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February
BOROUGH OF
ASHTON-UNDER-LYNE

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ANNUAL REPORT

of

the Medical Officer of Health

FOR THE YEAR

1955



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ASHTON-UNDER-LYNE

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BOROUGH OF ASHTON-UNDER-LYNE

1955

PUBLIC HEALTH COMMITTEE

(As at 31st December, 1955)

CHAIRMAN: Alderman W. H. Flowers, M.B.E., M.M.

DEPUTY CHAIRMAN: Councillor Leonard Hibbert.

MEMBERS:

His Worshipful the Mayor, Alderman James Hall, J.P.

Alderman Alfred Gantley, J.P.

Alderman J. Q. Massey, J.P.

Alderman T. Smith.

Councillor R. G. Fish, C.C.

Councillor Margaret Forbes.

Councillor Herbert Holme.

Councillor S.A. Sidebottom.

Councillor James E. White.

Councillor J. Wignail.

PUBLIC HEALTH STAFF

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.

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

George Brownsword, M.S.I.A., Additional Sanitary Inspector,
Inspector of Meat and Other Foods. (Resigned 31. 10. 55.)

CLERKS

E. Waddington. A. Hartley. M. Aspinall. S. Benstead. (Resigned
13. 6. 55.) N.H. Kelly. E.V. Schofield. (Commenced 31. 10. 55.)

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 1955.

The health services have been maintained during the year, though with some difficulty; the problem of recruiting suitable health inspectors is to-day a very difficult one and a shortage of the sanitary staff not only places heavy work on the remaining members, but means that progress in the essential matters of housing and other inspections are often held up.

The vital statistics of the area for 1955 are uniformly good and I would refer you to the report for full comments on the various rates and some discussion on the value of the indices in use.

It is perhaps almost axiomatic that Parliament cannot move ahead of public opinion, moreover the growth of public opinion is in some matters extremely slow. Nowhere is this more obvious than in the matter of atmospheric pollution.

Your Medical Officer of Health nearly 60 years ago in his Annual Report said:-

"Monthly reports on the smoke nuisance continue to be made, but I fear the offenders pay very little regard to them or we should have a much clearer atmosphere.

If the Corporation would take a few cases into court it might improve matters". (Dr. W. H. Hughes - Annual Report of Medical Officer of Health 1898.)

Three successors have at various times strongly urged more drastic action in this matter.

Perhaps if and when the association between cancer of the lung and a smoke polluted atmosphere moves from statistical probability to complete certainty, the public will demand that atmospheric pollution is listed as a crime.

All that can be said at present in relation to the borough is that cancer of the lung in men has doubled its quota of deaths over the last 15 years (see page 13) and it is the only type of cancer which appears to show any tendency to increase.

This year is the centenary year of public health in this country.

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:

	Males.	Females.	Total.
At Census, 1931	24,623	27,552	52,175
At Census, 1951	21,912	24,882	46,794
Estimated, mid-1955	-	-	51,210

Number of inhabited houses:

At Census, 1931	13,071
Estimated at end of 1955	17,926

General rate for 1955 (in the £) . . 22s 0d

Rateable Value £309,360

Sum represented by a 1d rate £1,189

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-1955, 51,210.

	<u>Male</u>	<u>Female</u>	<u>Total</u>	
Live Births -				Birth-rate per 1,000
Legitimate	360	334	694	estimated civilian
Illegitimate	19	11	30	population, mid-1955 -
				Crude 14.1
Total	<u>379</u>	<u>345</u>	<u>724</u>	Adjusted 14.3
Stillbirths -				Rate per 1,000 total
Legitimate	7	7	14	(live and still)
Illegitimate	-	1	1	births 20
Total	<u>7</u>	<u>8</u>	<u>15</u>	
Deaths	<u>360</u>	<u>354</u>	<u>714</u>	Death-rate per 1,000
				estimated civilian
				population mid-1955
				Crude 13.9
				Adjusted 13.5

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 25

Legitimate infants per 1,000 legitimate live births 23

Illegitimate infants per 1,000 illegitimate live births 66

Male Infantile Mortality Rate 26

Female Infantile Mortality Rate 23

Neo Mortality -

Deaths of infants under 4 weeks of age 10

Mortality rate per 1,000 live births 14

DEATHS FROM SPECIFIC CAUSES

(a) From Measles (all ages) NIL

(b) From Whooping Cough (all ages) 1

(c) From Diarrhoea, Gastritis and Enteritis 4

(d) From Diphtheria (all ages) NIL

(e) From Cancer (all ages) 99

(f) From Tuberculosis (all forms) 13

Phthisis death-rate 0.25

COMMENTS ON THE VITAL STATISTICS 1955.

Replacement of the population.

The Census populations of Ashton-under-Lyne taken during the present century were as follows:-

	1901	43,890
	1911	45,179
	1921	44,200
	1931	52,175
	1951	46,794
(Estimated Mid-1955)	1955	51,210

Apart from immigration, emigration and altered borough boundaries the population is dependent on the natural increase or decrease as determined by the relationship of crude birth and death rates; a birth rate of 14 per 1000 and a death rate of 12 gives a natural increase of 2 per 1000 of the population.

From the 1890's until 1914 there was an average annual natural increase of about 6 per 1000.

From 1914 - 1919 during the First World War there was no increase at all.

Following the War in the year 1920 the natural increase shot up sharply to 10 per 1000 and from this figure it progressively declined to zero in 1929.

From 1929 to 1941 there has been virtually no natural increment in Ashton's population.

In the middle of the Second World War (1942), the natural increase re-appeared and rose to the figure of 9 in 1947; since that year it has progressively declined again to an almost negligible increment of under 1 per 1000 population.

In last year's Report, I commented on the birth rate and indicated its shortcomings as a measure of fertility; the birth rate is an expression of the fraction:-

$$A \quad \frac{\text{number of births} \times 1000}{\text{Total of the men, women and children of all ages living in the area.}} = \text{birth rate (general)}$$

A more appropriate rate would be :-

$$B \quad \frac{\text{number of births} \times 1000}{\text{Women aged 15 - 44 years}} = \text{birth rate (specific)}$$

It is interesting to make a comparison of these two formulae as instruments for measuring fertility.

Taking the years 1931 and 1955, the orthodox method (Formula A) gives us crude birth rates as expressed elsewhere in this Report (Table 11) of :-

1931	14.7
1955	14.1

which would certainly not indicate any improvement in the women's productivity for last year over 1931.

But if we apply formula B and calculate a specific birth-rate, by limiting our denominator to the people who matter viz - women aged 15 - 44 years, we find that whilst 1931 had a specific birth rate of 59 the year 1955 had one of 73, which is quite a substantial improvement.

