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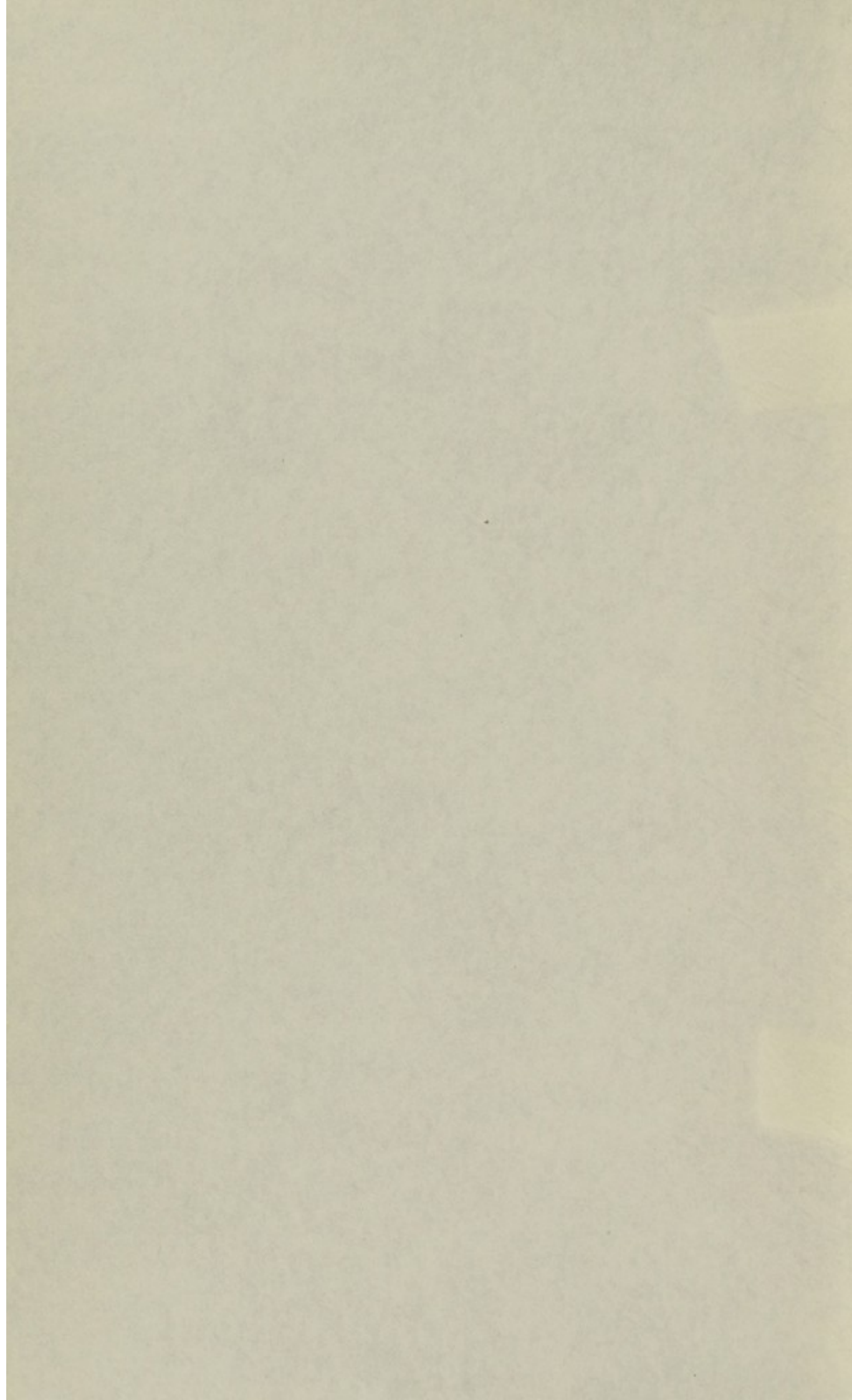
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THE
HEALTH OF BOLTON
1969

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



COUNTY BOROUGH OF BOLTON



ANNUAL REPORT
OF THE
Medical Officer of Health

FOR THE YEAR ENDED


31st December, 1969

A. L. ROSS, M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH

Public Health Department, Civic Centre, Bolton

Telephone No. 22311



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COUNTY BOROUGH OF BOLTON



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

SOCIAL SERVICES GROUP, 1969-70

The Mayor (Alderman H. Glynn, J.P.)

Chairman: Alderman Mrs. N. Vickers

Vice-Chairman: Councillor Mrs. Harrison

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

Alderman J. Gregory

Alderman W. Walsh

Councillor S. Cohen

Councillor J. Cooper

Councillor H. Grime

Councillor R. Halliwell

Councillor E. G. Higson

Councillor T. McEwan, T.D.

Councillor T. P. Yates

Co-opted Members:

Dr. B. Thornley

Mr. J. H. Bridge

Mr. W. C. Moss

INTRODUCTION

Discussions on the future administration of the National Health Service and the social services continued during the year. The first Green Paper issued by the Department of Health and Social Security was commented on and another was promised early in 1970. Under the arrangements at present envisaged, it is clear that there is going to be a substantial split in the health and social services. The personal health services at present run by local health authorities will go to area health authorities, i.e., the local authorities will lose their nursing services, maternity and child welfare services, health visitors, health centres, health education, care and after-care and will be administered with the other two branches of the health service - hospitals and local executive councils. Local authorities will be responsible for a centralised social services department in the charge of a Director of Social Services who will administer the mental health services of the local authority (~~except perhaps for some hostels~~), the home help service, day nurseries and the administration of the Nurseries and Child Minders' Regulation Act, as well as those services now in the Children's and Welfare Department.

In Bolton the three branches of the health service with the social services work very well together. If the division between health and welfare happens, it is going to require considerably enhanced co-operation and liaison, particularly in the care of old people. The hospital services will remain responsible for the care of those patients who require hospital facilities because of nursing, diagnosis or special treatment and the local authority will be responsible for housing, welfare hostels and assistance to the handicapped. One of the great difficulties in the care of old people in Bolton at present is the large number - up to 60 at a time - who are in hospital, not because they need hospital treatment, but because there is nowhere else for them to go. With the considerable increase in the number of old people during the next ten years, these difficulties are going to become greater.

The increase in the number of old people affects the Health Department in many ways. More home helps, district nurses and health visitors are required to look after them and the 50 place hostel for mentally disturbed old people run by the department has a waiting list of 51. Another hostel is very necessary within the next few years.

Co-operation between the three branches of the service is fostered, as far as possible, by the Health Department. All health visitors and district nurses have been attached to general practices for some time. The arrangements are working effectively, providing a better service for patients and a more effective use of staff. The association is very much helped by the two health centres, the Halliwell Health Centre and the Astley Bridge Health Centre. It will be improved when the health centres at Deansgate and Cannon Street are opened towards the end of 1971 and when further health centres are opened in the Tonge Moor and Brightmet areas.

The percentage of children born at home continues to fall and in 1969 was 7% contrasting with 18% five years ago. A similar trend is occurring in other parts of the country, although many parts have not reached Bolton's high level of hospital confinement.

It is very pleasing to record that last year the perinatal death rate, i.e., the stillbirth rate plus the baby death rate in the first week of life, was the lowest ever recorded in Bolton. This rate is regarded as an indication of the effectiveness of obstetric arrangements.

Unfortunately, there was one case of diphtheria in a child who had not been immunised. A carrier was found among her contacts. In the previous year there had also been a case of diphtheria. Cases of the disease may continue from time to time with our present poor immunisation rate. It is hoped that this will improve substantially when the new computerised arrangements, which were started at the beginning of the year, get fully under way.

Public Health Inspectors took 1,007 samples of raw milk for examination for *Brucella abortus*. Eighteen were reported positive. Very good co-operation was obtained from local farmers. It is hoped that the scheme for the eradication of *Brucella abortus* from cattle will go forward speedily. There were two cases of undulant fever, the individuals having been infected by drinking milk containing *Brucella abortus*.

Measles immunisation was fully available during the year for those children who had not had the disease but unfortunately, the response was by no means as good as would have been liked, and at the end of the year, an outbreak of measles was developing. It must be pointed out that about 1 in 15 of those who suffer from measles develop a potentially serious complication and that 4 per 1,000 suffer from neurological disturbance, many of which are very serious. It is most essential that parents should have their children immunised against this disease. It is very simple - only one injection - and very rarely are there any after-effects.

Health education continued to develop. We have very good relationships with the head teachers and teachers in the local schools and a great deal of work is done by our staff in giving health education to school children. The demand from the schools is now so great that, unfortunately, because of the number of staff available, it cannot all be met.

The clean air campaign in Bolton has so far worked well, smoke having reduced by 45% and sulphur dioxide by 49% in the last 10 years. At the end of the year 20,765 premises were covered by operative smoke control (and one smokeless zone) orders and 25,260 premises were covered by smoke control orders including orders not yet confirmed or not yet operative. There are approximately 57,000 premises in the town so that we are now nearing 50% in smoke control areas. Unfortunately, during the year there were indications that there were going to be possibly serious difficulties in the supply of solid smokeless fuel next year. The Solid Smokeless Fuels Federation was unable to give satisfactory assurances in respect of the supply of solid fuel for the Brooklyn Street general improvement area. The amount asked for was only 400 tons of hard coke per annum. Because of the difficulties with the supply of fuel no further action was taken by the Council in respect of this area.

I should like particularly to thank Dr. G. B. Manning, Group Pathologist with the Bolton Hospital Management Committee, and his staff for their willing help in examining the large number of bacteriological specimens.

I should like to thank also 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, 1969

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. (resigned 5.1.69) J. S. Farries, M.R.C.S., L.R.C.P., D.A., D.(Obst.) R.C.O.G., D.P.H. (commenced 30.1.69)
Senior Assistant Medical Officer of Health	Audrey Seddon, M.B., Ch.B., D.(Obst.) R.C.O.G. (commenced 28.3.69)
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) Kumundini M. Vaidya, M.B.B.S. (Poona) (resigned 7.7.69)

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.

MENTAL HEALTH SERVICE

Chief Mental Health Officer A. M. Cassam, S.R.N., R.M.N., C.I.S.W.T.
 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.
 Supervisor - Greenroyd Hostel . . . Mrs. E. Lucas

HOME HELP SERVICE

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

AMBULANCE SERVICE

Superintendent J. Stroud, F.I.A.O.

ANALYST

Borough Analyst P. Morries, B.Sc., F.R.I.C., F.I.F.Sc.T.

BATHS AND WASHHOUSES

Superintendent A. Bolshaw, A.M.Inst. B.M.

Managers: Bridgeman Street Baths High Street Baths Moss Street Baths and Washhouses Hennon Street Slipper Baths	}	A. Bolshaw, A.M.Inst. B.M.
--	---	----------------------------

Rothwell Street H. Bateson (until 31.12.69)

Turkish Baths P. F. Casterton

PART 1

STATISTICAL INFORMATION

Summary of Statistics

Vital Statistics

SUMMARY OF STATISTICS, 1969

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. 1887-1969: 51.25")	45.5"
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, 1969)	152,500
New permanent houses, including flats, certified	739
Existing buildings altered to provide dwelling accommodation	8
Estimated number of houses in the Borough	57,082
Rateable value at 1st April, 1969	£5,706,973
Rate at 1d. in the £ estimated to produce (1969-70)	£22,658
Live births	2,701
Live births per 1,000 population (Corrected)	19.13
Stillbirths	39
Stillbirth rate per 1,000 live and stillbirths	14.24
Total live and stillbirths	2,740
Infant Deaths	64
Infant mortality rate per 1,000 live births total	23.69
Infant mortality rate per 1,000 live births—legitimate	19.92
Infant mortality rate per 1,000 live births—illegitimate	36.88
Neo-natal mortality rate per 1,000 live births	14.81
Early Neo-Natal mortality rate (under one week)	8.88
Illegitimate live births per cent of total live births	11.03
Maternal deaths (including abortion)	Nil
Maternal mortality rate per 1,000 live and stillbirths	Nil
Deaths	2,216
*Death rate (Corrected)	15.09
*Average Death Rate (1960-1969)	14.40
*Heart and Circulation Death Rate	7.20
*Cancer Death Rate	2.40
*Death Rate from diseases of the Respiratory System	1.70
*Pulmonary Tuberculosis Death Rate	0.03
Diarrhoea Death Rate (Deaths under two years per 1,000 live births)	2.60

ENGLAND AND WALES:

*Birth Rate	16.3
Stillbirth Rate (per 1,000 total births)	13
*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 2,701 live births to Bolton residents, 1,410 males and 1,291 females. The live birth rate (corrected) per 1,000 of the population was 19.13.

The number of births was almost exactly the same as in the previous year but the birth rate has risen slightly and continues to be above the average for England and Wales (16.3). Whilst the national birth rate has fallen from 16.9 that in Bolton has risen from 19.05.

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
1969	152,500	2,701	19.13

LIVE BIRTHS IN INSTITUTIONS	NUMBER	PERCENTAGE OF TOTAL LIVE BIRTH
Bolton District General Hospital ..	1,600	
Haslam Maternity Home	341	
Havercroft Maternity Home	190	
Heaton Grange Maternity Home ..	355	
Institutions and homes outside Bolton	25	
TOTAL	2,511	93.0
LIVE BIRTHS AT HOME	190	7.0

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 do 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 207 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, 91.6% in 1968 to 93.0% in 1969.

Stillbirths:

The number of stillbirths was 39, giving a stillbirth rate of 14.24 per 1,000 live and stillbirths.

The causes of the 39 stillbirths are given in the following table.

Cause of Stillbirth	Number M & F
Placental insufficiency	4
Haemorrhage without mention of placental condition ..	2
Toxaemia with convulsions during pregnancy or labour (Eclampsia)	4
Difficult labour	2
Rhesus incompatibility	2
Diabetes	1
Abnormality of placental cord	1
Hydrocephalus	1
Intra-uterine anoxia	4
Prematurity	7
Other ill-defined causes	11
TOTAL ..	39

Total Live and Stillbirths:

The total number of live and stillbirths was 2,740.

Deaths:

There were 2,216 deaths (1,091 males and 1,125 females), giving a corrected death rate of 15.09 per 1,000 of the population.

There were 827 Bolton residents who died outside the Borough; of these 726 died in Bolton District General Hospital or in Townleys Branch Hospital.

Non-residents who died in the area numbered 209.

Summary of the Principal Causes of Death, 1969

Cause of Death	No. of Deaths	Males	Fe- males	0-	1-	5-	15-	25-	35-	45-	55-	65-	75-
Tuberculosis, Respiratory	5	5	-	-	-	-	-	-	1	1	1	1	1
Other	5	2	3	-	-	-	-	-	-	-	-	4	-
Syphilitic Disease	3	1	2	-	-	-	-	-	-	-	-	3	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	3	3	-	2	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm:	-	-	-	-	-	-	-	-	-	-	-	-	-
Stomach	53	33	20	-	-	-	-	-	2	3	17	21	10
Lung and Bronchus	96	84	12	-	-	-	-	2	4	8	26	43	13
Breast	44	-	44	-	-	-	-	2	5	9	8	11	9
Uterus	22	-	22	-	-	-	-	-	1	2	6	6	7
Other malignant and lymphatic neoplasms	82	41	41	-	-	1	-	2	3	11	18	28	19
Leukaemia and Aleukaemia	11	6	5	-	1	-	-	1	-	3	-	4	2
Diabetes	16	5	11	-	-	-	-	-	-	1	3	7	5
Vascular lesions of the nervous system	345	135	210	-	-	-	-	-	3	13	34	110	185
Coronary Artery Disease and Angina	504	287	217	-	-	-	-	3	8	44	96	180	173
Hypertension with Heart Disease	50	20	30	-	-	-	1	-	1	4	5	12	27
Other Heart Disease	117	42	75	-	-	-	-	1	1	7	19	24	66
Influenza	14	3	11	-	-	-	-	-	-	-	3	4	7
Pneumonia	170	78	92	12	3	-	1	1	1	7	17	44	84
Bronchitis	147	103	44	-	-	-	-	-	2	7	26	56	56
Other diseases of the respiratory system	28	17	11	2	-	1	-	-	1	1	5	6	12
Ulcers of stomach and duodenum	16	13	3	-	-	-	-	-	1	1	5	4	5
Gastritis, Enteritis and Diarrhoea	6	3	3	6	-	-	-	-	-	-	-	-	-
Nephritis and Nephrosis	13	5	8	-	-	-	1	-	2	1	2	3	4
Hyperplasia of Prostate	4	4	-	-	-	-	-	-	-	-	-	2	2
Pregnancy, childbirth and abortion	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformations	15	7	8	10	1	1	-	-	1	-	1	1	-
Other defined and ill-defined diseases	360	156	204	29	3	2	-	3	8	10	51	71	183
Motor Vehicle Accidents	23	11	12	-	3	-	4	2	2	1	4	5	2
Suicide	13	9	4	-	-	-	1	1	2	1	2	2	4
All other accidents	51	18	33	3	3	2	1	4	1	3	3	7	24
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	2,216	1,091	1,125	64	14	7	9	22	50	139	352	659	900

Deaths from Puerperal Causes:

There were no deaths from puerperal causes in 1969.

Infant Mortality:

There were 64 deaths of infants under one year - an infant mortality rate of 23.69 per 1,000 live births. The infant mortality rate per 1,000 live births was 19.92 for legitimate births and 36.88 for illegitimate births.

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	10	—	—	—	—	10
Congenital malformations	5	2	2	1	—	10
Pneumonia	5	3	3	2	—	13
Post-natal asphyxia and Atelectasis	10	—	—	—	—	10
Birth Injury	1	—	—	—	—	1
Other Causes	8	5	6	—	1	20
TOTALS	39	10	11	3	1	64

Deaths under Four Weeks:

There were 39 deaths of infants under four weeks giving a neo-natal mortality rate of 14.81 per 1,000 live births. The rate for England and Wales was 12.

The early neonatal mortality rate (under one week) was 8.88, the rate for England and Wales being 10. The total number of deaths in the first week was 24.

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	7	2	1	—	10
Congenital malformations	3	—	1	1	5
Pneumonia	1	1	1	2	5
Post-natal asphyxia and Atelectasis	9	—	—	1	10
Birth Injury	1	—	—	—	1
Other Causes	3	3	2	—	8
TOTALS	24	6	5	4	39

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 1969, the perinatal mortality rate in Bolton was 22.99.

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.

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Infant Mortality Rate ..	27.0	19.4	24.2	32.6	19.1	20.5	24.6	23.9	28.04	23.69
Neo-natal Mortality Rate ..	20.0	11.6	18.1	19.6	10.8	14.0	12.7	15.7	18.44	14.81
Stillbirth Rate	19.6	17.6	19.1	16.4	15.3	17.3	16.1	15.1	17.05	14.24
Perinatal Death Rate	34.0	27.5	34.0	32.4	24.8	29.5	27.1	28.1	33.12	22.99
Deaths of infants aged 1 week but under 1 year per 1,000 total live births	12.2	9.2	8.9	16.0	9.2	8.1	13.2	10.7	11.5	14.81

General Discussion - (Infant Mortality and Stillbirths):

The number of live births, 2,701 was nearly the same as in the previous year, 1968 when 2,711 live births were recorded. It will be seen from the above table that all the mortality and stillbirths figures are lower than the previous year with the exception of deaths between one week and one year. The number of stillbirths fell from 46 to 39 and deaths in the first week of life from 45 to 24. These two facts combined to give the lowest perinatal mortality rate ever recorded in Bolton, the figure being approximately the same as the national rate which is generally much lower than in Bolton. It is claimed that the perinatal mortality rate is an indication of the efficiency of the obstetric services and therefore the local services, both institutional and domicilliary deserve credit for this improvement.

Less pleasing is the rise in the deaths of infants over one week old from from 31 to 40 with most of the increase being in the age group one to four weeks (rising from 5 to 15).

Fifteen of the infants who died during the year were from immigrant families and, as in the previous year, showed a much higher mortality ratio than for the rest of the population. The 15 deaths represented 22.8% of the total deaths though the percentage of live births to immigrants was 11.04%.

The percentage of children born at home is as follows:

1962	.. .. .	20%
1963	.. .. .	19%
1964	.. .. .	18%
1965	.. .. .	18%
1966	.. .. .	13%
1967	.. .. .	11%
1968	.. .. .	8%
1969	.. .. .	7%

Deaths from Cancer

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

Site	1960		1961		1962		1963		1964		1965		1966		1967		1968		1969	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Stomach	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	53	2.34
Lung & Bronchus	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	96	4.33
Breast	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	44	1.98
Uterus	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	22	0.99
Other Sites	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	93	4.19
TOTAL DEATHS FROM CANCER	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	308	13.89
TOTAL DEATHS: (All Causes) ..	2,051		2,267		2,212		2,227		2,072		2,088		2,190		1,981		2,125		2,216	

Deaths from Lung Cancer

The number of deaths from lung cancer was 96, which was exactly the same number as in the previous year but the percentage of the deaths for males increased from 78.1% to 87.5%. Six people died from the disease before the age of 45, compared with 3 in 1968.

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	2	—	2
35-44	2	2	4
45-54	7	1	8
55-64	23	3	26
65-74	39	4	43
75 and over	11	2	13
TOTALS	84	12	96

The association of lung cancer with cigarette smoking is now so well known that every smoker is now aware that the habit is detrimental to health. Health educators have also stressed the relationship of tobacco consumption to bronchitis (147 deaths in Bolton) and coronary artery disease (504 deaths).

At present many people are advocating the legalisation of marijuana. Before this is done it should be important to fully assess any dangers to health. It will be seen from the example of tobacco that once a habit is inter-woven into society it is almost impossible to stop even when the health hazards are seen and given adequate publicity.

Deaths from Coronary Artery Disease:

The following table shows the deaths from coronary artery disease in the last ten years.

Year	Under 65	Total Deaths
1960	117	343
1961	110	355
1962	138	386
1963	146	407
1964	135	396
1965	129	398
1966	138	388
1967	130	393
1968	141	477
1969	151	504

Coronary artery disease is the most frequent cause of death in Bolton, with 504 deaths caused by the condition in 1969 out of a total of 2,216 people dying in the area.

In Western countries ischaemic heart disease is now one of the most important of the public health problems in the second half of the twentieth century. While the exact nature of the chain of events that leads to clotting of blood in the coronary arteries is not fully known, the association of the condition with factors such as cigarette smoking and obesity provides health educators with material that may produce a reduction in the incidence of the condition. The increase in the prevalence of the disease is correlated with increase in affluence and changes in the way of life in countries such as England. The number of people who are over-weight has risen; there is a reduction in exercise both in getting to work and at work itself; cigarette smoking is widespread and there is much saturated fat in the diet. Some factors such as stress may be more difficult to control but it is important that the public be acquainted with the associated condition so that preventable action can be taken.

Fatal Road Accidents:

Figures for the fatal road accidents in Bolton are now not available. The Bolton Borough Police have now been amalgamated with a larger force and separate figures are not available for the area of Bolton.

Fatal Accidents in the Home:

There were 26 fatal accidents in the home during 1969, two fewer than in the previous year and still well below the figures of a few years ago. The Bolton Home Safety Committee has been in existence for four years and it will be seen from the figures below that this has been a period when the deaths have been lowest.

The number of fatal accidents in the home since 1961 are given below:

1961	..	..	..	..	..	..	..	..	..	56
1962	..	..	..	..	..	..	..	..	..	43
1963	..	..	..	..	..	..	..	..	..	50
1964	..	..	..	..	..	..	..	..	..	37
1965	..	..	..	..	..	..	..	..	..	34
1966	..	..	..	..	..	..	..	..	..	29
1967	..	..	..	..	..	..	..	..	..	26
1968	..	..	..	..	..	..	..	..	..	28
1969	..	..	..	..	..	..	..	..	..	26

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 1		1 - 14		15 - 44		45 - 69		70 - 79		80 & over		
	M	F	M	F	M	F	M	F	M	F	M	F	
Falls - fractured femur	-	-	-	-	-	-	-	-	-	3	-	11	14
- other	-	-	-	1	-	-	1	1	1	-	-	2	6
Carbon monoxide poisoning	-	-	-	-	-	-	-	-	-	-	1	-	1
Burns	-	-	-	-	-	-	-	-	-	-	-	-	-
Asphyxia	2	-	-	-	-	-	-	-	1	-	-	-	3
Dihydrocodein poisoning	-	-	-	-	-	-	-	1	-	-	-	-	1
Electrocution	-	-	-	-	1	-	-	-	-	-	-	-	1
TOTALS ..	2	-	-	1	1	-	1	2	2	3	1	13	26

Suicide:

There were 13 suicides in 1969, 15 fewer than in 1968 and the lowest number since 1963.

The number of suicides since 1960 are given below:

1960	.. .. .	21
1961	.. .. .	34
1962	.. .. .	22
1963	.. .. .	13
1964	.. .. .	25
1965	.. .. .	20
1966	.. .. .	24
1967	.. .. .	15
1968	.. .. .	28
1969	.. .. .	13

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	Female	Male	Female	Male	Female	
Coal Gas Poisoning	1	-	1	-	-	-	2
Barbiturate Poisoning	1	2	-	1	1	-	5
Aspirin Poisoning	-	-	-	-	-	1	1
Self Inflicted Violence ..	-	-	1	-	-	2	3
Drowning	-	-	-	-	1	1	2
TOTALS	2	2	2	1	2	4	13

The number of suicides in 1969 was the same as in 1963 and both years represent the lowest figures recorded since the war. It is said that the number of suicides is an index of the amount of mental illness in the community. In this case either modern society is not responsible for an increase in mental illness or there is earlier recognition of the depressive illness that often precedes 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

Co-ordination with Family Doctor:

All of the health visitors are attached to general practices and some help with the child health clinics at the family doctor's own surgery. The district nurses are also attached to general practices and the midwives attend surgeries to assist with ante-natal clinics. The work of staff attachment to general practices is made easier when they are working in health centres or in large group practices.

