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Contributors

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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

Annual Report

of the

Medical Officer of Health

For the Year 1956

Borough of Ashton-under-Lyne 1956

PUBLIC HEALTH COMMITTEE

(As at 31st December, 1956)

Chairman: Alderman W. H. Flowers, M.B.E., M.M. Deputy Chairman: Councillor Leonard Hibbert.

Members:

His Worshipful the Mayor, Councillor J. Howarth, J.P.

Alderman Alfred Gantley, J.P.

Alderman T. Meredith.

Councillor R. G. Fish, C.C.

Councillor Margaret Forbes.

Councillor J. Holland.

Councillor Herbert Holme.

Councillor A. A. Hughes.

Councillor J. A. Marsh.

Councillor S. A. Sidebottom.

Councillor W. T. Smith.

Councillor W. P. Somerville.

Councillor K. J. Tetley.

Councillor L. Tighe.

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. (Resigned 31st January, 1956.)
- H. Houldsworth, M.S.I.A., C.S.I.B., Deputy Chief Sanitary Inspector, Inspector of Meat and Other Foods.
- H. B. Bell, M.S.I.A., C.S.I.B., Additional Sanitary Inspector, Inspector of Meat and Other Foods. (Commenced 20th February, 1956.)
- J. B. Williams, M.S.I.A., C.S.I.B., Additional Sanitary Inspector, Inspector of Meat and Other Foods. (Commenced 1st March, 1956. Resigned 6th October, 1956.)

CLERKS

E. Waddington, A. Hartley, M. Aspinall, N. H. Kelly, E. V. Schofield.

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 1956.

The vital statistics for the year continue to be good reading and support the fact that in relation to mortality and infectious disease the area is healthy.

The subject of mortality has again been elaborated because profound changes are taking place over the years in relation to the age and sex at which deaths are taking place and that weatherworn statistic the death rate is quite impotent in portraying them.

A closer study of age and sex distribution of the deaths, particularly in relation to those causes of death which are on the increase, brings to light the remarkable resistance of the female to these conditions.

In fact the differential mortality of the sexes shown in a table of the report will, in the not too distant future, considerably alter the present ratio of males to females at ages over 65.

The ratio at the 1951 census was 10.3% males and 13.7% females (over 65 years).

A table in the report shows what diseases are hitting hardest during the active life period of men and women.

Tuberculosis continues to decline in incidence and mortality.

The year was an exceptionally good one in regard to freedom from serious infectious disease.

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 Public Health 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-1956	_	-	51,610
Number of inhabited houses:			
At Census, 1931			13,071
Estimated at end of 1956			17,595
General rate for 1956		(in the £)	16/6d.
Rateable Value			£530,996
Sum represented by a 1d. rate			£2,091

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 - 51,610.	Reg	istrar-C	Genera	l's estimate, mid-1	956,
	Male	Female	Total		
Live Births—				Birth-rate per 1,000	
Legitimate		343			
Illegitimate	14	22	36	1 1	
T-4-1	420	265	704	1956—	15 4
Total	429	365	794	Crude	
				Adjusted	10.0
Stillbirths-				Rate per 1,000 total	
Legitimate	7	17	24		
Illegitimate	7 2	-	2	births	32
Total	9	17	26		
Deaths	382	356	738	Death-rate per	
Deaths	302	330	700	1,000 estimated	
				civilian popula-	
				tion mid-1956—	
				Crude	14.3
				Adjusted	15.0
Maternal Mortality—					2711
				and abortion	
				and stillbirths)	NII.
Death-rate of Infants				age—	28
				ate live births	
				mate live births	
Neo Mortality—					
Deaths of infant	s unde	r 4 wee	eks of	age	16
Mortality rate pe	er 1,00	0 live h	oirths		20
DEATH	IS FRO	OM SP	ECIF	IC CAUSES	
(a) From Measl	es (all	ages) .			Nil.
(b) From Whoo	ping (Cough (all ag	es)	Nil.
(c) From Diarri	hoea, (astritis	s and	Enteritis	1
(d) From Dipht	heria (all age	s)		Nil.
(e) From Cance	r (all a	iges)			116
(f) From Tuber	icie de	s (all fo	orms)	0.19	11
I IIII I	1212 AC	atti I att		0.19	

COMMENTS ON THE VITAL STATISTICS 1956

Deaths and Death-Rate

In 1956 there were 738 deaths giving a crude death rate of 14.3 per 1,000 of the population. Reference to Table II will show that this rate whilst fluctuating slightly from year to year, has shown no substantial change over the last 10 years. The last two quinquennial averages being 14.3 and 14.1.

The adjusted rate for 1956 is 15.0.

This year deaths were analysed locally although the Registrar General supplies me with a break-down of the deaths by sex and group cause of death.

Our local, and therefore unofficial, records varied very slightly from the Registrar General's, our overall number being 734. Using the latter figure the following table shows where the death occurred, viz.: hospital, home, or elsewhere.

PLACE OF DEATH

	M	F	Total	% At home, hospital or elsewhere
Home	 256	225	481	65%
Hospital	 109	118	227	31%
Elsewhere	 14	12	26	4 %
	379	355	734	

Approximately one-third of all deaths occur in hospital.

The following table analyses the age and sex distribution of the deaths occurring in the Borough during 1956.

