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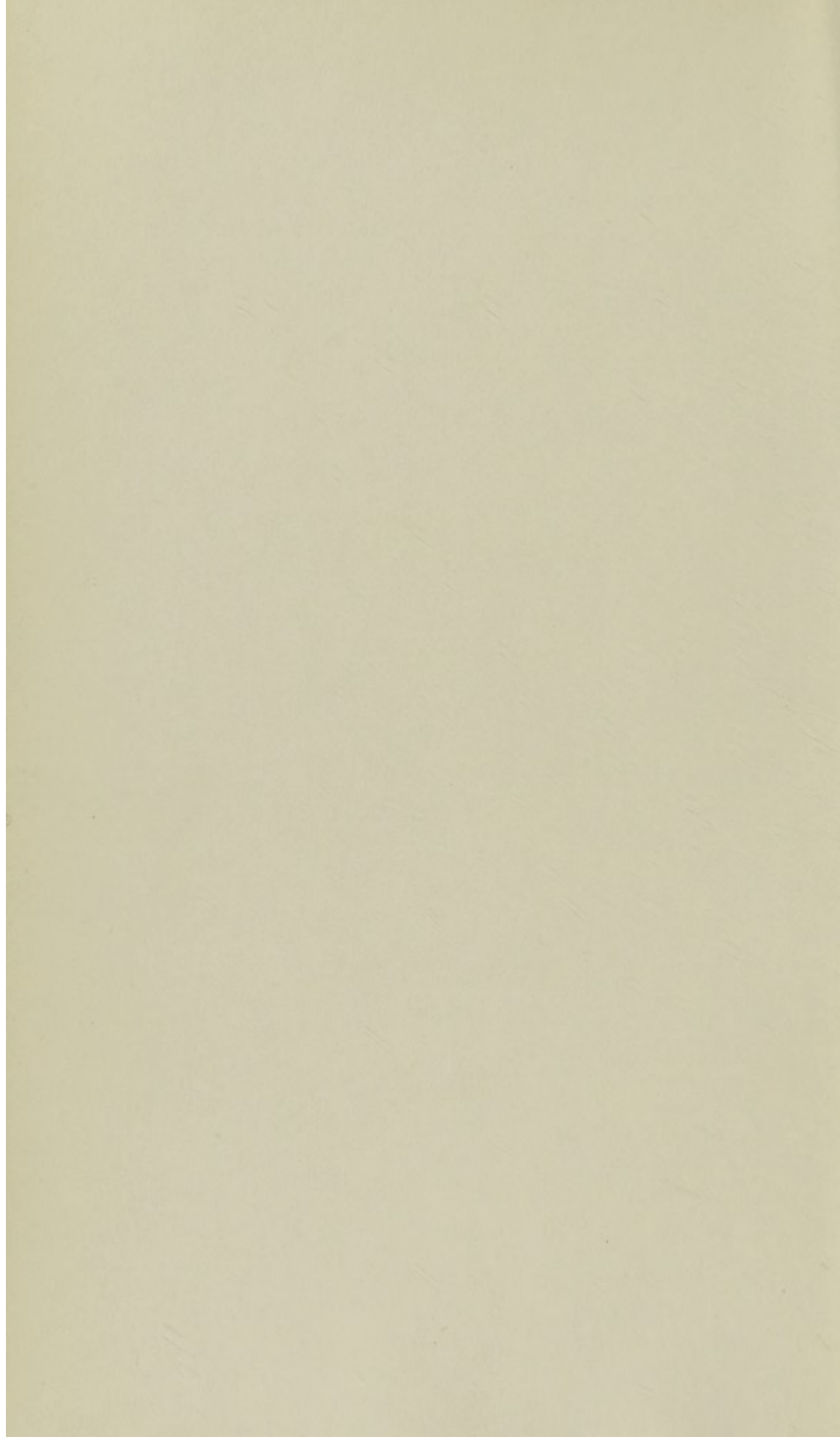
THE
HEALTH OF BOLTON
1968

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER



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COUNTY BOROUGH OF BOLTON



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR ENDED

31st December, 1968

A. I. ROSS, M.D., D.P.H.,
MEDICAL OFFICER OF HEALTH
HEALTH DEPARTMENT, CIVIC CENTRE, BOLTON
Telephone No. 22311

SOCIAL SERVICES GROUP, 1968-69

The Mayor (Alderman Mrs. E. M. Ryley, J.P.)

Chairman:	Alderman Mrs. N. Vickers
Vice-Chairman:	Councillor Mrs. S. Harrison

Alderman Mrs. E. A. Ashmore, J.P.

Alderman J. Gregory

Councillor D. S. Clarke

Councillor J. Cooper

Councillor N. Eccleshare

Councillor H. Grime

Councillor R. Halliwell

Councillor E. G. Higson

Councillor Robert Lever, J.P.

Councillor J. Parkinson

Councillor T. P. Yates

Co-opted Members:

Dr. B. Thornley

Mr. W. C. Moss

Mr. J. H. Bridge

INTRODUCTION

Undoubtedly one of the main health problems in Bolton at present is provision for old people. In 1964, Bolton's population aged 65 and over was 20,000; in 1968 the figure was 22,000, and in 1976 it will be 24,300 - a very substantial increase. Ministry of Health Circular 2/62 - Development of Local Health and Welfare Services - emphasised that where illness or disability could not be forestalled by preventive measures, care at home and in the community rather than hospital should always be the aim, except where there is need for diagnosis, treatment and care of a type which only a hospital can provide. There is general agreement that this is the correct policy for old people themselves, and certainly best for others in the community. It does mean, however, that appropriate development of the domiciliary services is necessary. The Survey of the Needs of Old People in Bolton, published in 1967, showed that—

1. Very much more special housing - up to 225 ground floor places with warden supervision, and 879 without warden supervision, was required. This was in spite of the Housing Committee's allocation of 50 houses yearly on the recommendation of the Medical Officer of Health for persons requiring them on medical grounds.
2. An additional 100 or more Part III Welfare Department hostel places were necessary as soon as possible, making a total of 443 places at least (21.5 per 1,000 population aged 65 and over) in local authority homes for old people, including the 50 in the Health Committee's hostel for mentally disturbed old folk.
3. Special housing and hostel places would need to be increased substantially above those indicated at the time of the Survey to allow for the forecasted increase in the number of those aged 65 and over.
4. Substantially more visiting by health visitors and welfare workers was necessary.
5. A considerable number of old people who were not having chiropody required this treatment.

At the end of the year, 62 persons from Bolton were occupying beds in the Geriatric Department of local hospitals on predominantly social grounds. This meant that one in six of the beds was occupied by a patient who did not require hospital treatment and who could be managed in the community, given adequate facilities.

Although the Housing Committee is building more special houses for old people, the demand for this type of house is increasing. Towards the end of the year there were approximately 1,500 aged persons wanting one-bedroom accommodation. The body of this report shows that requests came from medical practitioners for rehousing on medical grounds, mostly for old people who were unable or had difficulties in going upstairs. In addition, many requests came from councillors, ministers of religion, and others.

The Joint Planning Group for Geriatrics, consisting of representatives of general practitioners of the borough and of the surrounding part of the County, the Clerk of the Local Executive Council, Psychiatrist, Geriatrician, Hospital Secretary, Bolton's Chief Housing Officer and Chief Welfare Officer, the Divisional Medical Officer of No. 11 Division of the County, and Bolton's Medical Officer of Health, meet regularly to plan the provision of services for the elderly. They are proposing to write to the Chief Executive of Bolton Corporation about the need for more housing for the elderly.

The year 1968 was of very great importance in the development of the health and social services of this country. The Government published its Green Paper on the National Health Service; the Seebohm Committee reported on Local Authority Social services and the Todd Report on Medical Education appeared. The Green Paper pointed out the value of area planning and emphasised the increase in efforts devoted to securing proper collaboration within the tripartite health service. This criticism applies less to Bolton than many places as there is only one Hospital Management Committee and one Executive Council. Cross representation between these and the Local Health Authority, and good relationships between elected representatives, medical personnel and officers makes for smooth running of the service. It has been pointed out that the Green Paper assumed an inefficiency which does not exist, and that criticism of the health service was largely due to lack of adequate finance. The proposed Area Authorities were thought to be too few in number, and the method of members being appointed and not elected undemocratic.

The Seebohm Committee Report criticised the present fragmented nature of existing services which provided particularly inadequately for under-fives and old people. It recommended a new Social Service Department responsible for the work of the Children's Department, services for the old and disabled provided by Welfare Departments, education welfare and child guidance, and all those services provided by local health departments with social connection, excluding health visitors. The social welfare work done by some Housing Departments was also included. The Report states, "We have given much thought to the consequences of our proposals for local authority health departments. Our recommendations will remove half their staff and a substantial part of their budget contacts and interests. Moreover, our proposals involve loss of the services for the social care of the mentally ill, which has been one of the main growing points of local authorities' health departments." The Report in the next paragraph states, "The critical question is whether the local authority health and school health department which remains after our proposed changes could be a viable working unit." The inference is that it would not be a viable unit. In general medical opinion - there was only one medically qualified member of the Committee, the Professor of Public Health at London University - while accepting failure of co-ordination in the present services, was strongly critical of the report as many of the inadequacies it drew attention to are due to lack of money and staff. The Committee failed to appreciate the large amount of preventive work carried out by health departments which were founded on a preventive concept. The suggested arrangements for taking over child guidance and the social care of the mentally ill would have most unfortunate results.

The most important criticism is that there would be a split between the medical and social care of patients. This would be very wide if the Medical

Officer of Health became a community physician working with an area authority, and the Director of Social Services was with a local authority. The patient or client would suffer. The Report dismisses as increasingly anachronistic medical views on the confidentiality of patient records. The medical point of view is that transfer of information must be between doctor and doctor.

In October, 1968, Bolton electors rejected in a referendum, by 63,290 to 23,596, the fluoridation of the town's water supply. There had earlier been a vigorous campaign against fluoridation. In a leader in August, under the title "Cool Pure Water", the local evening paper confessed to a change of heart on fluoridation, stating, "We believe on present evidence and in principle, that compulsory mass medication is a further erosion of freedom of choice." Fluoridation is dealt with at some length later in the report, but it must be stressed here that the method is effective, absolutely safe, and the adjustment of the level in water of a naturally occurring element is not regarded as mass medication. The Report of the Fluoridation Studies in the United Kingdom recently published shows the substantial reduction in dental caries achieved by fluoridation, and shows once again that the method is absolutely safe. A letter from the Department of Health and Social Security sent to local authorities with the Report states that "the reductions in the numbers of decayed teeth which have occurred at Watford since the water supply was fluoridated represent over the whole of England and Wales a potential elimination of the need to fill, each year, over two and a half million permanent teeth in children up to the age of ten". Meanwhile, Bolton children suffer from unnecessary pain and dental decay.

The Chief Public Health Inspector in his report draws attention to anomalies in the Offices, Shops and Railway Premises Act, 1963, which does not apply to covered markets, and whose exemption limit is fixed as high as 21 working hours per week. It would seem that an extension of legislation to deal with both these is necessary. He shows that the problem of derelict houses does not arise largely or mainly from the work of the Health Department in securing closing orders on dwelling houses. A survey showed that of approximately 200 houses subject to operative closing orders, in only 18 per cent were the premises open to access, and in only one was there a statutory nuisance. The main problem of derelict houses arises from causes other than closing order action.

Unfortunately, there was a case of diphtheria in the town last year, the first since 1955. The child had been immunised in infancy but had not received a booster dose on school entry. It must be emphasised that all children should be immunised against diphtheria and that they should receive booster doses. Unfortunately, only about two-thirds of Bolton's children are adequately immunised at present.

I should like to thank the Chairman and members of the Social Services Group for their interest and support of the work of the department, and the chief officers and heads of Corporation Departments for their continued assistance.

A. Ross.

Medical Officer of Health.

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PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

at 31st December, 1968

MEDICAL STAFF

Medical Officer of Health	.. .. .	A. I. Ross, M.D., D.P.H.
Deputy Medical Officer of Health	..	P. O. Nicholas, M.B., Ch.B., D.C.H., D.P.H.
Senior Assistant Medical Officer of Health	.. .. .	J. L. Jackson, M.B., Ch.B., D.P.H. (Resigned 30.6.68) J. S. Farries, M.R.C.S., L.R.C.P., D.A., D.(Obst.) R.C.O.G., D.P.H. (commenced 1.9.68)
Assistant Medical Officers of Health and School Medical Officers	.. ..	Mavis J. Allanson, M.B., Ch.B., D.(Obst.) R.C.O.G. (Part-time) E. Losonczy, M.D., D.P.H. Dorothy M. Paterson, M.B., Ch.B., B.A.O. (Cork) Audrey Seddon, M.B., Ch.B., D.(Obst.) R.C.O.G. (Part-time) J. H. Swindell, M.R.C.S., L.R.C.P., D.(Obst.) R.C.O.G. (Resigned 20.10.68) Kumundini M. Vaidya, M.B.B.S. (Poona) (commenced 9.10.68)

NURSING STAFF

Superintendent Nursing Officer	..	Miss E. M. Richardson, S.R.N., S.C.M., H.V. and Q.N. Certs., D.N. (London)
Deputy Superintendent Health Visitor		Miss A. M. Fraser, S.R.N., S.C.M., H.V. Cert.

HOME NURSING

Superintendent	.. .. .	Mrs. E. Gallaher, S.R.N., S.C.M., H.V. and Q.N. Certs.
Deputy Superintendent	.. ..	Mrs. E. Hankin, S.R.N., Q.N. Cert.

MIDWIFERY

Non-Medical Supervisor	Miss A. M. Fraser, S.R.N., S.C.M., H.V. Cert.
------------------------	---------	---

DAY NURSERIES

Supervisor	Mrs. M. E. Chapman, S.R.N., S.C.M., Q.I.D.N. H.V. Cert. (Part-time)
------------	---------	--

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	.. ..	T. Williams, F.R.S.H., M.R.Inst.P.H.H., M.A.P.H.I.
Deputy Chief Public Health Inspector		N. Ryce, M.R.S.H., M.A.P.H.I.

CLERICAL STAFF

Senior Administrator	.. .. .	W. Greenhalgh
Senior Administrative Assistant	.. ..	H. Staley, D.M.A. (commenced 21.10.68)

MENTAL HEALTH SERVICE

Chief Mental Health Officer	.. ..	A. M. Cassam, S.R.N., R.M.N., C.I.S.W.T. (commenced 10.6.68)
Supervisor - Junior Training Centre		Miss E. Dobbin, Dip.N.A.M.H.
Supervisor - Adult Training Centre		Mrs. J. Cook, Dip.N.A.M.H.
Superintendent - Greenmount House		P. J. Carroll, S.R.N., R.M.N.
Matron - Greenmount House	.. ..	Mrs. M. T. North, S.E.N.
Superintendent - Park House	D. D. Gould, R.M.N.

HOME HELP SERVICE

Home Help Organiser	Miss O. Brindle, M.I.H.H.O., A.R.S.H., A.I.S.W.
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AMBULANCE SERVICE

Superintendent	J. Stroud, F.I.A.O. (commenced 1.1.68)
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ANALYST

Borough Analyst	G. J. Holland, B.Sc., F.R.I.C., P.A.I.W.E. (Resigned 21.7.68)
		P. Morries, B.Sc., F.R.I.C., F.I.F.Sc.T. (Commenced 9.12.68)

BATHS AND WASHHOUSES

Superintendent	.. .. .	A. Bolshaw, S.Inst. B.M. (from 1.5.68)
Managers: Bridgeman Street Baths	}	A Bolshaw, S.Inst. B.M. (from 1.5.68)
High Street Baths		
Moss Street Baths and Wash-house	.. .. .	} T. Taylor
Hennon Street Slipper Bath	.. .. .
	
Rothwell Street	.. ..	H. Bateson
Turkish Baths	.. ..	P. F. Casterton

PART 1

STATISTICAL INFORMATION

Summary of Statistics

Vital Statistics

SUMMARY OF STATISTICS, 1968

COUNTY BOROUGH OF BOLTON

Position	Lat. 53° 35' N. Long, 2° 27' W.
Elevation above sea level	230 ft. to 1,450 ft.
Geological Formation	Boulder Clay and Sand over Coal Measures
Rainfall (Av. 1887-1968: 51.34")	52.92"
Area in Acres (Land and Inland Water)	15,279
Population (Census 1921)	178,683
„ (Census 1931)	177,250
„ (Census 1951)	167,162
„ (Census 1961)	160,740
„ (Estimated Civilian Population, 1968)	153,700
New permanent houses, including flats, certified	508
Existing buildings altered to provide dwelling accommodation	12
Estimated number of houses in the Borough	57,175
Rateable value at 1st April, 1968	£5,558,050
Rate at 1d. in the £ estimated to produce (1968-69)	£22,100
Live births	2,711
Live births per 1,000 population (Corrected)	19.05
Stillbirths	46
Stillbirth rate per 1,000 live and stillbirths	17.05
Total live and stillbirths	2,757
Infant Deaths	76
Infant mortality rate per 1,000 live births total	28.04
Infant mortality rate per 1,000 live births—legitimate	27.7
Infant mortality rate per 1,000 live births—illegitimate	30.1
Neo-natal mortality rate per 1,000 live births	18.44
Early Neo-Natal mortality rate (under one week)	16.9
Illegitimate live births per cent of total live births	11.1
Maternal deaths (including abortion)	—
Maternal mortality rate per 1,000 live and stillbirths	—
Deaths	2,125
*Death rate (Corrected)	14.52
*Average Death Rate (1959-1968)	14.33
*Heart and Circulation Death Rate	7.1
*Cancer Death Rate	2.4
*Death Rate from diseases of the Respiratory System	2.1
*Pulmonary Tuberculosis Death Rate	0.05
Diarrhoea Death Rate (Deaths under two years per 1,000 live births)	2.6

ENGLAND AND WALES:

*Birth Rate	16.9
Stillbirth Rate (per 1,000 total births)	14
*Death Rate	11.9
Infant Mortality (Deaths under one year per 1,000 live births)	18

*Per thousand of population

VITAL STATISTICS

Births:

There were 2,711 live births to Bolton residents, 1,439 males and 1,272 females. The live birth rate (corrected) per 1,000 of the population was 19.05.

Compared with 1967 when there were 2,800 live births the number has fallen slightly but the birth rate (19.05) continues to be above the average for England and Wales (16.9).

The following table shows the pattern of these figures since the last census.

Year	Population	No. of Live Births	Live Birth Rate per 1,000 population (Corrected)
1961	160,740	2,675	16.6
1962	160,650	2,767	17.22
1963	159,780	2,701	18.25
1964	159,190	2,775	18.82
1965	157,990	2,785	19.04
1966	157,200	2,685	18.44
1967	156,400	2,800	19.34
1968	153,700	2,711	19.05

LIVE BIRTHS IN INSTITUTIONS	NUMBER	PERCENTAGE OF TOTAL LIVE BIRTHS
Bolton District General Hospital ..	1,494	
Haslam Maternity Home	371	
Havercroft Maternity Home	223	
Heaton Grange Maternity Home ..	369	
Institutions and homes outside Bolton	26	
TOTAL	2,483	91.6
LIVE BIRTHS AT HOME	228	8.4

The number of births at home and in hospital is dealt with more fully in the midwifery part of the report. The figures given in the midwifery section may not coincide exactly with that of the Registrar General's Office due to the difference in the notification of births (within 36 hours of birth) and registration of births (within 6 weeks of birth).

There were 224 premature live births.

The percentage of deliveries taking place in hospitals and maternity homes continues to rise, 82% in 1956, 86.9% in 1966, 89.45% in 1967 to 91.6% in 1968.

Stillbirths:

The number of stillbirths was 46 giving a stillbirth rate of 17.05 per 1,000 live and stillbirths.

The causes of the 46 stillbirths are given in the following table.

Cause of Stillbirth	Number M & F
Haemorrhage without mention of placental condition ..	8
Toxaemia with convulsions during pregnancy or labour (Eclampsia)	5
Difficult labour with malposition of foetus	1
Rhesus incompatibility	2
Abnormality of placental cord	1
Breech	1
Anencephalus	1
Hydrocephalus	2
Intra-uterine anoxia	9
Prematurity	10
Other ill-defined causes	6
TOTAL ..	46

Total Live and Stillbirths:

The total number of live and stillbirths was 2,757.

Deaths:

There were 2,125 deaths (1,091 males and 1,034 females), giving a corrected death rate of 14.52 per 1,000 of the population.

There were 764 Bolton residents who died outside the Borough; of these 647 died in Bolton District General Hospital or in Townleys Branch Hospital.

Non-residents who died in the area numbered 217.

Summary of the Principal Causes of Death, 1968

Causes of Death	No. of Deaths	Males	Fe- males	0-	1-	5-	15-	25-	35-	45-	55-	65-	75-
Tuberculosis, Respiratory	7	5	2	-	-	-	-	1	-	-	4	1	1
" Other	6	3	3	-	-	-	1	1	-	-	2	-	1
Syphilitic disease	1	1	-	-	-	-	-	-	-	-	1	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	1	1	-	-	-	-	-	-	-	-	1	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	3	2	1	-	-	-	-	-	1	-	-	1	-
Malignant Neoplasm:													
Stomach	41	25	16	-	-	-	-	-	1	5	10	21	4
Lung and Bronchus	96	75	21	-	-	-	-	-	3	14	36	35	8
Breast	31	-	31	-	-	-	-	-	2	5	12	6	6
Uterus	6	-	6	-	-	-	-	-	1	1	2	1	1
Other malignant and lymphatic neoplasms	178	86	92	-	1	1	2	2	3	15	35	54	65
Leukaemia and Aleukaemia	15	10	5	-	-	-	1	1	1	2	2	6	2
Diabetes	17	5	12	-	-	-	-	-	1	1	3	4	8
Vascular lesions of nervous system	308	136	172	-	1	-	-	1	2	9	51	85	161
Coronary disease, angina	477	286	191	-	-	-	-	-	6	37	98	167	169
Hypertension with heart disease	35	12	23	-	-	-	-	-	2	-	4	9	20
Other heart disease	99	44	55	-	-	-	-	1	3	3	12	21	59
Influenza	13	8	5	-	-	-	-	-	-	1	-	1	11
Pneumonia	141	56	85	13	1	1	-	-	-	6	12	39	69
Bronchitis	142	103	39	-	-	-	-	-	-	9	30	50	53
Other diseases of respiratory system	22	10	12	-	-	-	-	-	-	-	3	8	11
Ulcers of stomach and duodenum	13	10	3	-	-	-	-	-	-	-	1	6	6
Gastritis, enteritis and diarrhoea	8	6	2	7	-	-	-	-	1	-	3	1	4
Nephritis and Nephrosis	12	5	7	-	-	-	-	-	-	1	-	-	-
Hyperplasia of Prostate	1	1	-	-	-	-	-	-	-	-	-	-	-
Pregnancy, childbirth and abortion	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations	18	12	6	16	-	1	7	3	9	18	35	52	173
Other defined and ill-defined diseases	338	138	200	38	1	2	6	2	2	-	1	2	5
Motor vehicle accidents	21	13	8	-	-	3	3	2	3	4	8	5	2
Suicide	27	18	9	-	-	1	3	2	1	3	2	6	32
All other accidents	49	21	28	2	2	-	-	-	-	-	-	-	-
Homicide and Operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	2,125	1,091	1,034	76	6	9	20	14	41	134	369	585	871

Deaths from Puerperal Causes:

There were no deaths from puerperal causes in 1968.

Infant Mortality:

There were 76 deaths of infants under one year - an infant mortality rate of 28.04 per 1,000 live births. The infant mortality rate per 1,000 legitimate live births was 27.7 and illegitimate 30.1. The primary causes of death are shown in the following table.

Cause of Death	Age at Death					Total for each cause
	Under 4 weeks	4 weeks to 3 mths	3 to 6 months	6 to 9 months	9 to 12 months	
Prematurity	20	—	—	—	—	20
Congenital malformations	7	1	—	—	—	8
Pneumonia	3	—	4	2	1	10
Post-natal asphyxia and Atelectasis	4	—	—	—	—	4
Birth Injury	6	—	—	—	—	6
Other Causes	10	7	10	1	—	28
TOTALS	50	8	14	3	1	76

Deaths under Four Weeks:

There were 50 deaths of infants under four weeks giving a neo-natal mortality rate of 18.44 per 1,000 live births. The rate for England and Wales was 12.3.

The early neo-natal mortality rate (under one week) was 16.9, the rate for England and Wales being 10.5. The total number of deaths was 44.

The following table shows the ages at which death took place.

Cause of Death	0-7 days	8-14 days	15-21 days	22-28 days	Total
Prematurity	20	—	—	—	20
Congenital malformations	6	1	—	—	7
Pneumonia	3	—	—	—	3
Post-natal asphyxia and Atelectasis	4	—	—	—	4
Birth Injury	6	—	—	—	6
Other Causes	6	2	1	1	10
TOTALS	45	3	1	1	50

Perinatal Mortality:

The perinatal mortality rate is the number of stillbirths added to the number of infant deaths during the first week of life, expressed as a rate per thousand of total births both live and still. In 1968 the perinatal mortality rate in Bolton was 33.12.

The following table shows the infant mortality rate, neo-natal mortality rate, stillbirth rate, perinatal death rate and the death rate of infants aged one week but under one year for the last ten years.

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Infant Mortality Rate ..	29.0	27.0	19.4	24.2	32.6	19.1	20.5	24.6	23.9	28.04
Neo-natal Mortality Rate ..	17.2	20.0	11.6	18.1	19.6	10.8	14.0	12.7	15.7	18.44
Stillbirth Rate	16.9	19.6	17.6	19.1	16.4	15.3	17.3	16.1	15.1	17.05
Perinatal Death Rate	29.7	34.0	27.5	34.0	32.4	24.8	29.5	27.1	28.1	33.12
Deaths of infants aged 1 week but under 1 year per 1,000 total live births	15.7	12.2	9.2	8.9	16.0	9.2	8.1	13.2	10.7	15.5

General Discussion - (Infant Mortality and Stillbirths)

The infant mortality rate for 1968 showed a slight rise, whilst the number of births fell from 2,800 to 2,711 the number of infant deaths increased from 67 to 76. This gave the highest rate (28.04) for 5 years and compares unfavourably with the national average of 18.

50 of the deaths were in the early neo-natal period and are related to social class, home environment, the general health of the mother and genetic factors. The remaining 26 deaths were in the period one month to one year old and in this age are strongly related to environmental factors, poor housing, poor hygiene, inadequate child care and infection acquired in the over-crowded homes.

Many of these factors are being corrected and it is hoped eventually to reach the low infant mortality rates recorded in Sweden (15.0) and Holland (14.8).

The perinatal mortality rate (28.04) is considerably above the level of the previous year with a slight increase in the number of stillbirths and infant deaths in the first week of life. It is a measurement of the loss of infants associated with childbirth and prematurity is probably the most important factor in the high level. The number of babies born in hospitals and nursing homes is now very high and this should help to bring about a gradual reduction in the figures.

Percentage of children born at home:

1962	..	..	..	..	..	..	..	..	20%
1963	..	..	..	..	..	..	..	..	19%
1964	..	..	..	..	..	..	..	..	18%
1965	..	..	..	..	..	..	..	..	18%
1966	..	..	..	..	..	..	..	..	13%
1967	..	..	..	..	..	..	..	..	11%
1968	..	..	..	..	..	..	..	..	8%

13 infants who died during the year were from immigrant families and in relation to the number of births during the year to this group (289) were more than the expected number in relation to the rest of the population. The square for this difference is 3.1 and this statistically would only occur by chance one in ten times. One year by itself is insufficient to indicate if this group is particularly vulnerable and will show a high infant mortality but the mortality will be considered in future years to see if this difference is maintained.

Deaths from Cancer

Localisation of Disease, Number of Deaths and Rate Per Cent of Total Deaths annually for the past ten years

Site	1959		1960		1961		1962		1963		1964		1965		1966		1967		1968	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Stomach	60	2.84	62	3.02	67	2.96	73	3.30	72	3.23	56	2.70	61	2.94	63	2.87	54	2.72	41	1.93
Lung & Bronchus	82	3.88	69	3.37	71	3.13	98	4.43	90	4.04	109	5.26	110	5.27	105	4.80	87	4.39	96	4.51
Breast	33	1.56	27	1.32	32	1.41	40	1.81	31	1.39	32	1.54	22	1.05	45	2.06	37	1.86	31	1.42
Uterus	7	0.33	21	1.02	16	0.71	21	0.95	6	0.27	20	0.97	22	1.05	15	0.69	16	0.81	6	0.28
Other Sites	177	8.38	161	7.85	173	7.63	172	7.77	167	7.50	178	8.59	167	8.0	194	8.86	176	8.88	193	9.08
TOTAL DEATHS FROM CANCER	359	16.99	340	16.58	359	15.84	404	18.26	366	16.43	395	19.06	382	18.30	422	19.27	370	18.66	367	17.27
TOTAL DEATHS: (All Causes) ..	2,113		2,051		2,267		2,212		2,227		2,072		2,088		2,190		1,981		2,125	

Deaths from Lung Cancer:

The number of deaths from lung cancer rose in 1968 to 96 compared with 87 in the previous year. The number of deaths from lung cancer is still steadily rising in the country in both males and females (in the latter the deaths per million living almost doubled in the ten years 1958 to 1967 from 119 to 189).

The following table shows the age and sex of the people who died from lung cancer in the year.

Age Group	Males	Females	Total
25-34	—	—	—
35-44	2	1	3
45-54	11	3	14
55-64	30	6	36
65-74	27	8	35
75 and over	5	3	8
TOTALS	75	21	96

The average number of deaths per year from lung cancer from 1959 to 1968 was 92.

Cigarette consumption is still the main aetiological agent in the production of lung cancer and whilst other factors may play a part, such as air pollution, the much higher incidence in the male is related to their higher consumption of tobacco. Smoking is also correlated with deaths from bronchitis (142 in 1968) and ischaemic heart disease (477 in 1968). 21 female deaths from lung cancer are the highest figures ever recorded in Bolton and the numbers have steadily increased since 1960 and 1961 when there were 8 deaths from the cause in each year.

Fatal Road Accidents:

I am indebted to the Chief Constable for the following information:

“During 1968, 1,244 accidents which occurred in the Borough were reported to the Police.

The number of traffic accidents involving personal injury totalled 657; the number of persons injured in these accidents was 836.

16 persons were killed, this being a decrease of 13 on the previous year. 10 were killed in daylight and 6 in darkness. Fatal accidents during daylight involved 6 pedestrians, two aged 5, the others aged 7, 80, 81 and 84 years; 1 car driver aged 19 years; 2 car passengers, aged 69 and 77 years; 1 bus passenger aged 35 years. Fatal accidents during darkness involved 6 pedestrians aged 38, 60 (two), 69, 72 and 79.

Fatal Accidents in the Home:

There were 28 fatal accidents in the home in 1968 but the number is still a considerable reduction in the numbers that were occurring a few years ago and this may be due, in part, to the Home Safety Campaign. 24 of these people were over 70 years of age and the Home Safety Committee help to keep old people and their relatives aware of the dangers that are present in the home and help to emphasise that these are largely preventable.

The number of fatal accidents since 1961 are given below.

1961	..	..	..	..	..	..	..	56
1962	..	..	..	..	..	..	..	43
1963	..	..	..	..	..	..	..	50
1964	..	..	..	..	..	..	..	37
1965	..	..	..	..	..	..	..	34
1966	..	..	..	..	..	..	..	29
1967	..	..	..	..	..	..	..	26
1968	..	..	..	..	..	..	..	28

The following table shows the distribution of accidental deaths in the home according to age, sex and the nature of the accidents.

Cause of Death	Age Group						Total
	Under 70 yrs.		70-79 yrs.		80 and over		
	M.	F.	M.	F.	M.	F.	
Falls - fractured femur ..	-	1	-	1	4	6	12
- other	-	-	1	-	1	4	6
Carbon monoxide poisoning	-	1	-	1	-	2	4
Burns	-	-	-	2	1	1	4
Asphyxia	1	1	-	-	-	-	2
TOTALS	1	3	1	4	6	13	28

Suicide:

There were 27 suicides in 1968, 12 more than in 1967 and the highest number for 7 years.

The number of suicides since 1961 are given below:

1961	..	..	..	..	..	..	..	34
1962	..	..	..	..	..	..	..	22
1963	..	..	..	..	..	..	..	13
1964	..	..	..	..	..	..	..	25
1965	..	..	..	..	..	..	..	20
1966	..	..	..	..	..	..	..	24
1967	..	..	..	..	..	..	..	15
1968	..	..	..	..	..	..	..	28

The following table shows the distribution of suicide according to age, sex and the method of suicide.

Cause of Death	Age Group						Total
	15-44		45-64		65 and over		
	Male	F'male	Male	F'male	Male	F'male	
Coal gas poisoning	2	-	-	1	3	1	7
Barbiturate poisoning	1	-	1	1	-	1	4
Nembutal	-	-	1	-	-	-	1
Aspirin poisoning	-	-	-	1	-	-	1
Self-inflicted violence	3	2	5	2	1	1	14
TOTALS	6	2	7	5	4	3	27

The numbers of suicides can be reduced by the earlier recognition and treatment of depressive illness. The hoarding of large quantities of unused medicines in the home is very dangerous, providing facilities for people who may attempt, on a sudden impulse, to commit suicide.

PART II

LOCAL HEALTH SERVICES

Co-ordination of the Health Department, Hospital and Family Doctor Services

Health Centres

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Immunisation and Vaccination

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

CO-ORDINATION OF THE HEALTH DEPARTMENT, HOSPITAL AND FAMILY DOCTOR SERVICES:

As mentioned earlier, there is very good co-ordination between the medical services in Bolton. Health visitors are attached to all general practices; many of the district nurses are attached, and early next year the others will be.

Co-operation with general practitioners is good at the authority's two health centres. Another two health centres to accommodate six and five practitioners respectively are in an advanced planning stage, and investigations on another three are proceeding.

A health visitor works full time and a state registered nurse part-time with the hospital geriatrician, keeping in touch with patients before and after admission to hospital, and with some who do not require hospital treatment. There is free interchange of information with the Welfare Department, and field workers have frequent discussions regarding old people and the handicapped. The officers dealing with old people meet regularly. Some midwives attend general practitioners' ante-natal clinics, and some health visitors attend general practitioners' child welfare clinics. Our mental welfare officers keep in touch with patients admitted to hospital, and attend the hospital's weekly case conference. One of the psychiatrists advises the authority on mental health developments, and our building schemes, staff changes and senior appointments are discussed fully with him. This psychiatrist visits periodically Greenmount House, the hostel for mentally disturbed old people. The local paediatrician and one of our medical officers hold a regular weekly clinic in the health department mainly for the assessment and follow-up of handicapped children. A medical officer visits the Paediatric Department of the local hospital for a session each week, as does also a health visitor. Full information on children treated in hospital is sent to the department. The Maternity Liaison Committee is active. Ophthalmologists and an Ear, Nose and Throat Surgeon undertake clinics for the School Health Service.

The Medical Officer of Health is a member of the Bolton and District Hospital Management Committee and its Medical Advisory Committee, the Bolton Executive Council, Local Medical Committee and the Local Obstetric Committee.

Interchange of information and co-operation between the three branches of the profession on a more informal basis will be considerably helped by the opening of the Bolton Medical Institute in the grounds of the Royal Infirmary in February, 1969.

HEALTH CENTRES

The development of health centres in Bolton is continuing to progress satisfactorily. Nine general practitioners are working in the two existing centres and within two years it is hoped that this will be increased to twenty-two doctors. More than one-third of the people of Bolton will be registered with these practices. General practitioners are now increasingly determined to work in groups and in co-operation with local health authority personnel. The re-development taking place in the older parts of the town gave the initial impetus to this type of medical care.

Halliwell Health Centre:

An extension of one half suite and alterations to the reception area took place to provide accommodation for two additional general practitioners.

Central Clinic, Deansgate:

Provision is being made for seven general practitioners on the ground floor of a new building on the Hippodrome site in Deansgate. The rest of the ground floor will provide accommodation for the local authority clinic services. The first floor will give accommodation for the services to be transferred from the Robert Galloway Clinic. It is hoped that the centre will be available towards the end of the 1970/71 period.

Cannon Street Health Centre:

This is to be on the Emmanuel Church School site, and will provide accommodation for six general practitioners. It is hoped that it will also be completed in the period 1970/71.

Additional Health Centres:

Financial provision has been made in the Corporation's five year expenditure programme for another health centre. The area for this has not yet been decided; this will depend on the demand for this type of accommodation from the general practitioners in the different parts of the town. In the planning of these centres the high cost and the possible changes in the pattern of medical care must be considered.

CARE OF MOTHERS AND YOUNG CHILDREN

Child Health Centres:

Attendances at child health centres decreased in 1968 by 2,735, although there was a slight increase in the number of children seen by the clinic doctors.

The reasons for the decrease are that the health visitors are assisting general practitioners at three baby clinics held weekly in their surgeries, and because progress has been made in implementing some recommendations of the Sheldon Report outlined last year. Less emphasis is now being placed on regular weighing of healthy babies, and mothers are encouraged to attend the clinics to discuss individual problems with the doctor or health visitors and seek guidance on their child's physical and mental progress. Inexperienced mothers are taught to anticipate each stage in the emotional development and behaviour of their children. Plans are in hand to introduce an appointment system at some child health clinics in the new year.

At the end of August two clinic sessions were discontinued because of reduced attendances and the necessity of deploying health visiting staff economically. The clinics concerned were at Daubhill and Withins where extra weekly sessions started a few years ago to relieve pressure of the main sessions.

At the end of the year there were 16 weekly child health clinic sessions and one fortnightly one. A summary of the work carried out is as follows:

	Number of Sessions				Total Attendances			
1966	950	..	..	..	40,487
1967	897	..	..	..	34,724
1968	880	..	..	..	31,989

Details of attendances at different ages are shown in the following table:

Attendances at Child Health Clinics

Age of Child	First Attendance	Subsequent Attendances	Seen by Doctor at Child Health Centre
Born 1968	2,181	14,223	6,446
Born 1967	732	10,163	5,187
Born 1963/6 ..	339	4,351	2,785
TOTALS ..	3,252	28,737	14,418

The medical officers referred some of the children to consultants, always with the family doctor's consent. Details of the 77 cases referred during the year are as follows:

Referred to	Ophthalmic Surgeon	..	..	..	12
„	„ Paediatrician	..	..	..	39
„	„ Orthopaedic Surgeon	..	..	..	9
„	„ General Surgeon	..	..	..	13
„	„ Dermatologist	..	..	..	2
„	„ E.N.T. Surgeon	..	..	..	1
„	„ Plastic Surgeon	..	..	..	—
„	„ Psychiatrist	..	..	..	1
					—
					77
					—

VACCINATION AGAINST POLIOMYELITIS:

NO. OF DOSES GIVEN AT CHILD HEALTH CENTRES		
1st doses	2nd doses	3rd doses
2,264	2,146	1,820

VOLUNTARY WORKERS:

As in previous years the friendly, sociable atmosphere of the child health clinics is due in large measure to the ladies who give their services to help the doctors and health visitors. A high proportion of them have given many years service in this work. Their help in reception, weighing and food sales is particularly appreciated.

PAEDIATRIC CLINIC:

The number attending this clinic was 227, of whom 72 were new cases and 155 were follow-ups, and a total attendance of 361. It is felt that this clinic does serve a useful purpose, as it gives the type of service to the child which is quite impossible to give in a busy hospital out-patients. It also has the advantage of combining the work of the Paediatrician, School Medical Officers and health visitors, as each has his own special contribution to the care of the handicapped child.

On two occasions each year the clinic is held at Firwood Training Centre, so that the mentally handicapped children can be seen in their day-to-day environment and their special problems discussed with the staff at the centre.

No. of clinics held	.. .. .	44
No. of children attending clinics	.. .. .	227
No. of attendances made by children	.. .. .	361
No. of children discharged from clinic	.. .. .	46
No. of children transferred to B.D.G.H.	.. .. .	15
No. of children transferred to Child Guidance Clinic	.. .. .	2
Died	.. .. .	2

CATEGORIES OF CHILDREN ATTENDING CLINIC:

Mentally retarded	.. .. .	69
Pseudo-hypertrophic muscular dystrophy	.. .. .	5
Cardiac	.. .. .	-
Congenital heart	.. .. .	-
Speech	.. .. .	21
Vision	.. .. .	1
Hearing	.. .. .	17
Respiratory	.. .. .	7
Epileptic	.. .. .	11
Retarded development	.. .. .	11
Renal disease	.. .. .	1
Digestive	.. .. .	4
Cerebral palsy	.. .. .	11
Neurological	.. .. .	2
Genital urinary	.. .. .	-
Spina bifida and hydrocephalus	.. .. .	6
Disease of nervous system	.. .. .	-
Hypotonia	.. .. .	7
Cretin	.. .. .	4
Abdominal condition	.. .. .	-
Psychiatric	.. .. .	4
Blood	.. .. .	3
Allergy condition	.. .. .	-
Orthopaedic	.. .. .	16
Miscellaneous	.. .. .	27

HANDICAPPED REGISTER OF PRE SCHOOL CHILDREN:

The handicapped register has been maintained in the form indicated last year. The first group consists of children who are handicapped and are likely to remain so, and the second of these who have a defect at the moment, but who by school age will not require special education. The second group contains the children with congenital dislocation of hip, gastro-intestinal disorders, eczemas, talipes, and a miscellaneous group.

During 1968 a total of 509 children were included in the register. Of these 186 were considered to have a handicapping condition and 323 had a defect. Of the 186 handicapped children, 69 were new cases entered in the register during 1968 and 44 were deleted. At the end of the year 142 cases remained on the register. An analysis of the 186 handicapped children is shown in the following table:—

Category of Handicap	Cases on Handicapped Register during 1968			Cases deleted from Handicapped Register during 1968							Cases on Register at 31.12.68
	Cases on Register at 31.12.67	New cases entered in Register during 1968	Total	Reached school age and attending special school or institution	Reached school age and not requiring special education	Handi-capping condition resolved	Removed from area	Died	Total		
Asthma	3	2	5	-	1	1	-	-	2	3	
Blood Diseases	2	1	3	1 (home tutor)	-	-	1	-	2	1	
Cardiac	18 (includes 1 rubella syn-drome)	15	33	-	-	-	3	2	5	28	
Cerebral palsy	5	3	8	-	1	-	-	-	1	7	
Cleft Palate	5	-	5	-	-	1	1	-	2	3	
Cleft Palate & Hare Lip ..	9	1	10	-	1	-	1	-	2	8	
Deafness	6 (includes 2 rubella syn-dromes))	3	9	2	-	-	-	-	2	7	
Epilepsy & Convulsions ..	9	3	12	-	6	2	-	-	8	4	
Fibrocystic Disease of Pancreas	1	3	4	-	-	-	-	-	-	4	

Category of Handicap	Cases on Handicapped Register during 1968			Cases deleted from Handicapped Register during 1968						Cases on Register at 31.12.68
	Cases on Register at 31.12.67	New cases entered in Register during 1968	Total	Reached school age and attending special school or institution	Reached school age and not requiring special education	Handicapping condition resolved	Removed from area	Died	Total	
Hydrocephalus & Spina Bifida	20	5	25	1	2	-	2	4	9	16
Miscellaneous	6	1	7	-	3	-	-	1	4	3
Mentally retarded	18	5	23	1	-	-	-	1	2	21
Mongols	7	5	12	1	1	-	1	-	3	9
Orthopaedic	4 (includes 1 rubella syndrome)	7	11	-	-	-	-	-	-	11
Speech defects	1	9	10	-	-	1	-	-	1	9
Vision	3	6	9	1	-	-	-	-	1	8
TOTAL	177	69	186	7	15	5	9	8	44	142

Three pre-school children with defects of vision have been classified as blind and are waiting for places in special schools.

CHILDREN AT RISK WHO DEVELOPED A HANDICAP:

Of the 69 new cases entered on the register during 1968, 36 were considered to be "at risk" at birth.

The second group of children with defects requiring observation entered on the register during 1968 included:-

10 Talipes

6 Congenital dislocation of hip including 2 late diagnoses

12 Gastro intestinal disorders.

There was one death. A child with bilateral talipes died of meningitis at three months of age.

There were 8 deaths of handicapped children during 1968:

HANDICAP	NUMBER	CAUSE OF DEATH	AGE AT DEATH
Spina Bifida	4	1. Septicaemia and severe anaemia	6 months
		2. Bronchopneumonia and Hydrocephalus Myelomeningocele	1 month
		3. Meningitis, Septicaemia and severe dehydration	4 months
		4. Proteus meningitis and ascending infection from meningomyelocele	2 weeks
Mentally retarded	1	Bronchopneumonia and microcephaly	2 weeks
Cardiac	2	1. Congestive heart failure valvular disease of heart	11 weeks
		2. Congenital heart disease Fallots' Tetralogy	2 weeks
Miscellaneous	1	General carcinomatosis and Neuro- blastoma	3 years
TOTAL 8			

The children with heart disease attend the special cardiac clinic at Bolton District General Hospital and some of the more serious cases attend the Liverpool Heart Hospital. The mentally retarded children are seen mainly at the Handicapped Children's Clinic held at the Civic Centre every Wednesday, with a Consultant Paediatrician, Senior Medical Officer and Health Visitor present. A few are seen at the Firwood Training Centre where the Consultant Paediatrician now attends twice a year. Children with orthopaedic conditions are mainly seen at the Royal Infirmary by the Orthopaedic Surgeon but as

these often have more than a single defect, they are seen at the Handicapped Clinic as well. Of the children who have attended the Wednesday Clinic 96 are on the Handicapped Register.

CHILDREN "AT RISK"

Babies that might not develop normally were placed on the "At Risk" special register and examined at the three selected ages of 6-8 weeks, 6-9 months and 12-18 months.

Year	Number of babies on the 'At Risk' register
1965	563
1966	566
1967	644
1968	583

During 1968, reasons for which babies were placed on the register, are as follows. Some babies had several reasons why they were placed on the "At Risk" Register.

	Number of babies on the "At Risk" Register
Premature	198
Forceps deliveries	126
Caesarean Sections	108
Breech Deliveries	66
Rh. Negative	13
Multiple Pregnancies	47
Illness of baby	34
Illness of Mother	16
Other reasons	71

The Health Visitors carried out the modified Dr. Mary Sheridan standardized tests at the selected ages and referred those failing to the Medical Officers at the child welfare clinics.

Congenital Abnormalities:

During 1968, 29 congenital abnormalities were notified. Twenty of these were notified directly from the hospitals, 2 from the general practitioners, 1 from the midwives and 6 from the health visitors.

The figures received are as follows:-

Ichthyosis	1
Congenital dislocated hips	2
Hypospadias	1
Spina bifida and hydrocephalic	1
Spina bifida and bi-lateral talipes	1
Bi-lateral talipes	3
Talipes	1
Oesophageal artresia with trachial fistual and hydrocephalus	1
Congenital heart	3
Meningocele	3
Mongol	2
Ankle weakness - right foot	1
Polydactyle	1
Imperforate anus	1
Malformed (L) ear	1
Hydrocephalus and anophthalmos	1
Cleft palate	1
Two fingers missing	1
Enlarged hard (R) testicle	1
Anencephalic	2
	<hr/>
TOTAL	29
	<hr/>

"The main purpose of the scheme for the notification of malformations in new born babies is the early detection of any trends resulting from the use of drugs or exposure to any environmental factor such as an epidemic of virus disease during the mother's pregnancy. In order that this be done effectively, notification must be received and the data processed as early as possible. This means that the enquiry is limited to malformations observable at birth."

The above is an extract from the Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1965.

This may explain the small number of notifications we have received as the figure has remained consistently low since the congenital register was started.