Co-ordination with Hospital Services:

GERIATRICS:

A health visitor works full-time and a state registered nurse part-time with the Consultant Geriatrician. This allows full assessment of the elderly patient at home and relates their physical condition to the help available to them. The provision of local authority services helps to reduce the number of patients who need hospitalisation and, for those who actually need to be admitted for treatment, facilitates earlier discharge.

PSYCHIATRY:

Liaison with the Consultant Psychiatrists helps to give an adequate service for the mentally ill. Mental welfare officers attend case conferences at Bolton District General Hospital allowing the social workers to know about the progress of patients in hospital so that the appropriate after-care can be given when they are discharged.

One of the Psychiatrists visits Greenmount House, the hostel for mentally disturbed old people, and he helps in the assessment of the suitability of cases for admission. The psychiatrists are given full details of work that involves community care such as staff appointments and building programmes. The Consultant in Mental Subnormality at Brockhall Hospital attends the Civic Centre once monthly when he sees cases referred to him from the mental welfare officers.

PAEDIATRICS:

A weekly clinic is held at the Civic Centre by the Consultant Paediatrician with the assistance of one of the medical officers and a health visitor. A medical officer and health visitor also attend the Paediatric Out-Patients Department at the Bolton District General Hospital. This allows full assessment of handicapped children so that their needs such as appropriate education, can be met. Reports of the treatment of children by the hospital are passed to the Health Department.

OBSTETRICS:

Early discharge of midwifery patients from hospital means that these cases have to be cared for by the local authority midwives. Patients who may be selected for early discharge are visited by the midwives to ascertain if home circumstances are suitable for the patient to leave hospital before the usual 8 to 10 days have elapsed.

SCHOOL HEALTH SERVICE CLINICS:

An Ear, Nose and Throat Consultant, an Ophthalmic Consultant and a Consultant Child Psychiatrist 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, the Local Medical Committee, the Local Obstetric Committee, the Ambulance Liaison Committee, the Geriatric Group and the Maternity Liaison Committee.

HEALTH CENTRES

During the year one health centre was opened and progress was made towards the completion of two others in 1971. This type of accommodation is expensive and for this reason it must be flexible enough to cater for the needs of the present health services and yet be adaptable to changes in the pattern of medical care that might occur in the future.

Astley Bridge Health Centre:

At the beginning of the year the Astley Bridge Health Centre was opened (13.1.69). This was created by extending the existing local authority clinic and accommodating two general practitioners who were losing their surgery due to a road widening scheme.

Halliwell Health Centre:

This provides accommodation for seven general practitioners and is used for all the local authority services including dental treatment for children.

A few incidental troubles have arisen such as the lack of adequate sound insulation between the examination and consulting rooms but these are in the process of being rectified.

Deansgate Health Centre

This is to be provided on the site in Deansgate formerly occupied by the Hippodrome Theatre. It is hoped that the building will be ready for use in the autumn of 1971. The ground floor will provide surgery accommodation for seven general practitioners and the local health authority services that are provided at the moment at the Civic Centre. The first floor will be used for the School Health and Dental Services (including speech therapy and child guidance) which will be transferred from the Robert Galloway Clinic.

Cannon Street Health Centre:

This will be built on the Emmanuel Church School site and will provide accommodation for six general practitioners and the local authority services (including a dental surgery). The Health Centre will probably be in use in the latter half of 1971.

Additional Health Centres:

Two further health centres are proposed for the east and north east parts of the town but details such as the sites and the accommodation to be provided have not yet been finalised.

CARE OF MOTHERS AND YOUNG CHILDREN

Child Health Centres:

Attendances at local authority child health clinics continue to decrease as more general practitioners develop baby clinics at surgeries, particularly in new practice premises and health centres. This trend and the movement of families away from slum clearance areas heralds the beginning of the end of the era of the church hall.

An appointment system at one child health clinic is now well-established and will be introduced at others during the next year. It is hoped to implement other recommendations of the Sheldon Report, particularly those relating to developmental assessment testing as the environmental factors in clinics improve.

At the end of the year there were 15 weekly child health clinic sessions and one fortnightly session. Appointment sessions for immunisation and vaccination are held once a month. This enables the remaining sessions to be devoted to individual counselling of mothers and developmental testing of babies. A summary of the work carried out is as follows:-

	Number of Sessions	Total Attendances
1967	897	34,724
1968	880	31,989
1969	846	26,639

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 1969	2,103	11,163	5,194
Born 1968	885	8,349	4,659
Born 1964/7 ..	521	3,618	3,162
TOTALS ..	3,509	23,130	13,015

The medical officers referred some of the children to consultants, always with the family doctor's consent. Details of the 56 cases referred during the year are as follows:

Referred to	Ophthalmic Surgeon	.. .. .	13
„	„ Paediatrician	.. .. .	25
„	„ Orthopaedic Surgeon	.. .. .	7
„	„ General Surgeon	.. .. .	9
„	„ Dermatologist	.. .. .	1
„	„ Plastic Surgeon	.. .. .	1
			—
			56
			—

VOLUNTARY WORKERS:

As in previous years voluntary helpers have contributed to the friendly, sociable atmosphere at child health clinics. Without their willing help clinics would not function so smoothly and economically.

PAEDIATRIC CLINIC:

The clinic has continued on similar lines to previous years. Two visits have been made to the Firwood Training Centre to see the mentally handicapped children in their school environment. It served another useful purpose in advising placements for the handicapped child, but there still is a very urgent need for more places for the severely mentally retarded children in institutional care and in fact, during the past year, only one child has been admitted to Brockhall.

Of the 204 children attending the clinic, 49 were new cases and 155 were follow-ups.

No. of clinics held	.. .. .	39
No. of attendances	.. .. .	325
No. of children attending clinic	.. .. .	204
No. of children discharged	.. .. .	41
No. transferred to B.D.G.H.	.. .. .	2
No. transferred to Child Guidance	.. .. .	1
Died	.. .. .	2
(1 broncho-pneumonia and Werdnig Hoffman's Disease)		
(1 microcephally)		

CATEGORIES OF CHILDREN ATTENDING CLINIC:

Mentally retarded	.. .. .	58
Pseudo-hypertrophic muscular dystrophy	..	7
Speech	.. .. .	19
Vision	.. .. .	2
Hearing	.. .. .	12
Respiratory	.. .. .	4
Epileptic	.. .. .	10
Retarded development	.. .. .	15
Renal disease	.. .. .	1
Digestive	.. .. .	1
Cerebral palsy	.. .. .	7
Neurological	.. .. .	1
Spina bifida and hydrocephalus	.. .. .	6
Hypotonia	.. .. .	10
Cretin	.. .. .	4
Blood	.. .. .	1
Orthopaedic	.. .. .	12
Miscellaneous	.. .. .	34
		<hr/>
		204
		<hr/>

HANDICAPPED REGISTER OF PRE-SCHOOL CHILDREN:

The handicapped register has been maintained in its present form for the past two years enabling comparisons to be made of the number and categories of cases occurring each year. The first group consists of children who are handicapped and are likely to remain so and the second consists of children with a defect at the moment but who by school age will probably not require special education or the defect may be eventually classed as a handicap. The "defect" group includes children with congenital dislocation of the hip, gastro-intestinal disorders, eczemas, talipes and a miscellaneous group.

Cases on the combined Handicap and Defect register:-

	1968	1969
Children with one or more defects . .	323	219
Children with one or more handicaps	186	236
	<hr/>	<hr/>
TOTAL	509	455
	<hr/>	<hr/>

Children with a Handicapping Condition

Year	Cases on the register at the beginning of the year	New cases	Total	Cases deleted	Cases on the register at the end of the year
1968	177	69	186	44	142
1969	142	94	236	73	163

An analysis of the 236 handicapped children is shown in the following table:

Category of Handicap	Cases on Handicapped Register during 1969			Cases deleted from Handicapped Register during 1969						Cases on Register at 31.12.69
	Cases on Register at 31.12.68	New cases entered in Register during 1969	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	
Asthma	3	8	11	-	2	-	-	-	2	9
Blood Diseases	1	-	1	-	-	-	-	1	1	-
Cardiac	28	17	45	1	5	1	7	2	16	29
Cerebral palsy	7	-	7	2	3	-	-	-	5	2
Cleft Palate	3	1	4	-	-	-	-	-	-	4
Cleft Palate & Hare Lip ..	8	8	16	-	4	-	2	-	6	10
Deafness	7	6	13	-	1	-	-	-	1	12
Epilepsy & Convulsions ..	4	12	16	-	2	-	-	1	3	13
Fibrocystic Disease of Pancreas	4	2	6	-	1	1	-	-	2	4
Hydrocephalus & Spina Bifida	16	3	19	2	2	-	-	-	4	15
Miscellaneous	3	-	3	-	1	-	-	-	1	2
Mentally retarded	21	9	30	5	5	-	3	-	13	17

Category of Handicap	Cases on Handicapped Register during 1969			Cases deleted from Handicapped Register during 1969						Cases on Register at 31.12.69
	Cases on Register at 31.12.68	New cases entered in Register during 1969	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	
Mongols	9	5	14	2	-	-	2	-	4	10
Orthopaedic	11	14	25	-	2	-	-	-	2	23
Speech defects	9	6	15	-	10	-	-	-	10	5
Vision	8	3	11	-	1	1	1	-	3	8
TOTAL	142	94	236	12	39	3	15	4	73	163

CHILDREN AT RISK WHO DEVELOPED A HANDICAP:

Of the 94 new cases entered on the register during 1969, 35 were considered to be "at risk" at birth.

An analysis of the 35 "at risk" children is shown in the following table:

"At risk" factor	Handicap	Number of cases
Congenital defect noted at birth	Cardiac	9 (includes 4 with other "at risk" factors listed below)
	Cleft Palate	2
	Hair lip and cleft palate	1
Rubella syndrome	Cretin	1
Toxaemia of pregnancy	Retarded	1
	Achondroplasia	1
	Dyslalia	1
Prematurity	Cardiac	1
	Retarded	5 (includes 2 babies of triplets)
	Deaf	1
Forceps delivery	Dyslalia	2
	Hydrocephalus	1
	Hemiplegia	1
Caesarian Section	Loss of vision due to corneal ulcer	1
Rhesus factor	Cardiac	1
	Defect of vision (Colombona)	1 (mother is an epileptic)
	Cardiac	1 (38 years)
Age of mother	Mongol	2 (44 years and 42 years)
Family history	Epilepsy	3
	Convulsions	1
	Fibrocystic disease of pancreas	1 (Father hypotensive - since died)
	Cardiac	1 (Mother asthmatic)

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

	1968	1969
Talipes	10	9
Congenital dislocation of hip (including a late diagnosis)	6	9
Gastro-intestinal disorders	12	6
A miscellaneous group comprising:		
Absence of one kidney	—	1
Tracheo-oesophageal fistula	—	2
Atresia of trachea	—	2
Imperforate anus	—	3

There were 4 deaths of children with defects during 1969

Defect	Number	Cause of Death
Talipes	1	Acute Bronchiolitis
Orthopaedic defect (extra toes, both feet)	1	Asphyxia
Coeliac disease	2	(i) Acute gastro enteritis complicating with coeliac disease (ii) Broncho-pneumonia

There were 5 deaths of handicapped children during 1969.

Handicap	Number	Cause of death	Age at death
Cardiac	2	(i) Pulmonary collapse. Operation for serious congenital abnormality of heart (Tricuspid) Atresia Absence of inter-ventricular septum. Partial transposition of great vessels	7 months
		(ii) Cardiac failure Congenital heart disease	3½ months
Epilepsy	1	Pneumonia (terminal) Brain damage at delivery	19 months
Leukaemia	1	Broncho pneumonia Acute leukaemia	4 years
Retarded	1	Broncho pneumonia Severe mental retardation	2 years
TOTAL	5		

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
1969	463

During 1969, 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.

Reason	Number of babies on the "At Risk" Register
Premature	153
Forceps Delivery	100
Caesarean Sections	69
Breech Delivery	62
Rh. Negative	3
Multiple Pregnancy	39
Illness of Baby	63
Illness of Mother	7
Other Reasons	35

The health visitors carried out the modified Dr. Mary Sheridan standardised tests at the selected ages and referred those failing to the Medical Officers at the child welfare clinics.

Congenital Abnormalities:

During 1969, 38 congenital abnormalities were notified. Twenty-seven of these were notified by the hospitals, 2 by general practitioners, 5 by midwives and 4 by health visitors.

The figures received are as follows:

Congenital dislocation of the hips	6
Imperforate anus	2
Talipes	7
Spina bifida	2
Spina bifida and hydrocephalic	2
Glandular hypospadias	1
Hypospadias	1
Polydactyle	2
Limb deformity	4
Cleft palate	1
Cleft palate and hare lip	3
Hare lip	2
Webbed toes	1
Tracheo-oesophageal fistula oesophageal astresia	1
Pilonidal sinus	1
Genital organs	1
Anencephalic	1
TOTAL	38

The total number remains low but this may be because the register is limited to malformations observable at birth.

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

Seventeen full time health visitors, 6 part time health visitors, 4 full time clinic nurses and 2 part time clinic nurses have been trained by the staff of the Department of Audiology and Education of the Deaf of Manchester

University, in the use of tests devised by their department for the screening of hearing of young children. The tests are not applicable to children under the age of 8 months but the babies are screened as soon after this age as possible. It is not practicable to screen all babies and therefore those most likely to have a hearing loss are selected. One thousand one hundred and seventy four children were tested in 1969 compared with 1,152 in 1968. The babies are usually tested in their own homes although when conditions are favourable they can be tested at a clinic, nursery or surgery.

The children are only considered to have a possible hearing loss when they have failed the screening tests on three occasions and when this happens they are referred for medical opinion. Eight children failed three tests in 1969 compared with 14 children in 1968. Three of these children were considered to have no significant hearing loss after further investigations and the five remaining children were still under observation at the end of the year. One was being treated by the E.N.T. consultant, one was waiting to have further investigations at the Department of Audiology and the other three were mentally handicapped and would require re-testing at a later stage in their development.

Six of the seven children who had failed three hearing tests in 1968 were investigated further in 1969. One was diagnosed as having a conductive deafness and is to have treatment; four were considered to have hearing within normal limits and the remaining child is so severely handicapped both mentally and physically that it has not been possible to reach a decision regarding his hearing. The seventh child was not investigated further because he left the area.

Results

	Under 1 year	%	1 to 2 years	%	2 to 5 years	%	Totals	%
Number tested ..	1069	91.1	80	6.8	25	2.1	1174	
Passed—								
1st Test ..	1029	96.2	72	90.0	20	80.0	1121	95.5
2nd Test ..	31	2.9	6	7.5	2	8.0	39	3.5
3rd Test ..	4	0.4	0	0	2	8.0	6	0.5
Failed 3 Tests ..	5	0.5	2	2.5	1	4.0	8	0.7
Diagnosed—								
Deaf	0	0	0	0	0	0	0	0
Not Deaf ..	2	0.2	1	1.3	0	0	3	0.3
Under consid- eration ..	3	0.3	1	1.3	1	4.0	5	0.4
Where tested—								
At home ..	1025	94.2	78	97.4	26	89.7	1129	94.3
At clinic ..	59	5.4	1	1.3	1	3.4	61	5.1
At nursery ..	4	0.4	1	1.3	2	6.9	7	0.6
At surgery ..	0	0	0	0	0	0	0	0

The Psychological Testing of Children under Two:

One of the medical officers has had training and experience in the use of the Griffith Mental Development Scale for the assessment of children under the age of two years. This is a psychological test which demonstrates the abilities of babies and is particularly useful in assessing the handicapped child.

During the year, eight children were referred for testing by the Consultant Paediatrician, Dr. W. Dickson, in each case there was suspected delay in development.

Routine Testing of Babies for Phenylketonuria:

Health visitors carried out routine screening of all babies between 4 and 6 weeks of age for the detection of phenylpyruvic acid using the paper strip (phenistix) test. Arising out of the report of a working party on phenylketonuria of the Medical Research Council set up by the then Ministry of Health, it was decided to replace phenistix testing by a test on blood specimens taken from each infant. The method chosen was the Sriver test. The blood samples are sent to the Manchester Royal Children's Hospital, Pendlebury, for testing. Dr. Komrower, Consultant Paediatrician, gave a talk to the health visitors on the test. Sriver testing started in November and is carried out at the initial visit to new babies between the 10th and 15th day after birth.

Care of Unmarried Mothers:

In 1969, the Moral Welfare Worker dealt with 113 cases. Of these, 24 were girls aged 16 or less and one was aged 13 years.

	1964	1965	1966	1967	1968	1969
Total number of girls aged 16 years and under who gave birth to live babies	11	14	24	16	12	24
Ages of mothers at date of birth of their babies:						
Age of mother at last birthday:						
16 years	5	7	16	6	7	10
15 years	4	7	5	8	3	9
14 years	2	—	3	2	2	4
13 years	—	—	—	—	—	1

Family Planning:

The Bolton branch of the Family Planning Association has continued to provide clinics for family planning during 1969. Two clinics a week are held at the Civic Centre with two doctors and three nurses in attendance. One of these clinics is now run as an appointment clinic and deals mainly with patients on the contraceptive pill. The other clinic held at the Civic Centre is used as a training clinic for doctors and nurses for the practical part of the Family Planning Certificate.

The Tipping Street clinic premises were demolished during 1969 and the clinic moved to the local authority clinic at Astley Bridge. This has proved to have been successful as the numbers attending have increased.

The clinic held at Halliwell Health Centre has continued. It is the only day time clinic held in the area and is very useful for the attendance of patients from problem families, where it is often necessary for the health visitor to take the patient. The attendances were as follows:

CIVIC CENTRE:							Total
New Patients	..	..	..	..	..	515	3,455
Repeat Patients	..	..	..	..	..	2,940	
Sessions	..	..	..	..	..	95	
ASTLEY BRIDGE:							
New Patients	..	..	..	..	..	125	698
Repeat Patients	..	..	..	..	..	573	
Sessions	..	..	..	..	..	45	
HALLIWELL HEALTH CENTRE:							
New Patients	..	..	..	..	..	70	508
Repeat Patients	..	..	..	..	..	438	
Sessions	..	..	..	..	..	48	

In 1967, the National Health Service (Family Planning) Act, 1967, became law. This asked local authorities to provide services in connection with contraception. In Bolton the Family Planning Association acts as the agent for the local authority.

In October, 1967, reference was made to circular 15/67 from the Ministry of Health drawing the attention of local authorities to the provisions of the above Act, extending their existing powers by enabling them to provide a family planning service for social as well as medical reasons.

Following this, meetings were held with representatives of the Family Planning Association and the local health authority when it was agreed that the Family Planning Association would treat any Bolton resident who came with a letter from a social worker stating that family planning was necessary on social grounds. Bolton Corporation would accept financial responsibility for advice and examination in all such cases. Prescriptions and supplies would be charged for unless the patient produced evidence of being on social security payments. In these cases, the Corporation would pay for prescription and supplies. If the patient stated that although they were not on Ministry of Social Security benefits, their income was about that level and they wished free supplies, they would be referred to the Health Department, Civic Centre, to have their income checked. The Health Department would then inform the Family Planning Association whether or not the department would pay for supplies.

During 1969, a total of 13 medical cases were referred to the clinics and 44 social cases. A third of the social cases were referred by the health visitors, a third by the doctor conducting the Family Planning Association clinics and a third by general practitioners. Of the medical cases, three were referred to the clinic by a gynaecologist, six by general practitioners and four by the doctor conducting the Family Planning Association Clinic.

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	1967	1968	1969
National Dried Milk	8,106 tins/ packets	8,446 tins/ packets	3,990 packets
Cod Liver Oil	3,110 bottles	3,082 bottles	2,855 bottles
Orange Juice	43,175 bottles	41,013 bottles	41,728 bottles
Vitamin A & D tablets	3,021 packets	2,803 packets	2,750 packets

Included in these sales were issues to the following institutions:

NATIONAL HEALTH SERVICE	National Dried Milk	94 packets
INSTITUTIONS	Orange Juice	300 bottles
DAY NURSERIES	National Dried Milk	11 packets
	Orange Juice	840 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	1969
Lowndes Street	43	42.0	43.8
Shaw Street	50	45.12	44.9
Merehall	47	43.45	44.8
Roxalina Street	50	40.60	42.2
TOTALS	190	171.17	175.7

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

Day Nursery	Social	Medical	Mother's profession
Lowndes Street	41	7	28
Shaw Street	110	14	16
Merehall	34	2	5
Roxalina Street	93	15	15
TOTALS	278	38	64

TRAINING OF NURSERY NURSES:

During the year 26 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:

Under this Act there are two industrial nursery premises registered in Bolton. Both premises received regular visits from the staff. They cater for a total of 99 children for a substantial part of the day while their mothers are at work.

The register of premises and private households where play groups have been set up was further enlarged during the year. By the end of 1969, there were 26 play groups catering for 321 children. These play groups enable the under fives to associate with other children in a secure place with adequate supervision.

With the shortage of nursery school and day nursery accommodation, the play groups have been beneficial to the under fives. The children who attend are not only those of working mothers but of mothers who have little ones who benefit by the company and activity of others. In some of the groups there are socially or physically handicapped children who are now much happier.

The table below shows the increasing popularity of the play groups.

Year	No. of play groups	No. of children
1966	10	79
1967	16	175
1968	22	257
1969	26	321

A medical officer and a health visitor from the Health Department, together with a tutor from the Education Department's Nursery Training Centre give supervision, advice and help during regular visits to these play groups.

A local branch of the Pre-school Play Group Association helps to co-ordinate the running of the play groups on modern nursery school lines. Close and friendly co-operation is maintained with this branch.

The Nurseries and Child Minders Regulation Act, 1948, was amended by the Health Services & 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 full effect of this amendment was probably responsible for the considerable increase in the number of registered child minders. There were 39 child minders registered with 116 children at the end of 1969. Applications for registration as child minders were often referred by health visitors who, during their routine work, made child minders aware of the new requirements made by the amendments for registration.

Some of the applications were not very suitable and they required a large number of visits from the staff of the department before registration could be granted. Also the fairly constant supervision needed by some child minders increased considerably the work in this direction.

Dental Treatment:

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

"Only two dental surgeries were in full use throughout the year and four other surgeries were in part-time use by dental officers working on a sessional basis. Advertisements for dental officers have failed to attract applicants and the newly equipped Deane Clinic has not been used.

Dental treatment was given to those priority class patients seeking or referred for treatment. The children attending nursery classes which are attached to primary schools are inspected with that school. Suitable short talks on dental health have been given to some nursery classes.

The Training Centre was visited and dental treatment given to those who attended at Halliwell Health Centre and Robert Galloway Clinic.

Expectant and nursing mothers received advice and treatment at Halliwell Health Centre and Astley Bridge Health Centre".

Dental Arrangements

Number of dental treatment centres in use at the end of the year	3
Number of dental officer sessions, i.e., equivalent complete half days devoted to priority services	75

Physiotherapy:

During 1969, physiotherapy was given to children referred from the Child Health and School Clinics. Classes were also held to teach correct breathing and posture.

Ultra-violet light sessions were held four times weekly, twice for infants and twice for school children until the end of October when due to falling numbers two sessions only per week were held and school children and infants were given treatment together.

From September to March, ultra-violet light sessions were held twice weekly at Lostock Open Air School with supervision of postural drainage afterwards. During the summer term ultra-violet light was discontinued but postural drainage and breathing exercises were supervised once each week.

Relaxation classes for expectant mothers were held each morning and on Tuesday and Thursday afternoons in conjunction with the Mothercraft classes. During the summer months classes were added on Monday afternoons and in November and December extra classes were held on Monday and Thursday mornings in place of Ultra-violet light sessions. Classes were held at Halliwell Health Centre on Wednesday mornings throughout the year along with Mothercraft Classes.

The physiotherapist attended two afternoons each week at the Firwood Training Centre for mentally handicapped children. During school holidays she attended Cotton Street Adult Training Centre to give a course of exercises to all the girls.

Treatment was given to patients referred from the Geriatric Clinic mainly in the form of infra-red rays and exercises.

SUMMARY OF WORK:

	MASSAGE AND EXERCISES	BREATHING EXERCISES POSTURAL DRAINAGE
Number of Patients ..	76	16
Number of Treatments	479	316 + Class Breathing Exer.
Number of New Patients	72	9 L.O.A.S.

	ULTRA VIOLET LIGHT		
	PRE-SCHOOL	SCHOOL CHILDREN	LOSTOCK OPEN AIR SCHOOL
Number of Patients	104	100	
Number of Treatments ..	1,012	1,044	2,012
Number of New Patients ..	78	78	
Number of Sessions	36	42	

	EXPECTANT MOTHERS RELAXATION CLASSES		
	NO. OF PATIENTS	NO. OF NEW PATIENTS	NO. OF ATTENDANCES
Domiciliary	19	17	198
Maternity Homes	365	304	1,807
Own Doctor	22	20	126
B.D.G.H.	52	46	237
Halliwell Health Centre ..	67	67	321

	FIRWOOD TRAINING CENTRE
Number of Patients	5
Number of Treatments	219

	GERIATRIC PATIENTS
Number of Patients	14
Number of New Patients	12
Number of attendances	85

MIDWIFERY

The establishment of nine full-time and one part-time midwife remained complete during 1969.

Distribution of Births:

There were 190 domiciliary live births and 1 domiciliary still birth (un-booked B.B.A.), a reduction of 20 on the previous year and of 106 on 1967. The following table shows the distribution of births, and comparisons with previous years.

	1967	1968	1969
Total Live Births	2,792	2,692	2,666
Total Stillbirths	43	46	39
Domiciliary	296	210	190
Bolton District General Hospital	1,496	1,474	1,578
Maternity Homes	980	948	881

The number of babies born to Bolton mothers in maternity establishments outside Bolton, excluding Bolton District General Hospital, totalled 17.

Domiciliary Confinements:

Midwives were in attendance at 191 confinements. Visits were made as follows:

Ante-natal visits	1,241
Nursing visits during the puerperium:	
1. Patients delivered at home	2,700
2. Patients discharged home early from hospital	1,421
	4,121
Post-natal visits	100
Social condition reports at request of B.D.G.H.	6
Ineffective visits to households	529
Giving of inferon injections	228

Thirty three patients were transferred into Bolton District General Hospital or the maternity homes during labour or after delivery.