AGE AND SEX ANALYSIS - DEATHS 1956

AGE		MALES			FEMALES	
	No.	Cumula- tive % up to age stated	Cumula- tive % after age stated	No.	Cumula- tive % up to age stated	Cumula- tive % after age stated
0	13	3.4	96-6	12	3.4	96.6
15	0	3.4	96-6	1	3.7	96.3
20-	1	3.7	96.3	1	4.0	96.0
25—	2	4.2	95.8	1	4.2	95.8
30—	4	5.3	94 - 7	2	4.8	95.2
35—	9	7.7	92.3	2 3 3 7	5.6	94 · 4
40	9 5	9.2	90.8	3	6.5	93.5
45—	16	13.2	86.8	7	8.4	91.6
50-	26	20	80	13	12.2	87.8
55	29	28	72	15	16.3	83 - 7
60	42	39	61	35	26.2	73 - 8
65-	50	52	48	30	34.6	65 - 4
70-	65	69	31	63	52.5	47.5
75	52	83	17	64	70	30
80	38	93	7	63	88	12
85—	27	100	DESCRIPTION OF THE PARTY OF THE	42	100	
	379			355		

This table brings out the strikingly different pattern between male and female mortality, e.g., the percentage of the total deaths which had occurred before the age of 65 years was 52 in the case of males, but only 34.6 in the case of females.

Relatively more women are reaching the higher age groups than men and undoubtedly two of the main causes for this higher male mortality in the working life period are—cancer of the lung and coronary thrombosis. As pointed out in last year's report the sex ratio in respect to deaths from these two conditions over a five year period (1951–55) was 8.3:1 and 1.5:1 respectively, loaded against the male.

This year out of 24 deaths from cancer of the lung, only two were females.

The following table shows the age and sex distribution of the 1956 deaths from coronary disease.

Age Group	M	F
35—	1	-
45—	4	_
50-	5	2
55	9	2
60—	3	2
65	7	5
70—	15	10
75—	7	9
80—	2	6
85	2	3

That 19 out of 55 male deaths from coronary disease had taken place before the age of 60 years is a matter of the utmost concern and calls for investigation of the problem from every angle particularly epidemiological.

In the case of cancer of the lung, the number of male deaths taking place during the last 5 years ending in 1956, was 18, 15, 16, 13 and 22.

The fact that the risks of contracting this condition are in direct ratio to the quantity of cigarettes smoked over the years prior to death is sufficient evidence to support a propaganda campaign against cigarette smoking and this is being undertaken.

Last year I pointed out the inadequacy of the death rate in providing us with any information as to the changes which are at present taking place in mortality, particularly as they affect ages at death and sex, and the application of the method for estimating loss of effective life years was illustrated for two specific group causes of death.

This year I have drawn up a table covering all the 36 group causes of death.

The table set out below shows in columns (2) and (4) the number of deaths attributed to the specific groups for males and females respectively. Columns (3) and (5a) show the cumulative loss of effective life years between the age of one year and 65 years in the case of males and females respectively, and column (5) between 1 year and 60 years in the case of females, *i.e.*, each figure in columns (3) and (5a) is the sum of (65 - x) where x = age at death and each figure in column (5) is the sum of (60 - x) for females.

LOCAL ANALYSIS OF ANNUAL DEATHS 1956

		Mai	LES	F	EMALES	
			Loss of effective life years		Loss of e	effective years
		Number	Ceiling	Number	Ceiling 60	Age 65
Group Cause (1)		to Group	Age 65 years (3)	to Group	years (5)	years (5a)
1. Respiratory T.B		7	114	6	47	61
2. Non-Resp. T.B		0	0	2	6	11
3. Syphilitic Disease		4	37	2	2	12
7. Poliomyelitis		1	35	0	0	0
10. Cancer—Stomach		16	68	12	6	17
11. ,, —Lung	***	23	183	2	0	5
12. ,, —Breast		0	0	8	34	52
13 —Uterus		0	0	4	36	52
14 —Other		26	72	22	81	120
15. Leukaemia, Aleukaemia		2	99	1	0	1
16. Diabetes		1	0	5	0	0
17. Vascular disease C.N.S.		61	120	58	148	191
18. Coronary disease		55	245	39	24	50
19. Hypertension with hea	rt					
disease		7	16	8	0	4
20. Other Heart disease		55	125	89	36	72
21. Other Circulatory diseases		2	15	9	0	0
22. Influenza		1	17	3	0	1
23. Pneumonia		13	29	13	45	65
24. Bronchitis		39	111	17	5	18
25. Other Respiratory diseases		3	41	2	0	0
26. Gastric Ulcer and Duodenn	ım	8	39	1	0	0
28. Nephritis and Nephrosis		0	0	2	0	0
29. Hyperplasia of Prostate		5	0	0	0	0
31. Congenital Malformations		3	0	3	0	0
32. Other defined and ill-define						
diseases		26	92	39	113	168
33. Motor accidents		4	60	1	0	0
34. Other accidents		12	82	6	14	21
35. Suicide		5	46	1	0	5
		379	1646	355	597	926

Our legislation governing retirement still appears to consider that males should retire at 65 and females at 60.

If we sum the total loss of effective life for males and females, we find that the loss of effective life for males is 1,646 years whilst for females it is 597 years, or only approximately one-third of the male.

No doubt using the 60 year ceiling in the latter case will account for some of this difference, but the greater longevity and lower mortality of the female will contribute as well.

If we use the same ceiling for both sexes, viz.: 65 years, the figures for male and female are 1,646 and 926 years lost respectively—a 44% reduction for females.

This method of allocating to each of the group causes of death an index figure which in its composition gives due weight not only to the number of persons dying from the group condition but their ages, where these are below retiring age, is surely our best means of determining the relative seriousness of each of the group causes and the priorities of preventive action (if possible).

Reference to this table shows that six group causes have an index over 100 years for males, viz.:—

Coronary disease	245	years.
Cancer—Lung and Bronchus	183	,,
Other heart disease	125	,,
Vascular disease of C.N.S	120	,,
Pulmonary Tuberculosis	114	,,
Bronchitis		,,

This analytical method brings into sharp focus the importance of coronary disease in males as the greatest disease problem (numerically) in man's working life—the female figures are only one-tenth of the males.

