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BOROUGH OF  
ASHTON-UNDER-LYNE



# ANNUAL REPORT


of the Medical Officer of Health

FOR THE YEAR

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BOROUGH OF ASHTON-UNDER-LYNE

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*Annual Report*

of the

Medical Officer of Health

For the Year 1954

# Borough of Ashton-under-Lyne 1954

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## PUBLIC HEALTH COMMITTEE

(As at 31st December, 1954)

*Chairman* : Alderman W. H. Flowers, M.B.E., M.M.

*Deputy Chairman* : Councillor Leonard Hibbert.

### *Members :*

His Worshipful the Mayor, Councillor John E. Farnsworth, J.P.

Alderman J. Q. Massey, J.P.

Alderman T. Smith.

Councillor R. G. Fish, C.C.

Councillor Margaret Forbes.

Councillor Alfred Gantley, J.P.

Councillor James Hall.

Councillor Herbert Holme.

Councillor S. A. Sidebottom.

Councillor James E. White.

Councillor J. Wignall.



# PUBLIC HEALTH STAFF

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## MEDICAL OFFICER OF HEALTH

Alan S. Simpson, M.B., B.S. (Lond.), M.R.C.S., D.P.H.

## SANITARY INSPECTORS

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

C. R. Langdon, M.R.San.I., M.Inst., P.C., C.S.I.B., Deputy Chief Sanitary Inspector, Inspector of Meat and Other Foods.

C. Stoddard, M.S.I.A., C.S.I.B., Additional Sanitary Inspector, Inspector of Meat and Other Foods. (Resigned June, 1954.)

H. Houldsworth, M.S.I.A., C.S.I.B., Additional Sanitary Inspector, Inspector of Meat and Other Foods.

A. Handley, M.S.I.A., A.R.San.I., Additional Sanitary Inspector, Inspector of Meat and Other Foods. (Resigned March, 1954.)

Stanley Davies, M.S.I.A., A.R.San.I., Additional Sanitary Inspector, Inspector of Meat and Other Foods. (Commenced 1st April, 1954. Resigned December, 1954.)

George Brownsword, M.S.I.A., Additional Sanitary Inspector, Inspector of Meat and Other Foods. (Commenced 16th December, 1954.)

## CLERKS

C. Sharples (Retired March, 1954), E. Waddington, A. Hartley, M. J. Tompson (Resigned April, 1954), M. Aspinall, S. Benstead, N. H. Kelly (Commenced 11th October, 1954).



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 have pleasure in submitting my report on the health of the Borough of Ashton-under-Lyne for the year 1954.

Comment on the vital statistics is full and the significance of the indices at present in use is commented upon. Arrangement of the causes of death in an order corresponding to their relative importance is very greatly enhanced if they are "weighted by age," or, to put it in another way, if the causes of death are arranged on the basis of "total years lost per person."

Such an arrangement at once indicates those diseases which are chiefly responsible for loss of "effective life years."

Such a manner of analysis at once displaces "heart diseases" as a chief killer by "malignant disease."

It raises tuberculosis from the position of a 3.5% contributor of total deaths to a 10% contributor, and it places "accidental death" in its true perspective by raising its relative lethal importance from 3.5% to 9%.

Death over the age of 70 years is not the tragedy of death at age 25, and a numerical index which illuminates this poignant difference is of much more significance than an all-embracing death rate.

Any index, therefore, which gives us the "loss of effective life years" deserves study in so far as it points to the diseases which are responsible for loss of life when death is least expected.

A reference to the section on Tuberculosis will show a new table which serves to correlate the housing conditions and degree of infectivity for all the cases at present on the register.

The infectious disease record for the year was good, the total cases notified being 57% of 1953. One case of poliomyelitis was notified.

Whilst the Medical Officer of Health is expected, from the various statistical data available to him, to assess the healthiness or otherwise of his area, it should be pointed out that most of such data relates to deaths and infectious diseases and there is virtually no current information as to the sickness which is occurring.

This is a very serious gap in information and it is time this gap was filled.



I would take this opportunity of expressing my thanks to the Chairman and members of the Public Health Committee for their support during the year, and to Mr. Handforth, the Chief Sanitary Inspector, for his invaluable assistance.

I am,

Ladies and Gentlemen,

Your obedient servant,

ALAN S. SIMPSON,

*Medical Officer of Health.*

## GENERAL STATISTICS

Area (acres) ..... 4,146

### Population :

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
At Census, 1931 .....	24,242	27,331	51,573
At Census, 1951 .....	21,782	24,708	46,490
Estimated, mid-1954 .....	—	—	49,530

### Number of inhabited houses :

At Census, 1931 .....	13,071
Estimated at end of 1954 .....	18,941
General rate for 1954 .....	(in the £) 21s. 6d.
Rateable Value .....	£305,452
Sum represented by a 1d. rate .....	£1,187

### Social Conditions of the Area

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, Tool Making, Iron and Brass Founding, Brewing and Coal Mining.



## VITAL STATISTICS

Civilian population — Registrar-General's estimate, mid-1954,  
49,530.

	Total	M.	F.	
Live Births—				Birth-rate per 1,000
Legitimate .....	699	344	355	estimated civilian
Illegitimate .....	36	17	19	population, mid-
				1954—
Total .....	735	361	374	Crude ..... 14.8
				Adjusted ..... 15.0
Stillbirths—				Rate per 1,000 total
Legitimate .....	18	12	6	(live and still)
Illegitimate .....	—	—	—	births ..... 24
Total .....	18	12	6	
Deaths .....	660	341	319	Death-rate per
				1,000 estimated
				civilian popula-
				tion mid-1954—
				Crude ..... 13.3
				Adjusted ..... 12.9
Maternal Mortality—				
Deaths from pregnancy, childbirth and abortion .....				Nil.
Mortality Rate per 1,000 total (live and stillbirths) .....				Nil.
Death-rate of infants under one year of age—				
All infants per 1,000 live births .....				44
Legitimate infants per 1,000 legitimate live births.....				46
Illegitimate infants per 1,000 illegitimate live birth .....				28
Male Infantile Mortality Rate .....				53
Female Infantile Mortality Rate .....				33
Neo Mortality—				
Deaths of infants under 4 weeks of age .....				21
Mortality rate per 1,000 live births .....				29

### DEATHS FROM SPECIFIC CAUSES

(a) From Measles (all ages) .....	Nil
(b) From Whooping Cough (all ages) .....	Nil
(c) From Diarrhoea, Gastritis and Enteritis .....	5
(d) From Diphtheria (all ages) .....	Nil
(e) From Cancer (all ages) .....	115
(f) From Tuberculosis (all forms) .....	11
Phthisis death-rate .....	0.22



## COMMENTS ON THE VITAL STATISTICS 1954

The number of people living within the boundaries of the Borough at midnight on the 8th April, 1951, was 46,794 persons of whom 21,912 were males and 24,882 were females—a female majority of 2,980 (a nearly 6½% excess).

The estimated mid-year population for 1954 is 49,530, an increase of 2,736 due in the main to boundary alterations whereby Ashton gains a portion of the former Limehurst area; the effective date of this transfer was April, 1954.

If we consider that portion of the female population capable (on the basis of age) of bearing children, we note from the 1951 census figures that there were 40% of the 24,882 females within the age range 15-44 years, viz. 9,886 women, and of these 6,649 were married, whilst 3,237 were single.