Several babies were transferred to hospital immediately after birth or within 24 hours after birth.

1. Baby born before arrival of midwife. Mother Rh. Negative. Gravida VI. Mother refused hospital booking. Baby became jaundiced shortly after birth. Admitted to B.D.G.H. for Rh. investigation. Mother remained at home.
2. Two babies were born at home with Imperforate Anus.
3. Baby developed tense swelling over the Anterior fontonelle after 48 hours. Admitted to B.D.G.H. for observation.
4. Baby developed gross oedema - face, hands and feet - on second day. Admitted to B.D.G.H. for investigation.

Domiciliary Staff:

There was no change in the midwifery staff during 1969. Nine full-time midwives and one part-time midwife were employed at 31st December, 1969. The part-time vacancy from the previous year had not been filled due to the decrease in the number of domiciliary births.

The Royal College of Midwives recently published the definition of a midwife as laid down by the World Health Organisation Technical Report.

"A midwife is a person who is qualified to practice midwifery. She is trained to give the necessary care and advice to women during pregnancy, labour and the post-natal period, to conduct normal deliveries on her own responsibility, to care for the newly born infant. At all times she must be able to recognise the warning signs of abnormal or potentially abnormal conditions which necessitate referral to a doctor, and to carry out emergency measures in the absence of medical help. She may practice in hospitals, health units or domiciliary services. In any one of these situations she has an important task in health education within the family and the community."

The College therefore urges employing authorities when estimating the number of midwives required to staff the midwifery service, to take full account of this definition and to base midwife establishments on the number of births in the area, assessing for complete midwife care especially in the ante-natal and early post-natal periods.

Ante-natal Clinic, Civic Centre:

No. of patients registered during the year ..	290
No. of attendances at ante-natal clinic	1,145
Haematology: No. of samples taken	471
No. of maternity packs issued	202

A weekly ante-natal clinic was held at the Civic Centre, staffed by midwives and a health visitor. A medical officer attended at the request of the midwives, mainly for the examination of patients referred by the Moral Welfare Officer or any patients where the midwife had difficulty in obtaining a blood sample.

Sixty nine patients were referred from the clinic to their general practitioner to be considered for booking at Bolton District General Hospital or the maternity homes. These patients were considered to be unsuitable for domiciliary confinements for the following reasons:

Ante-partum haemorrhage	2
Breech presentation	1
History of premature babies	5
Hypertension	1
Multiparity	7
Poor obstetric history	4
Pre-eclamptic toxoemia	5
Post-maturity	21
Rh. Negative - primipara	1
Rh. Negative with antibodies	2
Small for dates - no foetal heart sounds	1
Social conditions	14
Transverse lie	1
Twins	3
Profuse vaginal discharge	1

General Practitioner Ante-natal Clinics:

Midwives attended seven weekly ante-natal clinics, one every second week and two monthly in general practitioner surgeries. The clinics are working well. The teamwork of family doctor, midwife and health visitor enables the patient to receive good ante-natal care. The midwives have a duty to give complete midwifery care of patients including during the ante-natal period. The midwives work in close co-operation with the general practitioner.

Flying Squad:

The Flying Squad was called out on four occasions during 1969.

1. Retained placenta. Mother and baby were transferred to Bolton District General Hospital.
2. Post-partum haemorrhage. Mother and baby transferred to Bolton District General Hospital.
3. Post-partum haemorrhage due to concealed vaginal laceration. Blood transfusion given prior to admission to Bolton District General Hospital.
4. Secondary post-partum haemorrhage on 14th day. Patient had been delivered in Bolton District General Hospital and nursed at home as a selected Early Discharge Patient. Re-admitted to Bolton District General Hospital on 14th day.

Medical Aid.

Medical aid was sought by midwives on 48 occasions.

Testing for Congenital Dislocation of Hip:

Midwives continued to test all babies born at home. One case was detected during 1969.

The Oxyginaire Portable Incubator:

The incubator cot is stored at the Ambulance Depot where it is kept at a constant temperature. By connecting the incubator to the battery in the ambulance the temperature can be maintained during transit thus ensuring that babies are transported to hospital under the best possible conditions. The cot was used 18 times during 1969 for transporting babies to hospital.

Early Discharge of Maternity Patients from Hospital:

This scheme for the nursing of selected early discharge patients at home forty-eight hours after delivery continues to run smoothly although where patients were accepted for hospital booking on social grounds or were admitted as non-booked cases difficulties sometimes arise because of inadequate preparations and no domestic help.

Selected Patients for Early Discharge:

	1968	1969
No. of investigations requested by B.D.G.H.	315	238
No. of investigations not suitable for early discharge	54	67
No. of selected early discharge patients nursed by domiciliary midwives	246	234
No. of patients discharged home after 48 hours not selected from B.D.G.H. and maternity homes	118	93

Lack of assistance or inadequate help is still prevalent in the selected early discharge patients. The midwives are constantly trying to encourage mothers to make arrangements for suitable help when they return home after 48 hours but often without success. All patients selected for early discharge have two visits made by the domiciliary midwives during the ante-natal period. Before stating that a patient is suitable for early discharge the midwife has always had an assurance that there will be adequate help when the mother is discharged home. Even so, time and time again the help does not materialise. One wonders how many patients discharged home on the 7th day and sometimes earlier from the maternity homes cope on returning home without any planned help, medical or otherwise. Perhaps the time has come when consideration should be given to patients being selected for early discharge from the maternity homes.

The domiciliary midwife in the future may be required to deliver some patients in hospital. These could be patients where the midwife had assisted with the ante-natal care at the general practitioner ante-natal clinic. The patients would benefit from continuation of care by doctor and midwife known to them during the ante-natal, labour and lying-in period.

Table showing some cases where assistance in the home was not adequate

No help	Mother or Mother-in-Law	Dependent on neighbour	School children	Husband			
				Off work	Off sick	On holiday	Unemployed
1	Part day (10) 7 days (9)	2	14 yr. old kept off school for 4 days (1) 11 yr. old boy kept off school for 3 days (1)	3 days (2) 7 days (2)	4	5 days (2)	6
1	19	2	2	4	4	2	6
GRAND TOTAL 40							

Sixty-five patients not selected for early discharge were discharged home early from Bolton District General Hospital. Thirty-three of these were discharged at the request of B.D.G.H. for various reasons.

Took own discharge	Stillbirths	Baby died	Baby transferred to Pendlebury Hospital	Baby kept in premature unit
33	16	12	1	3
GRAND TOTAL 65				

Twenty eight 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 are as follows:

Took own discharge	At request of G.P.	Stillbirths	Maternity Homes outside Borough	Baby transferred to Pendlebury Hospital
18	1	2	6	1
				GRAND TOTAL 28

The following babies were re-admitted to Bolton District General Hospital, having been discharged home with mother 48 hours after birth.

1. Baby started twitching third day - transferred back to B2 Ward.
2. Baby became very cyanosed when feeding. Very slow to feed. Seen by the Paediatrician. Admitted to B.D.G.H. on seventh day? congenital heart. Later transferred to Liverpool Heart Hospital.
3. Mother took her own discharge from Haslam Maternity Home on fourth day. Visited by domiciliary midwife fifth day. Baby appeared unwell. Temperature 100°F. - reluctant to feed. General practitioner informed. Antibiotics prescribed - no improvement. Baby transferred to B.D.G.H. on seventh day with convulsions. Diagnosed Proteus meningitis. Later developed an internal hydrocephalus; Transferred to Royal Manchester Children's Hospital. Died 6 weeks old.

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

No.	GRAVIDA	REASON	RESULT
1	5	Multiparity, Rh. negative with antibodies	B.B.A. at home. Mother refused to go into hospital. Baby was admitted on 3rd day for Rh. investigation. Discharged home on 5th day to care of midwife.
2	5	Multiparity. Did not wish to leave other children.	Satisfactory.
3	Primipara	Rh. negative.	B.B.A. Premature baby, 4 lb. 4 ozs. Transferred to B.D.G.H.
4	7	Multiparity. Refused hospital confinement.	Satisfactory.
5	6	Multiparity. Refused hospital confinement.	Satisfactory.
6	7	Multiparity. Poor home conditions.	B.B.A. at home. Baby suffered from hypothermia. Admitted to B.D.G.H. Mother refused admission to hospital.
7	2	Rh. negative with antibodies. Patient did not wish to go into hospital.	B.B.A. at home. Mother and baby transferred to B.D.G.H.
8	3	Unsuitable home conditions.	B.B.A. Mother and baby transferred to B.D.G.H.
9	1	Post-partum haemorrhage with previous pregnancy. Refused hospital confinement.	Normal delivery. Secondary post partum haemorrhage 24 hours after delivery. Unable to control bleeding. Doctor summoned. Emergency Obstetric Squad. Saline drip commenced followed by blood transfusion. Patient then transferred to B.D.G.H.
10	2	Previous history of prolonged labour and post-partum haemorrhage. Patient received no ante-natal care. Did not wish to go into hospital.	Called to patient 1 p.m. Patient had been delivered the previous evening by her husband. Perineal laceration sutured by general practitioner. Mother and baby satisfactory.

Health Education:

Midwives continue to take an active part in teaching at Mothercraft Classes held weekly at the Civic Centre and Halliwell Health Centre.

Six midwives have had instruction from our physiotherapist in the teaching of relaxation exercises to expectant mothers. It is hoped in the future to have all the midwives trained to teach relaxation then more classes can be introduced.

PARENTCRAFT CLASSES:

During 1969, these classes have been very well attended, 50-60 per session. The husbands are keen to learn and eager to enter into discussion after each talk. The team-work of health visitor, midwife and Health Education Officer at these classes is beneficial to all.

Radio Telephones for Midwives:

The domiciliary midwives have eight small easily portable radio sets. They have adapted themselves well to the use of these sets and look upon them now as an essential part of their equipment.

In the past, valuable time has been wasted by midwives seeking public telephones in working order. This caused great inconvenience to midwives and relatives when medical aid was required urgently.

The midwives have found the radio sets advantageous in many ways -

1. Speed in getting messages when help is required. Very helpful at night. The midwife has no need to leave the house to find a public telephone.
2. Should an emergency arise, the midwife can give a concise and accurate message to Control without leaving the patient. In the past, when a doctor was required for any emergency, if the midwife was unable to leave the patient, she had to write or give a verbal message to a relative. Messages were sometimes interpreted wrongly when left to relatives to send. Thus the doctor was often unaware that he was required urgently.
3. Midwives and pupil midwives feel they have a sense of security in having the use of a radio constantly. When out on the district the midwives have much more peace of mind knowing that if they are wanted they can be contacted immediately by radio. Likewise, the midwife can send to the Health Department for help with routine work should she be unable to leave a patient in labour.

The radio sets have not only been beneficial to the midwives but administratively have helped in the daily smooth running of the midwifery service.

District Midwife Training:

Three student midwives completed their Part II training. Three were successful in their examinations to become fully qualified midwives.

The revised programme of training has been adapted for the students during 1969. This enabled the students to gain more knowledge about work in the community.

Training of Student Nurses:

During 1969 twenty two hospital nurses undertaking the obstetric nurse training at Bolton District General Hospital spent one day each with the domiciliary midwives. This included a visit to a general practitioner antenatal clinic and visits in the home with a midwife.

Refresher Courses:

Three midwives attended a course on teaching and preparation for parenthood organised by the Royal College of Midwives at Preston.

One midwife attended a seven day course at Cheltenham.

HEALTH VISITING

Staff:

At the end of the year staff comprised:

Superintendent Nursing Officer
Deputy Superintendent Health Visitor/School Nurse
3½ Group Advisors
3 Fieldwork Instructors
1 Clinic Nurse (equivalent)

33 Health Visiting staff comprising:

District Health Visitors	.. .. .	21
Specialised Health Visitor (Tuberculosis)	..	1
School Nurses S.R.N.	.. .. .	8
Centre Nurse S.E.N.	.. .. .	1
Health Assistants (unqualified)	.. .. .	2 (equivalent)

ESTABLISHMENT:

Superintendent Nursing Officer
Deputy Superintendent Health Visitor/School Nurse
4 Group Advisors
3 Fieldwork Instructors
1 Clinic Nurse
34 Health Visitors

There were 1½ vacant posts. Included in the above were 6 health visitors who completed their training during 1969 at the Bolton Institute of Technology and rejoined the staff in September.

There has been an improvement in recruitment of candidates applying for sponsorship for training since the cancelling of the two year contract of service following qualification as health visitors. Posts becoming vacant during the year have been filled without delay, in some cases with part-time or temporary staff. By these means, it has been possible to maintain a fuller and more flexible staffing structure, utilising the services of qualified married staff most of whom have growing families.

Staff Training:

Health visitors attend refresher courses at approximately 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 a course for Field Work Instructors at the Bolton Institute of Technology. A health visitor group advisor attended a refresher course at Keswick organised by Cumberland County Council Health Department on "An Introduction to Management Techniques". A health visitor attended a special training course in London organised by the Family Planning Association. Three health visitors who teach health subjects in schools attended a one day seminar on health education in schools organised by Wigan County Borough.

The Superintendent Nursing Officer attended a half-day conference organised by the Manchester Area Nurse Training Committee where implications and aims of the new (1969) Syllabus for the training of nurses for the General Register were discussed.

The Superintendent Nursing Officer, Superintendent of Home Nurses and the Supervisor of Midwives attended a Regional Meeting of Senior Nursing Officers in Manchester organised by the Department of Health & Social Security to discuss developments in the community nursing services.

Training of Students and Other Visitors:

HOSPITAL NURSES:

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.

Practical experience of the community health services was provided for the following nurses:

	1968	1969
Student nurses, 1st year of training	82	80
Student nurses, 3rd year of training	56	60
Student nurses taking the obstetric course	9	4
Pupil nurses training for enrolment	23	24
Psychiatric student nurses	—	8
TOTAL	170	176

Student nurses completing their training under the 1962 syllabus were as last year able to spend a full week accompanying health visitors and district nurses on their visits. The meeting of nurses and Health Department staff following the week's practical experience led to a lively exchange of views in an informal and stimulating manner.

STUDENT HEALTH VISITORS:

Twenty-eight students starting the 1969-70 Health Visitors' Course at Bolton Institute of Technology received their introduction to the community services when they visited Halliwell Health Centre. Four students were placed with Fieldwork Instructors for their practical training during the course. In addition, six students completing the 1968-69 course spent six weeks in the Health Department during their fourth term for health visiting practice under supervision before they qualified in September.

DAY NURSERY STUDENTS:

Fifty-five student nursery nurses spent a half day visiting child health clinics during the year.

OTHER VISITORS:

Arrangements were made for an increasing number of students taking a wide range of courses to gain insight into health services within the community.

They included:

A Danish Public Health Nurse on a Council of Europe Fellowship;

Two students taking a Social Administration and Social Work Degree Course at the University of Manchester;

One student taking the B.Sc.(Soc.) Degree Course at London University;

One student taking the Hospital Tutors' Course at the University of Surrey;

Three students attending a Middle Management Course at the William Rathbone Staff College, Liverpool;

Two students taking the Social Studies Course at the College of Commerce, Manchester;

A trainee in Hospital Administration;

A trainee in Personnel Management in Commerce;

Seven students taking the course for Medical Secretaries at Bolton Technical College;

Ten students attending a Commercial School and working on a project on community services.

Several local authority nursing officers came to the Department to observe and discuss the controlled system of health visiting and district nursing now in its second year of operation.

The provision of practical experience and visits of interest for an ever increasing number of students and visitors would appear to be the consequence of providing a vital and forward looking public health nursing service. Whilst all visitors are welcome and every effort is made to meet their needs, it undoubtedly places an extra burden not only on field staff struggling to cope with heavy case loads but also on the Superintendent of the health visiting and district nursing services. The appointment of a Chief Nursing Officer would be beneficial in co-ordinating the organisation of this aspect of work.

Home Visits

A CONTROLLED SYSTEM OF HEALTH VISITING:

The effect of the staff control system based on target times, which has been in operation for two years, can now be seen in the increased number of visits paid by health visitors without any increase of staff. Comparison of the number of visits shows a 38% increase in the first year of operation and a further increase of 7½% in the second year, a total increase of 45½% (14,031 visits) over the traditional method of management of the health visiting service in operation until the end of 1967.

	Pre-Control System	Controlled System	
ANALYSIS OF HOME VISITS:	1967	1968	1969
First visits to babies born during the year	2,780	2,802	2,710
Subsequent visits to babies born during the year	6,343	7,594	6,855
Visits to children aged 1 to 2 years . .	5,380	7,795	7,620
Visits to children aged 2 to 5 years . .	6,788	8,193	9,383
Total visits to children under 5 years . .	21,291	26,384	26,568
Persons aged 65 and over	3,582	6,342	6,768
Mentally disordered persons	131	164	160
After care (hospital discharges)	177	175	154
Infectious diseases including tuberculosis	274	400	465
Visits in connection with priority re- housing on medico-social grounds . .	460	440	317
Miscellaneous (other) visits	4,974	8,607	10,488
Total effective visits	30,806	42,406	44,920
Ineffective visits	4,917	6,036	5,911
Included above are visits to Common- wealth immigrants	not recorded separately	2,453	1,917

Visits to the elderly increased slightly but health visitors are not yet able to visit more than 30% of the total number of persons aged 65 years. A programme of screening of the total population in this age group could be a valuable contribution to positive health, but would probably bring to light medical and social needs that could not be met in the present period of economic restraint. Towards the end of the year it was decided to carry out a survey of those 1,400 persons aged 85 years and over. This took the form of a follow-up to the Survey of the Needs of Old People in Bolton, published in 1967.

Week-end Emergency Scheme:

This service is now well established and functions well. It started in April, 1968 to provide help to emergency cases during the weekend when most community services are not available. Calls on the service have mainly been made on behalf of patients living alone and being found by neighbours to be actually ill or to have had a fall and waiting for a hospital bed. A health visitor visits the case, assesses the need and arranges where necessary for the services of a doctor, home nurse, special duty home help or night sitter. Relatives are informed and the help of neighbours is mobilised when required. An emergency supply is available of food, fuel, nursing equipment, including a bed, commode, emergency lighting and cleaning materials.

Health visitors also assisted officers of the Housing Department with a survey to ascertain the housing conditions and needs of a typical group of elderly persons requiring rehousing.

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 health visitor and a part-time clinic nurse.

Tuberculosis visiting:	1967	1968	1969
No. of visits to patients	281	376	565

The number of visits paid by the specialist health visitor to tuberculosis patients and their contacts has doubled in the past two years. As in previous years, the majority of visits were to Asian immigrant families.

The health visitor accompanied the Chest Physician on his ward round at Wilkinson Hospital. This liaison between hospital and community services is of growing value to patients and their relations.

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 previous years but over a wider range due to developing emphasis on community care and the attachment of health visitors to general practitioners. She acts as a link between the Geriatric Unit and local authority and undertakes supportive visiting of special cases.

Increasing pressure on geriatric beds has necessitated regular review of the waiting list and the specialist health visitor now reassesses cases on behalf of the Geriatrician. Requests for admission of patients during holiday periods under the Relatives Relief Scheme are increasing and the health visitor visits and assesses the social circumstances of all these applicants.

	1967	1968	1969
Visits paid by Geriatric Consultant accompanied by health visitor	480	641	458
Visits paid by health visitor to review cases on waiting list for admission . .	—	—	40
Visits paid by health visitor to assess "holiday relief" patients	—	—	107
	<u>480</u>	<u>641</u>	<u>605</u>

The specialist health visitor continues to organise the weekly Geriatric Advisory Clinic at the Civic Centre where emphasis is laid on individual counselling and teaching elderly persons to prepare for the limitations of age and the best means of combatting them. She also supports and advises health visitors, particularly new members of the staff, on problems affecting the elderly. In addition, she undertakes speaking engagements on subjects relating to old people and continues to organise and supervise a group of voluntary helpers engaged in work with the elderly. In most aspects of her work she is assisted by a member of the health visiting staff with a special interest in geriatrics.

Paediatrics:

An encouraging example of integration of the tripartite health service is demonstrated in the field of paediatrics. Health visitors regard the prevention and early detection of handicapping conditions in children as one of their most important functions. By their attendance at the Paediatric Clinic at the hospital and participation in ward rounds they keep themselves up to date with new developments and are able to contribute information on the child's home background and any social factors which may affect diagnosis and management of the patient. Working alongside family doctors they are able to ensure that parents seek medical advice when the child's development fails to reach expected norms. When a child develops a handicapping condition health visitors have an important supportive role to play.

Health Education:

Health visitors continued to carry out group teaching in clinics and schools as outlined in last year's report and referred to in the Health Education Officer's account of health teaching developments in the Health Department.

There has been progress in integrating health talks by health visitors and midwives both in ante-natal clinics and the wider aspects of joint husband and wife parentcraft teaching series.

MOTHERCRAFT CLASSES FOR EXPECTANT MOTHERS:

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

	1968	1969
Number of expectant mothers ..	217	218
Number of attendances	1,012	1,018
Number of sessions	138	137

These classes are attended in the main by primiparae or those mothers who had their previous baby some years ago. It is evident that only a small percentage of expectant mothers in these categories are taking advantage of the opportunity to discuss their individual anxieties with the staff in an informal and friendly manner. Many women remain at work until they are well advanced in pregnancy and perhaps consider that it is too late to join the classes. Health visitors and midwives working alongside doctors at ante-natal clinics in general practice surgeries are now carrying out teaching to small groups as opportunities arise.

It is hoped that during 1970, if the staffing position allows, Mothercraft Classes will be established at new local authority premises now coming into use.

MOTHERS' CLUBS:

The four clubs have continued their activities on the lines described in previous years and are now an accepted and popular feature of services for young families.

Liaison with General Practitioners:

Full attachment of health visitors to general practices has been in operation for two years and its effects are reflected in the analysis of home visits. An increase of 1,881 miscellaneous visits during the year includes persons in an age range not previously visited by health visitors, i.e., young adults and the middle aged, with exchange of information about families in the practice, health visitors are now able to direct their efforts towards those in greatest need.

General practitioners have a growing awareness of the value of introducing ante-natal and well-baby clinics in their practices. Expectant mothers, particularly primipara derive much needed support and advice from the team of doctor, midwife and health visitor. As a result, sound personal relationships are established with young families that will help to support and guide them during periods of stress. The concept of the community health team took a step forward during the year when full attachment of the home nurses was achieved in May.

At the end of the year, 22 full-time and four part-time health visitors were working with 68 doctors in 42 practices.

The growth of clinics staffed jointly by doctors, midwives and health visitors and held in practice premises is shown below:

General Practice Clinics	1968	1969
Ante-natal clinics attended by midwives and health visitors	6	8
Combined ante-natal and baby clinics attended by health visitors only	2	2
Baby clinics attended by health visitors	2	5
TOTAL	10	15

The Prevention and Break-up of Families:

Health visitors continued to support families who were failing to cope with the strains and tensions of present day living, particularly where child poverty was evident because of low wages, parental irresponsibility or chronic ill-health.

Health visitors have the opportunity not shared by other field workers of visiting families at their very earliest stage even before the birth of the first child. By proper employment of their skills they are able to evaluate the probable reaction of families as stress situations arise and by careful assessment of priorities are able to direct their efforts where needed at the time when they are likely to be most effective. During the year health visitors worked closely with Family Care Officers of the Children's Department referring to them families in need of case work in depth.

HOME NURSING

Staff:

At the end of the year the staff comprised:

Superintendent	
Deputy Superintendent	
3 Senior Queen's Sisters	
13 Queen's Sisters	
3 State Registered Nursing Sisters	
7 State Enrolled Nurses	
4 Part-time State Registered Nursing Sisters	} equivalent to 5½
1 Part-time State Enrolled Nurse	
6 Part-time Auxiliary Nurses	

Total - 37, equivalent to 31.5 full-time staff.

During the year the policy of staff dilution has continued according to the recommendations of the O. & M. Report. The replacement of two Queen's Sisters by one State Enrolled Nurse and four auxiliary nurses has meant a greater volume of working time available at no extra cost. This has not affected the quality of the district nursing service in any way, in effect it has released the more highly qualified Queen's Sisters from tasks which a lesser qualified person can do, therefore enabling the Queen's Sister to concentrate on the work which requires her highly specialised skills. It is envisaged that one State Registered Nurse will be replaced by one State Enrolled Nurse early in 1970 therefore completing the final stages of dilution recommended by the O. and M. Report of 1967.

The district nurses, with the exception of part-time staff all work from their own homes. They are contacted by telephone each morning and again at 1.30 p.m. regarding any messages received by the Health Department. Overnight messages are accepted at the Ambulance Station from where they are collected at 8 a.m. the following day by the Superintendent or her Deputy to be relayed by telephone to the nursing staff concerned.

The nursing staff work a five day week, 8.30 a.m. to 6 p.m., the late duty from 6 p.m. to 10 p.m. being worked on a rota basis.

GROUP COMMUNICATION:

The nurses are divided into three groups geographically, each group under the guidance of a Senior Queen's Sister. The groups meet once weekly for discussion and to arrange week-end rota, two nurses from each group working Saturday and Sunday. The weekly group meeting is an essential part of communication and has made a considerable difference to the smooth running of the district nursing service. The group meeting is attended by the Superintendent and her Deputy. Each nurse gives a report to the group regarding very sick patients and problems associated with her patients therefore enabling the nurse doing weekend relief to give continued care.

Communication at the group meeting is two-fold. Whilst it gives the nursing personnel an opportunity to voice their opinions and to bring up any problems which occur, it also gives management an opportunity to discuss policy and future trends, along with general discussion on deployment of staff.

District Nurse Training:

The training of state registered nurses for the National Certificate of District Nursing is undertaken in conjunction with Manchester District Training Centre. The students attend the Training Centre at Harpurhey, Manchester for theoretical training for three separate weeks during their four months training. The remainder of the training, comprising practical training, tutorials and visits of interest are undertaken by the senior staff of the employing authority.

During the year three students were accepted for training and all were successful in passing the examination for the National Certificate of District Training.