The reason for this discrepancy is that the denominator of formula A completely hides the fact that our women population in the above child bearing age group fell in numbers from approximately 13,000 in 1931 to 9,880 in 1955. Using formula B takes this fact into account.

Deaths and Death rate.

There were 714 deaths in the Borough in 1955 giving a crude death-rate of 13.9 per 1000 of the population. The adjusted rate for use in area comparisons is 13.5.

The crude rate compounded as it is of all the age specific death rates which may vary from over 200 per 1000 to under unity per 1000 according to the age group of the deaths, is thus very much at the mercy of the particular age and sex structure of the local population and its value as an index is correspondingly limited.

Last year I indicated where best to look for alternative yard-sticks to measure mortality.

An index which registers the extent by which death is postponed is obviously of more value than a death rate, but to calculate such an index annually calls for an annual table of age and sex structure of the population which is not available. It is possible however to note from year to year the percentage of deaths occurring under the age of 50 years. In 1954 the figure was 16.6, this year it was 16.1.

The following table expresses the cumulative percentage proportion of the total deaths which had occurred at the end of each age period indicated.

<u>Age period</u>	<u>Cumulative % of total deaths having occurred</u>
Up to 1 year	6.4
" " 25 years	7.8
" " 35 "	9.2
" " 45 "	13.3
" " 55 "	19.9
" " 65 "	38.2
" " 75 "	63.2
" " 85 "	94.7
" " 100 "	100.

One frequently sees in reports a priority list indicating the 'chief killers' in the order of their effectiveness and usually 'Heart Disease' will head the list; the value of such an exercise is rather doubtful when it is realised that the majority of those contributing to the death rate were in their 70's 80's or 90's and whether senility or heart disease appeared on their death certificates is of little etiological importance.

What is of more value is to assess the effect a particular disease has in reducing total effective life years.

For instance in this Borough in 1955 there were 15 deaths from pulmonary tuberculosis where the age at death was before the attainment of 3 score years and ten; if Mr. X died at the age of 30 years, the community lost 40 years of effective life.

One therefore aggregates the effective loss of life in each of the 15 instances and we arrive at a figure of 215 years of effective life lost to the community by phthisis in 1955.

Applying the same method to cancer of all sites (which accounted for 99 deaths) our final aggregate is 460 effective life years.

Table III lists the number of deaths arranged in accordance with the Registrar General's classification of causes (1-36). Cumulative figures for the years 1951/1954 are shown as well as those for the current year.

As the above method of classification has now been in operation since 1951, it is appropriate after 5 years to comment on the aggregated totals.

One interesting feature is the sex distribution in relation to the various group causes; to bring this more into focus I give below a list of those group causes of death where there appears to be a significant difference between the sexes.

The ratios are expressed against the sex with the low incidence ranked as unity.

The figure in brackets is the total deaths involved (1951-1955)

		Male	Female
Pulmonary T.B.	(66)	2	1.0
Cancer Stomach	(111)	1.3	1.0
Cancer Lung	(84)	8.3	1.0
Diabetes	(20)	1.0	5.7
Vascular Disease of C.N.S.	(457)	1.0	1.4
Coronary Disease	(355)	1.5	1.0
Hypertension with Heart Disease	(72)	1.	2.3
Other Heart Disease	(715)	1.	1.6
Pneumonia	(123)	1.4	1.0
Bronchitis	(273)	1.4	1.0
Gastric and Duodenal Ulcer	(28)	2.5	1.0
Motor Accidents	(28)	1.5	1.0

It is quite obvious from the above differences that sex plays a very important part in determining the final cause of death.

Whilst a pulmonary tuberculosis ratio of 2: 1 against men is an appreciable sex hazard, the ratio of 8.3 : 1 against the same sex for cancer of the lung is a very considerable male hazard.

Diabetes in its fatal manifestations is mainly a female disease.

Whilst coronary heart disease appears more often on male death certificates than female, hypertension with heart disease is over twice as common a cause of death amongst females than males.

Bronchitis and pneumonia have a greater toll amongst males, the ratio in each case being 1.4 : 1.

Likewise gastric and duodenal ulcers as a cause of death are in 2.5 : 1 ratio, males to females.

Infant Deaths.

There were 18 deaths of infants under 1 year of age giving an infant Mortality rate of 25. per 1000 live births which whilst not a record low figure is reasonably near to it.

The very considerable reduction in the deaths due to zymotic and other environmental factors naturally brings into focus the residual causes of death which are less amenable to prevention, viz congenital defects and results of birth injuries and prematurity.

Maternal Deaths

It is gratifying to record again the absence of deaths from women associated with child bearing.

TUBERCULOSIS

Our vital statistics bring to light two very important and long term changes in regard to pulmonary tuberculosis.

Firstly, the mortality rate; if a three year moving average of the pulmonary mortality rate is calculated for the last 25 years in Ashton-under-Lyne it will be noted that for the first 20 years of this period the death rate per 100,000 population ranged mainly between 50 and 60 with one or two excursions into the 70's in the 1937-8 period.

From 1950 - 1954 the following are the rates (3 year moving averages)

1950	50	1953	26
1951	39	1954	26
1952	30		

This is a very remarkable reduction in the death rate which had been so steady for so long.

The second significant change shown in our vital statistics is the age at which the deaths are occurring.

In a randomly selected 7 year consecutive period in the thirties viz - 1932-38, the pulmonary deaths occurring at ages under 35 years was 44% of the total deaths.

In the last 7 years (1949-55) the figure has been reduced to 27%.

The obvious questions therefore are:-

(1) What factors caused such a large fall in the mortality rate following the year 1950? and (2) Why has the age at death moved along the scale?

The short answer to (1) is probably that modern chemotherapy and surgical intervention have been added to and often displaced sanatorium regime. The answer to (2) is bound up with the place which immunity occupies in determining if and when a person develops phthisis.

Modern methods of treating pulmonary tuberculosis rely far less on boosting natural immunity to the disease; the accent is on all-out death to the bacillus by biological methods or an eradication of the disease by surgical intervention.

What the long term effects of these modern procedures will be individually or communally, time will tell, but it would appear very desirable to bear closely in mind the old criteria of cure, viz - 5 years of arrested disease.

Incidence rates for pulmonary tuberculosis are not comparable with those of over 10 years ago; new diagnostic procedures, as well as altered conceptions as to what is meant by 'suffering from tuberculosis' has caused a swelling of incidence rates as is evidenced by a pulmonary rate of 0.77 per 1000 for the years 1936-40, as against 1.22 per 1000 for the last 5 years viz 1951-55.