In 1952 (the year following the census) there were 604 legitimate births in Ashton produced by 6,649 married women, so that the rate of production of legitimate children was 1 per 110 of married women at child-bearing age.

The unmarried women also made a contribution to posterity albeit on a somewhat less ambitious scale, their rate of production being 1 per 789 of single women.

Unfortunately, the Registrar General only provides us with an age and sex distribution table of our inhabitants at the census year so that much as one would like to probe into the interesting matters of "fertility," one is precluded from doing so in the absence of basic data to work on from year to year.

We therefore fall back upon that ancient and somewhat weather-worn yardstick, the birth rate, and relate the number of births occurring every year to the total inhabitants in the area, irrespective of their age or sex.

In considering the numerical aspects of childbirth, attention to the part played by the male prior to the event is somewhat unnecessary, and even less is it necessary to take cognizance of all the single women, the young children and the old men. Yet our yardstick, the birth rate, does just this.

But we will quote it and ponderously comment on its trend. It is 14.8 per 1,000 of the total population (men, women and children), and in 1953 it was 15.4. I am not unduly disturbed at its fall.



We are permitted by the Registrar General to multiply our crude birth rate by the figure 1.01, which is known as a "comparability factor for births." This operation raises our birth rate to the figure 15.0, which is known as the adjusted rate. The reason? The Registrar General feels that if we had our full quota of women of the right age group we could do better, so he issues us with a bonus and our corrected rate can then be compared with other areas. The full statistical explanation is too tedious and, in any case, the above is the principle.

The stillbirth rate for the year was 24 per 1,000 total births, during the last 5 years it has ranged between 13 and 32 per 1,000. The England and Wales rate for 1954 was 23.4.

It has become customary recently to couple this rate with the rate expressing the infantile mortality amongst the new born, say the first 24 hourly deaths. It is frequently a matter of pure chance whether a certain child is born alive and dies 3 hours later or is delivered but never breathes, so that the demarkation line, "live or stillbirth," has little relevance where we are considering causes leading up to a stillbirth or early-infant death. Therefore, the peri-natal death rate is the rate of most value to the medical officer considering causes of mortality at this period.

There were no deaths of women due to maternity during the year; the maternal mortality rate has been nil for the last 8 years in Ashton, the last death being in 1946 and was due to puerperal sepsis.

There is very little doubt that one of the best measures for ensuring a low maternal mortality rate is a regular, efficient and well attended Ante-natal Clinic.

The deaths of infants under 1 year numbered 35; 11 of these occurred in the first 24 hours of life whilst 19, or over half, occurred during the first week.

The infantile mortality rate was 44 per 1,000 live births, which is high compared with last year's figure of 24 and compared with the figure 25 for the country as a whole.

One of the chief reasons for this rise in the rate was an increase in the deaths due to pneumonia which occurred during the severe weather in January and February; there was only 1 infant death from pneumonia in 1953 whilst in 1954 there were 11. (See Table IV.)

Note might also be made of the differential infant death rate favouring the female sex; the male rate was 53 whilst the female was 33.



If we consider the rates for the last 4 years, males and females separately and average them, we find that the male rate is almost exactly double the female, the mean 4-year average being males 50, females 24.

There were 660 deaths during the year, which gives a crude death rate of 13.3 per 1,000 of the population.

As for the birth rate, the Registrar General supplies a factor (0.97) with which to multiply the crude death rate; this operation reduces our rate to 12.9 per 1,000, an adjusted rate and to be used when one area is compared with another in respect to their death rate.

Again, if we break down our deaths into the two sexes we note that there were 341 males and 319 females; associating these deaths with our mid-year population (separated into the two sexes in a proportion similar to the 1951 census) we note that men have a death rate of 14.7 as against 12.1 for women.

If we look at the last 7 quinquennial averages for the Ashton-under-Lyne death rate we note that they are as follows :—

1920-1924 .....	14.0
1925-1929 .....	14.5
1930-1934 .....	13.2
1935-1939 .....	14.7
1940-1944 .....	15.0
1945-1949 .....	14.3
1950-1954 .....	14.1

These averages are remarkably constant, and indeed since the end of World War I the rate has become stabilised around the figure 14.0 per 1,000 of the total population.

Does this mean that there has been no improvement in mortality in the area during the last 35 years? The answer is, of course, no. There has been an improvement, but the general death rate is not the index to demonstrate it.

There comes a time for all of us when we will die and a mere numerical statement of this fact in a communal setting means very little, and it is this fact that the death rate is telling us.

What we are interested in as individuals (and the Medical Officer of Health in respect to the community) is to what extent is the death being postponed, and the general death rate does not tell us that—it masks it.

To illustrate the extent to which death has been postponed in this area in, say, the last 16 years, the following table is illuminating :—



# ASHTON-UNDER-LYNE

## PERCENTAGE OF THE TOTAL ANNUAL DEATHS WHOSE AGE AT DEATH WAS UNDER 50 YEARS

	<i>Males</i>	<i>Females</i>
1938 .....	22	25.5
1954 .....	16.6	11.2
Difference .....	5.4	14.3

This clearly shows that far fewer deaths are occurring today during the prime of life than were occurring 16 years ago.

There are two reasons for these figures; firstly, if the age structure of the population today is substantially different from that of 16 years ago, it is obvious that this will be reflected in the ages of those dying; this is indeed true, as the following table shows:—

# ASHTON-UNDER-LYNE

## PERCENTAGE OF THE POPULATION WHO AT THE CENSUS WERE UNDER 50 YEARS OF AGE

	<i>Males</i>	<i>Females</i>
1931 .....	76	75
1951 .....	72	66
Difference .....	4	9

Unfortunately, it is not possible to quote population figures in respect to the years for which the deaths were quoted, but I have given the age and sex structure at the two census years, 1931 and 1951.

This ageing of the population during the 20-year interval, 4% fewer males today under 50 years and 9% fewer females, will naturally affect the age at death; the numbers living in the two groups 0—50 years and over 50 years are changing with the years, the movement with time being from the first to the second group.

This change in age structure involving as it does a numerical transfer of population from a group having a low death rate to one having a high death rate might be expected to result in an increase in the general death rate; the fact that this has not occurred is an indication that there has been a corresponding reduction in the group death rate of the under 50s, which is the second reason for the above figures.

One is therefore justified in saying that there has been an improvement in mortality over the years in the age group 0—50, though where the greatest gain has occurred one is not in a position to say without the aid of age specific death rates for the area. Obviously a large proportion of it must be in infancy.



## TUBERCULOSIS

Table VI shows the incidence and death rates for the last 20 years, and it will be seen that the pulmonary death rate is 0.22 per 1,000 of the population, the lowest rate recorded during the period and less than half the average rate for the 20 years.

The incidence rate at 1.11 per 1,000 also shows a slight decline.

It is interesting to note that 10 out of the 11 deaths giving rise to the above low death rate were over 55 years of age at death.

The state of the Tuberculosis Register at 31st December, 1954, was as follows :—

Respiratory			Non-respiratory			Total respiratory and non-respiratory		
M	F	Total	M	F	Total	M	F	Total
187	124	311	24	39	63	211	163	374

The pulmonary cases on the register have this year been analysed in respect to the general standard of housing under which the persons are living, the categories being good, fair and bad.

The housing factors have been further correlated with the infectivity or otherwise of the case in the home. The infectivity classification is primarily divided into R.A.—Tubercle bacilli never having been demonstrated in the sputa, or R.B.—Tubercle bacilli found at some time during the course of the illness. The numerals 1, 2, and 3 indicating the stage of activity of the disease, 1 being early and 3 advanced.

