st December, 1949, 2435
6		39	12	9	22	102	15	84	94	20	33	16	27	6	
7		21	25	3	30	224	37	52	93	15	17	12	9	7	
8		44	36	5	24	264	32	79	101	12	23	14	8	1	
9		81	27	5	19	218	23	40	86	11	17	5	6	2	
10		7	50	4	16	239	15	66	73	6	28	7	6	2	Total inoculated aged 15 years and over on 31st December, 1949, 3387
11		1	6	5	10	234	19	41	43	7	6	31	13	3	
12		12	7	1	17	265	19	43	34	3	5	12	2	—	
13		5	4	1	4	340	10	55	30	3	9	13	5	—	
14		4	3	—	3	12	11	83	36	3	38	—	34	—	
15 and over		5	4	—	2	35	4	73	25	—	1	—	15	—	Grand total 1934-1949, 9164
Total each year	124	265	228	56	325	2355	710	1296	1241	514	573	446	703	328	

IMMUNISATION IN RELATION TO CHILD POPULATION. Annual Return for Ministry of Health.

Number of Children who had completed a full course of Immunisation at any time up to 31st December, 1949

Age at 31/12/49 i.e. Born in Year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5 to 9 1940-1944	10 to 14 1935-1939	Total under 15
Number Immunised	70	206	431	266	331	1914	2435	5653
Estimated mid-year population, 1949			4203			6151		10174
Percentage Immunised at 31/12/49			32%			70%		55%

VENEREAL DISEASE

The following shows the work carried out at the Venereal Diseases Clinic at the Ashton-under-Lyne District Infirmary and the decrease in the numbers since 1947.

	1947.		1948.		1949.
Patients under treatment at					
January 1st	163	...	150	...	125
New cases admitted during the					
year	233	...	170	...	208
Total attendances	3132	...	2976	...	3954
Patients receiving treatment at					
the end of the year	150	...	125	...	207
Pathological examinations for V.D.					
Patients	1023	...	549	...	1090

Of the 208 (233-1947) new cases admitted during the year, 103 (102-1947) were Ashton residents. There were 117 (70-1947) cases found not to be V.D.

Penicillin is available for specified cases. Service cases are now reporting for continuation tests in fair numbers.

General Provision of Health Services in the Area

I.—SERVICES PROVIDED BY THE MANCHESTER REGIONAL HOSPITAL BOARD

A. General Hospitals

The District Infirmary and the Lake Hospital, Ashton-under-Lyne, are both controlled and administered by the Manchester Regional Hospital Board acting through their Ashton, Hyde and Glossop Hospital Management Committee.

Both hospitals admit medical and surgical cases; the District Infirmary have an out-patient department and the Lake Hospital provide, through their Maternity Department, maternity beds and an ante-natal clinic, which, in general, may be said to be utilised by one-half (approximately) the maternity cases occurring in Ashton-under-Lyne.

B. Infectious Diseases

The Hyde Isolation Hospital continues to take the majority of Ashton's cases which require to be isolated.

Other Infectious Diseases Hospitals in the Board's area, on occasion, take our cases.

Smallpox. The Regional Board would indicate which of their Smallpox Hospitals would be used in the event of a case occurring.

C. Tuberculosis Services

The T.B. Dispensary, Lees Street, is now administered by the Regional Hospital Board, though certain aspects of this work, more particularly the domiciliary visiting of cases and contacts, come within the domain of the Local Health Authority's Medical Officer (the Divisional Medical Officer for Health Division No. 17).

The times for attendance at the Dispensary are as follows:—

Tuesdays	...	...	2-0 to 4-0 p.m.
Fridays	...	...	10-0 to 12-0 noon.

II.—SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY

Lancashire County Council are the Local Health Authority for the Ashton-under-Lyne area, and they have set up a Divisional Scheme of Administration covering the whole of the County of Lancashire.