The table shows that there are only two group causes in women contributing a greater loss of life than 100 years, viz.:—

Vascular	disease	s of th	e cent	ral	nervous	
syste	em					148
		— an	id —			
Other d					defined	112

In the case of males, if we unite motor accidents and other accidents we arrive at the following trio of group causes of death which head the list in the order shown of our most lethal conditions.

- 1. Coronary disease;
- 2. Cancer of lung and bronchus;
- 3. Accidents-motor vehicle or other.

This analysis surely calls for all the energies of our health departments to be directed towards combating (and this term includes investigating) the things which matter.

TUBERCULOSIS

Table VI shows the incidence and death rates for pulmonary and non-pulmonary tuberculosis for the years 1937 to 1956.

It will be noted that new low records have been achieved for incidence in both pulmonary and non-pulmonary with figures of 0.6 and 0.05 respectively, both being the lowest incidence recorded in the Borough.

One trusts that notification by the hospital and practitioners is complete.

The state of the Tuberculosis Register on 31st December, 1956, was as follows:—

1	Respirat	ory	No	on-respi	ratory	1	Tota spirator on-respir	y and
M	F	Total	M	F	Total	M	F	Total
197	127	324	21	30	51	218	157	375

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.

Canara	1 Hou	oin <i>a</i>			Сн	HLDR	EN			No. of	Total number of children	
Genera Sta	ndard		0	1	2	3	4	5	6	Patients		
Good			110	60	22	5				197	119	
Fair	***		51	22	19	7	8			107	113	
Bad			15	5	6	3	2	2	1	34	.50	
										338	282	

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 5 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
1956	16	8
TOTAL	79	49

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

CANCER DEATHS

The table below shows the age and sex distribution of all cancer deaths for the years 1951–56 inclusive.

Cancer Deaths 1951-1956

Age Groups	Males	Females	Total
0— 9	_	1	1
10—14	_	_	
15—19	-	_	_
20—34	1	6	7
35—39	2	7	9
40—44	6	10	16
45—49	19	9	28
50—54	24	16	40
55—59	46	29	75
60—64	52	48	100
65—69	58	44	102
70—74	54	51	105
75 and over	80	84	164
Totals	342	305	647

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

If the notification rate gives a true picture of the incidence rate, the year 1956 has been an exceptionally healthy year as regards infectious disease.

The year 1955 produced 1,470 notifications and 1956 only 290, a reduction of 80%.

The major factor in this reduction was the absence of measles this year—1,059 in 1955, 21 in 1956. The two year cycle of this disease is very apparent.

Other reductions were reflected by a lower incidence in scarlet fever, dysentery and puerperal pyrexia.

The classical infections like smallpox, typhoid fever and diphtheria were all absent.

Diseases are, however, changing and virus infections are occurring from time to time and the very prevalent staphylococcus does most damage in maternity units where smouldering outbreaks of such conditions as discharging eyes, discharging umbilicus and septic spots affect many of the babies born in maternity units.

Paralytic poliomyelitis was notified on 3 occasions, one case being in the 2–3 age group whilst the other two were in the 20-35 age group, a fact to be noted in considering the age range which is being offered and is accepting inoculation against this disease.

There were 7 cases of lymphocytic meningitis reported under the title of "non-paralytic poliomyelitis" a dogmatic title, insufficiently supported by pathological or clinical evidence.

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 8 years:—

Quarterly Notifications-Measles

1st quarter 2nd quarter 3rd quarter 4th quarter	346 80 29	103 85 53	547 244 11	34 49 96	335 79 10	3 10 22	145 10	8 9 1
	461	281	855	422	427	182	1059	21

Quarterly Notifications-Whooping Cough

	1949	1950	1951	1952	1953	1954	1955	1956
1st quarter					17			-
2nd quarter								
3rd quarter	4	85	7	7	115	18	13	18
4th quarter	6	73	30	6	68	39	25	26
	54	223	88	139	255	97	72	95

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	1955	1956
Patients under treatment at January 1st		125	207	205	207	159	95	78	92
New cases admitted during the year	170	208	168	150	125	108	109	101	110
Total attendance	2976	3954	3378	2268	1268	861	757	925	1151
Patients receiving treat- ment at the end of the	10=	0.07	00=	207	150	0.5	70	0.0	101
year	125	207	205	207	159	95	78	92	121
Pathological examinations for V.D. Patients	549	1090	1365	519	435	324	316	530	362

Of the 110 new cases admitted during the year, 31 were Ashton residents. There were 92 cases found not to be V.D.

TABLE I
VITAL STATISTICS (Registrar-General)

										Infant Mortality	lortality	
Ashton-u-Lyne	Live births	births	Deaths (all causes)	Deaths Il causes	Stillbirths	irths	Maternal	rnal	To	Total	Neo-	Neo-natal
Municipal Borough Population Mid- Year, 1956 51,610	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
	794	*15.4	738	*14.3	26	32	Nil	Nii	22	28	16	20
1 :	724	14.1	714	13.9	15	20	NEI	NII	18	25	10	14
1	735	14.8	980	13.3	18	24	Nil	NIII	32	44	21	29
-	697	15-41	909	13.4	17	24	INI	NII	17	24	13	19
:	645	14.1	643	14.1	19	55	NE	Nii	27	42	25	39
1952-1956 Average 5 years	1	14.7	1	13.8	1	25.8	1	Nil	1	32.6	1	24.2

*Adjusted —live birth rate (comparability factor, 1.01) = 15.5 per 1,000. —death rate (comparability factor, 1.05) = 15.0 per 1,000.