The following table couples the two circumstances together, viz. infectivity and type of home conditions.



# TUBERCULOSIS SURVEY — (PULMONARY ONLY)

Showing the infectivity of cases in relation to the standard of the house (good, fair or bad) and in relation to the number of children under 15 years in the home.

## GENERAL HOUSING STANDARD

	GOOD Children under 15 years in the house				FAIR Children under 15 years in the house				BAD Children under 15 years in the house				TOTALS
	0	1	2	3 plus	0	1	2	3 plus	0	1	2	3 plus	
INFECTIVITY	1.	17	14	2	3	14	6	8	2	8	2	8	86
	R.A.	9	11	2	—	7	2	3	1	1	—	1	39
	3.	6	—	1	—	2	1	—	—	1	—	—	11
R.B.	1.	20	4	4	2	5	1	1	—	1	—	—	38
	2.	49	21	11	—	18	6	5	3	8	3	2	128
	3.	8	5	—	1	4	3	4	1	2	1	—	30
TOTALS	109	55	20	6	50	19	21	7	19	9	6	11	332
			190			97				45			

It will be seen from the table that 59% of the pulmonary cases on the register have at one time or another had a positive sputa, that 13% of the cases are living under "bad" conditions.

The table further analyses the cases in respect to the number of children in the household varying from no children to three or more.

It brings to light the numerical size of the most serious problem of all in regard to tuberculosis, viz. the exposure of children to infection.

In all, 82 children are being exposed to the infection of tuberculosis in the close contacts of the home. In 48, or over half, of these homes the housing standard is reported to be good, in 24 the home conditions are only fair, whilst in 10 the conditions are bad.

Every measure must be taken to minimise the seriousness of exposure of young children to tuberculosis infection.

A patient well drilled in the hygiene of his sputum disposal, adequately isolated as far as possible whilst sleeping and living under good housing conditions is obviously a less risk to young children in the household than is one where these factors are not properly taken care of.

But it is still extremely disquieting to note that 10 children are living under bad home conditions in close proximity to tuberculosis infection.

I would here like to express my appreciation of the good preventive work done by the Housing Committee through the Housing Manager in granting priority to housing applications where I have so recommended.

Since the beginning of 1952, 25 families have been rehoused where a special recommendation has been made supporting the application.



## CANCER

The number of deaths occurring where cancer was entered as a cause of death was 115, giving a death rate of 2.32 per 1,000 of the population.

The number of cancer deaths in each of the last 14 years was as follows :—

1940 .....	87	1948 .....	97
1941 .....	70	1949 .....	99
1942 .....	98	1950 .....	93
1943 .....	96	1951 .....	97
1944 .....	86	1952 .....	117
1945 .....	99	1953 .....	105
1946 .....	89	1954 .....	115
1947 .....	74		

The age and sex distribution of the cumulative total cancer deaths, 1951-54, is shown below :—

### Cancer Deaths 1951-1954

<i>Age Groups</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
10—14 .....	—	—	—
15—19 .....	—	—	—
20—34 .....	1	3	4
35—39 .....	—	4	4
40—44 .....	5	7	12
45—49 .....	14	8	22
50—54 .....	14	11	25
55—59 .....	27	18	45
60—64 .....	34	32	66
65—69 .....	40	31	71
70—74 .....	41	35	76
75 and over .....	50	60	110
Totals .....	226	209	435

It is interesting to note that almost 60% of the deaths from cancer were aged 65 or over at death.

Table VII analyses cancer deaths by sex and site of the growth.

A heavy male preponderance of lung cancer, and to a less degree gastric cancer, is apparent.

## THE PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

Table VIII shows the number of cases notified, their age distribution and whether removed to hospital.

There were no cases of diphtheria, whilst scarlet fever was responsible for 86 notifications.

An annual figure of notifications for measles and whooping cough has little significance epidemiologically; the cycles of both these diseases has reverted to its old periodicity. In regard to measles, 1954 was a period of epidemic acceleration.

The 4 quarterly notifications during 1953 and 1954 are both shown :—

### MEASLES (Quarterly)

	1953	1954
1st Quarter .....	335	3
2nd „ .....	79	10
3rd „ .....	10	22
4th „ .....	3	147

The decline in 1953 and the acceleration of the epidemic in 1954 are almost reciprocal in their correspondence.

In the Enteric group, there was only one notification, a Para. B. infection in a boy of 4 years. I was unable to trace this case to any other or to the water or milk supply; he remained infective for a period of two months.

The quarterly notifications of dysentery (Sonné type) were as follows :—

1st Quarter .....	9
2nd „ .....	6
3rd „ .....	1
4th „ .....	6



There was one case of poliomyelitis in November in a boy of 3 years, who died within 2 days of notification.

Twenty-four cases of Puerperal Pyrexia were notified—all after August. No epidemic significance should be read into this apparent seasonal occurrence, but rather was it due to changes in the resident medical staff of the general hospital where varying administrative practices frequently colour statutory obligations.

There were 4 cases of food poisoning, 3 being cases of *Salmonella Typhi-murium* infections in one family, the other case being due to an unidentified cause.

With regard to the control of infectious disease, one's greatest difficulties lie in ignorance amongst the public as to the channels of infection and, therefore, the precautions appropriate to adopt. And with regret do I say it, there is difficulty in securing immediate information regarding infections occurring in the Ashton General Hospital.

## VENEREAL DISEASE

The following shows the work carried out at the Venereal Diseases Clinic at the Ashton-under-Lyne General Hospital and the numbers since 1948.

	1948	1949	1950	1951	1952	1953	1954
Patients under treatment at January 1st .....	150	125	207	205	207	159	95
New cases admitted during the year .....	170	208	168	150	125	108	109
Total attendance .....	2976	3954	3378	2268	1268	861	757
Patients receiving treat- ment at the end of the year .....	125	207	205	207	159	95	78
Pathological examinations for V.D. Patients .....	549	1090	1365	519	435	324	316

Of the 109 new cases admitted during the year, 34 were Ashton residents. There were 83 cases found not to be V.D.

**TABLE I**  
**VITAL STATISTICS (Registrar-General)**

	Live births		Deaths (all causes)		Stillbirths		Maternal Mortality		Infant Mortality			
									Total		Neo-natal	
	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
Ashton-u-Lyne Municipal Borough Population Mid- Year, 1954 49,530												
Year 1954 ...	735	*14.8	660	*13.3	18	24	Nil	Nil	32	44	21	29
Year 1953 ...	697	15.41	606	13.4	17	24	Nil	Nil	17	24	13	19
Year 1952 ...	645	14.1	643*	14.1	19	29	Nil	Nil	27	42	25	39
Year 1951 ...	731	15.9	700	15.2	24	32	Nil	Nil	30	41	16	22
Year 1950 ...	727	15.4	693	14.7	17	23	Nil	Nil	25	34	13	18
1950-1954 ... Average 5 years	—	15.1	—	14.1	—	26.4	—	Nil	—	37	—	25.4

\* Adjusted { live birth-rate (comparability factor, 1.01) = 15.0 per 1,000.  
death-rate (comparability factor, 0.97) = 12.9 per 1,000.