In-service training for State Enrolled Nurses is carried out with the co-operation of the Manchester Centre. State Enrolled Nurses attend for a series of lectures once weekly for a period of ten weeks at the District Nurse Training Centre, Harpurhey, Manchester. They receive practical instruction and tutorials throughout this period from the senior district nursing staff of the employing authority. Three State Enrolled Nurses undertook this instruction during the year and each was successful in passing the examination and assessment of the Queen's Institute of District Nursing.

Clinic Sessions:

The clinic in the district nursing section of the Health Department is held Monday to Friday inclusive from 2 p.m. to 5.30 p.m. for the benefit of ambulant patients and for those going out to work who still require injections. These injections are mainly for tuberculosis, anaemia and various allergies, etc. There are an increasing number of immigrants attending this clinic for treatment associated with vitamin deficiency.

	1968	1969
Number of patients attending ..	137	161

Halliwell Health Centre:

A clinic is held at the 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 mainly for the benefit of patients belonging to the seven general practitioners whose practices are centred here.

Patients who are ambulant and well enough attend here for injections, dressings, etc. The work of the centre has increased throughout the year.

	1968	1969
Number of patients attending	104	157

STATISTICS OF CASES AND VISITS:	1968	1969
Patients being nursed on 1st January	1,005	1,049
New patients attended during year	2,156	2,185
	<u>3,161</u>	<u>3,234</u>

Patients remaining on the books at 31st December, 1969	1,050	1,083
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NURSING VISITS IN AGE GROUPS:	1968		1969	
	Cases	Visits	Cases	Visits
Children under 5 years ..	80	437	55	462
5 - 64 years	1,031	29,922	1,107	29,372
65 years and over	2,050	68,817	2,072	68,883
	<u>3,161</u>	<u>99,176</u>	<u>3,234</u>	<u>98,717</u>

SUMMARY OF NURSING TREATMENTS:	1968	1969
General Nursing	70,915	72,029
Injections	31,153	30,073
	<u>102,068</u>	<u>102,102</u>

The work of the district nursing section continues to increase particularly since the advent of G.P. attachment. It will be noted that whilst the number of individual children visited under 5 years of age has decreased, the actual number of visits to these patients has increased. This is also in line with the decrease of injections given. Children are receiving less antibiotics by injection but the number of very poorly children being nursed in their own homes is reflected in the increased number of visits required for these children.

The number of patients in the 5 - 64 age group continues to increase with the improvement of liaison with the local hospitals and again as a result of G.P. attachment. Patients are now being discharged home from hospital a few days after operation with stitches in situ. Appendicectomies, hernias, varicose veins and even cholecystectomies are being discharged home to the care of their own general practitioner along with a request for the district nursing sister to remove the sutures.

The number of geriatric cases shows a slight increase but this along with the substantial increase in visits paid, does little to show the full extent of the increase in work carried out with this age group. Many very poorly patients are being nursed at home, particularly terminal cases where the relatives feel they can carry on a little longer with the moral and practical support of the district nursing sister.

The rehabilitation of patients, particularly following a stroke takes up a considerable amount of the district nurses' time but often with very rewarding results.

The district nursing staff have suffered considerably from shortage of staff due to ill health of a prolonged nature during the year. They have worked hard and long and often under considerable strain at times, but always with loyalty and consideration for their patients.

General Practitioner Attachment:

Following the successful attachment during the last four years to three group partnerships and to the general practitioners working from the Halliwell Health Centre, it was decided to attempt attachment to all general practitioners within the County Borough of Bolton.

Obviously, the arrangement was not so easy in the case of doctors in single handed practice, but nevertheless it was felt that the advantages would outweigh the problems. Early in the year the general practitioners were advised by letter that owing to so many single practices, it was necessary to attach each district nursing sister to three or more general practitioners therefore making it impracticable for her to undertake surgery sessions at this stage.

It evolved that the district nursing sister should visit each of her general practitioners at least once a week by mutual arrangement to discuss the patients' progress. The general practitioner was advised by letter of the name and telephone number of his district nursing sister and the hours he could contact her. This she delivered to him personally as a letter of introduction. The letter also stated the duties which she would undertake, including general nursing care, dressings, injections and observations. The general practitioners were advised that the district nursing sister would not undertake to take blood specimens or do vaccinations and immunisations nor would she be requested to do initial visits where a doctor had been requested to call.

The attachments commenced on 1st May, 1969, and the liaison and co-operation between the two services has developed considerably during this time. Most general practitioners have an arrangement whereby the district nursing sister and the health visitor attached to his practice both visit him together on a set day each week. This, for obvious reasons, is the most satisfactory arrangement. There are still one or two general practitioners who prefer the nurse to just visit them when a problem occurs, which is not nearly so satisfactory, as on many occasions problems have been prevented by general discussion between the general practitioner, the health visitor and the district nursing sister where weekly joint discussions are held.

There is no doubt that the work of the district nursing sister has been enhanced by G.P. attachment. The benefit to the patient and the satisfaction of the nursing staff that they are carrying out the doctor's treatments as he wishes has been proved by the increased use of the district nursing services and the facilities available from the department. The fact that general practitioners still have very widely spread patients takes up a considerable amount of the district nursing sisters' time in travel but no doubt this will also resolve itself as general practitioners begin to form more partnerships and in the development of more health centres.

Hospital Liaison:

There is still a need for closer liaison between the district nursing service and the local hospital service. It is hoped to develop this during the coming year when it is intended to allocate the services of an experienced district nursing sister to work as a liaison between the two services.

Dressing Service:

The pre-sterilised dressing service continued to be of immense value, particularly in the care of post-operative cases who are now discharged early from hospital.

The team of girls at Cotton Street Training Centre do an admirable job in their continued high standard of packing and supply of dressings. The dressings, having been received from the general practitioners on prescription, are brought into the Centre by the district nurses. They are then transported to Cotton Street Training Centre for packing from where they are taken to the C.S.S.U. at Bolton Royal Infirmary to be sterilised. The sterilised packs are returned to the Civic Centre from where they are collected and delivered to the patients' homes by the district nursing personnel. The total number of dressings supplied during the year was 21,585.

Nursing Equipment and Loans:

A wide range of nursing aids and equipment are available on free loan for the use of patients requiring these. A note of request is necessary from the general practitioner, the health visitor or from the district nurse attending.

Laundry Service:

This very useful service has been of great benefit to elderly relatives who are caring for their sick partners at home and to those living alone. It has enabled them to carry on a little longer where formerly it would not have been possible for them to cope with the laundry problems of incontinence.

The loan of draw sheets and the laundering of them is arranged at the request of the general practitioner or district nursing sister. During the year the number of patients receiving this service was 111. The average number per month was 60.

Supply of Incontinence Garments and Incontinence Pads:

With the development of general practitioner attachment heralding the increased knowledge of facilities available for incontinent patients, plus the continued increase of geriatric patients in the community, the supply of incontinence pads has shown a considerable rise. These absorbent paper pads with their waterproof backing are one of the most essential aids to the nursing of incontinent patients in their own homes.

Two types of pads are supplied:

	1968	1969
Type 1	24,888	31,525
Type 2	18,240	20,640
Number of patients receiving the service	378	563

Where a patient is ambulant, plastic pants with disposable lining are available at the request of the general practitioner, the health visitor or the district nursing sister. Garments supplied during the year numbered 182 with their appropriate supply of disposable absorbent linings. These plastic pants have made a vast difference to the outlook and the lives of many geriatrics and handicapped persons in the community. In several cases, particularly elderly ladies with stress incontinence, they now feel able to attend Over 60 Clubs and other social functions in the security of their protective garments. Several handicapped patients who had hitherto refused to attend the Social Centre for the Handicapped have changed their minds when supplied with protective pants.

Visitors to the Departments:

Visitors to the department are increasing both in number and in the type of discipline from which they come. The district nursing staff are always pleased to impart information regarding the services and facilities available to sick persons in their own homes. From the University there have been social science students and hospital administrative students. This year has also seen the inception of a Medical Secretaries' Course at the Bolton Technical College, students from which attended the district nursing section for information regarding the service.

From the Bolton School of Nursing we have had the pupil nurses for their day out with the district nurses. The student nurses now come to the department for a whole week, thus enabling them to have two full days with the district nurses. The discussions which have followed clearly show that this increased time in the department has given them a greater understanding of the work done in the district nursing service.

For the first time we have had a group of eight psychiatric nursing students visiting the department. This has been most interesting as in addition to us advising them on the domiciliary services available, they have added a new dimension to the discussions which followed.

Refresher Courses:

During the year, two Queen's District Nursing Sisters attended a five day refresher course at the Birmingham Centre of Nursing Education, organised by the Royal College of Nursing. Two Senior District Nursing Sisters attended a five day residential course on Management Appreciation held at the William Rathbone Staff College, Liverpool.

Transport:

All district nursing sisters and state enrolled nurses who hold a current driving licence are allowed a car allowance. On 31st December, 1969, 24 car allowances were in force, and two departmental cars were being used.

Telephones:

All full-time district nursing staff, including state enrolled district nurses are now on official telephones. The number in use at the 31st December, 1969, was 27.

Effects of O. & M./Work Study Survey:

STAFF CONTROL SYSTEM BASED ON THE "TARGET TIMES":

The increase of state enrolled nurses and auxiliary nurses with the depletion in number of S.R.N. district nursing sisters has made team work even more important.

Dilution of staff has given us a final ratio of two S.R.N. district nursing sisters to one S.E.N. district nurse. As the S.R.N. district sisters are directly attached to three or more general practitioners they visit all new patients and assess the level of nursing care required. The S.E.N. district nurse is in turn attached to two S.R.N.'s working in adjoining areas. The three of them form a unit, the S.R.N.'s passing on suitable cases for their S.E.N. to nurse. The staff are then grouped geographically under the day to day guidance of a senior district nurse as previously stated.

Part-time staff and auxiliary nurses work from the Civic Centre, where they can be deployed to the area where their services are most required. The auxiliary nurses are employed mainly in bathing of the elderly and infirm and in the care of the handicapped.

Each member of the nursing staff completes a weekly log sheet stating her daily volume of work and time spent on duty. It will be remembered that accepted "target times" for each duty performed had already been evolved following an intensive survey of the work of the district nursing service by the O. & M. Department in 1967. The information on the weekly log sheet is processed by clerical staff giving a weekly utilisation factor (U.F.) for each member of staff. The combined U.F. for each of the three groups is then assessed. Each nurse is given her own log sheet duly processed at the following week's group meeting and the U.F. of the whole group is discussed. The nurse can then consider her own level of work against her group's average.

If a member of staff is consistently below 100% U.F. the matter is discussed with her in private and usually there is a logical explanation for this. Often it is a particular case which requires much longer than the average "target time" allowed.

Log sheets are treated as strictly confidential and they are returned direct to the nurse concerned.

A graph showing the full picture of the volume of work and pressures under which the service is working, plus the total number of hours worked, is kept up to date by the clerical staff. Once again, this graph shows the pressure of work to be excessive throughout the year, proving a need for another look at the establishment with a view to a possible increase of staff during the forthcoming year.

IMMUNISATION AND VACCINATION

Immunisation:

In April, 1969, the immunisation arrangements were improved by using a computer for record keeping and making appointments.

The system was started for babies born on or after January 1st, 1969. The health visitor, during her first visit, among other activities, discussed the immunisation schedule and whether the child will be taken to a clinic or general practitioners surgery for immunisation and the mother's consent is obtained for all the procedures in the schedule.

In addition to the staff conducting the local authority's clinics, doctors from 14 general practices are participating in the scheme.

Information concerning name, date of birth, address and place selected for immunisation is fed into the computer which at the appropriate time prints invitations to each child for a specific appointment and a list of children given appointments for the use of each doctor, showing also the procedure due. After performing the immunisation, the doctor has only to ring the appropriate number on the list before returning it to the computer at the end of the session.

The work performed in this respect is shown in the following tables, but because of the change in the schedule no comparison can be made with previous years.

Vaccination Against Smallpox:

				Age in Years			Total
				Under 5	5-15	Over 16	
Primary Vaccination	..	..		1,103	76	223	1,402
Re-vaccination	..	..	..	9	77	809	895
TOTALS (1969)	..	..	..	<u>1,112</u>	<u>153</u>	<u>1,032</u>	<u>2,297</u>
TOTALS (1968)	..	..	..	<u>1,131</u>	<u>177</u>	<u>983</u>	<u>2,291</u>

Hospital Staff vaccination in accordance with Ministry of Health Circular 618/55:

Primary Vaccinations	..	..	..	..	..	..	73
Re-vaccinations	..	..	..	..	..	..	207

NUMBER OF PRIMARY VACINATIONS UNDER 5 YEARS OF AGE:

1960	.. .. .	1,375
1961	.. .. .	1,462
1962	.. .. .	2,042 (cases of smallpox
1963	.. .. .	124 in country)
1964	.. .. .	560
1965	.. .. .	793
1966	.. .. .	902
1967	.. .. .	1,107
1968	.. .. .	1,121
1969	.. .. .	1,103

Vaccination against Poliomyelitis:

Age Group	Numbers who have received three doses during 1969	Numbers who have received reinforcing doses during 1969
Born 1969	6	-
Born 1968	617	315
Born 1967	41	813
Born 1966	14	51
Born 1962/65	186	1,621
Others under 16 years ..	22	37
Others over 16 years ..	3	75
TOTALS: ..	889	2,916

Total No. who have received 3 doses of Poliomyelitis vaccine since the scheme began	74,681
Total No. who have received reinforcing doses since scheme began	24,085

Vaccination against Measles:

The following table shows the number of children in each age group who were vaccinated during the year. Some delay occurred in this programme when the vaccine provided by one of the manufacturers was withdrawn on the advice of the Department of Health.

AGE GROUP	NO. VACCINATED
Born in 1969	1
Born in 1968	385
Born in 1967	480
Born in 1966	248
Born in 1962/65	271
Others under 15 years	835
TOTAL	2,220

Source of Immunisation

	Diphtheria Immunisation only	Diphtheria and Tetanus	Combined Whooping Cough and Diphtheria	Triple Antigen	Tetanus	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 ..	-	212	-	636	130	-	-	1,055	236
No. of Children Immunised in Schools	56	12	-	-	-	-	-	-	1,329
No. of Children Immunised by General Practitioners and for whom a record card was received by the Health De- partment	-	2	-	137	2	-	-	198	31
TOTALS	56	226	-	773	132	-	-	1,253	1,596
GRAND TOTAL ..				1,187				2,849	

IMMUNISATIONS FOR CHILDREN UNDER 16 YEARS OF AGE

	Primary Courses						Re-inforcing injections					Totals	
	Born 1969	Born 1968	Born 1967	Born 1966	Born 1962/65	Others under age 16	Born 1969	Born 1968	Born 1967	Born 1966	Born 1962/65	Others under age 16	
Triple antigen	6	669	46	9	43	-	-	339	754	41	117	2	2,026
Diphtheria/Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria/tetanus . .	-	9	3	4	198	12	-	11	52	44	1,418	57	1,808
Diphtheria only . . .	-	-	-	-	-	56	-	-	-	-	-	-	56
Whooping Cough only	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus only	-	-	-	1	119	12	-	-	-	-	-	14	146
	6	678	49	14	360	80	-	350	806	85	1,535	73	4,036

AMBULANCE SERVICE

The Local Health Authority continues as in previous years to give full ambulance cover within the County Borough and on an agency basis for the Turton Urban District area; also in respect of John Booth & Sons, Steelworks which are situated on the Westhoughton/Bolton boundary.

General Review:

The year 1969 marks the coming of age of the Ambulance Service having now completed 21 years since its formation. The year was eventful in the introduction of proficiency awards and grading of ambulance staff to make a career structure. Twenty of the present staff qualified for certificates and a further 8 men successfully attended the training course at the Lancashire County Council Training School thereby attaining proficiency awards. The remainder of the staff will attend training school within the next financial year.

Difficulties arose during severe inclement weather with traffic congestion in the area and it was necessary to evolve an emergency plan to overcome these difficulties. The method used is to station three vehicles at vantage points on the periphery of the Borough after an alert has been received from the Police. The plan has subsequently successfully operated on two occasions.

The increase in numbers of day-care patients has had the expected influence on patient mileage and the number of single journeys to specialising hospitals is ever increasing. The yearly total number of patients - 63,650 - and total mileage - 204,743 - is again a record figure. Strict control is necessary to deal with the increased volume of work and only with careful co-ordination of vehicle/patient journeys can this be possible. Liaison with the Fire Brigade and the new Lancashire Constabulary continues in a satisfactory manner. All students and pupil nurses are given talks on the working of the Ambulance Service and the ultimate success of this venture should be seen in the co-operation with hospital staff.

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
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
1969	204,743	63,650	3.21

Year	Bolton		Turton U.D.C		Total	
	Patients	Miles	Patients	Miles	Patients	Miles
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
1969	60,032	169,648	3,618	35,094	63,650	204,742

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	
2628	970	1608	5206	5891	16701	38134	54726	60032

Miles Travelled

Accident and Emergency				Other Cases				Total Miles Per Year
Stretcher	2 Handed	Sitting	Total	Stretcher	2 Handed	Sitting	Total	
11128	2862	6154	20144	33080	28295	88129	149504	169648

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	
146	52	76	274	492	761	2041	3344	3618

Miles Travelled

Accident and Emergency				Other Cases				Total Miles Per Year
Stretcher	2 Handed	Sitting	Total	Stretcher	2 Handed	Sitting	Total	
1183	275	721	2179	4818	7313	20684	32915	35094

Emergency Calls:

The response to emergency calls continues in a most satisfactory way in spite of the sharp increase in the number of calls received in the year 1969 - 5,856 - an increase of 1,009 cases. No difficulties have been experienced in gaining access to the new shopping precinct but traffic congestion in the town centre continues to create difficulties.

Bolton C.B.

Turton U.D.C.

Type of Case	Yearly Total	Type of Case	Yearly Total
Road Accidents	874	Road Accidents	66
Home or Works Accidents	2508	Home or Works Accidents	134
Collapsed Conditions	1988	Collapsed Conditions	80
Discharges from Hospital	1420	Discharges from Hospital	110
Admissions to Hospital	3766	Admissions to Hospital	356
Foot Clinic	676	Foot Clinic	-
Geriatric Day Cases	10548	Geriatric Day Cases	596
Transfer (Hospital to Hospital) ..	1196	Transfer (Hospital to Hospital) ..	6
Transfer (House to House)	58	Transfer (House to House)	6
Mental Cases	82	Mental Cases	-
Psychiatric Day Cases	5586	Psychiatric Day Cases	16
Maternity Cases	1842	Maternity Cases	104
Out Patients	28694	Out Patients	1768
	58218		3232

Vehicle Strength at 31st December, 1969:

The vehicle strength remains at 2 stretcher, 3 all-purpose, 3 dual-purpose and 4 sitting case vehicles equipped with emergency stretchers. All vehicles carry standard first-aid equipment which must be constantly reviewed to give additional aids to crews, e.g., wrecking bars fitted as light rescue equipment on the accident/emergency vehicles.

Ambulance Control Room:

A very high standard of efficiency in operational control has been continued over the year and as the work load increases with the present staff, consideration may have to be given to staffing in the near future. The Control Room provides a very essential link for other emergency services outside normal working hours, e.g., midwives, district nurses, hospital "Flying Squad", emergency oxygen supplies, rota doctor systems for general practitioners and the important radio link with midwives. A number of tests have been carried

out giving a direct link by radio telecommunication and telephone with the Casualty Department and ambulances attending serious accident emergencies whereby advice can be given and specialised assistance directed to the crews at the scene. This method should prove of infinite value when the new motor-way network is opened within our area.

Civil Defence:

In accordance with the Central Government policy of retaining Civil Defence instructors within the local authorities, one member of the Ambulance Service requalified at the Home Office School, Easingwold, Yorks.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

The Health Education Section is under the direct control of the Medical Officer of Health, with the day to day supervision, organisation and planning being the responsibility of the Health Education Officer.

The primary function of the section is the promotion of all aspects of health education in the community at large, this being achieved by talks by the medical officers, Health Education Officer, Public Health Inspectors, health visitors, midwives, district nurses, to schools, various organisations throughout the town, mothercraft and parentcraft classes, and the holding of exhibitions and through the poster and pamphlet media.

The post of Health Education Officer was vacant until March, when Mr. P. Burnard was appointed. The post changed hands again on 1st October. The current incumbent is Mr. B. Sartain.

Activities:

SCHOOLS:

Continuing emphasis is being placed on health education in schools and in this respect a total of 15 secondary schools and 3 junior schools received some form of health education or health education assistance from the department during the year.

Expansion is necessary in this field if we are to provide a worthwhile service. The demand is increasing especially in the mothercraft field. However, expansion is curtailed by the lack of suitably qualified staff and it is thought unfair to place additional work on the health visitors with their present workload and commitments.

HOME SAFETY:

- (a) Two Home Safety exhibitions have been held in the Library foyer. These proved very popular.
- (b) Talks on Home Safety have been given to Over 60's Clubs.
- (c) A course in water safety for 9-12 year olds was held at Moss Street Baths. This was supplemented by posters in clinics, schools and baths.
- (d) Home Safety leaflets in Urdu/Gujerati have been distributed to immigrants through various sources. The ROSPA leaflets on "Safe Use of Oil Heaters" has been distributed through the offices of the Bolton Council for Community Relations.
- (e) Fireworks - school and general distribution of leaflets stressing safety took place. We obtained the loan of the Lancashire County "Firework Safety" trailer which was exhibited in the Town Hall precinct.

A meeting of the Home Safety Committee was held in November. The year's activities were discussed and suggestions proposed for action in the new year.

The overall activities were comprehensive covering all aspects of Home Safety. All activities appeared to have been well received by the general public and certain aspects bear repeating next year.

MOTHERCRAFT AND PARENTCRAFT:

The mothercraft talks, which comprise a ten week series, have run concurrently through the year. These talks have now been incorporated with the Relaxation Classes with a resulting increase in the number of mothers attending both talks.

Three Parentcraft sessions were held during the year. The series of weekly talks have been expanded to five and now include family planning. The last session proved extremely popular with an average weekly attendance of over 100. This series received good publicity in the form of a full page article in the Bolton Evening News. The Domiciliary Midwifery Service undertook a gradually increasing role in the mothercraft and parentcraft talks. The midwives now deliver the majority of mothercraft talks and cover the talk on labour, with a demonstration of the Entonox in the parentcraft series.

POTENTIAL ADOPTEES:

The Children's Department had a course of talks on parenthood for potential adoptees. The assistance of the Health Education Section was requested and gladly given. It is planned to have a further course when sufficient numbers merit it.

CYTOLOGY:

Assistance was given to the publicity for cervical cytology clinics; this plus some liaison visits to industry and commerce resulted in an increased attendance at the clinics.

IN-SERVICE TRAINING:

One hundred Corporation and local executives attended one of three seminars on mental stress held in the Library lecture theatre. The Swedish film "Stress" was shown and well received by the audience.

An in-service training and refresher course consisting of four films was started for the Mental Welfare Officers and other interested parties.

HEALTH VISITORS:

Various in-service training sessions have been held throughout the year. These consisted principally of:

- (1) Health education equipment, its operation and usage.
- (2) Films on cerebral palsy and asthma.
- (3) Talk on dental abnormalities in pre-school children by Mr. C. Ratcliffe, local dentist.
- (4) Demonstration and talk by LIGA on Phenylketonuria.
- (5) Talk by the manufacturers of Estrovis on their product.

- (6) Talk by Dr. Allanson on Intra-Uterine Contraceptive devices.
- (7) A preview and a talk by SMA on their new film, "Baby in the House".
- (8) Dr. Komrower talked to the medical officers, health visitors and midwives on the Scriver Test.

GENERAL:

- (1) The Department's film on "The Work of the Health Department" has been shown to many audiences, including the Social Services Group and has been extremely well received.
- (2) Numerous talks on a wide variety of topics have been given to various clubs within the County Borough. The requests for talks continue to increase. In this respect the Public Health Inspectors have proved extremely co-operative and have given a large number of talks to various groups, on all aspects of their work.

IMMIGRANTS:

Immigrant information leaflets in Urdu and Gujarati are being improved and more provided. Two new leaflets on Bottle Sterilisation and Weaning are in the process of being printed. The department has assisted the Bolton Royal Infirmary in obtaining a translation of the leaflet, "Instruction for Head Injury Patients".

The Health Education Officer attended an interesting day conference on "Immigrants in the Community".

A circular was despatched by the Department of Health and Social Security to all County Council's and County Borough Councils, listing the immigrant language leaflets printed by the various local authorities. To date we have had 31 requests for the leaflets produced by Bolton. These apparently have proved most useful to the recipients.

Much remains to be done in this field, the biggest problem being education, in its broadest sense, of the parents. Though, as stated, we are currently up-dating our Urdu/Gujarati leaflets, the health visitors who distribute these to the mothers have no means of knowing if they can or do, in fact read them, hence immigrant child welfare is handicapped. The husbands would naturally be the obvious person to approach but again there is this uncertainty.

An acute communication problem does exist and thought is being given on how best to overcome this. However, any plans are hampered by:

- (a) The language barrier, which is even more complicated by there being more than one major "minority" language.
- (b) Reluctance of immigrant mothers to attend group discussion/teaching sessions.
- (c) Lack of suitably qualified staff.

The script of the film on the work of the Health Department is being translated into Urdu/Gujerati and it is hoped to make a tape recording of this. When this film is shown to immigrant audiences maybe they will become more aware of the facilities available and utilise them more fully.

Films would probably be the answer to most of our communication problems, but as the costs are so prohibitive, the use of this media is out of the question.

CONCLUSION:

The work of the section continues to expand calling for increasing demands on all staff concerned. Valuable assistance has been given by the health visitors, midwives and public health inspectors in carrying out a comprehensive programme. However, we are rapidly reaching saturation point regarding the acceptance of any further talks. This is unfortunate as the service will suffer by the failure to meet requests when required. Urgent thought should be given to the need for a health education lecturer to supplement the work of the Health Education Officer. This would enable the Health Education Section to expand as required or necessary, and also relieve some of the pressure on the health visiting staff.