Ascertainment of Deafness in Young Children - Screening Tests of Hearing:

The tests devised in the Department of Audiology and Education of the Deaf of Manchester University are used to screen the hearing of young children. A member of the staff of the above department visited Bolton in September, 1968, to train 1 part-time and 12 full-time health visitors, along with 3 full-time and 2 part-time school nurses, in the methods used to screen the hearing of infants aged 7 to 15 months. This age range was chosen because it is then that the majority of babies are tested. The total number of trained staff at the end of the year was 23 full-time and 3 part-time health visitors and 5 full-time and 2 part-time school nurses.

Children who were considered in any way to be "at risk" were screened routinely at approximately 8 months of age and this was combined with the 6 to 9 months developmental assessment test wherever possible, thus saving an extra visit. The screening tests of hearing were usually carried out by a health visitor and a school nurse working together. Children not in the "at risk" category were also tested if there was any reason to suspect hearing loss.

Results

	Under 1 year	%	1 to 2 years	%	2 to 5 years	%	Totals	%
Number tested ..	998	86.6	123	10.7	31	2.7	1152	
Passed—								
1st Test ..	933	93.6	113	91.9	24	77.4	1070	92.9
2nd Test ..	44	4.4	6	4.9	3	9.6	53	4.6
3rd Test ..	10	1.0	3	2.4	2	6.5	15	1.3
Failed 3 Tests ..	11	1.0	1	0.8	2	6.5	14	1.2
Diagnosed—								
Deaf	0	0	0	0	1	3.2	1	0.1
Not Deaf ..	3	0.3	0	0	1	3.2	4	0.4
Under consider- ation	7 (1 died)	0.7	1	0.8	0	0	8	0.7
Where tested—								
At home ..	861	86.3	114	92.7	27	87.2	1002	87.0
At clinic ..	134	13.4	9	7.3	3	9.6	146	12.6
At nursery ..	2	0.2	0	0	1	3.2	3	0.3
At surgery ..	1	0.1	0	0	0	0	1	0.1

A total of 1,152 children were screened in 1968 compared with 714 in 1967. A child was only considered to have a possible hearing loss when it had failed the screening test on three occasions. Fourteen children failed three hearing tests in 1968 and were referred for medical opinion. This represents 1.2% of all the children tested in 1968, compared with 2.3% of all the children tested in 1967 who failed three hearing tests.

One child was diagnosed as having a conductive type of deafness and was referred to the E.N.T. consultant for treatment. One microcephalic baby died before his hearing could be tested further and four children were found on further testing to have normal hearing. Of the remaining eight children who were still under consideration at the end of the year, five were mentally handicapped; two, one a blind baby, were being investigated further by their family doctor; and the remaining child was in hospital with a possible malabsorption syndrome.

During 1968 seven children who had failed three hearing tests in 1967 were investigated further. Three of these children were treated by the E.N.T. consultant and subsequently had normal hearing. Four children were seen at the Department of Audiology, two were found to have normal hearing; one was reviewed after treatment by the E.N.T. consultant and considered to be still deaf, she now wears a hearing aid; the fourth child was thought to have a possible bilateral conductive deafness.

In the case of three other children who had failed three hearing tests in 1967, two were mentally handicapped and it was not possible to take any further action; the remaining one, a physically handicapped child, was considered by the consultant paediatrician to have normal hearing.

The Psychological Testing of Children under Two:

One of the medical officers has been trained to use the Griffith Mental Development Scale for the assessment of children under the age of two years.

During the year ten children were tested for the following reasons:-

Slow motor development	4
Delay in passing milestones	3
Phenylketonuria - under treatment	1
Maternal rubella during pregnancy	1
Fitness for "boarding out"	1

The child with phenylketonuria had previously been tested in 1967 and he was seen on two occasions in 1968 to assess his progress.

Dr. W. Dickson, Consultant Paediatrician referred seven of the children tested, Departmental Medical Officers referred two and the child for "boarding out" was seen at the request of the Children's Officer.

ROUTINE TESTING OF BABIES FOR PHENYLKETONURIA:

Health visitors carry out simple tests of urine on all babies at about six weeks of age. No cases of phenylketonuria were found.

Care of Unmarried Mothers:

In 1968 the Moral Welfare Worker dealt with 139 cases. Of these 12 were girls aged 16 years or less.

	1968	1967	1966	1965	1964
Total number of girls aged 16 years and under who gave birth to live babies	12	16	24	14	11

Ages of mothers at date of birth of their babies:

Age of mothers last birthday:

16 years	7	6	16	7	5
15 years	3	8	5	7	4
14 years	2	2	3	-	2

A new aspect of the problem of illegitimacy is indicated in the number of young girls calling at the Health Department seeking advice and requesting pregnancy tests. It may be that there is need for some form of counselling service including advice on contraceptives for this vulnerable group.

Family Planning:

Arrangements for this service are made with the Bolton Branch of the Family Planning Association.

Two clinics per week are held at the Civic Centre, one of which is for patients taking the contraceptive pill. The Tipping Street Clinic continued to operate throughout the year. An additional clinic was commenced at Halliwell Health Centre during the year. In all 188 clinics were held and there were 3,064 patients who had previously attended and 563 new patients.

Distribution of Welfare Foods:

Sales of Welfare Foods at the Civic Centre and Child Health Clinics during the past three years were as follows:-

Commodity	1966	1967	1968
National Dried Milk	11,418 tins	8,106 tins/packets	8,446 tins/packets
Cod Liver Oil	3,230 bottles	3,110 bottles	3,082 bottles
Orange Juice	40,848 bottles	43,175 bottles	41,013 bottles
Vitamin A & D tablets	3,346 packets	3,021 packets	2,803 packets

Included in these sales were issues to the following institutions:-

NATIONAL HEALTH SERVICE INSTITUTIONS	National Dried Milk	..	174 tins/packets
	Orange Juice	....	.. 162 bottles
DAY NURSERIES	National Dried Milk	..	9 tins/packets
	Orange Juice	.. ..	968 bottles
	Cod Liver Oil	.. ..	108 bottles

Day Nurseries:

There are four day nurseries and they provide potential accommodation for 190 children.

Nursery	Accommodation	Average daily attendance	
		1968	1967
Lowndes Street	43	42.0	43
Shaw Street	50	45.12	46
Merehall	47	43.45	42
Roxalina Street	50	40.60	43
TOTALS	190	171.17	174

The children attending the nurseries during the year can be put into the following categories:

Day Nursery	Social	Medical	Mother's profession
Lowndes Street	65	3	35
Shaw Street	86	7	24
Merehall	89	6	32
Roxalina Street	104	14	12
TOTALS	344	30	103

TRAINING OF NURSERY NURSES:

During the year twenty-four Students of the Bolton Training Centre, 40 Chorley New Road, were awarded the Certificate of the National Nursery Examination Board.

Nurseries and Child Minders Regulation Act, 1948:

This Act was amended by The Health Services and Public Health Act, 1968 (Section 60), and now it requires the registration by the local authority of any person looking after, for reward, even one child under five years old, to whom that person is not related. The registration is required where the person looks after the child for two hours or more in the day, whether in that person's own home or in other premises not wholly or mainly used as private dwellings.

The full effect of this amendment was not alone responsible for the enlargement of the registers kept by the local authority. The tendency of setting up play groups for the under fives which started a few years ago still continues. At the end of 1968 there were 22 such groups catering for 257 children as against 16 play groups for 175 children in 1967 and 10 play groups with 79 children in 1966.

A Medical Officer and a Health Visitor from the Health Department, together with a tutor from the Education Department's Nursery Training Centre gives supervision, advice and help during regular visits to these play groups.

A local board of the Pre-school Play Groups' Association helps to co-ordinate the running of the play groups on modern nursery school lines.

In addition to these play groups there were two industrial nurseries on the register of the Bolton Health Authority catering for a total of 99 children while their mothers are at work. Both premises received regular visits and so did the ten child minders who cared for 33 children between them.

Dental Treatment:

I am indebted to Mr. S. Bray, the Principal School Dental Officer, for the following information and comments:

"Of the six dental surgeries available, only two were in full-time use throughout the year. The remaining four surgeries were used by the part-time dental officers until August, when a third full-time dental officer was appointed.

Dental treatment was given to those priority class patients seeking or referred for treatment. One of the nursery schools had a dental inspection and a talk on dental health education.

The Training Centre was visited and treatment given at the Robert Gallo-way Clinic and the Halliwell Health Centre.

Dental Arrangements

Number of Dental treatment centres in use at the end of the year, for services shown below	4
Number of Dental Officers' sessions, i.e., equivalent complete half-days devoted to Maternity and Child welfare patients during the year	83

Physiotherapy

During 1968 treatment was given to children referred from the Infant Welfare Clinics, mainly for knock knees, flat feet, bow legs and intoeing. Children were referred from the School Clinics for breathing exercises and exercises for flat feet and poor posture.

Ultra-violet light sessions were held twice weekly for school children and twice weekly for under fives throughout the year; the number of children referred from all clinics for ultra-violet light steadily decreased during the year.

Ultra-violet light sessions were also held twice weekly at Lostock Open Air School from September to March. Postural drainage was supervised at these sessions and also once weekly throughout the summer term.

Relaxation classes for expectant mothers were held at the Civic Centre each morning and on Tuesday afternoons in conjunction with the Mothercraft Classes. During the summer months additional classes were held on Monday afternoons. Classes were held at the Halliwell Health Centre on Wednesday afternoons along with the Mothercraft Classes throughout the year.

The Physiotherapist attended one afternoon each week at the Firwood Training Centre until October 18th, when it was decided by the Chief Mental Welfare Officer that two attendances per week were needed there, so instead of attending the Cotton Street Adult Training Centre, one half day, she then worked one morning and one afternoon at Firwood and ceased to attend Cotton Street.

Treatment was given throughout the year to patients referred from the Geriatric Clinic.

SUMMARY OF WORK:

				MASSAGE AND EXERCISES	BREATHING EXERCISES POSTURAL DRAINAGE
Number of Patients	..	..	..	74	38
Number of Treatments	..	..	..	453	462
Number of New Patients	..	..	..	64	27

				PRE- SCHOOL	ULTRA-VIOLET LIGHT SCHOOL CHILDREN	LOSTOCK OPEN AIR SCHOOL
Number of Patients	..	..	..	129	159	—
Number of Treatments	..	..	..	1,318	1,698	2,008
Number of New Patients	..	..	..	103	127	—
Number of sessions	..	..	..	44	44	—

				NO. OF PATIENTS	EXPECTANT MOTHERS' RELAXATION CLASSES NO. OF NEW PATIENTS	NO. OF ATTENDANCES
Domiciliary	..	..	..	40	27	303
Maternity Homes	..	..	..	337	274	1,436
Own Doctor	..	..	..	16	12	80
B.D.G.H.	..	..	..	46	41	223
Halliwell Health Centre	..	..	..	72	66	269

COTTON STREET AND FIRWOOD TRAINING CENTRE

	FIRWOOD	COTTON STREET
Number of Patients	9	Exercises all girls until Oct. 18th then to Firwood twice weekly
Number of Treatments	176	

GERIATRIC PATIENTS

Number of Patients	16
Number of New Patients	12
Number of Attendances	82

MIDWIFERY

Distribution of Births:

Once again there was a substantial decrease in domiciliary births, only 210 babies (8.4%) being born at home. A reduction of 86 on the previous year. The following table shows the distribution of births, and comparisons with previous years:

	1966	1967	1968
Total Births	2,685	2,792	2,692
Domiciliary	352	296	210
Bolton District General Hospital	1,355	1,496	1,474
Maternity Homes	902	980	948

The number of babies born to Bolton mothers in maternity establishments outside Bolton, excluding Bolton District General Hospital, totalled 18.

Domiciliary Confinements:

Municipal midwives were in attendance at 210 confinements. Visits were made as follows:

Ante-Natal visits	1,499
Nursing visits during the puerperium:	
1. Patients delivered at home	3,100
2. Patients discharged home early from hospital	1,515
	4,615
Post Natal visits	136
Social condition reports at the request of B.D.G.H.	8
Ineffective visits to households	675
Giving of inferon injections	238

The midwives undertook the ante-natal care of 54 patients who had been booked for confinement at home but were delivered in hospital because of possible complications. Some of these were discharged, usually forty-eight hours after delivery, to the care of the domiciliary midwives. Twenty-one of the above patients were attended in their homes by midwives until emergency admission to Bolton District General Hospital.

Domiciliary Staff:

The establishment of ten midwives remained complete until September, 1968, when one midwife resigned to take further training as a Student Health Visitor at the Bolton Technical College. This vacancy was filled by a part-time midwife on the staff, who wished to take up full-time duties. It was decided not to appoint another part-time midwife as the number of domiciliary births has again decreased. At December, 1968, the staff consisted of nine full-time midwives and one part-time midwife.

General Practitioner Ante-Natal Clinics:

Midwives attended seven ante-natal clinics weekly and one monthly in the general practitioner surgeries. The future trend will see an increase of ante-natal clinics in general practitioner surgeries and health centres, thus bringing the midwife whenever possible to work alongside the general practitioner. The domiciliary midwife working in conjunction with the general practitioner, is in a position to apply a far more practical experience of ante-natal care, and in the quiet unhurried examination of her patient in her own home, is able to detect departures from normal at an early stage, and seek advice from the general practitioner, should the patient be referred for a hospital booking.

The health visitor also is a valuable member of the team and attendance at the ante-natal clinic gives her time to listen and give advice to queries and fears presented by the patient. This is a vital part of ante-natal care, which enables the patient to build up confidence in the people who will attend her at the birth and during the post-natal period.

Analgesics:

The Entonox apparatus is used by all domiciliary midwives in preference to the trichloroethylene (Trilene) apparatus. During the year analgesics were administered as follows:-

Nitrous Oxide and Oxygen Analgesics (Entonox) ..	113 cases
Trichloroethylene (Trilene)	30 cases
Pethadine was used for	58 cases

Flying Squad:

Flying Squad was called on two occasions during 1968:

1. Secondary Post Partum Haemorrhage on the 5th day following a normal delivery at home. Mother and baby were transferred to Bolton District General Hospital.

2. Intra Partum Haemorrhage. Retained Placenta following a normal delivery at home. The flying squad were summoned, but their services were not required as the placenta was expelled before their arrival. The condition of the patient was satisfactory and she was allowed to remain at home.

Refresher Courses:

Four midwives attended sessions of a conference in Preston organised by Lancashire County Council.

Medical Aid:

Medical Aid was sought by midwives on 37 occasions during 1968.

Testing for Congenital Dislocation of the Hip:

Midwives continued to test all babies born at home. No case of congenital dislocation was detected in 1968.

Sterile Maternity Packs:

This pack was introduced for a trial period in 1966. The pack is available to all midwives and is now a standard item of their equipment. There is less risk of infection to mother or baby as the pack is not opened until the patient is ready for delivery and therefore a higher standard of sterility is maintained.

The Oxygaire Portable Incubator:

The incubator cot is stored at the Ambulance Depot where it is kept at a constant temperature. The temperature can be maintained during transit by connecting to the battery in the ambulance. Thus babies are transported to hospital under the best possible conditions. The cot was used twenty-six times during 1968 for transporting babies to hospital.

Early Discharge of Maternity Patients from Hospital:

The practise of nursing selected early discharge patients at home continues to work smoothly. The idea of early discharge originated a few years ago. It has now grown into an accepted practice because getting back home after an absence of only forty-eight hours strongly appeals to the mothers; there are some who now blatantly demand it. It is this section who cause most concern. Many were accepted for hospital booking on social grounds or were admitted as non-booked cases. Therefore, no assessment visit was made for early discharge by the domiciliary midwives. Some of these patients are very difficult to nurse at home in the early days of the puerperium because of inadequate preparations and no domestic help.

Selected Patients for early Discharge:

Selected patients for early discharge are visited by the domiciliary midwives twice during the ante-natal period. The second visit is appreciated by the patient and enables the midwife to check and advise on the preparations made for her early discharge home. All patients agreed to have domestic help which the midwife considered satisfactory.

	1967	1968
No. of investigations requested by Bolton District	331	315
No. of investigations not suitable for early discharge . .	65	54
No. of selected early discharge patients nursed by domiciliary midwives	272	246
No. of patients discharged home after 48 hours not selected	93	118

Lack of assistance, or inadequate help is still prevalent in the selected early discharge patients. There is a very great reluctance to spend money on home helps who would have been available for all these cases apart from where the husband was on holiday and was able to cope. The midwives try very hard to improve the assistance available but without much success.

No Help	Mother or Mother- in-Law	Dependent on Neigh- bours	School Children School Girls	Husband			
				On Holiday	Off Work	Off Sick	Unem- ployed
4	4 days 6 7 days 4	10	8 yr. 2 9 yr. 1 10 yr. 1 12 yr. 2 15 yr. 1	4 days 2 7 days 18 10 days 4	4 days 6 7 days 15 10 days 4 2 wks. 9	7	3
	10		8	24	34		
			GRAND	TOTAL 100			

Seventy six patients not selected for early discharge were discharged home early from Bolton District General Hospital. Forty-three of these were discharged at the request of B.D.G.H. for various reasons as follows:-

Took own discharge	Stillbirths	Baby died	Baby transferred to Pendlebury Hospital	Baby kept in premature unit
33	18	14	4	7
				GRAND TOTAL 76

Forty-six patients not selected for early discharge were discharged home from the maternity homes in the Borough and from private maternity homes outside the Borough. Many took their own discharge. Some were discharged at the request of the general practitioner. Details as follows:—

Took own discharge	At request of G.P.	Stillbirths	Baby died	Maternity Homes outside Borough	Baby transferred to Pendlebury Hospital
29	6	6	1	3	1
					GRAND TOTAL 46

Cases which should have been delivered in hospital but refused hospital admission.

No.	GRAVIDA	REASON	RESULT
1	8	Patient refused hospital confinement. Was separated from husband, did not wish to leave children.	Normal delivery. Mother and baby satisfactory.
2	5	Patient had every facility for home confinement. Did not wish to leave other children.	Normal delivery. Mother and baby satisfactory.
3	5	Patient refused hospital delivery.	Normal delivery. Satisfactory.
4	6	Post mature. Sent to B.D.G.H. to see Consultant. Booked for hospital delivery.	Went into labour at home. Did not send for the midwife until baby was born. Mother refused to go into Hospital. Baby only 5 lb. 6 oz. Admitted to hospital same day. Died 2 days later.
5	5	Refused hospital delivery. Did not wish to leave other children.	
6	5	Refused hospital confinement.	Normal delivery. Satisfactory.
7	5	Poor home conditions. Refused hospital confinement.	B.B.A. Baby - cold syndrome. Still refused to go into hospital.
8	0	Unmarried mother aged 17. Left her own home. Went to apartment house to visit male friend, went into labour. Delivered her own baby. Cut cord with razor blade and expelled placenta; then summoned help from another female in the house.	General practitioner summoned. Mother and baby transferred to B.D.G.H. 12.40 a.m. Laceration of perineum - sutured. Mother took own discharge same day at 3.30 a.m. Baby remained in hospital.
9	6	Bad obstetric history. Separated from husband. Unsatisfactory home conditions. Refused hospital confinement.	Normal delivery. Mother and baby satisfactory.

Health Education:

Midwives continue to assist with the teaching at Mothercraft Classes held at the Civic Centre and Halliwell Centre. The classes are mainly for expectant mothers living within the County Borough. The numbers attending classes are small in comparison with the number of babies born annually. Mothers who do attend gain a great deal in preparation for their confinement and voice their appreciation when the happy event is complete.

Unfortunately, many mothers-to-be do not attend the Mothercraft Classes. Some just do not want to attend; others because they think they know it all, or perhaps many have been influenced by their mothers' experience.

During 1968 in an endeavour to increase health education, a series of talks was arranged for expectant parents. Mothers expecting their first babies in the local maternity homes were invited to attend evening classes accompanied by their husbands.

The following subjects were discussed :-

1. Preparing together - including slides on foetal development ; importance of ante-natal care.
2. Emotional Aspects - of the ante-natal period with film strips.
3. Two Films - showing the actual birth of the baby :
 - (a) in hospital
 - (b) in the home.
4. Post Natal Period - Films, "Their First Years", "A Baby in the House".
5. The Future - Film, "Every Baby a Wanted Baby".

The response to these classes was stimulating. The expectant parents were very keen and entered into lively discussion after each talk, which proved beneficial to all attending the classes. Many queries and fears peculiar to some women were discussed. It would appear that parentcraft classes in the future should be planned on these lines, to endeavour to bring parents to be together to learn some useful information for the good of their own health and the family.

Radio Telephones for Midwives:

The three Bantam Pye radio sets on loan from Pye Telecommunications since 1967 have been used continuously during the day and, when required, at night.

The midwives have adapted themselves well to the use of the radio sets. This type of communication was found necessary to ensure a midwife was always within call should a patient telephone when labour commenced, or any emergency arise. More sets are to be purchased next year.

District Midwife Training

Four midwives are approved as teachers by the Central Midwives Board. Six student midwives completed their Part II training. Five were successful in their examinations to become fully qualified midwives. The sixth student midwife was successful at the second attempt.

During 1968 the Central Midwives Board reviewed the training of the domiciliary student midwife, because in some areas there was a difficulty in getting sufficient cases for the students. This had occurred in Bolton, so it was decided in future not to accept more than two students at any time. The Lancashire County Council agreed to accept students for district training if the County Borough of Bolton was unable to place them.

The Central Midwives Board consented that students trained for domiciliary midwifery in Bolton, would require only the minimum of three cases to be written up in their case books. This meant that a revised programme of training was adapted for the students, which includes a comprehensive training in community health care. This enables the students to meet other social workers in the various fields which will fit them better to deal with problems which may arise, when working in the future as trained midwives.

HEALTH VISITORS

Staff:

At the end of the year staff comprised:-

Superintendent Nursing Officer
Deputy Superintendent Health Visitor/School Nurse
4 Group Advisors
2 Field Work Instructors

32 Health visiting staff comprising:

Qualified Health Visitors	.. .. .	22
School Nurses - S.R.N.	.. .. .	8 (equivalent)
Centre Nurse - S.E.N.	.. .. .	1
Health Assistants (Unqualified)	.. .. .	2 (equivalent)
1 Clinic Nurse		

ESTABLISHMENT:

Superintendent Nursing Officer
Deputy Superintendent Health Visitor/School Nurse
4 Group Advisors
3 Field Work Instructors
35 Health Visitors
1 Clinic Nurse

There were three vacant posts. Included in the above were five health visitors who completed their training during 1968 at the Bolton Institute of Technology and rejoined the staff in September. One was a male health visiting officer who was employed as a district health visitor on general duties.

The number of candidates seeking sponsorship for training as health visitors increased in 1968, in part due to the number of nurses who included obstetric experience during their nurse training, and also to the cancelling of the two year contract of service following qualification as health visitors, in accordance with the recommendations of the Prices and Incomes Board Report on nurses and midwives pay published in March, 1968.

Six students had been selected for training and offered appointments as health visitors on successfully completing their training when the new regulations made under the Local Government Act, 1966 (S.I. 1968, No. 44) provided for the pooling of net expenditure incurred by local health authorities in the training of health visitors, and for apportioning the total between the authorities on the basis of population came into force. A further two students were sponsored, but not guaranteed appointment on qualification although they would be given preference if vacancies occurred. This method of sponsoring students for training without requiring them to fulfil a contract of service will enable posts to be filled as they become vacant instead of holding them vacant until students qualify and take up their appointments.

Staff Training:

Health visitors attend courses at five yearly intervals to keep them up to date and well informed on all aspects of community health and welfare problems and current social legislation.

One health visitor attended the Summer School organised by the Central Council for Health Education at Neuadd Reichal, Bangor. Two health visitors attended the Course for Health Visitors working with General Practitioners organised by the Health Visitors' Association in Canterbury and a group adviser attended a Management Course (Public Health) organised by the Royal College of Nursing in London.

Eighteen health visitors and school-nurses were trained in the techniques of screening testing of young children for deafness by a member of the staff of the Department of Audiology and Education of the Deaf of Manchester University.

Five health visitors attended a regional two day training course on "Good Parenthood" organised by the Central Council for Health Education in Manchester.

A health visitor with four years experience of group attachment attended two meetings at the Hospital Centre in London for health visitors and district nurses working together in General Practitioner Services organised by the King Edward's Hospital Fund for London, at the Hospital Centre, London.

Training of Student Nurses and other Visitors:

The Medical Officer of Health and the Deputy Medical Officer of Health gave lectures to student nurses and the Superintendent Nursing Officer gave lectures to pupil nurses at Bolton School of Nursing in accordance with the requirements of the General Nursing Council's syllabus.

Three student health visitors were placed with the Field Work Instructors for their practical training during the 1968-69 Health Visiting Course. In addition 8 student health visitors spent six weeks during the fourth term of the course in the department for health visitor experience under supervision. Practical placement for one week was also provided for a student health visitor in training in Surrey.

A total of 170 hospital nurses in training at Bolton School of Nursing visited the Health Department; 82 of them, student nurses at the beginning of their training and 9 student nurses taking obstetric experience to see the work of child health clinics; 56 student nurses at the end of their three years training, and 23 pupil nurses training for the Roll of Enrolled Nurses accompanied health visitors on their visits. In August we were pleased to extend the usual one day's practical experience to a full week for student nurses completing their training under the 1962 Experimental Syllabus of the General Nursing Council. The meeting of nurses and Health Department staff following the week's practical experience showed clearly the value of extending the time to include a wider variety of visits. Arrangements are in hand for a similar placement next year of student nurses training for the Psychiatric Register at Townleys Branch Hospital. In addition 49 students taking the Nursery Nurses' Course in Bolton visited the child health clinics.

The establishment of new courses in the Liberal and Social Studies Department of Bolton Institute of Technology involved health visitors in providing practical experience to new groups of students. These included a Welfare Assistant's Course, a Preparatory Course for Community Nursing, and a Preliminary Course for Residential Child Care.

A nursing officer taking the three month course in Community Health Administration at William Rathbone College, Liverpool, spent a week in the Health Department observing general practitioner and hospital liaison schemes. Two students taking the Diploma in Social Administration at Manchester University and six students studying for the Certificate of Social Work at Manchester College of Commerce spent a day accompanying health visitors on their visits. A student taking the Nurse Tutor Course at Bolton College of Education spent a day accompanying the Health Visiting Officer on his visits. In addition, six students taking this Course visited the Health Department for a talk on the local authority health service, followed by a visit of observation to Halliwell Health Centre. Other visitors to Halliwell Health Centre included student health visitors at the beginning of their course and several nursing officers from other authorities. Arranging practical experience for students studying for an increasing variety of courses is a time-consuming duty for the administrative staff, and places an added burden on hard pressed health visitors. This is an aspect of their work which appears to increase year by year.

Home Visits:

Following the introduction of a system of staff control based on target times as recommended by the Work Study Report on Health Visiting 1967, it was estimated that there would be an increase of about 25% in visits without any increase of staff. This proved to be an under-estimation as the 11,623 extra effective visits achieved represented a 38% increase on 1967.

As a result of the increased number of visits, the number of ineffective visits to households also rose from 4,917 to 6,036. Visits to the elderly increased by 2,760 to 6,342. Many requests for visits have arisen as a result of the attachment of health visitors to general practices.

ANALYSIS OF HOME VISITS:

First visits to babies born 1968	2,802
Subsequent visits to babies born 1968	7,594
Visits to children born 1967	7,795
Visits to children born 1963/6	8,193
Infectious disease visits (+ T.B. = 106)	294
After-care visits	175
Visits to mentally disordered persons	164
Persons aged 65 and over	6,342
Visits in connection with priority rehousing on medico-social grounds	440
Miscellaneous visits	8,607
Ineffective visits to households	6,036
 TOTAL	 48,442

Tuberculosis Visiting:

One health visitor carried out the duties of after-care of tuberculosis patients. She was assisted at Chest Clinic sessions by a part-time clinic nurse.

Tuberculosis Visiting:	1967	1968
Number of visits to patients	281	376
Number of ineffective visits	58	86

Visits to tuberculosis patients and their contacts increased during the year by 95, mainly to Asian immigrant families. The tuberculosis health visitor paid an initial visit to all new immigrants to the Borough on receiving notification from the Port of Entry to inform them of services available under the National Health Service Act, and to encourage them to register with a general practitioner at an early date. During 1968 the tuberculosis health visitor accompanied the Chest Physician on his ward round at the Chest Hospital. This enabled her to make contact with patients before their discharge from hospital and helped with their rehabilitation.

Geriatrics:

The health visitor appointed to work mainly with elderly persons in close co-operation with the Consultant Physician in Geriatrics continued her work on the lines outlined in last year's Report. Number of domiciliary visits paid by the Geriatric Consultant accompanied by the specialist health visitor - 641.

Paediatrics:

Health visitors continued to enjoy the excellent working relationship with the Consultant Paediatrician and his staff that has developed over many years. The prevention and early detection of defects and handicapping conditions of children is now recognised as one of the most important aspects of health visitors' work. Modified Dr. Mary Sheridan standardised tests are carried out by health visitors on babies considered to be "at risk" at the ages of 6 - 8 weeks, 6 - 9 months, and 12 - 18 months. Mothers of children who fail to pass the developmental tests are encouraged to attend the child health clinic or their family doctor for medical examination and referral to the Consultant Paediatrician if necessary.

Health Education

The scheme of health teaching carried out by health visitors continued to increase in 1968. Whilst opportunities became more apparent for teaching to further groups, such as patients attending general practitioners' clinics, the time available to prepare and give talks diminished as posts were held vacant pending newly qualified health visitors joining the staff in the autumn. At the end of the year a number of requests by head teachers for further teaching courses in schools had to be deferred until the staffing position eased, especially in the case of schemes of training for the Duke of Edinburgh Award.

The lack of a visual aids service referred to in my last report is still holding back development in presenting eye catching displays on current health topics in child health clinics, especially in the new centres now coming into use.

A summary of health education activities carried out by health visitors follows:

MOTHERCRAFT:

For expectant mothers.

Classes are held weekly, two sessions at the Civic Centre and one at Halliwell Health Centre.

Number of expectant mothers	.. .. .	217
Number of attendances	.. .. .	1,012
Number of sessions	.. .. .	138

IN SCHOOLS:

Seven schools receive regular courses of lectures in child care, some of them in preparation for the Certificate of Secondary Education, the National Association of Maternity and Child Welfare examination in Child Care or the Duke of Edinburgh Award.

SCHOOL HEALTH EDUCATION:

In some schools a wide range of health and welfare subjects are covered besides the mothercraft classes. The majority of talks are given by the Health Education Officer and include the subjects outlined last year.

MOTHERS' CLUBS:

The four clubs continue to be active and popular particularly in areas where new estates are being built. Health visitors encourage inexperienced mothers to attend to meet others with similar interests. In this way some of the problems of loneliness are eased of young housewives living in areas removed from their former family and neighbourhood communities.

ELDERLY:

Some progress has been made in the number of talks given to elderly persons in groups catering for their interests, such as "Over 60" clubs, church groups and community centres and luncheon clubs for the elderly. The health visitor specialising in geriatrics has been active in this sphere.

Other work includes the organisation of visits of observation to the department and the supply of speakers to a number of voluntary organisations, outside working hours.

It is regrettable that a large group of the population working in mills and factories are not yet being included in the health education programme.

At the end of the year the health education officer resigned his appointment to take up a teaching post elsewhere.

Liaison with General Practitioners:

The attachment of all health visitors to general practices outlined in my last Report has developed along the lines envisaged, to the benefit of patients, doctors and health visitors.

Re-organisation of medical practices, changes of local authority staff, and mobility of patients contributed to the administrative problems, but these

have been overcome by the flexibility of the scheme and mutual good will of all concerned. Health visitors have appreciated the opportunity of meeting patients when assisting at well-baby and ante-natal clinics in their role as health teachers and social advisers held at the practice surgeries. Progress has been made in developing the concept of the community health team, with the general practitioner as clinical leader working alongside the midwife and health visitor. We look forward to the attachment of all district nurses to complete the team during the new year. At the end of the year 24 district health visitors in post were working with 70 doctors in 46 practices. In addition to their administrative duties two group advisers were allocated to "work with" the Bolton patients of 46 doctors based outside the Borough Boundary.

Health Visitors worked alongside the domiciliary midwives at ante natal clinics held weekly in 6 practices. This aspect of general practice attachment has been the area in which most progress has been made to date; health visitors in particular appreciate the opportunity for making early contact and forming relationships with expectant mothers. Plans are in hand for the establishment of ante natal clinics in a further 3 practices early in the new year.

The Prevention of Break-up of Families:

Health visitors continued to support families who had difficulty in attaining and maintaining a standard of living acceptable to the rest of the community. In some of the more intractable cases joint visits were paid with Child Care Officers of the Children's Department, particularly with the Family Care Officer; and with the officers of the National Society for the Prevention of Cruelty to Children.

Health visitors have a vital role to play in the early detection of the "Battered Child Syndrome". They have opportunities to observe and work with vulnerable mothers and children in the clinics and at home. They have understanding of the pressures and tensions involved in the management of "unrewarding" babies particularly with parents of limited reserves, and are able to refer cases for long-term social work help by specialist workers in other disciplines.

The Care of Problem Families by the N.S.P.C.C. Visitor:

Eighteen cases were carried forward. Ten of these were passed to the Inspector. There were nine new cases, involving forty-nine children.

Six hundred and seventy-nine visits were made: 380 supervisions and 279 miscellaneous visits to the following:

Ministry of Social Security, Housing Dept., Health Dept., Children's Dept., Guild of Help, N.W.G.B. and N.W.E.B., Police Officers and C.I.D., Education Offices, W.V.S., County Court, Estate Agents, Salvation Army, Relatives, Child Guidance.

Old (closed cases) seek advice and while it is not necessary to re-open them, they are time consuming.

HOME NURSING

Staff:

At the end of the year staff comprised:

Superintendent
Deputy Superintendent
3 Senior Queen's Sisters
16 Queen's Sisters
2 S.R.N.'s
6 S.E.N.'s
2 Part-time Queen's Sisters – equivalent to 1
3 Part-time S.R.N.'s – equivalent to 1½
2 Part-time Aux. Nurses – equivalent to 1

TOTAL NURSING STAFF - 34, equivalent to 30.5 full-time staff.

ESTABLISHMENT:

Superintendent
Deputy Superintendent
30.5 nursing staff
2 students

The nursing staff work in three groups, each group covering a third of the town geographically. A senior sister is responsible for the daily administration of each group.

With the exception of the part-time staff, all nurses work from their own homes. New cases and messages are received at the district nursing section between 8.0 a.m. and 5.30 p.m. Overnight messages are accepted by the ambulance station and given to the Superintendent or her Deputy at 8 a.m. the following day. These messages are relayed to the three senior sisters at 8.30 a.m. and 1.30 p.m. daily; the senior sister then contacts the nurses in the group by telephone, to pass on new cases and to discuss any necessary relief duties.

The nursing staff work a five day week, 8.30 a.m. to 6.0 p.m. Saturdays and Sundays are covered by two nurses from each group on a rota basis. Urgent calls between 6 p.m. and 10 p.m. are accepted by the nurse on late duty via the ambulance station.

District Nurse Training:

Three students were accepted for district training during the year; all were successful in passing the examination of the Queen's Institute of District Nursing.

From May, 1968, the Queen's Institute of District Nursing ceased to be responsible for the training of and examination of district nurses. This responsibility was transferred to the Department of Health and Social Security who requested each local authority to submit their own scheme of training to the Ministry for approval.

In conjunction with the district nursing sections of neighbouring local authorities, it was planned that students from each of these authorities should attend the Manchester District Training Centre for a period of three weeks during the sixteen weeks of training, for the theoretical part of the course. Tutorials and practical training were to be undertaken by the superintendent and the staff of the employing authority.

This scheme was submitted to the Department of Health and Social Security and accepted in full.

Clinic Sessions:

The Clinic in the home nursing section of the Health Department is held Monday to Friday inclusive from 2 p.m. to 5.30 p.m. This clinic is for the benefit of ambulant patients and those going out to work who still require injections for tuberculosis, anaemia, various allergies, etc.

	1967	1968
Number of patients attending	109	137

Halliwell Centre Clinic:

A clinic is held at Halliwell Health Centre each morning Monday to Friday inclusive, from 11 a.m. to 12 noon, when a district nursing sister is in attendance. This clinic is for patients belonging to the seven general practitioners working from the Halliwell Health Centre and who are well enough to attend for injections, dressings, etc.

	1968
Number of patients attending	104

Statistics of Cases and Visits	1967	1968
Patients being nursed on 1st January	974	1,004
New patients attended during the year	2,029	2,156
	<u>3,003</u>	<u>3,160</u>

Patients remaining on the books		
31st December, 1968	1,004	1,050

NURSING VISITS IN AGE GROUPS:

	1967		1968	
	Cases	Visits	Cases	Visits
Children under 5 years ..	73	808	80	437
5 - 64 years	928	16,969	1,031	29,922
65 years and over	2,002	68,493	2,050	68,817
	<u>3,003</u>	<u>96,270</u>	<u>3,161</u>	<u>99,176</u>

SUMMARY OF NURSING TREATMENTS:

	1967	1968
General Nursing	76,536	70,915
Injections	25,545	31,153
TOTALS	<u>102,081</u>	<u>102,068</u>

The work of the district nursing section continues to expand. This is shown by an increase of almost 3,000 visits paid during the year. With the improvement of liaison between both hospitals and General Practitioners the nature of the work appears to be undergoing quite a change. Hospitals and General Practitioners are referring an increased number of acute surgical cases, e.g., post-operative cases with stitches still in situ, to be removed by the district nursing sister. There is an increase in the number of ante natal patients referred for iron injections, and injections for anaemias and cortisone derivatives to all age groups are also on the increase.

The number of children under five years of age requiring treatment continues to increase, even though the visits to this age group have been less. This reflects the post operative surgical cases where one or two visits only have been required, following their discharge from hospital.

The 5 - 64 year group shows a decided increase, again due to acute surgical cases, ante natal iron injections and other anaemias and allergies requiring injections.

The policy of educating relatives in the care of patients during their nurse's absence has resulted in less frequent visits being necessary in many cases, especially in the chronic sick and the elderly, where a competent and willing relative is available. This is reflected in the decrease in general nursing care, even though the number of geriatric cases continues to rise.

Dressing Service:

The pre-sterilised dressing service has been of immense value, especially with the increase in surgical cases being nursed in the home.

The well-trained team of girls at Cotton Street Training Centre continue to keep a high standard in the packing and supply of dressings. These are sterilised by the Central Sterile Supply Unit at Bolton Royal Infirmary and returned to the Civic Centre. The dressings are then delivered weekly to the patients' homes by the district nursing sisters. The total number of dressings supplied during the year was 16,534.

Nursing Loans and Equipment:

A variety of nursing aids and equipment are available on free loan to patients requiring them, at the request of their general practitioners or the nursing sister.

Laundry Service:

The loan of draw sheets and the laundering of these is provided in cases where it is not possible for relatives to cope with this problem. This service is supplied at the request of the general practitioner or the district nursing sister. The number of patients receiving this service during the year was 116. The average number per month was 62.

Supply of Incontinence Garments and Incontinence Pads:

Once again the increase in geriatric patients being nursed in their own homes has resulted in an increase in the supply of incontinence pads. These absorbent pads with their waterproof backing are one of the most essential aids to relatives nursing an incontinent patient at home.

Two types of pads are supplied:

TYPE 1 Large absorbent pads with a waterproof backing.

TYPE 2. Absorbent cellulose pads for use where a patient is doubly incontinent.

Number supplied during the year:

	1967	1968
Type 1	22,288	24,888
Type 2	18,816	18,240
No. of patients receiving the service	383	378

Where a patient is ambulant, plastic pants with disposable absorbent linings are available. These are issued at the request of the general practitioner, district nursing sister or health visitor.

Visitors to the Department:

During the year, 23 pupils from Townleys Branch and 56 students from the Bolton School of Nursing visited the department to spend a day on the district with the district nursing sisters. During discussions which followed it was evident that these days spent on domiciliary visits have proved of great value to the students and pupils, having given them a brief insight into the care and facilities which are available to patients being nursed in their own homes.

Refresher Courses:

During the year two Queen's District Sisters attended a 7 day course for Practical Work Instructors organised by the Queen's Institute of District Nursing, and held at Old Abresford Place, Hampshire.

Transport:

All district nursing sisters and state enrolled district nurses who hold a current driving licence are allowed a car allowance. On 31st December, 1968, there were 22 car allowances in force and two departmental cars being used by part-time staff.

Nineteen home telephones are at present approved for the district nursing section. It is hoped to extend this to cover all full-time district nurses during the coming year, in anticipation of attachment to general practitioners.

General Practitioner Attachment:

The continued success of the four General Practitioner attachments in the town with its ensuing benefits to patients, practitioners and the district nursing sisters, have resulted in much discussion regarding the possibility of full General Practitioner attachment.

It is hoped to put this into effect during 1969. Owing to the many single general practices it will be necessary to attach each district nursing sister to three or more practitioners. This means it will not be possible under these conditions for the nursing sister to undertake surgery sessions.

Organisation and Method - Work Study Survey:

DILUTION OF STAFF:

The recommendations of the Work Study Report regarding the dilution of staff have been put into effect during the year.

The replacement of S.R.N.'s by State Enrolled Nurses has occurred whenever an S.R.N. has resigned. At the end of December, 1968, there were 6 full-time S.E.N.'s on the staff and it was planned to replace the remaining 2 recommended early in 1969.

IMPLEMENTATION OF STAFF CONTROL BASED ON "TARGET TIMES":

The report of the Work Study Survey made it apparent that "target times" were acceptable for the various tasks undertaken by the district nurses, thus making it possible to express the volume of work in measurable terms.

Each district nurse completes a weekly log sheet stating her daily volume of work and time spent on duty. The processing of this information by clerical staff gives weekly utilisation factor for each member of staff. A graph is compiled to give a picture of the activity analysis and the weekly utilisation factor of the whole district nursing section.

By November, 1968, it was obvious from the graph that the district nurses were working under pressure. The utilisation factor for the whole section had been more than one hundred per cent throughout the year. The usual slackening off period during the summer months did not occur.

Further discussion took place with the Medical Officer of Health and the Work Study Officer, and it was agreed that some adjustment of staff, other than those previously recommended was necessary.

The heaviest burden on nursing time was found to be the increase in weekly baths, in most cases patients who did not require any specific nursing care. It was therefore agreed to replace one full time and one part time S.E.N. with four auxiliary nurses to carry out these duties, at no extra cost to the department. The implementation of this method of staff control has proved to be an advantage. The fact that the graph shows the trend of work and the pressures on the nursing personnel enables supervision to adjust accordingly.

IMMUNISATION AND VACCINATION

Immunisation:

The immunisation schedule which had previously been used was amended in October, 1968. By lengthening the intervals between the doses of Triple antigen and Poliomyelitis vaccine in the primary course, the booster dose previously needed during the second year of life was eliminated. Measles vaccination was also included in the schedule for the first time.

The following is now the normal programme of immunisation:

During the first year of life:

3 months, Triple antigen and Poliomyelitis vaccine

5 months, Triple antigen and Poliomyelitis vaccine

1 year, Triple antigen and Poliomyelitis vaccine

During the second year of life:

After an interval of 4 weeks, Measles vaccination

After an interval of not less than 4 weeks, Smallpox vaccination

At 5 years of age or school entry:

Diphtheria Tetanus Antigen and Poliomyelitis vaccine

After an interval of not less than 4 weeks, Smallpox revaccination

Between 10 and 13 years of age:

B.C.G. vaccination

Because there was a case of diphtheria in a secondary modern school this year 350 teenagers were also immunised against diphtheria. This was a primary course in 108 cases and a reinforcing dose in 242 cases.

Vaccination against Smallpox:

There was a slight increase in the number of children under 5 years of age vaccinated against smallpox in 1968, compared with 1967. Unfortunately, once again a case of generalised vaccinia was reported, this time in a child aged 18 months.

				Age in Years			Total
				Under 5	5-15	over 16	
Primary Vaccination	..	..	..	1,121	73	258	1,452
Re-vaccination	..	..	..	10	104	725	839
TOTALS (1968)	..	..	..	1,131	177	983	2,291
TOTALS 1967)	..	..	..	1,116	151	628	1,895

NUMBER OF PRIMARY VACCINATIONS UNDER 5 YEARS OF AGE:

1958	.. .. .	1,304
1959	.. .. .	1,358
1960	.. .. .	1,375
1961	.. .. .	1,462
1962	.. .. .	2,042 (cases of smallpox in country)
1963	.. .. .	124
1964	.. .. .	560
1965	.. .. .	793
1966	.. .. .	902
1967	.. .. .	1,107
1968	.. .. .	1,121

Vaccination against Poliomyelitis:

Age Group	Numbers who have received three doses during 1968	Numbers who have received reinforcing doses during 1968
Born 1968	887	1
Born 1967	1,025	411
Born 1966	87	738
Born 1965	57	78
Born 1961/64	221	1,169
Others under 16 years ..	72	23
Others over 16 years ..	35	54
TOTALS: ..	2,384	2,474

Total No. who have received 3 doses of Poliomyelitis vaccine since scheme began 73,792

Total No. who have received reinforcing doses since the scheme began 21,169

Vaccination against Measles:

In accordance with recommendations made by the Joint Committee on Vaccination and Immunisation, live attenuated measles vaccine was made available in April, 1968, for the immunisation of all children up to the age of 15 years who were susceptible to an attack of measles, because they had neither been immunised nor had natural measles. This vaccination was first offered to all children between their 4th and 7th birthdays and all children attending day or residential nurseries between their 1st and 7th birthdays. In August this was extended to children up to the age of 11 years and later to children up to the age of 15 years.

By the end of August, 1,527 children had been vaccinated against measles by the local authority, 192 doses of vaccine had been issued for use by general practitioners and the parents of over 2,700 children, who had been offered vaccination, had notified the department that their child had had measles and therefore did not require vaccination. All young children were included in the scheme when the new immunisation schedule was introduced in October.

At the time of vaccination the parents were given a small leaflet which described the more common side effects of measles vaccination.

The following table shows the number of children in each age group who were vaccinated during the year:

AGE GROUP								NO. VACCINATED
Born	1968	..	..	..	..	..	..	1
„	1967	..	..	..	..	..	..	265
„	1966	..	..	..	..	..	..	245
„	1965	..	..	..	..	..	..	291
„	1961/4	..	..	..	..	..	..	1,656
Other under age 15				..	..	..	..	532
TOTAL				..	..	..	..	<u>2,990</u>

Source of Immunisation

	Diphtheria Immunisation only	Diphtheria and Tetanus	Combined Whooping Cough and Diphtheria	Triple Antigen	Tetanus only	Whooping Cough only	Re-inforcing Injections		
							Diphtheria only and Whooping Cough and Diphtheria Combined	Triple Antigen	Diphtheria/ Tetanus and Tetanus only
No. of Children Immunised at Child Welfare Centres ..	2	193	-	1,784	54	-	2	1,222	367
No. of Children Immunised in Schools	108	-	-	-	-	-	244	-	726
No. of children immunised at home by health visitors ..	-	1	-	13	-	-	-	3	-
No. of Children Immunised by General Practitioners and for whom a record card was received by the Health De- partment	1	13	-	317	3	-	1	204	18
TOTALS	111	207	-	2,114	57	-	247	1,429	1,111
GRAND TOTAL ..				2,489				2,787	

IMMUNISATIONS FOR CHILDREN UNDER 16 YEARS OF AGE

	Primary Courses						Re-inforcing injections					Totals	
	Born 1968	Born 1967	Born 1966	Born 1965	Born 1961/64	Others under age 16	Born 1968	Born 1967	Born 1966	Born 1965	Born 1961/64	Others under age 16	
Triple antigen	883	1,061	100	39	30	1	-	489	755	83	100	2	3,543
Diphtheria/Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria/tetanus . .	4	8	6	10	158	21	1	7	19	16	1,047	15	1,312
Diphtheria only . . .	-	-	1	-	2	108*	-	-	-	-	5	242*	358
Whooping Cough only	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus only	-	-	-	1	52	4	-	-	-	-	-	6	63
	887	1,069	107	50	242	134	1	496	774	99	1,152	265	5,276

2,489

2,787

(* Children in secondary modern school where a case of diphtheria occurred)

AMBULANCE SERVICE

The Local Health Authority as in previous years continues to give full ambulance cover within its own area and full ambulance cover on an agency basis for Turton Urban District Council.