TABLE II

BIRTH-RATE, DEATH-RATE and INFANTILE MORTALITY  
1930-1954

YEAR Col. 1	Popu- lation Mid- Year Esti- mate Col. 2	No. of Births Col. 3	Crude Birth- Rate Col. 4	No. of Deaths Col. 5	Crude Death Rate Col. 6	No. of Infan- tile Deaths Col. 7	Infan- tile Mor- tality Rate per 1,000 Col. 8	AVERAGE 5 YEARS		
								Birth Rate Col. 9	Death Rate Col. 10	Infantile Mor- tality Col. 11
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	54.0
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	43.0
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	858	18.5	650	14.0	36	41			
1949	47,280	832	17.6	738	15.6	38	46			
1950	47,300	727	15.4	693	14.7	25	34	15.12	14.1	37.0
1951	45,960	731	15.9	700	15.2	30	41			
1952	45,720	645	14.1	643	14.1	27	42			
1953	45,230	697	15.41	606	13.4	17	24			
1954	49,530	735	14.8	660	13.3	32	44			

TABLE III

**CAUSES OF DEATH**  
**1954**

No.	CAUSE OF DEATH	M.	F.	Total
1	Tuberculosis (Respiratory) ... ..	8	3	11
2	Tuberculosis (Other) ... ..	—	—	—
3	Syphilitic Disease ... ..	1	2	3
4	Diphtheria ... ..	—	—	—
5	Whooping Cough ... ..	—	—	—
6	Meningococcal Infections ... ..	—	—	—
7	Acute Poliomyelitis ... ..	1	—	1
8	Measles ... ..	—	—	—
9	Other Infective and Parasitic Diseases ... ..	—	—	—
10	Malignant Neoplasm (Stomach) ... ..	15	14	29
11	Malignant Neoplasm (Lung Bronchus) ... ..	16	3	19
12	Malignant Neoplasm (Breast) ... ..	—	12	12
13	Malignant Neoplasm (Uterus) ... ..	—	5	5
14	Other Malignant and Lymphatic Neoplasms ... ..	26	23	49
15	Leukaemia, Aleukaemia ... ..	—	1	1
16	Diabetes ... ..	—	5	5
17	Vascular Lesions of Nervous System ... ..	49	57	106
18	Coronary Disease, Angina ... ..	52	32	84
19	Hypertension with Heart Disease ... ..	7	11	18
20	Other Heart Disease ... ..	48	62	110
21	Other Circulatory Diseases ... ..	10	3	13
22	Influenza ... ..	4	—	4
23	Pneumonia ... ..	15	14	29
24	Bronchitis ... ..	34	13	47
25	Other Disease of Respiratory System ... ..	3	—	3
26	Ulcer of Stomach and Duodenum ... ..	1	2	3
27	Gastritis, Enteritis and Diarrhoea ... ..	3	2	5
28	Nephritis and Nephrosis ... ..	2	3	5
29	Hyperplasia of Prostate ... ..	5	—	5
30	Pregnancy, Childbirth and Abortion ... ..	—	—	—
31	Congenital Malformations ... ..	3	3	6
32	Other Defined and Ill-Defined Diseases ... ..	22	37	59
33	Motor Vehicle Accidents ... ..	1	4	5
34	All Other Accidents ... ..	11	4	15
35	Suicide ... ..	4	3	7
36	Homicide and Operations of War ... ..	—	1	1
	Total ... ..	341	319	660



**TABLE IV**  
**INFANT DEATHS**  
**CAUSE, SEX AND AGE GROUPS**

Cause of Death	Age at Death												Totals	Both Sexes
	Under 1 Day		1 Day & less than 7 Days		1 Week & less than 4 Weeks		4 Weeks & less than 6 months		6 months & less than 12 months					
	M	F	M	F	M	F	M	F	M	F	M	F		
Tuberculosis of Respiratory System														
Tuberculosis (other forms)														
Diphtheria														
Whooping Cough														
Meningococcal Infections														
Acute Poliomyelitis														
Measles														
Influenza														
Pneumonia			1			2	4	2	2		7	4	11	
Bronchitis														
Other Diseases of Respiratory System														
Gastritis, Enteritis and Diarrhoea							2				2		2	
Congenital Malformations			1			1		1			1	2	3	
Birth Injuries	1	1									1	1	2	
Postnatal Asphyxia and Atelectasis	5	2	2	2							7	4	11	
Infection of the newborn														
Other Diseases peculiar to Early Infancy (inc. Prems.).	1	1	1								2	1	3	
All Other Causes			1				1	1			2	1	3	
Total All Causes	7	4	6	2		3	7	4	2		22	13	35	

TABLE V  
TUBERCULOSIS — NEW CASES AND DEATHS

AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Years								
0— 1    ...    ...	—	—	—	—	—	—	—	—
1— 5    ...    ...	7	2	1	—	—	—	—	—
5—10    ...    ...	1	2	1	3	—	—	—	—
10—15    ...    ...	—	1	—	1	—	—	—	—
15—20    ...    ...	1	5	—	—	—	—	—	—
20—25    ...    ...	1	3	—	2	1	—	—	—
25—35    ...    ...	5	4	1	1	—	—	—	—
35—45    ...    ...	8	—	—	1	—	—	—	—
45—55    ...    ...	7	1	—	2	—	—	—	—
55—65    ...    ...	5	1	—	1	3	3	—	—
65 and upwards...	1	—	—	—	4	—	—	—
TOTALS...    ...	36	19	3	11	8	3	—	—
	55		14		11		—	
	69				11			
Case Rate per 1,000	1·11	0·28		Death Rate per 1,000	0·22		—	
	1·39				0·22			



TABLE VI  
TUBERCULOSIS

INCIDENCE AND DEATH-RATES ANNUALLY 1935-1954

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
1935	0.14	0.31	0.45	0.50	0.05	0.55
1936	0.83	0.59	1.42	0.60	0.13	0.73
1937	0.19	0.55	0.74	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
1950	0.90	0.20	1.10	0.49	0.08	0.57
1951	1.15	0.24	1.39	0.35	0.09	0.44
1952	1.62	0.37	1.99	0.33	0.04	0.37
1953	1.22	0.33	1.55	0.24	0.04	0.28
1954	1.11	0.28	1.39	0.22	0.00	0.22
Average for 20 years	1.02	0.37	1.39	0.53	0.10	0.63
Average for first 5-year period 1935—1939	0.58	0.45	1.03	0.68	0.08	0.76
Average for last 5-year period 1950—1954	1.20	0.28	1.48	0.32	0.05	0.37

TABLE VII  
CANCER DEATHS  
(1951—1953) 1954

ACCORDING TO SITE AND SEX

No. List	Sites	Number of Registered Cancer Deaths			
		1951—1953		1954	
		M.	F.	M.	F.
10	Stomach ... ..	38	24	15	14
11	Lung and Bronchus ... ..	46	6	16	3
12	Breast ... ..	—	21	—	12
13	Uterus ... ..	—	18	—	5
14	Other Malignant and Lymphatic Neoplasms ... ..	80	80	26	23
15	Leukaemia, etc. ... ..	3	3	—	1
	TOTAL ... ..	167	152	57	58