The non-pulmonary rate for the same 5 year periods was 0.79 and 0.32 respectively, which is the most cogent testimonial to the effectiveness of pasteurisation of milk supplies.

The state of the Tuberculosis Register on 31st December, 1955, was as follows:-

Respiratory			Non-respiratory			Total respiratory and non-respiratory		
Male	Female	Total	Male	Female	Total	Male	Female	Total
193	128	321	21	37	58	214	165	379

The pulmonary cases on the register have this year been analysed in respect of the general standard of housing.

The following table sets out the position in this respect and indicates the number of children in the three categories of housing standard - good, fair and bad.

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	Children							No. of Patients	Total number of children.
	0	1	2	3	4	5	6		
Good	112	59	22	5	-	-	-	198	118
Fair	53	18	19	5	6	-	-	101	95
Bad	14	8	8	3	2	3	1	39	62
								338	275

It will be noted that there is a disproportionate excess of children living in houses under bad conditions.

The Housing Department of the Ashton-under-Lyne Corporation gives special consideration to such cases of Tuberculosis as are recommended by me for re-housing. The basis on which I make a priority recommendation is in general in order to provide a standard of housing where the risks of direct infection from one member of the family to another are minimised, i.e. particularly to safeguard young children from possible exposure to infection.

The following table shows the recommendations I have made over the last 4 years with the number of cases actually re-housed:-

Year	Recommendations of M. O. H.	Re-Housed
1952	20	15
1953	12	12
1954	15	4
1955	16	10
TOTAL	63	41

From the above it will be seen that the Housing Department has contributed quite substantially towards the prevention of Tuberculosis in this matter.

CANCER

The England and Wales death rate from Cancer (all groups) for 1955 was 2.06 per 1000 of the population.

The Ashton rate was 1.93.

The following table shows the annual number of deaths from cancer over the period 1940-55.

CANCER DEATHS (1940-55)

Table showing Trends (sexes separated) from all groups
with Lung and Bronchus group separated.

Year	Total Cancer Deaths	M A L E S				F E M A L E S		
		All Groups	Lung & Bronchus	Percentage (3) of (2)	3 year moving aver. (3)	All Groups	Lung & Bronchus	Percent (7) of (6.)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
1940	87	47	4	8.5		40	3	7.5
1941	70	31	7	22.6	4.7	39	-	-
1942	98	47	3	6.3	5.3	51	-	-
1943	96	48	6	12.5	6.3	48	3	6.2
1944	86	46	10	21.7	9.0	40	2	5.0
1945	99	48	11	22.9	9.0	51	6	11.8
1946	89	45	6	13.3	8.0	44	-	-
1947	74	34	7	20.6	6.0	40	3	7.5
1948	97	43	4	9.3	8.3	54	4	7.4
1949	98	57	14	24.5	10.0	41	3	7.3
1950	106	50	12	24.0	13.0	56	1	1.8
1951	97	56	13	23.2	14.3	41	2	4.9
1952	117	64	18	28.1	15.3	53	1	1.9
1953	105	47	15	31.9	16.3	58	3	5.2
1954	115	57	16	28.0	14.7	58	3	5.2
1955	99	54	13	24.0		45	-	-
	1533	774	159	20.6		759	34	4.5

Separate figures for the sexes are given and it will be noted, that the general trend for males (Col. 2) shows a tendency to increase whereas that for females (Col.6) scarcely shows any increase.

The 16 year period shows an increase in the number of deaths due to lung cancer (Col. 3) in males and the proportion these deaths bear to the total cancer deaths (Col. 4)

No such Increase is noted amongst women (Col. 7).

Lung Cancer constitutes one fifth of all cancer deaths in the male, whilst it contributes a mere one twenty-second in the female and there is no increase in the deaths from lung cancer in women.

The table below shows the age and sex distribution of the aggregated cancer deaths for the years 1951-55.

CANCER DEATHS 1951-55

<u>Age Groups</u>	<u>Males</u>	<u>Females</u>	<u>Total.</u>
0 - 9	-	1	1
10 - 14	-	-	-
15 - 19	-	-	-
20 - 34	1	4	5
35 - 39	-	6	6
40 - 44	5	9	14
45 - 49	17	8	25
50 - 54	16	12	28
55 - 59	36	25	61
60 - 64	42	39	81
65 - 69	45	39	84
70 - 74	48	40	88
75 and over	67	74	141
	<u>277</u>	<u>257</u>	<u>534</u>

59% of the deaths were aged 65 or over at death

9.5% of the cancer deaths were under 50 years, whilst amongst deaths from all causes 16% were under 50 years.

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

THE PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

In this centenary year of the Public Health Services one is very tempted and indeed justified in looking back and having a quick glimpse at 50 years ago.

The Annual Report of the Medical Officer of Health for Ashton-under-Lyne for the year 1899 can conveniently be carried in the pocket, it has 50 pages - about the same as mine, but at least one half of it is devoted to the control of infectious disease - they called it Zymotic disease in those days.

There were 7 Zymotic diseases; today, two of them (Diphtheria and Smallpox) have virtually been banished, two of them ('fever' and 'diarrhoea') were not diseases in the accepted term and to-day would be more accurately classified. The remaining three are still with us though mere shadows of their former selves (in severity).

In 1899 Dr. Hughes the Medical Officer of Health reported 87 deaths from these seven Zymotic diseases. In this year (1955) I have to report one death only. This fact might suggest therefore that an appropriate sized annotation on the subject of Infectious Disease control might in the year 1955 be limited to a couple of lines, and an acknowledgment of those factors which have resulted in this remarkable saving of life.

My apology for prolonging this section is that whilst mortality in this department has been conquered, morbidity in its milder form remains.

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

The area was free from Smallpox, Typhoid and Para-Typhoid fever and Diphtheria,

There were 69 cases of Scarlet Fever of whom 20 required removal to an infectious diseases hospital.

Dysentery accounted for 122 notifications which is a record high figure; in this connection it must be realised that a large number of these cases had a very trivial illness which was often revealed only after a bacteriological examination of the faeces.

The majority of the cases were in persons under the age of 15 years and one-third were under the age of school attendance.

Day Nurseries often provide that degree of aggregation of young children which is so favourable to the spread of dysentery infections, and during the year the Hurst Day Nursery suffered an outbreak.

Two cases of poliomyelitis were notified, one being non-paralytic and the other being a mild case which resulted in little disability.

With regard to Measles and Whooping Cough, an annual figure of the number of cases notified is of much less value than a quarterly statement over a number of years;

the latter method of presentation, at once brings out the remarkable periodicity, particularly of Measles, the figures for which are shown below quarterly for the last 7 years:-

QUARTERLY NOTIFICATIONS - MEASLES.