TABLE II
BIRTH-RATE, DEATH-RATE and INFANTILE MORTALITY
1930–1956

	Popu- lation Mid-					No. of	Infan- tile Mor-	AVE	AGE 5	YEARS
YEAR Col.	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	Infan- tile Deaths Col. 7	tality Rate per 1,000 Col. 8	Birth Rate Col. 9	Death Rate Col. 10	Infantile Mor- tality Col. 11
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			
1956	51,610	794	15.4	738	14.3	22	28			

TABLE III CAUSES OF DEATH 1956

No.	Cause of Death			M	. F.	Tota
1	Tuberculosis (Respiratory)				7 3	10
2	Tuberculosis (Other)	***			- 1	1
3	Syphilitic Disease			4	2	6
4	Diphtheria					-
5	Whooping Cough				-	
6	Meningococcal infections					-
7	Acute Poliomyelitis				-	1
8	Measles	***	***	***	-	-
9	Other Infective and Parasitic Disea					-
10	Malignant Neoplasm (Stomach)			17		28
11	Malignant Neoplasm (Lung Bronch	ius)		25		24
12		***			- 9	9
13	Malignant Neoplasm (Uterus)				- 4	4
14	Other Malignant and Lymphatic N	eoplas	sms	2		47
15	Leukaemia, Aleukaemia				2 2	4
16	Diabetes		***		4	5
17	Vascular Lesions of Nervous System		***	6		124
18	Coronary Disease, Angina			50		95
19	Hypertensions with Heart Disease		*.*.*			11
20	Other Heart Disease	***		52		144
21	Other Circulatory Disease		***		9	14
22			111	***	1 3	4
23	Pneumonia	***	111	10		29
24	Bronchitis			39		55
25	Other Diseases of Respiratory Syst	em	***		3 2	5
26	Ulcer of Stomach and Duodenum		***		3 1	9
27	Gastritis, enteritis and Diarrhoea				_	1
28	Nephritis and Nephrosis				2 2	4
29	Hyperplasia of Prostate				3 —	3
30	Pregnancy, Childbirth and Abortio				-	
31					2 4	6
32	Other Defined and Ill-Defined Dise	eases	***	20		65
33	Motor Vehicle Accidents					5
34	All Other Accidents			14	6	20
35	Suicide			4	1	5
36	Homicide and Operations of War					
		Total		385	2 356	738

TABLE IV INFANT DEATHS CAUSES, SEX AND AGE GROUPS 1956

				A	GE AT	DEAT	Н						
Cause of Death		der 1 ay	1 Da less 7 D		less	eek & than eeks	4 Wee less t 6 mo	than	6 mon less t 12 mo	han		l'otals	Both
	M	F	М	F	M	F	M	F	M	F	М	F	
Tuberculosis of Respiratory System													
Tuberculosis (other forms)													
Diphtheria													
Whooping Cough													
Meningococcal Infections													
Acute Poliomyelitis													
Measles													
Influenza													
Pneumonia					2		1	2		1	3	3	6
Bronchitis													
Other Diseases of Respiratory System													
Gastritis, Enteritis and Diarrhoea													
Congenital Malformations	1	1		1		1					1	3	4
Birth Injuries	1	1	2		1						4	1	5
Postnatal Asphyxia and Atelectasis		2										2	2
Infection of the newborn													
Other Diseases peculiar to Early Infancy (inc. Prems.)		2	1								1	2	3
All Other Causes							1		1		2		2
TOTAL	2	6	3	1	3	1	2	2	1	1	11	11	22

TABLE V
TUBERCULOSIS — NEW CASES AND DEATHS
1956

		New	Cases			DEA	THS	
Age Periods	Pulm	onary		on- onary	Pulm	onary	No Pulmo	
	M.	F.	M.	F.	M.	F.	M.	F.
Years 0— 1	_	_	_	_	_	_		_
1- 5	-	1	1		_	_	_	_
5—10	1	_	1	1	_	-	-	-
10—15	1	1	_	-	_			_
15—20	3	3	-	-		-	-	-
20—25	2	2	_	-	_	1	_	_
25—35	2	2	-	_	1	-	-	_
35—45	1	1	_	_	2		_	_
45—55	5	-		_	1	_	_	-
55—65	5	1		-	2	1	_	_
65 and upwards	-	_	-	-	1	1	-	1
TOTALS	20	11	2	1	7	3	-	1
	3	31		3	1	0 1		
		3	4			1	1	
Case rate per 1,000	0.6	0.	058	Death Rate		-0 · 19	4 0	-019
		0-658		per 1,000)		0.213	

TABLE VI

TUBERCULOSIS

INCIDENCE AND DEATH-RATES ANNUALLY 1937–1956

]	INCIDENCE			DEATHS	
Varia	Case	Rate per	1,000	Death	Rate per	1,000
YEAR	Pulm'ry	Non- Pulm'ry	Total	Pulm'ry	Non- Pulm'ry	Total
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
1956	0.60	0.05	0.65	0.19	0.02	0.21
Average for 20 years	1.05	0.33	1.38	0.50	0.09	0.59
Average for first 5-year period 1937—1941	0.82	0.43	1.25	0.70	0.11	0.81
	0.02	0.40	1 20	0.70	0 11	- 01
Average for last 5-year period 1952-1956	1.11	0.22	1 · 33	0.26	0.02	0.28

TABLE VII

CANCER DEATHS (1951–1955) – 1956

ACCORDING TO SITE AND SEX

					Nui	mber of Cancer		
					1951-	-1955	19	56
No. List	Si	tes			M.	F.	M.	F.
10	Stomach				62	49	17	11
11	Lung and Bronch	us		(1.1)	75	9	22	2
12	Breast				_	42	-	9
13	Uterus					27	-	4
14	Other Malignant Neoplasms	and L	ympha	tic	137	123	25	22
15	Leukaemia, etc.		***	***	4	5	2	2
	TOTAL				278	255	66	50