General Review:

The work of the Ambulance Service has increased considerably during the year 1968, calling for ever increasing efficiency within the Service to cope with the demand. The steady progress maintained in the operation of the Service has been strengthened with the appointment of a Control Officer to deal with the day to day running, and to ensure continuation and co-ordination of vehicle journeys.

In accordance with the "Millar" recommendations on training of staff we have now been able to send members of staff to the Lancashire County Council Training School at Broughton House, Preston, for the six week residential training course.

The main emphasis of this course is to give technical competence in all aspects of Ambulance work, practical training in realistic conditions with modern equipment and first aid; Para-medical and non-medical subjects are included in this comprehensive syllabus. During the past year two of the driver/attendants have successfully attended this course and further staff are to be detailed as the exigencies of the Service allow.

Four members of the staff have completed the (evening class) 12 week course organised by the Institute of Certified Ambulance Personnel at the Technical College, Bury. A refresher course in advanced subjects was completed for the remainder of staff at the Borough Ambulance Station. Two members of the Control staff have attended the Institute of Ambulance Officers graduate and associate qualification examinations. There is a pressing need for all this type of training and participation should afford satisfactory results and status within the Service.

Co-operation and liaison with Hospitals, Police and Fire Service continues in a very satisfactory manner, and the Police escort provided for emergency transfer of patients to Manchester Hospitals is worthy of special mention.

The yearly total mileage 191,400 and number of patients carried, 61,996, is the highest on record. And it is significant to note that much of this increase in mileage per patient, 3.08 is attributed to the numbers of patients now conveyed as stretcher and two-handed sitting cases, which limits the space available on vehicle journeys. Many more journeys are now being made to the Specialising Hospitals at Manchester and Wroughton, Nr. Wigan, and it is envisaged that this type of work will increase. The number of Geriatric and Physiotherapy cases continues to soar into record figures and the Ambulance Service continues to deal with the increased volume of work, but as the trend continues a review of staff and vehicles will become necessary.

The following tables show the total mileage and the total number of patients carried, together with the average miles per patient during the past fifteen years:

Year	Total Mileage	Total Number of Patients Carried	Average Mileage per Patient
1954	156,504	42,822	3.65
1955	162,750	50,496	3.22
1956	161,578	51,365	3.15
1957	158,270	49,583	3.19
1958	162,062	49,921	3.25
1959	162,542	49,626	3.27
1960	174,798	58,360	3.00
1961	173,571	56,316	3.08
1962	179,481	57,782	3.11
1963	165,590	54,207	3.05
1964	163,460	56,422	2.90
1965	166,946	60,070	2.78
1966	180,375	61,146	2.94
1967	180,372	59,861	3.02
1968	191,400	61,996	3.08

Year	Bolton		Turton U.D.C		Total	
	Patients	Miles	Patients	Miles	Patients	Miles
1964	53,819	142,595	2,603	20,865	56,422	163,460
1965	56,857	143,221	3,213	23,725	60,070	166,946
1966	57,430	151,103	3,716	29,271	61,146	180,374
1967	56,152	152,186	3,709	28,186	59,861	180,372
1968	58,024	160,161	3,972	31,239	61,996	191,400

Patients Carried by Rail:

	Patients Carried			Ambulance Vehicle Mileage		
	Stretcher Cases	Sitting Cases	Total Patients	Stretcher Cases	Sitting Cases	Total Patients
Bolton Borough	—	74	74	—	246	246
Turton U.D.C. . .	—	—	—	—	—	—
TOTALS: . .	—	74	74	—	246	246

Yearly Analysis of Work done by the Ambulance Service:

The following table gives details of the Ambulance and Sitting case mileage; and the stretcher, two-handed sitting and sitting case patients carried.

Bolton Patients Carried

Accident and Emergency				Other Cases				Total Patients Per Year
Stretcher	2 Handed	Sitting	Total	Stretcher	2 Handed	Sitting	Total	
2364	719	1567	4650	5809	10787	36678	53274	57924

Miles Travelled

Accident and Emergency				Other Cases				Total Miles Per Year
Stretcher	2 Handed	Sitting	Total	Stretcher	2 Handed	Sitting	Total	
10693	2719	5870	19282	32072	25530	82823	140425	159707

Agency Service for Lancashire County Council in area of Turton Urban District.

Patients Carried

Accident and Emergency				Other Cases				Total Patients Per Year
Stretcher	2 Handed	Sitting	Total	Stretcher	2 Handed	Sitting	Total	
128	31	88	247	423	871	2431	3725	3972

Miles Travelled

Accident and Emergency				Other Cases				Total Miles Per Year
Stretcher	2 Handed	Sitting	Total	Stretcher	2 Handed	Sitting	Total	
1162	270	709	2141	4268	6413	18417	29098	31239

Emergency Calls:

The response to emergency calls continued to be most satisfactory. Difficulties have been encountered with the traffic congestion in the town centre due to re-organisation and limited access into side streets through parked vehicles. It is encouraging to note the reduction in road accidents, but the calls to home and works and collapse cases has again increased.

Bolton C.B.		Turton U.D.C.	
Type of Case	Yearly Total	Type of Case	Yearly Total
Road Accidents	691	Road Accidents	67
Home or Works Accidents	2354	Home or Works Accidents	128
Collapsed Conditions	1594	Collapsed Conditions	59
Discharges from Hospital	1543	Discharges from Hospital	126
Admissions to Hospital	3660	Admissions to Hospital	306
Foot Clinic	523	Foot Clinic	12
Geriatric Day Cases	11260	Geriatric Day Cases	638
Transfer (Hospital to Hospital) ..	1401	Transfer (Hospital to Hospital) ..	17
Transfer (House to House)	73	Transfer (House to House)	8
Mental Cases	58	Mental Cases	5
Psychiatric Day Cases	5167	Psychiatric Day Cases	200
Maternity Cases	1799	Maternity Cases	129
Out Patients	27901	Out Patients	2277
	58024		3972

Vehicle Strength at 31st December, 1968:

The Ambulance fleet has now been reduced by one Sitting-case car, three older type ambulances have been replaced during the year with ALL-PURPOSE Vehicles, conforming to the Specification laid down in the Working Party Report. All are white in colour, with the latest design in Stretcher trolleys fitted, and improved heating, lighting and equipment.

The vehicle strength is now 2 Stretcher, 3 All-purpose, 3 Dual-purpose Ambulances and 4 Sitting case vehicles equipped with emergency stretcher.

Accident and Insurance Claims:

13 minor accidents to Ambulance vehicles were reported for insurance purposes during the year. On two occasions were the Ambulance Drivers found negligent.

Maintenance and Repair of Vehicles:

All Health Department vehicles continued to be maintained and repaired in the Ambulance workshops. We are indeed fortunate in retaining this type of labour as this Section of the Service gives invaluable assistance in keeping maximum availability of Ambulance vehicles essential to the Service.

Ambulance Control Room

A greater degree of efficiency has been attained in the Operational control of the Service with the appointment of a Control Officer to deal with the day to day demand and co-ordination of vehicle journeys. The Control Room continues to provide the essential link with the other Emergency Medical Services of the Borough outside normal working hours and at week-ends. The radio contact with the midwifery section and one Group Practice is an integral part of the Service. It is planned in the near future to give a direct link by telephone and radio-telecommunications with the Casualty Dept. at Bolton Royal Infirmary and ambulances attending serious accident emergency calls, the aim being to allow the Casualty Officer at Bolton Royal Infirmary to speak directly to the Ambulance crew and give advice or assistance at the scene, or en route to the Hospital.

Ambulance Reserve:

The formation of an Ambulance Reserve has been cancelled by Government Policy, but a small nucleus of trained instructors, covering sections of the Civil Defence Corps, will be retained within each authority. One member of the Ambulance Staff will be attending the Instructors' Re-qualifying Course at Easingwold, Yorks, in the coming year.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

The Health Visiting Officer who had special responsibility for health education resigned in November. The establishment was changed, one health visitor's post being deleted and a new position of Health Education Officer created.

Health Department at Work:

Making a film of the work of the department continued. The completed film in colour with sound track and running for 35 minutes will be completed early in the new year.

Cancer Education:

As in previous years The Manchester Committee on Cancer Education Project offered talks to local employers and voluntary associations. A further anti-smoking clinic was held with moderate success following the earlier pattern and experiments with this sort of clinic will continue in the light of experience. However, anti-smoking propaganda is likely to be more effective if concentrated on the prevention of, rather than stopping, smoking. Cervical Cytology attendances lapsed for a variety of reasons and it became clear that more specialised, systematic, and solicitous methods of publicity for this service should be sought in future.

Disposal of Old Medicines:

Local pharmacists in co-operation with the local press, police and general practitioners provided facilities for receiving unwanted drugs. The Public seem to need periodic reminders to spring clean their medicine chests so there is scope for an annual effort of this sort.

In Service Training:

An in service training session was held on contraceptives, a constantly changing aspect of Social medicine. In addition to Health Department Staff, Child Care Officers were invited.

Drug Addiction:

The Bolton Technical College was the venue for a half day seminar for teachers and older pupils on Drugs and Young People. The seminar was held in co-operation with the Bolton branch of the Prevention of Addiction Association. Later in the year the Workers' Educational Association held a Sunday afternoon meeting on the subject which was addressed by an expert.

Parent Craft:

Two short parent craft evenings for expectant parents were held and proved very popular. Regular ante-natal mothercraft classes were held attracting 931 mothers to be.

Cervical Cytology and Cancer Screening:

Eighteen patients who had positive or suspicious smears were followed and 3 of these were treated by hysterectomy, 2 had radium treatment, 10 were in pre-cancerous stage and were treated by cone biopsy, 2 had no treatment but still are under observation, one patient could not be followed up as she left the country.

Other conditions for which patients were referred to family doctors are as below. Of these the commonest condition found in clinic was vaginal discharge.

Trichomonas Infection	63
Monilial Infection	16
Pruritis vulvae	1
Prolapse	2
Haemorrhoids	1
Stress Incontinence	1
Menorrhagia	1
Large cervical polyp	2
Uterine Fibroids	1
Tapeworm Infestation	1
Breast lumps	8
Discharge from nipple	2

Summary of Age and Parity of Bolton Women who had smears taken:

Age Group	No. of women examined	No. of positive or suspicious smears	Percentage of positive smears
Under 25 years	131	1	0.75
25/34 years	491	6	1.23
35/44	387	6	1.55
45/54	292	4	1.37
55/64	87	1	1.15
65 and over	11	0	0
TOTAL	1,399	18	1.29

Number of Pregnancies:

0	61	1	1.64
1	300	2	0.67
2	521	7	1.34
3	273	3	1.10
4	126	2	1.59
5	52	1	1.92
6	26	1	3.85
7 and over	40	1	2.5
TOTAL	1,399	18	1.29

Results of Breast Examinations in 1968:

8 patients were further investigated and of these

- 1 had malignancy confirmed and was treated by Mastectomy
- 4 were confirmed as non-malignant after biopsy
- 2 were confirmed as mastitis
- 1 breast lump was not confirmed by consultant.

Geriatric Advisory Clinic:

The Geriatric Advisory clinic continued to be held at the Civic Centre every Wednesday morning. 115 new patients were examined. The following shows their age distribution:

Age	Women	Men	Total
60-65	15	2	17
66-75	58	11	69
over 75	17	12	29
	90	25	115

THE SOURCES OF REFERRAL TO CLINIC WERE:

	Women	Men	Total
Chiropody clinic	62	14	76
Previous patients	7	5	12
Talks at over-60 clubs	14	1	15
District Nurse	2	1	3
Health visitor	4	2	6
Welfare officer	1	1	2
General Practitioner	—	1	1
	90	25	115

The commonest of all sources was the chiropody clinic.

The commonest medical conditions found at the clinic were hypertension and obesity. In most cases of obesity, weight reduction and relief of symptoms was shown after diet adjustments.

THE CONDITIONS DETECTED WERE AS FOLLOWS:

	Women	Men	Total
Overweight	33	9	42
Hypertension	28	8	36
Anaemia	5	3	8
Albuminuria	1	—	1
Miscellaneous	1	1	2
	68	21	89

31 patients were referred for further help:

	Women	Men	Total
Consultant Geriatrician	2	1	3
Consultant Ophthalmologist ..	-	1	1
Cervical cytology	4	-	4
Hearing Aid Clinic	-	5	5
Physiotherapy	4	-	4
Optician	10	4	14
	20	11	31

Of the patients referred to Consultant Geriatrician one woman was found to have Carcinoma of the breast and Diabetes. Myxoedoema was diagnosed in one male.

Convalescent Home Accommodation:

During the year there were 26 applications for convalescence for adults. All applicants were interviewed as to their suitability for convalescence by medical officers of the department and all were accepted.

Of the 24 applicants accepted for periods of two weeks, 19 were admitted to homes at Blackpool and St. Annes, and 3 to homes at Southport. One application for the service was withdrawn and one will go to a home in Blackpool in 1969.

Chiropody:

This is the first full year in which the Chiroprody Service for the Elderly has been administered directly by the local health authority. The service ceased to be organised by the Bolton Old People's Welfare Council on 1st February, 1969. Foot clinics are held daily in the Health Department's Civic Centre Clinic and one day per week at Halliwell Health Centre. When the new Deane C. of E. Clinic is completed early next year it is anticipated that a foot clinic on one day per week will be started for the people in that area.

The table below will illustrate the ever increasing demand for this service.

	1964	1965	1966	1967	1968
New Clinic Patients	266	173	142	504	636
New Domiciliary Patients ..	135	117	181	256	358
Clinic Patients on Register at Year End	1,477	1,535	1,486	1,830	2,104
Domiciliary Patients on Register at Year End	220	280	369	553	580
Recall Period	6 - 8 weeks	10 - 11 weeks	7 - 8 weeks	11 - 12 weeks	9 - 10 weeks

**Table of Treatments given at the Foot Clinics since the
Inception of the Service on 1st April, 1960**

Year	Number of treatments given at clinic					No. of treatments given at home	Total clinic and home treatments
	Free			Paying	Total		
	Aged	Handi-capped	Expectant Mothers	Aged			
1968	4,786	464	1	3,699	8,950	3,211	12,161
1967	4,493	460	—	3,561	8,514	2,825	11,339
1966	4,609	339	—	3,573	8,521	2,206	10,727
1965	4,018	353	—	3,306	7,677	1,748	9,425
1964	4,485	356	—	3,857	8,700	1,762	10,462
1963	4,372	343	—	4,112	8,827	1,592	10,419
1962	3,969	338	—	4,147	8,455	1,279	9,734
1961	3,522	271	—	4,046	7,841	755	8,596
1960 (April - December) ..	1,753	199	—	3,247	5,200	333	5,533

The number of both Clinic and Domiciliary treatments have risen this year. This again points to the ever increasing demand for this service, and to the efficient manner in which it is being met by the chiropodists.

HOME HELP SERVICE

In 1918 the first Act was passed to enable a local health authority, if it wished, to set up a Home Help Service. Various Acts and Statutory Rules and Orders followed, including the setting up (if desired) of the Domestic Help Service, and culminating in the National Health Service Act, 1946, which amalgamated both Services - still retaining its permissive nature.

Fifty years later the Health Services and Public Health Act came into being, which removes the permissive powers, stating instead "It shall be the **duty** of **every** local health authority . . . to arrange provision of help . . ."

It is perhaps worthy of recall that in 1919 only three authorities in England were running Home Help Services - one of them being Bolton.

Home Help

In our increasingly self-centred society the care of the aged and infirm is falling more and more on the social services. Sons and daughters are frequently unwilling or unable to give practical help to their parents. During the year there were several occasions when patients were found in distress after a fall or sudden illness. Occasionally it was necessary to call the police to force entry into the house. Home Helps cannot be with a patient constantly and neighbours could be of great assistance if they called regularly, if only for a few minutes. Distress could often be prevented if there was someone to notice whether an old person's light was showing in the evening, switched off at bedtime, and curtains drawn back in the morning. Relatives who live some distance away should take the initiative in these cases, and approach a friendly neighbour if they feel they are unable to visit regularly.

Every application made to the Service, from whatever source, is visited and assessed on its merits as they stand at that time - help can vary from two weeks to twenty years. Most people who have had temporary help are exceedingly reluctant to have the service terminated - particularly if it is free - and quite often become abusive, but this is inevitable if chronic cases are to have continuing support, and new cases to be served. A patient whose service has been discontinued is left in no doubt that he may re-apply if he should again fall ill in the future. Approximately eight thousand follow-up visits were made during the year, to patients receiving help from the service. Help was terminated in 584 households.

1,750 households received assistance from the Home Help Service during the year. 924 new applications were received, 72% being served and 28% not served. In some cases the person or agency making the referral had not asked the patient whether they required help; in some cases relatives were available; and others were for cleaning where the applicant was going out to work. The Organiser was able to find private help for many cases and householders were grateful for introductions to suitable women.

SOURCE OF APPLICATIONS (expressed in percentages):

General Practitioners	17.64
Health Visitors	20.45
Self	8.09
Relatives	10.6
Hospital Almoners	12.01
Welfare Department	10.93
Ministry of Social Security	4.54
District Nurses	7.35
Friends	4.54
Mental Health Officers	1.5
Children's Department	1.4
S.F.C. Co-ord. Committee .. .. .	.22

Cases for whom help was provided during the past four years:

	1965	1966	1967	1968
Maternity	46	54	24	27
Tuberculosis	7	6	13	14
Chronic Sick, Aged and Infirm ..	1,408	1,482	1,504	1,641
Other cases	77	64	67	68
TOTALS ..	1,538	1,606	1,608	1,750

Summary of Payment for Service

	Free	Part Cost	Full Cost
Maternity	2	4	21
Tuberculosis	12	—	2
Chronic Sick	1,372	58	211
Other Cases	48	4	16
TOTALS	1,434	66	250

Night Attendant Service:

Thirty critically ill patients received forty-six nights of service. This service was not intended to be an expanding or indeed a publicised service, and only where really urgent need is shown is the service supplied.

Recruitment for this service is extremely difficult. An advertisement appearing daily for one month in the local paper produced only one applicant.

Staff:

There continued to be a keen competition for staff in the town, due in a great part to the mail order stores which have opened in the last few years, where the work is pleasant and clean in congenial surroundings. An average of 1,200 households are served at least once a week - some of them six times a week and Home Helps have to travel to the patient, shop and collect pensions, take washing to the launderette, etc., in all weathers. These factors lead to high wastage of staff and high sickness rate.

During the year the Organiser has given talks, generally in the evening, to various associations in Bolton, and has had several students from Universities and other training bodies for varying periods of time.

Medical Examination:

People who require assistance expect and must be given a reliable service. The success of a home help agency depends to a large extent on the medical fitness of those who actually undertake the physical work needed in the running of a home. It is important that their capabilities for this employment are assessed as far as possible, at a medical examination, so that the helps remain in good health and their reliability can be counted on by those needing help.

Following the medical examination if the home help's sickness record is unsatisfactory, a further medical investigation is carried out, to ensure that those who are unsuitable on health grounds are given an opportunity to consider the prudence of continuing in such work. Total number of home helps examined during the year for Sickness Payment Scheme was 141. Number found to be unfit 5.

REASONS FOR UNFITNESS:

Hypertension	.. .. .	2
Talipes with compensatory lordosis	.. .. .	1
Arthritis of the shoulder joint	.. .. .	1
Bronchitis	.. .. .	1

Number of independent medical examinations re fitness to continue or resume home help work, 30.

MENTAL HEALTH

The Mental Health Department continues to provide an adequate service; there is now a full establishment of mental welfare officers. The policy of seconding staff to courses leading to full qualification, thereby providing a more efficient service, is running smoothly. One mental welfare officer successfully completed the course for the Certificate in Social Work and has returned to the department. The Deputy Chief Mental Health Officer is at present on a one year course, and one welfare assistant was seconded on the two year course. A fully qualified social worker has been appointed, to commence duty in the new year. The vacant post of Chief Mental Health Officer has been filled by the appointment of a qualified Social Worker.

Staff:

The staff position at 31st December, 1968, was:

- 1 Chief Mental Health Officer
- 1 Deputy Chief Mental Health Officer
- (Seconded to the Certificate in Social Work Course)

SOCIAL WORKERS:

- 4 Mental Welfare Officers
- 2 Welfare Assistants
- (1 seconded to the Certificate in Social Work Course)

Liaison:

Close liaison with Dr. J. T. Leyburg and Dr. G. C. Hey, Consultant Psychiatrists, Bolton District General Hospital, and their staff, ensures a comprehensive service for the mentally ill. Regular case conferences are held at the Psychiatric Unit ensuring continuity in the treatment, care and after care, including the finding of accommodation and employment of cases. These meetings are supplemented by day to day informal contact at hospital or Out Patients' Clinic and joint home visits by the consultant and mental welfare officer to provide support for clients living in the community.

Excellent relationship exists with the medical staff and social worker at Brockhall Hospital for the mentally subnormal. The monthly clinic held at the Civic Centre by Dr. B. P. Griffin, Consultant in Mental Subnormality provided an invaluable link between the hospital, Local Authority and families of the mentally subnormal.

The Chief Mental Health Officer attends the monthly meetings of the local branch of the National Society for Mentally Handicapped Children, resulting in a closer link, better understanding and mutual co-operation in the interests of the subnormal.

Liaison with General Practitioners is mainly confined to specific cases and there was a 5% increase in referrals during the year. Good relationships exist with other statutory and voluntary social work agencies.

Mental Illness

Hospital Admissions:

Total number of Bolton Residents admitted to Psychiatric Hospitals:

Method of Admission	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
Mental Health Act, 1959					
Informal	133	158	44	48	383
Section 25	39	58	7	16	120
Section 26	—	—	—	1	1
Section 29	14	10	—	1	25
Section 60	1	—	—	—	1
TOTALS	187	226	51	66	530

There was an increase of 102 patients admitted to hospital (25% increase) of the total number of admissions, 72% were admitted on an informal basis.

25 patients had to be dealt with as acute emergency admissions and one man on hospital order through the Magistrates Court.

Cases referred to Health Department for investigation:

	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
REPORTED BY—					
Medical Practitioners	58	103	21	39	221
Relatives	35	52	6	22	115
Police	17	13	—	4	34
Consultants and Hospitals	24	51	8	8	91
Others	44	56	8	27	135
TOTALS	178	275	43	100	596
DISPOSAL—					
ADMITTED TO HOSPITAL—					
Informally	36	47	13	20	116
Under Section 25 Mental Health Act ..	39	58	7	16	120
Under Section 26 Mental Health Act ..	—	—	—	1	1
Under Section 29 Mental Health Act ..	14	10	—	1	25
Under Section 60 Mental Health Act ..	1	—	—	—	1
TOTAL HOSPITAL ADMISSIONS	90	115	20	38	263
Referred for Psychiatric Opinion	36	69	7	17	129
Placed under Community Care	16	44	5	28	93
Died	1	—	—	—	1
No further action required by Mental Health Service	35	47	11	17	110
TOTALS	178	275	43	100	596

The increase in the number of referrals was nearly 10%, visits to patients in the community increased by 2%.

	1967	1968
Visits to investigate referrals	544	596
Community Care visits	5,400	5,527

Greenmount House:

This purpose built Psycho Geriatric Hostel for 52 patients was full throughout the year and a very high standard of care was maintained by the staff while preserving a homely atmosphere. Three beds are reserved for short term care and 30 people were admitted for temporary periods. Day care facilities started during the year. Six cases were transported daily by ambulance and were returned home at night. This worthwhile service helps to prevent deterioration in many cases and provides much needed relief to relatives.

The Department is under constant pressure from Consultants, General Practitioners, Social Work Agencies and families at risk, to accommodate Psycho Geriatric cases. There are 40 cases on the waiting list for admission. An essential requirement is for an additional 50 place Hostel with Day Care facilities for 30 Elderly Mentally Disordered People.

Discharges during the year:	Male	Female	Total
To Psychiatric Hospital	1	1	2
To Part III accommodation	—	2	2
Died	—	3	3
To Relatives	1	1	2
	2	7	9

Admission were:	Male	Female	Total
From Psychiatric Hospital	1	—	1
From Geriatric Hospital	—	1	1
From Home	—	6	6
From Part III Accommodation	—	1	1
	1	8	9

Mental Subnormality and Severe Subnormality:

There was no significant change in the number of subnormal and severely subnormal persons being supported in the Community, home visits made by Social Workers being approximately the same as last year. The service given by both the junior and adult training centres, and adult hostel, together with supportive home visits by Social Workers, is at present providing an adequate community care service.

There are 10 cases on the waiting list for admission to hospital, of these 4 are severely subnormal children considered to be in urgent need of admission.

Home visits made by Mental Welfare Officers were:

	1967	1968
Community Care	1,032	1,041
At request of Hospitals	19	25

Mental Health Act, 1959

Cases referred to Health Department for Investigation

New Cases reported by:	Male	Female	Total
Local Education Authority	5	2	7
Section 57 Education Act, 1944.. .. .	12	11	23
E.S.N. School Leavers	10	11	21
TOTALS	27	24	51

Action Taken:

Admitted to Hospital			
Informally	—	2	2
Under Section 65 Mental Health Act, 1959	—	—	—
Total Hospital Admissions	—	2	2
Admitted to Junior Training Centre.. .. .	6	8	14
Admitted to Adult Training Centre	3	1	4
Community Care	10	5	15
No further action at present	8	8	16
TOTALS	27	24	51

Number of Subnormal and Severely Subnormal Persons receiving care on 31st December, 1968

	Male	Female	Total
In Hospitals	82	91	173
Community Care	189	157	346
TOTALS	271	248	519

Classification of Severely Subnormal Persons Awaiting Hospital Care on 31st December, 1968

	Under 16 years		Over 16 years		Total
	Male	Female	Male	Female	
IN URGENT NEED:					
Cot and chair cases	1	1	—	—	2
Ambulant	2	—	—	—	2
NOT IN URGENT NEED:					
Cot and chair cases	3	—	—	—	3
Ambulant	—	1	1	1	3
TOTALS	6	2	1	1	10

Junior Training Centre:

The purpose built centre can accommodate 105 children, at present there are 62 children on the Register. The syllabus is arranged to enable the children to pass through the stages of learning through activities to a more formal teaching programme, they are encouraged to gain confidence in their own abilities, to become more independent and adventurous and to develop their personalities.

Social training visits of observation made during the year included to the Library, Museum, Theatre, Fire Station, excursions into the country and attending school plays. Pupils from the Canon Slade Grammar School actively participate in the functions of the Centre and as in previous years helped with the Christmas play.

Special Care Unit:

The number of severely subnormal children, most with physical handicaps, has increased, and the unit now caters for 15 children.

Medical Inspections:

Regular medical examinations were carried out and appropriate action taken to deal with any problem found. The Consultant Paediatrician attends each term.

Adult Training Centre:

The centre caters for 80 adult subnormals. The range of work done at the centre includes sewing for the girls in the making of pillow cases, ironing boards and simple household articles. Each week 600 District Nurses' Dressing Outfits are packed by the trainees. Contract work includes the assembling of corrugated cardboard divisions for large cartons, the making of carrier bags and assembling electric plugs. The gardening section is employed in the maintenance of grounds in Health Department premises.

A record number of 20 trainees were placed in open employment during the year.

Recreational and social activities were arranged including an evening club, held monthly. The week's annual holiday in an hotel at St. Annes-on-Sea for 60 trainees was again a success.

The special care unit provided day care for 10 severely subnormals.

Medical Inspection:

During the year all the trainees have received a medical examination, those who required treatment were referred to their General Practitioner.

Park House:

Hostel for 24 mentally subnormal persons over the age of 16 years, providing long term care for 22 residents with 2 beds available for short care. The hostel provides a good homely atmosphere and the residents are accepted by the community. Discharges during the year, 3 to hospital for subnormals, 1 to relatives. Admissions during the year, 3 from the community, 1 from hospital.

Short term care was provided for 6 cases.

Seven residents are in full time employment.

Fifteen attend Cotton Street adult training centre for subnormals.

Greenroyd Hostel:

Supervised Group Home for 8 mentally ill adults, opened on 8th October, 1968. The initial intake of 3 men and 4 women were admitted direct from hospital, having completed their treatment and considered to be in need of supervised accommodation and rehabilitation. Full time employment was found for one male and one female resident, 5 other residents attended the Psychiatric Day Hospital.

The group home is situated in a local council housing estate and one of the pleasing features of this project is the acceptance by the local people of the Group Home and the integration of the residents into the community.

Plan for additional proposed Hostel - Heaton Grange:

The hostel will accommodate nine adult patients in need of rehabilitation and resettlement prior to them living an independent life in the community. During the day all residents will follow their employment or attend a Rehabilitation Centre.

The hostel will be situated in the grounds of Greenmount House, and residents will be closely supervised by the Superintendent and Matron of Greenmount House. Social Workers will assist in the finding of suitable employment and accommodation, and help to integrate them back into the community.

The building of the hostel will commence in 1969.

PART III

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Tuberculosis

Venereal Disease

NOTIFIABLE INFECTIOUS DISEASES

Incidence:

The following summary gives the number of cases of notifiable infectious diseases, other than tuberculosis.

Disease	Total Cases Notified
Anthrax	—
Diphtheria	1
Dysentery	168
Acute Encephalitis	—
Enteric Fever (including Paratyphoid)	—
Erysipelas	4*
Malaria	—
Measles	559
Meningococcal Infection	—
Ophthalmia Neonatorum	—
Pneumonia—	
Acute Primary	7*
Acute Influenzal	4*
Unspecified	1*
Acute Poliomyelitis—	
Paralytic	—
Non-Paralytic	—
Puerperal Pyrexia	—*
Scarlet Fever	38
Smallpox	—
Whooping Cough	27
Food Poisoning	61
Infective Jaundice	21 (From June 1968)

* Until October, 1968.

† From October, 1968.

Other notifiable infectious diseases are Cholera, Leprosy, Leptospirosis†, Plague, Relapsing Fever, Tetanus†, Typhus Fever and Yellow Fever†.

Late in the year there was some change in the list of notifiable disease. Conditions such as puerperal pyrexia, which used to be associated with serious illness and death has now ceased to have any importance and has been removed from the list. New notifications of diseases include tetanus, a condition in which thousands of prophylactic injections were given every year, but until now the number of people acquiring the disease was not known accurately. Leptospirosis is a disease that occurs in rodents, dogs and pigs and the organisms from these animals can be passed to man when he encounters water that has been infected by their urine. The organism penetrates minor breaches in the skin and is a special hazard of miners, sewer workers, rat-catchers and farm workers. A disease characterised by profound jaundice is produced. Other infectious types of jaundice are also now notifiable.

The following table gives the number of notifications of notifiable diseases after correction during each of the last ten years.

Disease	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
‡Anthrax	1	1	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	1
Dysentery	237	509	229	331	97	94	125	136	53	168
Acute Encephalitis	—	1	—	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid)	6	1	1	2	1	—	—	—	—	—
Erysipelas	9	7	10	3	10	6	4	—	7	4
Malaria	1	1	1	1	1	—	—	—	—	—
Measles	1797	1058	2708	576	2193	973	1591	1419	666	559
Meningococcal Infection ..	2	4	1	—	—	—	2	1	1	—
Ophthalmia Neonatorum ..	—	—	—	1	1	—	—	1	—	—
Pneumonia										
Acute Primary	103	79	79	65	81	37	27	35	26	7*
Acute Influenzal	74	4	63	30	16	2	2	—	6	4*
Acute Poliomyelitis										
Paralytic	—	1	15	1	1	2	—	—	—	—
Non-Paralytic	3	—	10	—	1	—	—	—	—	—
Puerperal Pyrexia	3	2	1	2	1	3	—	2	—	—*
Scarlet Fever	262	186	89	59	66	58	156	242	63	38
Smallpox	—	—	—	—	—	—	—	—	—	—
Whooping Cough	100	179	147	2	55	142	26	95	96	27
Food Poisoning	181	59	47	66	62	41	38	31	64	61

‡ Notifiable from 1st December, 1960.

* Until October, 1968.

Deaths from Infectious Diseases, 1959-1968 inclusive:

Disease	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis under 2 years of age ..	—	1	1	1	3	2	—	2	3	7
Acute Encephalitis	—	—	—	—	—	—	1	1	1	—
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—
Measles	2	—	—	—	—	—	—	—	—	—
Meningococcal Infection ..	—	—	1	1	—	1	1	1	2	1
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—
All forms of Pneumonia ..	107	110	114	122	146	90	115	134	102	141
including—										
Acute Primary Pneumonia	12	18	14	23	19	11	15	21	29	18
Acute Influenzal ..	7	6	31	15	5	3	—	3	2	1
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—

Diphtheria:

Until this year there had been no cases of diphtheria notified in Bolton since 1955. The level of immunisation in the Borough showed that there was much complacency for only two-thirds of the children in the town were protected against the disease. This complacency was shown to be misplaced when tests on a girl attending one of the secondary modern schools in Bolton showed that she had diphtheria though fortunately in a mild form. She had been immunised in infancy but had not had the re-inforcing injection at school entry that is necessary to ensure complete protection from the disease. Nose and throat swabs were taken from the family at home and all the children in the school. One other girl at the school had diphtheria organisms in the throat though she had no active symptoms of the disease and was thought to be the original source of the infection. All the children in the school were protected against the disease, some needed re-inforcing injections only whilst others needed the full initial course of injections, having been given no protection in infancy. Repeat tests showed that there were no further cases in the school and the girl with diphtheria made an uneventful recovery. Earlier in the year a small outbreak of diphtheria had occurred in the Lancashire County Council area near the Bolton boundary. This shows that the disease is still present in the district and unless the level of immunisation is raised in Bolton it is certain that further cases will occur.

Dysentery:

The number of cases was the highest for 7 years but these occurred intermittently and there were no outbreaks in nurseries or schools. Early follow up of cases that occur in the very young helps to prevent the spread of infection. Whilst exclusion and treatment of the isolated case is important, sound methods of hygiene are the only certain ways of preventing the condition. The mortality rate is very low and no deaths have occurred in Bolton from this cause for more than 20 years, but it may cause serious illness in very young babies and in old people.

Gastro-enteritis of Infancy:

Seven deaths occurred in children under two years of age in 1968, compared with a total of thirteen in the previous ten years. These deaths occurred in sporadic cases and were not associated with outbreaks of the condition. Formerly many of these children were infected with organisms of the Salmonella or Shigella groups but now certain serological types of Escherichia Coli which have occurred as normal inhabitants of the bowel are recognised as enteropathogenic. Deaths can be prevented by early treatment of the case before the condition becomes serious, prompt isolation of the cases so that they do not infect other children who are already ill with some other condition and, if the infection occurs in the home, location of the source of infection.

Brucellosis:

This disease occurs from the ingestion of raw milk that has become infected by organisms of the Brucella group from cows which have the disease. Many mild and atypical cases occur as is shown when tests for the condition are made in routine blood samples. The mortality is low, less than 2%, but a prolonged period of incapacity may be produced by the disease. Farm-workers and men who work in slaughter houses may also be infected by contact

with the infected animals. The disease is largely preventable, and the organisms cannot be passed in milk that has been pasteurised. A milk agglutination test (the ring test) can be applied for the screening of herds to detect the disease, and the disease can be eliminated from farm animals by the slaughter of animals with brucellosis. The disease is not notifiable, but two residents in Bolton contracted the condition in 1968, after consuming untreated milk supplied by the same farmer; one cow was found positive and slaughtered. The milk supplies were pasteurised until the infected animals were eliminated from the herd.

Biological sampling of milk was carried out and 740 samples of milk, comprising both bulk and individual samples, from roundsmen and from farms, were examined for *Brucella Abortus*.

Fifteen of the 42 farms involved were situated outside the Borough; 25 cows reported as positive were slaughtered.

Six of the samples which gave positive reactions were referred to the County Medical Officer of Health, as the farms were situated outside the Borough.

The farmers in Bolton have been very co-operative in helping to eradicate the disease from their herds. Upon detection of the conditions in a cow in their herd they have readily agreed to the animal being removed from the farm for slaughter and pasteurisation of the milk taking place until tests for brucellosis are negative.

The disease can be largely eliminated from the community and this could be most easily done if a vigorous campaign was undertaken nationally with such measures as:

1. Universal pasteurisation of all milk.
2. Frequent screening of herds for the condition.
3. Farmers having new entrants to their herd examined.
4. Compulsory slaughter of infected animals.
5. Notification of human cases.

The voluntary scheme was put into operation in October, 1966, and by December, 1966, 4 animals had been slaughtered, ten cows were slaughtered in 1967 and 25 in 1968. The increased number of animals dealt with appears to show the inadequacy of the present measures.

Measles:

During 1968 immunisation against this disease was started initially in those children who were more liable to get the disease at the age of school entry. No child had died from the infection since 1959 in Bolton, but it was found that about 10% of children contracting the disease developed some complication such as deafness. The infection occurs mainly in two-yearly cycles with a large number of cases in the first year and a much smaller number in the second year. Though there were only 111 cases of measles in 1958, there had been 2,793 cases in the previous year, giving a total for the two years of 2,904. The lowest figure for the numbers of a two-yearly period was 1959 to 1960, when there were 2,855. For the two years 1967 and 1968 the numbers were

1,225 and this is the lowest figure of notification of measles that has ever taken place in two years, indicating the initial impact that immunisation has already had. At the end of the year no serious reaction to the immunisation process in a child had been reported.

Whooping Cough:

The numbers of notified cases again dropped from 96 to 27. Whilst immunisation does not confer complete immunity to the disease the infection often only appears in a modified form in the immunised child and does not leave any permanent structural damage in the lungs.

Poliomyelitis:

There were no cases of poliomyelitis. The immunisation rate in Bolton is still below the national average. In spite of the simple nature of the immunising procedure many children in the area have no protection against a disease that can cause death or almost total paralysis.

Scarlet Fever:

Only 38 cases of scarlet fever were notified during the year. Most of these cases were mild. The micro-organism causing the disease appears to have lost much of its virulence even when other factors such as the improved standard of living is taken into consideration. Continued notification helps to give an indication if this state of affairs will continue, a sudden rise in the number of cases may be the first indication in a change in the nature of the Bacteria.

Pneumonia:

141 people died from pneumonia, about half of the cases occurring in people who were aged 75 or over.

Food Poisoning:

The number of cases notified was about the same as the previous year and, whilst the mortality of the disease is low (no deaths for over 20 years), the presence of the disease indicates that there is still much improvement to take place in the general hygiene measures in the kitchen.

General Administration of the Control of Infectious Diseases:

Public health inspectors carried out 150 visits and health visitors 175 visits, to make enquiries concerning infectious diseases.

The number of pathological specimens sent for examination to the Department of Pathology at the Bolton Royal Infirmary was 1,232. The types of specimens examined and the results obtained, are shown in the following table:

Type of Specimen	Pathogenic Organism Found	No. of Specimens
Faeces	Sh. sonnei	154
	Salmonella virchow	29
	Salmonella bredeney	27
	Salmonella stanley	6
	Salmonella typhimurium	4
	Sh. flexneri	4
	Salmonella heidelberg	3
	Negative results	1,199
	TOTAL	1,426
Ear, Nose and Throat Swabs	.. .. .	507
	GRAND TOTAL ..	2,242

A notice under the Public Health (Infectious Diseases) Regulations, 1953, was served upon one person who was proved to be a carrier of infectious disease and who was a food handler. This person was required to do no further work in food premises until proved to be free from infection and compensation was paid to him.

The following table shows the number of persons to whom special attention was directed in view of the fact that their occupation involved a higher risk of infection to others.

Category	Examinations for		
	Sonne Dysentery	Salmonella Infections	Other Intestinal Infections
FOOD HANDLERS			
Positive	5	3	—
Negative	13	19	16
NURSERY STAFF			
Positive	3	—	—
Negative	5	1	2
NURSING AND HOSPITAL STAFF			
Positive	1	—	—
Negative	1	—	—
SCHOOL STAFF			
Positive	—	—	—
Negative	—	2	21
HOME HELPS			
Positive	—	—	—
Negative	—	—	7
TOTALS ..	28	25	46

Certificates were issued in accordance with the Authority given to the Medical Officer of Health under the Ministry of Health Circular 115/48 for

the purpose of claiming National Insurance payments in respect of carriers who, because of the nature of their employment, were in a position to spread infection.

I wish to thank the staff of the Pathological Laboratory at the Bolton Royal Infirmary for their help in examining specimens and in the interpretation of the findings.

TUBERCULOSIS

Dr. John Mitchell, Consultant Physician, has kindly supplied the following information.

Notifications:

AGE AND SEX DISTRIBUTION OF NOTIFIED CASES:

Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males (European)	-	-	-	-	2	1	1	2	4	3	6	5	1	25
Females (European)	-	-	-	1	2	2	1	1	1	2	-	2	1	13
Males (Asian)	-	-	1	1	1	2	5	5	1	2	-	-	-	18
Females (Asian)	-	-	-	1	-	2	3*	3	-	-	-	-	-	9
TOTALS	-	-	1	3	5	7	10	11	6	7	6	7	2	65

Non-Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males (European)	-	-	1	-	-	-	-	1	-	-	-	-	-	2
Females (European)	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Males (Asian)	-	-	1	-	1	-	1	3	2	1	-	-	-	9
Females (Asian)	-	-	-	-	1	-	2	3	1	1	-	-	-	8
TOTALS	-	-	2	-	2	-	3	7	3	2	-	1	-	20

Plus *three females (Asian) notified also as Non-Pulmonary T.B.

The number of cases on the Tuberculosis Register at the end of the year was 159.

	MEN	WOMEN	CHILDREN	TOTAL
Respiratory Tuberculosis	82	33	14	129
Non-Respiratory Tuberculosis	15	11	4	30
	97	44	18	159

Deaths:**Respiratory Tuberculosis**

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males (European)	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Females (European)	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Males (Asian)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Females (Asian) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS ..	-	-	-	-	-	-	-	-	-	-	-	2	1	3

Non-Respiratory Tuberculosis

One female (Asian) - One female (European).

Summary of work at the Chest Clinic:

	1967	1968
Number of new cases notified	46	85
Number of deaths	10	5
Number of attendances of new cases	932	835
Number of cases referred from Mass Miniature Radiography Units	63	137
B.C.G. Vaccinations	133	173
Total attendances at clinic	2010	1840
Number of contacts examined	392	179

General Comment:

There were 85 new cases of tuberculosis notified during 1968 - 39 more than last year.

Five patients died of tuberculosis during the year.

There are now 5 patients (2 males and 3 females) with persistently positive sputa.

During the year, 173 B.C.G. vaccinations were carried out at the Chest Clinic.

Care and After-Care of Patients Suffering from Tuberculosis:

Close co-operation was maintained between the staffs of the Health Department and the Chest Clinic to discharge the duties of the Local Authority in this respect. The volume of work showed an appreciable increase.

After-Care Panel:

This Panel held five meetings in 1968. The main problem concerned re-housing on the grounds of tuberculosis. New accommodation was found for four families as against the rehousing of six families in 1967.

Other After-Care Activities:

In 1968 the Home Nursing Service undertook the care of 18 pulmonary and 22 non-pulmonary cases as against 22 and 12 respectively in 1967. The total number of treatments given increased from 2,499 in 1967 to 2,849 in 1968, and consisted mainly in giving injections of Streptomycin either in the home of the patient or at the Health Department.

Health Visitors paid 462 visits to homes in 1968, as against 339 visits in 1967, supervising conditions, advising on treatments and in general, contributing to the "health education" of the patient and his family.

B.C.G. Vaccination:

Contacts of recently discovered cases of tuberculosis, children mainly under school age, were Heaf tested at the Chest Clinic. Those with a negative reaction, and also all newborn babies who were contacts, received B.C.G. vaccination as a protection against the disease. One hundred and seventy-three such vaccinations were performed in 1968, as against 133 in 1967 and 86 in 1966.

The total number of Heaf tests performed was 426, as against 328 and 214 respectively in the two previous years.

Contact Clinics:

As and when necessary, official clinics were held for contacts of recently discovered cases of tuberculosis. One hundred and seventy-nine cases were examined during the year, three only required treatment. Close observation was carried out for prolonged periods in 10 cases.

SCHOOL CHILDREN WITH POSITIVE TUBERCULIN TESTS:

Ministry of Health Circular of 18th February, 1960, recommended observation of school leavers found to have strongly positive tuberculin tests. Follow-up clinics for these children were carried out during the year.

B.C.G. Vaccination of School Children:

As in previous years, children in their thirteenth year, with parental consent were given the Heaf gun multiple puncture skin test. The negative reactors received B.C.G. vaccination.

The protection of immigrant children against tuberculosis included all such children of school age. This was a continuation of last year's programme and was carried out with the support of the Bolton Council for Community Relations and the customary permission of the parents. The result of this work is summarised in the tables below:

Total No. of consents received	.. .. .	2,192
No. of children skin tested	.. .. .	2,050
(including some tested twice)		
(No. absent for skin test)	.. .. .	207
No. found positive	.. .. .	322
Positive reaction	201	
Strongly positive -	121	
No. found negative	.. .. .	1,628
No. given B.C.G.	.. .. .	1,628
No. absent for reading	.. .. .	100
TOTAL NO. OF CHILDREN	No. POSITIVE	% POSITIVE
1,950	322	16.5

Immigrant School Children (attending Primary Schools):

No. of children skin tested	.. .. .	382
(No. absent for reading)	.. .. .	22
No. found positive	.. .. .	71
Positive reaction -	50	
Strongly positive -	21	
No. found negative	.. .. .	289
No. given B.C.G.	.. .. .	288
TOTAL NO. OF CHILDREN	No. POSITIVE	% POSITIVE
360	71	19.7

B.C.G. Vaccination - Immigrant Children attending 20 Primary Schools and one Nursery School

Age in Years	No. Skin Tested	POSITIVE				NEGATIVE Given B.C.G.
		Grade 1	Grade 2	Grade 3	Grade 4	
3	11	-	1	-	-	10
4	33	1	-	-	-	32
5	51	1	3	1	-	46
6	50	1	4	1	-	44
7	61	2	6	2	2	49
8	48	6	3	2	-	37
9	58	3	6	6	-	43
10	45	3	8	5	2	26
11	3	-	2	-	-	1
TOTAL	360	17	33	17	4	288

School Children with Positive Tuberculin Tests:

In accordance with the second report of the Medical Research Council's Tuberculosis Vaccines Clinical Trials Committee, issued in February, 1960, which recommended the follow-up of school leavers found to have strongly positive tuberculin tests, 147 appointments were made to X-ray such children. One hundred and twelve children attended for X-ray, and all the results were satisfactory.

Similarly, 67 appointments were sent to immigrant children in the school leaver age groups with a strongly positive reaction to tuberculin test. Forty-three attended. No new cases of tuberculosis were discovered through these X-rays.

Mass Miniature Radiography Survey in Bolton:

I am indebted to Dr. J. I. Capper, Medical Director of No. 1 Mass Radiography Unit for sending me the following information:

"In Bolton, 8,144 people (2,170 males and 5,974 females) were examined, 254 people referred by General Practitioners, 541 people at Hospital Units and 7,349 at sessions for General Public Volunteers. 12 cases of Tuberculosis were found requiring treatment, 4 cases requiring supervision and 8 cases of Bronchial Carcinoma. Ten of the cases of Tuberculosis were discovered in people who attended the sessions for General Public Volunteers".

During the year the Manchester Regional Hospital Board agreed to the re-organisation of the Mass Radiography Service to accord with the views expressed by the Ministry of Health's Standing Medical Advisory Committee. In the Committee's view the most profitable use of miniature radiography is the examination of patients referred by general practitioners and of groups of people in schools, offices and factories in circumstances where the Medical Officer of Health believes that a special survey is indicated. Less time therefore should be given in future to those routine factory surveys which have been carried out on a periodic basis, for such surveys give only a limited return for the work involved.