	<u>1949.</u>	<u>1950.</u>	<u>1951.</u>	<u>1952.</u>	<u>1953.</u>	<u>1954.</u>	<u>1955.</u>
1st Quarter	346	103	547	34	335	3	898
2nd "	80	85	244	49	79	10	145
3rd "	29	53	11	96	10	22	10
4th "	6	40	53	243	3	147	6
	<u>461</u>	<u>281</u>	<u>855</u>	<u>422</u>	<u>427</u>	<u>182</u>	<u>1059</u>

Whether the higher figures for 1955 (1059) are a reflection of a real increase in the number of cases or whether it is related to a more complete notification by practitioners I should hesitate to say. There were no deaths attributable to Measles in 1955.

In 1899 Measles caused 19 deaths in Ashton though its incidence was not recorded - notification then was not called for.

Whooping Cough was responsible this year for 72 notifications and one death.

Periodicity is detectable in the quarterly figures though to a less degree than in the case of Measles.

QUARTERLY NOTIFICATIONS - WHOOPING COUGH.

	<u>1949.</u>	<u>1950.</u>	<u>1951.</u>	<u>1952.</u>	<u>1953.</u>	<u>1954.</u>	<u>1955.</u>
1st Quarter	23	18	33	84	17	16	16
2nd "	21	47	18	42	55	24	18
3rd "	4	85	7	7	115	18	13
4th "	6	73	30	6	68	39	25
	<u>54</u>	<u>223</u>	<u>88</u>	<u>139</u>	<u>255</u>	<u>97</u>	<u>72</u>

There were 57 notifications of puerperal pyrexia during the year, 53 of these were from the Ashton General Hospital whilst the remaining 4 were from practitioners.

Puerperal pyrexia is of course not a disease, but a rise of temperature. It has been possible from enquiries in the majority of the above cases to determine the number of these notifications which related to conditions of an infectious nature.

Most of the General Hospital notifications were in this category and were due to a low grade infection occurring in the maternity unit. Pemphigus cases also appeared and the Unit was closed down for some time.

It would appear that maternity units are particularly vulnerable to overcrowded conditions, under which the spread of septic conditions of the eyes, umbilicus, and skin of the babies as well as genito-urinary infections amongst the mothers is encouraged.

Prevention should primarily be directed to a strict adherence to a turnover of cases geared to the ward space and staff available and not exceeding it.

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.

	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>
Patients under treatment at January 1st	150	125	207	205	207	159	95	78
New cases admitted during the year	170	208	168	150	125	108	109	101
Total attendance	2976	3954	3378	2268	1268	861	757	925
Patients receiving treatment at the end of the year . . .	125	207	205	207	159	95	78	92
Pathological examinations for V.D. Patients	549	1090	1365	519	435	324	316	530

Of the 101 new cases admitted during the year, 34 were Ashton residents. There were 81 cases found not to be V.D.

TABLE 1

VITAL STATISTICS (REGISTRAR-GENERAL)

Ashton-under-Lyne Municipal Borough Population Mid- Year 1955 51,210	Live Births		Deaths (all causes)		Stillbirths		Maternal Mortality		Infant Mortality			
	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	Total		Neo-Natal	
									No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
Year 1955	724	*14.1	714	*13.9	15	20	NIL	NIL	18	25	10	14
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
1951-1955 Average 5 years	-	14.8	-	13.9	-	25.8	-	NIL	-	35.2	-	24.6

* Adjusted (live birth rate (comparability factor, 1.01) = 14.3 per 1,000.
death rate (comparability factor, 0.97) = 13.5 per 1,000.

BIRTH RATE, DEATH RATE AND INFANTILE MORTALITY.

TABLE II

1930-1955.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
Year	Popu- lation Mid Year Esti- mate	No. of Births	Crude 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	Infan- tile Mor- tality
1930	51,750	739	14.2	642	12.4	43	58)			
1931	51,840	765	14.7	711	13.7	53	69)			
1932	51,040	690	13.5	697	13.3	58	84)	13.5	13.2	69.4
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)			
1936	49,580	612	12.3	724	14.6	38	62)			
1937	48,810	620	12.7	794	16.2	39	62)	12.7	14.7	65.0
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)			
1941	45,950	669	14.5	696	15.1	49	72)			
1942	45,040	687	14.9	632	14.0	27	39)	16.0	15.0	54.0
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)			
1946	46,480	884	19.0	657	14.1	41	46)			
1947	47,160	1,011	21.4	613	12.9	44	43)	18.5	14.3	43.0
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			
1951	45,960	731	15.9	700	15.2	30	41)			
1952	45,720	645	14.1	643	14.1	27	42)	15.12	14.1	37.0
1953	45,230	697	15.41	606	13.4	17	24)			
1954	49,530	735	14.8	660	13.3	32	44			
1955	51,210	724	14.1	714	13.9	18	25			

CAUSES OF DEATH

TABLE III

1955

No.	CAUSE OF DEATH	Male	Female	Total
1.	Tuberculosis (Respiratory)	11	2	13
2.	Tuberculosis (Other)	-	-	-
3.	Syphilitic Disease	1	1	2
4.	Diphtheria	-	-	-
5.	Whooping Cough	1	-	1
6.	Meningococcal Infections	1	-	1
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other Infective and Parasitic Diseases	-	-	-
10.	Malignant Neoplasm (Stomach)	9	11	20
11.	Malignant Neoplasm (Lung Bronchus)	13	-	13
12.	Malignant Neoplasm (Breast)	-	9	9
13.	Malignant Neoplasm (Uterus)	-	4	4
14.	Other Malignant and Lymphatic Neoplasms	31	20	51
15.	Leukaemia, Aleukaemia	1	1	2
16.	Diabetes	1	1	2
17.	Vascular Lesions of Nervous System	43	56	99
18.	Coronary Disease, Angina	48	28	76
19.	Hypertension with Heart Disease	5	12	17
20.	Other Heart Disease	65	86	151
21.	Other Circulatory Disease	8	13	21
22.	Influenza	1	1	2
23.	Pneumonia	22	16	38
24.	Bronchitis	34	25	59
25.	Other Diseases of Respiratory System	6	5	11
26.	Ulcer of Stomach and Duodenum	5	1	6
27.	Gastritis, Enteritis and Diarrhoea	2	2	4
28.	Nephritis and Nephrosis	8	4	12
29.	Hyperplasia of Prostate	-	-	-
30.	Pregnancy, Childbirth, Abortion	-	-	-
31.	Congenital Malformations	2	3	5
32.	Other defined and ill-defined Diseases	24	42	66
33.	Motor Vehicle accidents	4	2	6
34.	All other accidents	11	5	16
35.	Suicide	3	4	7
36.	Homicide and operations of War	-	-	-
Total		360	354	714

TABLE IV

INFANT DEATHS

1955.