NOTIFICATIONS AND AGE GROUP ANALYSIS INFECTIOUS DISEASES 1956

Total Cases Removed to Hospital from the District	[\omega \chi 4 \omega \omega \omega \chi 1 \omega \omega \chi 1 \omega \ome	36
Total Deaths	111-11111 -1 11 11111	2
65 and Over		2
45-65	111 9 111 1 1 1 1 1 1	20
35-45		13
20- 35		44
15-		13
10-		6
5-10		72
4-5	41	20
3.4	6 4 6	28
2 3		30
1-2		25
Under 1	- \omega \omega	14
Total Cases at all Ages	31 33 6 95 33 1 1 3 3 3 3 1	290
		:
DISEASES	Smallpox Typhoid Paratyphoid Fevers Meningococcal Infection Scarlet Fever Whooping Cough Diphtheria Erysipelas Ophthalmia Neonatorum Dysentery Measles Acute Poliomyelitis— Paralytic Non-paralytic Infective Fost-Infectious Acute Pneumonia— (Primary and Influ.) Puerperal Pyrexia Food Poisoning Pulmonary Tuberculosis	TOTALS

ANNUAL NOTIFICATIONS — 1930-1956

INFECTIOUS DISEASES

Year Smallpox Typhoid Fever Paratyphoid Fever 2011001 Meningococcal infection Scarlet Fever 128 128 197 197 197 175 175 236 236 253 138 253 253 253 253 253 253 253 253 253 Whooping Cough Diphtheria Erysipelas Ophthalmia Neonatorum - - 3-100004000040 000 Dysentery Measles Acute Poliomyelitis (Paralytic) Acute Poliomyelitis (Non-paralytic) Acute Encephalitis (Infective) Acute Encephalitis (Post Infectious) Acute Pneumonia (primary and influenzal) Puerperal Pyrexia 1322787787787 Food Poisoning Pulmonary Tuberculosis Non-pulmonary Tuberculosis Total

24

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General Provision of Health Services in the Area

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.
Wednesday	VS				10-0	a.m.
Fridays					10-0	a.m.
2nd and 4	th	Wednesda	y 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 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

Centres held at—

Clinic 5: Scotland Street,

Clinic 5: Scotland Street,

2 p.m.

Clinic 6: Richmond House,
Richmond Street,

Clinic 7: Ormonde Street,

Wednesdays,
2 p.m.

	Clinic 8:	Hurst Nook,	Mondays, 2 p.m.
	Clinic 12:	Methodist Sunday School, Oldhani Road,	Tuesdays, 2 p.m.
Ante-Natal	Clinic 5:	Scotland Street,	Alternate
Clinics		Richmond House, Richmond Street,	Fridays,
Speech Therapy Clinics	Clinic 6:	Richmond House, Richmond Street,	Tuesdays, Wednesdays, Fridays, a.m. and p.m.
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. 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, 1956:—

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.
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 Smith.

Nurse Cleary.

Nurse Edwards.

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 1956.

Two slaughterhouses were in use during the year and 20,770 pigs were killed and the carcases inspected by your Officers. The total quantity of meat and offals found to be unfit for human consumption from various causes totaled 13 tons 8 cwts. 37 lbs.

I consider meat inspection to be a most important duty. A large quantity of the meat is transferred to other areas and in some cases certificates of inspection accompany the carcases. It is, in my view, absolutely essential that all animals slaughtered in the town should be inspected by qualified and properly trained members of the staff. This is the policy that has been followed for many years and in spite of very great difficulties and shortage of staff, it was the policy followed during 1956. It is estimated—and this estimate is based on our experience in 1956—that the inspection of pigs in the district required the services of at least one Meat Inspector, and at times it was found necessary to employ two in this particular service.

The conversion of waste-water closets into fresh-water closets continued during the year. This is the tenth year the scheme has been in operation and in 1956, 214 waste-water closets were abolished and fresh-water closets substituted. The total number of conversions is now 1,160. Considering the large number of waste-water closets in the Borough, progress may appear to be slow, and it will certainly take very many years at the present rate before all the tippers in the town are abolished. The work is of a most essential character. Under present conditions, no spectacular progress can be expected, but the completion of the scheme

will result in a real sanitary improvement and be a very great boon to the occupiers of the properties. I think there is no doubt that modern sanitary practice requires that all inhabited dwellings should have a properly constructed fresh-water closet as part of their normal equipment.

In spite of staff shortages, the slum clearance programme made some progress during the year. I reported in my Annual Report for 1955 that 168 houses had been represented to the Health Committee by the Medical Officer of Health and these, together with seventeen other houses in three areas, were reported to the Council, the necessary approvals given and the proposals submitted to the Ministry for consideration.

Towards the end of the year, six further areas were in preparation, the number of houses involved being 114, the representations being submitted to the Health Committee in January, 1957.

Further consideration was given to the provision of public conveniences in the Borough and the work of preparation continued. Towards the end of the year there was every indication that a contract for the erection of public conveniences at Guide Bridge for ladies and gentlemen would be placed during the early months of 1957.

I have to report that a number of staff changes took place during 1956. You will be aware that in recent years, changes in personnel have taken place with great frequency and in my opinion, to say the least, such changes are not conducive to the efficient working of the Department. At the beginning of the year the staff consisted of one Deputy and one Additional Sanitary Inspector. The Deputy left in January, 1956, and Mr. Holdsworth, the First Additional Sanitary Inspector, was promoted to that appointment. The staff, therefore, at February 1st, was one Chief Sanitary Inspector and one Deputy Chief Sanitary Inspector. Mr. H. B. Bell commenced duty as Additional Sanitary Inspector on February 20th, and Mr. J. B. Williams on March Ist, so that at that date, the staff included two Additional Sanitary

Inspectors as compared with an establishment of four. With this increase in the staff, it was hoped to give more attention to the routine work of the Department. Slaughterings at Conduit Street, however, commenced in March and much of the time of the Additional Sanitary Inspectors was spent on inspection work. In September, Mr. Williams intimated his intention to resign his appointment and left the service of the Corporation on October 6th, 1956. Towards the end of the year, Mr. Bell informed me he would be leaving the Department early in 1957. The Committee was very perturbed at the position and decided to take steps to deal with the matter.