Ashton-under-Lyne is one of the six constituent districts in Health Division No. 17, which is comprised as follows:—

ASHTON-UNDER-LYNE BOROUGH
MOSSLEY BOROUGH
AUDENSHAW URBAN DISTRICT
DENTON URBAN DISTRICT
DROYLSDEN URBAN DISTRICT
LIMEHURST (PART) RURAL DISTRICT
(except Parish of Woodhouses)

The services which are provided by Lancashire County Council, with effect from July 5th, 1948, are as follows:—

1. MATERNITY AND CHILD WELFARE
2. SCHOOL MEDICAL SERVICE
3. MIDWIFERY
4. HEALTH VISITING
5. HOME NURSING
6. VACCINATION AND IMMUNISATION
7. AMBULANCE SERVICE
8. PREVENTION OF ILLNESS, CARE AND AFTER-CARE
9. DOMESTIC HELP
10. MENTAL HEALTH
11. HEALTH EDUCATION AND PROPAGANDA

The above services are administered by the Lancashire County Council acting through their Divisional Health Committee No. 17.

A brief résumé of the above services as available to residents in Ashton-under-Lyne is set out below, the items being listed in the order as shown above:—

1. Maternity and Child Welfare

Child Welfare Centres held at	Clinic 5: Enville House, Scotland Street.	Tuesdays, 2 p.m.
	Clinic 6: Richmond House, Richmond Street.	Thursdays, 2 p.m.
	Clinic 7: Ormonde Street, Hurst.	Wednesdays, 2 p.m.
Ante-Natal Clinics	Clinic 5: Enville House, Scotland Street.	Alternate Fridays, 2 p.m.
	Clinic 6: Richmond House, Richmond Street.	

2. School Medical Service

The School Clinic at Water Street is open throughout the week and provides the following Clinics:—

MINOR AILMENTS

OPHTHALMIC

ORTHOPAEDIC

AURAL

DENTAL (when Staff available).

3. Midwives

The following are the names and addresses of the Midwives practising in Ashton as at 31st December, 1948:—

MRS. B. J. EGERTON,

57, Ladbroke Road. Tel. No. ASHton 2063.

MRS. J. GRIFFITHS,

1, Crowthorn Road. Tel. No. ASHton 2107.

MRS. A. HARROP,

5, Ney Street, Waterloo. Tel. No. ASHton 2033.

MRS. S. A. SIDEBOTTOM,

16, Hurst Hall Drive. Tel. No. ASHton 2615.

4. Health Visitors

Office: Town Hall Chambers, Ashton-under-Lyne.

NURSE CHAMBERLAIN,

NURSE WEIR,

NURSE CLEARY,

NURSE EDWARDS,

NURSE MALONE,

NURSE WRIGLEY,

NURSE BEAUMONT.

Environmental Health Services

Embodying the Report of the Chief Sanitary
Inspector for the Year 1949

Housing Statistics

Number of new houses erected during the year:—

(i) By the Local Authority... ..	209
(ii) By other Local Authorities... ..	Nil.
(iii) By other bodies or persons	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)	1957
(b) Number of inspections made for the purpose	3839
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 to 1932	58
(b) Number of inspections made for the purpose	219
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	15
(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	777

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	725
------------------------------------------------------------------------------------------------------------------------------------------	-----

3.—Action under statutory powers during the year:—

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

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 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 ... 54

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

(a) By Owners ... 43

(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 ... 1

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... 13

(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 ... Nil.

(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.—Housing Act, 1936.—Part IV.—Overcrowding.—

(a)	(i)	Number of dwellings overcrowded at the end of the year	... ..	280
	(ii)	Number of families dwelling therein...	...	370
	(iii)	Number of persons dwelling therein...	...	1500
(b)		Number of new cases of overcrowding reported during the year...	... ..	159
(c)	(i)	Number of cases of overcrowding relieved during the year...	... ..	245
	(ii)	Number of persons concerned in such cases		627

Sanitary Improvements

During the year, 63 waste-water closets were converted into fresh-water closets by the owners.

Although this figure, compared with the total number of waste-water closets in the area may seem to be small, there appears to be an increased desire on the part of property owners to carry out these conversions, and there is no doubt that the provision of fresh-water closets are a distinct improvement from a public health point of view.