Cervical Cytology and Cancer Screening:

The Cervical Cytology and Cancer Screening Clinic, which started in 1965, held a total of 116 sessions in 1969. Of these, 108 were held at Health Department premises and 8 at industrial premises where large numbers of women are employed.

The total number of tests carried out was 2,044 or an average of 18 tests per session. At each session one medical officer, two nurses and a clerk attended. As in previous years, a clinical examination of the breasts and regional lymph nodes preceded the pelvic examination and cervical smear. Nineteen of those attending asked for breast examination only.

The total number of smears taken was 2,025, of which 61 had to be repeated for various reasons.

Thirteen patients who had positive or suspicious smears were followed up as against 18 patients in 1968, 60 patients in 1967 and 7 patients in 1966. Of the 13 patients found in 1969, one had radium treatment, three had total hysterectomy, eight had cone biopsy and one was still in hospital under investigation at the end of the year.

One hundred and three patients had to be referred to their general practitioners for conditions other than cancer, discovered during the examination. Seventy-eight of these were Trichomonas infection, 19 Monilian infection, 3 suspicious lump in the breast. There was also one patient with polypus, one with a firm mobile lump in the abdomen and one, whose smear was reported to show inflammatory changes with degenerate epithelial cells.

Patients are asked to return for a repeat smear after three years. Of the 920 women who attended in 1966, 694 came back for a routine repeat smear in 1969, representing 75.4%. One only was positive.

The summary by age and parity of the number of patients examined in 1969, new patients and patients returning after three years for a repeat smear, together with their results is given in the table below.

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	
	New Patients	Routine Repeat Smears	New Patients	Repeat Smears	New Patients	Repeat Smears
Under 25	149	2	2	—	1.34	—
25-34 yrs.	417	106	3	—	0.72	—
35-44	314	309	3	1	0.95	0.32
45-54	249	216	3	—	1.20	—
55-64	106	57	1	—	0.94	—
65 and over ..	16	4	—	—	—	—
TOTAL ..	1,251	694	12	1	0.96	0.14
Number of Pregnancies:						
0	106	19	—	—	—	—
1	294	88	2	—	0.69	—
2	447	249	6	1	1.34	0.23
3	235	180	2	—	0.85	—
4	94	93	2	—	2.13	—
5	38	30	—	—	—	—
6 and over ..	37	35	—	—	—	—
TOTAL ..	1,251	694	12	1	0.96	0.14

Geriatric Advisory Clinic:

The Geriatric Advisory Clinic for patients over 60 years of age continued to be held on Wednesday mornings at the Civic Centre. A total of 109 patients attended in 1969 as against 115 in 1968 and 119 in 1967.

The sources of referral to the clinic in these three years were as follows:

Source of referral	1967	1968	1969
Chiropody clinic	31	76	75
Previous patients	28	12	17
Health visitors and district nurses	24	11	14
Talks at Over 60 Clubs	35	15	3
General Practitioners	1	1	0
TOTAL	119	115	109

The age and sex distribution of these patients is given in the table below:

Age	1967		1968		1969	
	Men	Women	Men	Women	Men	Women
Under 65	5	44	2	15	0	15
66-75	17	41	11	58	18	44
Over 75	3	9	12	17	10	22

The most frequent medical condition found and dealt with at the clinic, just as in previous years, was obesity. Twenty two patients were found to be overweight, some with associated hypertension, and were given dietary advice. Eight patients were found to be hypertensive and were referred to their general practitioners. Two patients who presented with suspicious lumps in their breasts were also referred to their general practitioner. Five patients were referred for physiotherapy, four to the Chiropody Clinic, six to the Cervical Cytology Clinic and two to the Hearing Aid Clinic from the Geriatric Advisory Clinic.

A total of 29 patients was referred from the clinic for further help in 1969 as against 31 in 1968 and 43 in 1967.

Convalescent Home Accommodation:

During the year there were 26 applications for convalescence for adults. All applicants were interviewed by medical officers of the department and all were accepted. Three applications were subsequently withdrawn and two applicants were not accepted by the Hospital Saturday Council.

Of the 18 applicants accepted for a period of two weeks, 12 were admitted to homes in Blackpool and St. Annes and 6 to a home at Southport.

Chiropody:

The Chiropody Clinic is held daily in the Health Department and one day per week at Halliwell Health Centre and Deane Clinic. It will be seen from the table below that the demand for this service continues to increase.

	1964	1965	1966	1967	1968	1969
New Clinic Patients	266	173	142	504	636	624
New Domiciliary Patients . . .	135	117	181	256	358	342
Clinic Patients on Register at Year End	1,477	1,535	1,486	1,830	2,104	2,211
Domiciliary Patients on Register at Year End	220	280	369	553	580	734
Recall Period	6 - 8 weeks	10 - 11 weeks	7 - 8 weeks	11 - 12 weeks	9 - 10 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				Total	No. of treatments given at home	Total clinic and home treatments
	Free			Paying			
	Aged	Handi- capped	Expectant Mothers	Aged			
1969	5,263	453	—	4,039	9,755	3,820	13,575
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

HOME HELP SERVICE

The Home Help Organiser, two Assistant Organisers and two case workers are responsible for the management of the service. During the year, 1,761 households received assistance; 925 new applications were made, 66% actually being served. Every application is visited to determine whether or not help is necessary. More than eleven thousand follow-up visits were made to determine whether the patients needed more or less help than they were receiving, making any necessary adjustments and re-assessing financial circumstances.

Many people who have been allocated home help on a temporary basis are quite determined it shall continue and resort to all kinds of stratagem. During the year we have co-operated with the relatives of aged and infirm people when temporary help has been requested to enable them (the relatives) to take a holiday.

The successful running of any Home Help Service depends on the ability of the administrative staff to separate the wheat from the chaff - the distinction between cases of real distress and cases of imagined distress. A thousand patients can be satisfied with the Service and no one hears anything about it but let one person be dissatisfied and probably fifty people will know about it.

There is no doubt that the provision of a home help frequently enables the elderly patients to remain in their own home for far longer than would otherwise be possible. Loneliness is one of the great problems of advancing age and the visit of the home help is valuable in alleviating the loneliness and monotony of their lives. Sometimes, the actual presence of the home help is of far more therapeutic value than the practical work done.

SOURCE OF APPLICATIONS (expressed in percentages):

General Practitioners	.. .. .	18.7
Health Visitors	.. .. .	21.2
Hospitals	.. .. .	10.4
Welfare Department	.. .. .	10.1
Relatives	.. .. .	10.5
Self	.. .. .	9.1
Friends	.. .. .	5.5
District Nurses	.. .. .	6.5
Department of Health and Social Security	..	4.1
Mental Health Officers	.. .. .	1.6
Children's Department	.. .. .	1.1
Co-ordinating Committee	.. .. .	0.2

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

	1966	1967	1968	1969
Maternity	54	24	27	18
Tuberculosis	6	13	14	12
Chronic Sick, Aged and Infirm ..	1,482	1,504	1,641	1,655
Other cases	64	67	68	76
TOTALS ..	1,606	1,608	1,750	1,761

Summary of Payment for Service

	Free	Part Cost	Full Cost
Maternity	1	2	15
Tuberculosis	9	—	3
Chronic Sick	1,409	52	196
Other Cases	48	4	24
TOTALS	1,465	58	238

The maximum charge for the Service has remained at 4/6d. per hour, which is much lower than the normal charge for private domestic help. This has resulted in requests from people who only required domestic help and from others whom the Organiser would otherwise have fixed up with private help.

Staff:

The recruitment of suitable women for the Service has never been easy, and due to new industries and the willingness of the several Mail Order Firms in Bolton to employ part-time workers, has now become extremely difficult. It cannot be emphasised too strongly that the reputation of the Service rests on the honesty and integrity of the home helps themselves and it is better to leave vacancies unfilled rather than recruit the wrong type of person.

On an average, fourteen hundred households are served each week, varying from one visit per week to six visits a week. This spotlights the amount of travelling the home helps do, plus of course, shopping, collecting pensions, etc., and inevitably leads to an unusually high sickness rate. Sickness among the home helps usually coincides with the season of greatest demand and this makes the Service doubly difficult to run during the winter months. To take an example, more than one-third of the home helps were absent during the 'flu epidemic (either they were sick themselves or their husbands or children were sick) and there was a greatly increased demand from the public for assistance. The increased pressure resulted in many patients having less help than was desirable or missing help for one or two weeks.

There is a high turnover of staff. In some instances a woman will work as a home help during the summer months and return to an indoor occupation (mail order or mill) during the winter months. It is worthy of note that there are 49 who have worked continuously for 5 years, 24 who have worked continuously for 10 years and 6 who have 20 years service.

During the year the Organiser interviewed just over one thousand applicants.

Filthy and Verminous Cases:

Several notifications were received of elderly people and special families living in dirty and/or substandard houses. Usually they are known to many sections of the Health Department and other social agencies, but service cannot be provided unless the tenant agrees. Frequently, there is little or no

attempt at personal cleanliness, the beds are soiled and verminous, blankets non-existent and the floor is used as a toilet. Here the home help faces a mammoth task, aggravated by the patients who will not co-operate, who will spend any monetary grant obtained on non-essentials, or will sell any articles bought for them when the spending of the grant is done by the Service.

Night Sitting Service:

Two night attendants carried out most of the calls for this service with occasional assistance from volunteer home helps. Although not extensively required, it is essential in a number of cases mainly to comfort the dying who would otherwise die alone or to give occasional assistance to persons caring for a critically ill relative. Thirty-one patients received forty-six nights of help.

Week-end Emergency Service:

Two home helps are on standby duty at defined hours on Saturday and Sunday. There was no lack of volunteers during the year for this Service. Like the Night Sitting Service, this is not a publicised service, but does supply a real need.

During the year, the Organiser has lectured to various associations, to students from Universities, Colleges and other teaching bodies.

Medical Examination:

Many of the home helps are women of 45 or more who are rather more likely to be absent from work for medical reasons than would younger people. This leads to some difficulties because people who require assistance expect and must be given a reliable service. The success of the Home Help Service 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 considered 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.

The total number of home helps examined during the year was 143 as against 141 in 1968 and 48 in 1967. Only one person was found to be unfit as against 5 in 1968 and 4 in 1967.

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.

There were only 3 such medical investigations in 1969 as against 30 in 1968 and 52 in 1967.

MENTAL HEALTH

The Mental Health Department continues to provide an adequate service. There is at present one vacancy for a mental welfare officer. The policy of seconding staff to courses leading to full qualification, thereby providing a more efficient service, is running smoothly. The Deputy Chief Mental Health Officer successfully completed the course for the Certificate in Social Work and has returned to the department and one Welfare Assistant is on her last year of a two year course. Two mental welfare officers have applied for training and if successful, every member of staff will be a trained professional social worker.

Staff:

The staff position at 31st December, 1969, was:

- 1 Chief Mental Health Officer
- 1 Deputy Chief Mental Health Officer

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. Leyberg and Dr. G. G. Hay, 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 patients. These meetings are supplemented by day to day informal contact at hospital or Out-Patient Clinics and joint home visits by the consultant and the mental welfare officer to provide support for clients living in the community.

An 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.

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	119	138	29	59	345
Section 25	43	31	2	21	97
Section 26	—	—	—	—	—
Section 29	18	17	3	—	38
Section 60	2	—	—	—	2
TOTALS	182	186	34	80	482

	1968	1969
Admissions to hospital	530	482

During the year there was a decrease of 48 patients admitted to hospital (9% decrease). Of the total number of admissions, 71% were admitted on an informal basis.

38 patients were admitted as acute emergency and two men were admitted on a 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	60	86	21	69	236
Relatives	45	31	5	14	95
Police	13	13	—	3	29
Consultants and Hospitals	34	47	9	14	104
Others	41	56	11	43	151
TOTALS	193	233	46	143	615
DISPOSAL—					
ADMITTED TO HOSPITAL—					
Informally	35	47	13	28	123
Under Section 25 Mental Health Act ..	43	31	2	21	97
Under Section 26 Mental Health Act ..	—	—	—	—	—
Under Section 29 Mental Health Act ..	18	17	3	—	38
Under Section 60 Mental Health Act ..	2	—	—	—	2
TOTAL HOSPITAL ADMISSIONS	98	95	18	49	260
Referred for Psychiatric Opinion	38	67	8	17	130
Placed under Community Care	27	40	11	49	127
Died	—	2	—	—	2
No further action required by Mental Health Service	30	29	9	28	96
TOTALS	193	233	46	143	615

	1968	1969
Visits to investigate referrals	596	615
Community care visits	5,527	5,277

Greenmount House:

This purpose-built psychogeriatric 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 43 were admitted for temporary periods. Day care facilities were continued during the year; six cases were transported daily by ambulance and were returned at night.

There are 51 cases on the waiting list. 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
Died	—	9	9
	—	10	10
Admissions were:	Male	Female	Total
From psychiatric hospital	—	1	1
From home	—	9	9
	—	10	10

Greenroyd Hostel:

Supervised Group Home for 8 mentally ill adults having completed their treatment and considered to be in need of rehabilitation and employment before living in the community without supervision. During the year 3 females have been rehabilitated and are now living in the community.

There are 8 residents at present, 3 males and 3 females having been found full time employment and 2 females attend the Rehabilitation Unit at Cotton Street.

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

Proposed Rehabilitation Hostel - Heaton Grange:

Work commenced on the building of the hostel to be opened next year. The hostel will accommodate nine patients in need of rehabilitation and re-settlement prior to living an independent life in the community. During the day all residents will follow their employment or attend the Re-habilitation Centre at Cotton Street.

The hostel is 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.

Psychiatric Rehabilitation Unit - Cotton Street:

This unit was opened on 8th April, 1969. The aims are to help patients gain confidence in their own abilities and to promote the possibility both of an independent existence and to conform with the normal requirements of society. Employment in this connection is of paramount importance. Patients are employed on contract work obtained from local firms and the gardening section maintain the grounds of Health Department premises.

Three males and two females have been placed in full time employment and are leading an independent life,

The number of patients attending at the end of the year was 8 males and 7 females.

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 to both the junior and adult training centres, adult hostel, together with supportive home visits by social workers is at present providing an adequate community care service.

Hospital Admissions for Subnormality

Mental Health Act, 1959:	Male	Female
Informal	6	4
Section 26	1	1
Section 60	2	1
TOTALS	9	6

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:

	1968	1969
Community care	1,041	1,017
At request of hospitals	25	23

Mental Health Act, 1959

Cases referred to Health Department for Investigation

New Cases reported by:	Male	Female	Total
Local Education Authority	1	—	1
Section 57 Education Act, 1944	3	1	4
E.S.N. School Leavers	13	6	19
Health Visitors	4	5	9
Consultant Paediatrician	14	4	18
TOTALS	35	16	51

Action taken:

Admitted to hospital-

Informally	-	1	1
Under Section 65 Mental Health Act, 1959	-	-	-
Total Hospital Admissions	-	1	1
Admitted to Junior Training Centre ..	15	4	19
Admitted to Adult Training Centre ..	5	5	10
Community Care	11	5	16
No further action at present	4	1	5
TOTALS	35	16	51

Number of Subnormal and Severely Subnormal Persons receiving care on 31st December, 1969

	Male	Female	Total
In Hospitals	86	93	179
Community care	201	165	366
TOTALS	287	258	545

Classification of Severely Subnormal Persons Awaiting Hospital Care on 31st December, 1969

	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 74 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. Admissions during the year were 15 male and 4 female children.

Social training visits of observation made during the year included Library, Museum, Theatre, Fire Station and excursions into the country. Pupils from 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 24 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 making pillow cases, ironing board covers 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 total number of 10 trainees were placed in open employment during the year. The Special Care Unit provided day care for 10 severely subnormal persons.

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

Medical Inspection:

During the year all trainees have received a medical examination. Those who required treatment were referred to their general practitioners.

Park House:

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

Short term care was provided for 8 cases.

Six residents are in full time employment.

Sixteen attend Cotton Street Adult Training Centre for Subnormals.

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	2
Dysentery	50
Acute Encephalitis	—
Enteric Fevers (including Paratyphoid)	—
Malaria	—
Measles	320
Acute Meningitis	1
Ophthalmia Neonatorum	—
Acute Poliomyelitis:	
Paralytic	—
Non-paralytic	—
Scarlet Fever	60
Smallpox	—
Whooping Cough	12
Food Poisoning	40
Infective Jaundice	56

Some infections such as pneumonia, erysipelas and puerperal pyrexia that were notifiable in 1968 have been removed from the list.

Other notifiable diseases are Cholera, Leprosy, Leptospirosis, Plague, Relapsing Fever, Tetanus, Typhus Fever and Yellow Fever. No cases of these diseases were notified during the year.

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

Disease	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Anthrax	1	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	1	2
Dysentery	509	229	331	97	94	125	136	53	168	50
Acute Encephalitis	1	—	—	—	—	—	—	—	—	—
Enteric Fever	1	1	2	1	—	—	—	—	—	—
Malaria	1	1	1	1	—	—	—	—	—	—
Measles	1058	2708	576	2193	973	1591	1419	666	559	320
Acute Meningitis	4	1	—	—	—	2	1	1	—	—
Ophthalmia Neonatorum	—	—	1	1	—	—	1	—	—	—
Acute Poliomyelitis:										
Paralytic	1	15	1	1	2	—	—	—	—	—
Non-Paralytic	—	10	—	1	—	—	—	—	—	—
Scarlet Fever	186	89	59	66	58	156	242	63	38	60
Smallpox	—	—	—	—	—	—	—	—	—	—
Whooping Cough	179	147	2	55	142	26	95	96	27	12
Food Poisoning	59	47	66	62	41	38	31	64	61	40
Infective Jaundice	(Notifiable from June, 1968)								21	56

Deaths from Infectious Diseases, 1960 - 1969 inclusive:

Disease	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-
Diarrhoea and Enteritis under 2 years of age ..	1	1	1	3	2	-	2	3	7	6
Enteric Fever (including Paratyphoid)	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection ..	-	1	1	-	1	1	1	2	1	-
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-
Pneumonia	110	114	122	146	90	115	134	102	141	170
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-

Diphtheria:

For the second year in succession a case of diphtheria was notified in Bolton. A girl of five was admitted to hospital and tests subsequently showed that the illness was diphtheria. The girl had not been immunised. Though the school that the girl attended was on holiday, nearly all the children in the class were located and nose and throat swabs taken. A five year old boy among this group was found to have diphtheria organisms present in his throat and was admitted to hospital. When the children returned to school nose and throat swabs were taken from the whole school. Those children who had been immunised were given a re-inforcing injection and the remainder - children who were not immunised - were given the first injection of a course. It was noticed that more than half the children at this school had not been immunised. No further cases of diphtheria were discovered and the boy and girl made complete recoveries. Only two-thirds of the children in Bolton are protected against diphtheria and it appears that this level is too low to ensure that the disease will not occur. The presence of these cases indicates that the organisms which produce the diseases are present in the environment and will indicate their presence if sufficient susceptible (that is non-immunised) children are present in the town.

Dysentery:

The number of cases notified was the lowest for twenty years. Most of the cases appeared to be sporadic but some cases of Sonne dysentery were found among children in a residential children's nursery. The outbreak appeared to follow the admission of two children with the condition from an area outside Bolton. One of the staff also contracted the condition. As a routine the stools of children admitted to the nursery are sent for examination but in this instance by the time the result was available from the laboratory the disease had spread to some of the other children in the nursery. Isolation and treatment of the affected children soon brought the outbreak to an end.

Gastro-enteritis of Infancy:

Six deaths occurred in children under two years of age in 1969, compared with seven in 1968. These deaths in the two years are the same number as the combined total for the previous ten years. This may be related to some change in the nature of certain serological types of *Escherichia Coli* which used to be regarded as harmless normal inhabitants of the intestine.

There was a small outbreak of gastro-enteritis in one of the Bolton Maternity Homes. The affected babies were transferred to an isolation hospital and the home was closed for a short period. All of these children recovered but the illness can be particularly dangerous if the children have some other condition which interferes with their health such as a congenital lesion.

Brucellosis:

This disease is not notifiable at present but at least two people in Bolton were found to have the condition.

A voluntary scheme for the prevention of the condition was put into operation in October, 1966. When the disease is discovered in a cow the animal is removed for slaughter and pasteurisation of the milk takes place until tests for brucellosis (by a milk agglutination test) are negative. The number of cows slaughtered was:

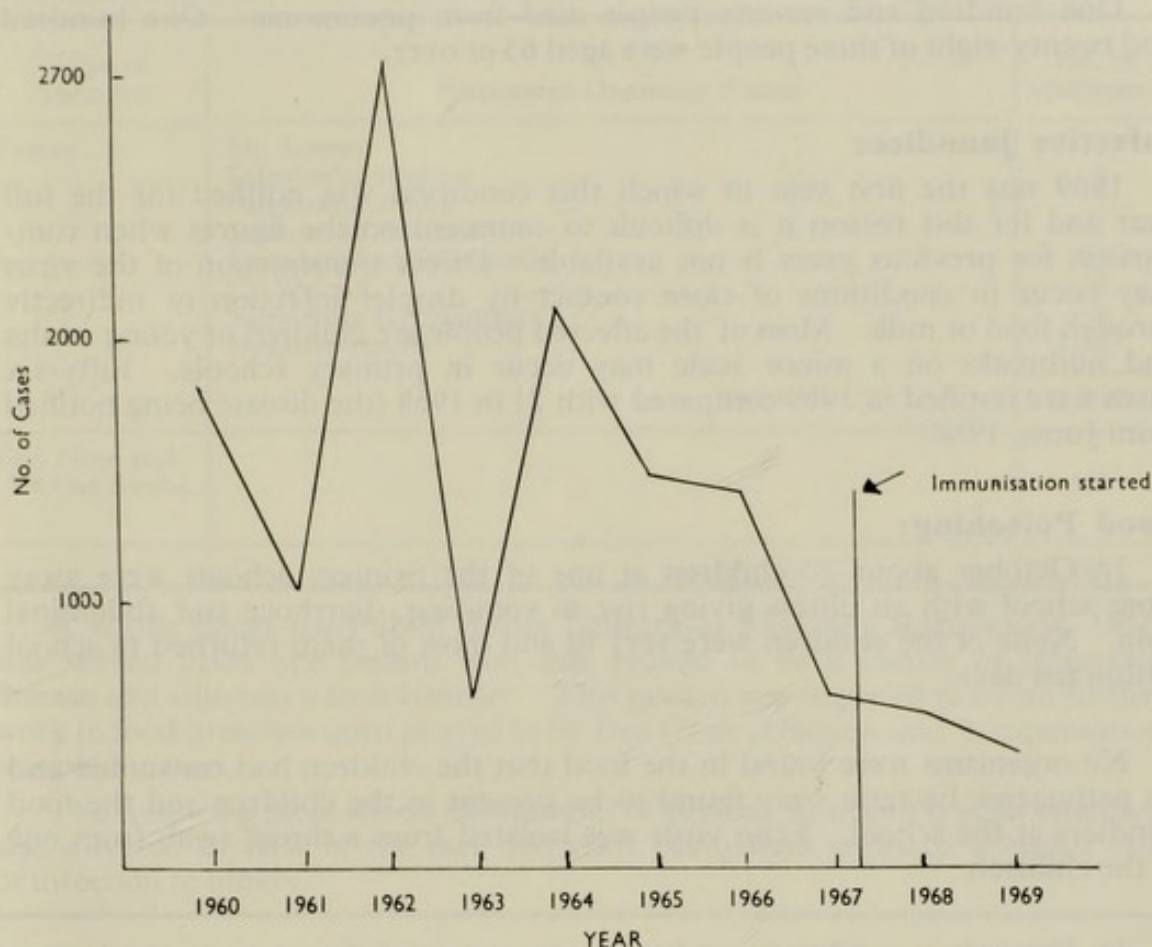
1966 (for 3 months)	..	..	..	..	..	4
1967	..	..	..	..	..	10
1968	..	..	..	..	..	25
1969	..	..	..	..	..	18

In the year 1,007 samples of milk (from bulk and individual samples) were taken from both roundsmen and farms and examined for *Brucella abortus*. Ten of the 40 farms involved were situated outside the Borough. Eighteen cows found to be affected were voluntarily sold for slaughter and the milk temporarily pasteurised. Positive reactions from farms outside Bolton were referred to the County Medical Officer of Health.

Measles:

During 1969 only 320 cases of measles were notified and this is the second lowest figure recorded in Bolton since notification of the condition started.

The following graph indicates the incidence in the last ten years:



The recent fall is mainly due to the introduction of immunisation. Unfortunately, the number of cases was rising towards the end of the year and it appeared that the number of children being brought for immunisation was dropping. Many parents appear to think that measles is a harmless condition and do not appear to realise that there are many complications that can accompany the illness. Ear infections and deafness are not uncommon sequelae to the illness.

The figures for the number of children protected against the disease are given in the section of the report dealing with Immunisation and Vaccination.

Whooping Cough:

The number of cases notified again dropped from 27 in 1968 to 12. This is encouraging in view of the reported increase in strains of the bacteria which may not be fully affected by immunisation.

Poliomyelitis:

No cases of poliomyelitis were notified. During the year a child developed poliomyelitis in an area just outside Bolton and contacts of the child in the town were surveyed and immunised.

Scarlet Fever:

Sixty cases of the illness were notified. The disease continued to be in a mild form.

Pneumonia:

One hundred and seventy people died from pneumonia. One hundred and twenty-eight of these people were aged 65 or over.

Infective Jaundice:

1969 was the first year in which this condition was notified for the full year and for this reason it is difficult to comment on the figures when comparison for previous years is not available. Direct transmission of the virus may occur in conditions of close contact by droplet infection or indirectly through food or milk. Most of the affected people are children or young adults and outbreaks on a minor scale may occur in primary schools. Fifty-six cases were notified in 1969 compared with 21 in 1968 (the disease being notified from June, 1968).

Food Poisoning:

In October about 30 children at one of the primary schools were away from school with an illness giving rise to vomiting, diarrhoea and abdominal pain. None of the children were very ill and most of them returned to school within ten days.