TABLE VIII  
NOTIFICATIONS AND AGE GROUP ANALYSIS  
INFECTIOUS DISEASES

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 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fevers ...	1	1	—	—	1	—	—	—	—	—	—	—	—	—	2
Meningococcal Infection ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	30
Scarlet Fever ...	86	—	14	7	9	9	52	7	—	2	—	1	—	—	1
Whooping Cough ...	97	8	18	17	17	12	26	—	—	1	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—
Erysipelas ...	5	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Ophthalmia Neonatorum ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	22	2	1	2	3	3	4	1	1	4	—	1	—	—	3
Measles ...	182	13	15	26	36	37	54	1	—	—	—	—	—	—	3
Acute Poliomyelitis ...	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Paralytic ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia ...	25	—	1	—	—	—	1	—	—	4	6	9	4	2	1
(primary & influ.) ...	24	—	—	—	—	—	—	—	2	20	2	—	—	—	—
Puerperal Pyrexia ...	4	—	1	—	—	2	—	—	—	1	—	—	—	—	3
Food Poisoning ...	55	—	1	5	1	2	3	1	6	13	8	14	1	9	—
Pulmonary Tuberculosis ...	14	—	—	—	—	1	4	1	—	4	1	3	—	—	—
Non-Pulmonary Tuberculosis...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	519	25	33	58	67	67	144	11	9	51	18	30	6	12	44

TABLE IX

## INFECTIOUS DISEASES

## ANNUAL NOTIFICATIONS — 1930-1954

Year	Smallpox	Typhoid Fever	Paratyphoid Fevers	Meningococcal infection	Scarlet Fever	Whooping Cough	Diphtheria	Erysipelas	Ophthalmia Neonatorum	Dysentery	Measles	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-paralytic)	Acute Encephalitis (Infective)	Acute Encephalitis (Post-infectious)	Acute Pneumonia (primary and influenzal)	Puerperal Pyrexia	Food Poisoning	Pulmonary Tuberculosis	Non-pulmonary Tuberculosis	Total
1930	99	3	—	—	359	—	36	25	3	—	—	—	—	—	1	61	2	—	56	21	666
1931	1	—	—	3	201	—	13	16	3	—	—	—	—	—	1	89	4	—	52	38	421
1932	—	1	—	2	163	—	22	18	—	—	—	—	—	—	—	99	4	—	42	20	371
1933	—	—	—	—	73	—	16	22	3	—	—	—	—	—	1	136	5	—	57	24	337
1934	—	—	—	1	93	—	38	19	4	—	—	—	—	—	—	100	4	—	42	22	323
1935	—	—	—	1	69	—	63	31	9	—	—	—	—	—	2	78	10	—	57	16	336
1936	—	1	—	1	179	—	127	37	3	—	—	—	—	—	1	85	16	—	40	34	524
1937	—	1	—	1	233	—	243	25	5	5	—	—	—	—	2	97	22	—	60	30	724
1938	—	2	—	3	116	—	225	29	5	2	—	3	—	—	—	66	37	—	44	22	554
1939	—	—	—	6	59	—	84	17	5	—	—	1	—	—	—	67	28	—	39	18	324
1940	—	1	—	21	42	129	59	12	4	—	686	—	—	—	—	95	27	—	51	22	1149
1941	—	7	—	16	48	128	38	12	5	—	260	4	—	—	—	86	23	—	51	14	692
1942	—	1	—	8	86	39	42	20	8	—	521	—	—	—	—	85	28	—	49	27	914
1943	—	—	—	4	98	197	61	21	10	—	355	—	—	—	—	126	19	—	43	22	956
1944	—	1	—	4	63	69	60	17	2	—	419	—	—	—	—	31	13	—	48	15	742
1945	—	—	—	3	41	34	64	6	1	—	233	—	—	—	—	38	7	—	56	18	501
1946	—	1	—	3	27	175	25	12	3	—	136	—	—	—	—	58	8	—	57	11	516
1947	—	1	—	—	26	48	11	12	1	—	696	1	—	—	—	31	7	—	48	20	902
1948	—	2	—	1	131	236	19	14	—	—	439	4	—	—	—	44	2	—	48	12	952
1949	—	—	—	2	265	54	4	15	1	—	461	6	—	—	—	55	3	—	45	19	930
1950	—	—	—	1	103	223	6	5	—	10	281	8	—	—	—	38	1	3	43	12	734
1951	—	—	—	3	102	88	3	4	—	4	855	1	—	—	—	51	1	3	53	11	1179
1952	—	2	—	1	116	139	1	6	—	6	422	—	1	—	—	25	—	3	74	17	813
1953	—	—	—	1	91	255	—	12	—	3	427	1	—	—	—	44	2	2	55	15	908
1954	—	—	1	2	86	97	—	5	1	22	182	1	—	—	—	25	24	4	55	14	519



# General Provision of Health Services in the Area

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## I.—SERVICES PROVIDED BY THE MANCHESTER REGIONAL HOSPITAL BOARD

### A. General Hospital

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

The hospital admits medical and surgical cases; there is an out-patient department at the Infirmary and the Lake Section provides through its Maternity Department, maternity beds and an ante-natal clinic.

### B. Infectious Diseases

The area is served by a number of Infectious Diseases Hospitals; Hyde, Monsall and Westhulme (Oldham) taking the majority of our cases in that order of frequency.

**SMALLPOX.** The Ainsworth Smallpox Hospital, Bury, would take any cases of smallpox.

### C. Tuberculosis Services

The Chest Clinic, 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 Clinic are as follows :—

Tuesdays	...	...	...	...	2-0 p.m.	
Wednesdays	...	...	...	...	10-0 a.m.	
Fridays	...	...	...	...	10-0 a.m.	
2nd and 4th Wednesday in each month at					...	6-0 p.m.

A clinic for children only is held Friday afternoons from 2-0 to 4-0 p.m.

## II.—SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY

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

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Ashton-under-Lyne is one of the five 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.

The services which are provided by the 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 follows, the items being listed in the order as shown above :—

### 1. Maternity and Child Welfare

Child Welfare	Clinic 5 : Scotland Street,	Tuesdays,
Centres held at—		2 p.m.
	Clinic 6 : Richmond House,	Thursdays,
	Richmond Street,	2 p.m.
	Clinic 7 : Ormonde Street,	Wednesdays,
		2 p.m.



	Clinic 8 :	Hurst Nook,	Mondays, 2 p.m.
	Clinic 12 :	Methodist Sunday School, Oldham Rd.	Tuesdays 2 p.m.
Ante-Natal Clinics	Clinic 5 :	Scotland Street,	Alternate Fridays, 2 p.m.
	Clinic 6 :	Richmond House, Richmond Street,	
Speech Therapy Clinics	Clinic 6 :	Richmond House, Richmond Street,	Mondays, a.m. and p.m.
			Tuesdays, a.m. and p.m.
			Thursdays, a.m. only.
Ultra Violet Ray Clinics	Clinic 6 :	Richmond House, Richmond Street,	Tuesdays and Fridays, 9 a.m.

## 2. School Medical Service

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

Minor Ailments.	Aural.
Ophthalmic.	Dental.
Orthopædic.	Chiropody

## 3. Midwives

The following are the names and addresses of the Midwives practising in Ashton as at 31st December, 1954 :—

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.
Mrs. I. MALLINSON,	
4, Crowhill Road.	Tel. No. ASHton 2741.

## 4. Health Visitors

Office : St. Michael's Square, Ashton-under-Lyne.

Nurse Chamberlain.  
Nurse Weir.  
Nurse Cleary.  
Nurse Edwards.  
Nurse Malone.  
Nurse Wrigley.  
Nurse Beaumont.  
Nurse Smith.  
Nurse Butterfield.



TOWN HALL CHAMBERS,  
ASHTON-UNDER-LYNE.

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 1954.