CAUSES, SEX AND AGE GROUPS

CAUSE OF DEATH	AGE AT DEATH										TOTALS		
	Under 1 Day		1 Day and less than 7 Days		1 Week & less than 4 Weeks		4 Weeks & less than 6 Months		6 Months less than 12 Months				Both Sexes
	M	F	M	F	M	F	M	F	M	F	M	F	
Tuberculosis of Respiratory System													
Tuberculosis (other forms)													
Diphtheria													
Whooping Cough	-	-	-	-	-	-	-	-	1	-	1	-	1
Meningococcal Infections													
Acute Poliomyelitis													
Measles													
Influenza													
Pneumonia	-	-	-	-	1	-	2	2	-	-	3	2	5
Bronchitis	-	-	-	-	-	-	1	1	-	-	1	1	2
Other Diseases of Respiratory System													
Gastritis, Enteritis and Diarrhoea													
Congenital Malformations	-	-	1	1	-	-	-	-	-	-	1	1	2
Birth Injuries	-	1	2	-	-	-	-	-	-	-	2	1	3
Postnatal Asphyxia and Atelectasis	-	-	2	-	-	-	-	-	-	-	2	-	2
Infection of the newborn													
Other Diseases peculiar to early Infancy (inc. Prems)	-	-	-	2	-	-	-	-	-	-	-	2	2
All Other Causes	-	-	-	-	-	-	-	1	-	-	-	1	1
Total All Causes	-	1	5	3	1	-	3	4	1	-	10	8	18

TUBERCULOSIS - NEW CASES AND DEATHS.

TABLE V

1955.

AGE PERIODS Years.	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	1	1	-	-	-	-	-	-
1 - 5	2	2	-	1	-	-	-	-
5 - 10	1	1	-	-	-	-	-	-
10 - 15	1	1	-	-	-	-	-	-
15 - 20	-	1	-	-	-	-	-	-
20 - 25	4	5	-	-	-	-	-	-
25 - 35	6	5	1	-	2	-	-	-
35 - 45	2	3	-	-	-	1	-	-
45 - 55	4	1	1	1	5	1	-	-
55 - 65	3	1	-	-	4	2	-	-
65 & upwards	5	1	-	-	2	-	-	-
TOTALS	29	22	2	2	13	4	-	-
Case Rate per 1,000	51		4		17		-	
	55				17			
	0.995		0.078		Death Rate per 1,000		.33 -	
	1.07						.33	

TUBERCULOSIS

INCIDENCE AND DEATH-RATES ANNUALLY 1936-1955.

TABLE VI

YEAR	INCIDENCE			DEATHS		
	Case Rate per 1,000			Death Rate per 1,000		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
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
1955	0.99	0.08	1.07	0.33	0.00	0.33
Average for 20 years	1.06	0.36	1.42	0.52	0.09	0.62
Average for first 5 year period 1936 - 1940	0.77	0.49	1.26	0.68	0.11	0.79
Average for last 5 year period 1951 - 1955	1.22	0.26	1.48	0.29	0.03	0.32

CANCER DEATHS

(1951-1954) - 1955.

ACCORDING TO SITE AND SEX

TABLE VII.

		Number of Registered Cancer Deaths			
No. List	Sites	1951 - 1954		1955	
		M.	F.	M.	F.
10	Stomach	53	38	9	11
11	Lung and Bronchus	62	9	13	-
12	Breast	-	33	-	9
13	Uterus	-	23	-	4
14	Other Malignant and Lymphatic Neoplasms	106	103	31	20
15	Leukaemia, etc.	3	4	1	1
	TOTAL	224	210	54	45

NOTIFICATIONS AND AGE GROUP ANALYSIS - INFECTIOUS DISEASES

TABLE VIII.

1955.

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 & Over	Total Deaths	Total Cases Removed to Hospital from the District.
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Scarlet Fever	69	-	1	2	7	8	39	7	3	1	-	1	-	-	20
Whooping Cough	72	13	6	10	12	7	23	1	-	-	-	-	-	-	3
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	122	3	15	6	10	8	30	7	2	20	13	5	3	-	-
Measles	1059	40	104	160	140	188	409	8	4	4	-	2	-	-	12
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post - Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Pneumonia	19	4	1	-	1	-	1	-	-	2	3	3	4	1	5
(Primary & Infl.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	57	-	-	-	-	-	-	-	9	40	8	-	-	-	-
Food Poisoning	8	1	3	-	1	-	2	-	-	-	-	-	1	-	-
Pulmonary Tuberculosis	51	2	1	1	2	-	2	2	1	20	5	9	6	17	1
Non-Pulmonary Tuberculosis	4	-	-	-	-	-	-	-	-	1	-	2	-	-	-
	1470	63	132	180	173	211	507	25	19	90	31	23	16	20	46

INFECTIOUS DISEASES - ANNUAL NOTIFICATIONS

TABLE IX

1930-1955

Year	Smallpox	Typhoid Fever	Paratyphoid Fever	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 influenza)	Puerperal Pyrexia	Food Poisoning	Pulmonary Tuberculosis	Non-pulmonary Tuberculosis	Total
1930	99	3	-	-	359	-	36	25	3	-	-	-	-	-	-	61	2	-	56	21	666
1931	1	-	-	3	201	-	13	16	3	-	-	-	-	-	-	89	4	-	52	38	421
1932	-	1	-	2	163	-	22	18	-	-	-	-	-	-	-	99	4	-	42	20	371
1933	-	-	-	-	73	-	16	22	3	-	-	-	-	-	-	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
1955	-	-	-	2	69	72	-	5	-	122	1059	1	1	-	-	19	57	8	51	4	1470

GENERAL PROVISION OF HEALTH SERVICES

IN THE AREA

1 - 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.

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 resume 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
	Clinic 6:	Richmond House, Richmond Street,	Fridays, 2 p.m.
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.
Orthopaedic.	Chiropody.

3. SCHOOL NURSES

Mrs. V.S. Arnold: Mrs. C. Mason:

4. MIDWIVES

The following are the names and addresses of the Midwives practising in Ashton-under-Lyne as at 31st December, 1955:-

Mrs. B. J. Egerton, 57, Ladbrooke Road.	Tel. No. ASHTon 2063
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
Miss E. Williamson, 21, Holden Street.	Tel. No. ASHTon 4182

5. HEALTH VISITORS

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

Nurse Chamberlain: Nurse Weir: Nurse Cleary: Nurse Edwards:

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 1955.