It should be remembered the work is entirely optional on the part of owners, the Corporation making a grant of £5 in those cases where the alterations are carried out in accordance with the standard laid down by them.

Sanitary accommodation at shops, cafés, licensed premises, etc., has again received attention, and generally speaking this accommodation is of a satisfactory nature.

Smoke Abatement

During the year, 13 half-hourly observations were taken of smoke emission from factory chimneys within the Borough.

The Council decided some time ago to make provision for the taking of certain records in connection with this problem, and in pursuance of this policy they decided to obtain four soot deposit gauges and four lead peroxide instruments. These will be placed at selected sites within the Borough.

I am pleased to state we have been able to arrange for the Sewage Works Manager (Mr. J. P. Todd, B.Sc.) to act as the Analyst in this connection, and I should like to place on record my appreciation of his very cordial co-operation in this regard.

Inspection and Supervision of Food

1.—INSPECTION OF FOOD

THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936 TO 1948, AND, FROM 1st OCTOBER, 1949, THE MILK SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949

No. of Milk Purveyors	...	...	...	...	...	...	234
No. of dealer's licences (including supplementary licences) issued by the local authority during 1949 in respect of the distribution of Tuberculin Tested Milk	...	...	...	...	...	...	9

THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936 TO 1948, AND, FROM 1st OCTOBER, 1949, THE MILK SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

Number of licences issued in respect of "Pasteurised" Milk—							
Pasteurising plants	...	...	...	...	...	...	1
Retail distributors	...	...	...	...	...	...	50

The following table gives the number of samples submitted for examination to the Public Health Laboratories and to the District Infirmary, Ashton-u-Lyne:—

MILK

Methylene Blue Test	...	105	No. satisfactory	...	91
			No. unsatisfactory..	...	14
Phosphatase Test	...	94	No. satisfactory	...	88
			No. unsatisfactory..	...	6
Bacterial Count	...	21	No. satisfactory	...	14
			No. unsatisfactory..	...	7
T.B. Test	...	52	No. show'g evidence of tubercular infection	...	Nil.
				...	

ICE CREAM

Thirty samples of ice cream were forwarded for examination and were reported upon as follows:—

Grade 1	...	...	...	...	...	16
Grade 2	...	...	...	...	...	10
Grade 3	...	...	...	...	...	1
Grade 4	...	...	...	...	...	3

In addition, 1 bottle of Mineral-water was submitted to the Public Health Laboratories, Monsall, and was reported to be satisfactory.

2.—FOOD AND DRUGS ACTS

During the year under review, 82 samples were taken and submitted to the Public Analyst for examination. The details of these samples are as follows:—

Milk	...	...	...	...	...	...	...	53
Sausages	...	...	...	...	...	...	...	10
Ice Cream	...	...	...	...	...	...	...	18
Brandy	...	...	...	...	...	...	...	1

The table below gives particulars of the samples found upon analysis to have been adulterated or below standard:—

Sample No.	Sample.	Adulteration or Offence.	Remarks.
2.	Sausage.	Deficient in meat content 38%	Firm fined £10 plus £1/1/0 costs. Manager fined £5.
3.	Sausage.	Deficient in meat content 50%	Fined £5 plus £1/1/0 costs.
45.	Sausage.	Deficient in meat content 86%	Informal sample.

3.—MEAT INSPECTION

The following tables give particulars of the action taken in connection with meat killed for human consumption within the Borough:—

TABLE No. 2

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

Animals.	Tuberculosis.		Accidents.		Inflammatory Diseases.	Other Conditions
Cows	...	22	...	—	2	1
Bulls	...	—	...	—	1	—
Bullocks	...	3	...	—	—	—
Heifers	...	4	...	—	—	1
Calves	...	—	...	4	3	6
Sheep	...	—	...	1	4	9
Pigs	...	2	...	—	—	—

Carcases partially condemned as unfit for human consumption

Animals.	Tuberculosis.		Accidents.		Inflammatory Diseases.	Other Conditions
Cows	...	30	...	19	5	1
Bulls	...	1	...	—	—	1
Bullocks	...	2	...	2	—	4
Heifers	...	3	...	2	—	—
Calves	...	—	...	2	1	—
Sheep	...	—	...	8	6	1
Pigs	...	16	...	2	—	—

All animals are killed at the Ministry of Food Slaughterhouse in Dukinfield, and the Inspectors of the Corporation carry out duty at this slaughterhouse on alternate weeks.