There were several important developments in connection with the work of the Department during the year. In January the Milk (Special Designations) (Specified Areas) No. 3 Order, 1953, came into operation. Under this Order, on and after the first of January, 1954, all milk sold by retail in the specified areas (which includes the Borough of Ashton-under-Lyne) must be "specially designated" milk, that is, "pasteurised," "sterilised" or "T.T. tested" milk, and until September 30th, 1954, "accredited" milk from a single herd.

The effect of this Order is that all milk sold by retail must conform to the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950, or the Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950.

After the first of October it was compulsory to use caps or covers overlapping the lips of containers of pasteurised milk.

In February the new public conveniences in Mossley Road were opened to the public. The provision of conveniences in this area had been under consideration for several years and, with facilities for both sexes, this part of the Borough is adequately supplied. The buildings and fittings are of modern design, and it is hoped eventually that the other conveniences in the town will be modernised up to the standard set at Mossley Road.

The Council will no doubt remember the Health Committee has suggestions for the provision of similar structures, modified according to requirements, for the Guide Bridge area, but at the end of the year these proposals were still under consideration.

On April 1st, 1954, the Borough boundaries were extended to include part of the Limehurst Rural District Council. This brought to the Department very many problems in connection with public health and housing matters. There is no doubt that much work will be entailed in this part of the Borough, not the least of which will include the survey of the added area in connection with the Council's clearance proposals.



In July meat rationing ceased and the centralised slaughtering policy was discontinued. Subject to obtaining the necessary licences, slaughtering was again permitted in private slaughterhouses. The Committee considered a number of applications for such licences, and by the end of the year only one had been approved for this purpose.

The Health Committee gave very serious consideration to the provision of a public slaughterhouse in the Borough, but this matter was left in abeyance until the policy of the Government with regard to centralised slaughtering in public abattoirs was finally defined.

The Health Committee also considered tentative proposals for the provision of a pig slaughterhouse and bacon factory and the making of pork butchers' sundries in the Borough. A Sub-Committee visited premises run on similar lines to the proposed factory and were of opinion that the provision of such a building in Ashton would be desirable and recommended the proposals to the Corporation.

In September the Housing Repairs and Rents Act, 1954, came into operation, and at the end of the year four applications had been received for certificates of disrepair. The number of applications was very small, and there is no doubt a great number of owners of property have not exercised their rights, for one reason or another, to increase the rent under the provisions of this Act.

During the year the housing survey was continued. Much of the time spent on this work was devoted to the preparation of the first stage of our slum clearance programme, and it is hoped that the official representations will be made in connection therewith in 1955.

The arrangements referred to with regard to the analyses in connection with smoke observations in the 1953 report came into operation in April, 1954, and a table is included in the report showing the results of these analyses.

In September notices were issued under the Swine Fever Order of 1938. Sixty-seven pigs were involved.

I very much regret to report the Department has been very much under-staffed during the year. Mr. Stoddard, who had been with us for over five years, left in June, 1954. Mr. Handley, who came in November, 1952, left in February, 1954, and Mr. Davies, who was transferred from the Limehurst Rural District Council on April 1st, 1954, left on December 15th, 1954. Mr. Brownsword commenced duty on December 16th and is still on the staff of the Department.



The Health Committee has considered the staffing of the Department and recommended to the Council, in view of the increased work in connection with housing, clean food and the additional work entailed as a result of the extension to the Borough, that the number of Additional Sanitary Inspectors in the Department should be increased to four. At the end of the year there were, therefore, two vacancies, and despite all attempts to fill these posts, no further appointments had been made.

Much of the time of the Inspectorate has been given to housing, and many matters of a routine nature have had perforce to be left. There are, however, certain day-to-day duties such as enquiries into cases of suspected food poisoning, the issuing of licences under the Contagious Diseases of Animals Act, drainage work in connection with the conversion of waste-water closets into fresh-water closets, inspection of food and numerous other matters have had to receive attention, and it is with very great regret that, for these reasons, I have to report that the progress in connection with the slum clearance programme has not been as rapid as was hoped, and, indeed, as is desirable.

There were also changes in the clerical staff. Mr. Sharples, who had been in the employ of the Corporation for over 30 years, retired in March, 1954, and Miss M. Thompson resigned in April. Miss N. Kelly commenced in October, 1954.

I should like to place on record the loyal service given over very many years by Mr. Sharples.

In August Mrs. E. Waddington was promoted Senior Clerk in the Department, and there is no doubt this promotion was well-deserved and has proved an admirable one in every way.

I should like to record my thanks to the whole of the staff of the Department, who have during the year carried out their duties under many difficulties. Frequent changes are not, in my view, conducive to the efficient execution of the work, and I think it is only right and proper that our best thanks should be extended, especially to my Deputy who has at all times given of his best in the interests of the Department.

I must again express my appreciation of the support and encouragement given to me by the Chairman and members of the Health Committee in the carrying out of my duties during the year.

I am,

Ladies and Gentlemen,

Your obedient servant,

C. SYKES HANDFORTH.



# Environmental Health Services

## Embodying the Report of the Chief Sanitary Inspector for the Year 1954

### Housing Statistics

Number of new Houses erected during the year :—		Houses	Flats
(i) By the Local Authority ... ..	...	226	—
(ii) By other Local Authorities ... ..	...	Nil	Nil
(iii) By other Bodies or Persons ... ..	...	64	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) ... .. 1727
  - (b) Number of inspections made for the purpose 5037
  - (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 ... .. 32
  - (b) Number of inspections made for the purpose 67
  - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... .. 27
  - (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 ... .. 1141
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 ... .. 923
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 ... .. 23
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices
- (a) By Owners ... .. 10
- (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 ... .. 7
- (3) Number of dwelling-houses in respect of which undertakings "not to occupy" were accepted by the local authority ... .. Nil.
- (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.
- (e) Proceedings under Section 25 of the Housing Act, 1936 :—
- (1) Number of clearance areas represented... .. Nil.
- (2) Number of houses concerned in (1) ... .. Nil.
- (3) Number of areas cleared ... .. Nil.
- (4) Number of houses concerned in (3) ... .. Nil.
- (5) Number of residents displaced in (3) and (4) Nil.



(6) Number of houses built by the local authority to re-house residents displaced under Clearance Orders		...	...	...	...	...	...	...	Nil.
4. Housing Act, 1936. Part IV. Overcrowding—									
(a) (i) Number of dwellings overcrowded at the end of the year		...	...	...	...	...	...	...	108
(ii) Number of families dwelling therein		...	...	...	...	...	...	...	155
(iii) Number of persons dwelling herein		...	...	...	...	...	...	...	648
(b) Number of new cases of overcrowding reported during the year		...	...	...	...	...	...	...	56
(c) (i) Number of cases of overcrowding relieved during the year		...	...	...	...	...	...	...	81
(ii) Number of persons concerned in such cases		...	...	...	...	...	...	...	440
5. Housing Act, 1949—									
(a) (i) Number of Schemes submitted :									
(a) by private individuals		...	...	...	...	...	...	...	Nil.
(b) by the local authority		...	...	...	...	...	...	...	Nil.
(ii) Number of dwelling-houses affected		...	...	...	...	...	...	...	Nil.
(b) (i) Number of Schemes approved by Ministry :		...	...	...	...	...	...	...	Nil.
(ii) Number of dwelling-houses or other buildings affected		...	...	...	...	...	...	...	Nil.
(iii) Number of additional separate dwellings to be provided under these approved Schemes		...	...	...	...	...	...	...	Nil.
(c) Number of additional separate dwellings actually completed during the year		...	...	...	...	...	...	...	Nil.
(d) Any other action taken under the Act (give brief particulars)		...	...	...	...	...	...	...	Nil.