The provision of a slaughterhouse at Conduit Street proceeded apace and was nearing completion at the end of the year. The slaughterhouse will be of modern design, full use being made of the most up-to-date mechanical appliances. It is designed to cope with an output of many hundreds of pigs per week and there is no doubt when operations commence, it will require the services of at least one meat inspector full time. Although the slaughterhouse is privately owned it is intended that pigs from other sources may be slaughtered there, subject of course to arrangement with the proprietors.

Much progress has been made regarding the amendment of the law regarding atmospheric pollution and additional responsibilities will devolve upon the Council in this regard in the near future.

During the year, 18 Certificates of Disrepair were granted by the Council and of these, 9 were revoked, consequent upon the necessary works being carried out by the owners.

In addition, a Certificate under the Rent and Mortgage Restrictions Act which was issued in 1951 by the Limehurst Rural District Council before the dissolution of that Authority, was cancelled, the works being carried out during the year.

The provision of a new incinerator was considered and it was decided that the provision of a plant of this nature was essential and should be treated as a matter of some urgency. This is necessary, in particular to ensure the proper destruction of meat and other foods found to be unfit for human consumption, and in my view such provision should be proceeded with without undue delay.

During the year, progress was made in connection with the first part of the Council's slum clearance programme; 168 houses were represented to the Committee; 141 houses being dealt with by way of Compulsory Purchase Orders and 27 houses included in Clearance Areas, and at the end of the year, substantial progress had been made.

In addition, the Council dealt with 7 individually unfit houses - 6 demolition orders were made and one undertaking not to re-let for human habitation was given by the owners.

Much of the time of your officers was spent in the administration of the Contagious Diseases of Animals Acts.

There was one prosecution under the Public Health Act regarding the repair of property, the Magistrates making an order for the work to be done within a period of six weeks.

The Health Committee has from time to time given consideration to the provision of additional public conveniences in the Borough, especially in the Guide Bridge area, but at the end of the year, the matter was still under consideration, but it is hoped that real progress will be made in 1956.

The number of Lavatory Attendants is insufficient to give full-time supervision and during the year, the attention of the Health Committee was drawn to the wilful damage being done to the fittings at these conveniences. I regret to report that much damage is still being done, this is costing the Corporation a considerable amount of money, and results in much inconvenience to the public. The only solution to the problem appears to be the appointment of additional attendants, so that all the conveniences can be staffed during the hours of opening. At the present time the staff consists of six males and six females for the seven conveniences at which provision has been made for resident attendants (three male and four female) Two of the 6 male attendants are employed visiting and cleaning the other conveniences for males situate in various parts of the town.

There were again a number of changes in the personnel of the department. Miss S. Benstead resigned her appointment in June and Miss E.V. Schofield commenced duty at the end of October, 1955.

Mr. G. Brownsword, one of the Additional Sanitary Inspectors, left the service of the Corporation in 1955, and towards the end of the year, Mr. C.R. Langdon intimated his intention to resign his appointment as Deputy Chief Sanitary Inspector to the Corporation. For some time past the shortage of Additional Sanitary Inspectors has been acute in the Department. During part of 1955 there were only two in the Department and by the end of October this had been reduced to one. It should be appreciated, under these circumstances, that much of the day-to-day work has to be neglected and efforts concentrated on the more important jobs, as they arise, and many of the matters, including the inspection of food shops, cannot under present conditions receive the attention it is imperative they should have.

With the coming into operation of the new slaughterhouse, it is anticipated that the position will not improve. Even with a full staff, the establishment is by no means excessive, and in my view, every effort should be made to fill the vacancies now existing, if the duties imposed on the Department by statute are to be carried out in a proper and efficient manner. There have been, for the past few years frequent changes in the staff, especially with regard to your Additional Sanitary Inspectors and these frequent changes are not, in my opinion, conducive to efficiency.

In these circumstances, I desire especially to tender my thanks to all the members of the staff for their very willing and whole-hearted co-operation in the work of the Department. Special appreciation is due to Mr. Houldsworth, your Deputy Chief Sanitary Inspector. He has shown himself to be a very willing and able officer. I am very pleased to put on record my high regard for his work. He has spared no effort, both in and out of office hours, to ensure the success of the Department.

I am, Ladies and Gentlemen,

Your obedient servant,

C. SYKES HANDFORTH.

Chief Sanitary Inspector.

ENVIRONMENTAL HEALTH SERVICES

EMBODYING THE REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1955.

HOUSING STATISTICS

	Houses	Flats
Number of Houses erected during the year:-		
(i) By the Local Authority	18	NIL
(ii) By other Local Authorities	NIL	NIL
(iii) By other Bodies or Persons	62	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)	4062
(b) Number of inspections made for the purpose	5591
(2) Dwelling-houses unfit for human habitation and not capable at reasonable expenses of being rendered fit	
(a) No. found during the year	10
(b) No. at end of year	6
(3) No. of Dwelling-houses found during the year to be not in all respects reasonably fit for human habitation but capable of being rendered fit	701

2. Clearance Areas (Housing Act 1936, and Housing Repairs and Rents Act, 1954) :-

(1) No. of Dwelling-houses demolished during the year:	
(a) Unfit houses	NIL
(b) Other houses	NIL
(2) No. of persons displaced	NIL

3. Houses not included in Clearance Areas:-

	No. of	
	Houses	Persons Displaced
(1) Houses demolished or closed during year:		
(a) Housing Act 1936:-		
(i) Demolished as a result of formal or informal procedure (Section 11)	5	4
(ii) Closed in pursuance of an undertaking given by owners under Section 11 and still in force	1	2
(iii) Parts of buildings closed (Section 12)	-	-
(b) Housing Act 1949:-		
(i) Closed as a result of closing orders under Section 3 (1) and 3 (2)	-	-
(c) Local Government (Miscellaneous Provisions) Act, 1953.		
(i) Closed as a result of closing orders under Sections 10 (1) and 11 (2)	-	-

(2) Repairs during the year:

No. of
Houses.