This will be the last Annual Report I shall have the honour of submitting to you. I should like, therefore, to pay tribute to all the members of the staff who have in any way helped in the work of the Department during my period of office. My thanks are especially due to your Deputy Chief Sanitary Inspector, Mr. Houldsworth, who, during a very difficult period, continued to give me whole-hearted and willing assistance. To the Senior Clerk in the Department, my appreciation is due for the excellent work she has carried out during the nine years she has been in your service.

To the Chairman and Members of the Health Committee I must express my indebtedness for many acts of courtesy and consideration.

To the Medical Officer of Health I should like to pay my sincere tribute for all the assistance he has so readily given to me during the period of twenty years I have had the honour to cooperate with him in the work of the Department. I cannot adequately express my very high appreciation of the sage and wise counsel he has always given me, and for all his help in the carrying out of many difficult duties.

I am.

Ladies and Gentlemen,
Your obedient servant,
C. SYKES HANDFORTH,
Chief Public Health Inspector.

Environmental Health Services

Embodying the Report of the Chief Sanitary Inspector for the Year 1956

Housing Statistics

Number of new Houses erected during the year :—		Houses	Flats
(i) By the Local Authority		48	56
(ii) By other Local Authorities		Nil	Nil
(iii) By other Bodies or Persons		58	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)	793
	(b) Number of inspections made for the purpose 3	3572
	(2) Dwelling-houses unfit for human habitation and not capable at reasonable expense of being rendered fit:	
	(a) Number found during the year	1
	(b) Number at end of year	1
	(3) Number of dwelling-houses found during the year to be not in all respects reasonably fit for human habitation but capable of being rendered fit	563
2.	Clearance Areas (Housing Act, 1936, and Housing Repairs and Rents Act, 1954):—	
	(1) Number of dwelling-houses demolished during the year:	
	(a) Unfit houses	Nil.
	(b) Other houses	Nil.
	(2) Number of persons displaced	Nil.

Houses not included in Clearance Areas:-3. Persons Houses Displaced 1. Houses demolished or closed during year: (a) Housing Act, 1936 :-(i) Demolished as a result of formal or 2 informal procedure (Section 11) ... 5 (ii) Closed in pursuance of an undertaking given by owners under Section 11 and still in force... ... (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) ... No. of (2) Repairs during the year: 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 353 (b) Public Health Acts—action after service of formal notice—Houses in which defects were remedied-(i) By Owners (ii) By Local Authority in default of Owners Nil. Housing Act, 1936-action after service of formal notice (Sections 9, 10, 11 and 16)— Houses made fit— (i) By Owners Nil. (ii) By Local Authority in default of Owners Nil. (d) Housing Repairs and Rents Act, 1954-Houses reconstructed, enlarged or improved, and Demolition Orders revoked (Section 5) Nil. Unfit houses in temporary use (Housing Repairs and Rents Act, 1954):— (1) Number of houses at end of year retained for temporary accommodation and approved for grant under Section 7 Nil. (2) Number of separate dwellings contained in (1)

(3) Number of houses at end of year licensed for temporary occupation (Section 6)

...

Nil.

Nil.

above

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

	Private bodies or Individuals		Local Authority	
Action during year :-	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		-	-	_
(b) Submitted by local a u thority to Ministry		_	_	_
(c) Finally approved by Ministry		_		_
(d) Work completed	_	-	_	_
(e) Additional separate dwellings included in (d) above		_		_

⁽f) Any other action taken under the Act. Nil.

Sanitary Improvements

The slaughterhouse in Conduit Street was completed during the year. Killings commenced in March and from that time to the end of the year, 20,253 pigs were slaughtered on the premises.

The work of inspection at this and the other slaughterhouse in the town where killings took place added considerably to the work of your Inspectors. In my view the inspection of meat and other foods is a most important duty, and in particular, in my opinion, every animal killed for food should be inspected by a qualified member of the staff. This duty is an onerous one and demands a very high degree of skill and sound judgment.

Killings have taken place at times out of ordinary office hours and have entailed Inspectors being on duty in the evenings and on Saturdays and Sundays, and I must place on record my appreciation of the services rendered in this regard.

The conversion of waste-water closets into fresh-water closets continued during the year. This is the tenth year the scheme has been in operation and the number dealt with during 1956 was 214. Up to date, 1,160 waste-water closets have been abolished.

Smoke Abatement

The Clean Air Act came into operation on December 31st, 1956 (part only). With the provision of smokeless areas involving the use of smokeless fuel, the adaptation of household firegrates for the burning of such fuel will, it is hoped, bring a very necessary alleviation from the smoke pall which hangs at times over our industrial areas.

I believe the Clean Air Act, if it is to achieve its maximum success, will require the whole-hearted co-operation of the public, and much work of an educational character will be required if the full benefits are to be reaped.