The service is being re-organised to provide for two mobile units to be based on each of two centres in the Region. Two mobile vans, based on Eaves Lane, Chorley, will comprise the units of the northern centre. The two M.M.R. units based on Newlands Nursing Home, Bolton were closed down during the year. Dr. Capper comments, "We have divided one area up into five centres and have allocated a certain number of weeks to each, depending on the population. The allocation for Bolton and district is approximately eleven weeks. General public sessions will be carried out each year and we will also X-ray selective industry".

Monthly general practitioner sessions in the Civic Centre have now been arranged. They have been most worthwhile and useful.

Mass Miniature Radiography Surveys

	No. of Persons Examined			Active Tuberculosis			Malignant Neoplasms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1959									
Rate per 1,000 examined	11,781	10,686	22,467	13 1.1	14 1.3	27 1.20	12 1.01	5 .46	17 .76
1960									
Rate per 1,000 examined	5,640	5,150	10,790	7 1.24	2 .39	9 .83	9 1.60	1 .19	10 .93
1961									
Rate per 1,000 examined	6,530	5,057	11,587	15 2.30	10 1.98	25 2.16	9 1.39	2 .39	11 .92
1962									
Rate per 1,000 examined	6,559	5,507	12,066	1 .15	9 1.63	10 .83	15 2.29	3 .54	18 1.49
1963									
Rate per 1,000 examined	7,818	6,561	14,379	8 1.03	4 .61	12 .83	8 1.03	3 .46	11 .76
1964									
Rate per 1,000 examined	6,651	6,880	13,531	8 1.20	4 .58	12 .89	15 2.26	4 .58	19 1.40
1965									
Rate per 1,000 examined	6,685	5,045	11,730	7 1.05	3 .59	10 .85	10 1.50	1 .20	11 .94
1966									
Rate per 1,000 examined	7,469	6,014	13,483	3 .40	—	3 .22	10 1.34	2 .33	12 .89
1967									
Rate per 1,000 examined	4,331	2,993	7,324	3 .69	1 .33	4 .55	2 .46	—	2 .27
1968									
Rate per 1,000 examined	2,170	5,974	8,144	6 2.80	6 1.00	12 1.50	8 1.80	—	8 .98

Significant Abnormalities (Distribution by Age and Sex)

	Males										Females										Grand Total		
	Under 14	15-19	20-24	25-34	35-44	45-54	55-64	65 & over	Total	Rate per 1000	Under 14	15-19	20-24	25-34	35-44	45-54	55-64	65 & over	Total	Rate Per 1000	Cases	Rate per 1000	
Abnormalities																							
Tuberculosis requiring close clinical supervision or treatment.			1	1	1	1	1	1	6	2.8			1	1	1			3	6	1.004	12	1.5	
Tuberculosis requiring only occasional outpatient supervision							1	2	4	1.8									-		4	0.5	
Malignant Neoplasms.							3	2	8	3.7									-		8	0.98	
Non-Malignant Neoplasms.							1		1					1			2	2	5		6		
Lymphadenopathies, (excluding Sarcoids)									-										-		-		
Sarcoids (including enlarged Hilar Glands).									-				1		1				2		2		
Congenital Cardiac abnormalities and abnormalities of the Vascular System.									-										-		-		
Acquired Cardiac abnormalities and abnormalities of the Vascular System.																							
Pneumoconiosis without P.M.F.									40						1	17	12	10	10	50		90	
Pneumoconiosis with P.M.F.									16								1		1		17		
									-										-		-		

VENEREAL DISEASE

Dr. Philip S. Silver has supplied the following information which relates to Bolton residents only in attendance at his clinic.

Nineteen cases were referred from the Moral Welfare Worker and the ante-natal clinic. This is nine less than in 1967. The Clinic Staff carried out 100 domiciliary visits for the purpose of ascertaining the cause of non attendance.

Gonorrhoea.

There is a 90% increase in the 18-20 age group. This increase is not in line with the figures for the Lancashire County areas, where the Preston area in particular, has shown a decrease, which is entirely due to saturating Preston and the surrounding countryside with Venereal Disease publicity and lectures in schools and Youth Clubs.

The national figures are likely to show a considerable increase in the 16 - 18 age group, and unless some extra publicity is undertaken in the Bolton area in Schools and Youth Clubs, Bolton is quite likely to have a higher figure than the national average.

Penicillin resistant Gonorrhoea is increasing in the area. This makes it vitally important that all cases of urethral discharge should be sent to the Venereal Disease Clinic for treatment.

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Syphilis	22	19	19	10	14	16	10	7	20	4	4	7
Gonorrhoea	55	57	58	74	123	72	46	64	93	157	182	235
Non-Venereal Disease	256	214	265	320	348	349	352	335	407	310	413	401
TOTALS:	333	290	342	404	485	437	408	406	510	471	599	643

PART IV

ENVIRONMENTAL HYGIENE

Work of the Chief Public Health Inspector

Slum Clearance

Clean Air

Inspection and Supervision of Food

General Sanitation

Disinfection and Disinfestation

Report of the Borough Analyst

WORK OF THE CHIEF PUBLIC HEALTH INSPECTOR

Two formidable tasks were carried out during the past year. The first concerned the survey of Offices, Shops and Railway Premises under new legislation, and a special series of inspections was completed; the second related to food hygiene at poultry processing establishments following upon a notification of food poisoning connected with the organism *Salmonella virchow* which is associated with poultry. Bacteriological swabs were taken from live birds (440 swabs, one of which was positive); clean poultry crates (220 swabs, one of which was positive); dirty poultry crates (220 swabs, three of which were positive). This work was carried out from 1967 to October, 1968. It has been felt that the use of antibiotics on farms to eliminate organisms such as *Salmonella virchow* might usefully be checked to preclude any public health hazard, and for this reason arrangements are being made with Dr. G. B. Manning at the Department of Pathology, Bolton Royal Infirmary for the examination of various chicken carcasses to determine the presence, or otherwise, of antibiotics.

Housing repairs and improvements have continued to receive high priority, and a survey of two Improvement Areas is in progress; a public health inspector is carrying out the work in liaison with the Borough Planning Officer's Department. It is highly desirable that surveys of houses (other than those in areas scheduled for clearance) should be carried out to discover those which are border line cases needing repair, as distinct from houses which cannot be repaired at reasonable expense and which are suitable only for demolition.

An increasing problem is occasioned by complaints of noise from industrial and commercial premises; it has been found that land vacant after clearance area procedure, which is subsequently developed for residential purposes, sometimes gives rise to difficulties because of the proximity of new dwelling houses to old established factories. Sound-proofing measures can be costly, and situations have arisen which are most intractable; nevertheless, there is close liaison between the Borough Planning Officer, Borough Architect and the Health Department to reduce the possibility of nuisance from this source to a minimum.

SLUM CLEARANCE

Clearance Areas and Compulsory Purchase Orders:

Since the start of the Council's slum clearance programme (November, 1955) 5,207 houses have been demolished by way of compulsory purchase order or individual unfit house procedure. There have been 3,855 families re-housed from these premises.

During the year 1968 there were 690 houses demolished and 422 families re-housed under the provisions of the Housing Acts, 1936-1964. The areas dealt with were as follows:

West Ward No. 12 (Boundary Street Area)

Halliwell Ward Nos. 2-4 (Plato Street and Southern Street Areas)

North Ward Nos. 1-4 (Howard Street Area)

Valletts Lane (Horrocks Street and Valletts Lane Areas)
East Ward No. 8 (Arthur Street Area)
East Ward Nos. 6 & 7 (Cooper Street Area)
Halliwell Ward Nos. 6 & 7 (Center Street Area)
Halliwell Ward No. 5 (Rivington Street Area)

Confirmed Clearance Areas:

Following a public inquiry on the 20th February, 1968, the Bolton (East Ward No. 8 Clearance Area) Compulsory Purchase Order, 1967 (Arthur Street Area) was confirmed and the Bolton (Rumworth Ward Nos. 1-5 Clearance Areas) Compulsory Purchase Order, 1967 (Bella Street and Blackledge Street Areas) was confirmed, with minor modifications, by the Ministry of Housing and Local Government on the 23rd April, 1968.

A public inquiry in connection with the Bolton (West Ward No. 13 Clearance Area) Compulsory Purchase Order, 1968 (Boardman Street Area) held on the 16th July, 1968, was confirmed, with minor modifications, on the 24th September, 1968.

Ninety-four applications for well maintained payments were approved. Three hundred and forty-four premises will be affected in these three orders. Eight-hundred-and-seventy-one persons will require re-housing.

On the 20th March, 1968, one hundred-and-twenty unfit houses (including two houses and shops) were represented to the Health Committee and following a public inquiry on the 24th September the Bolton (West Ward Nos. 14-16 Clearance Areas) Compulsory Purchase Order, 1968 (part Leicester Street Area) was confirmed on the 18th December, 1968, with modifications. Thirty-four applications for well maintained payments were approved. One-hundred-and-thirty-six premises will be affected in this order and four-hundred-and-eighteen persons will require re-housing.

Future Clearance Areas:

On the 17th April, 1968, one-hundred-and-sixty-two unfit houses (including five houses and shops, and one house store and premises) were represented to the Health Committee and subsequently the Bolton (West Ward Nos. 17-21 Clearance Areas) Compulsory Purchase Order, 1968 (Hampden Street, Brougham Street Areas) was made and submitted to the Minister.

In addition to the unfit houses, this Order will include fourteen other premises, eight of which are dwellings. A public inquiry will be held on the 28th January, 1969. Four-hundred-and-seventy persons will require re-housing.

On the 24th July, 1968, one-hundred-and-twenty-seven unfit houses (including twelve houses and shops) were represented to the Health Committee and subsequently the Bolton (East Ward Nos. 9-20 Clearance Areas) Compulsory Purchase Order, 1968 (Folds Road Area) was made and submitted to the Minister. In addition to the unfit houses this Order will include twenty-one other premises, fourteen of which are dwellings. A public inquiry will be held on the 11th March, 1969; three-hundred-and-seventy-four persons will require re-housing.

On the 23rd October, 1968, two-hundred-and-eighteen unfit houses (including twenty houses and shops; one house and office; one house and store; and one house and premises) were represented to the Housing Committee, and subsequently the Bolton (Bradford Ward Nos. 12-21 Clearance Areas) Compulsory Purchase Order, 1969 (Hammond, Pilkington and Shaw Street Areas) was made and submitted to the Minister. In addition to the unfit houses this Order will include forty-seven other premises, twenty-one of which are dwellings. Five-hundred-and-fifty-five persons will require re-housing.

On the 9th December, 1968, thirteen unfit houses and one-hundred-and-eighteen unfit houses, including five houses and shops were represented to the Housing Committee. Subsequently the Bolton (Bradford Ward No. 22 Clearance Area) Compulsory Purchase Order, 1969 (Bryce Street Area) and the Bolton (West Ward No. 22 Clearance Area) Compulsory Purchase Order, 1969 (Everitt Street Area) were made. In addition to the unfit houses these Orders will include two other premises.

The total number of persons to be re-housed as a consequence of these two Orders will be three-hundred-and-twenty-one.

In December, inspections of premises in the Bark Street area commenced in accordance with the Council's clearance programme.

General:

As a consequence of the national sample survey of the condition of houses, the Minister of Housing and Local Government and the Secretary of State for Wales, presented a White Paper "Old Houses into New Homes" to Parliament. The changes in policy and law in England and Wales which the Government propose are expected to take effect in 1969. Compensation, including well maintained payments, will be improved when the proposals take effect.

Areas of improvement and repair are proposed. The aim in these areas would be to help and persuade owners to improve their houses, and to help them also by improving the environment. In Bolton during the latter part of 1968 a public health inspector has been assisting officers in the Planning Department in preliminary inspections, interviews and survey of two areas thought to be suitable for improvement and repair.

Inspections of houses were carried out during the year in accordance with section 3 of the Housing Act, 1957, and for the purpose of preparing proposed clearance areas for consideration at meetings of the Working Party on slum clearance.

Plans and reports were prepared in co-operation with other departments of the Corporation and representatives of other bodies in respect of redevelopment and other matters concerning slum clearance.

A considerable amount of work is involved in the Public Health Inspectors' Section on preparation of working maps, final census, preparation of papers for representations and evidence of public inquiries in connection with clearance areas.

Inquiries from Purchasers of Houses:

Numerous inquiries at the Health Department continue to be made by persons interested in house purchase. The inspectors gave information on the existing slum clearance programme to 1,684 inquirers during the year. The number of inquiries regarding land charges received from potential purchasers of properties within the Borough was 2,965.

Compensation:

Under the Housing Act, 1957, payments may be made in respect of condemned houses which have been well maintained by either the owner or the occupier.

Temporary provision for payments to owner-occupiers and others in certain circumstances in respect of unfit houses purchased, closed or demolished under Part II or III of the Act, were to have ceased on the 13th December, 1965, but these payments will be continued with modification by virtue of the Housing (Slum Clearance Compensation) Act, 1965.

There is a possibility that during 1969 compensation payments will be improved by new legislation.

Advances for House Purchase:

In connection with advances for House Purchase, the Borough Treasurer requests the advice of the Health Department as to whether or not the houses concerned have a life of less than ten years. This information is based on the Corporation's approved programme and the opinion of the Chief Public Health Inspector.

Improvement and Standard Grants:

The following information has been kindly supplied by the Borough Planning Officer in respect of the year 1968:

Number of applications received	..	..	..	676
Number of applications approved	..	..	..	689
Number of applications refused	..	..	..	1
Number of applications cancelled	..	..	..	19

The Borough Planning Officer states that in all cases applicants are interviewed and where possible inspections are carried out so that advice can be given prior to the application being made, so as to avoid the necessity for the refusal of applications. In addition the Borough Planning Officer requests the advice of the Health Department in all cases as to whether or not houses concerned are likely to have a life of not less than fifteen years. Such information is, of course, merely in the nature of a provisional estimate based on the Chief Public Health Inspector's appreciation of the situation, as the Corporation's approved programme of slum clearance did not, at the end of 1968, extend beyond 1971.

On the 9th January, 1968 the Joint Sub-Committee Re-Clearance Programme recommended amendments to the current clearance programme and a revised clearance programme for the years 1968 to 1971. The appropriate Committee approved the recommendation and this was confirmed by the Town

Council on the 7th February, 1968. The details of the current clearance programme were published as an official notice in the Bolton Evening News on the 1st May, 1968.

Certificates of Disrepair - Rent Act, 1957:

In view of the complexity of the procedure for the issue of various certificates under the Rent Act, 1957, all applications for certificates are dealt with by the Housing Committee. No appeals to the Courts have been made against any of the Committee's decisions since the Act came into force.

The following table gives details of the types and numbers of certificates applied for and the action taken by the Sub-Committee.

APPLICATIONS FOR CERTIFICATES OF DISREPAIR:

Number of applications for certificates	8
Number of decisions not to issue certificates	—
Number of decisions to issue certificates:	
(a) in respect of some but not all defects	5
(b) in respect of all defects	2
Number of undertakings given by landlords under para. 5 of the First Schedule	1
Number of undertakings refused by Local Authority under proviso to para. 5 of the First Schedule	—
Number of certificates issued	7

APPLICATIONS FOR CERTIFICATES AS TO THE REMEDYING OF DEFECTS:

Number of applications by tenants	—
Number of applications by landlords	—
Number of certificates issued	—

APPLICATIONS FOR CANCELLATION OF CERTIFICATES:

Applications by landlords to Local Authority for cancellation of certificates	—
Objections by tenants to cancellation of certificates	—
Decisions by Local Authority to cancel despite tenant's objections	—
Certificates cancelled by Local Authority	—

STATEMENT OF ACTION TAKEN UNDER RENT ACT, 1957 SINCE 6TH JULY, 1957 UP TO PRESENT TIME:

Number of applications for Certificates of Disrepair	580
Number of undertakings given by landlords	207
Number of Certificates of Disrepair issued	366
Number of Certificates of Disrepair cancelled by Local Authority	75

Housing Statistics:

HOUSES NOT INCLUDED IN CLEARANCE AREAS:

Action was taken under the appropriate enactments as follows:

NEW ACTION:

Houses represented under Section 16 of the Housing Act, 1957	21
Demolition Orders made	16
Closing Orders made	16
Undertakings not to re-let for human habitation	Nil
Cases pending at close of year	11

COMPLETED ACTION:

Houses demolished	66
Persons rehoused from above houses	77
Houses closed	33

Housing Inspections:

INSPECTION OF DWELLING-HOUSES

1. Dwelling-houses inspected for housing defects (under Public Health Act or Housing Acts)	2,107
Inspections made for the purpose	7,192
2. Dwelling-houses (included under sub-head (1) above) which were inspected under the Housing Consolidated Regulations 1925 as amended by the Housing Consolidated Amendment Regulations, 1932	258
Inspections made for the purpose	258

REPAIRS - INFORMAL ACTION

Unfit or defective houses rendered fit as a result of informal action by the Local Authority under the Public Health Act or Housing Acts	163
--	-----

ACTION UNDER STATUTORY POWERS

PUBLIC HEALTH ACT, 1936:

Houses in which defects were remedied after service of formal notices:

By Owners	78
By Local Authority in default of owners	44

HOUSING ACT, 1957:

No action was taken under sections 9 or 10

CLEAN AIR

Measurement and Investigation of Atmospheric Pollution:

The measurement and study of atmospheric pollution based on the use of eight volumetric air sampling stations located on a definite geographical pattern throughout the Borough continued during 1968. The premises in which one of the sampling instruments was stationed became unavailable to the Health Department early in the year, and the instrument was re-sited in the nearest suitable premises.

The value of the practical measures taken to reduce pollution in both the industrial and domestic spheres is confirmed by the recorded results of these measurements over a number of years. The slight increase in the average sulphur dioxide readings reported for this year, as compared with the previous year, can be accounted for by the rise at one station which is situated in a predominantly industrial section of the Borough in which there is a miscellany of changing and developing industrial processes, including chemical works, etc.

Installation of Furnaces:

Twenty notifications of intention to install furnaces were made in accordance with section 3(3) Clean Air Act, 1956; thirteen of these notifications were associated with the submission of building plans, and in two cases an increase in the proposed chimney height was required, and agreed to by the proposers.

Industrial Fumes, Dust, etc.:

Three complaints of smells from industrial fume emission were received and remedied.

Alkali, etc., Works Registration Act, 1906:

Six premises are registered under the Act, i.e.:

Electricity generating station	.. .. .	1
Gas Works	.. .. .	1
Iron and Steel manufacture	.. .. .	2
Chemical manufacture	.. .. .	2

Close collaboration is maintained with the local Alkali Inspector and advice and assistance have been given by him in a number of matters outside his own province.

Smoke Control Areas:

The following table shows the position regarding an operative smokeless zone and smoke control areas under the Bolton Corporation Act, 1949, and the Clean Air Act, 1956, respectively, at the end of December, 1967:

SMOKELESS ZONE (TOWN CENTRE)

Acreage	86	} 1922 acres
Premises	..	..	..	..	..	..	..	..	1,050
SMOKE CONTROL AREAS:										} 16,145 premises
Acreage	..	..	..	..	..	..	..	..	1,836
Premises	..	..	..	..	..	..	..	..	15,095

During 1968 the following Smoke Control Orders were made:

DERBY WARD No. 3 SMOKE CONTROL AREA:

Acreage	..	..	..	..	..	..	..	..	..	..	68.72
Premises	..	..	..	..	..	..	..	..	..	..	610

DEANE No. 2 SMOKE CONTROL AREA:

Acreage	..	..	..	..	..	..	..	..	..	102.6
Premises	..	..	..	..	..	..	..	..	..	187

LADYBRIDGE No. 2 SMOKE CONTROL AREA:

Acreage	..	..	..	..	..	..	..	..	..	64.35
Premises	..	..	..	..	..	..	..	..	..	545

WEST WARD No. 4 SMOKE CONTROL AREA:

Acreage	..	..	..	..	..	..	..	..	..	16.14
Premises	..	..	..	..	..	..	..	..	..	240

MOORFIELD & FIRWOOD SMOKE CONTROL AREA:

Acreage	..	..	..	..	..	..	..	..	..	53.04
Premises	..	..	..	..	..	..	..	..	..	621

MORRIS GREEN SMOKE CONTROL AREA:

Acreage	..	..	..	..	..	..	..	..	..	336.4
Premises	..	..	..	..	..	..	..	..	..	1,486

GREAT LEVER SMOKE CONTROL AREA:

Acreage	..	..	..	..	..	..	..	..	..	152.235
Premises	..	..	..	..	..	..	..	..	..	1,812

The Derby Ward No. 3 area contains substantial areas of land cleared under slum clearance procedure or for the erection of the new Technical College; the Ladybridge No. 2 area will consist (apart from seven existing dwellings) of new private housing development; the West Ward No. 4 area will comprise land to be re-developed following slum clearance action; while the Moorfield and Firwood area will consist entirely of the Moorfield and Firwood Corporation Housing estates. (The numbers of premises given above include new dwellings and other buildings expected to be erected within areas of new development).

During 1968 the Foster Lane, Derby Ward No. 3, Deane No. 2, Ladybridge No. 2, West Ward No. 4 and Morris Green areas were all confirmed; the Foster Lane Order came into operation on the 1st December, 1968, the other Orders will all come into operation on the 1st July, 1969. At the end of 1968, the Moorfield and Firwood, and Great Lever smoke control Orders were still awaiting confirmation.

During 1968 three Smoke Control Orders came into operation, i.e., the Ladybridge and Top o'th Moss Orders which became operative on the 1st July, 1968, and the Foster Lane Order which became operative on the 1st December, 1968.

Survey work was completed on the next area to be dealt with under the smoke control programme, i.e., the Rumworth No. 2 smoke control area which is bounded by St. Helens Road, Deane Church Lane and Willows Lane.

At the end of 1968 the acreages and number of premises of various kinds covered by operative Smoke Control Orders were as follows:

ACREAGE 2,163·084

NUMBER OF PREMISES:

Dwellings	..	..	..	..	..	..	..	..	16,269
Commercial	..	..	..	..	..	..	..	..	839
Industrial	..	..	..	..	..	..	..	..	184
Other	..	..	..	..	..	..	..	..	405
									<hr/> 17,697 <hr/>

At the end of 1968 the acreages and number of premises of various kinds covered by Smoke Control Orders (including Orders not yet confirmed, or not yet operative) were as follows:

ACREAGE 2,956·569

NUMBER OF PREMISES:

Dwellings	..	..	..	..	..	..	..	..	21,609
Commercial	..	..	..	..	..	..	..	..	899
Industrial	..	..	..	..	..	..	..	..	218
Others	..	..	..	..	..	..	..	..	472
									<hr/> 23,198 <hr/>

It is pleasing to note that the number of dwellings now covered by smoke control action has passed the twenty-thousand mark.

In the case of Smoke Control Orders made during 1968, the usual enquiries were made regarding the availability of fuel supplies, and the required guarantees were given in respect of electricity and gas, although no guarantees were forthcoming regarding supplies of gas coke or Phimax. Assurances were, however, given regarding the availability of hard coke and premium fuels. Since no adequate guarantees could be given of the availability of a cheap solid smokeless fuel as an alternative to the more expensive premium fuels for open fires, the Town Council made designations under the Housing Act, 1964, to prevent the payment of grant from public funds towards the installation of "soft" coke appliances in connection with the Derby Street No. 3; Deane No. 2; Ladybridge No. 2; Morris Green and Great Lever smoke control areas.

Every effort is made to ensure that householders receive every assistance when Smoke Control Orders are promoted. A wide supply of literature is provided and arrangements are made for the mobile exhibition of the Solid Smokeless Fuels Federation to visit proposed or confirmed areas; the exhibition paid two such one-week visits to Bolton in April and September, 1968. All householders and other occupiers are circularized immediately following the confirmation of any Smoke Control Order, and again a short time before the Order becomes operative.

Two householders were warned in respect of contravention of smoke Control Orders.

In October, 1968, the Clean Air Act, 1968, received the Royal Assent. The Act contains a useful new provision which will come into operation on the 1st April, 1969, making it an offence for a fuel merchant to supply bituminous coal to dwellings in smoke control areas. This provision will enable local authorities to deal directly with offending coal merchants. As a preparatory measure, large scale maps of the Borough, showing the smoke control position, have been supplied to the National Coal Board, and to the Secretary of the Bolton Chamber of Trade (for the benefit of private coal merchants); arrangements have been made for these maps to be brought up-to-date as and when any Smoke Control Order becomes operative. Progress statements are issued to a wide variety of interested parties, including the National Coal Board and the Bolton Chamber of Trade, as and when the smoke control position changes; arrangements have been made for the Bolton Chamber of Trade to be supplied in future with sufficient copies to supply all their individual members. In addition, the progress statement is being expanded so that there can be no possible confusion on the part of coal merchants as to what properties are included in smoke control areas.

The problems arising from the dis-continuance of production of gas coke were considered by the Joint Committee of "Black Area" Local Authorities in Manchester during November, 1968. (The Chief Public Health Inspector is a member of this Committee). It was resolved that each "Black Area" Local Authority in whose area there were smoke control areas which were in operation or confirmed as at 11th October, 1963, and to which the Gas Board's undertaking in respect of gas coke applied, be asked to carry out a sample study of the extent to which householders in such smoke control areas have, since the initial conversion to soft coke to comply with the Order, changed to other smokeless fuels; the survey in respect of Bolton will commence in early January, 1969. It was further resolved that when the surveys have been completed, arrangements be made for the Joint Committee to meet representatives of the producers of smokeless fuels, particularly solid smokeless fuels. The Joint Committee felt that consideration should be given to the making of a recommendation that the North Western Gas Board should either fulfil their guarantee to supply gas coke for smoke control areas in operation or confirmed as at 11th October, 1963, or, if they are unable to do this, to supply gas fires to householders in these areas at cost price only.

In December, 1968, the Economic Planning Council (North West Region) strongly urged local authorities in the north-west to speed up their Smoke Control programmes. The Chairman of the Council, Sir William Mather, is reported to have said of Bolton that "the town was a slow starter, but is now making good progress". This statement cannot be accepted. Far from being a "slow starter", Bolton was one of the few local authorities to seek private

Act powers to create smokeless zones, and was one of the first few authorities to use such powers. Bolton was the first local authority to set up a smokeless zone which consisted of a wide cross-section of premises, including not only commercial and business premises, but industrial premises and dwellinghouses also. It was the first local authority to make financial grants to householders; it is indeed thought that Bolton's experience had a direct influence on the provisions of the Clean Air Act, 1956. The first smoke control area under the Clean Air Act, 1956, was made only a few months after the Act came into force, and steady progress has been made, apart from a period in which no further Orders were made, due to dissatisfaction with the poor quality of locally-produced solid smokeless fuel; but for this unfortunate interruption Bolton's Smoke Control Programme would now be well on the way towards completion.

The following table gives details of action taken during 1968 in the implementation of confirmed Smoke Control Orders:

SMOKE CONTROL PROGRAMME (1.1.68 TO 31.12.68)

Applications:

No. of houses in respect of which applications for approval of proposed works were submitted	560
Estimated expenditure allowable for grant	£25,464 1s. 3d.
Estimated amount of grant payable by Corporation (seven-tenths)	£17,824 16s. 11d.

Claims:

No. of houses in respect of which claims for payments of grants were received	454
Total amount paid by way of grant	£13,249 16s. 10d.
No. of 100% grants paid	72
Amount paid in 100% grants	£2,831 11s. 8d.
Additional cost of 100% grants	£849 9s. 6d.

INSPECTION AND SUPERVISION OF FOOD

Milk:

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959:

No. of Dairies	10
No. of Milk Distributors (including retail shops and dairy roundsmen)	559
No. of Dairy Vehicles	138

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963, AND MILK (SPECIAL DESIGNATION) (AMENDMENT) REGULATIONS, 1965:

During the year 1968, the following licences were granted:	
Dealers' (Pre-packed Milk) Licences valid to 31.12.70 ..	71

DAIRIES AND DAIRY VEHICLES:	DAIRIES	DAIRY VEHICLES
No. of inspections	71	128
No. of notices served	8	21

Most of the dairy vehicles were of a good standard, but opportunity was taken wherever possible to remind roundsmen of their obligation to display their names and addresses on their vehicles.

SAMPLING OF MILK FOR BACTERIOLOGICAL EXAMINATION:

Samples of milk were taken regularly from dairies, processing plants, milk shops, schools and vending machines, and during the course of delivery to consumers. Details of the examinations carried out are given on page 116.

Three samples were reported as unsatisfactory; they failed to comply with the Methylene Blue Test. This is the test for the keeping quality of milk. Two of the samples were from the same vendor and one sample was from a dairy depot. Both the vendor and the dairy were advised about the correct time and temperature of storing pasteurised milk.

BIOLOGICAL SAMPLING OF MILK:

Seven-hundred-and-forty samples of milk, comprising both bulk and individual samples, from roundsmen and from farms were examined for *Brucella abortus*. Fifteen of the forty-two farms involved were situated outside the Borough. Twenty-five cows reported as positive for this organism were slaughtered. Six of the samples which had positive reactions were referred to the County Medical Officer of Health as the farms were situated outside the Borough.

Two cases (male) of undulant fever were reported; the two farms involved in this case were both found to be infected.

Routine monthly sampling is being maintained at all farms where positive reactions were reported.

SAMPLING OF MILK FOR CHEMICAL ANALYSIS:

Four-hundred-and-two samples were taken, 15 of which were reported as unsatisfactory. Fourteen of the "unsatisfactory" samples were genuine, but of sub-standard quality. The County Dairy Husbandry Advisor of the Ministry of Agriculture, Fisheries and Food was notified regarding these samples.

One sample contained 6.3% added water. This was due to thoughtlessness rather than fraud. The washed bottles were stacked in such a way as to prevent adequate drainage of water from some bottles. The local dairy farmer concerned was advised of the correct method of draining washed bottles, and samples taken subsequently, at regular intervals, were all satisfactory.

Bacteriological Examination of Ice Cream:

Forty-three samples of ice cream were taken from vendors and manufacturers; most of the samples were taken at the source of production because of the high number (26) of unsatisfactory samples. 41% of the unsatisfactory samples were from one local manufacturer; after exhaustive investigation, numerous visits (including weekends) and re-organisation of production, equipment and methods, a series of satisfactory samples was obtained from this manufacturer.

Inspection of Meat and Other Foods:

The inspection of a wide variety of foodstuffs has been carried out at slaughterhouses, markets, and food shops. This necessitated employing the meat inspectors outside normal office hours so that a full service could be maintained.

Meat Inspection:

The following table shows the number of animals slaughtered:

	Cattle ex- cluding Cows	Cows and Bulls	Calves	Sheep and Lambs	Pigs
Number of animals killed and inspected	3,579	13,171	287	23,326	28,827
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:					
Whole carcasses condemned	2	83	4	13	79
Carcasses of which some part or organ was condemned	121	12,619	—	6,135	9,144
TUBERCULOSIS ONLY:					
Whole carcasses condemned	—	1	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	—
CYSTICERCOSIS:					
Carcasses of which some part or organ was condemned	20	41	—	4	—
Carcasses submitted to treatment by refrigeration	20	41	—	—	—
Generalised and totally condemned	—	—	—	—	—

The total weight of meat condemned was as follows:

	Tons	Cwts.	Qrs.	Lbs.
Carcases (Meat)	25	17	2	9
Offal	109	13	1	15
	135	10	3	24

The following table shows the quantities of carcasses (meat, offal and bacon) coming into Bolton from Ireland, and delivered to certain local wholesale butchers; regular visits for inspection of imported meat and offal are made to these premises:

Quarters of Beef	Lambs	Cartons of Offal	Bales of Bacon
3,115	500	—	552

Meat Inspection Regulations, 1963: Meat Inspection (Amendment) Regulations, 1966:

All carcasses of animals slaughtered within the Borough were inspected in accordance with the Regulations and stamped with the inspector's mark. Hours of slaughtering were restricted under the 1966 Amendment Regulations and the times laid down proved satisfactory in operation.

Analysis of Parts of Carcasses of Animals Condemned:

The following table gives the various diseases and conditions found as percentages of the total number of animals affected. It was found that some animals were affected by two or more diseases or conditions:

NATURE OF DISEASE OR CONDITION	PERCENTAGE
Telangiectasis	69.5
Tuberculosis	Nil
Distomatosis	64.8
Cysticercosis .. .. .	.375
Septicaemia and Pyaemia	2.9
Mastitis	42.5
Actinomycosis .. .. .	.001
Pneumonia, Pleurisy, Peritonitis	32.9
Others	26.8

There is a high incidence of telangiectasis due to the high proportion of aged cattle killed for manufacturing meat.

There was a further slight rise in the number of *Cysticercus bovis* compared with previous years:

1964	1965	1966	1967	1968
34	27	34	57	61

Foodstuffs Condemned

(excluding fresh meat)

	Tons	Cwts.	Qrs.	Lbs.
Tongue (tinned)	—	2	3	15
Ham (tinned)	1	8	1	6
Meat (tinned)	1	2	3	17
Poultry	—	5	0	7
Fish (tinned)	—	6	2	13
Fish (fresh)	—	4	3	12
Vegetables (tinned)	—	14	0	16
Vegetables (fresh)	1	13	3	26
Fruit (tinned)	2	4	0	3
Fruit (fresh)	2	4	0	9
Milk (tinned)	—	—	3	23
Provisions (miscellaneous) ..	3	1	1	27
Total	13	9	1	6

Disposal of Condemned Meat:

Facilities were given for the collection of certain offals and glands for pharmaceutical purposes; all other condemned meat was collected according to regulations and converted into fertilisers or animal feeding stuffs where appropriate. At the new Bolton Abattoir in Lever Street all condemned meat is retained in a locked room under the direct supervision of the food inspectors for daily collection by a processing firm.

Disposal of Condemned Foodstuffs Other than Fresh Meat:

All condemned foodstuffs, other than fresh meat, are disposed of by burial at the Corporation's tips.

Slaughterhouses:

There are two slaughterhouses within the Borough, i.e., the new privately owned abattoir at Lever Street opened in August, 1966, and the small privately owned slaughterhouse used only for slaughtering pigs.

In view of the Slaughterhouse (Hygiene) (Amendment) Regulations, 1966, which came into operation on the 31st October, 1968, six water spray guns were installed at separate working points for spraying carcasses during the various operations of dressing; in addition six additional wash hand basins have been installed at various working points with hot and cold water, so that slaughtermen can wash their hands during slaughtering operations without having to leave the slaughtering line.

A power steam hose was installed in the lairage at the abattoir and has proved extremely effective.

Improvements have also been effected at the smaller slaughterhouse used for pig slaughtering only.

Export Slaughter:

All the inspectors at the abattoir in Lever Street were medically examined in accordance with the regulations for export slaughter. Cattle were slaughtered and inspected in accordance with the export regulations on seven occasions.

Slaughter of Animals Acts, 1933-1958:

During the year 40 licences were issued to slaughtermen. No contraventions of the Acts or Regulations were reported.

Poultry Inspection:

There are two poultry slaughterhouses in the Borough and one poultry dressing station; all three premises were visited regularly by the inspectors, a total of 129 visits being paid. The numbers and types of birds slaughtered were as follows:

Chickens	.. .. .	690,374
Capons	.. .. .	4,070

The percentage of birds rejected as unfit for human consumption was approximately 1%, and the total weight of poultry condemned as unfit for human consumption was 6-tons, 19-cwts, 0-qrs., 15-lbs. The number of birds found dead on arrival was 3,020.

Three inspectors attended a course of lectures on Poultry Inspection and Hygiene at Salford University in September, 1968. All the public health inspectors and food inspectors have been authorised to act under the Slaughter of Poultry Act, 1967, the operative date of which has yet to be fixed by the Ministry of Agriculture, Fisheries and Food.

Diseases of Animals Acts:

ANTHRAX ORDER, 1938:

Nine cases (1 bull, 1 cow, 2 sheep, 5 pigs) of suspected anthrax were notified, but in each case a negative report was given following veterinary investigation.

FOWL PEST:

No outbreaks were reported during the year.

SWINE FEVER:

No outbreaks were reported during the year.

TUBERCULOSIS:

One case of tuberculosis was found during meat inspection; samples were sent to the Ministry of Agriculture, Fisheries and Food Veterinary Investigation Centre at Liverpool, and were reported positive for avian type tubercle bacilli.

Foot and Mouth Disease:

In connection with the extensive outbreak which occurred in late 1967, Bolton continued to be included in an "Infected Area" up to the 9th January, 1968, and in a "Controlled Area" until the 3rd March, 1968 when all restrictions were removed from the Borough. During the period of restriction the following movement licences were issued by the food inspectors:

Cattle	..	..	..	..	..	..	..	..	572
Sheep	..	..	..	..	..	..	..	..	67
Pigs	..	..	..	..	..	..	..	..	441
Calves	..	..	..	..	..	..	..	..	42

The issuing of Movement Licences necessitated a food inspector being available at all times, including weekends and holiday periods.

Food and Drugs Sampling for Chemical Examination:

The following samples of food and drugs were obtained by the public health inspectors for chemical analysis:

FOOD SAMPLES:					GENUINE	UNSATISFACTORY	TOTAL
Formal	..	..	..	..	39	5	44
Informal	..	..	..	..	263	20	283
DRUG SAMPLES:							
Formal	..	..	..	..	18	2	20
Informal	..	..	..	..	70	6	76
MILK SAMPLES:							
Formal	..	..	..	..	31	7	38
Informal	..	..	..	..	353	11	364
TOTALS					774	51	825

Food Hygiene:

Details of the visits made, etc., in connection with the enforcement of the Food Hygiene (General) Regulations, 1960 are given in Table 3 on page 134. As a result of this work the following improvements were effected in the towns. food premises.

Structural Improvements:

Floors	..	..	..	..	..	..	..	258
Walls and ceilings	..	..	..	..	..	..	..	683
Doors, windows	..	..	..	..	..	..	..	108
Decorations	..	..	..	..	..	..	..	161
Lighting	..	..	..	..	..	..	..	71
Ventilation	..	..	..	..	..	..	..	59
Drainage	..	..	..	..	..	..	..	9

Fittings, equipment, etc.:

Sinks, etc.	..	..	..	..	..	..	..	24
Wash hand basins, etc.	..	..	..	..	..	..	..	36
Water supplies - cold	..	..	..	..	..	..	..	9
Water supplies - hot	..	..	..	..	..	..	..	30
Shop fittings, equipment, etc.	..	..	..	..	..	..	..	295
Miscellaneous improvements	..	..	..	..	..	..	..	219

As in previous years special inspections were made of all kitchens (school meals service, colleges, hostels, etc.) operated by the Education Department, and also all N.H.S. hospital kitchens, and detailed reports and recommendations were subsequently sent to the Chief Education Officer and Bolton and District Hospital Management Committee respectively. Where necessary, night visits or weekend visits have been paid to premises, mainly in connection with licensed premises.

In September, 1968, a scheme of training commenced at Bolton Technical College for the examination of the Royal Society of Health in "Hygiene of Food Retailing and Catering"; thirty students are attending, organised into two separate courses each of which will continue into the first quarter of 1969. Half the lectures have been given by the staff of the Catering Department of the College, whilst the others have been given by members of the Health Department, i.e., Deputy Medical Officer of Health, Deputy Chief Public Health Inspector, two senior public health inspectors, and a senior laboratory technician from the Department of Pathology, Bolton Royal Infirmary.

The work of food hygiene continued to be hampered by vacancies for public health inspectors, and inspections of some premises are in arrears. Details of legal proceedings are given on page 118.

Bacteriological Examination of Foodstuffs:

Eight samples of foods were submitted to the Department of Pathology Bolton Royal Infirmary for bacteriological examination. All samples were suspected of causing illness or food poisoning but this was not confirmed by bacteriological examination.

In October, 1968, an outbreak of food poisoning occurred due to *Salmonella virchow* in chickens. An extensive programme of swabbing at the principal local poultry processing establishment was instituted, swabs being obtained from live birds on arrival, and from crates on arrival and after cleansing. The following swabs were taken during this programme:

Live birds	.. .. .	440 swabs	- 1 positive
Crates - on arrival	.. .. .	220	„ - 3 „
after cleansing	.. .. .	220	„ - 1 „

Food Complaints:

The majority of one-hundred and five complaints made to the department were found on investigation to be justified.

Eighteen of the complaints relating to taste/smell, or suspected of causing food poisoning were found on chemical analysis and bacteriological examination to be harmless. A slight variation in taste, smell or appearance from "normality" resulting in complaints made to this department is perhaps an indication that the public is becoming more food conscious, or more conscious of getting value for money. This is borne out by a steady annual increase in the number of food complaints referred to the public health inspectors.

In only one case could it definitely be proved that food suspected of having caused illness had in fact done so. This was the outbreak of copper poisoning at a local factory which is referred to elsewhere - pages 130 and 172.

Amongst the foreign matter complained of, insects constitute the largest single item. A variety of insects ranging from a South African cricket in a can of beans, a wasp in a packet of currants, a cockroach in chips, a moth in fish and chips, to house flies, greenflies and larvae, managed to find their way into foodstuffs. Amongst the metal objects were $\frac{1}{4}$ " screws in a meat pie and a teacake, and a nut in a packet of salt.

All complaints were thoroughly investigated, and in some cases stocks of food were withdrawn from sale; legal proceedings were taken in six cases.

In many cases the complainants claim that they have had previous experience of unsatisfactory foodstuffs, and that they now refer the complaint to the Health Department because they feel that manufacturers will take more notice of local authorities and their officials, although they do not themselves in most cases wish to be involved in giving evidence in prosecutions.

Type of Food	Nature of Complaint				Total	Legal Action
	Mouldy	Foreign Matter	Unsatisfactory Appearance Taste or Smell	Suspected of Causing Food Poisoning		
Bread	5	10	2	—	17	2
Cooked meats, pies and other prepared meat products.	2	3	6	—	11	2
Canned meat	2	3	4	—	9	—
Canned fruit & veg.	—	4	2	—	6	—
Confectionery	3	5	1	—	9	1
Milk & milk products	3	6	3	3	15	—
Fish	—	2	2	—	4	—
Other foods	2	13	15	4	34	1
	17	46	35	7	105	6

Infestation in Food:

Fifty-two samples of cereals, dried fruits and other similar foods were submitted for examination for mites, insects and rodent excreta; all samples were free from infestation.

Liquid Egg (Pasteurisation) Regulations, 1963:

There are no egg pasteurisation plants in the Borough, nor have any samples of liquid egg been submitted for the alpha-amylase test.

Legal Proceedings - Food Hygiene:

The two proprietors of a combined grocers' and butchers' shop were each fined £47 plus 3 guineas advocate's fee (i.e., a total of £100 6s. 0d.) in respect of offences relating to dirty premises, dirty equipment, the storage of food in bedrooms, and the storage of open food in a room communicating with a bedroom.

The proprietor of a second combined grocers' and butchers' shop was fined £60 plus 7 gns. costs for offences including dirty premises and equipment and being in possession of food unfit for human consumption.

Reports were submitted to the Borough Solicitor in respect of four premises and one food vehicle with a view to legal proceedings being instituted; summonses were subsequently served in respect of two of the premises and the food vehicle, and the summonses come up for hearing in 1969.

Legal Proceedings - Food Complaints:

Summonses were served in respect of four complaints, these were returnable in 1969.

Miscellaneous Samples:

Nineteen samples of various foods, vegetables and fruits were examined for pesticide residue; all were reported satisfactory.

Four samples of medicated toothpaste, one sample each of gum massagers, mouth spray and scalp application were obtained to test claims for their medicinal or therapeutic properties; one sample of toothpaste contravened the Pharmacy and Medicines Act in that the complete list of ingredients were not included on the label of the tube of toothpaste. An undertaking was given by the manufacturers to amend the labels.

Consumer Protection:

The Toys (Safety) Regulations, 1967, prescribe maximum permitted levels of metals used in toys. Nine samples of toys were submitted to the Borough Analyst's Laboratory for examination under these Regulations; four of which were satisfactory, and the remaining five are awaiting the Analyst's report.

GENERAL SANITATION

Conversion of Waste Water Closets:

During the year a sum of £1,500 was allocated in the estimates for the conversion of waste water closets to fresh water closets. The amount of the grant at present is a maximum sum of £15, the grant having been raised to this figure during 1963; 59 grants were paid.

The average cost of conversions at the present time is approximately £52.

Public Water Supplies:

All employees of the Waterworks Undertaking who are directly concerned with the water supply are required to submit one specimen of faeces annually for bacteriological examination; new employees are required to submit faeces specimens on three successive days, and a specimen of blood is also taken for a Widal test.

Mr. H. R. Davenport, Waterworks Engineer and Manager, has supplied the following information regarding the water supply to the Borough, although the Undertaking's area of direct supply includes adjoining authorities:

- (1) The water supplied to the County Borough of Bolton by this Undertaking was satisfactory both as regards quality and quantity.
- (2) Normally, samples of both raw and filtered water are regularly subjected to full bacteriological examination and chemical analysis. Special examinations and analyses are made as circumstances require.

During 1968, 684 samples of raw water were subjected to bacteriological examination and part chemical analyses and 7 to full chemical analyses in the statutory area of supply. In addition, 1,416 samples of filtered and treated water received bacteriological examination and partial chemical analysis and 9 full chemical analysis. Results showed that the filtered and treated water was of satisfactory quality, B.Coli being absent in 98.59% of the potable water samples tested. All water is treated before passing into supply.

- (3) No special action was required to be taken in respect of any form of contamination. From tests made the water was shown to have no significant plumbo-solvent action.
- (4) The public water mains afforded a direct supply to a population of approximately 153,700 people living in 56,720 dwelling houses, maisonettes or flats within the Borough. No supply was afforded to dwelling houses by standpipes.
- (5) The following extensions and renewals of water mains were carried out during 1968:

SIZE	EXISTING PROPERTY	NEW PROPERTY	OTHER DEVELOPMENT	RENEWED
2" dia.	274 yds.	2,241 yds.	—	—
3" „	41 „	2,560 „	—	108 yds.
4" „	307 „	468 „	—	53 „
6" „	422 „	281 „	64 yds.	14 „
9" „	63 „	139 „	—	—

The following information has been provided by the Borough Analyst as to the fluoride content of the supply waters of the Bolton Undertaking:

	SUPPLY	FLUORIDE (AS F) P.P.M.
Irwell Valley		0.15 — 0.30
Bolton Waters		0.15 — 0.35
Bacup		0.10 — 0.20

Sewage Disposal:

The following information has been supplied by Mr. I. Withnell, General Manager of the Bolton and District Joint Sewerage Board:

“Sewage treatment facilities for the County Borough and the adjacent authorities of Farnworth, Radcliffe, Kearsley, Little Lever and Turton and parts of Whitefield and Worsley are provided by the Bolton and District Joint Sewerage Board. Sewage, including industrial effluents and surface water as well as domestic drainage from almost the whole of the area with the exception of Radcliffe, is carried down the valleys of the rivers Croal and Irwell by a trunk sewer for treatment at the Ringley Fold Works. The connections from Farnworth have been completed during the year and work is proceeding on construction of the link sewer from Radcliffe.

During 1968 a flow of 7,446,000,000 gallons, averaging 20.3 million gallons per day, was treated at the Ringley Fold Works by a surface aeration process producing a well-stabilised effluent, well within the standards prescribed by the Mersey and Weaver River Authority, while sludge removed was subjected to digestion treatment rendering it innocuous and, at the same time, producing gas for use in production of power for works operation. Approval has been given to terms and conditions regulating discharge of industrial effluent from twenty-one trade premises.”

Factories Act, 1961:

There are 927 factories within the Borough which were the subject of 67 inspections, resulting in 19 cases in the service of written notices on the occupiers. Full details of the work carried out under the Factories Act, 1961, are contained in Tables 7 to 10 on pages 137 to 139.