No organisms were found in the food that the children had consumed and no pathogenic bacteria were found to be present in the children and the food handlers at the school. Echo virus was isolated from a throat swab from one of the children.

In December, a Christmas dinner was arranged for sixteen people at a restaurant in a neighbouring borough. Later that night fourteen of these people (eleven of whom were from Bolton) developed symptoms of food poisoning. Seven of these people showed the presence of heat resistant *Clostridium Welchii* in their stools. All made a satisfactory recovery. The vehicle of infection was not proved but owing to the heavy Christmas programme, the preparation and cooking of the turkey and its associated gravy, which was produced from turkey stock, had been commenced some 20 hours prior to the consumption of the food. The method was immediately discontinued.

In September a man who was seriously ill with kidney disease was admitted to the Bolton Royal Infirmary. Tests subsequently showed that he had a *Salmonella* infection. The other patients in the ward were tested to see if the infection had passed to them and for a time admissions to the ward were suspended. Examination of patients in other wards indicated that other *Salmonella* infections were present in patients. Two of the staff showed that they had a symptomless infection and were kept away from work until tests were negative. For a few weeks admissions to these wards stopped until no further cases were isolated at the Infirmary. All the patients discharged from the wards were followed up by local authority staff to make sure that the infection was not carried home.

General Administration of the Control of Infectious Diseases:

Public Health Inspectors carried out 336 visits and Health visitors 177 visits to make enquiries concerning infectious diseases.

The number of specimens sent for examination to the Department of Pathology at the Bolton Royal Infirmary was 1,392. 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	11
	Salmonella virchow	2
	Salmonella dublin	2
	Salmonella kinshasha	1
	Unidentified Salmonella	23
	Cl. Welchii	8
	Salmonella typhimurium	8
	Negative results	1,337
	TOTAL	1,392
Ear, Nose and Throat Swabs	.. .. .	949
	GRAND TOTAL	2,341

A notice under the Public Health (Infectious Diseases) Regulations, 1968, 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	—	3	—
Negative	6	20	22
NURSERY STAFF			
Positive	—	—	—
Negative	2	1	1
NURSING AND HOSPITAL STAFF			
Positive	—	5	—
Negative	1	2	—
SCHOOL STAFF			
Positive	—	—	—
Negative	1	1	—
HOME HELPS			
Positive	—	—	—
Negative	—	—	8
TOTALS ..	10	32	31

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)	-	-	-	-	-	-	1	1	1	2	8	1	-	14
Females (European)	-	-	-	1	-	-	-	-	3	-	-	2	-	6
Males (Asian)	-	1*	1	2	2	3*	2	5*	1	1	-	-	-	18
Females (Asian)	1	-	1	1	-	3*	1	4	6	-	-	-	-	17
TOTALS	1	1	2	4	2	6	4	10	11	3	8	3	-	55

Non-Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males (European)	-	-	-	-	-	-	-	1	-	-	2	-	-	3
Females (European)	-	-	-	1	-	-	-	-	-	1	-	1	-	3
Males (Asian)	1	-	1	-	3	3	4	3	3	-	-	-	-	18
Females (Asian)	-	-	-	-	2	2	1	5	-	-	-	-	-	10
TOTALS	1	-	1	1	5	5	5	9	3	1	2	1	-	34

*Four males (Asian) and one female (Asian) notified also as non-respiratory tuberculosis.

The number of cases on the Tuberculosis Register at the end of the year was 189.

	MEN	WOMEN	CHILDREN	TOTAL
Respiratory Tuberculosis	74	44	19	137
Non-Respiratory Tuberculosis	24	15	13	52
	98	59	32	189

Deaths:**Respiratory Tuberculosis**

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

Non-Respiratory Tuberculosis

One female (European).

Summary of work at the Chest Clinic:

	1968	1969
Number of new cases notified	85	89
Number of deaths	5	10
Number of attendances of new cases	835	574
Number of cases referred from Mass Miniature Radiography Units	137	115
B.C.G. Vaccinations	173	204
Total attendances at clinic	1840	1686
Number of contacts examined	179	323

General Comment:

There were 89 new cases of tuberculosis notified during 1969, 4 more than last year. Ten patients died of tuberculosis during the year.

There are now 3 patients (2 males and 1 female) with persistently positive sputa.

During the year, 204 B.C.G. vaccinations were carried out at the Chest Clinic.

Care and After-Care of Patients Suffering from Tuberculosis:

The increase in the number of notified cases led to a great increase in the activities in this field. Close co-operation continued between the staffs of the Health Department and the Chest Clinic. The health visitor and two nurses attended all of the 129 diagnostic sessions and 10 special contact sessions in the Chest Clinic.

After-Care Panel:

This Panel held five meetings in 1969. The social problems, particularly the housing conditions of all cases discharged from hospitals and all cases notified between the meetings were reviewed by the Panel and where necessary rehousing was initiated by it.

Other After-Care Activities:

The number of patients cared for by the Home Nursing Service is as follows:

Year	No. of T.B. Patients	
	Pulmonary	Non-Pulmonary
1967	12	22
1968	18	22
1969	27	27

Number of treatments given by the Home Nursing Services mainly injections of Streptomycine:

Year	No. of Treatments
1967	2,499
1968	2,849
1969	2,955

The number of home visits paid by the health visitor has also increased:

Year	No. of Home Visits
1967	339
1968	462
1969	565

Home visiting is a useful way of contacting tracing and it formed the basis for attempts at epidemiological work on tuberculosis. This work brought to light some interesting features of the occupational distribution of the notified cases.

The largest single occupational group appeared to be that of housewives. There were a total of 24 cases notified in 1969, 18 as pulmonary and six as non-pulmonary cases. Workers in the textile industry numbered 19, 17 males and 2 females. Nine had pulmonary tuberculosis, 8 suffered from tuberculosis adenitis, one from meningitis and one from tuberculosis bones. However, some of the 13 cases whose occupation was given as unemployed or as labourer were at some time previously in the textile industry and could make this the largest single group. Of the 14 school children notified, 6 were suffering from pulmonary tuberculosis, 5 from tuberculosis adenitis, two from tuberculosis bones and one from tuberculosis peritonitis. There were also 3 clerical workers, one each of pulmonary tuberculosis, renal tuberculosis and tuberculosis peritonitis. Other occupations ranged from physician, through publican, merchant seaman to cleaners, all worthy of intensive follow-up studies for the tracing of contacts.

The health visitor in addition to contact tracing and preparing reports for the After-Care Panel was also advising on treatment, and in general contributed to the health education of the patient and his family during the visit.

Contact Clinics:

Though contacts of tuberculosis cases are often referred to the routine diagnostic sessions of the chest clinic, 10 special sessions were reserved for contacts of recently discovered cases. Three hundred and twenty-three cases attended in 1969 as against 179 in 1968 and 392 cases in 1967. Fourteen of the 323 contacts required treatment.

B.C.G. Vaccination:

Contacts of recently discovered cases of tuberculosis, children mainly under school age, were Heaf tested. Those with a negative reaction and also all newborn babies who were contacts, received B.C.G. vaccine.

Year	No. of B.C.G. Vaccination of Close Contacts				
1966	86
1967	133
1968	173
1969	204

B.C.G. Vaccination of School Children:

School children in the twelve year old age group, if their parents consented were tuberculin tested. We used the Heaf gun multiple puncture skin test. The reaction to the tuberculin test was read 72 hours later and if it was negative the child was given B.C.G. vaccine.

Though the parents of 2,151 children have given their consent we found that 225 were absent from school the day they were tested and of those who received the skin test a further 96 were absent when the test was read three days later.

The large number of absentees limits the validity of the finding that 9.15% of the school children tested were positive reactors, 166 out of 1,815. Fifty eight of these children whose Heaf test was strongly positive were X-rayed, but no new case of tuberculosis was discovered among them.

The result of this work is summarised in the following table.

B.C.G. Vaccination of School Children

No. of consents received	..	..	..	..	2,151
No. of children skin tested	..	..	..	..	1,911
No. absent for skin test	..	..	..	..	225
No. found positive	..	..	..	..	166
Positive reaction - 108					
Strongly positive reaction - 58					
No. found negative	..	..	..	..	1,649
No. given B.C.G.	..	..	..	..	1,649
No. absent for reading	..	..	..	..	96

Year	Total No. of Children	No. Positive	% Positive
1969	1,815	166	9.15
1968	1,950	322	16.5
1967	1,859	233	12.0

School Children with Positive Tuberculin Tests:

In accordance with the second report of the Medical Research Council's Tuberculosis Vaccines Clinic Trials Committee, issued in February, 1960 which recommended the follow-up of school leavers found to have strongly positive tuberculin tests, 68 appointments were made to X-ray such children.

Incidence of Tuberculosis in Immigrants in Bolton:

During 1969, out of a total of 89 patients notified, 63 or 70.8% were either Pakistani or Indian. In 1968, out of a total of 85 patients notified, 44 or 51.7% were either Pakistani or Indian. In 1967, these figures were 20 out of 46 or 43.4% only. It is well known that immigrants to this country show a higher incidence of tuberculosis.

To offer some protection against the disease, in 1967 and 1968 with the agreement of the Bolton Commonwealth Friendship Council and with the permission of the parents concerned, 619 school children of Asian origin were tuberculin tested and 433 negative reactors among them were given B.C.G. vaccination. This protection will be further extended and plans were made in 1969 to offer B.C.G. vaccination to all newborn babies of Asian mothers.

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, 9,009 people (3,103 males and 5,906 females) were examined, 311 people referred by general practitioners, 2,992 people from factories and offices and 5,706 at sessions for general public volunteers. Ten cases of tuberculosis were found requiring treatment, 4 cases requiring supervision and 4 cases of bronchial carcinoma. Seven of the cases of tuberculosis were discovered in people who attended the sessions for general public volunteers."

Mass Miniature Radiography Surveys

	No. of Persons Examined			Active Tuberculosis			Malignant Neoplasms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
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
1969 Rate per 1,000 examined	3,103	5,906	9,009	6 1.93	4 .68	10 1.11	3 .97	1 .17	4 .44

Significant Abnormalities (Distribution by Age and Sex)

Abnormalities	Males											Females											Grand Total	
	Under 14	15-14	20-19	25-24	35-34	45-44	55-54	60-59	65 & over	Total	Rate per 1000	Under 14	15-14	20-19	25-24	35-34	45-44	55-54	60-59	65 & over	Total	Rate Per 1000	Cases	Rate per 1000
Tuberculosis requiring close clinical supervision or treatment.			3	1			1		1	6	1.93		2		1					1	4	0.68	10	1.11
Tuberculosis requiring only occasional outpatient supervision							1		2	3	0.97						1				1	0.17	4	0.44
Malignant Neoplasms.								1	2	3	0.97									1	1	0.17	4	0.44
Non-Malignant Neoplasms.					1					1									1	3	4		5	
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.					2	8	13	4	12	39				1		3	16	3	12	7	42		81	
Pneumoconiosis without P.M.F.							2	5	2	4	13										-		13	
Pneumoconiosis with P.M.F.										-											-			

VENEREAL DISEASE

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

"Thirty-two cases were referred from the Moral Welfare Worker and the ante-natal clinic. This is thirteen more than in 1968. The clinic staff carried out 100 domiciliary visits for the purpose of ascertaining the cause of non-attendance.

Gonorrhoea:

Gonorrhoea in males in the age group 16-20 has remained nearly the same as in 1968, but in females of the same age group it has shown a 20% decrease compared with 1968.

There were no cases of congenital syphilis in the Bolton area in 1969. In fact, congenital syphilis has virtually disappeared from the area.

Penicillin resistant gonorrhoea is becoming a problem and the cost of treatment is thereby increased. It remains of the utmost importance that all cases of urethral discharge should be sent to the Special Treatment Centre as the reservoir of resistant organisms in the area is a problem which can only be dealt with by repeated laboratory investigations."

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Syphilis	19	19	10	14	16	10	7	20	4	4	7	1
Gonorrhoea ..	57	58	74	123	72	46	64	93	157	182	235	205
Non-Venereal Diseases ..	214	265	320	348	349	352	335	407	310	413	401	470
TOTALS ..	290	342	404	485	437	408	406	510	471	599	643	676

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

During the past year the survey of offices, shops and railway premises was completed and the re-inspection of premises was commenced.

The survey of two Improvement Areas was completed and included 263 premises in the Viking Street Area and 256 premises in the Brooklyn Street Area. In addition, preliminary assessments from external observations were made in several other areas where it was thought that Improvement Areas might be introduced. These surveys will need to be carried out in detail to ascertain the standard of repair of the houses.

The requests from the Borough Planning Officer and from the Borough Treasurer as to the anticipated life of various premises in respect of which applications for improvement grants or mortgages have been received, has presented an increasing volume of work for the housing inspectors and myself, as individual visits are often necessary.

SLUM CLEARANCE

Clearance Areas and Compulsory Purchase Orders:

Since the start of the Council's Slum Clearance Programme (November, 1955) 5,889 houses have been demolished by way of compulsory purchase order or individual unfit house procedure. There have been 4,495 families rehoused from these premises.

During the year 1969, there were 682 houses demolished and 640 families rehoused under the provisions of the Housing Acts 1936 - 1965. The areas dealt with were as follows:-

- North Ward Nos. 1-4 (Howard Street area)
- West Ward No. 12 (Boundary Street area)
- Halliwell Ward Nos. 2-4 (Plato Street and Southern Street areas)
- Halliwell No. 5 (Rivington Street area)
- East Ward Nos. 6 and 7 (Cooper Street area)
- Valletts Lane area
- Derby Ward Nos. 12-18 (Commission Street area)
- Halliwell Ward Nos. 6 and 7 (Center Street area)
- Rumworth Ward Nos. 1-5 (Bella Street and Blackledge Street areas)
- East Ward No. 8 (Arthur Street area)
- Bradford Ward Nos. 12-21 (Pilkington, Shaw and Hammond Street areas)
- West Ward Nos. 17-21 (Brougham Street, Hampden Street areas)
- West Ward No. 13 (Boardman Street area)
- West Ward Nos. 14-16 (part Leicester Street area)
- East Ward Nos. 9-20 (Folds Road area)
- Bradford Ward No. 22 (Bryce Street)
- West Ward No. 22 (Everitt Street area)
- West Ward No. 23-25 (Bark Street area)

Confirmed Clearance Areas:

Following a public inquiry on the 28th January, 1969, the Bolton (West Ward Nos. 17-21 Clearance Areas) Compulsory Purchase Order, 1968 (Brougham Street, Hampden Street areas) was confirmed with minor modifications on the 17th April, 1969. Sixteen applications for well maintained payments were approved by the Minister.

A public inquiry in connection with the Bolton (East Ward Nos. 9-20 Clearance Areas) Compulsory Purchase Order, 1969 (Folds Road area) held on the 11th March, 1969, was confirmed with minor modifications on the 14th April, 1969. Thirty applications for well maintained payments were approved by the Minister.

A public inquiry in connection with the Bolton (Bradford Ward Nos. 12-21 Clearance Areas) Compulsory Purchase Order, 1969 (Pilkington Street, Shaw Street, Hammond Street areas) on the 17th June, 1969, was confirmed with modifications on the 17th November, 1969. Eighteen applications for well maintained payments were approved by the Minister.

The Bolton (Bradford Ward No. 22 Clearance Area) Compulsory Purchase Order, 1969 (Bryce Street) was confirmed on the 2nd July, 1969. A public inquiry was not necessary as no objections were received by the Minister.

A public inquiry in connection with the Bolton (West Ward No. 22 Clearance Area) Compulsory Purchase Order, 1969 (Everitt Street area) held on the 19th August, 1969 was confirmed with minor modifications on the 23rd October, 1969. Seventeen applications for well maintained payments were approved by the Minister.

In the preceding five Orders, 698 premises will be affected and 1,657 persons will require rehousing.

Other Clearance Areas:

On the 10th February, 1969, twenty-nine unfit houses (including six houses with businesses) in the Bark Street area were represented to the Housing Committee. Subsequently the Bolton (West Ward Nos. 23-25 Clearance Areas) Compulsory Purchase Order, 1969, was made and submitted to the Minister. In addition to the unfit houses in the clearance area, this Order includes eight other buildings, seven of which are dwellings. A public inquiry was held on the 6th November, 1969, and the result is awaited.

On the 10th April, 1969, two hundred and fifty-five unfit houses (including houses and shops) in the Bamber, Hector and Defence Street areas were represented to the Housing Committee. Subsequently the Bolton (Derby Ward Nos. 19-23 Clearance Areas) Compulsory Purchase Order, 1969, was made and submitted to the Minister. In addition to the unfit houses in the clearance areas this Order includes twenty-four other buildings, twelve of which are houses. There are also five plots of land. A public inquiry will be held in connection with this Order on the 13th January, 1970.

The survey and inspections of dwellings and other premises was completed in the following areas, representations being made to the Housing Committee in each case on the dates shown. The appropriate orders at present being made are also given.

Order and Area	Date Represented	Number of Dwellings	Number of persons to be rehoused
Bolton (West Ward No. 26 Clearance Area) Compulsory Purchase Order, 1970 (Snowden Street Area)	14.7.69	219	593
Bolton (Derby Ward Nos. 24-27 Clearance Areas) Compulsory Purchase Order 1970 (Rumworth Street Area)	13.10.69	114	310
Bolton (Halliwell Ward Nos. 8 & 9 Clearance Areas) Compulsory Purchase Order 1970 (Wapping and Broughton Street Areas)	8.12.69	47	145
Bolton (Derby Ward Nos. 28 & 29 Clearance Areas) Compulsory Purchase Order, 1970 (Washington Street Area)	8.12.69	95	342
TOTALS		<u>475</u>	<u>1,390</u>

In accordance with the Council's Clearance Programme, inspections were commenced in the Gladstone Street and Venture Street Areas.

Pilot surveys and other inspections of houses were carried out during the year in connection with improvement grants, house purchase loans and future additions proposed for the clearance programme.

A considerable amount of work is involved in the Public Health Inspector's housing section preparing working maps, preparation of papers for representations and evidence for public inquiries in connection with clearance areas.

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. Several meetings were held in this connection and, in consequence, the clearance programme for the years 1969-1972 was considered, amended and approved by the Housing Committee on the 2nd June, 1969.

This decision was confirmed by the Council on the 25th June, 1969.

The Minister of Housing and Local Government in circular 92/69 requested all local housing authorities to consider their slum clearance programmes for the next four years and to inform him accordingly. This information was given as required by the Minister in the following form.

	1970	1971	1972	1973
Houses in areas to be declared	832	743	854	800 approx.
Houses likely to be subject to demolition or closing orders	50	50	50	50

From 1974 onwards most of the unfit houses which will remain will be in single streets and unlikely to afford much scope for area redevelopment.

A new housing act, the Housing Act, 1969, became operative on the 25th August, 1969. The act makes further provision for grants to improve houses; further provision for houses in multiple occupation; payments in respect of unfit houses subject to compulsory purchase, clearance, demolition or closing orders; alters the legal standard of fitness for human habitation and gives additional power to a local authority to require the repair of houses.

Brooklyn Street General Improvement Area:

In consequence of a report prepared by the Borough Planning Officer in conjunction with the Borough Treasurer and the Medical Officer of Health, the Council on the 1st October, 1969, declared the Brooklyn Street Area, which contains 254 properties, to be a General Improvement Area. In the words of the Committee resolution:

“it appears to this Authority that the area is an area in which living conditions ought to be improved by the improvement of the amenities of the area or of the dwellings therein or both and such improvement may be effected or assisted by the exercise of their powers under the Housing Act, 1969”

A public meeting is to be arranged to explain the proposals of the Council to the residents in the area.

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 1,113 inquirers during the year. The number of inquiries regarding land charges received from potential purchasers of properties within the Borough was 3,230.

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 kindly been supplied by the Borough Planning Officer in respect of the year 1969:

Number of applications received	.. .. .	684
Number of applications approved	.. .. .	651
Number of applications refused	.. .. .	17
Number of applications cancelled	.. .. .	18

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 ten 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 1969, extend beyond 1972.

Certificates of Disrepair - Rent Act, 1957:

During the year 1 application was received for cancellation of a certificate of disrepair. The required repairs were found to have been completed, and the certificate was cancelled.

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	34
Demolition orders made	10
Closing Orders made	17

COMPLETED ACTION:

Houses demolished	12
Persons rehoused	16
Houses closed	11
Persons rehoused	45
Cases outstanding at close of year	7
Closing Orders rescinded	2

Housing Inspections

INSPECTION OF DWELLING-HOUSES

1. Dwelling-houses inspected for housing defects (under Public Health Act or Housing Acts)	2,177
Inspections made for the purpose	8,057

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	293
Inspections made for the purpose	293

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	72
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ACTION UNDER STATUTORY POWERS

PUBLIC HEALTH ACT, 1936:

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

By Owners	56
By Local Authority in default of owners	39

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 1969. As in the previous year, one instrument had to be re-sited due to the premises in which it had been housed for many years becoming unavailable to the Health Department; it is considered that the new site is comparable with the discontinued site.

The average results for all sites over the entire Borough show little significant variation from those for the previous year.

Installation of Furnaces:

Twenty-four notifications of intention to install furnaces were made in accordance with section 3 of the Clean Air Act, 1956; 15 of these notifications were made in association with building plans; nine applications requested approval under sub-section (2) of section 3.

Nine applications were received in accordance with section 6 of the Clean Air Act, 1968, all of which were approved; one of these applications included proposals for grit arrestment plant.

Industrial Fumes, Dust, etc:

The disposal of asbestos waste from one factory is supervised in accordance with the Recommended Code of Practice of the Asbestos Research Council.

Clean Air Act, 1956 - Section 16:

Legal proceedings were taken in two cases. The first concerned a heavy emission of smoke from a privately-owned refuse tip and the Borough Magistrates made a nuisance order against the owners of the tip and their refuse disposal contractor, requiring them to cover all inflammable material by a specified date, and to cover all new deliveries of inflammable material immediately upon arrival.

The second case arose in connection with the burning of a motor vehicle on land close to the town centre, the resulting smoke blowing across an important road. During the investigation of this incident, the inspectors were obstructed and violence was offered to them. The Borough Magistrates made a nuisance order in respect of this matter and the defendant was fined £10 for obstruction.

Clean Air Act, 1968 - Section 1:

Legal proceedings were taken (in January, 1970) in respect of two offences during 1969. Both offences occurred at scrap yards, due to the burning of motor vehicles, tyres, etc. The defendants were fined £15 and £25 respectively. In one case, there were no fewer than six fires within the scrap yard, five of which were emitting dark smoke, i.e., smoke in excess of Ringelmann Shade 2.

Alkali, etc., Works Regulation Act, 1906:

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

Electricity generating station	1
Gas Works	1
Iron and steel manufacturers	2
Chemical manufacturer	1

During the year, production ceased at the gas works. Work is being carried out at a scrap yard, to comply with the Alkali Inspector's requirements, in connection with the installation of an aluminium melting furnace; at the end of 1969, the necessary work had not yet been completed and registration of the premises had not by then been effected.

It is pleasing to record the continued close co-operation with the local Alkali Inspectors, whose advice and assistance have readily been given on many occasions in the past on matters outside their 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, 1968:-

SMOKELESS ZONE (TOWN CENTRE):

Acreage	86	} 2,163 acres
Premises	1,050	

SMOKE CONTROL AREAS:

Acreage	2,077	} 17,697 premises
Premises	16,647	

During 1969 the following Smoke Control Orders were made:-

MOSS HOUSE FARM:

Acreage	107.2
Premises	551

HILLSIDE:

Acreage	10.7
Premises	44

RUMWORTH NO. 2*:

Acreage	86.6
Premises	1,467

*Subject to "designation" in respect of "improved open inset coke grates".

The Moss House Farm and Hillside areas will consist entirely of new development and the number of premises are as on completion of development. Both areas were confirmed during the year and will come into operation on the 1st July, 1970.

The Great Lever Smoke Control Order (1968) was confirmed during the year and will become operative from the 1st July, 1970 (152.235 acres; 1,812 premises).

Five orders (made in 1968) became operative on the 1st July, 1969:-

Derby Ward No. 3	}	3,068 premises (on completion of new development)
Deane No. 2		
Ladybridge No. 2		
West Ward No. 4		
Morris Green		588 acres.

In August, 1969, the Ministry of Housing and Local Government suggested to the Corporation that they should abandon their policy of making "designations" in respect of "improved open inset coke grates" (popularly known as the "all-night burner") so as to permit grants to be payable in respect of such appliances. The Ministry were advised by the Borough Solicitor that it was not felt that the town council should be advised to alter their present policy.

Although guarantees have been given in the past by the Solid Smokeless Fuels Federation regarding supplies of solid smokeless fuel, these have applied to the whole range of solid smokeless fuels, including the more expensive premium cokes, e.g., Homefire, etc. It has not been felt that supplies of premium fuels could be guaranteed in sufficient quantities at all times, particularly during severe weather conditions, and so as to allow householders to maintain a reasonable continuity of supply. In this connection, it is important to note that complaints were made by fuel merchants regarding the inadequacy of solid smokeless fuel supplied during the earlier and later months of 1969, and these applied particularly in relation to the supply of Coalite.

It was mentioned, furthermore, that the high price of premium fuels presents difficulties in promoting smoke control areas. It was also pointed out that householders who might be persuaded to install improved open inset coke grates might come to feel dissatisfied with their performance in comparison with hard coke appliances and might then wish to change over to hard coke appliances.

It does not appear to be realised by the Ministry that improved open inset coke grates with $\frac{5}{8}$ th inch spacings between the fire bars are unsuitable for certain types of solid smokeless fuel, unless the grate is fitted with extra draught in the shape of a fan or underfloor draught. If the Ministry's suggestion were to be followed in respect of "designations" it would be possible for a householder equipped with approved open inset coke grates to be supplied with hard coke one week, Coalite the next, Homefire the next, and so on, all of which require an appropriate type of fire grate if money is not be wasted by loss of heat; in any event, such a householder would not have been able to burn hard coke at all or only with great difficulty. Furthermore, it was surely never intended, on the other hand, that expensive premium fuels such as Homefire, etc., should be burnt in room-heaters, for which hard coke is much more appropriate and considerably cheaper.