SUMMARY OF OBSERVATIONS FOR THE YEAR 1956 Monthly Deposit Recorded by the Deposit Gauge, and Sulphur Dioxide by the Lead Peroxide Method

Month			Lor	Lord Street	reet			Gras	Grasmere	-	Stockport Rd.	Rd.		H	Hartshead Pike	ead F	ike			Jubi	Jubilee Dingle	ingle		hurst
	2	1	9	SD	TD	S	S02	×	ID	SD	1	SO2	20 R	ID		SD	TD	SO2	×	ID	SD	TD	SO2	SO2
January	5 . 44 14 . 50 12 . 96 27 . 46 9 . 1	14	1.50	12.96	327	469		5.161	11.52	10.61	22-13	3	4	22 5.	64	8.551	14.19	4.2	5.08	8.44	8.11	16.55	4.3	4.4
February	1.14		9.94	6.83	6.83 16.77 5.0	77 5	0 1	10	6.31	4.60	4.60 10.91	200	3.10.71	60	42 3	3.80	7.22	3.4	3.4 1.10	7.20	3.67	10.87	3.2	3.4
March	1.21 13.6	21 13	9.8	9.6	19.4	4 3.3	1	1.181:	13.8	4.1	17.9	ci	41.1	7.	2 3	31	10.7	2.6	2.61.14	14.4	4.3	18.7	2.3	2.8
April	1 - 22 13 - 64	22 13	3.64	5.0	5.82 19.46 2.51	462	-	1.00	13.76	4.07	7 17 - 83		2.0 1.10	15/15/16/20	7.16 3	3.54 10.	0.70	2.3	1.14	2.3 1.14 14.37 4.29 18	4 · 29	18-66	2.0	2.3
	11.14		8.9	0.6	9.0 17.9	9 2.0	0 1	00	11.2	4.4	15.6	1.7	7 1 - 14	5	4 0-	4-1	9.1	2.0	2.0 1.14	8.6	3.9	12.5	1.6	1.6
	3 · 39 13 · 1	39 13	3.1	8.7	21.8		2.0 2.	631	11.6	5.8	17.4		63	83 4	3	4.3	8.6	1.63.	3.2	8.0	3.4	11.4	1.4	1.5
	5.99 16.52 12.20 28.72 1.7	99 16	3.52	12.2(28.	721	7	.561	10.65	8.33	8-33 18-98		1.35.3	36 5.	5 . 35 5	5.731	11.08	1.4	1.45.44	6.31	6.16	6-31 6-16 12-47	1.1	1.1
August	8.28		10.00	7.5		16.0 2.0	0.	.57	8.3	5.8	14.1		1.48.4	44 5.	60	4.6	6.6	1.8	7.71	6.1	3.8	6.6	1 . 4	1 · 4
September	3.1	-	9.3	6.1	15.	15.4 1.8	62	.63	9.4	5.5	13.1		1.32.8	4	6	6.6	11.5	1.8	1.83.13	7.9	5.5	13.4	13.4	1.7
October	2.56 22.7	56 22	2.7	6.6	32.6		3.2	.321	5.2	7.7	22.9	61	-12.05	5 4.	2 3	6.	8.1	2.7	2.6	6.1	4.2	10.3	2.4	2.5
November	1 - 53 10 - 7	53 10	1.1	8.9	19.6	6 4	4 · 1	+	6.4	4.6	12.5		2.60.9	93 2.	5	10.	0.9	2.9	2.91.44	6.9	3.4	10.3	3.1	2.9
December	3.85 21.6 11.9 33.5 3.6	35 21	9.	6.11	33.	5		3.73 14.3	4.3	7.9	22.2		2.43.3	9 8	3	5.7 12	2.0	3.33	3.54	8.3	3.8	14.1	3.4	3.4

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

Rainfall, in inches per calendar month.

rate of deposition in tons per square mile Insoluble Deposit UD SD

per calendar month. Soluble Deposit

Total Deposit. TD

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 in "milligrams of sulphur trioxide fixed per day per 100 square centimetres of Batch "A" standard leadperoxide." 802

Inspection and Supervision of Food

MILK SUPPLY

The	Milk and Dairies Regulations, 1949
	No. of registered distributors operating from:— (a) Dairies in the district
The	Milk (Special Designation) (Raw Milk) Regulations, 1949
	No. of dealer's licences (including supplementary licences) issued by the Local Authority during 1956 in respect of :— "Tuberculin Tested" Milk 17
201	
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 98
	(b) "Sterilised" Milk 278
in th	Action taken by this Department in relation to samples taken ne district :—
Raw	Milk
	Number Number Number
	Tuberculosis— of samples Negative Positive
	(1) Biological Tests — — —
	Number Number Number of samples satis- unsatis- factory factory
	(2) Methylene Blue Test — — — — — — — — — — — — — — — — —
" Не	eat Treated " Milk
	Number Number Number No of samples satis- unsatis- result factory factory
	(1) Phosphatase Test 107 107 — —

	Number of samples	satis-	Number unsatis- factory	
(2) Methylene				La Sylvania
Blue Test "Sterilised"—	107	105	1	.1
(3) Turbidity Test	10	10		_

Ice-Cream

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

Grade	1	 	 	8
Grade	2	 	 	6
Grade	3	 	 	2
Grade	4	 	 	1

FOOD AND DRUGS ACTS

During the year under review 39 samples were taken and submitted to the Public Analyst for examination. The details of these samples are as follows:—

Milk	 	 18
Sausages	 	 20
Dried Milk	 	 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
32	Beef sausage	Contains 217 parts per million undeclared sulphur dioxide preservative	Informal sample.
36	Porksausage	Contains 83 parts per million undeclared sulphur dioxide preservative	Informal sample.
35	Porksausage	Deficient in meat to the extent of about 8%. Also contains 32 parts per million undeclared sulphur dioxide preservative	Informal sample.
38	Beef sausage	Contains 128 parts per million undeclared sulphur dioxide preservative	Formal sample (follow- up to. No. 32) Vendor warned.

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.