Offices, Shops and Railway Premises Act, 1963:

Up to the end of 1968, 1,739 premises had been registered with the local authority in accordance with the Act; in 55 cases applications forwarded to the local authority in error were re-directed to the Factory Inspectorate.

Details of registrations, inspections, action taken, etc., are given in Table 11
Forty-six accidents were reported during the year as follows :

Offices	21
Retail shops	10
Wholesale shops and warehouses	12
Catering establishments, canteens	3
Fuel storage depots, etc.	—
	46
	—

Most of the accidents reported were dealt with informally. One accident occurred to a youth working at a food stall in the Corporation's covered market, who, within only a few days of his commencing work, injured his hand on a food slicing machine. The safety precautions of the Act do not yet apply to covered markets, but had they done so, this is a case in which legal proceedings would have been recommended.

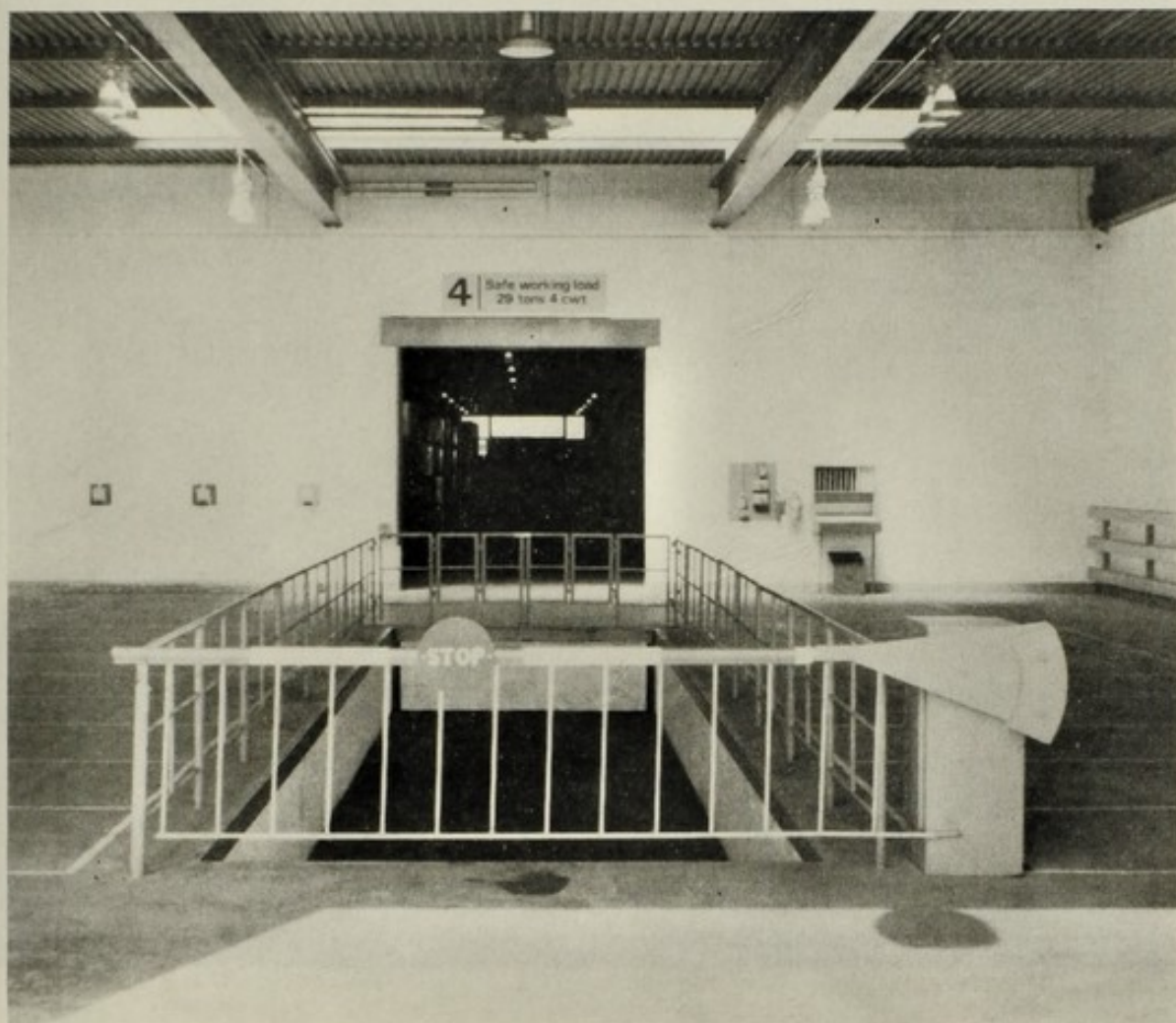
In the same market, a stall was discovered in which a previous occupier had constructed a mezzanine floor to increase the storage accommodation; due to the position of a girder the only means of access to one of the rooms so formed (used partly as a storeroom and partly as a staff room) was through an aperture at floor level approximately 1 yd. sq. Both in this space and an adjoining space, the floor/ceiling height was approximately 6' 6" only, and the headroom was still further reduced by pipes near ceiling level. Both staircases on this stall were unsatisfactory. This matter is being pursued voluntarily with the Markets Superintendent and the Company concerned and it is hoped to bring about an improvement.

It is, however, felt that both these cases emphasise the need for the Act to be fully applied to covered markets as soon as possible.

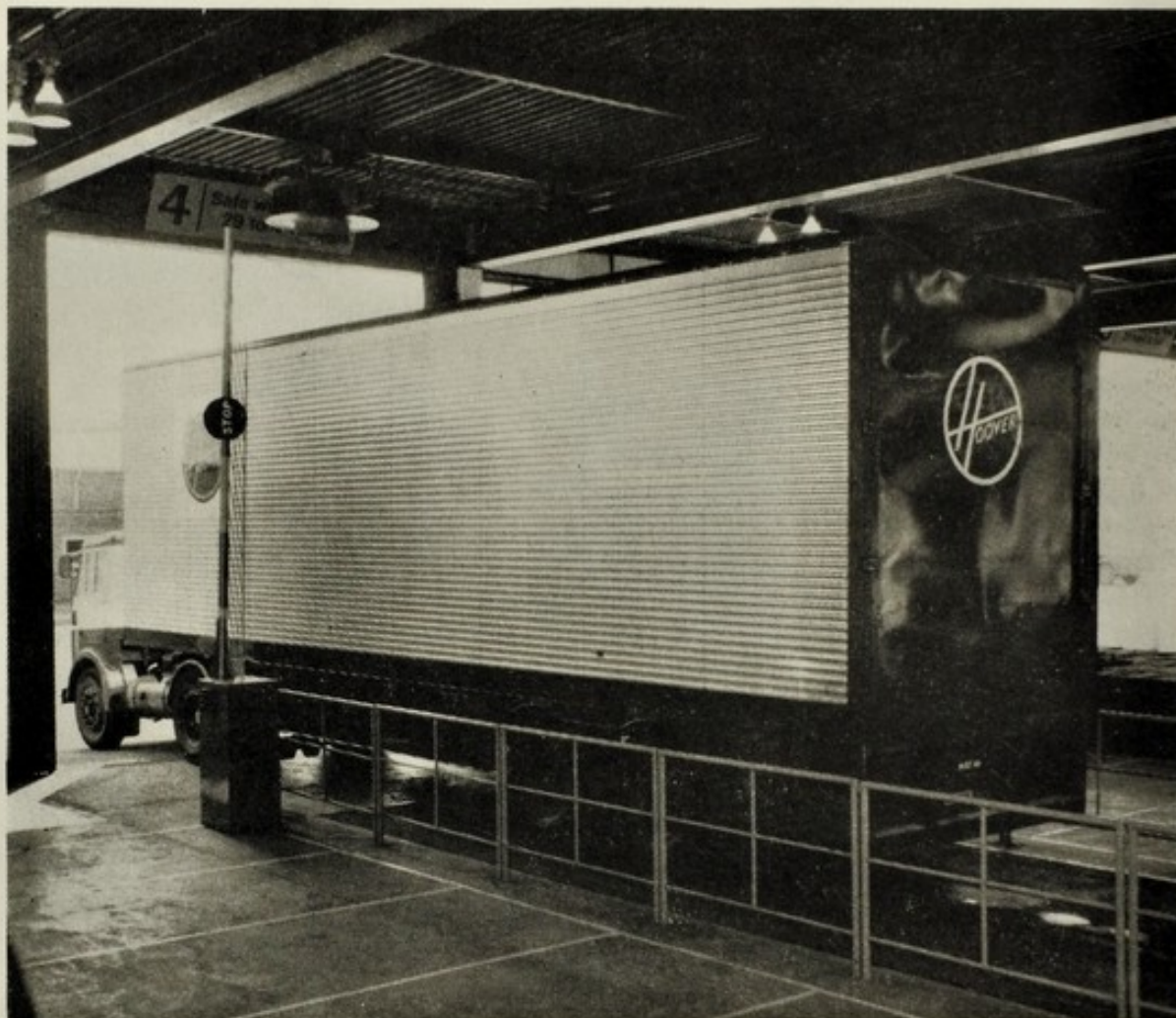
An accident occurred at a self-service coin-operated launderette supervised by a husband and wife who each work an average of one hour per day of the week, so that the Act did not apply to the premises. In the accident the husband's hand was trapped in the "V" belt drive of a dry-cleaning machine and he lost the tips of three fingers. Although this was not a reportable accident, it was investigated informally and advice given. The accident was reported and investigated approximately a month after it occurred, and at that time the guards (which could have been reasonably effective) to both of the dry cleaning machines on the premises, were in a defective condition. This was another case in which legal proceedings would have been taken had the Act applied to the premises. Whilst it is appreciated that there may be a case for exempting premises where only a few hours per week are worked, it is thought that a case such as this raises the question as to whether or not the exemption limit should be fixed as high as 21 working hours per week.

Legal proceedings were instituted in respect of three premises, two being launderettes both operated by the same Company; the work required at these two premises was carried out and the summonses were withdrawn. In the case of the third premises, the summons related to obstruction of staircases and passages in a food supermarket on two separate occasions, the summonses are returnable in January, 1969.

VEHICLE LIFT (Bury Road Industrial Estate)



Vehicle platform is shown partly lowered below warehouse floor level. Note fixed guard rails to sides of pit; "rise and fall" barrier at entrance to lift platform; and adjustable guards (used during unloading) at rear. The rise and fall barrier is "interlocked" so that it cannot be raised unless the lift platform is at warehouse floor level. Note capacity of lift (over 29 tons).



Large delivery vehicle being reversed onto lift platform, which is now at warehouse floor level; rise and fall barrier raised to enable vehicle to pass on to platform.



Vehicle lowered below warehouse floor level; roof of vehicle rolled back to allow easy unloading; the deck of the vehicle is removable in sections to expose another layer of goods, the vehicle then being raised to the new deck level. Note "bridge piece" between warehouse floor and deck of vehicle, and guard rails adjusted to permit unloading.

Photographs by courtesy of Hoover, Ltd., Greenford, Middlesex.

Access to the lifting mechanism is via an access panel in the lift platform, and can only be gained by using the same "Castell key" which is used in the control panel to bring the equipment into working operation - i.e., when the key is removed from the control panel, the lifting mechanism is put out of action. While maintenance work below the platform is being carried out, this control key cannot be removed from the access panel. Each of the four lifts has its own individual Castell key so that there is no possibility of a key from another lift being used to operate the equipment while the engineer is working below the platform.

Improvements were carried out to a conveyor system in a food supermarket; the system was used for conveying goods (in both directions) between ground floor and basement levels; the conveyor has a right-angle turn so that persons working at opposite ends of the conveyor were unsighted. No warning devices were provided to indicate that the conveyor was about to be put in motion. Furthermore, the head of the conveyor was in such a position that it crossed the natural line of travel between the head of the basement stairs and the entrance to the supermarket, and employees were frequently seen to step on the conveyor, rather than walk round it (the adjoining space was, in any event, frequently obstructed). The system has now been completely enclosed and guarded, and has been provided with a signalling device incorporating a suitable delay, so that persons near the conveyor can be warned that it is about to be set in motion.

Useful experience in the guarding of machinery and equipment continues to be acquired, and two pieces of large-scale equipment in premises subject to the Act and to local authority supervision merit special mention. One is a vehicle lowering lift which will raise or lower large vehicles or trailers and their loads (up to 30-tons) so that the contents can be removed layer by layer from the top of the vehicle, which can be lowered below floor level to enable operatives to work at floor level. The other is a large equipment handling system in which a type of fork lift truck, running on mono rails, is automatically operated by punched cards and remote controls, and which enables goods to be delivered to, or picked from, any particular section of a complex storage system. Photographs of one of these pieces of equipment are included in this report.

It is becoming apparent that local authorities will have to assume responsibility for safety precautions on large scale equipment such as this, and that their responsibilities will not be limited to such simple pieces of equipment as hand guillotines or bacon slicing machines.

For several months of the year one inspector was assigned solely to work under the Offices, Shops and Railway Premises Act, 1963, and was engaged in systematically locating and inspecting premises which had not already been registered or received a "general inspection".

Houses in Multiple Occupation:

During the year 54 visits and inspections were made of houses in multiple occupation and nine informal notices were served.

The pressure of work and a vacancy for an inspector, again prevented any headway being made on the problem of multiple occupation. There are thought to be between 200 and 300 premises requiring action. The main practical problem is the need for repeated visits to such premises, even to make one single inspection, since so many tenants are out working, and frequently evening or weekend visits are required; also the way in which the situation at such premises is continually changing.

Caravan Sites and Control of Development Act, 1960:

At the end of 1968 there were seven licensed sites, the maximum number of caravans licensed at any one site being four caravans. Two of the sites have not had a caravan stationed on them for sometime.

The total number of caravans on the occupied sites was eleven.

The only large residential caravan site in the Borough, i.e., Meadowcroft Caravan Site, Darcy Lever, closed down in August, 1968, when the planning permission and site licence expired.

Caravan Sites Act, 1968:

Consideration was given to the possibility of setting-up a site of 15 pitches for gypsies and other itinerants at the Meadowcroft Caravan Site, Darcy Lever; this was previously a privately operated caravan site which had been vacant for some months. The cost of improving this site to the standard suggested by the Health Department was thought by the Council to be excessive, and at the end of 1968 possible alternative sites were being sought.

Common Lodging Houses:

Due to their financial difficulties, the Salvation Army closed down their hostel at 96/100 St. George's Road, Bolton, in July, 1968.

There are now no Common Lodging Houses in Bolton.

Offensive Trades:

There were three offensive trades within the Borough, i.e.:

- 1 fellmonger
- 1 gut scraper
- 1 fellmonger and gut scraper

There are no local byelaws affecting these trades, but the comparatively small number of premises involved, and the satisfactory standards of cleanliness and maintenance, do not justify the making of special byelaws.

Hairdressing Establishments:

There are 382 hairdressing premises registered in accordance with the Bolton Corporation Act, 1949, section 48. Twenty-nine inspections were made.

Pharmacy and Poisons Act, 1933; the Poison Rules, 1964/65:

The names of 163 persons are included in the Local Authority's list of persons entitled to sell poisons under Part II of the Poisons List. The attention of shopkeepers was drawn, verbally or in writing, to any infringements of the Act or Rules.

Pet Animals Act, 1951:

Sixteen premises were licensed and 28 inspections made. In general, establishments have been satisfactorily conducted, but where necessary verbal or written notices were issued.

Animal Boarding Establishments Act, 1963:

Two premises were licensed under the Act. Suitable conditions were attached to the licences based upon the general recommendations of the R.S.P.C.A., and the specific recommendations of the Chief Fire Officer in respect of each establishment.

Riding Establishments Act, 1964:

Two riding establishments were licensed during 1968.

Rag Flock and Other Filling Materials Act, 1951:

This legislation prescribes standards of cleanliness for filling materials used in upholstered articles, stuffed toys, etc., and the local authority are required to register or licence premises where the relevant operations are carried out. There are 22 premises in the Borough registered under the Act.

Noise Abatement Act, 1960:

During 1968 a further 35 complaints were received and are classified as follows:

COMPLAINTS OF NOISE FROM NON-DOMESTIC PREMISES:

Machinery	.. .. .	8
Road Drills	.. .. .	3
Hooters	.. .. .	2
Animals	.. .. .	2
Scrap Metal	.. .. .	1
Dance Bands	.. .. .	1
	—	17

COMPLAINTS OF NOISE FROM DOMESTIC PREMISES:

Animals	.. .. .	6
Machinery	.. .. .	5
Radio	.. .. .	1
Miscellaneous	.. .. .	6
	—	18

Of the 35 complaints received, 17 have been dealt with satisfactorily. In ten complaints nuisance was not confirmed. In four cases the necessary works have been completed and the premises remain under observation. The remaining four complaints are still under investigation.

Litter Act, 1958:

One prosecution was instituted after a public health inspector had observed builder's debris being dumped on land in Old Road, Bolton; although the Magistrates found the offence proved, they nevertheless gave the defendant an unconditional discharge in view of the nature of the land in question, and the long history of tipping on this and adjoining land.

Fertilisers and Feeding Stuffs Acts, 1926:

Twenty-one samples were taken under the above Act; five of the samples contained ingredients in excess of the permitted amount and the form of the statutory declaration was incorrect on one of the samples. The matter was taken up with the manufacturers concerned.

Abandoned and Derelict Houses:

Towards the end of 1968 the Town Council authorised the Borough Planning Officer to deal with derelict houses in Bolton under the provisions of Section 27 of the Public Health Act, 1961, authority being given for the service of all necessary notices, and for the carrying out of sealing-up in default of owners, if necessary.

There is a common misconception that the problem of derelict houses arises largely, or mainly, from the work of the Health Department in securing the imposition of Closing Orders on dwelling houses, but this is not borne out by the facts. At the time this matter was receiving consideration, a special survey was made of all houses subject to operative Closing Orders (approximately 200). The survey showed that 63% of these houses were adequately sealed against unauthorised access, whilst a further 19% although not sealed against access (e.g. bricked-up or boarded-up) were nevertheless still secure and intact; i.e., a total of 80% of the houses surveyed were secure and intact. In only 18% of the cases were premises open to access, and in only one house was there considered to be a statutory nuisance. although some houses and yards did contain accumulations of debris, etc.

It is thought that the real problem of derelict houses arises from causes other than Closing Order action; e.g., abandonment by landlords; owners who cannot be traced, who have gone bankrupt, or are "men of straw"; premises damaged by fire, or which have been so badly damaged whilst standing vacant it has been impossible to sell or re-let them, etc.

Outbreak of Food Poisoning due to Copper in Tea:

An outbreak of food poisoning due to copper-sulphate in the water in a gas hot water geyser occurred at a local factory and was investigated by public health inspectors. The incident arose from corrosion of the condensation bowl and lid of the geyser and the subsequent entry of the corrosion products into the water inside the geyser.

This outbreak is dealt with in more detail on page 172.

DISINFECTION AND DISINFESTATION

Disinfection:

Routine terminal disinfection of premises after cases of illness is carried out in special cases only. No charge is made where such work is carried out in the interests of public health. Details are given in Table 12 on page 146.

A special stock of equipment, together with a supply of formaldehyde, and a mixture of carbolic soap, water and white cyllin, is retained at School Hill in readiness for immediate use in the event of smallpox occurring. Facilities exist for the disinfection of vehicles and special containers are available for enclosing infected mattresses and bed linen.

Disinfestation:

An increasing number of occupiers of food or other business premises subject to special infestation risks continue to enter into annual agreements with the Corporation for regular treatment of their premises, with a view to preventing insect infestation; in many cases the agreements also provide for preventive measure against rodent infestation. There are now 184 agreements in force, and the annual income from pest destruction is now almost £5,600. Table 13 on page 141 summarises the work carried out.

Regular destruction treatments to control the rat population in the sewers are carried out by the Borough Engineer's Department in collaboration with the Health Department. Warfarin is the poison in general use, but zinc phosphide and arsenious oxide are used on occasions, paranitrophenol being incorporated to inhibit mould growth. In selected areas, fluoroacetamide is used under strict supervision.

The schools and school meals kitchens in the Borough are surveyed at least once every two months to detect any rodent or insect infestation. Any necessary treatment is carried out immediately.

Control of the rodent population on the Corporation's controlled tipping sites is maintained by regular surveys and treatments. River banks are also subject to regular surveys and any infestation dealt with.

An anti-coagulant containing "Chlorophacinone" has been successfully used against mouse infestations, where the use of the narcotic "Alphachloralose" was unsuitable owing to the warm conditions.

Mortuary:

The mortuary forms part of the premises at School Hill used as a Disinfection and Disinfestation Depot. An attendant is employed in combined mortuary and disinfestation duties.

Fourteen bodies were received at the mortuary during the year. Post mortem examinations were carried out on eight, all of them being coroner's cases. Refrigeration facilities are provided for the storage of bodies.

Municipal Medical Baths

The medical baths are situated in an annexe to the School Hill Depot. The cleansing of verminous men is carried out by the foreman of the Depot. The cleansing of verminous women and children is carried out by nursing staff, at the Health Department.

A summary of the cases dealt with is given below:

	MALES
Head Infestation	4
Scabies	86
Body Lice	51
	<hr/>
	141
	<hr/>

TABLE I

Complaints:

The following complaints were received and investigated:

Housing defects	707
Choked and defective drains	132
Accumulation of offensive matter	236
Unsatisfactory foodstuffs	92
Verminous premises:	
(a) Bed bugs	46
(b) Rat and mouse infestations	3,539
(c) Cockroaches and other insect pests	807
Keeping of animals and poultry	14
Smoke	41
Noise	35
Offensive odours	98
Miscellaneous	122
	<hr/>
	5,869
	<hr/>

TABLE 2

Standing Commitments:

Premises Subject to Routine Inspection

TYPE OF ESTABLISHMENT	NO. OF PREMISES
Common lodging house	—
Houses in multiple occupation	253
Moveable dwellings	24
Food Premises:	
Bakehouses	146
Basement bakehouses	4
Fish friers	129
Registered premises, Sec. 16 Food and Drugs Act, 1955	458
Industrial canteens	85
Other catering establishments	152
Miscellaneous food preparing premises	77
Ice-cream premises - manufacture	6
Ice-cream premises - sale only	465
Meat shops	158
Slaughterhouses	2
Dairies	10
Milk distributors	559
Food shops	958
Licenses premised (On)	259
Licensed premises (Off)	180
Food stalls	105
Vehicles - Meat	15
Vehicles - Milk	138
Factories (Mechanical)	812
Factories (Non-mechanical)	115
Workplaces	216
Offices	458
Retail shops	946
Wholesale shops, Warehouses	103
Catering establishments upon to the public, canteens ..	523

NOTE: So far as is known, all the above premises comply with Regs. 16 and 19 of the Food Hygiene (General) Regulations, 1960.

TYPE OF ESTABLISHMENT	NO. OF PREMISES
Fuel storage depots	1
Outworkers' premises	100
Factory chimneys	198
Hairdressers' premises	382
Places of entertainment	73
Clubs	35
Offensive trades	3
Registered premises, Rag Flock and Other Filling Materials Regulations, 1951 and 1954	22
Pet Shops (Pet Animals Act, 1951)	16
Animal boarding establishments	2
Riding establishments	2

TABLE 3

Detection of Sanitary Defects**Summary of Visits and Inspections**

NATURE OF VISIT	NO. OF VISITS
Dwelling-houses for housing defects under Public Health Act:	
After complaint	1,038
Subsequent visits	3,751
Dwelling-houses under Housing Acts:	
Detailed inspections	1,069
Re-inspections, re-visits	1,334
Certificates of disrepair	8
Infected dwelling-houses:	
After notified infectious disease (other than tuberculosis)	118
Contacts	32
Schools and church halls	9
Swimming baths	—
Water sampling:	
Swimming baths	—
Dwelling houses	2
Business premises	85
Cinemas, dance halls, billiard halls	11
Offensive trade premises	135
Stables, piggeries, keeping of animals	70
Houses in multiple occupation	54
Factories Act, 1961:	
Factories with mechanical power	62
Factories without mechanical power	5
Outworkers' premises	—
Common lodging houses	—
Underground rooms	—
Hairdressing premises	29
Tents, vans, sheds	22
Smoke abatement:	
Boiler house surveys	8
re Prior Approval applications	6
re Smokeless Zone and Smoke Control Areas	2,680
Delivery of pamphlets	2,376
Smoke observations	73
Smoke investigations	56
Re-visits	156
Combustion readings	—
Volumetric stations	182
Noise abatement	203
Fairgrounds	49
Drainage:	
Conversions from waste water to water carriage system	114
Miscellaneous tests and inspections	252

Public sewers	32
Watercourses and ditches	12
Land and tips	186
Septic tanks and cesspools	1
Sanitary conveniences - including public houses	93
Miscellaneous visits	1,251
Visits not inspections	4,187

Verminous premises:

Rats and mice: After complaint or from survey	4,605
Subsequent and survey visits	14,992
Bug infestations: No. of premises visited	48
No. of premises where definite infestation existed	47
Cockroaches	592
Other vermin	231

Inspections for supervision of food:

Unfit foodstuffs other than meat	364
Slaughterhouses and cold stores	1,692
Butchers' Shops (Food Hygiene (General) Regulations, 1960)	211

Food Hygiene (General) Regulations, 1960:

Bakehouses	146
Fish shops, grocers and greengrocers	1,406
Factory canteens	82
Restaurant kitchens, fish friers, etc.	235
Chemists	20

Hotel and beerhouse bars and cellars:

Day inspections	366
Night inspections	6

Food and Drugs Act 1955 - Section 16:

Ice cream premises (Heat Treatment Regs. 1959-1963) ..	57
Sausage manufacturers	21
Preserved meat preparation premises	290
Preserved fish preparation premises	68

Milk and Dairies Regulation, 1959: Food and Drugs Act, 1955 - Section 91:

Milk sampling for bacteriological examination	78
Contravention of Milk and Dairies Regulations	10
Dairies	71
National Assistance Act, 1948 - Section 47	-
Diseases of Animals Acts and Orders	49
Farms (Brucellosis, sampling, etc.)	133

Offices, Shops and Railway Premises Act, 1963:

General inspections	388
Other visits	996

TABLE 4**Notices served:**

Action to secure abatement of nuisances and to enforce the appropriate statutory enactments was taken as follows:

Nature of Notice	Public Health Act 1936	Food Hygiene (General) Regulations 1960	Factories Act 1961	Offices, Shops and Railway Premises Act 1963	Byelaws: Hairdressers and Miscellaneous Premises
No. of informal notices served	340	343	19	232	6
No. of informal notices complied with without recourse to statutory action	166	226	7	47	1
No. of statutory notices served	204	-	-	-	-
No. of premises concerned . .	107	-	-	-	-
No. of statutory notices complied with	80	-	-	-	-
No. of premises concerned . .	48	-	-	-	-
No. of cautionary letters sent by Borough Solicitor . .	17	-	-	-	-

Outstanding notices from previous year are included.

TABLE 5**Housing Defects and Legal Proceedings**

A summary of general housing defects or disrepair of property where it was necessary to take legal proceedings, and the results of such proceedings is given below:

CASE NO.	STATUTE	DETAILS OF CONTRAVENTION	RESULT
1	Public Health Act, 1936, Section 45	Continued failure to carry out necessary repairs to water closet accommodation.	Fined £7 14s., i.e. 2/- x 77 days plus 2 gns. Advocate's Fee.
2	Public Health Act, 1936, Section 45	Continued failure to provide and fix flushing cistern.	Fined £1 15s., i.e., 1/- x 35 days.
3	Public Health Act, 1936, Section 93	Failure to carry out roof repairs at three houses.	Nuisance Orders made against owner and costs of 8/6d. imposed.
4	Public Health Act, 1936, Section 93	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made against owner.
5	Public Health Act, 1936, Section 93	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made against owner.
6	Public Health Act, 1936, Section 39	Failure to carry out necessary drainage repairs.	Fine of £1 imposed.

Eight cases in which summonses had been served were withdrawn, the necessary works having been carried out; a further 2 cases were referred to the Borough Solicitor with a view to legal proceedings, but where the service of summonses was not required, the necessary works having been carried out.

TABLE 6

Sanitary Improvements Effected:

Action was taken under either the Public Health Act or the Housing Acts.

NATURE OF IMPROVEMENT	NO. OF IMPROVEMENTS
Floors repaired	26
Internal walls repaired	161
Ceilings repaired	7
Doors and windows repaired	92
Stairs repaired	2
Roofs repaired	101
Chimneys and flues repaired	71
Eavesgutters repaired	81
Rainwater pipes repaired	27
Soil and waste pipes repaired	12
External walls repaired	16
Yards, paths, etc., repaired	15
Sanitary conveniences repaired	37
"Tippler" closet conversions	—
Refuse accommodation	17
Drains repaired	93
Fireranges repaired	3
Sinks, water supplies, wash boilers, etc., repaired	33
Miscellaneous	32

TABLE 7
Factories Act, 1961
Places of Employment
Defects Found

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of Cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3) ..	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6) ..	-	-	-	-	-
Sanitary Conveniences (S.7):—					
(a) Insufficient	1	2	-	2	-
(b) Unsuitable or defective	8	5	-	9	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	1	1	-	-	-
TOTALS	10	8	-	11	-

TABLE 8

Factories Act, 1961
Outwork (Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of Out-workers in Aug. list required by Sec. 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing (Making etc.) apparel ..	9	-	-	-	-	-
Furniture and Upholstery ..	32	-	-	-	-	-
Brush making ..	1	-	-	-	-	-
Stuffed Toys ..	-	-	-	-	-	-
Making paper fancy goods ..	58	-	-	-	-	-
TOTALS ..	100	-	-	-	-	-

TABLE 9**Factories Act, 1961****Places of Employment - Improvements Secured**

Cleanliness improved	13
Temperature improved	-
Sanitary Accommodation:	
Additional accommodation provided	6
Accommodation improved	18
Accommodation reconstructed	-
Ventilation improvements	5
Drainage improvements	3
Miscellaneous improvements	15

TABLE 10
Factories Act, 1961
Places of Employment
Inspection for Purposes of Provisions as to Health

Premises	Number on Register	Number of		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	115	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	812	62	19	—
(iii) Other premises in which Section 7 is enforced by the Local Authority * (excluding outworkers' premises) ..	36	2	—	—
TOTALS	963	69	19	—

*Electrical Stations, Institutions, Building Operations and Works of Engineering Construction.

TABLE 11
Offices, Shops and Railway Premises Act, 1963
Table A - Registrations and General Inspections

Class of Premises	Number of Premises newly Registered during the Year	Total Number of Registered Premises at End of Year	Number of Registered Premises Receiving a General Inspection During the Year
Offices	41	458	75
Retail Shops	42	946	257
Wholesale Shops, Warehouses	5	103	20
Catering Establishments Open to the Public, Canteens	9	231	36
Fuel Storage Depots	—	1	—

Table B
 No. of Visits of all kinds by Inspectors to Registered Premises 996

Table C - Analysis of Persons Employed in Registered Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	7,012
Retail Shops	4,975
Wholesale Departments, Warehouses	1,665
Catering Establishments Open to the Public	1,843
Canteens	180
Fuel Storage Depots	14
TOTAL	15,689
TOTAL MALES	5,486
TOTAL FEMALES	10,203

Table D - Exemptions "Nil".**Table E - Prosecutions instituted of which the hearing was completed in the year.**

Section of Act or title of Regulations or Order	No. of persons or companies prosecuted	No. of informations laid	No. of informations leading to a conviction
Sections 4, 9, 16, 24	3 (inc. 1 Company with 2 sep. premises)	7	5 summonses withdrawn - work completed. 2 for hearing in 1969.
No. of complaints (or summary applications) made under Section 22			Nil
No. of interim orders granted			Nil

Table F - Inspectors

No. of inspectors appointed under Section 52(1) or 5 of the Act	13
No. of other staff employed for most of their time on work in connection with the Act	1

**TABLE 12
Disinfection**

	Free of Charge	On Payment of Charge	Total
Premises visited for Disinfection	1	-	1
Beds	42	-	42
Rooms	9	1	10
Articles	100	-	100
Articles Destroyed	101	-	101

The premises disinfected free of charge were for the following reasons:

Cancer	1
------------------	---

Disinfestation

	Number of Premises Disinfested				Total
	Domestic Premises	Business & Industrial	Hospitals	Schools	
Bed Bugs	46	—	—	—	46
Cockroaches	360	174	34	24	592
Fleas	10	3	—	—	13
Golden Spider Beetles	9	1	—	2	12
Wasps	95	7	—	2	104
Wood Lice	—	—	—	—	—
Body Lice	1	1	—	—	2
Silver Fish	8	1	2	7	18
House Fly	6	5	1	—	12
General Disinfestation	24	2	—	—	26
Others	26	1	—	1	28

TABLE 14
Destruction of Rats and Mice
Prevention of Damage by Pests Act, 1949

	Type of Property	
	Non-Agricultural	Agricultural
PROPERTIES OTHER THAN SEWERS		
1. Number of properties in district	63,412	90
2. (a) Total number of properties (including nearby premises) inspected following notification	3,539	—
(b) Number infested by (i) Rats	1,294	—
(ii) Mice	2,245	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	7,091	133
(b) Number infested by (i) Rats	273	—
(ii) Mice	658	—

REPORT OF THE BOROUGH ANALYST

Mr. G. J. Holland was Public Analyst for this Borough from 1962 until mid 1968 when he resigned to take up an appointment with a Water Authority. Mr. P. Morries took up the appointment as Public Analyst in December, 1968, and clearly much of the work reported in this Annual Report is that carried out under Mr. Holland's direction. During his tenure of office it is noteworthy that Bolton took part in the national survey of pesticide residues in foods organised by the Association of Public Analysts and organisations representing local authorities. This work required the purchase of special equipment, namely a gas chromatograph, and this typifies the modern trend in analytical chemistry and the work of public analysts in using more sophisticated apparatus and techniques to carry out chemical analyses of a kind which would have been impossible a decade or so ago. That this trend in analytical chemistry will continue is hardly in doubt and the public analyst's laboratory will need more special equipment if it is to provide the laboratory services appropriate to a technological age. This is especially true of the testing of modern drugs, for which the facilities available to the regulatory authorities must match those in the laboratories of the pharmaceutical industry. It is also true more generally since the public analyst cannot properly fulfil his statutory obligations if he is the cinderella of the scientific world.

The work on pesticide residues is important for another reason. The problem of pesticide residues in agriculture has raised in an acute form the problems created by man's pollution of his environment. Industrial communities have abused their natural environment with apparent impunity by the pollution of air, water and the land, but the price has to be paid. Civilised society can no longer afford to ignore the problems of pollution of the environment.

The statutory duties of a Public Analyst are defined by the Food and Drugs Act, which also lays down through regulations made under the Act, the qualifications which he or she must hold. In practice the work of the Public Analyst has always been wider in scope than this legal definition implies and there are further possibilities of using the Public Analyst's laboratory to serve local authorities. Local authorities are large scale purchasers of a wide range of goods and services and most of these are amenable to some form of laboratory test as a check on quality. All supplies should be sampled and checked from time to time to ensure that their quality is in accordance with contract specifications.

1968 was a year of considerable difficulties from a staffing point of view. Following the tragic death of Mrs. Ann Shepherd in December 1967, the laboratory has been without a chief assistant analyst until the appointment of Mr. Brian Taylor in July 1968. The position of Public Analyst was vacant from July until the appointment of Mr. P. Morries in December. It is pleasant to be able to report that Mr. D. W. Lord, junior assistant analyst, was successful in the final examination for the Graduate Membership of the Royal Institute of Chemistry. Mr. Lord resigned in September 1968 to take up a better-paid appointment in another public analyst's laboratory.

The year has not been an easy one for any of the staff and the smooth running of the laboratory is in no small measure due to their loyal service during a difficult time.

For the period from Mr. Holland's resignation in July to December when Mr. P. Morries took up his appointment, arrangements were made for certain samples to be submitted to Mr. G. S. Meadows, Public Analyst for the City of Salford, to whom our thanks are due for his help at this time.

This is my first Annual Report to the Social Services Group and in presenting it I would like to express my thanks for the kind co-operation and assistance from the staff of the Waterworks Department, the Public Health Inspectors and the secretarial staff of the Health Department. I should also like to thank the Medical Officer of Health for his encouragement and interest in the work of the laboratory.

New and Proposed Legislation

1968 was not such a prolific year for new regulations affecting the sale and composition of foods as the previous year, but several significant pieces of legislation which are relevant to the work of public analysts were enacted and some of these Acts and Regulations are briefly reviewed here.

The Medicines Act, 1968

This Act will take the "drugs" out of the Food and Drugs Act. The Food and Drugs Acts of this country date back to 1875 and have provided the main basis for the prevention of the adulteration of foods and medicinal preparations. Legislation dealing specifically with medicines has grown up alongside the various Food and Drugs Acts and now the law on the manufacture and sale of medicinal preparations will derive largely from the new Act.

The Medicines Act 1968 introduces a new feature into our legislation on drugs, namely that of a licensing system under which, eventually, all medicinal preparations will require a "product licence" and manufacturers will be required to hold such licences for all the products which they make or handle. The Licensing Authority to be set up under the new Act will consider not only the safety of medicinal preparations, methods of manufacture, specifications for purity, but also the medicinal efficacy of the preparation and the procedures adopted for the control of quality and compliance with official standards.

Although animal feeding stuffs containing prophylactic drugs are specifically excluded from the definition of a medicinal preparation and therefore the animal feed manufacturer will not require a product licence for a feeding stuff to be fed directly to animals, the prophylactic drugs must be used in accordance with the Act and regulations made under it. In this way the use of drugs in animal feeds will be controlled by this new Act instead of the Fertilisers and Feeding Stuffs Act.

The Fish and Meat Spreadable Product Regulations (1968)

These regulations come into force on the 15th March, 1971, and embody most of the recommendations of the Food Standards Committee Report on Fish and Meat Spreadable Products (1962). Compositional standards are laid down for meat and fish pastes, potted meats, minced meats and minced meats with jelly, and the corresponding fish products.

The present standard of at least 70 per cent fish in fish paste will be continued and the present standard of at least 55 per cent meat in meat paste will be increased to 70 per cent.

Products described as potted meat, minced meat, potted, minced or flaked fish, etc., will be required to contain at least 95 per cent of meat or fish as the case may be. Minced meat in jelly will be subject to a minimum meat content of 70 per cent and brawn will be required to contain at least 60 per cent meat. Dressed crab will have to contain at least 93 per cent crab meat.

Products sold with a description which includes the word "butter" will be required to contain at least 6 per cent butter-fat.

Food Additives and Contaminants Committee - Report on Azodicarbonamide

Azodicarbonamide is used as a flour improver in the U.S.A., but is not permitted in this country. Although the available evidence indicates that the use of Azodicarbonamide as a flour improver would not create any hazard to health, the Food Additives and Contaminants Committee do not recommend that its use should be permitted, but suggest that this particular flour improver should be considered along with others at the next review of the Bread and Flour Regulations.

Food Additives and Contaminants Committee - Report on Further Classes of Food Additives

This report deals with the following classes of food additives:

pH regulators (acids, bases and buffers), humectants, sequestrants, propellants, glazing agents, anti-foaming agents, anti-caking agents, release agents and firming and crisping agents.

The various substances in each class are placed in groups A to E according to the available information on their toxicity. Only substances in Group A are recommended for use in food without any restriction. Those in Group B may be used, but should be reviewed in the light of further information on their toxicity.

A somewhat anomalous position surrounds the use of sodium and potassium ferrocyanides as anti-caking agents in salt. The report places these in Group E, that is, substances about which there is inadequate information available for a decision on their use in food to be made. However, a recently revised British Standard Specification for salt for use in the food industry allows the use of ferrocyanides as anti-caking agents up to 10 parts per million and ferrocyanides have in fact been used at about 5 parts per million in the manufacture of salt for a number of years, since about 1956.

Food Standards Committee - Report on Soups

This report recommends that regulations should be made to provide minimum meat contents for meat soups, not less than 6 per cent for canned meat soups and 3 per cent for dry soup powders, i.e., soup mixes. For other soups the report recommends a revision of the Code of Practice negotiated in 1949.

Fertilisers and Feeding Stuffs Regulations 1968

Apart from changes in methods of analysis the law relating to the sale of fertilisers and animal feeding stuffs has remained largely unaltered for over 40 years, since the passing of the Fertilisers and Feeding Stuffs Act 1926. That this Act has served the needs of both manufacturers and the farming community for so long is a tribute to the legislators of the 1920's, but since then knowledge of both plant and animal nutrition has advanced, particularly with respect to the role of minor ingredients such as vitamins and trace elements. This new knowledge is taken into account in present day methods for the formulation and manufacture of animal feed stuffs and the new regulations are designed to deal with this new situation. The scope of the statutory declarations on fertilisers and feeding stuffs is much wider under these new regulations. The now almost traditional statements for the amounts of oil, protein and fibre will still be required on feeding stuffs, but if urea is present this is included in the statement for protein and an additional statement showing the protein equivalent of the urea is required. The amounts of any copper or magnesium above 70 parts per million and 0.5 per cent respectively must be stated. The amounts of any coccidiostat drug or any anti-blackhead drug must be stated and the presence of any natural or synthetic hormone added during manufacture of the feeding stuff must be declared.

In the case of fertilisers particulars of the amounts of nitrogen, potassium and phosphates will still be necessary, but in addition the presence of any pesticide or herbicide must be declared and quantitative particulars must be given for any of the following trace elements added during manufacture:

Boron, cobalt, copper, iron, magnesium, manganese and molybdenum.

Trade Descriptions Act, 1968

The Merchandise Marks legislation of this country consisted of a number of Acts dating back to 1887, dealing with such matters as trade descriptions, labelling of imported goods and the use of trade marks. The new Trade Descriptions Act, which came into force at the end of November, 1968, consolidates and extends the scope of this legislation. The issue of a false trade description was an offence under the former legislation and is equally so under the new Act, but the definition of a trade description is considerably extended. The Merchandise Marks Acts made no specific provision for enforcement but the Trade Descriptions Act provides that it shall be enforced by Weights and Measures Inspectors and other Local Government Officers appointed by the Ministry for this purpose.

The enforcement of this Act will require additional sampling and testing of a wide range of goods and some of this laboratory work will be undertaken by Public Analysts.

A new feature introduced by this Act is an attempt to control cut price offers and it is this part of the Act which has attracted most attention and comment. It appears however that the effectiveness of this part of the new Act is in doubt.

The British Pharmacopoeia 1968 and the British Pharmaceutical Codex, 1968

New editions of these two compendia are now published at five year intervals and the 1968 editions of both volumes were published in September.

In addition to the introduction of standards for new drugs and the deletion of older ones, the methods of analysis laid down in these standard specifications are of interest. Increasing use is now made in both B.P. and B.P.C. standards of the newer instrumental methods of analysis. Visible and ultra-violet spectrophotometry has been used in drug analysis for many years, but infra-red spectroscopy is now finding much wider use as a means for the identification of drugs. Most forms of chromatography, that is paper, thin-layer and gas chromatography, find application in these standards and a closely related technique - electrophoresis is used to detect impurities in a new antibiotic - "Cephaloridine".

Total Number of Samples Examined:

The total number of samples examined during the year was 6,758 which includes milk samples classified separately as designated milks and milks upon which special tests for antibiotics have been carried out.

The numbers of samples examined during the past seven years are shown below:

1962	..	..	..	..	..	..	5,959
1963	..	..	..	..	..	..	6,928
1964	..	..	..	..	..	..	8,058
1965	..	..	..	..	..	..	7,858
1966	..	..	..	..	..	..	7,787
1967	..	..	..	..	..	..	7,485
1968	..	..	..	..	..	..	6,758

The total number of samples examined is rather less than the previous year and the classification of samples given below shows that the reduction is accounted for mainly by smaller numbers of Food and Drugs samples, milks for antibiotic testing and water samples. The figure for miscellaneous samples includes ten samples examined by the City Analyst for Salford.

For the Health Committee:

Food and Drugs	..	..	..	..	..	..	..	825
Designated Milks	..	..	..	..	..	..	..	273
Milks for Antibiotic Tests	..	..	..	..	..	..	..	35
Ice-creams (bacteriological examination)	..	..	..	..	..	..	..	43
Water from domestic premises (Bolton area)	..	..	..	..	..	..	..	49
Water from Public Swimming Baths	..	..	..	..	..	..	..	145
Fertilisers and Feeding Stuffs	..	..	..	..	..	..	..	24
Miscellaneous Samples	..	..	..	..	..	..	..	148
Air Pollution - Smoke and Sulphur Dioxide concentrations:								
Samples from Local Authority testing stations	..	..	..	..	..	..	..	2,629

For the Waterworks Committee 2,454

For other Departments, other authorities and private samples 133

TOTAL 6,758

Food and Drug Samples:

825 samples of foods and drugs were submitted by the sampling officers during the year which is equivalent to a sampling rate of 5.2 per 1000 of the population.

These figures are somewhat less than in the previous year (1,038 food and drug samples being submitted in 1967), the reasons being largely those connected with staff changes, particularly the replacement of both the Public Analyst and the Chief Assistant Analyst. Included in this total are fifteen samples examined by the City Analyst for Salford.

52 samples were reported as adulterated or otherwise unsatisfactory, a proportion of 6.3 per cent which is slightly higher than that found last year (5.1 per cent). A higher proportion than last year of the total number of unsatisfactory samples is accounted for by unsatisfactory milk samples - 18 samples compared with 14 in 1967. A separate classification of unsatisfactory milk samples is given elsewhere in this report.

A list of all the samples examined for the purposes of the Food and Drugs Act is given in Table A. Full details of all unsatisfactory Food and Drug samples are given in Table B.

The Meat Pie and Sausage Roll Regulations (1967) came into force on the 31st May, 1968, thus bringing this class of food product under control by regulation for the first time. The regulations lay down minimum meat contents for various kinds of meat pies and since the regulations became operative, 6 samples of meat pies, 4 samples of meat and potato pies, 2 samples of pasties and 1 sausage roll have been examined. All the meat pies and the sausage roll proved to have meat contents above the minimum limits required by the new regulations but 4 of the 6 meat and potato pies and pasties were found to be unsatisfactory in being deficient in meat, in some instances substantially so. The regulations require meat and potato pies to contain at least 12½ per cent meat and in one instance less than half of this amount of meat was found. The percentage of unsatisfactory samples of meat and potato pies is extremely high - 67 per cent - and even the average meat content of the samples examined, 10.4 per cent, is well below the minimum legal limit.

Some importance attaches to the precise description under which a meat and potato pie is sold. Strictly speaking the minimum limit for meat content of 12½ per cent applies only to a product described as "meat and potato pie" or "meat and vegetable pie". If the order of the words is reversed, and the product is offered for sale as a "potato and meat pie", the 12½ per cent standard no longer applies and for a product so described there is no minimum meat content laid down by regulation. It is certainly open to doubt whether the ordinary customer or even the average shop assistant appreciates the difference between a "meat and potato pie" and a "potato and meat pie", in particular that one is subject to a regulation which lays down a minimum meat content, whereas the other is not.

There has even been some misunderstanding of the meaning of the statement that a meat and potato pie must contain at least 12½ per cent of meat. Although the meat is in the filling and not in the pastry, this percentage refers, of course, to the whole pie, but at least one baker seemed to have assumed that the percentage applied to the filling only!

A high proportion of the samples found to be unsatisfactory are reported so owing to labelling irregularities of various kinds. Some of these irregularities are of a minor technical nature, but others must be regarded as more serious infringements of the law. Reference has been made in previous Annual Reports to the need for Public Analysts to check that the labelling of pre-packed foods is in accordance with the legal requirements. One of these requirements is that the label should carry the ordinary or common name of the food, and it is perhaps inevitable that some instances should arise where the name conceals more than it reveals to an intending customer. Tinned cream containing 18 per cent milk fat has been on sale for some years now under a variety of names, none of which mention the word "cream". Tinned cream sold as such must contain at least 23 per cent milk fat. With new products resulting from advances in food technology, the name of the product is not always a simple and straightforward matter. An example encountered in 1968 was that of a low-fat spread clearly intended to be used like margarine, but not labelled margarine and not complying with the standard for margarine.