Consideration was given during the year to the making of a smoke control order in respect of the Brooklyn Street General Improvement Area, with a view both to improving the environment and to enabling householders to effect all the necessary improvements in one operation. Although satisfactory assurances regarding fuel supplies were given by the North Western Gas Board and the North Western Electricity Board, no satisfactory assurance could be given by the Solid Smokeless Fuels Federation for a date earlier than April, 1971 (despite the very modest requirement of only 400 tons hard coke per annum). Furthermore, the assurance would have been in respect of **all** solid smokeless fuels (including the more expensive semi-cokes) taken together, and not in respect of hard coke only as requested by the Corporation. As a result of these unsatisfactory assurances, the Council resolved to inform the Minister of Housing and Local Government "that in the event of satisfactory assurances regarding the supply of hard coke not being received, this authority will consider including in such smoke control order (i.e., Brooklyn Street) a designation pursuant to section 95(2) of the Housing Act, 1964, prohibiting the payment of grant in respect of solid fuel installations". (Note - this resolution was passed by the Social Services Group on 10th December, 1969, and confirmed by the Town Council on the 7th January, 1970; no further action was taken in respect of the proposed Brooklyn Street Smoke Control Order during 1969).

It is interesting to note that although the local Regional Officer of the Solid Smokeless Fuels Federation is a member of the area staff of the N.C.B., even whilst the Federation were unwilling to give the assurances sought by the Health Department, the N.C.B. were nevertheless endeavouring through the Planning Department, to support the claims of solid fuel central heating within the proposed General Improvement Area, and even trying to secure facilities for demonstrating it in the show-house within the Area.

At the end of 1969 the acreages and number of premises covered by operative smoke control (and one smokeless zone) orders were as follows:-

ACREAGE	2,751
PREMISES:	
Dwellings	19,225
Commercial	881
Industrial	214
Other	445
	<hr/>
	20,765
	<hr/>

At the end of 1969 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	3,161
Premises:	
Dwellings	23,586
Commercial	940
Industrial	236
Other	498
	<hr/>
	25,260
	<hr/>

One householder was warned in respect of contravention of a smoke control order. In view of the coming into operation of section 9 of the Clean Air Act, 1968, arrangements have been made for full details of smoke control in Bolton to be supplied individually to all solid fuel merchants, including copies of maps of all newly confirmed areas and (wherever possible) lists of streets, etc.

During the year the mobile exhibition of the Solid Smokeless Fuels Federation paid three visits to Bolton of one week each and was stationed at various points in the Morris Green and Great Lever Smoke Control Areas.

During 1969, a sample survey was made on behalf of the Joint Committee of "Black Area" Local Authorities to investigate the extent to which householders in earlier smoke control areas who had originally converted to "soft-coke" appliances had since re-converted to other fuels. Of the householders who had changed fuels -

45% had changed over to gas
18% hard coke
32% electricity
5% oil

Only two householders had changed over from another fuel to coke.

The following table gives details of action taken during 1969 in the implementation of confirmed Smoke Control Orders:

SMOKE CONTROL PROGRAMME, 1.1.69 TO 31.12.69

Applications:

No. of houses in respect of which applications for approval of proposed works were submitted	1,383
Estimated expenditure allowable for grant	£41,314 0s. 1d.
Estimated amount of grant payable by Corporation (seven-tenths)	£28,926 16s. 0d.

Claims:

No. of houses in respect of which claims for payment of grants were received	1,084
Total amount paid by way of grant	£33,446 15s. 10d.
No. of 100% grants paid	91
Amount paid in 100% grants	£3,836 19s. 9d.
Additional cost of 100% grants	£1,150 19s. 6d.

INSPECTION AND SUPERVISION OF FOOD

Milk:

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959:

No. of Dairies	12
No. of milk Distributors (including retail shops and dairy roundsmen)	602
No. of Dairy Vehicles	147

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

During the year 1969, the following licences were granted:

Dealers' (Pre-packed Milk) Licences valid to 31.12.70	53
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DAIRIES AND DAIRY VEHICLES:	Dairies	Dairy Vehicles
No. of inspections	90	111
No. of notices served	11	27

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 122.

Nine samples of untreated milk were reported as unsatisfactory, i.e., failed to comply with the Methylene Blue Test for the keeping quality of milk. The County Dairy Husbandry Advisor of the Ministry of Agriculture, Fisheries and Food was notified in each case; advice was also given to the farmers and vendors concerned about correct storage and handling of untreated milk during the summer months.

BIOLOGICAL SAMPLING OF MILK:

One thousand and seven samples of raw milk were examined for *Brucella abortus*. Eighteen samples were reported positive. The positive animals were sold for slaughter voluntarily by the farmers concerned; the milk from the infected cows was sent for heat-treatment, and the animals kept isolated pending their removal for slaughter.

An additional routine check was maintained by taking random samples from roundsmen, in addition to the regular sampling at the farms themselves.

Two samples which gave positive results were referred to the County Medical Officer of Health, as the farms concerned were situated outside the Borough. Of the 40 farms sampled, 10 were situated outside the Borough, but the milk from such farms was being sold within the Borough.

Two cases (one male, one female) of undulant fever were notified. The milk supply was investigated in each case and found to be positive for *Brucella abortus*. One of the farms was situated outside the Borough and the local authority concerned was notified. The infected animal from the farm within the Borough was isolated and voluntarily sent for slaughter.

SAMPLING OF MILK FOR CHEMICAL ANALYSIS:

Four hundred and forty samples were taken, 7 of which were reported as unsatisfactory. Two of the unsatisfactory samples were genuine but sub-standard milks. The County Dairy Husbandry Adviser of the Ministry of Agriculture, Fisheries and Food was notified regarding these samples. Two samples of sterilised milk contained small amounts of extraneous water, one sample each of pasteurised milk and untreated milk was deficient in fat, and one sample of untreated milk failed to comply with the Milk (Special Designation) Regulation, 1963, in that the name and address of the producer was not stated on the cap; warnings were issued in each case and subsequent samples were reported satisfactory.

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 ..	5,171	17,783	125	22,958	34,441
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:					
Whole carcasses rejected	4	75	3	17	119
Carcasses of which some part or organ was rejected	120	9,910	—	4,563	10,478
TUBERCULOSIS ONLY:					
Whole carcasses rejected	Nil	Nil	Nil	Nil	Nil
Part carcasses and offal rejected	Nil	Nil	Nil	Nil	Nil
CYSTICERCOSIS:					
Carcasses of which some part or organ was rejected	12	32	—	—	—
Carcasses submitted to treatment by refrigeration	12	32	—	—	—
TOTALLY CONDEMNED	—	—	—	—	—

The total weight of meat condemned at slaughterhouses was as follows:

	Tons	Cwts.	Qrs.	Lbs.
Carcasses (meat)	32	17	3	1
Offal	127	17	0	5
	160	14	3	6

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 then laid down have 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 of the animals were affected by two or more diseases or conditions:

NATURE OF DISEASE OR CONDITION:	Percentage
Telangiectasis	56.5
Tuberculosis	Nil
Distomatosis	68.4
Cysticercosis	0.001
Septicaemia and Pyaemia	0.5
Mastitis	50.0
Actinomycosis	0.001
Pneumonia, Pleurisy, Peritonitis	28.6
Others	25.5

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

There was a decrease in the number of *Cysticercus bovis* compared with the years 1967 and 1968:

1965	1966	1967	1968	1969
27	34	57	61	44

Inspection of Meat and Other Foods:

Regular visits are made to wholesale groceries and provisions warehouses for the purpose of inspecting food stuffs and disposing of unsound foods. Visits are also paid on request to retail shops for the purpose of inspecting and advising on doubtful food stuffs. The table below gives the weight of food stuffs surrendered by provision merchants and retail traders:

Foodstuffs Condemned

	Tons	Cwts.	Qrs.	Lbs.
Tongue (Tinned)	—	3	3	10
Ham (Tinned)	2	4	1	17
Meat (Tinned)	1	5	2	10
Meat (Fresh)	8	2	—	6
Poultry	—	19	3	—
Fish (Tinned)	—	2	2	18
Fish (Fresh)	—	7	3	22
Vegetables (Tinned)	2	16	1	16
Vegetables (Fresh)	—	17	—	27
Fruit (Tinned)	2	4	1	15
Fruit (Fresh)	—	19	1	27
Milk (Tinned)	—	3	3	12
Provisions (Miscellaneous)	9	18	1	12
TOTAL	29	19	3	24

Disposal of Condemned Meat:

Facilities were given for the collection of certain offals and glands for pharmaceutical purposes; all other condemned meat is collected according to the Meat (Sterilization) Regulations, 1969, and converted into fertilisers or animal feeding stuffs. 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 food stuffs, other than fresh meat, are disposed of by burial at the Corporation's tips, pending the coming into operation of the new incinerator at present under construction.

Slaughterhouses:

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

The number of animals slaughtered at the Lever Street Abattoir has increased and in the month of November, 1969, over 4,000 units (1 unit = 1 bovine, or 2 calves, or 3 pigs, or 5 sheep), were slaughtered, this being the greatest number ever recorded in Bolton. The slaughterhouses have received regular visits from a representative of the Ministry of Agriculture, Fisheries and Food, and have received favourable reports.

At the smaller privately owned slaughterhouse for pigs, the solid fuel boiler installation has been replaced by a system of electric water heating.

Mohammedan ritual slaughter is now allowed at the Lever Street Abattoir, but all animals are required to be rendered unconscious by an electrothaler before slaughter, this procedure having been agreed with the local Muslim community.

Export Slaughter:

Of the animals slaughtered for export, only parts of the carcasses were used for this purpose; approximately 50 tons were sent to factories outside Bolton for processing and canning before export to Australia and the Continent. All the animals slaughtered for export were inspected according to the requirements laid down by those countries to which the meat was to be eventually exported.

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 now no poultry slaughterhouses within the Borough, the last remaining slaughterhouse having closed down in April, 1969. There are two poultry processing establishments within the Borough, one of these being the slaughterhouse previously mentioned.

During 1969, 122 visits were paid to these premises by the food inspectors for purposes of poultry inspection and food hygiene.

The total number of birds processed at the poultry slaughterhouse during the period January-April, 1969, was 143,555. All birds processed were chickens. The percentage of birds rejected as unfit for human consumption (including birds dead on arrival) was 13.3 per cent. The total weight of poultry condemned as unfit for human consumption was 9 tons, 3 cwt, 23 lbs.

At both the poultry processing premises a "spotter" system of inspection by a charge-hand is practised. At both premises improved forms of dressing tables have been installed to facilitate cleanliness, sterilisation, etc., and water sprays for use during evisceration have been provided over the dressing tables.

Diseases of Animals Acts:

ANTHRAX ORDER, 1938:

Five cases (1 cow, 4 pigs) of suspected anthrax were notified; with the exception of one cow at a local farm, all the cases were reported negative, following veterinary investigation. The infected cow was burned on the farm premises, following which the premises were cleansed and disinfected, according to the Anthrax Order, under the supervision of an inspector.

FOWL PEST:

No outbreaks were reported during the year.

SWINE FEVER:

No outbreaks were reported during the year.

TUBERCULOSIS:

No cases occurred during the year.

FOOT AND MOUTH DISEASE:

There were no movement restrictions during the year.

Imported Food Regulations, 1968:

Owing to the number of meat freight containers now coming into the country, it is impossible for the Port Health Inspectors to inspect each container and the procedure is now for the Port Authorities to telephone the local authority into which a container is to be moved, so that the local public health inspector can inspect the contents on arrival.

The following table shows the amount of meat which came into Bolton by freight containers from foreign ports and was subsequently inspected by the Bolton Food Inspectors.

Quarters of Beef	Lambs	Cartons of Offal	Boxes of Beef	Bales of Bacon
4,893	1,147	46	1,087	196

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	32	5	37
Informal	275	58	333
DRUG SAMPLES:			
Formal	10	5	15
Informal	59	16	75
MILK SAMPLES:			
Formal	4	—	4
Informal	420	16	436
	<u>800</u>	<u>100</u>	<u>900</u>

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 136. As a result of this work the following improvements were effected in the town's food premises.

STRUCTURAL IMPROVEMENTS:

Floors	298
Walls and ceilings	577
Doors, windows	146
Decorations	116
Lighting	44
Ventilation	82
Drainage	3

FITTINGS, EQUIPMENT, ETC.:

Sinks, etc.	23
Wash-hand basins, etc.	33
Water supplies - cold	9
Water supplies - hot	29
Shop fittings, equipment, etc.	278
Miscellaneous improvements	144

As in previous years special inspections were made of all kitchens (school meals services, 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.

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 124.

Bacteriological Examination of Ice Cream:

Seventy samples of ice cream were procured from vendors and manufacturers. Twenty seven samples were reported as unsatisfactory. The high proportion of unsatisfactory samples is due to the number of follow-up samples which were taken following unsatisfactory results until such times as the cause of failure had been isolated and remedied.

Bacteriological Examination of Other Foodstuffs:

Eighteen samples of foods were submitted to the Department of Pathology, Bolton Royal Infirmary, for bacteriological examination. The samples were suspected of having caused illness or food poisoning, but this was not confirmed in any case upon bacteriological examination.

Food Complaints:

One hundred and twenty-six complaints were made to the department varying from fresh salmon alleged to "taste earthy" to washing-up liquid served accidentally as a soft drink and from "dry condition" of fish and chips, to imported rutabagas (turnips) coated with paraffin hydrocarbon wax.

Bread constituted the single largest item, giving rise to 19 complaints; mouldiness was the major complaint (11) the remainder consisting of foreign matter and insects.

Among the variety of insects found were a cockroach in a can of pineapples, a grain weevil in a packet of macaroni, a beetle in a can of rice pudding and also in a can of raspberries, booklice in self-raising flour, and common house flies and greenflies.

Amongst the metal foreign objects were a 2¼-in. needle alleged to have been found in a soft ice-cream and two panel pins in a packet of butter.

Most of the complaints relating to taste or smell were found on chemical and bacteriological examination to be unjustified, while none of the foods alleged to have caused food poisoning or stomach upsets was found to contain any food poisoning organisms.

All complaints were thoroughly investigated, and in some cases stocks of food were withdrawn from sale; legal proceedings were taken in five cases (see page 125 for details).

Type of Food	Nature of Complaint				Total	Legal Action
	Mouldy	Foreign Matter	Unsatisfactory Appearance Taste or Smell	Suspected of Causing Food Poisoning		
Bread	11	7	1		19	1
Cooked meats, pies and other prepared meat products.		4	10	1	15	2
Canned meat	2	7	1	1	11	
Canned fruit & veg.		2	1		3	
Confectionery	2	3	2	4	11	1
Milk & milk products	2	12	9		23	
Fish		3	6		9	
Other foods	6	17	10	2	35	1
	23	55	40	8	126	5

Infestation in Food:

Forty-one samples of cereals, dried fruits and other similar foods were submitted for examination for mites, insects and rodent excreta. Nine samples of tapioca were infested to varying degrees with mites and booklice; the remaining stock of tapioca was withdrawn from sale from the stores concerned and the Infestation Control Officer of the Ministry of Agriculture, Fisheries and Food was notified. The remaining samples were free from infestation.

Legal Proceedings - Food Hygiene:

The proprietor of a combined grocer's and butcher's shop was fined £105 in respect of various offences under the Food Hygiene Regulations.

The proprietor of a local bakery was fined a total of £600, plus advocate's fee of £20 for offences relating to dirty premises and equipment.

The operator of a vehicle used for the delivery of bread rolls in connection with a hot dog business was fined £70 for offences under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966. This was the first prosecution in Bolton under these Regulations.

The proprietor of premises used for the preparation of hot dogs was fined a total of £570 in respect of eleven summonses relating to her premises.

A fine of £80 plus £5 costs was imposed on a supermarket for failing to protect food from risk of contamination. Biscuits and other foods exposed on the shelves were found to be damaged by mice.

Legal Proceedings - Food Complaints:

- (a) Mouldy Bread - Baker fined £25.
- (b) Turkey Sandwich (sour and unpleasant odour) - Vendor fined £15.
- (c) Bacon containing maggots - Vendors fined £25.
- (d) Portion of uncooked chicken (decomposed at time specimen delivered to Health Department - proceedings taken alleging food not of quality demanded at time of sale) - case dismissed.
- (e) Biscuits, etc., damaged by mice - Vendors fined £80 plus £5 costs.
(the vendors were also prosecuted under the Food Hygiene (General) Regulations, 1960 - see above).

With the exception of case (e) above, all cases were taken under section 2, Food & Drugs Act, 1955; case (e) was taken under section 8 for exposing for sale food unfit for human consumption.

Miscellaneous Samples:

Sixteen samples of polluted waters from various sources (domestic, industrial and farms) were examined bacteriologically and chemically to assist in tracing sources of pollution.

Samples of hair sprays, transplanting spray, indoor fireworks and Christmas crackers were examined for poisonous substances. Some of the indoor fireworks, and fireworks in Christmas crackers, contained mercury thiocyanate, the poisonous nature of which was not declared on the labels; this matter has been brought to the attention of the Home Office.

GENERAL SANITATION

Conversion of Waste Water Closets:

During the year a sum of £1,250 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; 43 grants were paid. The average cost of a conversion at the present time is approximately £47.

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. J. M. Adams, Waterworks Enginer and Manager, has supplied the following information regarding the water supply to the Borough, although the Undertaking 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 1969, 669 samples of raw water were subjected to bacteriological examination and part chemical analyses and 4 to full chemical analyses in the statutory area of supply. In addition, 1,500 samples of filtered and treated water received bacteriological examination and partial chemical analysis and 6 full chemical analyses. Results showed that the filtered and treated water was of satisfactory quality, B.Coli being absent in 98.87% 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. The average natural fluoride content of the water supplied to Bolton is approximately 0.20 p.p.m.
4. The public water mains afforded a direct supply to a population of approximately 152,500 people living in 56,593 dwelling houses, maisonettes or flats within the Borough. No supply was afforded to dwelling houses by standpipe.
5. The following extensions and renewals of water mains were carried out during 1969.

Size	Existing Property	New Property	Other Development	Renewed
2" dia.	49 yds.	1,758 yds.	—	10 yds.
3"	—	1,650 "	—	108 "
4"	110 "	804 "	—	329 "
6"	—	196 "	—	917 "
15"	—	—	—	67 "
18"	—	—	—	13 "

Sewerage and Sewage Disposal:

The following information has been supplied by the Borough Engineer and Surveyor:

"The sewerage system in the County Borough is in general adequate for the existing development, but a considerable part of the area is drained by means of a combined drainage system. The Council's policy of requiring separate foul and surface water sewerage systems to be provided for new development, together with the conversion of the existing combined system with a view to abolishing numerous storm sewage overflows, is being pursued whenever possible.

Due to the large redevelopment schemes in progress in the town, extensive drainage schemes will also be required during the next few years in order to provide adequate and modern drainage facilities for these areas.

The sewage from the major part of the County Borough is treated at the Bolton and District Joint Sewerage Board's modern works at Ringley Fold. However, an area containing approximately 140 houses in Salford Road/Plodder Lane cannot be drained by gravity to the Ringley Fold Works, and this area has in the past been served by individual and communal septic tanks. During the year a new sewage treatment plant has been brought into operation at Salford Road. This plant will ultimately enable the septic tanks at these houses to be abolished and will make provision for any possible future development.

The possibility of abolishing two further small groups of septic tanks is now being investigated."

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

"Treatment of sewage, including industrial effluent, from the County Borough area along with that from Farnworth, Kearley and Little Lever, and parts of Radcliffe, Turton, Whitefield and Worsley, is carried out at the Ringley Fold Treatment Works of the Bolton and District Joint Sewerage Board. The major development in the Board's activities during 1969 has been the abandonment of the obsolescent Mount Sion Works consequent on completion of a new connecting sewer, so that sewage from the major part of Radcliffe is now receiving adequate treatment.

The volume of sewage receiving full treatment, to standards well within conditions specified by the Mersey and Weaver River Authority, totalled 7,094,700,000 gallons in the year, an average of 19,400,000 gallons per day. The maximum daily flow recorded on 3rd November was 51,000,000 gallons. Sludge treatment by heated digestion, which renders it virtually odourless, yielded in the year 93,394,000 c.ft. of gas containing some 70% methane, which has been utilised to provide power for works operation.

Work is in progress, with completion expected during 1970, for construction of a link to the Ringley Fold system from Bradley Fold, to enable abandonment of the treatment facilities there and, consequently, provide satisfactory treatment for sewage from a small part of Bolton and Radcliffe. Near the

southern boundary of the Borough, in order to rectify inadequate treatment facilities, the Corporation has installed a modern Ring Ditch treatment plant at Salford Road, which while outside its statutory area, is being operated by the Board.

Additional activity in control of industrial and commercial effluents has led to completion of Agreements regulating 109 new discharges and while 4 previous discharges have ceased the total number now controlled in the County Borough area is 175, representing discharge at maximum rates of 2,300,000 gallons per day."

Drainage:

The owners of a factory in multiple occupation were fined £5 for failing to carry out necessary drainage repairs (Public Health Act, 1936, section 39).

Two contractors (one an immigrant) were prosecuted for carrying out conversions of waste water closets to fresh water closets in an improper manner and were fined £10 and £5 respectively (Public Health Act, 1961, section 20).

Factories Act, 1961:

There are 888 factories within the Borough which were the subject of 54 inspections, resulting in 15 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 139 to 141.

Offices, Shops & Railway Premises Act, 1963:

Up to the end of 1969, 1,995 premises had been registered with the local authority in accordance with the Act; in 55 cases applications forwarded to the local authority in error had been redirected to the Factory Inspectorate.

Details of registrations, inspections, action taken, etc., are given in table 11.

"General inspections" of all registered premises in the Borough have now been completed and a new cycle of inspections has been commenced.

Two prosecutions were taken during 1969 under section 16, both offences being in respect of the same premises on two different dates. One summons referred to the obstruction of a staircase and the second to defective stair treads. The defendant company pleaded guilty to both charges and was fined £20 and £30 respectively; an advocate's fee of £5 was also imposed.

Legal proceedings are to be taken during 1970 for an offence occurring towards the end of 1969, i.e., the failure of the defendant company to notify an accident to a 15-years old female employee, who was injured while using a food-slicing machine.

Of the 60 accidents reported during the year, no fewer than 36 occurred at the premises of local mail order firms, a high proportion of these accidents appearing to be of a very trivial nature.

Since the Act came into operation there have been 8 reported accidents on food-slicing machines; 4 of these accidents occurred to employees of 15 or 16 years of age, and 2 to employees of 18 years of age. It would seem that food-slicing machines are a particular hazard to young people, and it may well be that the restriction on the cleaning of dangerous machinery below a certain age⁶ might usefully be extended to cover the normal operation of certain dangerous machines such as food-slicing machines.

In the previous report a comment was made to the effect that the Act should be applied to covered markets as soon as possible. This Department repeats this observation, and it is interesting in this connection that a complaint was made during 1969 regarding the siting of such equipment as food-slicing machines, etc., in positions where they might have been a danger to customers in addition to employees; at present, however, not even the employees themselves would be protected by the Act.

Houses in Multiple Occupation:

During the year, 157 visits and inspections were made of houses in multiple occupation and 16 notices (section 15, Housing Act, 1961) were served, in addition to notices for repairs under the Public Health Act, 1936.

Legal proceedings were taken in respect of two houses in multiple occupation:

(1) Owner fined £20 for failure to comply with statutory notice, section 15 Housing Act, 1961; nuisance order also imposed, requiring repairs to be carried out within 28 days.

(2) Owner fined £25 for failure to comply with statutory notice, section 15, Housing Act, 1961; a fine of £5 was imposed for failing to comply with a statutory notice, section 39, Public Health Act, 1936, and a further fine of £5 for failing to comply with a statutory notice, section 56, Public Health Act, 1936; a nuisance order was also imposed, requiring repairs to be carried out within 14 days.

Pressure of work, coupled with staff vacancies, has again prevented any massive attempt being made on the problem of multiple occupation. It is, however, hoped that during 1970 a scheme of registration and control might be brought into being under the Housing Act, 1969.

Caravan Sites and Control of Development Act, 1960:

At the end of 1969 there were five licensed sites, the maximum number of caravans licensed at one site being four. The total number of caravans on the occupied sites was eleven.

Caravan Sites Act, 1968:

Considerable difficulty was caused repeatedly during the year by the occupation of vacant sites in various parts of the Borough by caravan dwellers, sometimes in appreciable numbers; most of the sites (but not all) were sites cleared under slum clearance procedure, the ones most frequently affected being in the East Ward of the town. Sites which became occupied in this way were notified immediately to the Borough Solicitor, who in conjunction with the Police arranged for the sites to be vacated. Some sites were re-occupied again by caravans within days of the site being cleared, and in some cases the caravan dwellers merely moved from one cleared site to another.

Attention continued to be given during 1969 to the possibility of providing a caravan site of 15 pitches in anticipation of the coming into operation of Part II of the Caravan Sites Act, 1968; a decision to set up such a site at a disused sewage works in the Borough was reached in Committee but the proposal was rejected by the Town Council. Since this decision was reached it has been learned that Part II of the Act is to come into operation early in 1970, and the matter will therefore now require further consideration.

Common Lodging Houses:

There are now no common lodging houses within the Borough, the last remaining one, that operated by the Salvation Army at St. George's Road, having closed down in July, 1968.

Offensive Trades:

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

- One fellmonger
- One gut-scraper
- One fellmonger and gut-scraper.

There are no local bye-laws affecting these trades, but the comparatively small number of premises involved, and the satisfactory standards of operation, do not justify the making of such bye-laws.

Hairdressing Establishments:

There are 362 hairdressing premises registered in accordance with the Bolton Corporation Act, 1949, section 48. Twenty inspections were made.