(a) Unfit houses rendered fit and houses in which defects were remedied during the period as a result of informal action by the local authority under the Housing and Public Health Acts	232
(b) Public Health Acts - action after service of formal notice - Houses in which defects were remedied -	
(i) By owners	15
(ii) By local authority in default of owners	-
(c) Housing Act 1936 - action after service of formal notice (Sections 9, 10, 11 and 16) Houses made fit, -	
(i) By owners	-
(ii) By local authority in default of owners	-
(d) Housing Repairs and Rents Act, 1954	
Houses reconstructed, enlarged or improved, and Demolition Orders revoked (Section 5)	-

4. Unfit houses in temporary use (Housing Repairs and Rents Act 1954).

(1) No. of houses at end of year retained for temporary accommodation and approved for grant under Section 7	11
(2) No. of separate dwellings contained in (1) above	-
(3) No. of houses at end of year licensed for temporary occupation (Section 6)	-

5. Housing Act, 1949 - Improvement Grants, etc.:-

Action during year:	Private bodies or Individuals		Local Authority	
	No. of Schemes	No. of dwelling houses or other bdgs. affected	No. of Schemes	No. of dwelling houses or other bdgs. affected.
(a) Submitted by private individuals to local authority	28	28	-	-
(b) Submitted by local authority to Ministry	-	-	-	-
(c) Finally approved by Ministry	-	-	-	-
(d) Work completed	9	9	-	-
(e) Additional separate dwellings included in (d) above	-	-	-	-

(f) Any other action taken under the Act.

NIL

SANITARY IMPROVEMENTS

During the year, 28 applications were received for improvement grants under the Housing Act 1949, and in 9 cases, the work had been completed at the end of the year.

The alteration of premises into a private slaughterhouse in Conduit Street commenced during the year. When completed this will be on modern lines, with the latest mechanical appliances, and will deal with the slaughtering of pigs only. It will be capable of dealing with 3,000 - 4,000 pigs per week.

Provision is being made for pinning pens, electrical stunners, proper bleeding troughs, mechanical scrapers, detention rooms and offices, all of the most up-to-date type. I understand it is highly probable that extensions will be made for bacon and ham curing. In connection with this slaughterhouse, it is intended to provide for the making of sausage, savouries, meats etc. There is no doubt when the premises are completed, they will be very satisfactory and from the Public Health point of view, the slaughterings etc. will be carried out under the most hygienic conditions.

The conversion of waste-water closets into fresh-water closets continued during the year. This is the ninth year the scheme has been in operation and the number dealt with during 1955 was 175. Up-to-date, 946 waste-water closets have been abolished.

SMOKE ABATEMENT

The question of atmospheric pollution is due to receive increased attention during the next few years. Although there is a great deal to be said for legal action, I think much more can be done by personal contact with the people concerned, and the suggestion put forward from time to time that classes should be held for stokers, is an admirable one. This would increase their interest in smoke abatement work and would, in my view, lead to more efficiency in fuel consumption, as well as reducing the output of smoke.

SUMMARY OF OBSERVATIONS FOR THE YEAR 1955
MONTHLY DEPOSIT RECORDED BY THE DEPOSIT GAUGE AND SULPHUR DIOXIDE BY THE LEAD PEROXIDE METHOD

Month	Grasmere, Stockport Road.					Hartshead Pike					Lord Street					Jubilee Dingle					Limehurst							
	R (ins)	ID	SD	TSD	S02	R (ins)	ID	SD	TSD	S02	R (ins)	ID	SD	TSD	S02	R (ins)	ID	SD	TSD	S02	R (ins)	ID	SD	TSD	S02			
January	1.97	12.68	4.53	17.21	2.51	1.58	4.91	3.90	8.81	2.90	BOTTLE BROKEN BY FROST					4.05	BOTTLE BROKEN BY FROST					3.20					3.50	
February	BOTTLE BROKEN BY FROST					2.92	BOTTLE BROKEN BY FROST					2.14	BOTTLE BROKEN BY FROST					5.53	1.62	8.66	5.17	13.83	2.98					3.11
March	CONTENTS INTERFERED WITH					2.83	1.89	3.59	5.51	9.10	2.74	1.93	9.80	7.18	16.98	4.39	2.09	11.46	5.76	17.24	2.89					2.91		
April	1.85	14.47	5.88	20.35	2.24	CONTENTS INTERFERED WITH					2.75	1.81	11.96	5.35	17.31	2.77	1.58	8.16	4.66	12.82	2.46					2.50		
May	3.55	10.86	3.59	14.45	1.72	3.35	6.41	3.59	10.00	1.95	3.78	11.56	7.23	18.79	2.23	3.78	8.80	5.36	14.16	1.77					1.87			
June	2.68	11.22	5.77	16.99	1.35	3.11	6.54	6.68	13.22	1.58	2.80	12.78	7.13	19.91	1.69	2.84	13.18	4.26	17.44	1.18					1.53			
July	1.01	11.9	4.2	16.1	1.2	1.01	4.5	3.6	8.1	1.6	1.0	12.4	5.0	17.4	1.5	1.01	8.6	3.3	11.9	1.1					1.1			
August	0.71	8.4	2.8	11.2	0.8	0.62	5.8	2.2	8.0	1.3	0.62	3.8	4.0	7.8	1.1	0.71	9.6	4.1	13.7	0.9					1.0			
September	2.23	13.4	6.9	20.3	1.4	2.02	5.5	4.6	10.1	1.4	2.14	31.5	11.4	42.9	2.0	2.5	9.1	5.2	14.3	1.8					1.7			
October	2.1	10.3	7.6	17.9	2.0	1.75	4.0	5.6	9.6	2.7	2.14	12.9	9.9	22.8	3.3	2.23	7.5	6.1	13.6	2.5					2.3			
November	1.63	9.1	3.7	12.8	2.6	1.63	2.4	3.9	6.3	3.5	1.71	19.6	7.5	27.1	4.2	1.6	5.0	2.5	7.5	3.6					3.7			
December						NO RESULTS AVAILABLE					AVAILABLE																	

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

R Rainfall, ——— in inches 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.

S02 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."

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

THE MILK AND DAIRIES REGULATIONS, 1949

No. of registered distributors operating from:-

(a) Dairies in the district	....	....	....	3
(b) Dairy farms in the district	....	....	....	19
(c) Shops in the district other than dairies	....	....	....	257
(d) Premises outside the district	....	....	....	14

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949

No. of dealer's licences (including supplementary licences)
issued by the local authority during 1955 in respect of:-

"Tuberculin Tested" Milk	13
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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	....	....	....	105
(b) "Sterilised" Milk	....	....	....	285

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

RAW MILK

	Number of Samples	Number Negative	Number Positive
Tuberculosis -			
(1) Biological tests	6	6	-
	Number of Samples	Number Satis- factory	Number Unsatis- factory
(2) Methylene Blue Test	6	5	1
(3) Phosphatase Test	6	6	-

				Number of Samples	Number satis- factory	Number unsatis- factory
<u>"Heat Treated" Milk</u>						
<u>"Pasteurised" -</u>						
(1)	Phosphatase Test	....	....	101	101	-
(2)	Methylene Blue Test	...	....	97	96	1
<u>"Sterilised" -</u>						
(3)	Turbidity Test	.....	....	3	3	-

ICE CREAM

33 samples of ice cream were forwarded for methylene blue test and were reported upon as follows:-

Grade 1	....	....	....	....	23
Grade 2	....	....	....	....	4
Grade 3	....	....	....	....	3
Grade 4	....	....	....	....	3

5 samples of ice cream were forwarded for bacteriological examination. All were satisfactory. 10 lollipops were forwarded for examination - all satisfactory.