The question of the validity of the claims made for proprietary medicines is not one which figures frequently in Public Analysts' reports. This is certainly not because there are not many such claims which are questionable, but perhaps because these questions are often of a controversial nature, not readily decided by an appeal to a single expert opinion. An instance of this kind occurred in 1968, when the claims made for a sedative preparation were seriously questioned and further details of this case are given in Table B - Unsatisfactory Food and Drugs. The legal position regarding claims for proprietary medicinal preparations may well be changed when the full effect of the Medicines Act, 1968, mentioned elsewhere in this report, is in operation. The Licensing Authority which will be set up under this new Act will be required to consider the efficacy of a preparation when issuing a product licence for that preparation.

TABLE A

Samples examined under the Food and Drugs Act

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Milks	38	364	402	7	11	18
Apple Sauce, Canned	-	1	1	-	-	-
Baby Food	-	6	6	-	-	-
Barley, Pearl	-	3	3	-	-	-
Beans, Canned	-	6	6	-	1	1
Beans, Dried	-	2	2	-	-	-
Biscuits	-	11	11	-	-	-
Butter	-	7	7	-	-	-
Cake Decorations	-	12	12	-	1	1
Cereal Mixture	-	1	1	-	1	1
Cheese	-	17	17	-	-	-
Chicken, Minced, Canned ..	-	1	1	-	-	-
Chicken and Ham Pie	-	1	1	-	-	-
Chocolate Cream, Canned ..	-	1	1	-	-	-
Christmas Pudding	-	13	13	-	1	1
Coconut, Desiccated	-	3	3	-	-	-
Confectionery, Cakes	-	3	3	-	-	-
Confectionery, Chocolate ..	-	3	3	-	2	2
Confectionery, Sugar	-	8	8	-	1	1
Corned Beef, Canned	-	4	4	-	-	-
Curds, fruit and fruit flavoured	-	7	7	-	-	-
Currants	-	4	4	-	-	-
Curry Powder	-	1	1	-	-	-
Egg Rusks	1	-	1	-	-	-
Fat, Cooking	-	2	2	-	-	-
Fruit, Canned	1	15	16	-	2	2
Gin	5	-	5	-	-	-
Ginger, Ground	-	1	1	-	-	-
Hazelnut Spread	-	1	1	-	-	-
Ice Cream	-	3	3	-	-	-
Iced Mix, Lemon Tea	-	1	1	-	1	1
Lard	-	5	5	-	-	-
Lentils	-	5	5	-	-	-
Low Fat Spread	-	1	1	-	1	1
Margarine	-	5	5	-	-	-
Meat Pies	-	6	6	-	-	-
Meat and Potato Pies	-	4	4	-	3	3
Meat Pudding	-	1	1	-	-	-
Mincemeat	-	1	1	-	1	1
Nutmeg, Ground	-	1	1	-	-	-
Nutrament Food, Canned ..	-	1	1	-	-	-
Oil, cooking	-	1	1	-	-	-
Pasties	-	2	2	-	1	1
Peas, Canned	-	3	3	-	-	-
Peas, Dried	-	5	5	-	2	2
Peas, Pre-soaked	-	2	2	-	1	1
Peanut Butter	-	1	1	-	-	-
Pepper	-	10	10	-	-	-
Pie Filling	-	2	2	-	-	-
Pork & Ham, Chopped, Canned	-	1	1	-	-	-
Potatoes, Dehydrated	-	1	1	-	-	-
Raisins	-	3	3	-	-	-
Rice	-	1	1	-	-	-
Rice, Ground	-	1	1	-	-	-
Rum	3	-	3	-	-	-
Sago	-	1	1	-	-	-
Salad Cream	-	4	4	-	-	-

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Sauce Mix Curry	-	1	1	-	-	-
Sausage	6	-	6	3	-	3
Sausage Roll	-	1	1	-	-	-
Savoury Rice	-	2	2	-	-	-
Semolina	-	1	1	-	-	-
Shepherds Pie	-	1	1	-	-	-
Slimming Aids	-	4	4	-	-	-
Soft Drinks	11	11	22	2	2	4
Soup Mixture	-	2	2	-	-	-
Spice, Ground, Mixed	-	1	1	-	-	-
Steak Pie	-	1	1	-	-	-
Steak and Kidney Pie	-	1	1	-	-	-
Steak Pudding	-	1	1	-	-	-
Steak and Kidney Pudding	-	1	1	-	-	-
Stuffing Mix	-	1	1	-	-	-
Sucrose and Saccharin Mixture	-	1	1	-	-	-
Sultanas	-	3	3	-	-	-
Sweetening Powder	-	1	1	-	-	-
Sweetening Tablets	-	10	10	-	-	-
Tapioca	-	2	2	-	-	-
Tea	6	1	7	-	-	-
Toasty Grills	-	3	3	-	-	-
Toffee Apples	-	6	6	-	-	-
Tomatoes, Canned	-	3	3	-	-	-
Tomato Sauce	-	7	7	-	-	-
Vegetable Oil Shortening	-	1	1	-	-	-
Vermicelli	-	1	1	-	-	-
Vinegar	-	8	8	-	-	-
Vodka	5	-	5	-	-	-
Whisky	7	-	7	-	-	-
Acetazolamide Tablets	-	1	1	-	-	-
Actidil Tablets	-	1	1	-	-	-
Ammoniated Mercury Ointment	-	3	3	-	-	-
Anadin Tablets	1	-	1	-	-	-
Anapax Tablets	-	1	1	-	-	-
Ancolan Tablets	-	2	2	-	-	-
Anthisan Tablets	-	1	1	-	-	-
Antoin Tablets	-	1	1	-	-	-
A.P.C. Tablets	-	1	1	-	-	-
Askit Tablets	1	-	1	-	-	-
Aspirin Tablets	4	1	5	-	-	-
Aspro Tablets	1	-	1	-	-	-
Asthma and Bronchitis Mixture	-	1	1	-	-	-
Benedryl Capsules	-	1	1	-	-	-
Blood Purifier	1	-	1	-	-	-
Calamine Lotion	-	4	4	-	-	-
Camphorated Oil	-	4	4	-	-	-
Capriton Tablets	-	1	1	-	-	-
Codemprin Tablets	-	1	1	-	-	-
Codis Tablets	-	1	1	-	-	-
Codural Tablets	-	1	1	-	-	-
Cojene Tablets	-	1	1	-	-	-
Compound Codeine Tablets	1	1	2	-	-	-
Cough Mixture	2	4	6	-	2	2
De Witts Pills	-	1	1	-	-	-
Doans Backache Pills	-	1	1	-	-	-
Emprazil Tablets	-	1	1	-	-	-
E.P. Tablets	-	1	1	-	-	-
Excedrin Tablets	1	-	1	-	-	-
Feminax Tablets	-	1	1	-	-	-
Gout and Rheumatic Pills	-	1	1	-	-	-

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Herbal Preparations	-	4	4	-	1	1
Histral Paediatric Spansules ..	-	1	1	-	-	-
Hydrogen Peroxide	-	10	10	-	1	1
Hypon Tablets	-	1	1	-	-	-
Iodine, Tincture	-	9	9	-	1	1
Junior Aspirins	2	-	2	-	-	-
Junior Disprin	1	-	1	-	-	-
Liquid Paraffin Emulsion ..	-	1	1	-	-	-
Marzine Tablets	-	1	1	-	-	-
Myolgin Tablets	-	2	2	-	1	1
Panadine Tablets	-	1	1	-	-	-
Paracodol Tablets	-	1	1	-	-	-
Persomnia Tablets	1	-	1	1	-	1
Phenergan Tablets	-	1	1	-	-	-
Piriton Syrup	-	1	1	-	-	-
Piriton Tablets	-	1	1	-	-	-
P.R. Tablets	1	-	1	-	-	-
Relaxa Tablets	1	-	1	1	-	1
Slimway Tablets	-	1	1	-	-	-
Thephorin Tablets	-	1	1	-	-	-
Throat and Chest Lozenges ..	1	-	1	-	-	-
Tonic Mixture	1	-	1	-	-	-
Ulsone Stomach Mixture ..	-	1	1	-	-	-
Zephryn Effervescent Analgesic	-	1	1	-	-	-
TOTAL	103	722	825	14	38	52

Total No. of Samples analysed during the year = 825

Total No. of Samples adulterated 52 = 6.3%

TABLE B

Unsatisfactory Samples of Foods and Drugs

(1) UNSATISFACTORY FOODS

(a) MILK

As mentioned elsewhere in this report the number of milk samples found to be unsatisfactory was higher than in 1967 but lower than the two previous years (1965/1966). The number of adulterated samples was considerably higher than in any year since 1963. Of the 11 samples listed as adulterated, 7 were found to be deficient in fat. All these samples were from a single consignment and the percentage of fat varied from 1.94 to 2.70 per cent, well below the presumptive minimum limit of 3.0 per cent.

Three samples were reported as unsatisfactory owing to failure to comply with the Methylene Blue Test for keeping quality. This is the first occasion since 1963 when samples of milk have been found not to comply with this test. One sample was found to contain extraneous water to the extent of 6.3 per cent.

The percentage of sub-standard samples is slightly lower than in 1967 and substantially lower than in the two previous years (1965/1966). These samples are those showing a non-fatty solids content below the presumptive minimum limit of 8.5 per cent, but which have normal freezing-point depressions and are therefore judged to be free from adulteration with extraneous water. The non-fatty solids on these sub-standard samples ranged from 7.95 to 8.42 per cent. All were submitted in January, which serves to emphasise the seasonal nature of this particular aspect of the quality of milk. The majority of sub-standard samples of milk occur during the latter part of the winter, i.e., in the first quarter of any year.

Unsatisfactory Milks, 1963-1968

Year	Total No. of Milk Samples	No. unsatisfactory	No. sub-standard	Type of adulteration	% unsatisfactory	% adulterated	% sub-standard
1968	.. 402	18	7	7 deficient in fat 3 failed Meth. Blue Test 1 contained added water	4.5	2.8	1.7
1967	.. 545	14	10	3 contained an antibiotic 1 deficient in fat . . .	2.6	0.6	2.0
1966	.. 572	42	36	5 contained an antibiotic 1 contained added water	7.3	1.0	6.3
1965	.. 666	37	34	2 deficient in fat, 1 failed pasteurisation test . .	5.6	0.5	5.1
1964	.. 662	8	8	no adulterated samples	1.2	0	1.2
1963	.. 595	11	8	3 contained added water	1.8	0.5	1.3

(b) OTHER UNSATISFACTORY FOODS

SAUSAGES

Three samples of sausages were found to be unsatisfactory. All three samples contained sulphur dioxide preservative without any declaration to this effect on the label or any notice declaring the presence of preservative in the sausage displayed in the premises where they were sold. Sausages are permitted to contain preservative, i.e., sulphur dioxide, provided this is declared to the purchaser either on the label if the sausages are pre-packed or on a notice displayed in a prominent position in the shop.

One sample of pork sausage was reported deficient in meat content, more particularly being deficient in lean meat and containing an excessive amount of fat. This sample contained 28.25 per cent of lean meat and 34.75 per cent of fat. In my view there should be a limit to the amount of fat which can be regarded as

part of the meat and this limit should be that not more than half the total meat content should consist of fat. For many years Public Analysts have held that a pork sausage should contain at least 65 per cent of meat and this view has usually been upheld by the Courts. On this basis a pork sausage should contain at least 32.5 per cent of lean, i.e., fat-free, meat and the sample was accordingly reported to be 13 per cent deficient in lean meat content.

MEAT AND POTATO PIES AND PASTY

Reference has been made elsewhere in this report to the Meat Pie and Sausage Roll Regulations (1967) which came into force on the 31st May, 1968. Since then three samples of meat and potato pies and one pasty have been reported as unsatisfactory, being deficient in meat. The three meat and potato pies contained 6.3, 8.1 and 8.8 per cent of meat and the pasty 9.8 per cent, compared with the minimum limit of 12½ per cent, required by the new regulations.

MINCEMEAT

The label of this product drew attention to two ingredients, namely vine fruits and beef suet. The composition of the sample was in accordance with the standards laid down in the Food Standards (Preserves) Order (1953) and the label is not required under the regulations at present in force to state any ingredients at all. However, the opinion was given that if a label on such a product draws attention to one or more ingredients, then the complete list should be stated. This principle has been included in the new food labelling regulations (The Labelling of Food Regulations, 1967) which come into force on the 4th January, 1971.

ORANGE DRINK

This drink was prominently labelled "Juicy", but the product contained comminuted orange, not orange juice. Compositionally this sample complied with the requirements laid down by the Soft Drinks Regulations for comminuted drinks, but not with the requirements for products containing fruit juice. No added sugar was present, the sweetening being provided by a permitted artificial sweetener. This latter was declared on the label, but was so obscured by pictorial matter as to be difficult to read. The regulations require that this declaration must be printed in type of uniform colour and size and in good colour contrast, that is, light coloured lettering on a dark background or vice versa.

ORANGE SQUASH

This sample contained the permitted artificial sweetener sodium cyclamate, 0.98 per cent, which is 30.7 per cent in excess of the maximum amount permitted by the Soft Drinks Regulations.

ICED LEMON TEA MIX

This sample consisted of a mixture of sugar, the soluble solids of tea (i.e., a tea extract), citric acid, lemon flavouring and tricalcium phosphate, but contained no lemon fruit or lemon fruit solids. However the label carried pictorial representations of lemon fruit. In my opinion this product should be described as "Lemon Flavoured Tea Mix", due prominence being given to the word "flavoured".

CEREAL MIXTURE

Peas, beans and lentils which are pulses not cereals and pearl barley made up the bulk of this mixture, which should have been described as "Pulses and Cereal Mixture".

PRE-SOAKED PEAS

Two samples of this product were reported as unsatisfactory, in both cases for labelling irregularities. In one sample the ingredient sodium bicarbonate was not declared and in the other was listed as "Bi-carb" which is not the correct description.

SLICED PEACHES

This product was incorrectly described on the label. Canned fruits consist of a liquid, usually sugar syrup, as well as the fruit, and the name of the product should therefore include the words "in syrup" or "in heavy syrup" or "in light syrup" as the case may be. In this instance the can was labelled merely as "Sliced Peaches" but should have been "Sliced Peaches in Syrup".

CHOCOLATE
MACAROONS

This was another case of mis-description. The sample consisted of centres surrounded by a toffee coating, the centres consisting of chocolate, pieces of toffee and small amounts of coconut. Macaroons should be made from almonds and the opinion was stated that this product should have been described as "Toffee-coated chocolate coconut macaroons".

MILK CHOCOLATE
MACAROONS

This sample was similar to that referred to above and the label was unsatisfactory for a similar reason. Analysis showed the sample to be a mixture of coconut, cereal flakes and chocolate, but containing no almonds. The label should have had the description "Chocolate Coconut Macaroons".

DRIED PEAS

The steeping tablet included in the carton with the dried peas contained acid sodium pyrophosphate. This was declared on the wrapper of the steeping tablet itself but not on the outer carton. The Labelling Regulations require that the relevant information must appear on the outermost wrapper of a pre-packed article as well as on any inner wrapping material.

(2) UNSATISFACTORY DRUGS

COUGH MIXTURE

Two samples of cough mixture were found to be deficient in chloroform. One sample had a label claim of 0.87 per cent by volume but contained only 0.29 per cent, a deficiency of 70 per cent and the other sample contained 0.19 per cent by volume against a label claim of 0.54 per cent, in this case a deficiency of 64.8 per cent.

Chloroform is a common constituent of many proprietary cough mixtures. It is a very volatile material and unless adequate precautions are taken during manufacture and packing, loss of chloroform by evaporation will take place and the amount of chloroform found in the final product will be substantially less than that originally added.

DECOLOURISED
TINCTURE OF IODINE
B.P.C. 1934

This sample was brown in colour when received and therefore not "decolourised", the colour being due to the presence of a trace of free iodine. The total iodine content was 40 per cent in excess of the required amount whereas the ammonia content was only one third of the amount required by the B.P.C. 1934.

SOLUTION OF
HYDROGEN PEROXIDE
B.P.

Hydrogen peroxide keeps better if it is made slightly acid and the British Pharmacopoeia standard includes a minimum acidity requirement for this reason. This sample failed to comply with the standard for acidity.

INSOMNIA AND
SEDATIVE TABLETS

These tablets contained paracetamol and salicylamide, both of which are well-known analgesic drugs (that is, pain-killing drugs), but there is no mention in the standard reference works on drugs such as the British Pharmaceutical Codex (B.P.C.) or Martindale's Extra Pharmacopoeia, to the use of these substances as sedatives or hypnotics (sleep-inducing). The label on the container clearly indicated that the tablets were intended as sedatives and for the treatment of insomnia and this claim was questioned. A lengthy correspondence with the manufacturers followed, in which it was claimed that the slight depressant action of salicylamide was enhanced when taken with paracetamol. Such an effect is known as a synergistic one and evidence was produced from the medical literature of a synergism, not between salicylamide and paracetamol, but between salicylamide and phenacetin. Paracetamol has been shown to be one of the metabolic products of phenacetin and since the two drugs are used for similar purposes, i.e., as analgesics, it was claimed the salicylamide and paracetamol would show a similar synergistic effect and therefore have a significant sedative action when given together. There remains an element of doubt about the validity of these claims and it is not without interest to note that until 1964 a product was sold under the same brand name as that sampled and with similar claims but of an entirely different composition. Until 1964 the active ingredients were Carbromal and

Bromvaletone, which are both well established sedative drugs, but in 1964 these two drugs were brought within Schedule 4 of the Poisons Rules, which meant that after 1964 these drugs or preparations containing them could no longer be bought "over the counter", but could be supplied only against a doctor's prescription.

ANALGESIC TABLETS

These compound analgesic tablets were in an unsatisfactory condition being stuck together in the container and having a strong odour of acetic acid. The tablets contained an excessive amount of free salicylic acid, over 4000 parts per million, resulting from the partial decomposition of the aspirin constituent of the tablets.

TOOTHPASTE

An organoarsenic compound - Acetarsol, sodium and calcium fluoride were found in this sample, which was recommended for the treatment of certain disorders of the gums. The opinion was given that the outer carton of this toothpaste was not sufficiently clearly labelled "Poison". In addition the label contravened the Pharmacy and Medicines Act in that none of the active ingredients were included on the label of the tube itself.

MISCELLANEOUS EXAMINATIONS

During the course of a year a large variety of articles and materials are submitted to the laboratory for examination and report. Many of these originate as complaints brought in by members of the public via the public health inspectors and a study of the nature of these complaints gives further insight into the kinds of contamination of foods encountered today. The following is a selection of these miscellaneous samples.

MOULDY FOOD

Mould growth in varying degrees was the cause of complaint in the following foods:
Cheese (2 samples), Canned Corned Beef, Chocolate, Butter
Sponge Cake, Bread rolls, Corned Beef Loaf and sliced loaves (2 samples).

INSECTS IN FOOD

Green beans were found to contain a partly mutilated insect, which could not be identified fully owing to its damaged condition, but appeared to be some type of cricket.

Foreign matter said to have been found in a bottle of pasteurised milk proved to be a butterfly chrysalis. Tests for the phosphatase enzyme were positive, indicating that the chrysalis could not have been present in the milk during the pasteurisation process.

Part of a house fly was found in the filling of a meat and potato pie. A salad sandwich was found to be contaminated with insects and a dead greenfly was found in a salmon salad sandwich. A wasp was found in canned peaches and a fly in a cream bun.

RODENT CONTAMINATION

Only one instance of rodent contamination was encountered during the year, that of foreign matter in an otherwise remarkably clean milk bottle; this foreign matter was shown to be mouse excreta.

OTHER FOREIGN MATTER

An unusual case of foreign matter in food involved Instant Non-Fat Skimmed Milk Powder. This was part of the contents of an opened can of Instant Skimmed Milk Powder which was contaminated by numerous minute globules of a transparent plastic material not readily discernible to the naked eye when mixed with the skimmed milk powder. About one third of the weight of the sample was made up by these plastic granules and it appeared that this was a case of either accidental or deliberate adulteration of the food at the complainant's place of work. Fortunately it was unlikely that any danger to health would have arisen from the ingestion of the plastic granules.

Fragments of plaster were found in a bottle of orange drink and cement in a bottle of pasteurised milk. A possible explanation in both cases is that the bottles may at some time have been at a site of building operations. Plaster or cement gaining access to the empty bottle still containing traces of milk or orange drink may

adhere quite strongly to the glass surface and then may not be removed by the normal bottle-washing process. Heavily contaminated bottles should be separated at the factory or dairy and not returned to the normal washing process.

Five instances of complaints about foreign matter in bread were investigated. Oil or grease used as lubricants in bread-making machinery, unfermented dough and blackened or charred dough were amongst the causes of these complaints.

Foreign matter in canned chicken thought to be part of a tooth by the complainant, was found to be a piece of stone or pebble. A filter-tip from a cigarette was found in a sample of canned pineapple.

DECOMPOSTIONAL CHANGES, ETC., IN FOOD

Three samples of canned corned beef were the subject of separate complaints about staining and corrosion of the inside surface of the can. In two cases the staining was black sulphide staining which often occurs when canned meat products in unlacquered cans are held in stock for longer than usual. In such cases it is not usual to find any excessive metallic contamination of the meat, which is therefore quite wholesome, but the appearance of the can on opening is certainly unattractive and complaints from customers are justified. The other sample of canned corned beef showed evidence of extensive corrosion of the inside surface of the can and correspondence with the suppliers indicated that the can in question was old stock. Retailers of foodstuffs need reminding occasionally of their responsibilities to ensure proper stock rotation.

The internal lacquer in a lacquered can of tomatoes was found to be breaking up and coming away from the metal surface, but again no significant metallic contamination of the tomatoes had taken place.

OTHER MISCELLANEOUS FOODSTUFFS

Resulting from a complaint of adulteration of beer, six samples of beer were examined. Four of these were found to be satisfactory, but two were reported to be adulterated by the addition of water.

A complaint about orange crush was shown to be due to the presence of a minute trace of a phenolic substance. The stopper of the bottle was of a rubber composition material and the probable explanation is that the bottle had at some time contained disinfectant and the rubber composition stopper had absorbed traces of phenolic substances from the disinfectant. Absorbed materials are not easily removed from rubber stoppers.

COMPLAINT SAMPLES SHOWN TO BE SATISFACTORY

By no means all the complaints investigated prove to be justified. Some of the samples submitted as complaints are found to be quite satisfactory.

Four samples of milk from the same source of supply were examined in response to a complaint that the milk was the cause of boils, but no evidence was found to support this allegation. Another sample of milk was alleged to have caused a taint in tea and indeed the milk had an unusual taste, but apart from the fact that it was on the point of turning sour, the composition appeared to be normal. Milk powder was said not to reconstitute properly when mixed with water and to have an unsatisfactory taste, but the sample proved to be quite satisfactory when tested in the laboratory.

The filling in an apple charlotte was questioned by one complainant. The pastry case contained sponge cake beneath the fruit filling, but no doubt the complainant expected the filling to be all fruit.

A complaint sample of peanut butter had a trace of separated fat on the surface probably due to the product having been stored in a warm place, but the sample was reported as satisfactory.

Bubble gum was so highly coloured that the colour was transferred to the hands of anyone handling it. The colouring matter was shown to be Tartrazine which is a permitted colour and is very widely used in foods.

A glucose drink alleged to have a peculiar taste was found to be normal and free from any adulteration.

Milk Samples

During 1968, 402 samples of milk were examined of which 38 were taken formally and the rest, 364, were informal samples. Eight samples of Channel Island milk are included in the total number of milk samples. Details of those milks found to be unsatisfactory are given in the list of unsatisfactory Food and Drug samples.

	No. of Samples	Fat %	Solids-not-fat %	Water %
1st Quarter, 1968	95	3.52	8.62	87.86
2nd „ „	93	3.54	8.72	87.74
3rd „ „	85	3.71	8.71	87.58
4th „ „	129	3.81	8.72	87.47
For the year 1968	402	3.62	8.69	87.69
For the year 1967	545	3.69	8.72	87.59
For the year 1966	571	3.69	8.66	87.65
For the year 1965	666	3.71	8.74	87.55

The table above shows the average composition of milk samples examined during each quarter and the yearly averages for the last four years. These averages do not include samples of Channel Island Milk for which a higher legal minimum limit for fat applies (4 per cent). The quarterly results for solids-not-fat show the usual seasonal variation, the figure for the first quarter, that is, the latter part of the winter, being the lowest. The majority of samples of sub-standard milk, that is, milk with less than 8.5 per cent solids-not-fat (the presumptive minimum limit), but having a normal Freezing-Point Depression and therefore no extraneous water, occur at this time of the year.

Designated Milks

Chemical analysis to detect adulteration is carried out on all samples of milk, but designated milks are submitted to additional tests as specified by the Milk (Special Designation) Regulations. These additional tests are the Methylene Blue Test which provides a measure of the keeping quality of the milk, the Phosphatase Test which indicates the efficiency of the pasteurisation process and the Turbidity Test which provides a check that the sterilisation process has been carried out correctly.

Examination of Designated Milks

Designation	No. Examined	Satisfactory	Failed Meth. Blue Test	Failed Phos. Test	Failed Turbidity Test	Test Void
Pasteurised	177	174	3	0	—	—
Sterilised	106	106	—	—	0	—
TOTALS ..	283	280	3	0	0	—

Antibiotics in Milk

Twenty-eight samples of milk were tested for the presence of antibiotics, all of which were found to be free from detectable amounts of antibiotics.

Ice-Cream Samples:

Ice-cream is sampled in sterile containers with precautions to prevent any bacterial contamination during sampling. These samples are examined by a Methylene Blue Test similar to that used for the assessment of milk, the results giving a measure of the keeping quality of the ice-cream. Samples are placed in one of four grades by this test, Grades 1 and 2 being regarded as satisfactory and Grades 3 and 4 unsatisfactory. In addition to this grading test, the samples are examined bacteriologically for the presence of any micro-organisms of intestinal origin, the presence of which is taken to indicate unsatisfactory standards of hygiene in manufacture or handling.

41 samples of ice-cream were examined during the year of which 24 were graded as satisfactory and 17 as unsatisfactory. Further details are given below:

Methylene Blue Test for Ice-Creams

No. of Samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
			1	2	3	4
41	24	17	17	7	3	14

The Methylene Blue Grading System is as follows:

Grade 1	Decolourisation time	4½ hours and over
„ 2	„	„ 2½ to 4 hours
„ 3	„	„ ½ to 2 hours
„ 4	„	„ nil (instantaneous decolourisation)

Domestic Water Supplies

Regular bacteriological examination has been carried out on samples of water taken from private houses throughout the Bolton area and the results show that a safe and satisfactory quality of domestic water supply has been maintained throughout the year.

A similar sampling programme has been operated in the other districts supplied by the Bolton Waterworks Department, that is the districts supplied by the former Irwell Valley Water Board (now the Irwell Valley Division of the Waterworks Department), and the Bacup area. Reports of these examinations are issued to the Waterworks Engineer.

Swimming Bath Waters

Samples are taken regularly of the water in public swimming baths and from the swimming baths at local schools. Chemical and bacteriological examinations are performed on these samples, recommendations are made to correct any abnormalities and if necessary, further samples are taken and examined to confirm that the treatment of the water is satisfactory.

191 samples were examined in 1968 for this purpose and the results show that the water treatment at the swimming baths has been satisfactory. Of these samples, 145 were taken from Corporation public swimming baths and 46 from local schools. In addition 19 samples of water from a children's paddling pool were taken for bacteriological examination.

Fertilisers and Feeding Stuffs

During 1968, 12 samples of animal feeding stuffs and 12 samples of fertilisers were examined.

Three samples of feeding stuffs failed to comply with the requirements of the Fertilisers and Feeding Stuffs Regulations. Two of these samples were found to contain an excess of both oil and protein above the permitted limits of variation and one sample contained an excess of protein only.

Five samples of fertilisers were reported as unsatisfactory. Two samples contained an excess of phosphoric acid above the permitted limits of variation and one sample contained a slight excess of potash. A sample of ground rock phosphate was not accompanied by a complete statutory statement. The amount of phosphoric acid was stated, but not the amount which passed through a prescribed sieve. A sample of potassic nitrate of soda was incorrectly described as potash nitrate.

Miscellaneous Samples Other than Foods:

Twenty samples of soft soap were examined in connection with contract arrangements for the supply of this product to the Bolton Corporation. Four samples of drainage waters and sub-floor waters were analysed in order to decide the source of the water and whether there was any sewage contamination.

A sample of fabric stated to be woollen fabric was submitted under the Merchandise Marks Acts (now replaced by the Trade Descriptions Act) and shown to be a mixture of wool and a synthetic fibre.

Two samples of nylon wool were examined for the Weights and Measures Department in connection with alleged weight deficiencies.

Eight samples of water were examined as a result of the sickness of a group of people after drinking tea made with water heated in a geyser and so constructed that a large amount of copper corrosion products had formed in the condensation bowl of the geyser. It would have been possible for some of this corrosion product to gain access to the water delivered from the geyser.

Atmospheric Pollution

Measurements of smoke and sulphur dioxide have been continued at eight sites within the Borough and the monthly averages for each site are given in the accompanying tables. The block diagrams (histograms) show the summer, winter and whole year averages for all sites from 1958 onwards. If this time is divided into two five-year periods 1959-1963, and 1964-1968 it is clear from the diagrams that a substantial improvement took place in the abatement of atmospheric pollution during the first of these five year periods, i.e., up to about 1963, but that no significant change in the average levels of pollution has occurred since then. The diagrams suggest that the reduction of smoke pollution was slightly quicker than the reduction of sulphur dioxide. A comparison of the average winter (October to March) figures for the two five year periods is useful since these figures are less influenced by changes in weather conditions than monthly or annual averages, and they represent the worst pollution conditions.

	Atmospheric Pollution in Winter*	Comparison of 5 year periods
	Smoke (Daily average)	Sulphur Dioxide
	micrograms per cubic metre	(Daily average) micrograms per cubic metre
5-year period 1959-63	342	318
5-year period 1964-68	217	227
Percentage reduction in 1964-68 of 1959-63 levels	36.5	28.6

* October to March

These figures confirm the substantial improvement which has taken place since 1959 and also indicate that the reduction in smoke pollution is appreciably greater than the reduction in sulphur dioxide pollution.

Samples from other Corporation Departments, private samples, etc

EDUCATION DEPARTMENT AND BOLTON SCHOOL	46 swimming bath waters
HORWICH URBAN DISTRICT COUNCIL	10 samples of water
	5 swimming bath waters
ATHERTON URBAN DISTRICT COUNCIL	2 sub floor waters
	1 quarry water
BOLTON BOROUGH POLICE	2 samples of petrol
BOLTON CORPORATION ESTATES DEPT.	10 farm waters
BOLTON CORPORATION PARKS DEPT.	19 samples of water from Queens Park Paddling Pool
BOROUGH ENGINEER'S DEPT., BOLTON	5 samples of soil
COUNTY BOROUGH OF WIGAN	13 deposit gauges
WEIGHTS AND MEASURES DEPT., BOLTON	2 samples of nylon wool
BOLTON TECHNICAL COLLEGE	1 solvent
PRIVATE SOURCES:	1 sample of cake
	1 deposit from fan in ventilating system
	1 sample of sea water
	1 lodge water
	1 water
	2 farm waters
	6 paper pulp
	3 coffee samples

Waterworks Committee

2,454 samples were examined in the Borough Laboratories in 1968 for the Waterworks Committee, this figure being slightly less than that for 1967 (2,707 samples).

Samples are taken weekly at each source of supply of both raw, i.e., untreated water, and of the final water entering the distribution system. These samples are examined for bacteriological quality and chemically for pH value, colour, residual chlorine, iron, aluminium and in some instances manganese. During the year, 653 samples of raw waters and 850 samples of final waters were examined under this regular testing scheme.

Samples of water taken from consumers' premises were examined as part of a general appraisal of the quality of water in the distribution network. 139 samples were taken for this purpose.

Extensive chemical analyses (i.e., full chemical analyses) were carried out on eighteen samples of raw and treated waters and measurements of radio-activity (total beta activity) were made on 36 samples taken over the whole year (3 samples each month).

55 samples were examined as a result of consumers' complaints and a further 94 samples in connection with special investigations, some of which are listed below.

In addition to the water samples examined for the Waterworks Committee, 55 samples from domestic premises in the Bolton area were examined for the Medical Officer of Health.

1968 was the first full year of operation of the new filter station at Clough Bottom Reservoir (Irwell Valley Division), which uses a chemical treatment process worked out by the Borough Laboratories. After some initial difficulties the new filtration plant operated quite satisfactorily until the late summer when a severe storm and heavy rains appear to have brought about a change in the character of the raw water. Some adjustment to the original recommendations for chemical treatment have been necessary to deal with this situation.

The water going into the distribution system from Springs filter station has been higher in aluminium than is desirable in a potable water, with a consequent risk of deposits forming in the mains. Conditions for the coagulation treatment of soft moorland surface waters are often quite critical and the streams entering the Springs Reservoir represent waters of differing kinds, which may also show different characteristics dependent on the weather and the time of the year. Samples from all the streams entering this reservoir have been analysed with a view to collecting more information about the changes in this source of supply.

A complaint about corrosion of copper cylinders and fittings resulted in a survey being carried out in the Bolton area of the effect of water on copper vessels and pipes in domestic hot-water systems.

The Loveclough filter station which takes water from the Clowbridge reservoir (Irwell Valley Division) produces a filtered water of excellent quality, but the accumulation of mud-balls in the sand of the pressure filters, continues to be a troublesome problem. In an effort to minimise or overcome this problem a change was made in the type of coagulant used; some of the filters were cleaned with hydrogen peroxide solution and some filters were fitted with an air-scouring device in addition to the usual mechanical agitation during back-washing. Cleaning with hydrogen peroxide effected some temporary improvement and the provision of air-scouring certainly assists in breaking up the mud-balls during back-washing, but this problem is by no means overcome.

A slimy growth in a cold water tank situated in a loft was found to be the cause of troublesome complaints at a restaurant. Organic vapours in the atmosphere of the restaurant kitchen could gain access to the loft and it was these organic vapours in the air in contact with the water which provided conditions in which slimy, almost gelatinous growth of bacteria can form. Complaints due to this cause are not uncommon in premises where there are likely to be organic vapours in the atmosphere. Public houses, restaurants, kitchens and ladies hairdressing salons seem to be the places most at risk. A dripping tap in an atmosphere containing organic vapours, e.g., alcohol or perfumes from hair sprays, may well produce a slimy bacterial growth in a few days. Needless to say, the presence of such growths has no reflection on the quality of the water supply.

The survey of the quality of the River Irwell at Stubbins Bridge, initiated in 1967 has been continued in 1968, 7 samples being examined for this purpose.

TABLE C
Atmospheric Pollution
Smoke—Daily Averages
(Micrograms per cubic metre of air)

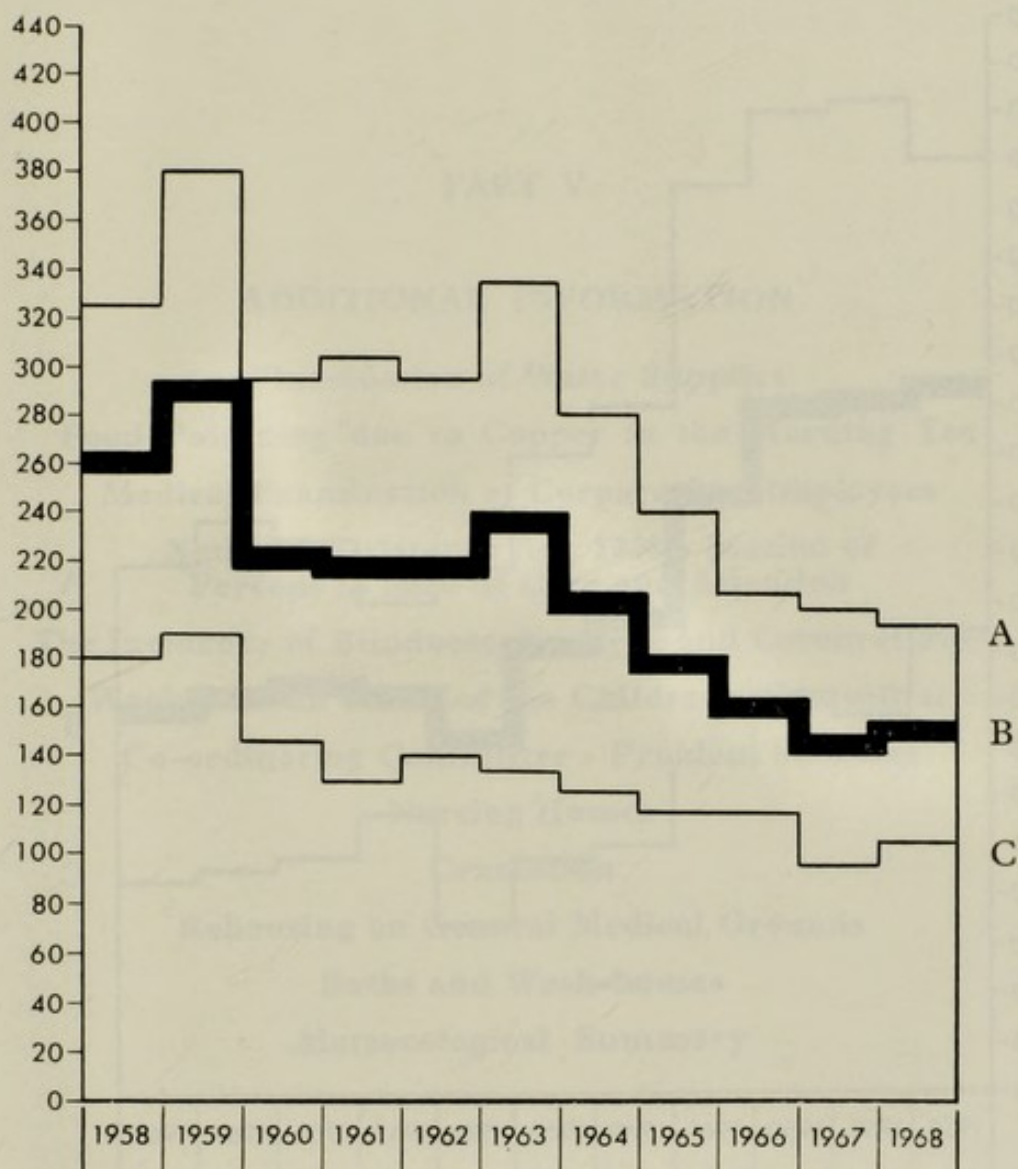
Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average at each site for		
													1968	1967	1966
1 Boot Lane/ Johnson Fold ..	153	220	88	127	122	62	62	53	75	121	179	211	123	95	96
2 Astley Street ..	411	423	248	204	193	77	82	77	105	155	284	377	220	235	245
3 Tonge Moor ..	302	359	214	170	149	91	78	83	103	157	195	290	183	219	208
4 Lostock Open Air School ..	133	192	83	78	62	31	28	26	46	82	116	169	88	104	95
5 Central Police Office	201	260	129	108	94	53	52	49	66	116	161	242	128	124	133
6 Withins Clinic ..	246	296	162	130	118	53	55	49	79	122	172	275	146	165	163
7 Lock Lane ..	230	316	134	127	113	53	51	50	74	137	183	282	194	143	148
8 Grecian Mill ..	303	401	197	190	161	75	73	55	103	150	246	368	146	200	214
Daily average (each month) of all sites, 1968 ..	247	308	157	142	127	62	60	55	82	130	192	277	153		
„ 1967 ..	303	199	103	123	95	67	47	79	123	134	395	275		162	
„ 1966 ..	283	216	157	144	108	69	52	83	148	239	230	242			164
„ 1965 ..	149	122	163	183	117	80	70	90	158	234	270	289			161

TABLE D
Atmospheric Pollution
Sulphur Dioxide—Daily Averages
(Micrograms per cubic metre of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average at each site for		
													1968	1967	1966
1 Boot Lane/ Johnson Fold ..	105	213	100	141	122	75	86	147	158	166	156	197	139	91	128
2 Astley Street ..	302	365	190	186	161	60	93	86	123	190	259	294	192	202	221
3 Tonge Moor ..	178	289	180	140	128	92	82	71	102	168	177	223	153	166	170
4 Lostock Open Air School ..	71	224	96	108	90	56	58	45	77	92	133	164	101	105	110
5 Central Police Office	241	342	205	202	168	111	113	89	127	209	224	292	155	192	193
6 Withins Clinic ..	182	273	154	140	128	91	84	67	109	167	170	219	149	155	167
7 Lock Lane ..	149	256	114	140	122	91	81	77	99	167	174	203	139	121	129
8 Grecian Mill ..	193	312	137	149	132	77	86	54	100	156	210	253	194	148	182
Daily average (each month) of all sites, 1968 ..	173	284	147	151	131	81	85	80	112	164	188	231	153		
„ 1967 ..	266	197	97	118	113	82	57	81	99	102	347	209		147	
„ 1966 ..	288	212	148	158	126	106	57	98	164	214	206	185			163
„ 1965 ..	221	197	261	164	127	97	85	98	139	241	254	265			179

ATMOSPHERIC SULPHUR DIOXIDE

Micrograms per cubic metre of air



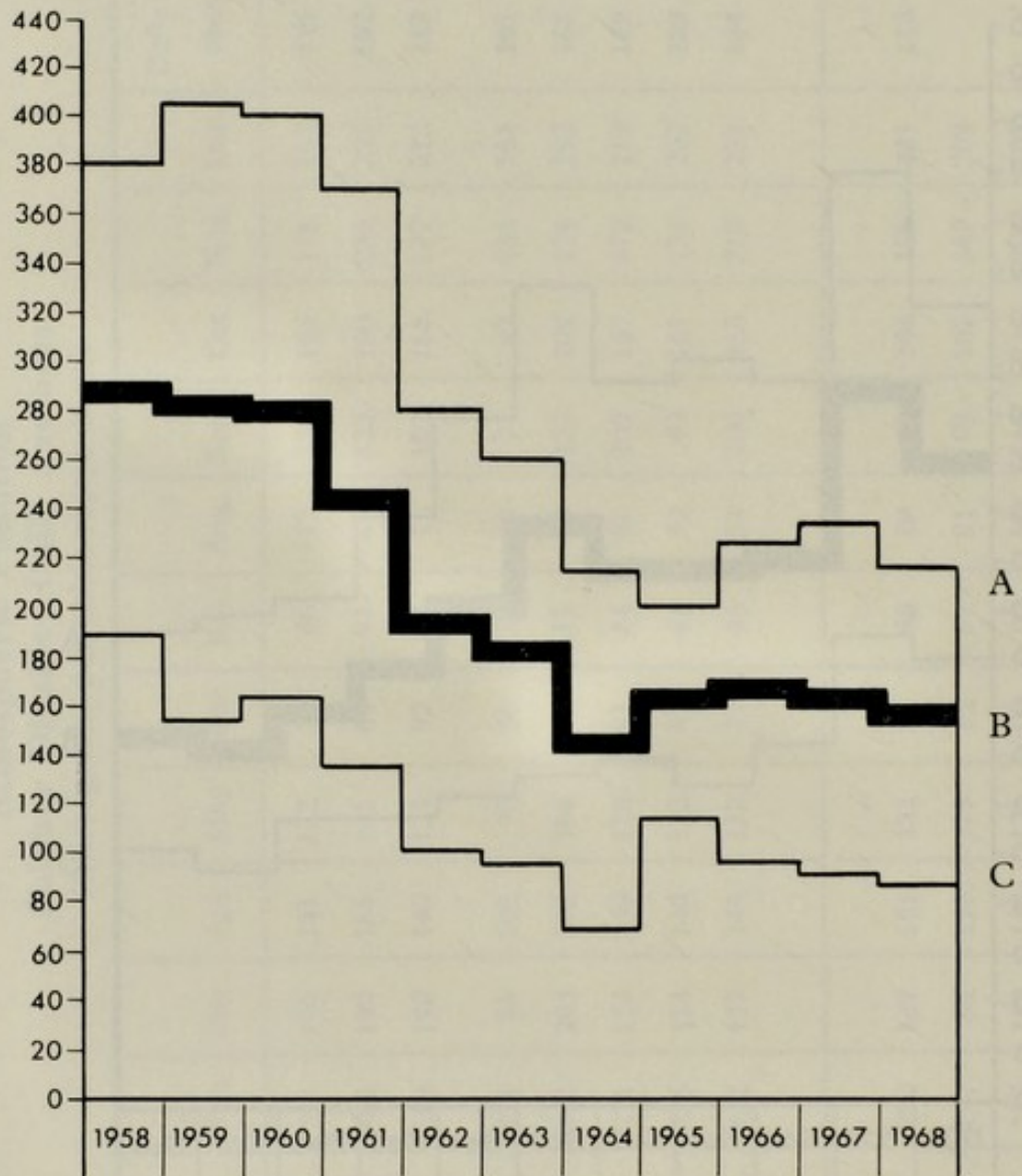
A Jan. to Mar. and Oct. to Dec.

B Whole Year

C April to September

ATMOSPHERIC SMOKE

Micrograms per cubic metre of air



A Jan. to Mar. and Oct. to Dec.

B Whole Year

C April to September

PART V

ADDITIONAL INFORMATION

Fluoridation of Water Supplies

Food Poisoning due to Copper in the Morning Tea

Medical Examination of Corporation Employees

National Assistance Act, 1948 - Section 47

Persons in need of Care and Attention

The Incidence of Blindness, Epilepsy and Cerebral Palsy

Work done on behalf of the Children's Committee

Co-ordinating Committee - Problem Families

Nursing Homes

Cremation

Rehousing on General Medical Grounds

Baths and Wash-houses

Meteorological Summary

FLUORIDATION

Bolton Borough Council agreed in 1965 that fluoride should be added to Bolton's water supply. The amount of fluoride in Bolton water is 0.1 to 0.2 parts per million (p.p.m.) and it has been proposed to bring this up to 1 p.p.m. The Waterworks Committee was making preparations in 1968 to add fluoride to the Springs and Sweetloves reservoirs. On August 7th, Bolton Borough Council decided that fluoride should not be added at present, that the matter be considered at a future meeting of the Council and that arrangements be made for a referendum to be held on the question of the addition of fluoride to the water supplies.

An extraordinary controversy was aroused by the fluoridation scheme in spite of the fact that several areas in the world have a local water supply with a fluoride content vastly in excess of 1 p.p.m. Fluoride occurs naturally in certain foods, e.g., fish, tea and beer and it is a trace element in many surface and well waters.

The results of Bolton's referendum were announced at the Health Committee on 23rd October, 1968 and were as follows:

For fluoridation	.. ..	23,596 (27%)
Against fluoridation	.. ..	63,290 (73%)
82% of the electorate voted with 402 spoiled papers.		

In general the condition of the teeth of Bolton children is unsatisfactory and about 71% of the children required treatment in a five year period compared with 25% of the children in West Hartlepool where the natural fluoride content of the water is 1.8 p.p.m.

Much of the success of Public Health in the past has been due to the ability to provide environmental services over which the individual had no control. Clean air, food, water and milk are examples in which the responsibility of providing them without any health hazard is placed in the hands of the health authorities. Standards fall if the individual must be left to take precautions against disease by himself. In certain inland areas such as Derbyshire with a less soil and water content of iodine, the low dietary intake of iodine produced a condition of thyroid enlargement (endemic goitre). This was prevented by the use of iodized salt.