TABLE No. 3

Various Organs Condemned as Unfit for Human Consumption

	Heads	Tongues	Lungs	Livers	Part Livers	Stomachs	Hearts	Spleens	Mesenteries	Intestines	Udders	Kidneys	Diaphragms	Tails	lbs. Beef Fat	Trotter
Tuberculosis:																
Bovines	204	204	440	89	—	69	71	57	216	216	28	12	130	29	580	—
Pigs ...	2	2	4	1	—	—	3	—	3	3	—	—	1	—	—	—
Inflammatory Diseases:																
Bovines.	6	5	180	89	—	52	85	159	226	226	61	34	168	—	—	—
Pigs ...	—	—	7	—	—	1	3	—	1	1	—	—	—	—	—	1
Sheep ...	4	—	9	16	—	—	11	—	—	—	—	—	7	—	—	—
Parasitic Diseases:																
Bovines.	8	8	75	414	353	—	—	—	2	2	—	3	—	—	—	—
Pigs ...	—	—	—	23	—	—	—	—	—	—	—	2	—	—	—	—
Sheep ...	—	—	32	469	45	—	12	—	—	—	—	3	12	—	—	—
Other Diseases:																
Bovines.	—	1	4	101	—	—	3	—	—	—	—	1	3	—	—	—
Sheep ...	2	—	2	7	—	—	2	—	—	—	—	—	2	—	—	—

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

No. of visits to slaughter-houses during 1949 ...	222
No. of visits to food premises and markets... ..	519
No. of carcasses inspected:—	
Cattle and Calves	2851
Sheep and Lambs	5103
Pigs	187
Total	8141

The total weight of meat and offals destroyed during the year as diseased, unsound and unfit for the food of man was 71,402 lbs., or 31 tons 17 cwts. 58 lbs.

4.—MARKETS AND SHOPS

Foodstuffs exposed for sale in the public market and in the various shops in the town were regularly inspected during the year.

A large number of visits were paid to food stores and food preparing premises, and action was taken to effect improvement at various premises, and it is pleasing to note that in this effort we had the full co-operation of the occupiers and owners of the premises.

5.—RAT REPRESSION

The two full-time Rodent Operators employed in the Department continue to carry out their duties in a satisfactory manner. During the year the usual baiting of the sewers was carried out. In addition a large number of premises where rats had been observed, was reported, and the necessary action taken.

During the year, 1,560 visits were paid in this respect.

Contagious Diseases of Animals

The Borough was not included in any area for the restricted movement of animals under the Foot and Mouth Disease or Swine Fever Regulations during the year.

ERADICATION OF BED BUGS

During 1949, two Council houses were disinfested on account of the presence of bed bugs, and no privately owned houses treated.

Scabies

The Scabies Clinic is held at the Disinfection Station, Town's Yard.

This building was originally constructed for the disinfection of Smallpox contacts, and it is suitable for treating cases of Scabies. There is a Waiting Room, Bath Room, Treatment and Dressing Room and a Discharge Room. Clothes for stoving are passed through a revolving cupboard in the bathroom to the disinfector next door.

The treatment given is a bath, followed by an application of Benzyl-Benzoate Emulsion. Each patient is told to bring a change of clean clothes. Typewritten instructions are given regarding clothing and other necessary precautions. The local doctors have been notified of these arrangements.

Fresh sources of infection come into the town from time to time. By careful following up of contacts to known cases, and by treating whole families the infection has been kept down. In difficult cases, and particularly when re-infection occurs, action has been taken under the Scabies Order, 1941—to ensure the medical examination and treatment of contacts.