FOOD AND DRUGS ACTS

During the year under review 40 samples were taken and submitted to the Public Analyst for examination. The details of these samples are as follows:-

Milk	.....	31
Sausages	.....	7
Dried Milk	.....	2

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	Pork Sausage	Contains 141 parts per mill. of undeclared sulphur dioxide preservative.	Formal Sample (No notice displayed) warning)
3	Pork Sausage	Deficient in meat content to the extent of 16.9%	Prosecution - vendor fined £5
4	Pork Sausage	Deficient in meat content to the extent of 23.0%	Prosecution - vendor fined £5
9	Milk	Deficient in fat to the extent of 46.3%	Formal Sample
15	Milk	Naturally deficient in milk fat to the extent of 33.3%	Formal Sample

"Appeal to Cow"

Re. Sample No. 9.

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.

742 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 1955.

	T.	C.	Q.	Lbs.
Tinned Goods	1	8	1	26
Beef	-	1	3	4
Lamb, Mutton	-	1	0	15
Tripes, offal	-	5	0	10
Sausage, Sausage Meat	-	-	2	18
Bacon, Ham	-	-	2	5
Tomatoes	-	-	1	26
Cake etc.	-	-	2	0
Cooked Meats	-	-	-	6
Cheese, etc.	-	-	-	13
Fish cakes	-	-	-	15
Miscellaneous	-	-	-	7
	1	19	0	5

Meat Pies, Sausage Rolls etc.

47 dozen Sausage Rolls
 1 dozen Cornish Pasties
 11 x 4 oz. Chicklettes
 7 x 16 oz. Meat Pies
 11 x 5 oz. Meat Pies
 6 x 3 oz. Meat Pies

Shell Eggs

70 dozen eggs

RAT REPRESSION

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Totals of Cols. (1) (2) & (3)	
1. Number of properties in Local Authority's District	46	16,979	3,925	20,950	35
2. Number of properties inspected as a result of:-					
(a) Notification	13	367	105	485	-
(b) Survey under the Act	33	2724	905	3830	-
(c) Otherwise (e.g. when visited primarily for some other purpose)	-	4299	1021	5320	-
3. Total inspections carried out including re-inspections	363	10,864	2,988	14,215	-
4. Number of properties inspected (in Section 11) which were found to be infested by:-					
(a) Rats. Major	-	-	-	-	-
Minor	4	154	32	190	-
(b) Mice Major	-	-	-	-	-
Minor	6	133	51	190	-
5. Number of infested properties (in Section 4) treated by L.A.	2	271	69	342	-
6. Total treatments carried out - including re-treatments	10	287	82	379	-
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 one outbreak of Swine Fever was confirmed, 93 pigs being involved in this outbreak. In addition one outbreak of Fowl Pest under the Fowl Pest Orders 1936 and 1947 was confirmed by the Ministry. 243 movement licences were issued under the Swine Fever (Infected Districts) Order 1955.

DISINFESTATION

During the year 2 Council houses and 20 privately owned houses and properties were fumigated. Liquid and powder spraying by both manual and mechanical appliances were employed. Zaldecide and Gammexene insecticides gave excellent results.

SCABIES

There were no patients treated for Scabies during 1955.

W A T E R S U P P L Y

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:-

(a) RAW WATER		Number	Results
Bacteriological Examinations	.....	7	Satisfactory
Chemical analyses	.....	-
(b) WATER GOING INTO SUPPLY WHERE			
TREATMENT IS INSTALLED			
Bacteriological examinations	.....	32	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 (100 ft. x 40 ft - 120,000 gals.).
- 35 Private Slipper Baths (22 Gents' and 13 Ladies')
- 3 Zotofoam Baths

The swimming bath water is purified by "Beils" 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 alkalininity 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 the year 1955 were as follows:-

Swimming Baths	....	....	....	80,556
Private Slipper Baths	....	....	....	37,147
Zotofoam Sweating Bath	....	....	....	1,923
Total	....	....	....	<u>119,626</u>

The new wash-house was opened in 1954 and is now running to full capacity.

There are six End Loading Wash Machines taking 26 lbs of washing, also three Self Balancing Hydro's for drying.

Each woman is allocated her own machine, along with a deep sink with unlimited hot water for woollens, etc.

I am indebted to Mr. W. H. Volium, 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 1955.

Number of inspections (including housing) made by Sanitary Inspectors	.....	.....	.....	7633
Number of nuisances abated	.....	.....	.....	831
Number of visits to houses-let-in-lodgings, furnished rooms and dwelling-vans			.....	53
Number of visits to dairies and milk-shops			.....	74
Number of visits to bakehouses		.....	.....	64
Number of visits to food stores and food preparing premises		.....	.....	604
Number of visits to fish-friers		.....	.....	32
Number of visits to ice cream premises	.....		.....	86
Number of visits to factories and workshops			.....	266
Number of visits to offensive trade premises			.....	6
Number of visits re-rat infestations	.....		.....	14,215
Number of samples taken under the Food and Drugs Act	...			40

NATIONAL ASSISTANCE ACT, 1948.

In pursuance of the provisions of the above Act, 2 adults were interred during 1955, 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	17	-	-
Factories without Mechanical Power	251	6	-
Other Premises under the Act (including works of Building and Engineering Construction but not including outworkers' premises)	1	-	-
Total	269	6	-

2. DEFECTS FOUND.

Particulars (1)	Number of Defects			Number of defects in respect of which Prose- cutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Want of Cleanliness (S. 1)	5	5	-	-
Overcrowding (S. 2)	-	-	-	-
Unreasonable Temperature (S. 3)	-	-	-	-
Inadequate Ventilation (S. 4)	-	-	-	-
Ineffective Drainage of Floors (S. 6)	-	-	-	-
Sanitary Conveniences (S. 7) { insufficient	3	3	-	-
{ Unsuitable or Defective	11	11	-	-
{ Not Separate for Sexes	-	-	-	-
Other Offences	1	1	-	-
(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	18	18	-	-

REPORT OF THE

GENERAL INFORMATION			
Name of Institution			
Address			
City			
State			
Date			
Name of Student			
Class			
Subject			
Title of Paper			
Abstract			
Introduction			
Literature Review			
Methodology			
Results			
Discussion			
Conclusion			
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