Unfortunately, good dental care, reduction in the amount of sweets and frequent brushing of the teeth are practices not universally accepted by all groups in Bolton. To overcome the disadvantages of children having neglective parents, it was hoped that fluoride could be added to the water and a reasonable level of dental health maintained. Everyone is aware of the cost of dental caries, the physical pain and emotional trauma associated with dental treatment, the increase of certain diseases correlated with dental caries, the aesthetic disfigurement due to bad teeth and the discomfort and handicap of dentures.

Two million people in this country now live in areas that have fluoride added to their water. At present Bolton is not to join them but the cost of this in terms of pain and suffering is paid by children of the Borough.

In view of the importance of the subject, the report to the Health Committee on 24th July, 1968, "Fluoridation of Water Supplies" is included in full.

**Medical Officer of Health's Report to Health Committee
on Wednesday, 24th July, 1968.**

FLUORIDATION OF WATER SUPPLIES

1. One of the members of the Council has asked that the Health Committee should consider its fluoridation policy and in view of the change in the membership of the Committee during the past three years, it seems desirable that the facts on fluoridation should again be presented to the Committee.
2. In 1965, the Ministry of Health issued a circular on this subject in which it was stated:-

"In the Minister's view, fluoridation is now an established and well proven public health measure, which confers benefits to dental (and, in consequence, general) health greatly exceeding the cost of introducing it. He is convinced that it is completely safe. He hopes therefore that all local health authorities will now take steps to make arrangements for its introduction."

The Health Committee considered the matter in August, 1965, the relevant minute reading:

"Resolved

(a) that this Committee is of opinion that it is most desirable in the interests of dental and in consequence general health, that fluoride be added to the water supply and requests the Waterworks Committee to make arrangements for this to be done.

(b) that a copy of the report of the Medical Officer of Health and the Ministry of Health Booklet on the subject be supplied to each member of the Council."

This resolution was later approved by the Council. Afterwards the Waterworks Committee agreed that fluoride should be added to Bolton's water supply. Under the present arrangements of the Waterworks Committee fluoride will be added to the Springs and Sweetloves reservoirs during 1968/69 and £3,500 has been included in the Health Committee estimates for this purpose.

I give below some information on the subject of fluoridation.

3. It has been shown conclusively in America, the United Kingdom and elsewhere, that children born and brought up in an area with about one part per million of fluoride occurring in the water either naturally or where it has been added artificially, have up to 60 per cent less dental decay than children brought up in areas where the water has only a trace of fluoride. It is thought that fluoride controls decay in teeth by increasing the resistance of the enamel to the acids that occur in the bacterial plaque which is adherent to teeth or it may inhibit directly the bacteria which produces acids in the plaque.
4. In general, the condition of the teeth of Bolton children is unsatisfactory. School dental inspections in Bolton during the last five years (1963-67) showed that 52,500 (71%) of the 73,500 children examined required

dental treatment. This compares with 25% of school children requiring dental treatment in West Hartlepool where the natural fluoride content of the water is 1.8 parts per million (p.p.m.).

5. In 1962 the results were published of the five-year study undertaken on behalf of the Ministry of Health in Watford, Kilmarnock, and part of the county of Anglesey, where sufficient fluoride was added to the water to bring the level to 1 p.p.m. Three areas, each very similar to the trial areas, namely Sutton in Surrey, Ayr, and the remainder of the county of Anglesey, were selected as control areas and fluoride was not added to the water there.
6. In the areas where fluoride was added to the water, the extent of dental decay as measured by the average number of carious teeth per child was markedly reduced in the younger age groups both absolutely and by comparison with control areas. The proportion of children free from decay was substantially increased and the proportion of children with ten or more decayed teeth greatly reduced. Prior to fluoridation the children aged three had on average 3.8 decayed teeth compared to 1.29 in 1961, a 66 per cent reduction in caries. At four years there was a 57 per cent reduction and at five years, 50 per cent. No evidence of harm from fluoridation was discerned despite continuous vigilance.
7. Similar results have been obtained in the U.S.A., where 71,916,000 persons in 3,827 communities drink water to which fluoride is added. In addition, 10,009,000 persons live in communities with natural fluoridation. Nearly 6,000,000 Canadians are being served by fluoridated water.
In Australia, the fluoridation of the Sydney Metropolitan Water supply commenced on 8th April, 1968, and by the end of August the 2,800,000 people in the Metropolitan Water Board's area should be drinking fluoridated water. The high per-capita usage of water in Sydney ranks the Sydney supply with the largest in the world. Fluoridation is already in operation in three other capital cities in Australia - Hobart, Perth and Canberra - and in numerous country cities and towns, particularly in New South Wales, where some 22 areas are served with fluoridated water and 11 more have been approved. In addition, two large cities - Townsville and Launceston - have had fluoridated water for some time.
8. There is no such thing as chemically pure water in nature. All water contains salts which enter the water as it passes over various rocks. Fluoride occurs naturally in varying amounts in almost all water supplies, but as in the case of Bolton's water, some contain negligible quantities. In different parts of the world the concentration varies from a trace to fourteen parts per million or more. The highest natural concentration in Great Britain is about 6 p.p.m.
9. From time to time allegations of harm or hypotheses suggesting the possibility of harmful effects have been put forward. Thus possible effects on pregnancy, on the foetus, on young infants and on old people, and possible associations with conditions such as goitre, diabetes, mongolism, cancer, anaemia and other blood conditions, and allergic manifestations have all been investigated. No harmful results of consuming water fluoridated at a level of 1 p.p.m. have ever been found.
10. Lord Douglas of Barloch raised the question of fluoridation in the House of Lords on the 26th January, 1966. In reply, the eminent physician, Lord Cohen of Birkenhead, who was Professor of Medicine at Liverpool

University for many years, stated ("The Guardian" on 27th January, 1966). "There was no evidence to support the view that fluoridation in a concentration of one part per million carried any hazard to general health. To call fluoridation mass medication obscured the issue. The issue is that of deciding if adjusting the level of the natural content of a natural constituent of water in the interests of children who will, as a result, have better teeth now and when they grow up, is justified, even if a proportion of citizens would derive no immediate benefit. Not having fluoridation not only caused discomfort to children but also produced the problem of providing sufficient dentists. Fluoridation would mean a saving of 500 dentists practising full time. If the National Pure Water Association and its supporters continued to object to fluoridation, he hoped it would have greater regard to the ethics of public controversy and would refrain from reckless, incorrect and misleading statements."

11. "That there is a solid body of scientific opinion agreeing on the safety of fluoridation is apparent from the manner in which various official commissions and committees have reported in its favour after detailed study of the evidence. The Report of the World Health Organisation Expert Committee (1958) of the Commissions of Enquiry in New Zealand (1957) and Ontario (1961); and the Report on the Conduct of Fluoridation Studies in the United Kingdom (Ministry of Health, 1962) are well known. Support is also given in the result of a case in 1963 in the Dublin High Court on the position of fluoridation under Irish constitution. The hearing lasted sixty-five days and evidence from eminent scientific, dental and medical workers drawn from countries throughout the world was submitted to searching cross-examination. In his judgment the Hon. Mr. Justice Kenny commented on the marked note of fanaticism and passionate conviction which he found in the evidence of many of the witnesses opposing fluoridation, and their habit of making suggestions for which there was no support in the literature or in the evidence. After a careful review of the evidence he stated that he was convinced that the amount of fluoride ion ingested at a concentration of 1 p.p.m. in the water together with the amount of the ion in the food, in drink, in the air and in drugs (in so far as we know it) does not involve any element of danger or risk to health."
12. One hundred and ten Local Health Authorities in England and Wales have resolved in favour of fluoridation. In two others no decision was required as the water contained sufficient natural fluoride.
13. I have received letters in support of fluoridation of the water supply from the Local Dental Committee, Local Medical Committee and the Group Medical Advisory Committee of the Bolton and District Hospital Management Committee.

The Ministry circular states:-

"The Minister gave his approval for fluoridation after considering the report on the studies begun in this country in 1955 and the advice of his Standing Medical and Dental Advisory Committees, and having regard to the large volume of evidence on the safety and efficacy of fluoridation which experience in other countries has provided. This evidence has continued to grow."

The Deputy Town Clerk has informed me that in his opinion the Corporation has the necessary legal powers to add fluoride to the public water supply.

A. I. ROSS,
Medical Officer of Health.

15th July, 1968.

FOOD POISONING DUE TO COPPER IN THE MORNING TEA

At a small factory in Bolton, twenty workmen felt sick after drinking their morning tea and some of them had both vomiting and diarrhoea. The water used for making tea was obtained from a gas-heated hot water geyser and most of the water used had been standing in the geyser since it was last used some 48 hours previously. A sample of the tea taken from the brew pan showed a copper content of 30 parts per million.

On examination of the hot water geyser it was found that flue gases from the gas burner at the bottom passed up a small diameter central flue which terminated below the lid. The gases containing sulphur came into contact with the condensed water on the underside of the lid and in the condensation bowl and formed dilute sulphuric acid. This acid affected certain parts of the geyser which were made of copper and in this way the water in the geyser became contaminated with enough copper to produce symptoms of mild copper poisoning. The symptoms in the affected men were not severe and all made a complete recovery.

The firms manufacturing these geysers say that they need servicing at least once a year and the gas-burners should be checked every 6 months, in particular, re-tinning of copper surfaces is necessary if there is any corrosion. The geyser in question had been the property of a neighbouring firm and had been acquired some 4 years previously when the premises were amalgamated. In the following period the geyser had not been serviced nor had any faults that had developed been noticed. In general it may be said that there is need for regular servicing of gas-heated boiling water geysers and provided this is done and copper surfaces are re-tinned there is little hazard.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

During the year, 1,858 examinations were carried out involving 1,848 persons. A further 192 people were considered fit to enter the Superannuation or Sickness Payment Schemes without medical examination.

Examination for—	No. of persons examined		No. of persons found unfit	
	Males	Females	Males	Females
Entry into Superannuation Scheme	701	219	29	11
Entry into Sickness Payment Scheme	76	341	6	19
Other medicals, e.g. Fitness to resume employment etc.	—	35	—	—
Retirement on medical grounds	13	4	—	—
Surrender of part of Superannuation allowance ..	1	—	—	—
Independent medical opinion	33	14	15	11
Fitness to be employed as a teacher	45	67	—	1
Fitness for admission to a Training College	49	135	—	—
Fitness to teach after leaving the Bolton College of Education	93	206	—	—
Medical examinations carried out at the request of other Local Authorities	6	1	—	—
Employees working with radioactive substances ..	1	—	—	—
TOTALS	1,018	1,022	50	42

Of the above there were eight incomplete examinations, i.e., where a decision was deferred and the persons concerned were requested to attend for further medical examination.

Three hundred and eighty-four persons were sent to mass radiography units, and thirty-nine to the Bolton Royal Infirmary or other hospital X-ray departments for chest X-ray when a mass radiography unit was not available. All persons leaving the Bolton College of Education were sent to the mass radiography unit, and this accounts for 299 referrals. Seventy-eight persons were sent because their work involved work with children; eight of these were appointed to posts on the nursing staff. All students examined in connection with their fitness for admission to training colleges were advised to attend for a chest X-ray, and information regarding available mass radiography units was supplied.

Two persons were referred to consultants for a further opinion.

One hundred and fifty-seven actual and potential public service vehicle drivers were examined, and two of these were considered to be unfit.

Thirteen persons were examined at the request of other local authorities.

In the latter part of the year candidates for entry to the Superannuation and Sickness Payment Schemes completed a questionnaire (Form S6) giving details about their past and present medical condition. This was considered by a medical officer and in 192 cases of people who were under 45 years of age it was decided that a medical examination was not necessary. Medical examinations were carried out on Transport Department employees whose work involved driving duties, home helps who mostly work in the homes of people who are not in good health and people over 45 years of age. Previous experience in carrying out medical examinations showed that any abnormal physical findings were unlikely to be encountered in people under 45 who had no symptoms of illness.

From August, 1968:

No. of Forms S6 scrutinised	.. .. .	539
No. of persons examined	.. .. .	347

of the 347 examined:

Transport Department employees and other employees whose work involved driving duties	.. .. .	91
Home Helps	.. .. .	65
Others over 45 years of age	.. .. .	125
Persons under 45 examined at the request of the medical officer	.. .. .	66

An analysis of the conditions which caused persons examined for entry into the Superannuation and Sickness Payments Schemes to be found unfit is shown in the following table:

	Superannuation Scheme		Sickness Payment Scheme	
	Males	Females	Males	Females
Cardiovascular disease (including hypertension) ..	12	4	—	10
Respiratory system	3	2	4	2
Nervous system	1	—	—	—
Abdominal conditions (including hernia)	3	—	—	1
Renal conditions	1	—	—	—
Varicose veins	—	2	—	1
Other conditions	9	3	2	5
TOTALS	29	11	6	19

The principal cause of failure for both the Superannuation and Sickness Schemes was due to cardiovascular disease. The heart disease was often linked with hypertension or chronic bronchitis. In several cases the sufferers were overweight.

The number of people failing to qualify on medical grounds (65) is the highest number recorded. The list below indicates numbers that have failed to pass medical examinations in previous years.

1960	..	..	..	..	..	..	52
1961	..	..	..	..	..	..	23
1962	..	..	..	..	..	..	18
1963	..	..	..	..	..	..	19
1964	..	..	..	..	..	..	34
1965	..	..	..	..	..	..	44
1966	..	..	..	..	..	..	51
1967	..	..	..	..	..	..	46
1968	..	..	..	..	..	..	65

This may indicate that with some posts in the Health and other Departments that the low standard of physical health may reflect the difficulty in finding suitable candidates for the positions.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47 PERSONS IN NEED OF CARE AND ATTENTION

Powers exist under Section 47 of the National Assistance Act, 1948 (as amended) for the compulsory removal of persons in need of care and attention to a hospital or to accommodation provided under Part III of the National Assistance Act. Such action is only taken as a last resort when a person is in an advanced state of neglect or suffering from grave chronic disease and in great need of institutional care but is unwilling to go voluntarily.

During 1968 it was not necessary to use these powers to remove any person from their home. On the whole elderly people are generally unwilling to leave their homes even when conditions are very unsatisfactory but in general they can be helped in one way or another without using any statutory sanctions.

THE INCIDENCE OF BLINDNESS, EPILEPSY AND CEREBRAL PALSY

Blindness:

The Register of Blind Persons contained the names of 201 men and 246 women at the end of the year.

Forty men and 88 women were registered as partially sighted.

The ophthalmic surgeons completed a total of 32 Forms B.D.8 during the year (14 males; 18 females).

Epilepsy:

The Chief Welfare Officer states that the Register of Handicapped Persons contained the names of 25 men and 22 women suffering from epilepsy. Of these, six men and three women were in colonies for epileptics, two women were in a home provided by Bolton Corporation, and 19 men and 17 women were in their own homes.

The Local Education Authority knew of 65 boys and 28 girls attending ordinary schools who were epileptics, and maintained 2 boys in special schools for epileptic pupils. In addition, four boys and ten girls were attending other special schools.

Cerebral Palsy:

Forty-eight persons (29 men and 19 women) suffering from cerebral palsy were on the Register of Handicapped Persons maintained by the Chief Welfare Officer.

The Local Authority was aware of 33 children with this handicap. Thirteen of these children were attending Birtenshaw Hall Special School and four children were attending other special schools; 15 children were attending ordinary schools and three were pre-school children.

Of the sub-normal and severely sub-normal persons known to the Authority, 11 males and 16 females were suffering from cerebral palsy in addition to mental handicap.

Facilities Available for Handicapped Persons:

The welfare of handicapped persons over school age is the responsibility of the Welfare Department and from the age of two years up to school leaving age it is the responsibility of the Education Authority.

The facilities provided by the Welfare Department remained substantially the same as in 1967.

WORK DONE ON BEHALF OF THE CHILDREN'S COMMITTEE

During the year the routine medical supervision of children in the care of the local authority has been carried out by a medical officer of the Health Department and all the children have been examined at intervals, as laid down by the Home Office Regulations. These examinations were carried out at the larger group homes, Braxmere and Crompton House and the family group homes.

Each month a medical officer has visited the Elizabeth Ashmore Nursery to examine the children and to carry out routine vaccinations and immunisations. All children for admission to or discharge from a home or nursery have been examined.

A special quarterly report to the Children's Committee was issued by the Medical Officer of Health and a medical officer attended the meetings to answer any queries raised.

Medical Examinations:

No. of examinations on admission to Homes ..	140
No. of examinations on discharge from Homes	114
No. of examinations for boarding-out purposes	37
No. of routine examinations 0 - 1 year	35
1 - 5 years	152
Over 5 years ..	202
	<hr/>
TOTAL	680
	<hr/>

Nutritional Status:

The nutritional status of all children examined at routine medical examinations was satisfactory.

CO-ORDINATING COMMITTEE - PROBLEM FAMILIES

Quarterly meetings of this Committee have continued to be held under the Chairmanship of the Medical Officer Health to consider the co-ordination of the services and review the work of the monthly Case Conference. Senior officers of each of the Corporation departments concerned with the health and welfare of children in their own homes, and representatives of all other bodies concerned with this problem attend these meetings.

I am grateful to Mr. P. E. Varey, Children's Officer, for supplying the following information.

"During the year a total of 43 families, involving 218 children, were the subject of consideration. Of these, a total of 13 families (76 children) were newly reported cases.

At the end of the year a total of 12 families (70 children) remained under active consideration. All these families were receiving casework help and supervision and were families with long-standing problems who would need guidance over a lengthy period.

During the year a total of 31 families (148 children) were deleted from the register. Of these, 2 families (4 children) were deleted because the children had been received into the care of the local authority and there was little likelihood of an early rehabilitation. One family (4 children) left the area. The remaining 28 families (140 children) were deleted from the register because their circumstances were considered to have improved or because their needs had been met, or because the families no longer justified active concern."

NURSING HOMES

The two establishments, registered as private nursing homes in the County Borough, with a total accommodation for 55 patients, cater mainly for geriatric cases.

During 1968 the medical and nursing staff of the local authority carried out regular inspections to ensure that facilities and staffing in these establishments were appropriate for the type of patients catered for.

CREMATION

The Overdale Crematorium has now completed fourteen full years of operation. Details are as follows:

Year	Number of Bolton Residents cremated	Cremations of persons from other areas	Total Cremations	Approx. percentage of deceased Bolton Residents who were cremated
1955	659	774	1,433	28%
1956	745	1,041	1,786	34%
1957	807	1,028	1,835	36%
1958	861	1,071	1,932	40%
1959	938	1,223	2,161	44%
1960	948	1,324	2,272	46%
1961	1,074	1,501	2,575	47%
1962	1,174	1,575	2,748	53%
1963	1,139	1,657	2,796	51%
1964	1,150	1,673	2,823	55%
1965	1,194	1,808	3,002	57%
1966	1,301	1,973	3,274	59%
1967	1,257	1,975	3,232	63%
1968	1,373	2,136	3,509	65%

REHOUSING ON GENERAL MEDICAL GROUNDS

The Housing Committee allocates fifty houses for persons recommended for re-housing on medical grounds.

The total number of applications received during the year was 401.

The number of applicants recommended for rehousing on medical grounds was 50, the reasons being:

Respiratory disease	.. .. .	9
Heart and circulatory diseases	.. .. .	19
Arthritis	.. .. .	15
Diseases of nervous system	.. .. .	5
Chronic ill-health..	.. .. .	7
Blind	.. .. .	1
Pulmonary Tuberculosis	.. .. .	1
Miscellaneous	.. .. .	9

In eight cases the medical conditions of both the husband and wife were taken into consideration.

Rehousing in ground floor accommodation was recommended in 30 cases.

Fifty applicants living in Corporation property were recommended for transfer to more suitable accommodation. Of these, 35 were recommended for transfer to ground floor accommodation.

Twelve applicants were living in accommodation in clearance areas and they will be rehoused when the property is dealt with under the house clearance scheme.

In four cases the houses were dealt with as individual unfit houses.

Action was taken in 30 cases through the Chief Public Health Inspector's Section to have repairs carried out.

In 26 cases where there was no medical reason for recommending rehousing the circumstances were reported to the Housing Manager for consideration on social grounds.

Twenty-three applications were withdrawn and one case was referred to the Housing Department for reconsideration.

One application was referred to the Welfare Department for inclusion on the waiting list for admission to one of their Homes.

Three cases were taken off the medical priority list as they failed to accept reasonable offers from the Housing Department.

BATHS AND WASH-HOUSES

The various establishments offered the following facilities:

BATHS:

High Street	1 Plunge 9 Slipper Baths (male) 1 Steam Vapour Bath
Bridgeman Street	2 Plunges 20 Slipper Baths (male) 5 Slipper Baths (female) 1 Establishment Laundry
Moss Street	2 Plunges 10 Slipper Baths (male) 2 Shower Baths (male) 6 Slipper Baths (female) 1 Establishment Laundry
Hennon Street	11 Slipper Baths (male) 1 Shower Bath (male) 12 Slipper Baths (female)
Rothwell Street	12 Slipper Baths (female)
Great Moor Street	Turkish Baths

WASH-HOUSES:

Moss Street	8 Electric Washing Machines 6 Hand Washing Stalls 30 Drying Racks 1 Coin-operated Ironing Machine
Rothwell Street	12 Electric Washing Machines 18 Hand Washing Stalls 42 Drying Racks 1 Coin-operated Ironing Machine

Below are the attendances during the past three years:
Under Wash-houses (H), denotes hand stalls, (M) machines and (T) total.

Establishment	Swimming Baths			Slipper Baths			Wash-houses		
	1966	1967	1968	1966	1967	1968	1966	1967	1968
High St. Baths	67,645	70,885	80,395	24,018	22,395	25,628			
Bridgeman St. Baths ..	116,592	139,311	134,658	37,520	38,497	46,736			
Moss St. Baths	111,366	116,657	119,793	36,602	34,265	31,461			
Hennon St. Baths ..				15,578	15,379	13,938			
Rothwell St. Baths ..				13,806	15,512	21,286			
Moss St. Wash-house							(M) 15,880 (H) 2,263 (T) 18,143	15,490 1,773 17,263	14,005 1,425 15,430
Rothwell St. Wash-house							(M) 20,178 (H) 5,672 (T) 25,850	18,567 5,113 23,680	19,548 5,569 25,117
TOTALS ..	295,603	326,853	334,846	132,352	126,048	139,049	(M) 36,058 (H) 7,935 (T) 43,993	34,057 6,886 40,943	33,553 6,994 40,547

TURKISH BATHS:

YEAR	ATTENDANCES
1958	7,711
1959	7,498
1960	8,494
1961	11,205
1962	12,389
1963	12,248
1964	11,984
1965	12,713
1966	11,728
1967	11,465
1968	10,262

SCHOOL CHILDREN ATTENDANCES:

	1966	1967	1968
Bolton Borough	59,509	66,451	56,877
Lancashire County Council ..	7,448	8,438	5,377

Annual Passes:

The number of free passes under the Bolton Scheme for the encouragement of swimming were increased during 1968 from 150 to 175.

Review of Charges:

There was an increase in the department's charges for the use of the facilities at the Public and Turkish Baths and Washhouses. These came into effect on 1st July, 1968.

Repairs and Maintenance:

The usual programme of repairs, maintenance and decoration was dealt with during 1968.

BRIDGEMAN STREET BATHS:

The ceiling in the small plunge was treated against condensation. The male and female slipper bath sections were painted as was the Establishment Laundry.

MOSS STREET BATHS:

The large plunge at this establishment was painted and the two sand filters for the large plunge were overhauled. During October the premises were closed for three weeks for the replacement of the cold water feed tank on the roof of the building.

HIGH STREET BATHS:

The gents' pre-cleanse area was retiled and the ladies' changing accommodation and gents' slipper baths were redecorated.

ROTHWELL STREET WASH-HOUSE:

The entrance and ticket office at this establishment were redecorated.

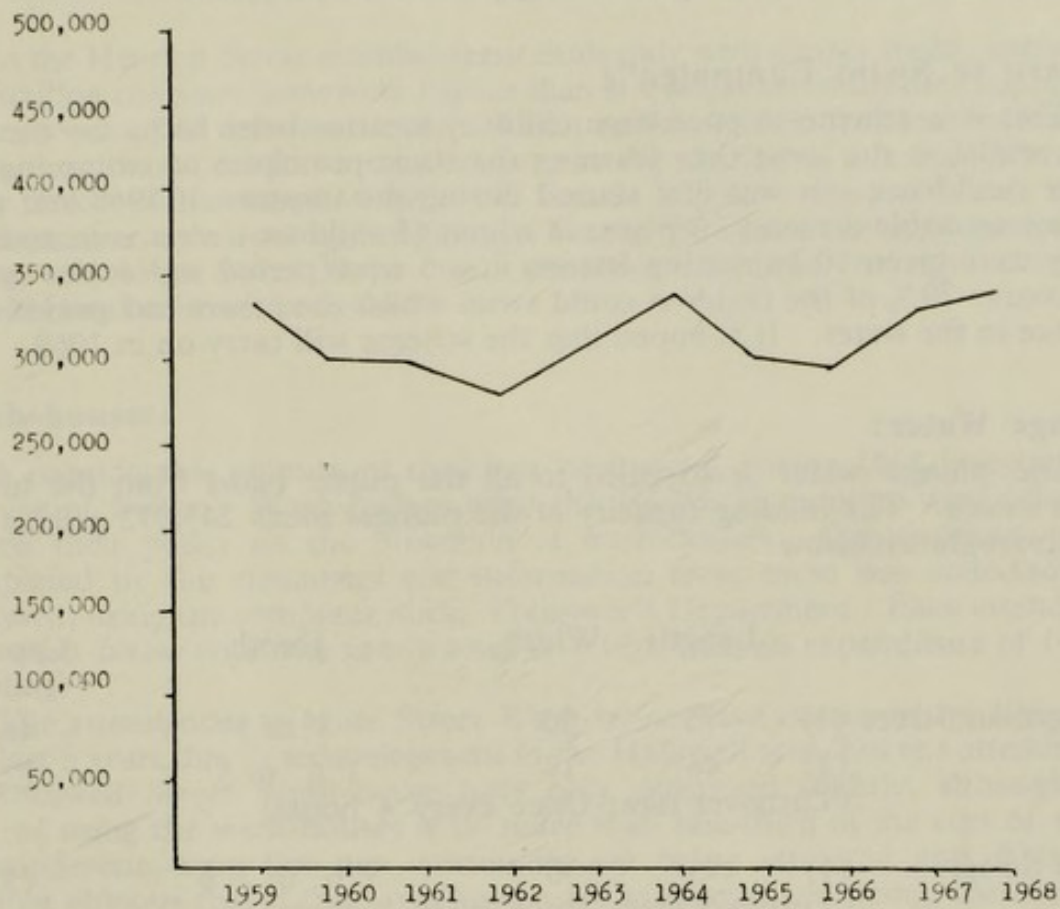
TURKISH BATHS:

General decoration was carried out.

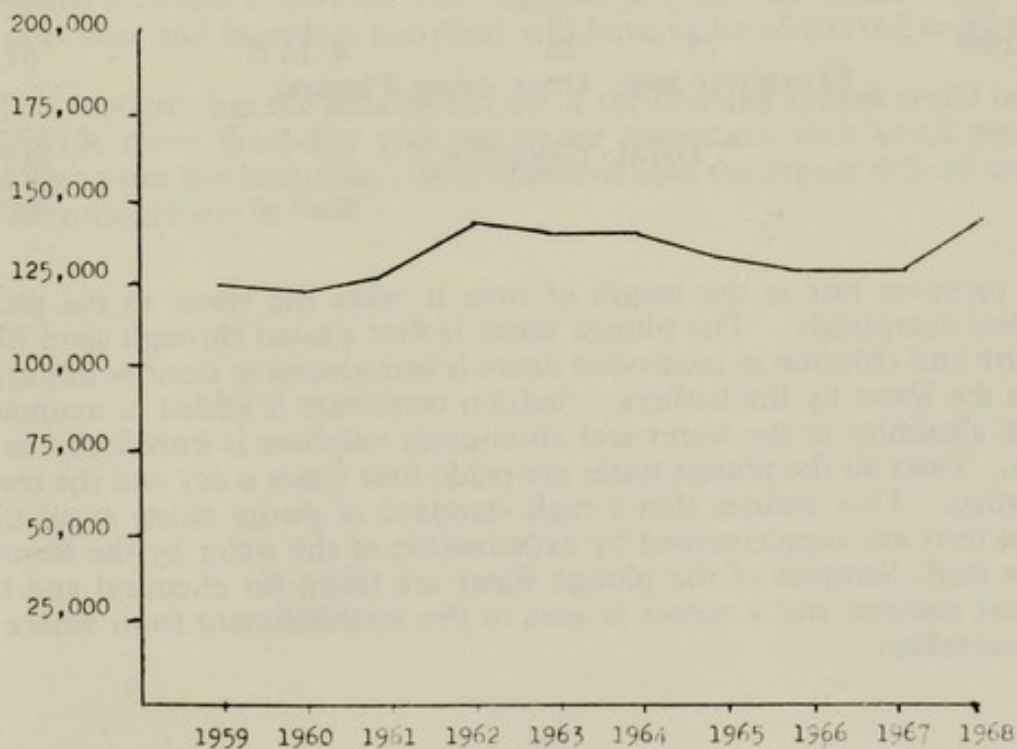
Vending Machines:

A hot drink vending machine was installed at Bridgeman Street Baths in July. This has proved to be popular with the patrons and by the end of 1968, 14,500 drinks had been sold. It is planned to extend this valuable service to the other baths during 1969.

SWIMMING ATTENDANCES - LAST DECADE:



SLIPPER BATHERS - LAST DECADE:



Barracuda Swimming Club:

This club was formed in October and is available for use by the general public. The club operates at High Street Baths and facilities include the teaching of beginners, coaching and long distance swimming. With the formation of this club, each of the three swimming pools has now its own swimming club and a lot of good work is being achieved by these three clubs.

"Learn to Swim Campaign":

This is a scheme to encourage children to attend the baths for the first time whilst at the same time learning the basic principles of swimming and water confidence. It was first started during the summer of 1968 and there was a reasonable demand for places of whom 65 children were accommodated. They were given 10 swimming lessons in a 5 week period and at the end of the course 70% of the children could swim whilst the others had gained confidence in the water. It is hoped that the scheme will carry on in 1969.

Plunge Water:

The plunge water is supplied to all the public baths from the town's water mains. The holding capacity of the plunges totals 243,072 gallons and details are shown below:

		Length	Width	Depth	Capacity (gallons)
Bridgeman Street	(1)	75'	25'	3' to 5'	46,875
	(2)	46'	19'	3' 6" to 5'	22,444
	(Turnover rate: Once every 4 hours)				
Moss Street	(1)	75'	30'	3' 6" to 7' 6"	75,337
	(Turnover rate: Once every 5 hours)				
	(2)	60'	21'	3' to 6' 6"	36,480
(Turnover rate: Once every 3½ hours)					
High Street		75'	26'	4' to 6'	61,936
	(Turnover rate: Once every 4 hours)				
TOTAL CAPACITY					243,072

The turnover rate is the length of time it takes the water in the plunge to circulate completely. The plunge water is first passed through sand filters at pressure and chlorine in controlled doses is introduced to destroy impurities added to the water by the bathers. Sodium carbonate is added to maintain a degree of alkalinity in the water and aluminium sulphate is introduced to aid filtration. Tests on the plunge water are made four times a day and the results are recorded. This ensures that a high standard of purity exists at all times and these tests are supplemented by examination of the water by the Borough Analyst's staff. Samples of the plunge water are taken for chemical and bacteriological analysis and a report is sent to the establishment from where the sample was taken.

Hennon Street Slipper Baths:

This establishment, which caters for male and female slipper bathers was opened in 1955. Since then the attendances have decreased, due mainly to the housing redevelopment programme in the Halliwell area. The 1968 attendances totalled nearly 14,000 as against an attendance of 25,000 in 1955.

As the Hennon Street establishment deals only with slipper baths, operating and staffing costs are somewhat higher than at a larger establishment supplying other services. As the attendances will drop still further due to more redevelopment, consideration will have to be given to the closure of this establishment. Moss Street Baths supplies male and female slipper baths and is only three quarters of a mile away from Hennon Street. Here too the attendances are falling and Moss Street Baths could therefore cope with the extra demand, should Hennon Street be closed.

Wash-houses:

A considerable amount of time has been spent during 1968 investigating the use of Bolton's Wash-houses after the Health Committee were asked to review their policy on the provision of wash-houses. Questionnaires were completed by the customers and information from these was collected and analysed, using the computer in the Treasurer's Department. Each attendance at a wash-house costs the user a total of 4/10d. with an expenditure of 14/8d.

The attendances at Moss Street Wash-house have decreased by 30% over the last 5 years due to redevelopment in the Halliwell area, but the attendances at Rothwell Street Wash-house have only decreased slightly, although the cost of using the wash-houses is no more than one-third of the cost of using a launderette, very few new customers are being attracted and it is becoming obvious that if the wash-houses are to continue in being, then serious consideration must be given to their modernisation. Meanwhile, immediate steps should be taken to increase the income at these establishments. An additional problem is that the fuel supplies to Rothwell Street boiler will run out next year and therefore the plant will have to be converted to oil-firing.

It is thought that the administration of the booking system could be altered to provide more flexibility and encourage customers with small amounts of washing to use the laundries. It is expected that the report will be completed and submitted early in 1969.

METEOROLOGICAL SUMMARY, 1968

Compiled at Hall i'th' Wood Observatory by Vincent C. Smith, Esq., Curator and Meteorologist

1968	Humidity %	Average of Max. and Min. Temp. °F.	Absolute Extremes of Temperature			Sunshine			Monthly Rainfall Inches	Wet days	Fog days	Wind
			Highest °F.	Date	Lowest °F.	Date	Monthly Total hours	Most in one day	Date			
January	87	39	54	14	20	10-11	28.9	6.4	28	22	4	5771
February	83	35	48	28	22	4	65.1	8.3	25	8	2	2491
March	82	42	65	28	27	1	92.6	9.9	28	16	2	6860
April	72	46	66	21	25	8	117.2	12.3	26-12	15	-	4113
May	72	49	71	29	33	12	125.8	11.7	30	19	-	3659
June	75	58	79	30	43	9	189.3	14.8	14	12	-	3967
July	77	58	71	1-21	44	7	119.2	14.7	6	8	-	3275
August	75	59	78	22	42	19	151.8	13.2	1	10	-	3599
September	83	56	72	9	41	25	91.8	10.4	6	17	-	4705
October	89	54	66	21	40	9	48.4	6.4	12	17	2	4166
November	83	41	55	25	26	9	41.8	7.6	3	12	-	3829
December	87	37	52	2	22	26	32.3	5.5	27	10	-	3989
TOTAL										166	10	50424
Monthly Average	80	48										4202

COUNTY BOROUGH OF MILTON
EDUCATION COMMITTEE



ANNUAL REPORT

Principal School
Medical Officer

FOR THE YEAR 1946

A. L. WILSON, M.D., D.P.H.
Principal School Medical Officer

COUNTY BOROUGH OF BOLTON
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE

Principal School
Medical Officer

FOR THE YEAR 1968

A. I. ROSS, M.D., D.P.H.
Principal School Medical Officer

SCHOOLS SUB-COMMITTEE

Municipal Year 1968-69

THE MAYOR, ALDERMAN MRS. E. M. RYLEY

COUNCILLOR D. GODBERT (Chairman)

COUNCILLOR E. WALTON (Vice-Chairman)

ALDERMAN F. W. CHANDLER

ALDERMAN C. H. LUCAS

COUNCILLOR C. H. BRAMHALL

COUNCILLOR MRS. A. F. CHADBOND

COUNCILLOR S. DAWSON

COUNCILLOR T. W. HALL

COUNCILLOR MRS. E. O. HAMER

COUNCILLOR G. HASLAM

COUNCILLOR R. LEAVER

COUNCILLOR L. W. MERRETT

REV. R. BROWN (*Co-opted Member*)

REV. N. W. FORD ” ”

SISTER M. OLIVIA ” ”

MR. C. ROBINSON ” ”

MR. M. CLARKE ” ”

Health Department,
Civic Centre,
Bolton.

*To the Chairman and Members of the Schools Sub-Committee
of the Bolton Education Committee*

Bolton's long period of freedom from diphtheria was broken this year, a secondary school girl having a mild infection. Extensive investigation of home and school contacts did not find anyone else affected. A little earlier there had been cases of diphtheria a few miles away in Lancashire, but we were unable to trace any connection. These cases show the continued need for children to be immunised against diphtheria in infancy and receive another injection on school entry. Unfortunately in Bolton at present only about two-thirds of children are being immunised.

Measles immunisation started in May, 1968. It may well have been effective in the substantial reduction of the expected numbers of measles cases last year. Tests of the vaccine have shown it to be effective and a continued reduction is likely next year.

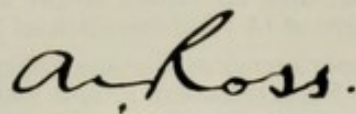
Mr. Bray, the Principal School Dental Officer, refers to fluoridation in his report. The results of the referendum will deprive Bolton children of this well-proved method of reducing dental decay. The recently published report of eleven years' results in study areas reinforce previous views on the efficiency, simplicity and safety of the method.

Head lice remain a problem in Bolton. One would have thought that nowadays, with improved standards and better housing facilities, head lice would be rare, but this is by no means so and many hours of the nursing staffs' time are spent on dealing with head lice. Parents themselves should surely be able to keep their children's heads clean.

Health education in schools progresses unobtrusively. Much is done by teachers as part of ordinary school work; some is undertaken by health visitors and our health education officer.

Miss Hilda Fleming, in charge of the clerical side of the School Health Service, retired after forty-eight years of most excellent service. She will be very much missed. We wish her a long and happy retirement.

I should like to thank the staff of the department for their good work during the year, the Chief Education Officer for his continued co-operation and support, and the members of the Schools Sub-Committee for their interest and enthusiasm for the work of the department.



Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer ..	Dr. A. I. Ross	
Deputy Principal School Medical Officer	Dr. P. O. Nicholas	
Senior Assistant School Medical Officer	Dr. J. L. Jackson	(Resigned 30.6.68)
	Dr. J. S. Farries	(Appointed 1.9.68)
School Medical Officers	Dr. Mavis J. Allanson	(Part-time)
	Dr. E. Losonczy	
	Dr. Dorothy M. Paterson	
	Dr. Audrey Seddon	(Part-time)
	Dr. J. H. Swindell	(Resigned 20.10.68)
	Dr. K. M. Vaidya	(Appointed 9.10.68)
School Medical Officers worked part-time in both the Maternity and Child Welfare Services and School Health Services, and were appointed as Assistant Medical Officers of Health and School Medical Officers.		
Ophthalmic Surgeons	Dr. T. Chadderton	(Part-time)
	Dr. T. Shannon	(Part-time)
Ear, Nose and Throat Surgeon ..	Mr. G. G. Mowat	(Part-time)
	Mr. M. H. Mahindraker	(Resigned 1.6.68)
		(Part-time)
		(Appointed 11.6.68)
Principal School Dental Officer ..	Mr. A. E. Shaw	(Resigned 29.2.68)
	Mr. S. J. Bray	(Appointed 1.3.68)
Senior School Dental Officer	Mr. S. J. Bray	(To 29.2.68)
	Mr. W. J. Abbott	(Appointed 1.8.68)
School Dental Officers	Mr. W. J. Abbott	(To 31.7.68)
	Mr. W. J. Whittle	(Appointed 29.7.68)
	Mr. M. R. Annis	(Part-time)
	Mr. I. G. Black	(Part-time)
	Mr. E. J. B. Doyle	(Part-time)
	Mr. J. N. Kirkman	(Part-time)
	Mrs. M. J. Howarth	(Part-time)
	Mrs. M. R. McKenna	(Part-time)
	Miss I. Michael	(Part-time)
Dental Anaesthetist	Dr. E. McKenzie-Newton	(Part-time)
Consultant Child Psychiatrist	Dr. M. P. Jonas	(Part-time)
		(Appointed 16.1.68)
Educational Psychologist	Mr. P. Buckley	
Speech Therapists	Mrs. B. Pannell	(Part-time)
		(Resigned 7.2.68)
	Miss K. D. Holden	
	Miss M. K. Scrimshaw	(Appointed 1.9.68)
Chiropodist	Miss A. C. Drury	(Part-time)
		(Resigned 26.4.68)
	Mr. S. Astley	(Part-time)
		(Appointed 25.7.68)
Superintendent Nursing Officer ..	Miss E. M. Richardson	
Deputy Superintendent Health Visitor and School Nurse	Miss A. M. Fraser	

NURSING STAFF

On the 31st December there were 9 full-time School Nurses, and 39 Health Visitors working part-time on School Health and part-time on Maternity and Child Welfare work - the equivalent of 14.7 full-time School Nurses.

The Superintendent Nursing Officer supervised the work of the staff and was assisted by the Deputy Superintendent Health Visitor and School Nurse.

DENTAL SURGERY ASSISTANTS

There were 7 dental surgery assistants employed on the 31st December.

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GENERAL INFORMATION

No. of pupils on registers of maintained schools	25,521 + 395 part-time
Children attending:	
Nursery Schools	118 + 126 part-time
Primary Schools	16,078 + 269 part-time
Secondary Modern Schools	5,538
Secondary Technical Schools	1,554
Secondary Grammar Schools	1,859
Special Schools	374
No. of three and four-year old children on the registers of primary schools	763 + 269 part-time
No. of official nursery classes	31
No. of schools maintained by the Authority ..	89
Nursery Schools	2
Primary Schools	62
Secondary Schools	21
Special Schools	4

ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS

Minor Ailments:

Consultation and Treatment Sessions - Doctor in Attendance

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	NO. OF SESSIONS WEEKLY
Robert Galloway Clinic, Ward Street	Tuesday and Friday, 9.15 a.m.	2
The Withins School Clinic, Withins Lane, Brightmet	Wednesday, 9.15 a.m.	1
Astley Bridge School Clinic, Moss Bank Way	Tuesday, 9.15 a.m.	1
Halliwell Health Centre, Moss Street	Friday, 2.0 p.m.	1

Minor Ailment Treatment Sessions - Nurse only in Attendance

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	NO. OF SESSIONS WEEKLY
Robert Galloway Clinic, Ward Street	Monday to Friday, 9.15 a.m.	5
The Withins School Clinic, Withins Lane, Brightmet	Monday, Wednesday and Friday, 9.15 a.m.	3
Astley Bridge School Clinic, Moss Bank Way	Tuesday, 9.15 a.m.	1

Morning sessions finish at 10.30 a.m. and afternoon sessions at 4 p.m.
Halliwell Health Centre,
Monday to Friday, 10.30-11.30 a.m., 5 sessions weekly.

Treatment Centres with only a school nurse in attendance were conducted at the following school:-

Hayward	Monday, Wednesday and Friday morning, 11 a.m. - 12.30 p.m.
-----------------	--

Dental Surgeries:

Six dental surgeries were in operation as follows:

ROBERT GALLOWAY CLINIC	.. .. .	2 Surgeries
Monday to Friday, 9.30 a.m. and 2 p.m.		
HALLIWELL HEALTH CENTRE:		
Monday - Friday, 9.30 a.m. and 2.0 p.m.	.. ..	1 Surgery
Monday and Friday, 9.30 and 2.0 p.m.	.. ..	} 1 Surgery
Tuesday, Wednesday, Thursday 9.30 a.m...	.. ..
ASTLEY BRIDGE CLINIC	.. .. .	1 Surgery
Monday to Friday, 9.30 a.m. and 2 p.m.		
THE WITHINS SCHOOL CLINIC	.. .. .	1 Surgery
Monday to Friday, 9.30 a.m. and 2 p.m.		

Aural Clinics:

The Consultant Aural Surgeon attended weekly at the Robert Galloway Clinic to see by appointment school children who were referred by the school medical officers.

Ophthalmic Clinics:

The Consultant Ophthalmic Surgeons attended at the Robert Galloway Clinic to examine by appointment children referred by school medical officers.

The clinics were held as follows:-

Monday afternoon	.. .. .	} .. 3 sessions weekly
Thursday afternoon	.. .. .
Saturday morning	.. .. .
Wednesday morning	.. .. .	1 session fortnightly

Morning sessions commenced at 9 a.m. and afternoon sessions at 2 p.m.

Speech Therapy:

At the beginning of 1968 two speech therapists were employed. One full-time and one part-time. This increased to two full-time speech therapists in September, 1968.

Audiometry:

Routine audiometric testing continued to be carried out in schools. Routine testing is carried out as soon as possible after school entry, and in the last year at primary school. In addition to the routine testing, full examination is carried out on children who have speech defects, who may be backward, or who are specially referred for any reason.

Nocturnal Enuresis:

Nocturnal Enuresis is a condition characterised by the involuntary and unconscious voiding of large quantities of urine during sleep. The extent to which it occurs is largely unknown because some parents consider the condition a stigma and keep it secret. At routine medical examinations of school children a sufficient number of parents mention this problem to warrant the operation of a weekly enuresis clinic.

The treatment is centred round the Enuresis Alarm System and on average, at any given time, there are 50 children who are being treated by this method. Sympathetic words of encouragement are also a simple form of psychotherapy, combined in some cases by drug treatment prescribed by the general practitioner.

Of the 204 children issued with alarm units during the year 74 were considered cured when they handed back the units after an average of four months treatment.

A summary of the work of the Enuresis Clinic during the past 3 years is given in the table below.

Year	1966	1967	1968
No. of children seen	190	182	204
No. of new patients	140	136	146
No. cured	84	77	74
No. under treatment at end of year ..	40	43	58

Ultra Violet Light Treatment:

Ultra violet light therapy was available in the Health Department on the same basis as in previous years. Children may receive this treatment on the recommendation of school medical officers.

Breathing Exercises:

The physiotherapist in the Health Department continued to give instruction in breathing exercises for children recommended by school medical officers, chest physicians and the aural surgeon. She also attended at Lostock Open Air School to give instruction in breathing exercises to children at the school.

MEDICAL INSPECTION OF SCHOOL CHILDREN

The most disappointing aspect of medical inspection of school children was the further reduction in the number of children who were accompanied by parents for the medical examination. This is seen in the following table:-

Year	No. of pupils inspected	No. with parents present	Percentage of children with parent present
1959	7,961	4,626	58.4
1960	7,291	4,086	56.1
1961	9,424	6,278	66.6
1962	7,361	4,235	57.5
1963	6,658	3,342	50.2
1964	7,256	3,773	51.9
1965	6,425	3,497	54.5
1966	7,792	4,684	60.1
1967	4,779	2,029	42.5
1968	5,914	2,224	37.6

This may reflect either a lack of interest by these parents or it may be due to the increasing employment of women in occupations that apparently will not allow them time off work to accompany their children for the medical inspection.

Primary School Leavers

Number of children selected and examined	710
Number of children with eye defects	103
Number of children with hearing loss	88
Number of children not selected for examination	1,458
Number of children with eye defects	117
Number of children with hearing loss	33
Number of children selected but absent at examination	20

Periodic Medical Inspections

The total number of periodic medical inspections carried out in 1968 was 5,914 an increase on the number carried out in 1967, namely 4,779.

Number of children inspected:

Entrants	3,017
Primary School Leavers (Selective examinations)	710
Senior Leavers	1,691
TOTAL	5,418

Additional periodic inspections
(including Special Schools) 496

GRAND TOTAL 5,914

Other Examinations

Special examinations	1,525
Re-inspections	1,095
TOTAL	2,620

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment found at periodic inspections was 2,336 compared with 1,937 in 1967. The number of cases requiring observation was 2,135 in 1968 and 1,537 in 1967.