279 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 1956

				T.	C.	Lbs.
Tinned Goods				1	6	72
Beef				-	1	15
Offal				-	-	27
Poultry				-	-	11
Veal				_	-	19
Bacon and Ha	am			-	-	34
Sausages and	Sausage	Meat		-	-	51
Cooked Meats			***	-	1	88
Flour				-	-	94
Dates				-	-	111
Cake, etc				-	-	24
Miscellaneous				-		3

OTHER COMMODITIES-

Jellies—7 packets.

Sauces Pickles etc—

Sauces, Pickles, etc.—8 bottles.

Spread—19 pots.

Cream-10 jars.

MEAT INSPECTION

No. of animals killed (pigs only)			20,770
No. of animals inspected (pigs only)			20,770
Total weight of meat and offals de	estroye	d dur	ing the
year as diseased, unsound and			
consumption 13	tons, 8	cwts	, 37 lbs.

Carcases and Organs Condemned as Totally Unfit for Human Consumption

	TUBER- CULOSIS	ОТЕ	IER THAN	Tuberculos	SIS
PIGS		Inflam- matory Diseases	Parasitic Diseases	Other Conditions	Total
Whole carcases con- demned	10	1		15	26
Carcases of which some part or organ was condemned	805	957	374	242	2,678

Details of Various Organs Condemned as Unfit for Human Consumption

				Tuber- culosis	Inflam- matory	Parasitic	Other Diseases
Heads				596	8	_	6
Tongues				596	8	_	6
Lungs (prs.))			162	1436	_	6
Livers				120	22	405	6
Stomachs				6	10		6
Hearts				6	8		6
Spleens				6	8		6
Mesenteries	and	Intestin	nes	6	8	_	6
Udders				8	8		6
Kidneys				6	8		6
Diaphragm:	5			6	8	-	6

RAT REPRESSION Prevention of Damage by Pests Act, 1949

			TYPE	OF PROF	ERTY	
				ricultural		
		(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(4) All other (including Business Premises)	(4) Total of Cols. (1) (2) and (3)	(5) Agri- cultural
1.	Number of properties in Local Authority's District	46	16,980	3,987	21,013	36
2.	Number of properties in- spected as a result of: (a) Notification (b) Survey under the Act (c) Otherwise (e.g. when visited primarily for some other purpose)	25	288 1,635 2,234	98 865 901	387 2,525 3,135	39
3.	Total inspections carried out including re-inspections	32	6,423	2,951	9,406	39
4.	Number of properties inspected (in Sec. 11) which were found to be infested by :— (a) Rats Major Minor (b) Mice Major Minor		140 168	$\frac{\overline{37}}{70}$	180	
5.	Number of infested properties (in Section 4) treated by L.A	3	306	107	416	
6.	Number of notices served under Section 4 of the Act:— (a) Treatment (b) Structural work (i.e. proofing)	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil
7.	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
8.	Legal Proceedings	Nil	Nil	Nil	Nil	Nil
9.	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 there were four suspected outbreaks of Swine Fever, one of which was confirmed, involving 80 pigs. There were also three suspected cases of Anthrax, none of which was confirmed.

DISINFESTATION

During the year 5 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 Gammexane insecticides gave excellent results.

SCABIES

There were no patients treated for Scabies during 1956.

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: -

(a)	RAW WATER	Ni	ımbe	er	Results
	Bacteriological examinations		5		Satisfactory
	Chemical analyses	 			

(b) Water going into supply where treatment is installed

Bacteriological examinations		50	 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 "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 the year 1956 were as

follows :-

Swimming Baths	 	83,601
Private Slipper Baths	 	40,009
Zotofoam Sweating Bath	 	2,379
Total	 	125,989

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.

Attendance at Wash-house, 1956 ... 9,802

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.

Four samples of water from the Public Baths were taken during the year by officers of the Department and submitted to the Public Health Laboratories for examination—all reported as

satisfactory.

DETAILS OF INSPECTIONS MADE AND WORK CARRIED OUT DURING 1956

Number of inspections (including housing)	made	by	
Sanitary Inspectors			6,373
Number of nuisances abated			356
Number of visits to houses-let-in-lodgings,	furnis	hed	
rooms and dwelling-vans			3
Number of visits to dairies and milkshops			35
Number of visits to bakehouses			11
Number of visits to food stores and food	prepar	ing	
premises			182
Number of visits to slaughterhouses			486
Number of visits to fish-friers			6
Number of visits to ice-cream premises			45
Number of visits to factories and workshops			291
Number of visits to offensive trade premises			_
Number of visits re rat infestations			9,406
Number of samples taken under the Food and	Drugs	Act	39

NATIONAL ASSISTANCE ACT, 1948

In pursuance of the provisions of the above Act, 1 adult was interred during 1956, the arrangements for the burial being undertaken by the officers of your Committee.

FACTORIES ACT, 1937

1.	INSPECTIONS								including
	ins	pect	ions made	by	Sanitary In	speci	tor	S.	

	Number of						
Premises (1)	No. on Register (2)	Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)			
Factories with Mechanical Power Factories without Mechanical	350	137	6				
Power Other Premises under the Act (including works of building and engineering construction but not including	12	6	1	-			
outworkers' premises)	7	2	-				
Total	369	145	7	_			

2. DEFECTS FOUND

	efects	Number of defects in respect of		
Particulars	Found	Remedied	Referred to H.M. Inspector	which
(1)	(2)	(3)	(4)	(5)
Want of Cleanliness (S.1) Overcrowding (S.2) Unreasonable Temperature (S.3) Inadequate Ventilation (S.4) Ineffective Drainage of Floors (S.6) Sanitary Insufficient Unsuitable or Defective Not Separate for Sexes Other Offences (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories and the Third Schedule t	- - - 1 9 - 2	- - 1 9 - 2		
Total	12	12	_	_