Individual No. of Patients Treated
for Scabies in 1949:—

				Attendances.	
Pre-School Children	...	1	...	1	
School Children	...	12	...	22	
Adults	...	3	...	3	
				—	—
Total	...	16	...	26	
				—	—

Water Supply

The Water Supply has been satisfactory in quantity and quality. There has been filtration of all supplies. Chlorination at the Brushes and Yeoman Hey Filterhouses and Ozonisation at Knott Hill.

During the year 2 chemical and 31 bacteriological samples were taken, and the results returned were considered very satisfactory.

Swimming Baths

The Corporation Baths have the following bathing accommodation:—

- 1 large Swimming Bath (100ft. x 40ft. (120,000 gallons)
- 35 Private Slipper Baths (22 Gents' and 13 Ladies')
- 3 Zotofoam Baths.

The swimming bath water is purified by "Bells" Filtration Plant, having a four-hour turnover.

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

Chlorination is maintained constantly at 0.5 throughout the bath.

Tests are taken two and three times per day also for alkilinity at 7.0/7.6 to give perfect filtration.

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 supplies of hot and cold water.

Zotofoam sweating baths are provided on a modern scale with shampoo and rest rooms. Brine 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 deg. F.

The attendances at the Baths during 1949 were as follows: —

Swimming Baths	70,615
Private Slipper Baths	41,836
Zotofoam Sweating Bath	1,923
Total	116,374

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

Four samples of water from the Public Baths were taken during the year by officers of the Department and submitted to the Public Health Laboratories for examination. These four samples were reported to be satisfactory.

DETAILS OF INSPECTIONS MADE AND WORK CARRIED OUT DURING 1949

Number of inspections (including housing)	5918
Number of nuisances abated	1989
Number of visits to common lodging-houses, furnished rooms and dwelling-vans	16
Number of visits to slaughter-houses	137
Number of visits to cowsheds and dairies	28
Number of visits to bakehouses	99
Number of visits to food stores and food preparing premises	413
Number of visits to fish-friers	28
Number of visits to ice cream premises	56
Number of visits to factories and workshops	98
Number of visits to offensive trade premises	17
Number of visits re rat infestations	1560
Number of samples taken under the Food and Drugs Act	82

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... ..	378	6	—
Factories without Mechanical Power ...	32	2	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)... ..	20	—	—
Total	430	8	—

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) ...	2	2	—	—
Overcrowding (S. 2)	—	—	—	—
Unreasonable Temperature (S. 3)	—	—	—	—
Inadequate Ventilation (S. 4)...	—	—	—	—
Ineffective Drainage of Floors (S. 6)	—	—	—	—
Sanitary Conveniences { Insufficient ...	1	1	—	—
(S. 7) { Unsuitable or Defective ...	45	41	—	—
{ Not Separate for Sexes ...	23	23	—	—
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)				
Total	71	67	—	—

**To the Mayor and Members of the Council of the Borough of
Ashton-under-Lyne.**

MR. MAYOR, LADIES AND GENTLEMEN,

I beg to submit herewith my Annual Report for the year 1949.

The work of the Department was again carried out under difficulties owing to the resignation of members of the staff. On May 1st, Mr. C. F. Spencer, the Senior Additional Sanitary Inspector left to take up a similar appointment in the Borough of Stalybridge, and in October, Mr. D. N. Hall, the Junior Additional Sanitary Inspector left for East Africa, joining the staff of the Ministry of Food, so that for a considerable part of the year we were very short staffed as these two vacancies had not been filled at the end of the year.

For many years now, the staff has not been up to establishment, and it will be obvious that frequent changes have an adverse effect upon the work in the Department.

The year was noticeable for the further implementation of the scheme to convert waste-water closets into fresh-water closets, and during the year, 63 were so converted.