Defect or Disease	Periodic Inspections						TOTAL	
	Entrants		Leavers		Others—			
					Primary School Leavers	Additional periodic inspections and Special Schools		
Re- quiring treat- ment	Re- quiring obser- vation	Re- quiring treat- ment	Re- quiring obser- vation	Re- quiring treat- ment	Re- quiring obser- vation		Re- quiring treat- ment	Re- quiring obser- vation
Skin	79	29	62	8	42	4	183	41
Eyes:								
a. Vision . .	192	171	346	10	168	22	706	203
b. Squint . .	87	13	14	1	29	3	130	17
c. Other . . .	16	6	6	3	6	1	28	10
Ears:								
a. Hearing . .	88	98	13	3	50	55	151	156
b. Otitis Media	33	55	7	8	14	14	54	77
c. Other . . .	8	19	2	7	14	5	24	31
Nose and Throat	283	288	22	19	68	39	373	346
Speech	54	142	2	4	31	39	87	185
Lymphatic Glands	5	92	1	2	3	7	9	101
Heart	22	27	3	10	3	9	28	46
Lungs	80	78	33	12	25	13	138	103
Developmental:								
a. Hernia . .	11	11	—	—	—	4	11	15
b. Other . . .	93	190	8	11	50	30	151	231
Orthopaedic:								
a. Posture . .	8	22	2	8	1	12	11	42
b. Feet . . .	50	70	10	19	9	16	69	105
c. Other . . .	12	21	21	10	10	10	43	41
Nervous System:								
a. Epilepsy . .	10	4	4	1	11	2	25	7
b. Other . . .	7	15	4	3	9	4	20	22
Psychological:								
a. Development	8	38	4	4	6	177	18	219
b. Stability . .	5	40	5	10	4	26	14	76
Abdomen . . .	8	15	8	3	7	5	23	23
Other	15	10	13	18	12	10	40	38
TOTALS . .	1174	1454	590	174	572	507	2,336	2,135

Summary of Pupils found to require Treatment

Age Group Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual pupils
1964 and later	12	122	122
1963	75	382	411
1962	105	302	377
1961	8	36	42
1960	8	10	18
1959	6	9	11
1958	69	160	198
1957	34	81	108
1956	21	18	33
1955	11	10	16
1954	123	8	128
1953 and earlier	234	84	254
TOTALS	706	1,222	1,718

Special Inspections

The following table shows the number of defects found at special inspections

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring to be kept under observation
Skin	279	2
Eyes:		
a. Vision	15	2
b. Squint	4	—
c. Other	26	6
Ears:		
a. Hearing	139	46
b. Otitis Media	26	2
c. Other	16	3
Nose and Throat	75	20
Speech	51	8
Lymphatic Glands	1	—
Heart	1	1
Lungs	14	10
Developmental:		
a. Hernia	1	1
b. Other	15	8
Orthopaedic:		
a. Posture	3	—
b. Feet	4	1
c. Other	40	4
Nervous System:		
a. Epilepsy	5	—
b. Other	40	5
Psychological:		
a. Development	20	10
b. Stability	54	6
Abdomen	1	5
Other	84	10
TOTALS	914	150

Presence of Parents at Periodic Medical Inspections:

Age Group Inspected	No. of pupils inspected	No. with parent present
Entrants	3,017	1,644
Primary School Leavers (Selective examination)	710	354
Senior Leavers	1,691	91
Additional periodic inspections (including Special Schools)	496	135
TOTALS	5,914	2,224

Visits to homes of children by school nurses:

The number of home visits paid by school nurses was 276, compared with 399 in 1967. These visits continued to be made for the same reasons as in the past; some were in connection with the cleansing of children who were found to be infested with vermin and some were made in connection with failure to attend clinics held either by the local authority or at the hospital.

MINOR AILMENTS

During the year there was a slight rise in the number of attendances at these minor ailment clinics, 5,174 in 1968, compared with 5,035 in 1967.

Whilst these clinics, nearly 40 years after the period of economic depression and 20 years after the start of the National Health Service, may appear to be anachronistic, nevertheless they serve a useful purpose when the shortage of general practitioners in the town is considered.

Much of the work is carried out satisfactorily by the school nurses, whilst many of the disorders dealt with by the medical staff include serious psychological disturbances in children, even though they are seen at clinics which are designated "Minor Ailments".

Clinic or Centre	No. of individual children who attended	Children seen by medical officer on first visit	No. of subsequent visits to medical officer	Children seen by nurse on first visit	No. of subsequent visits to nurse	Total No. of Attendances
Robert Galloway	952	529	69	761	1,511	2,870
The Withins . .	292	255	65	203	686	1,209
Astley Bridge . .	140	108	50	87	192	437
Halliwell Health Centre	96	109	13	—	—	122
Treatment Centre	260	—	—	307	229	536
TOTALS . .	1,740	1001	197	1,358	2,618	5,174

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin:

One hundred and eighty-one cases of scabies were treated during the year compared with 154 in 1967 and 179 in 1966. The nurses spend much time in trying to clear families of the troublesome skin disease. The families are carefully followed up to try and ensure that re-infection does not occur.

In severe cases of scabies often secondary infection occurs. As will be seen from the underlying table there were 154 cases of impetigo and each of these will have been looked at carefully to make sure there was no associated infection with the acrus parasite.

Once again no cases of ringworm of the scalp were discovered during the year.

Disease	Number of cases treated or under treatment by the Authority
Ringworm:	
(i) Scalp	—
(ii) Body	11
Scabies	181
Impetigo	154
Other skin diseases	342
TOTAL	688

Impetigo treated in School Clinics:

The number of cases of impetigo treated in school clinics was 154 in 1968, compared with 26 in 1967. The table below gives the figures for the past ten years. The number of cases of impetigo treated, is the highest for more than 20 years. The condition is not usually the cause of exclusion from school unless the site is liable to allow spread to other pupils or if the lesions are very extensive.

Year	No. of Cases	Year	No. of Cases
1959	74	1964	17
1960	63	1965	27
1961	34	1966	19
1962	33	1967	26
1963	16	1968	154

Defects of the Ear, Nose and Throat:

A total of 452 children had their tonsils and adenoids removed during the year; 20 had operations for diseases of the ear, 7 for other nose and throat conditions and 74 received other forms of Aural treatment. 210 of these children were seen by the Aural Surgeon and referred to hospital for treatment and 343 were referred direct to the hospital.

Treatment

	Number of cases known to have been dealt with
Received operative treatment—	
for diseases of the ear	20
for adenoids and chronic tonsillitis ..	452
for other nose and throat conditions ..	7
Received other forms of treatment	74
TOTAL	553

Mr. N. H. Mahindrakar, the Consultant Aural Surgeon, reports:

“Ear, nose and throat clinics are held once a week to see the children referred by the School Medical Officers for Specialist’s opinion. More than the average number of children were seen in the clinics and by the end of the year the waiting list was brought down from 24 to 4 weeks.

Exudative otitis media (glue ear) remains as one of the common causes of deafness in children. A good many children with this lesion were seen in the clinic and their surgical treatment has been arranged at the Bolton Royal Infirmary.

Arrangements have been made for the children who have been using hearing-aids to attend the clinic for assessment of their hearing and critical evaluation of the use of hearing-aids.

My sincere thanks are due to the nursing and the administrative staff who make the clinic a pleasant place to work”.

Ear, Nose and Throat Clinics

No. of visits by patients	560
No. of patients attending	435
No. of new patients	360
No. of children referred from periodic inspections	121
No. of children referred from school clinics	205

Children attending the clinics for the first time were seen for the following conditions, which may have been multiple in any particular child:

Disease or Defect	Referred from—			TOTAL
	Periodic Inspection	School Clinics	Other Sources	
Deafness	17	64	7	88
Otitis Media	8	11	—	19
Tonsil and adenoid abnormalities	170	111	2	283
Catarrhal Conditions	6	6	—	12
Other conditions	20	13	2	35
TOTALS	221	205	11	437

The aural surgeon completed prescriptions for hearing aids in respect of 8 children.

Pure Tone Audiometric Testing:

The early ascertainment of deafness in children is extremely important and the health visitors carry out screening tests for the ascertainment of deafness in pre-school children or as part of the work undertaken by the Health Department.

The following table shows the number of children in various age groups tested at schools and tested at clinics.

Sweep Testing in Schools

Sources of Children tested	Tested			Failed Test		
	Boys	Girls	Total	Boys	Girls	Total
Primary Schools:						
Entrants	1,203	1,106	2,309	135	170	305
Leavers	1,052	955	2,007	94	78	172
TOTALS	2,255	2,061	4,316	229	248	477

Full Testing at the Clinics

Source of Reference	No. of children referred for test	App't not kept for test	Result of Audiogram		Unsatisfactory Audiograms and Recommendations				
			Satisfactory	Unsatisfactory	Change of position in class	For observation	Repeat audiogram	Treatment at the clinic	To Aural Surgeon
Failed sweep test in school ..	477	63	100	314	3	172	93	8	38
School Medical Officers ..	141	19	35	87	—	50	19	2	16
School Medical Officers on account of speech defect	95	8	56	31	—	24	7	—	—
On account of backwardness	24	3	13	8	—	8	—	—	—
Others:									
Aural Surgeon	31	—	7	24	—	2	6	2	14
Headmaster	13	2	1	10	—	7	—	—	3
Parent. . . .	36	1	12	23	1	14	2	1	5
Family Doctor	28	1	3	24	1	16	7	—	—
Health Visitors	9	—	1	8	—	—	6	1	1
Paediatrician	2	—	1	1	—	1	—	—	—
Child Guid.	1	—	—	1	—	—	—	—	1
Repeat Audiograms	267	40	44	183	1	83	77	3	19
TOTALS ..	1,124	137	273	714	6	377	217	17	97

Diseases of the Eye:

Altogether, 1,779 children are known to have been dealt with for errors of refraction. Of these, 1,729 were refracted by the ophthalmic surgeons at the school clinics. The total attendances at the clinics numbered 3,072, of which 3,044 were for refraction, repairs to glasses and re-examinations, and 28 for diseases of the eye.

68 children were referred to hospital services.

In 281 cases spectacles were repaired or replaced.

53 children were referred to the ophthalmic clinic at the Bolton Royal Infirmary for treatment for squint.

Dr. T. Shannon, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:

"The Ophthalmic Clinics held by me at the Robert Galloway School Clinic, continue to run smoothly as in previous years.

I am pleased to report that there is no appreciable waiting list for the children to be seen and I have received every co-operation from the staff".

Dr. T. Chadderton, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:

"The Eye Clinics held by me at the Robert Galloway School Clinic continue to run very smoothly.

I should like to record my thanks to the staff, both nursing and clerical, for their co-operation in the efficient running of the clinics".

Cases of eye disease, defective vision or squint for which treatment was initiated by the school medical officers, may be analysed as follows:

	Number of cases known to have been dealt with
External and other conditions excluding errors of refraction and squint	70
Errors of refraction (including squint) . .	1,779
TOTAL	1,849
Number of pupils for whom spectacles were prescribed	925

The following were found at periodic medical inspection to require attention for defects of the eye.

Defect	Age Groups Inspected				Totals
	Entrants	Primary School Leavers	Senior School Leavers	Additional Periodic Inspections and Special Schools	
Defective Vision	192	100	346	68	706
Squint	87	12	14	17	130
Blepharitis . .	2	4	4	—	10
Conjunctivitis . .	4	—	2	2	8
Other	10	—	—	—	10

Orthoptics:

Children requiring treatment by an orthoptist continued to be referred to the orthoptic clinic at the Bolton Royal Infirmary at it has not been possible to recruit an orthoptist to do this work in the school clinics.

Defective Colour Vision:

As in previous years, the colour vision of secondary school leavers has been tested using the Ishihara method. In 1968, 34 boys and 6 girls were found to have defective colour vision, compared with 42 boys in 1967.

Orthopaedic Defects:

One hundred and 99 children were found to have orthopaedic defects. One hundred and 70 of these were found at periodical and special medical inspections and the remaining 29 at school clinics. 18 children were referred to consultant orthopaedic surgeons at the Bolton Royal Infirmary for advice and treatment.

Chiropody:

Three sessions weekly were held by the chiropodist at the Robert Galloway Clinic.

Mr. S. Astley, the Chiropodist, reports:

“In submitting my first report I would like to thank the Education Department for the facilities they have made available, and to the clinic staff for their kindness and co-operation. A better liaison and more co-operation with the teaching staff of the schools would, I have no doubt, reduce the number of Verruca cases which are the most numerous of my treatments”.

The number of children attending the clinic, and a summary of defects treated, are given below."

	BOYS	GIRLS
No. of new patients who attended the clinic ..	138	226
Defects treated:		
Plantar warts	146	190
Chilblains	—	1
Hallux Valgus	—	5
Onychocriptosis (ingrowing toe nails) ..	5	4
Onychogryphosis	1	3
Onychophosis	1	1
Tinea Pedis (Athlete's foot)	1	—
General chiropody (corns, callosities, general advice, etc.)	14	18
Total number of individual treatments.. ..	2,200	

Cleanliness of School Children:

The percentage of children with infested heads in 1968 was 7.1 compared with 8.3 in 1967. The cases were heavily concentrated in certain families and the schools that these children attended. Although these children were being regularly treated by the clinic staff, they were being constantly re-infected by home contacts. These children are often the source of infection in the classroom and they can spread the lice to children from families who have a good standard of cleanliness.

171 children - 45 boys and 126 girls - attended the Municipal Medical Baths at School Hill for vermin.

Notices to Cleanse were issued under Section 54(2) of the Education Act on 408 cases, compared with 375 in 1967. Cleansing Orders under Section 54(3) of the Education Act were issued in 134 cases.

	1964	1965	1966	1967	1968
School Population	25,631	24,218	24,708	25,077 + 316 part time	25,521 +395 part time
No. of head inspections.. . . .	54,234	61,102	59,436	60,833	55,768
No. of children with nits	2,022	1,772	1,843	2,129	1,838
Expressed as a percentage of school population	7.8	7.3	7.4	8.3	7.1

THE GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection:

At the routine medical inspections, the school medical officer concludes his medical report with a statement on the child's general condition, whether satisfactory or unsatisfactory. This classification, which was adopted nationally from the 1st January, 1956, has the merits of simplicity and practicability.

Of the 5,914 children examined at periodic inspections, 5,913 (99.98%) were satisfactory. Only 1 child was unsatisfactory. Details are given in the following table.

Age Groups Inspected (By year of birth) (1)	No. of Pupils inspected (2)	Physical Condition of Pupils Inspected	
		Satisfactory (3)	Unsatisfactory (4)
1964 and later	607	607	—
1963	1,302	1,302	—
1962	1,108	1,107	1
1961	179	179	—
1960	54	54	—
1959	43	43	—
1958	458	458	—
1957	252	252	—
1956	141	141	—
1955	79	79	—
1954	820	820	—
1953 and earlier	871	871	—
TOTALS	5,914	5,913	1
Col. (3) total as a percentage of Col. (2) total		99.98%	—
Col. (4) total as a percentage of Col. (2) total		—	0.02

The School Meals and Milk in Schools Scheme:

The percentage of school children during 1968 taking school milk under the above schemes	85.47%
No. of dinners produced in the school kitchens during 1968	3,640,431
Average number of children taking meals daily	16,850
Percentage of school children taking dinner s in school during 1968	67.8%
Expressed as percentage of average attendances	75.0%
No. of central kitchens	2
No. of kitchen/dining rooms	47
No. of children on free meals list at 31st December	4,502

IMMUNISATION

Immunisation against diphtheria, tetanus and poliomyelitis continued on the same lines as in 1967.

DENTAL HYGIENE

Report of the Principal School Dental Officer

Staff: (Establishment of 8 full-time officers).

The effective strength for the first half of the year was 2 full-time and 7 part-time officers. This increased in the second half of the year to 3 full-time and 8 part-time officers. The average strength was the equivalent of 4.5 full time officers. It is regretted that 3 part-time officers resigned towards the end of the year.

Recruitment:

Repeated advertisements have been inserted in the dental journals, daily and local paper. Two applications were received - one applicant withdrew and the other was appointed to a full-time vacancy from the beginning of August. Two advertisements for a senior Dental Officer attracted no applicants from outside and one of our own staff was promoted to this position from August 1st. Further advertisements attracted one applicant who was interviewed but subsequently withdrew. Thus the struggle to attract staff goes on.

Clinics:

(1) THE ROBERT GALLOWAY CLINIC.

There are two surgeries available and one remained open through the year. The other was worked part time until the new full time officer was appointed and from then on both surgeries were in full use.

(2) THE HALLIWELL HEALTH CENTRE.

There are two surgeries available, both were open throughout the year - though one of them was worked part time.

(3) ASTLEY BRIDGE CLINIC. WITHINS CLINIC.

Both are single surgeries and remained open throughout the year on a part time basis.

Progress was made in the planning and building of the new single surgery clinic at Deane which will be ready for use early in 1969.

The new Deansgate Health Centre is well advanced in the planning stage and will have a purpose planned dental suite of 3 surgeries. They will replace the Robert Galloway Clinic when this building is demolished for road improvements, in 1970.

Dental Inspections:

Of the school population of 23,883, 15,605 children were dentally inspected, of these 11,850 were inspected by the dental officers in the various schools and 3,755 children were inspected for the first time in the clinics, this included 2,659 emergencies and 1,099 who were recalled for the maintenance of dental fitness.

Treatment:

The number of children who received dental treatment was 4,717 and 4,202 were made dentally fit. Attendances numbered 14,224 and 4,975 permanent fillings plus 2,469 fillings in temporary teeth were inserted.

The ratio of permanent teeth saved to permanent teeth extracted was 2.2 a favourable trend compared with previous years (1.91 in 1967) - this includes some permanent teeth which have to be extracted solely to relieve overcrowded mouths.

Overcrowding is more common than is usually thought and occurs in approximately 60% of all children.

21 Anterior teeth were crowned and 11 partial dentures were fitted. 186 children received orthodontic treatment of which 111 were new cases. For these children 162 removable appliances and 2 fixed appliances were fitted. 79 cases were completed during the year.

General anaesthetics were administered in 2,659 cases. 228 patients were X-rayed and 335 X-ray films taken.

Under the heading of other operations which totalled 3,988, are included scaling and gum treatment, prophylaxis dressings for the relief of pain, impressions for dentures and orthodontic appliances, metal bands and splints used in the treatment of fractured incisor teeth - the opening of abscesses and the application of obtundents to de-sensitise sore teeth.

Dental Health Education:

This important aspect of our work is going on throughout the year in chairside talks and instructions to children and parents on oral hygiene, by the prominent display of posters in all the clinics and the distribution of leaflets. It is pleasing to report a dental health exhibition was held for a week in July at the new Halliwell Health Centre attended by some 2,000 children. The exhibition took the form of the General Dental Council's fitted trailer caravan, on free loan, and it was sited in the car park of the Health Centre. It displayed specially made models of jaws and teeth showing the various stages of disease, of overcrowding, of appliances for correcting mis-placed teeth and of the normal development of deciduous teeth followed by the permanent successors. This was re-enforced by a short cine film. The children were then taken to the lecture room in the Health Centre for demonstrations and instructions of bone and tooth forming foods and oral hygiene procedures by trained hygienists from Manchester Dental Hospital. Short talks and discussions followed by members of the Dental Staff and before leaving each child was given an apple and appropriate leaflets.

The adverse result of the referendum to fluoridate the water supply in Bolton to one part per million has deprived the young children especially of its known benefits. In the youngest age group from 3 to 7 years decay fell by half in fluoridated zones. In the permanent teeth of children from 8 to 10 years decay was reduced by one third and in addition there was a substantial increase in the number of children with no decay. Bolton has for the time being lost this great opportunity to save its children much pain and discomfort through dental decay which must be deprecated by all sections of the community. In addition the lessening of dental decay would reduce the shortage of dentists and auxiliary staff.

It is not inappropriate to note that during the year no less than 2,077 children failed to keep appointments which had either been given or sent to them - mostly without any message or explanation.

The Dental Staff record their appreciation of the help received from the Chairman and members of the Education Committee, from the Principal School Medical Officer and his staff and of the great help and interest of the Head Teachers and their staffs.

No. of pupils on the Register of maintained primary and secondary schools including nursery and special schools, at the end of the year	24,796
Part-time	382

Attendances and Treatment:

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visits	2,679	1,734	304	4,717
Subsequent visits	3,287	3,496	570	7,353
Total visits	5,966	5,230	874	12,070

Additional courses of treatment commenced ..	248	203	40	491
Fillings in permanent teeth	1,023	3,188	764	4,975
Fillings in deciduous teeth	2,246	223	Nil	2,469
Permanent teeth filled ..	898	2,810	696	4,404
Deciduous teeth filled ..	2,094	216	Nil	2,310
Permanent teeth extracted	512	1,308	169	1,989
Deciduous teeth extracted	3,814	941	Nil	4,755
General anaesthetics	1,711	873	75	2,659
Emergencies	1,485	976	198	2,659

No. of pupils X-rayed	228
Prophylaxis	674
Teeth otherwise conserved	125
No. of teeth root filled	25
Inlays	Nil
Crowns	21
Courses of treatment completed	4,202

Orthodontics:

Cases remaining from previous year	75
No. of cases commenced	111
Cases completed	79
Cases discontinued	31
No. of removable appliances	162
No. of fixed appliances	2
Pupils referred to hospital consultant	Nil

Prosthetics:

	Age 5/9	10/14	15 plus	Total
Pupils supplied with dentures ..	2	8	1	11
No. of dentures supplied	2	8	1	11

Anaesthetics:

General anaesthetics administered by Dental Officers	1,590
General anaesthetics administered by Part-time Anaesthetist	1,069

Inspections:

(a) First inspection in school	11,850
(b) First inspection in clinic	3,755
No. of (a) plus (b) found to require treatment	10,526
No. of (a) plus (b) offered treatment	9,401
(c) Pupils re-inspected at school or clinic	1,099
No. of (c) found to require treatment	892

Sessions:

Sessions devoted to treatment	1,879
Sessions devoted to inspection	68
Sessions devoted to dental health	30

INFECTIOUS DISEASES IN CHILDREN

1968 appeared to show the effect of the measles immunisation that was taking place during the year. The disease is characterised usually by two-yearly cycles in which there are low figures for one year and high figures the following year. When the figures for the two years are added together there are about 3,000 cases of measles in children notified. The last two years (1967 and 1968) have shown the lowest figures in Bolton since notification of the disease began and this is largely due to the introduction of immunisation.

Year	No. of children with measles	Two year total
1959	1,791	2,848
1960	1,057	
1961	2,698	3,270
1962	572	
1963	2,182	3,066
1964	884	
1965	1,573	2,989
1966	1,416	
1967	651	1,202
1968	551	

There have been no cases of diphtheria in Bolton since 1955, but, as only two-thirds of Bolton's children have been immunised against the disease, there has been much apprehension that diphtheria will return sooner or later. The bacteria that cause the condition are still present in the environment and outbreaks of the disease will occur if there are enough susceptible (that is, those individuals who have not been immunised).

A girl in one of the secondary schools became ill and subsequent tests indicated that it was a case of diphtheria. Fortunately she had been immunised as a baby and the disease was in a mild form. She had not had the re-enforcing injection upon school entry, which is necessary to ensure complete protection, but however, she made a complete recovery. Unless more parents than at present, ensure that their children are immunised, then there will be more cases of diphtheria in those children who have not been protected.

The number of cases of dysentery increased from 30 in 1967 to 125 in 1968. This indicates the need for continued measures to ensure reasonable standards of hygiene, both in the home and at school.

27 cases of whooping cough were notified in 1968. This is the lowest number for six years and greatly below the national average for the past ten years.

Incidence of Infection:

The number of cases of infectious diseases each month was as follows:

Disease	Number of Cases												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
Scarlet Fever	2	1	5	2	3	1	3	-	2	6	3	7	35
Measles	4	1	47	23	85	163	101	71	24	17	8	7	551
Whooping Cough ..	-	1	3	1	8	1	1	6	-	5	1	-	27
Pneumonia	-	-	-	2	-	-	-	-	-	-	-	-	2
Poliomyelitis													
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Paralytic ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever (Paratyphoid B) ..	-	-	-	-	-	-	-	-	-	-	-	-	125
Dysentery	10	19	26	22	12	11	6	6	1	4	4	4	16
Food Poisoning ..	-	3	1	3	-	2	1	1	-	3	1	1	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	1	-	1
Meningococcal Infection	-	-	-	-	-	-	-	-	-	2	-	-	2
Acute Encephalitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice ..	-	-	-	-	-	1	2	4	1	3	2	-	13

In October, 1968, Pnuemonia and Erysipelas ceased to be notifiable diseases. Infective Jaundice became notifiable in June, 1968.

Age of Infection:

The age of the children at infection is shown below:

Disease	Age																Total
	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Scarlet Fever	1	2	1	6	6	8	3	2	2	2	1	1	-	-	-	-	35
Measles	36	99	101	99	112	57	26	12	6	-	1	1	-	-	-	1	551
Whooping Cough ..	6	2	6	2	4	2	2	2	1	-	-	-	-	-	-	-	27
Pneumonia	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	2
Poliomyelitis																	
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Paralytic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever (Paratyphoid B) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	16	15	17	13	11	12	10	4	8	3	2	5	1	7	1	-	125
Food Poisoning ..	2	1	1	1	2	-	3	1	1	-	-	1	1	1	1	-	16
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Meningococcal Infection	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	2
Acute Encephalitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice ..	-	-	1	2	-	-	1	1	2	-	-	-	2	2	1	-	13

REPORT ON PHYSICAL EDUCATION, 1968

This has been a successful year in the various branches of Physical Education, and the general standard continues to improve.

Classes of Judo are being included in the options offered to children in some Secondary Schools, and a Course taken by Mr. Gleeson, the Chief National Coach was well attended by both men and women teachers.

The Annual Cross Country Championships for boys and girls was held in February, with excellent results.

Two shields were retained by schools who entered for the examinations of the Manchester and District Branch of the Royal Life Saving Society. The standard of swimming in the Primary Schools continues to improve and excellent results have again been obtained in the Personal Survival Tests. The classes for non-swimmers at Whitecroft School on Saturday mornings continue in popularity, with excellent results.

The Annual Demonstrations were held as usual at Smithills School, showing Gymnastics, Badminton, Modern Educational Dance and Basket Ball.

CHILD GUIDANCE CLINIC

Dr. M. P. Jonas, Consultant Child Psychiatrist, started work in the Child Guidance Clinic on 16.1.68 and attendd for two morning sessions per week. She was helped in her work on one of these mornings by a lady Doctor, who holds the position of Clinical Assistant. Dr. Jonas also had two weekly sessions at the Bolton District General Hospital during which other school-children from Bolton could be seen when referred by general practitioners.

As usual the number of children needing treatment is only revealed when facilities are available and in quite a short time a waiting list built up. At the end of the year a child was seen about four months after a request for a consultation had been made unless an early appointment was needed for a more serious case. This would indicate the need for further sessions for a child psychiatrist in Bolton. The position may not be improved when a small treatment unit for disturbed children (of 6 beds) is opened at the Bolton District General Hospital.

The position was aggravated by a long waiting list for the Educational Psychologist, Mr. Buckley, although it is hoped that the early appointment of another Psychologist will ease this position considerably.

At the end of the year a school for maladjusted children was opened at Rochdale and places were available for a small number of boys from Bolton. In spite of this, some difficulty may still be expected to be encountered in placing children in suitable schools.

Children referred to the Clinic	91
Children discharged from the clinic	27
Children transferred to the Bolton District General Hospital for treatment	18

Of the children attending the clinic 23 receive regular treatment, 9 were regularly reviewed, 11 were reviewed for residential school placement (5 were still waiting placement at the end of the year) and 10 were reviewed from the special schools (Woodside, Thomasson Memorial, and Lostock Open Air School), and from the Observation Class at Lever Edge Lane.

THE WORK OF THE SCHOOL PSYCHOLOGICAL SERVICE

A development of the School Psychological Service was maintained during the year with the appointment of a part-time Psychiatric Social Worker, Miss Thomas, in March, 1968. She has worked in company with the full-time Social Worker, Mrs. Green and the Educational Psychologist, Mr. Buckley. Tables 1-3 below indicate the general pattern of the Service. Approximately 45% of the total referrals constitute problems of retardation, while 33% involve behavioural difficulties. The remaining portion of the referrals concern advisory matters and psychological assessments.

At the end of the year a total of 110 children were on the waiting list. The length of the waiting period does deter Headteachers and other agencies from seeking guidance.

The Remedial Service, which operates from the Child Guidance Centre, made further strides during the year. A total of 14 full-time teachers constitute the establishment of the Service and three full-time Classes and 25 part-time groups are functioning. Thirteen of the groups are in Secondary schools and 12 are in Junior schools. The number of Junior Remedial groups has been doubled since 1967 and whereas, at that time, 92 children could not be given assistance, this figure has now been reduced to 35.

There is a growing need for a second Educational Psychologist which would increase the scope of the School Psychological Service. In addition, day school provision is urgently required for emotionally disturbed children. This would relieve the schools enormously as they have to cope with disturbed children, very often under adverse circumstances.

TABLE 1

Children referred to Child Guidance Clinic (Psychological Service)

Referred by	No. of Cases
Head Teachers	69
School Medical Officers	16
Remedial Teaching Service	24
Parents	3
Education Welfare Officer	3
Children's Department	6
Chief Education Officer	7
Paediatricians	3
Youth Employment	1
Speech Therapist.	1
TOTAL	133

TABLE 2

Recommendations made about children seen in 1968

Recommendation	No. of Cases
Advice to parents/school	32
Remedial teaching	12
For review	12
Woodside E.S.N. School	21
Referred to Psychiatrist	15
Residential school	2
No action	17
Referred to Principal School Medical Officer	2
School transfer	5
Advice to Chief Education Officer	3
Observation Class	6
Firwood Training Centre	6
Referred to Police Juvenile Liaison	1
TOTAL	134

TABLE 3

Reason for referral	Symptoms occurring in referral
Backwardness 59	Lying 9
Behaviour—School 24	Stealing 15
Behaviour—Home 9	Truancy 9
Behaviour—School and Home 4	Enuresis 2
Backwardness and Emotional 8	Encopresis 1
School Refusal 8	Temper Tantrums 2
Assessment 21	Aggressive behaviour 11
	Withdrawn behaviour 4
	Anxiety state 13

HANDICAPPED PUPILS

One of the most important duties of the School Health Service is to advise the authority on the ascertainment of handicapped pupils. These are pupils who, because of some physical or mental disability, require special educational treatment if they are to obtain the maximum possible advantage from education. Correct ascertainment and placement is of considerable importance to individual pupils.

As far as possible, children are retained in ordinary schools unless their handicap is so severe that this would not give the child the best possible education.

The examination of children who are ascertained as educationally sub-normal is carried out by medical officers who have attended a prescribed course in this work and have fulfilled regulations laid down in The Medical Examination (Sub-normal Children) Regulations, 1959. At the beginning of the year four full-time medical officers and two part-time medical officers, having fulfilled the requirements of the regulations, were able to undertake this work.

Ascertainment in 1968

The following children were ascertained as in need of special educational treatment as handicapped pupils during the year:

Blind	1
Physically handicapped and epileptic	1
Deaf	4
Partially hearing	1
Educationally sub-normal	27
Epileptic	1
Maladjusted	5
Maladjusted and Educationally sub-normal ..	1
Pupils suffering from speech defects	122
Delicate	25
TOTAL	188

Children in Special Schools:

At the end of the year there were 287 handicapped pupils receiving special educational treatment in the special schools. Details are given in the following table.

HANDICAP	SPECIAL SCHOOLS	No. of PUPILS	
		BOARDERS	DAY
BLIND	Royal Normal College	1	—
	Wavertree, Liverpool	1	—
PARTIALLY SIGHTED	Corporation Park School, Blackburn	—	8
	Fulwood School, Preston	2	—
DEAF	Thomasson Memorial School	—	11
	St. John's, Boston Spa	1	—
PARTIALLY HEARING	Thomasson Memorial School	2	10
DELICATE	Lostock Open Air School	58	—
PHYSICALLY HANDICAPPED	Birtenshaw Hall School	—	11
	Singleton Hall, Blackpool	1	—
	Children's Convalescent Home, West Kirby	3	—
	The Thomas Delarue, Tonbridge	1	—
	Booth Hall Children's Hospital School ..	1	—
	Keppleway	1	—
	Margaret Barclay School, Mobberley ..	2	—
	Sedgewick House	1	—
	Bleasdale House	1	—
EDUCATIONALLY SUBNORMAL	Woodside School, Bolton	—	143
	Crowthorn, Edgworth	4	—
	Thingwall School, Liverpool	2	—
	Eden Grove, Appleby	4	—
	Thornbury House, Bristol	1	—
	St. Philip's, Chessington	1	—
	Field Heath House	1	—
EDUCATIONALLY SUB-NORMAL & MALADJUSTED	Besford Court, Worcester	1	—
MALADJUSTED	St. Thomas More's School, Devon	1	—
	Brookside School, Craven Arms	2	—
	Breckenborough, Thirsk	1	—
	Chaigley, Thelwall	2	—
	Pitt House School, Torquay	3	—
	Marland School, Broughton	1	—
	Dawlish College, Exeter	1	—
	Salesian School, Longhope	1	—
	Chelfham Mill School, Barnstaple	1	—
EPILEPTIC	Colthurst School, Alderley Edge	1	—
TOTALS		104	183
TOTAL		287	

Children awaiting placement in Special Schools:

The following pupils were ascertained in need of special educational treatment, but at the end of the year, arrangements for accommodation had not been completed:

Physically handicapped	3
Blind	2
Educationally sub-normal	1
Maladjusted	7
Delicate	1
<hr/>	<hr/>
TOTAL	14
	<hr/>

Total number receiving or awaiting special school accommodation .. 301

Special Schools in Bolton:

WOODSIDE DAY SPECIAL SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN:

The numbers of children on the rolls, and those admitted and discharged were as follows:

WOODSIDE SENIOR SCHOOL:

From the Bolton Area:	BOYS	GIRLS
No. of Children on the roll, December, 1968 ..	41	27
No. of Children admitted during 1968	16	11
No. of children who left during 1968	15	13
 From Outside Areas:		
No. of children on the roll, December, 1968 ..	2	2
No. of children admitted during 1968	-	-
No. of children who left during 1968	1	1

WOODSIDE JUNIOR SCHOOL:

From the Bolton Area:		
No. of children on the roll, December, 1968 ..	30	45
No. of children admitted during 1968	9	7
No. of children who left during 1968	17	3
 From Outside Areas:		
No. of children on the roll, December, 1968 ..	3	4
No. of children admitted during 1968	1	3
No. of children who left during 1968	-	-

One of the medical officers who is approved for the purpose of ascertaining educationally sub-normal children attends these schools regularly.

Children leaving Woodside Senior School at the age of 16 years who are thought to require further supervision are reported informally to the local health authority.

THOMASSON MEMORIAL DAY AND RESIDENTIAL SPECIAL SCHOOL FOR DEAF AND PARTIALLY HEARING CHILDREN

The Thomasson Memorial School continues to do good work amongst partially hearing children from the county borough and also from other authorities' areas. There are a number of deaf children from Bolton attending the school. With a few exceptions, the children who lived in Bolton or nearby attended as day scholars; the remainder were resident.

The Consultant Aural Surgeon pays regular visits to the school. A school medical officer also paid regular visits. There is a good link with the Manchester Department of Audiology and Education of the Deaf. A start is soon to be made on parent guidance to help the parents of children suffering from deafness.

The numbers of children were:

From the Bolton Area:				BOYS	GIRLS
No. of children on the roll, December, 1968	..	10		13	
No. of children admitted during 1968	.. ..	2		-	
No. of children who left during 1968	.. ..	1		-	
From Outside Areas:					
No. of children on the roll, December, 1968	..	54		30	
No. of children admitted during 1968	.. ..	6		2	
No. of children who left during 1968	.. ..	5		2	

LOSTOCK RESIDENTIAL OPEN AIR SCHOOL FOR DELICATE CHILDREN:

The open air school continued on the same lines as in previous years. During 1968, 80 children in the school were from the Bolton area and 54 from outside areas, principally Lancashire County. This compared with 102 children from Bolton and 61 from outside areas in 1967.

The school continues to be useful for children suffering from a variety of conditions and, apart from general debility, asthma is the principal single entity concerned.

A school medical officer visits the school each week, and the children are cared for by a local practitioner when they are ill.

The following table gives details of the number of children in attendance, admitted and discharged during the year.

From the Bolton Area:				BOYS	GIRLS
No. of children on the roll, December, 1968	..	29		29	
No. of children admitted during 1968	.. ..	11		14	
No. of children discharged during 1968	.. ..	12		12	
From Outside Areas:					
No. of children on the roll, December, 1968	..	37		7	
No. of children admitted during 1968	.. ..	16		3	
No. of children who left during 1968	.. ..	9		5	

An analysis of the medical conditions of the children who were in residence during the year is given below :

MEDICAL CONDITION	NO. OF CHILDREN	
	BOLTON	OUTSIDE AREAS
Asthma	17	36
Bronchitis	11	7
Poor nutritional status	4	5
General debility	41	3
Other conditions	7	3
	—	—
TOTAL	80	54
	—	—

Children in other Special Schools:

A number of Bolton children who are handicapped and who cannot be suitably educated in the special schools provided in Bolton attend residential schools in other parts of the country. These children are examined by the authority's medical officers during the school holidays when they return to Bolton so that progress can be assessed, and if there is any change in the child's disability an appropriate recommendation can be made.

Children suffering from Cerebral Palsy:

As far as possible, spastic children whose physical disability is slight and whose intelligence level is adequate are encouraged to attend an ordinary school. The majority of spastic children from Bolton whose physical disability makes them unfit for ordinary school attend Birtenshaw Hall Special School for Spastic Children. The admission and discharge of these children is the responsibility of the Medical Advisory Panel, which meets from time to time to consider applications.

Altogether, there were 33 children known to the School Health Service to be suffering from cerebral palsy. The situation at the end of the year was as follows :

	BOYS	GIRLS
Attending Birtenshaw Hall Special School	5	6
Attending special school for delicate children ..	1	—
Attending residential special school	1	2
Attending ordinary schools	9	6
Not at school - pre-school children	2	1
	—	—
TOTAL	18	15
	—	—

Children unable to attend school

The service of home teachers was needed for 32 children. The conditions necessitating this service were as follows :

	BOYS	GIRLS
Osteomyelitis	1	—
Kidney Disease	1	1
Asthma	1	1
Blood Disorders	2	1
Heart Lesion	1	—
Epilepsy	1	1
Perthe's disease	1	—
Fractured limbs	2	2
Road Accidents	2	1
Behaviour problems	2	1
Others	6	4
TOTALS	<u>20</u>	<u>12</u>

13 boys and 9 girls who had suffered from the conditions mentioned below were taken off the peripatetic teachers' list.

RESUMED ATTENDANCE AT SCHOOL :	BOYS	GIRLS
Osteomyelitis	1	—
Asthma	1	1
Fractured limbs	2	1
Behaviour Problems	1	1
Kidney Disease	1	1
Road Accidents	1	1
Epilepsy	1	—
Blood disorders	1	1
Heart Lesion	1	—
Other conditions	3	2
DECEASED :		
Disease of Pancreas	—	1
TOTALS	<u>13</u>	<u>9</u>

Co-operation with the Youth Employment Service:

Handicapped pupils may encounter difficulties in obtaining or keeping employment after they leave school and to assist the Youth Employment Officers in placing these children school medical officers provide advice on Forms Y.9 or Y.10 which are sent to the Youth Employment Officer.

FORM Y.9

This form was completed in respect of 57 children and was used for children who had relatively minor defects and who were not likely to need registration under the Disabled Persons (Employment) Act, 1944. The conditions for which the form was used are given in the following table:

	BOYS	GIRLS
Defective colour vision	34	6
Defective hearing	1	—
Defective vision	—	2
Epilepsy	2	3
Heart condition	2	—
Respiratory conditions	2	2
Deformities	1	—
Other conditions	2	—
	—	—
TOTALS	44	13
	—	—

FORM Y.10

This form is used where children are sufficiently severely handicapped to make a registration under the Disabled Persons (Employment) Act, 1944, a possibility. In 1968 this form was issued in respect of 2 children, compared with 6 in 1967. Both children attended residential special schools.

This form is not completed unless the parent is willing to sign a declaration stating that the nature of the disability may be revealed to the Youth Employment Officer. Generally speaking, it is to the advantage of the child that the handicap should be declared at this stage as failure to do so may lead to unsuitable employment and, eventually, to unemployment.

Leavers from—	Form Y.9 completed for—			Form Y.10 completed for—		
	Boys	Girls	Total	Boys	Girls	Total
Secondary Modern Schools ..	31	7	38	—	—	—
Art School	1	—	1	—	—	—
Technical Schools	8	2	10	—	—	—
Grammar Schools	4	1	5	—	—	—
Special Schools	—	—	—	—	—	—
Residential Special Schools ..	—	3	3	1	1	2
Out of School	—	—	—	—	—	—
TOTALS	44	13	57	1	1	2

**Speech Therapy Centre, Robert Galloway Clinic,
Ward Street, Bolton.**

Annual Report, 1968.

The Speech Therapists, Miss K. D. Holden and Miss M. C. Scrimshaw report:-

"During the year a speech therapy service was provided and was used to capacity. Children were mainly referred by School Medical Officers, Consultants, G.P's. and headteachers. There were also an increasing number of direct requests from parents, demonstrating a greater awareness on the part of the public of the existence of this service and its benefits.

The staffing situation improved with the appointment to a full time post of Miss M. C. Scrimshaw on the 1st September. Miss Holden continued to work full time throughout the year.

Each therapist spends one session per week at Woodside Junior School where 12-14 children receive therapy. Following the appointment in September of Miss Scrimshaw, we have also been able to devote one session per week to the children at the Senior school where 7-9 children are treated.

Several children also attend the clinic for treatment from Thomasson Memorial Special School.

The Principal of the School of Speech Therapy, Elizabeth Gaskell College, Manchester provided a two sessional Friday clinic and this was instituted in the spring term. A number of third and second year speech therapy students have attended this clinic to observe and to treat patients. Forty children were treated at the Friday clinic and partly due to this, the waiting list is now reduced to a manageable number. Most children are being seen at the moment within 4-6 months of the receipt of their referral forms, excluding urgent cases who are seen as soon as referred.

In addition two speech therapy students have attended Miss Holden's clinic for one session, each, weekly.

We would like to thank Dr. Swindell and more recently Dr. Farries for their valuable help and assistance during their monthly visit to the clinic".

No. of referrals during 1967	.. .. .	167
No. of referrals during 1968	.. .. .	130

No. of children seen weekly	.. .. .	134
No. of children placed on supervision	.. .. .	142
No. of children interviewed	.. .. .	172
No. of children discharged	.. .. .	129
No. of children on waiting list	.. .. .	70
No. of children referred to specialists	.. .. .	14

AVERAGE WEEK OF ONE THERAPIST (50 PATIENTS)

Deaf	3
Deaf/cleft palate	1
Deaf/athetoid	1
E.S.N. or dull + dyslalia and retarded language development	11
Dyslalia (mild—severe multiple)	25
Dysphasia	1
Cleft palate	1
Retarded language	3
Stammer	3
Stammer + dyslalia	1

EXAMINATIONS UNDER SECTIONS 34 AND 57 OF THE EDUCATION ACT, 1944

Approved medical officers of the authority carried out examinations under the above sections of the Education Act, 1944 of children who were not making satisfactory progress at school. In 27 cases it was recommended that the children be ascertained as educationally sub-normal and that special educational treatment should be provided. 10 children were found to be unsuitable for education at school.

ADDITIONAL REPORTS

Physiotherapy:

ULTRA-VIOLET LIGHT TREATMENT:

Ultra-violet light treatment was continued at the Health Department throughout the year. The number of children attending in 1968 was 159 compared with 137 in 1967.

The conditions for which medical officers recommended children for treatment are shown in the following table:

Asthma	..	..	..	..	..	..	..	5
Nasal catarrh	..	..	..	..	..	..	..	24
Frequent colds	..	..	..	..	..	..	..	36
Recurrent bronchitis	..	..	..	..	..	..	..	6
General debility	..	..	..	..	..	..	..	66
Frequent coughs	..	..	..	..	..	..	..	16
Acne	..	..	..	..	..	..	..	6
TOTAL								159

The treatment was given by a qualified physiotherapist.

Breathing Exercises:

The physiotherapist in the Health Department undertook the treatment of 12 boys and 2 girls recommended by school medical officers.

She attended twice a week at Lostock Open Air School to give ultra-violet light treatment, and also instructed the children in breathing exercises and arranged the postural drainage and percussion treatment of the children with bronchiectasis.

Twenty-nine children - 19 boys and 10 girls - were recommended by the school medical officers for physiotherapy for the following conditions:

	BOYS	GIRLS
Flat feet	6	3
Posture	1	3
Intoeing Bilateral pes cavus	-	2
Postural drainage (Children from Lostock Open Air School)	12	2
TOTAL	19	10

Mortality in School Children:

Eight children of school age, 3 boys and 5 girls, died during the year. Four deaths were due to natural causes, 3 following road accidents and 1 to an accident whilst at play.

School Health Education

During the year the amount of health education given in schools continued to increase, although the programme had a set back with the resignation of the Health Education Officer. At the end of the year a replacement had still not

been found. Every encouragement is given by the Education Department for the expansion of the Health Education programme, as it is realised that health is the most important single aspect in life and knowledge about it must therefore be given priority in any educational system. Indoctrination into the ways of healthy living must occur early so that habits such as smoking, which give rise to illness, are not started.

Much of the teaching has been given at secondary schools where more specialised knowledge is needed by the health educators. It is hoped that more tuition will be given in the primary schools, where the subject can be dealt with by teachers who have been given advice and material to help them educate the children in their schools in health matters.

Many aspects of health education are dealt with in school including mothercraft, general preparation for life, the dangers of smoking, accident prevention and drug addiction.

The increase in the number of cases on venereal disease locally has been a cause for considerable concern. It is hoped that the local Consultant in Venereology will give talks to children in secondary schools.

THE CARE OF CHILDREN ATTENDING NURSERY SCHOOLS, NURSERY CLASSES AND SPECIAL SCHOOLS

Nursery Schools:

School medical officers made visits to Kay Street Nursery School, Pikes Lane Nursery School and other nursery classes, throughout the year. The School nurse made monthly visits to the Nursery Schools.

Nursery Classes:

Medical examinations of new admissions were carried out at the 30 nursery classes.

Special Schools:

Monthly visits were paid by school medical officers to Woodside School, and weekly visits to Lostock Open Air School. The Consultant Aural Surgeon visits Thomasson Memorial Special School periodically throughout the year.

Results of Periodic Medical Inspection at Special Schools:

Defect or Disease	Special Schools			
	WOODSIDE (E.S.N.)		THOMASSON MEMORIAL (Deaf & Partially Hearing)	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
SKIN	4	2	1	-
EYES:				
Defective vision	37	14	1	-
Squint	9	2	-	1
Other	-	-	-	1
EARS:				
Defective hearing	7	4	-	27
Otitis media	-	1	-	-
Other	-	1	2	-
NOSE AND THROAT:				
Tonsils and adenoids	6	6	1	-
Others	1	5	-	27
SPEECH ABNORMALITIES	14	4	-	1
LYMPHATIC GLANDS	-	2	-	-
HEART	-	4	-	-
LUNGS	5	3	-	-
DEVELOPMENTAL:				
Hernia	-	1	-	-
Other	8	7	-	-
ORTHOPAEDIC:				
Posture	-	9	-	-
Flat Feet	-	3	-	1
Other	2	4	-	-
NERVOUS SYSTEM:				
Epilepsy	7	2	-	-
Other	1	-	1	1
PSYCHOLOGICAL:				
Development	1	168	-	-
Stability	2	13	-	-
OTHER DEFECTS OR DISEASES	2	4	-	-
TOTALS	106	259	6	59

EMPLOYMENT OF CHILDREN

Three hundred and sixty-eight children were examined for employment outside school hours, including four children who applied for Juvenile Performers' Licences under the Employment of Children in Entertainment Rules. The type of employment was as follows:

	No. OF CHILDREN
Newspaper delivery	344
Shop or Store Assistants	17
Restaurant Assistants	3
Entertainments	4
TOTAL	368