# Sanitary Improvements

The principal sanitary improvement during the year was the continued progress in converting waste-water closets into fresh-water closets. This is the eighth year the scheme has been in operation and the number dealt with during 1954 (151) was the highest recorded during that period, and since 1947, 771 waste-water closets have been abolished.

Progress is, of course, not spectacular, but there has been a continued increase each year (except during 1952). The figure of 151 during 1954 compares with 32 in 1947 and 43 in 1948.

The provision of improved facilities at Guide Bridge was under consideration, the Council in this matter working in close co-operation with the Audenshaw Urban District Council.

# Smoke Abatement

There has been a substantial decrease during the year in the number of half-hourly smoke observations, 52 as compared with 167 in 1953. The Council has provided five lead peroxide instruments and four soot deposit gauges for estimating atmospheric pollution.

Below I give you a table showing the monthly deposit recorded by the Deposit Gauges together with the sulphur dioxide return from the lead peroxide method. This scheme was commenced in April, 1954.



# SUMMARY OF OBSERVATIONS FOR THE YEAR 1954 (Part of)

## Monthly Deposit Recorded by the Deposit Gauge and Sulphur Dioxide by the Lead Peroxide Method.

Month	Grasmere, Stockport Rd.				Hartshead Pike				Lord Street				Jubilee Dingle				Limehurst				
	R	ID	SD	TSD	SO2	R	ID	SD	TSD	SO2	R	ID	SD	TSD	SO2	R	ID	SD	TSD	SO2	
April ...	...	20	12.68	4.88	17.56	2.34	22	4.63	2.66	7.29	2.38	21	11.31	4.71	16.02	3.23	19	6.43	3.46	9.89	2.07
May ...	...	81	13.72	10.03	23.75	1.94	83	5.01	7.29	12.30	2.03	78	10.54	9.60	20.14	2.45	76	7.34	7.48	14.82	1.89
June ...	...	86	12.48	2.07	14.55	1.43	84	5.20	1.30	6.50	1.70	90	11.23	2.16	13.39	2.09	90	8.92	3.11	12.03	1.37
July (ex. for 30 days)	...	149	15.26	7.53	22.79	1.92	118	6.25	6.93	13.18	1.72	155	11.98	10.73	22.71	2.54	No figs.	available	1.41	—	1.71
Aug. (ex. for 32 days)	...	135	11.35	6.82	18.17	1.23	149	4.88	5.33	10.21	1.28	132	7.22	8.10	15.32	1.87	132	5.65	5.34	10.99	1.19
September ...	...	125	11.56	5.61	17.17	1.58	100	5.55	3.90	9.45	2.00	No figs.	available	2.66	113	8.53	5.82	14.35	1.94	—	1.69
October ...	...	133	9.12	5.67	14.79	1.71	No figs.	available	2.60	152	11.58	6.60	18.80	3.02	150	7.73	7.06	14.79	2.53	—	2.39
November ...	...	No figs.	available	2.30	114	5.72	4.97	10.69	3.01	140	11.60	12.07	23.67	3.57	130	8.80	6.43	15.23	2.93	—	3.08
December ...	...	133	12.72	16.68	29.40	2.76	103	4.67	9.03	13.70	3.41	143	13.34	20.70	34.04	4.21	97	5.87	7.36	13.23	3.31

These tables contain results of monthly observations of rainfall, deposited matter and sulphur compounds. The following abbreviations are used :—

- R ... Rainfall, in millimetres per month (calendar, except where otherwise stated).  
ID ... Insoluble Deposit { rate of deposition in tons per square mile.  
SD ... Soluble Deposit, } per month (calendar, except where otherwise stated).  
TSD ... Total Soluble Deposit.

SO<sub>2</sub> ... Sulphur Dioxide (etc.) in air, measured by the mean rate of sulphation of a standard "lead peroxide candle" exposed in the approved louvered box. The amounts are expressed as "milligrams of sulphur trioxide fixed per day per 100 square centimetres of Batch "A" standard lead peroxide."

The Daily Average figures are quoted as follows :—

- (a) Results up to 0.5 mg./100 sq. cm./day ... to nearest 0.05 mg.  
(b) Result 0.5 mg./100 sq. cm./day and above ... to nearest 0.1 mg.

# Inspection and Supervision of Food

## MILK SUPPLY

### The Milk and Dairies Regulations, 1949

No. of registered distributors operating from :—

(a) Dairies in the district ... ..	4
(b) Dairy farms in the district ... ..	10
(c) Shops in the district other than dairies... ..	242
(d) Premises outside the district ... ..	6

### The Milk (Special Designation) (Raw Milk) Regulations, 1949

No. of dealer's licences (including supplementary licences) issued by the local authority during 1954, in respect of :—

“Tuberculin Tested” Milk ... ..	31
“Accredited” Milk ... ..	5

### The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

No. of licences issued in respect of “Heat Treated” Milk :—

Pasteurising plants ... ..	1
Sterilising plants ... ..	—
Retail distributors—	
(a) “Pasteurised” Milk ... ..	88
(b) “Sterilised” Milk ... ..	260

Action taken by this Department in relation to samples taken in the district :—

#### Raw Milk

	<i>Number of samples</i>	<i>Number negative</i>	<i>Number positive</i>
(1) Tuberculosis—			
Biological tests ...	4	4	—

	<i>Number of samples</i>	<i>Number satis- factory</i>	<i>Number unsatis- factory</i>
(2) Methylene Blue			
Test ... ..	4	1	3



<b>"Heat Treated" Milk</b>	<i>Number of samples</i>	<i>Number satis- factory</i>	<i>Number unsatis- factory</i>
<b>"Pasteurised"—</b>			
(1) Phosphatase Test	97	97	—
(2) Methylene Blue Test ... ..	97	97	—
<b>"Sterilised"—</b>			
(3) Turbidity Test ...	2	2	—

Result of Ministry investigations by the Divisional Inspector of the Ministry of Agriculture and Fisheries within the district during the year, arising from notifications of tuberculous milk made by any local authority.

Number of veterinary inspections ... ..	4
Number of cases where animals seized under Tuber- culosis Order, 1938 ... ..	4
Number of animals seized ... ..	4
Number of cases reported negative where animals had been sold prior to investigation ... ..	Nil.
Number of cases reported negative where no animals seized ... ..	Nil.

During the year one notice was served under Article 20 of the Milk and Dairies Regulations 1949, requiring treatment of milk before disposal for human consumption. Details of this action were forwarded to the Ministry of Agriculture and Fisheries, the Ministry of Food and the Lancashire County Council. In this case the milk was heat-treated before being sold to the public. Compensation was paid to the trader and the usual repayment of part of the expenditure was received from the Ministry.

### **Ice-Cream**

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

Grade 1 ... ..	33
Grade 2 ... ..	11
Grade 3 ... ..	6
Grade 4 ... ..	1

16 lollipops were forwarded for examination—all satisfactory.