Special attention was devoted to the sampling of milk and ice cream, and apart from 26 samples taken, which were examined in the office, 272 samples of milk and 30 of ice cream were forwarded to the Public Health Laboratories or the District Infirmary. In addition, 53 samples of milk and 18 samples of ice cream were submitted to the Public Analyst. Seventeen samples of the latter food showed a higher fat content than the 2.5 per cent. which the Ministry of Food required as a minimum for the issue to the manufacturers of extra sugar, and in some cases fats.

The revision of our register of milk retailers, and also our register under the Shops' Acts was commenced, and this work was still in progress at the end of the year. It is hoped that in the early months of 1950, these registers will be completely revised. This will of course be of very great value in carrying out the work of the Department in this regard.

Housing still causes us very much concern. There is no doubt that certain areas in the town should be dealt with as Clearance Areas, but in view of the housing position generally,

this does not appear to be a practicable suggestion at the moment. It was however, possible to deal with the most urgent cases, and 15 dwellings were represented as individually unfit during the year. The comparatively high cost of repairs has made work under the Housing Acts very difficult.

In viewing the present position of environmental hygiene in the Borough, I think it is fitting and instructive to look back over the last 50 years, and in this way assess the progress that has been made.

The principal achievements during the half-century were the abolition of privy and pail closets, and the substitution of waste-water closets, the replacement of wooden tubs by galvanised iron dustbins, the embarkation by the Council on large slum clearance programmes, the mechanisation of the Public Cleansing Services, and increased activity in regard to the examination and inspection of all types of food. The conversion of the privies and pails necessitated some provision for ashes accommodation, and this need was met by providing wooden tubs. These tubs were placed in recesses which in a large number of instances, were accessible from a common passage. In course of time these recesses became in effect dry ashpits, and in 1933, an intensive drive was made to substitute galvanised iron dustbins with proper lids, and in this connection the communal ash recesses were wherever possible abolished, and bins placed in the private yards. The result was a very great improvement.

In 1937 further steps were taken, and the Corporation adopted the procedure laid down in Section 75 (3) of the Public Health Act, 1936, since which time bins have been provided by the Council at an annual charge.

One of the principal achievements during the latter part of the half-century was of course the slum clearance programme adopted by the Council. From 1931 to 1939, two Compulsory Purchase Orders and 61 Clearance Areas were made. These included 979 dwelling-houses. In 1939, further areas were under consideration including approximately 500 houses. Action in connection with these had of course to be postponed, but it is worth mentioning that since 1939, 102 houses have been dealt with as individually unfit, the properties being either demolished, or undertakings accepted not to re-let for human habitation.

Meat and other foods inspection in the town has throughout this period been one of the premier activities of the Department. Before the war of 1939, and for a period shortly afterwards, animals were slaughtered at the private slaughterhouses in Ashton. Since then, of course, the whole of the killings have

been done in Dukinfield, where members of your staff carry out inspection duty. All bovine and pig carcasses are examined, and practically all sheep and lambs.

During the last 50 years there has been an awakening to the need for increased supervision of the food preparing premises in the town. This supervision must have been carried out during the early part of the period under considerable difficulties.

One or two quotations from the Annual Reports of previous years are very interesting. For example, it was reported in 1910 "there are no privies in the district." In 1900—"it would not be difficult to name one or two insanitary areas which would be improved by treatment under Part III. of this Act" (Housing of the Working Class Act, 1910), and in 1909 certain properties were mentioned as being unfit for human habitation. In 1905 there were 13 Common Lodging-houses with accommodation for 691 persons. To-day there are none. At this time 122 living vans and sheds were occupied. There are very few to-day, and these are in a very fair condition.

In 1900 we read "if the public are to be protected against the sale of meat for human consumption, the Corporation will have to provide a public Abattoir."

Viewed in retrospect there is no doubt that the town has been greatly improved, and this should act as a spur to our efforts in the future.

In all this work I think tribute should be paid to the Members of the Public Health Committee, past and present, who must have, during the last 50 years, given that support to their officers without which very little progress can be made.

I am, Ladies and Gentlemen,

Your Obedient Servant,

C. SYKES HANDFORTH.