## 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 .....	31
Sausages .....	33
Ice Cream .....	9
Whisky .....	8
Vinegar .....	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
1	Beef sausage	Deficient in meat to the extent of 7%	Informal sample (formal sample genuine)
3	Pork „	Do. 14·4%	Informal sample (formal sample genuine)
7	Pork „	Do. 34·3%	Informal sample.
9	Pork „	Do. 17·2%	Informal sample (formal sample genuine)
11	Pork „	Do. 27%	Informal sample.
12	Pork „	Do. 13·2%	Informal sample.
29	Pork „	Do. 16·4%	Formal sample (in connection with sample No. 11).
30	Pork „	Do. 4·6%	Formal sample (in connection with sample No. 7).
48	Pork „	Do. 13·8%	Informal sample.
50	Pork „	Slightly deficient in meat to the extent of 3·1%	Formal sample (in connection with sample No. 48).
51	Pork „	Deficient in meat to the extent of 6%	Informal sample.
65	Pork „	Do. 20%	Informal sample*
66	Pork „	Do. 5% (Also contained preservatives).	Informal sample
67	Pork „	Deficient in meat to the extent of 15%	Informal sample*
77	Whisky	Contained 37% extraneous water	Informal sample.
52	Pork sausage	Just below the 65% limit	Informal sample.

\*Formal samples taken in 1955—deficient in meat. Prosecution followed and the vendors fined £5 in both cases.



## 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.

2,849 visits were paid to food stores and food preparing premises (including visits to bakehouses, milk shops, etc.), 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.

### FOOD CONDEMNED 1954

							T.	C.	Q.	Lbs.
Tinned Goods	...	...	...	...	...	...	1	8	0	20
Beef	...	...	...	...	...	...	—	3	1	13
Pork	...	...	...	...	...	...	—	1	0	13½
Tripes and Offal	...	...	...	...	...	...	—	2	3	12
Lamb	...	...	...	...	...	...	—	—	—	7
Poultry	...	...	...	...	...	...	—	—	—	21½
Fish	...	...	...	...	...	...	—	—	1	12
Sausages	...	...	...	...	...	...	—	—	—	21½
Cooked Meats	...	...	...	...	...	...	—	—	—	12
Bacon	...	...	...	...	...	...	—	—	—	11
Cheese and Cheese Spread	...	...	...	...	...	...	—	1	0	6½
Dried Fruits	...	...	...	...	...	...	—	2	2	7
Cakes, etc.	...	...	...	...	...	...	—	—	3	11½
Sweets...	...	...	...	...	...	...	—	—	1	0
TOTAL							2	1	1	0½

# RAT REPRESSION

## Prevention of Damage by Pests Act, 1949.

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) and (3)	
1. Number of properties in Local Authority's District.	43	17,083	3,759	20,885	35
2. Number of properties inspected as a result of :—					
(a) Notification ...	3	243	67	313	—
(b) Survey under the Act ...	43	2,601	846	3,490	4
(c) Otherwise (e.g. when visited primarily for some other purpose)	3	3,267	1,649	4,919	3
3. Total inspections carried out including re-inspections ...	75	8,940	3,530	12,545	—
4. Number of properties inspected (in Sec. 11) which were found to be infested by :—					
(a) Rats. Major ...	—	—	—	—	—
Minor ...	3	207	28	238	—
(b) Mice. Major ...	—	—	—	—	—
Minor ...	—	124	54	178	—
5. Number of infested properties (in Sec. 4 treated by the L.A.	3	323	81	407	—
6. Total treatments carried out—including re-treatments ...	3	326	80	409	—
7. Number of notices served under Section 4 of the Act :—					
(a) Treatment ...	Nil	Nil	Nil	Nil	Nil
(b) Structural work (i.e. proofing) ...	Nil	Nil	Nil	Nil	Nil
8. Number of cases in which default action was taken following the issue of a notice under Sec. 4 of the Act ...	Nil	Nil	Nil	Nil	Nil
9. Legal Proceedings ...	Nil	Nil	Nil	Nil	Nil
10. Number of "Block" control schemes carried out ...	Nil	Nil	Nil	Nil	Nil



The two full-time Rodent Operators employed in the Department continued 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.

## CONTAGIOUS DISEASES OF ANIMALS

During the year the district was subject to the movement restrictions imposed by the Swine Fever Order, 1938. Approximately 67 pigs were involved.

## DISINFESTATION

During the year 3 Council houses and 35 privately owned houses and properties were fumigated. Liquid and powder spraying by both manual and mechanical appliances were employed. Zaldecide and Gammaxene insecticides gave excellent results.

## SCABIES

There were no patients treated for Scabies during 1954.

# Water Supply

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

During the year, the following examinations were made :—

		<i>Number</i>		<i>Results</i>	
(a)	RAW WATER				
	Bacteriological examinations	...	5	...	Satisfactory
	Chemical analyses	...	...	—	...
(b)	WATER GOING INTO SUPPLY				
	WHERE TREATMENT IS				
	INSTALLED				
	Bacteriological examinations	...	30	...	Satisfactory
	Chemical analyses	...	...	—	...
	PRIVATE SUPPLIES				
	Bacteriological examinations	...	—	...	
	Chemical analyses	...	...	—	...
	No form of contamination presented itself.				
	No liability to Plumbo Solvent action.				

Except for a few isolated cases, domestic water supplies are received from the town's mains.

# Swimming Baths

The Corporation Baths have the following bathing accommodation :—

- 1 large Swimming Bath (100ft. x 40ft.—120,000 gals.).
- 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 parts/million throughout the bath.

Tests are taken two and three times per day also for alkilinity at 7.0/7.6 Ph. 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 1954 were as follows :—

Swimming Baths	...	...	...	74,910
Private Slipper Baths	...	...	...	38,534
Zotofoam Sweating Bath	...	...	...	1,933
Total	...	...	...	<hr/> 115,377 <hr/>

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

Six 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—all reported as satisfactory



## DETAILS OF INSPECTIONS MADE AND WORK CARRIED OUT DURING 1954

Number of inspections (including housing) made by Sanitary Inspectors	...	...	...	...	...	9,077
Number of nuisances abated	...	...	...	...	...	1,165
Number of visits to houses-let-in-lodgings, furnished rooms and dwelling-vans	...	...	...	...	...	95
Number of visits to dairies and milkshops	...	...	...	...	...	52
Number of visits to bakehouses	...	...	...	...	...	273
Number of visits to food stores and food preparing premises	...	...	...	...	...	2,543
Number of visits to fish-friers	...	...	...	...	...	126
Number of visits to ice cream premises	...	...	...	...	...	162
Number of visits to factories and workshops	...	...	...	...	...	401
Number of visits to offensive trade premises	...	...	...	...	...	10
Number of visits re rat infestations	...	...	...	...	...	12,545
Number of samples taken under the Food and Drugs Act...	...	...	...	...	...	82

### NATIONAL ASSISTANCE ACT, 1948

In pursuance of the provisions of the above Act, 1 adult was interred during 1954, the arrangements for the burials being undertaken by the officers of your Committee.

## 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... ..	51	—	—
Factories without Mechanical Power ...	368	8	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises) ... ..	9	—	—
Total ... ..	428	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) ...	7	7	—	—
Overcrowding (S. 2) ... ..	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—
Inadequate Ventilation (S. 4)	—	—	—	—
Ineffective Drainage of Floors (S. 6) ... ..	—	—	—	—
Sanitary Conveniences { Insufficient ...	—	—	—	—
(S. 7) { Unsuitable or Defective ...	15	15	—	—
{ Not Separate for Sexes ...	1	1	—	—
Other Offences ... ..	3	3	—	—
(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 ... ..	26	26	—	—