Pharmacy and Poisons Act, 1933 Poisons (No. 2) Rules, 1968:

The names of 132 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:

Animal Boarding Establishments Act, 1953:

Riding Establishments Act, 1964:

The following premises were licensed in respect of the year 1969:

	Premises	Inspections
Pet Animals Act, 1951	13	31
Animal Boarding Establishments Act, 1953 . .	2	3
Riding Establishments Act, 1964	2	2

Legal proceedings were taken against the proprietress of a pet shop; who pleaded guilty to charges of (a) failing to observe satisfactory standards of cleanliness; (b) using part of the premises not licensed for the purpose of selling or keeping of pets; she was fined £5, and subsequently surrendered her licence voluntarily.

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 at the present time 18 premises in the Borough registered under the Act; there are no licensed premises within the Borough.

Noise Abatement Act, 1960:

During the year, 53 complaints were received and were classified as follows:

COMPLAINTS OF NOISE FROM NON-DOMESTIC PREMISES:

Machinery	15
Fans	4
Music, etc.	3
Road Drills	2
Launderette	2
Vehicle Repairing	2
Vehicles	2
Demolition Sites	2
Compressors	2
Scrap Metal	1
Miscellaneous	1
—	36

COMPLAINTS OF NOISE FROM DOMESTIC PREMISES:

Animals	8
Music, etc.	3
Vehicles	1
Miscellaneous	5
—	17

One complaint was cancelled; one complaint referred to premises outside the Borough, and was forwarded to the Local Authority concerned; complaints of noise from vehicles were referred to the Police for action.

Seven complaints were not substantiated on investigation; in 36 cases the nuisance was abated following informal action; in the remaining five cases, the firms concerned have put the necessary improvements in hand, and the results have yet to be assessed.

The complaints outstanding from the previous year (1968) have been resolved, except one relating to a complaint of noise nuisance from a cotton mill by residents of a new council estate built on a slum clearance site; the factory had not been the subject of any noise nuisance complaint from the occupiers of the houses now demolished. A somewhat similar case arose during 1969, but the necessary work of improvement has been ordered, and it is hoped that this will resolve the matter.

A number of complaints of noise nuisance have arisen in respect of premises, previously shops or dwelling houses which have been converted to launderettes; the attention of the Borough Planning Officer has been drawn to this point, so that it may receive consideration when applications for planning permission are being considered.

Fertilisers and Feeding Stuffs Act, 1926:

Twenty-five samples of fertilisers and animal feeding stuffs were taken under the above Act. Twelve samples were reported as unsatisfactory. Six of these contained ingredients which were in excess of the declared amount, although the excess was not to the prejudice of the purchaser. In each case of an unsatisfactory sample, the matter was taken up with the manufacturers.

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 142.

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 measures against rodent infestation. There are now 242 agreements in force, and the annual income from pest destruction is now almost £6,300. Table 13 on page 143 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.

A block survey of town centre premises is being made by the Pest Control Officer and it is expected that this, together with the control given by the contract service will considerably reduce the existing rodent population. It is also intended to extend the range of these surveys to other areas of the town in the near future.

After complaints of a strange skin irritation by members of the public it was discovered the complainants all had one thing in common - a woven cane type of shopping basket imported from Portugal. The baskets were found to be infested with minute insects identified as book lice which feed on a mould in the cane.

Stocks at local shops were inspected and some of these were also found to be infested. They were withdrawn from sale and the Ministry of Agriculture, Fisheries and Food were informed. The shopkeepers were also advised about methods of disinfecting the baskets.

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.

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.

Three bodies were received at the mortuary during the year. A post mortem examination was carried out on one coroner's case. 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	1
Scabies	89
Body Lice	26
	<hr/>
	116
	<hr/>

TABLE 1

Complaints:

The following complaints were received and investigated:

Housing defects	580
Choked and defective drains	255
Accumulations of offensive matter	234
Unsatisfactory foodstuffs	126

Verminous premises:

(a) Bed bugs	86
(b) Rat and mouse infestations	3,392
(c) Cockroaches and other insect pests	950
Keeping of animals and poultry	15
Smoke	54
Noise	53
Offensive odours	85
Miscellaneous	221
	<hr/>
	6,051
	<hr/>

TABLE 2

Standing Commitments:

Premises Subject to Routine Inspection

TYPE OF ESTABLISHMENT	NO. OF PREMISES
Common Lodging house	—
Houses in multiple occupation	252
Moveable dwellings	11
Food Premises:	
Bakehouses	84
Basement bakehouses	2
Fish friers	75
Registered premises, Sec. 16, Food and Drugs Act, 1955	462
Other catering establishments	188
Miscellaneous food preparing premises ..	77
Ice-cream premises - manufacture	6
Ice-cream premises - sale only	470
Meat shops	158
Slaughterhouses	2
Dairies	12
Milk distributors	602
Food Shops	958
Licensed premises (On)	172
Licensed premises (Off)	180
Food stalls	105
Vehicles - Meat	15
Vehicles - Milk	147
Factories (Mechanical)	790
Factories (Non-mechanical)	98
Workplaces	216
Offices	474
Retail shops	959
Wholesale shops, Warehouses	109
Catering establishments open to the public, canteens	232

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	86
Factory chimneys	195
Hairdressers' premises	362
Places of entertainment	73
Clubs	35
Offensive trades	3
Registered premises, Rag Flock and Other filling Materials Regulations, 1951 and 1954	18
Pet Shops (Pet Animals Act, 1951)	13
Animal boarding establishments	2
Riding establishments	2

TABLE 3

Detection of Sanitary Defects:

Summary of Visits and Inspections

NATURE OF VISITS	NO. OF VISITS
Dwelling-houses for housing defects under Public Health Act:	
After complaint	1,133
Subsequent visits	3,369
Dwelling-houses under Housing Acts:	
Detailed inspections	1,044
Re-inspections, re-visits	2,511
Certificate of disrepair	1
Infected dwelling-houses:	
After notified infectious disease (other than tuberculosis)	289
Contacts	51
Schools and church halls	11
Swimming baths	—
Water sampling:	
Swimming baths	—
Dwelling houses	26
Business premises	133
Cinemas, dance halls, billiard halls	3
Offensive trade premises	140
Stables, piggeries, keeping of animals	46
Houses in multiple occupation	157
Factories Act, 1961:	
Factories with mechanical power	76
Factories without mechanical power	1
Outworkers' premises	—
Common Lodging Houses	—
Underground rooms	—
Hairdressing premises	20
Tents, vans, sheds	84
Smoke abatement:	
Boiler house surveys	8
re Prior Approval applications	7
re Smokeless Zone and Smoke Control Areas	4,076
Delivery of pamphlets	60
Smoke observations	46
Smoke investigations	45
Re-visits	207
Combustion readings	—
Volumetric stations	402
Noise abatement	152
Fairgrounds	47

Drainage:	
Conversions from waste water to water carriage system	43
Miscellaneous tests and inspections	197
Public sewers	12
Watercourses and ditches	13
Land and tips	198
Septic tanks and cesspools	—
Sanitary conveniences - including public houses ..	35
Miscellaneous visits	1,381
Visits not inspections	2,246
Verminous premises:	
Rats and mice: After complaint or from survey ..	4,162
Subsequent and survey visits	19,125
Bug infestations: No. of premises visited	88
No. of premises where definite infestation existed	86
Cockroaches	613
Other vermin	337
Inspections for supervision of food:	
Unfit foodstuffs other than meat	633
Slaughterhouses and cold stores	1,587
Butchers' Shops (Food Hygiene (General) Regula- tions, 1960)	336
Food Hygiene (General) Regulations, 1960:	
Bakehouses	215
Fish shops, grocers and greengrocers	762
Factory canteens	24
Restaurant kitchens, fish friers, etc.	173
Chemists	12
Hotel and Beerhouse bars and cellars:	
Day inspections	202
Night inspections	—
Food and Drugs Act, 1955 - Section 16:	
Ice cream premises (Heat Treatment Regs. 1959 - 1963)	17
Sausage manufacturers	31
Preserved meat preparation premises	323
Preserved fish preparation premises	19
Milk and Dairies Regulations, 1959: Food and Drugs Act, 1955 ; Section 91:	
Milk sampling for bacteriological examination ..	108
Contravention of Milk and Dairies Regulations ..	—
Dairies	92
National Assistance Act, 1948 - Section 47	—
Diseases of Animals Acts and Orders	54
Farms (Brucellosis, sampling, etc.)	141
Offices, Shops and Railway Premises Act, 1963:	
General inspections	404
Other visits	803

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	293	272	15	183	18
No. of informal notices complied with without recourse to statutory action	219	249	15	33	12
No. of statutory notices served	152	—	—	—	—
No. of premises concerned . .	109	—	—	—	—
No. of statutory notices complied with	56	—	—	—	—
No. of premises concerned . .	43	—	—	—	—
No. of cautionary letters sent by Borough Solicitor . .	2	—	—	—	—

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 93	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made against owners, and costs awarded to the Corporation.
2	Public Health Act, 1936, Section 39	Failure to carry out drainage repairs, required to prevent dampness at adjoining house.	Fine of £5 imposed.
3	Public Health Act, 1936, Section 93	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made against owners, and costs awarded to the Corporation.

Eleven cases in which summonses had been served were withdrawn, 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	13
Internal walls repaired	209
Ceilings repaired	—
Doors and windows repaired	111
Stairs repaired	5
Roofs repaired	82
Chimneys and flues repaired	37
Eavesgutters repaired	97
Rainwater pipes repaired	27
Soil and waste pipes repaired	17
External walls repaired	22
Yards, paths, etc., repaired	11
Sanitary conveniences repaired	22
"Tippler" closet conversions	—
Refuse accommodation	32
Drains repaired	103
Fireranges repaired	2
Sinks, water supplies, wash boilers, etc., repaired	55
Miscellaneous	58

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)	—	2	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	1	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7):-					
(a) Insufficient	1	1	—	1	—
(b) Unsuitable or defective	15	15	—	17	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	1	1	—	1	—
TOTALS	17	19	—	22	—

TABLE 8**Factories Act, 1961****Outwork (Sections 133 and 134)**

Nature of Work	Section 133			Section 134		
	No. of Outworkers 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 ..	1	-	-	-	-	-
Furniture and Upholstery ..	19	-	-	-	-	-
Brush making ..	1	-	-	-	-	-
Stuffed Toys ..	-	-	-	-	-	-
Making paper fancy goods ..	65	-	-	-	-	-
TOTALS ..	86	-	-	-	-	-

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

Cleanliness improved	5
Temperature improved	-
Sanitary Accommodation:	
Additional accommodation provided.. ..	2
Accommodation improved	13
Accommodation reconstructed	1
Ventilation improvements	4
Drainage improvements	3
Miscellaneous improvements	16

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	98	1	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	790	45	13	—
(iii) Other premises in which Section 7 is enforced by the Local Authority* (excluding outworkers' premises) ..	36	8	1	—
TOTALS	924	54	15	—

*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	69	474	234
Retail Shops	69	959	139
Wholesale Shops, Warehouses	10	109	25
Catering Establishments Open to the Public, Canteens	7	232	4
Fuels Storage Depots		1	2

Table B

No. of Visits of all kinds by Inspectors to Registered Premises 803

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

Class of Workplace	Number of Persons Employed
Offices	7,825
Retail Shops	5,060
Wholesale Departments, Warehouses	2,051
Catering Establishments Open to the Public	1,895
Canteens	188
Fuel Storage Depots	14
TOTAL	17,033
TOTAL MALES	5,754
TOTAL FEMALES	11,279

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
Section 16*	1	7*	2*

* Two summonses in respect of 2 separate dates in 1968 involving same premises. Fined £20 for obstruction of staircase, £30 for defective stairtreads. Advocates fee £5 imposed.

No. of complaints (or summary applications) made under
 Section 22 Nil
 No. of interim orders granted Nil

Secs. 17, 48, offences occurred in December, 1969. Informations not laid until 1970.

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	10	—	10
Beds	19	—	19
Rooms .. .	17	—	17
Articles	50	4	54
Articles Destroyed	89	—	89

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

Cancer	3
Tuberculosis	7

TABLE 13
Disinfestation

	Number of Premises Disinfested				Total
	Domestic Premises	Business & Industrial	Hospitals	Schools	
Bed Bugs	86	—	—	—	86
Cockroaches	417	116	38	42	613
Fleas	40	5	—	2	47
Golden Spider Beetles	10	—	—	—	10
Wasps	98	13	1	3	115
Wood Lice	3	—	—	—	3
Body Lice	4	—	—	—	4
Silver Fish	11	4	2	1	18
House Fly	18	8	—	5	31
General Disinfestation	34	3	—	2	39
Others	58	9	1	2	70

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	63,538	90
2. (a) Total number of properties (including nearby premises) inspected following notification	3,392	—
(b) Number infested by (i) Rats	1,176	—
(ii) Mice	2,216	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	6,728	222
(b) Number infested by (i) Rats	136	—
(ii) Mice	634	—

REPORT OF THE BOROUGH ANALYST

Reference was made in the Annual Report for 1968 to the wide range of specialist services expected of a Public Analyst outside his legally defined function under the Food and Drugs Act. A study of the details of samples examined shows a marked increase in the number of miscellaneous samples and in the variety of materials and articles examined for the purpose of the Trade Descriptions Act. All of which shows something of the range of expertise expected from the laboratory staff.

1969 saw several changes in the staff of the laboratory. Mr. Barrie Taylor and Mr. C. S. Hallows resigned in order to pursue their studies on a full-time basis. An unfilled vacancy for a trainee chemist existed at the beginning of the year, following the resignation of Mr. D. W. Lord in September, 1968. The vacancy was filled by Mr. C. Graveson who commenced his duties in the laboratory in May. The vacancies created by the resignation of Mr. Taylor and Mr. Hallows were filled by the appointment of Miss K. Lythgoe and Mr. P. Heelis who both began working in the laboratory in November.

All the trainee chemists in the laboratory, as a condition of employment, attend part-time day-release courses leading up to a full professional qualification, the Graduate Membership of the Royal Institute of Chemistry.

In presenting this Annual Report to the Social Services Group, I would like to express my appreciation of the loyal support I have received from the staff of the laboratory. My thanks are due to the staff of the Waterworks Department, the Public Health Inspectors and the clerical staff of the Health Department for their kind co-operation and assistance. 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

Only two statutory instruments affecting the composition of foods were issued in 1969, both almost at the end of the year and both concerned with the somewhat controversial question of the artificial sweetening substance cyclamate. The Artificial Sweeteners in Food Regulations 1969 and The Soft Drinks (Amendment) Regulations 1969 have the effect of prohibiting the use of cyclamates in foods and thus the only permitted artificial sweetener is now saccharin. The presence of saccharin in soft drinks must be declared as such, but until 31st December, 1970 the general description "permitted artificial sweetener" is acceptable.

Food Standards Committee Report on Condensed Milk

The Food Standards Committee has considered the labelling and compositional requirements for condensed milks and makes several recommendations in order to bring the Condensed Milk Regulations into line with those for Dried Milk. Provision should be made for condensed part-skimmed milks as well as the full-cream and fully skimmed products. The report recommends that up to 0.2 per cent of certain specified additives (neutralisers, stabilisers and vitamins) should be permitted and the description "low fat" should be allowed if the fat content is declared on the label. The word "condensed" is usually taken to mean a sweetened product and "evaporated" an unsweetened product. The report recommends that these descriptions should be used in the statutory declarations required by the regulations.

Code of Practice

A new code of practice dealing with the composition of Marzipan, Almond Paste and Almond Icing was negotiated in 1969 by the Local Authorities Joint Advisory Committee on Food Standards. This code of practice provides a minimum of 23.5 per cent of dry almond substance and not less than 75 per cent of the rest, i.e. non-almond matter, must consist of sugars (defined in the code as carbohydrate sweetening matter). No nut ingredient other than almonds is permitted.

British Pharmacopoeia 1968: Addendum 1969

Such is the rate of introduction of new drugs into medicine that although the British Pharmacopoeia is revised as a whole at 5 year intervals and the last version was published in 1968 a further addendum appeared in 1969. Regarding laboratory methods in this new addendum, an infra-red spectroscopic method is used for the identification of almost all new drugs and it might be noted that palladium, as an impurity in a new antibiotic, Carbenicillin Sodium, is to be determined by atomic absorption spectroscopy.

Total Number of Samples Examined

The total number of samples examined during the year was 7,492 which includes milk samples classified as designated milks.

The number of samples examined each year for the past seven years are shown below:-

1963	..	..	..	..	..	..	6,928
1964	..	..	..	..	..	..	8,058
1965	..	..	..	..	..	..	7,858
1966	..	..	..	..	..	..	7,787
1967	..	..	..	..	..	..	7,485
1968	..	..	..	..	..	..	6,758
1969	..	..	..	..	..	..	7,492

The total number of samples examined was rather more than in 1968, which was a year with some difficulties in staffing the laboratory, and nearer the average of the previous few years. Compared with 1968 more samples were examined under the Food and Drugs Act, for monitoring atmospheric pollution and for the Waterworks Committee. The number of miscellaneous samples, many of which are connected with complaints from members of the public was more than double the figure for 1968. This does not necessarily mean that there were more complaints, but only that more were investigated in the laboratory.

For the Health Committee:

Food and Drugs	900
Designated Milks	330
Ice-cream (bacteriological examination)	71
Water from domestic premises (Bolton area)	51
Water from Public Swimming Baths	152
Fertilisers and Feeding Stuffs	25
Miscellaneous Samples	349
Air Pollution - Smoke and Sulphur Dioxide concentrations in samples from Local Authority Testing Stations	2,917

For the Waterworks Committee 2,526

For other Departments, other local authorities and private
samples 171

TOTAL 7,492

Food and Drug Samples

900 samples of foods and drugs were submitted by sampling officers during the year, a slightly higher figure than in 1968.

100 samples were reported as adulterated or otherwise unsatisfactory, a proportion of 11.1 per cent which is substantially higher than the previous year. Milk samples accounted for 16 of the unsatisfactory samples, slightly less than in 1968. A separate classification of unsatisfactory milk samples is given elsewhere in this report. Table A lists all samples examined for the purposes of the Food and Drugs Act and Table B gives details of all unsatisfactory Food and Drugs samples.

Various infringements of the labelling regulations continue to be the reason for unsatisfactory reports, and in 1969, 25 samples were reported as unsatisfactory for this reason only. One in particular needs mention as being of a more serious nature and this was the tablets containing paracetamol, caffeine and theobromine which were recommended for sleeplessness among other ailments. Such tablets are, of course, an analgesic without any hypnotic effect and the manufacturers when confronted with this decided to change the label wording to read "sleeplessness due to pain". The view was stated that the label on these tablets should preferably make no reference to sleeplessness in any way, but it was felt that, with the amended wording, it would have been difficult to sustain any action for an offence against Section 6 of the Food and Drugs Act. It is to be hoped that references to sleeplessness on the labels of purely analgesic drugs will not be permitted by the licensing arrangements when these become operative under the Medicines Act 1968.

Several samples of the so-called slimming aids have been examined during the course of the year and some have been reported as unsatisfactory, one on the grounds that it consisted essentially of a laxative drug, phenolphthalein, and others because they were claimed to have specific weight-reducing properties and were not labelled so as to make clear to the customer that they were only of value as part of a calorie-controlled diet. The labelling and advertising of many of the other slimming aids might well be misleading to the less critical or

well-informed section of the public. It should be well known that body-weight is controlled by the balance (or lack of it) between the energy input of the food consumed and the body output as physical activity and the maintenance of essential body functions. Whether there is any real need for the expensive products offered to the potential slimmer, some of which are merely standard confections, e.g. boiled sweets, with additional vitamins and minerals, is certainly open to question.

In much the same category is the sale of standard products to which small amounts of methyl cellulose or other cellulose derivatives and vitamins have been added, as special slimming aids. Examples seen in 1969 were marmalade and baked beans, the former being reported as unsatisfactory. The calorie value is virtually unchanged and in the case of the marmalade could not be appreciably reduced and the product still conform to the legal compositional standards for marmalade. The methyl cellulose is held to form a bulky mass by absorption of water and thereby to reduce appetite for more food. The former it certainly does, but whether there is any effect on appetite has not been established.

Six out of a total of seven samples of meat and potato pie were reported unsatisfactory because the meat contents were below 12.5 per cent. The description of meat and potato pies was referred to in the Annual Report for 1968 and although these samples were submitted as meat and potato pies, there is some doubt whether this was the actual sales description. The Meat Pie and Sausage Roll Regulations 1967 provide that the 12.5 per cent minimum limit for meat content does not apply if the pie is described as "potato and meat pie".

Nine samples of tapioca were found to be unsatisfactory owing to insect infestation.

Amongst the more unusual instances of unsatisfactory foods was the case of the turnips which had been given a coating of hydrocarbon wax contrary to the requirements of the Mineral Hydrocarbons in Food Regulations. The turnips were imported and the coating of wax was obvious even on a cursory examination, but they were not spotted until they were on retail sale in Bolton.

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	4	436	440	—	16	16
Anchovies, Canned	—	1	1	—	—	—
Apple Pie spice	—	1	1	—	—	—
Apricots, dried	—	1	1	—	—	—
Bamboo shoots, Canned	—	1	1	—	1	1
Barley, pearl	—	2	2	—	—	—
Basil, sweet	—	1	1	—	1	1
Beans, baked in tomato sauce, Canned	—	9	9	—	—	—
Beans, broad, Canned	—	1	1	—	—	—
Beans, butter, Canned	—	3	3	—	—	—
Beans, haricot, dried	—	1	1	—	—	—
Beetroot, Cooked	—	5	5	—	1	1
Brandy	2	—	2	—	—	—
Butter	—	12	12	—	1	1
Cake Decorations	3	—	3	1	—	1
Carrots, Cooked	—	1	1	—	—	—
Cereal mixture	—	1	1	—	1	1
Cheese	—	6	6	—	—	—
Cheese spread	—	2	2	—	—	—
Chicken, Uncooked	—	2	2	—	—	—
Chocolate, drinking	—	2	2	—	—	—
Chocolate Malt Drink	—	2	2	—	—	—
Cider	—	3	3	—	—	—
Cocoa	—	2	2	—	—	—
Coffee and Chicory essence	—	3	3	—	—	—
Crab, Canned	—	1	1	—	—	—
Crab, dressed, Canned	—	1	1	—	—	—
Cream	—	1	1	—	1	1
Cream, Double	—	7	7	—	1	1
Cream, Soured	—	1	1	—	—	—
Crispbread	—	3	3	—	—	—
Currants	—	2	2	—	—	—
Curried Beans & Sultanas, Canned	—	1	1	—	—	—
Curry Gravy, Canned	—	1	1	—	—	—
Curry Paste	—	1	1	—	—	—
Curry Powder	—	1	1	—	—	—
Fruit Salad, Canned	—	1	1	—	—	—
Garlic Salt	—	1	1	—	—	—
Gin	4	—	4	—	—	—
Hamburgers	1	6	7	—	1	1
High Protein Food	—	1	1	—	—	—
Honey Bear Spread	—	1	1	—	—	—
Honey Muesli	—	1	1	—	—	—
Ice Lollies	—	3	3	—	—	—
Jam	—	11	11	—	1	1
Lemon Juice	—	2	2	—	1	1
Lentils	—	2	2	—	—	—
Liquid Sweetener	1	1	2	1	1	2
Mackerel, Canned	—	1	1	—	—	—
Margarine	1	3	4	—	—	—
Marmalade	—	6	6	—	1	1
Meat Pies	—	7	7	—	—	—
Meat and Potato Pies	—	7	7	—	6	6

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Meat Products, Canned						
Steak	—	1	1	—	—	—
Corned Beef	—	1	1	—	—	—
Savoury Minced Meat ..	—	1	1	—	—	—
Bacon Grill	—	1	1	—	—	—
Chopped Ham and Pork ..	—	5	5	—	1	1
Meat with Gravy	—	11	11	—	2	2
Sliced Meat with Gravy ..	—	3	3	—	2	2
Meat with Onions and Gravy	—	9	9	—	—	—
Luncheon Meat	—	4	4	—	—	—
Minced Meat Loaf	—	1	1	—	—	—
Hamburgers with Gravy ..	—	2	2	—	—	—
Hamburgers with Onions and Gravy	—	3	3	—	—	—
Irish Stew	—	7	7	—	4	4
Meatballs in Gravy	—	1	1	—	—	—
Ravioli	—	1	1	—	—	—
Canelloni	—	1	1	—	1	1
Sausages	—	1	1	—	—	—
Sausages with Lard	—	2	2	—	—	—
Sausages in Brine	—	5	5	—	3	3
Sausages with Sauerkraut and Sauce	—	2	2	—	1	1
Frankfurters in Brine ..	—	4	4	—	1	1
Meat Spread, Canned	—	1	1	—	—	—
Meat Tenderiser	—	1	1	—	—	—
Mixed Spice, ground	—	1	1	—	—	—
Molat wheat germ lecithin ..	—	1	1	—	—	—
Mustard, prepared	—	2	2	—	—	—
Nuts and raisins	—	1	1	—	—	—
Oranges, Mandarin, Canned	—	1	1	—	—	—
Paprika	—	1	1	—	—	—
Pasties	—	5	5	—	2	2
Pasty, Uncooked	—	1	1	—	—	—
Peanuts, salted	—	1	1	—	—	—
Peas, Dried	—	1	1	—	1	1
Peas, split	—	1	1	—	—	—
Peas, split, Yellow	—	1	1	—	—	—
Pepper, Black	—	2	2	—	—	—
Perry	—	1	1	—	—	—
Pie Filling	—	1	1	—	—	—
Pilchards, Canned	—	3	3	—	—	—
Plums, Canned	—	3	3	—	1	1
Pollen Tablets	1	—	1	1	—	1
Potatoes	—	1	1	—	—	—
Potatoes, Chipped, Cooked ..	—	2	2	—	—	—
Potato Pancake Mix	—	1	1	—	—	—
Poultry Seasoning	—	1	1	—	—	—
Prawns, Canned	—	1	1	—	1	1
Protein Tablets	1	—	1	—	—	—
Prunes	—	2	2	—	—	—
Raisins	—	1	1	—	—	—
Rice, Long Grain	—	1	1	—	—	—
Rum	2	—	2	—	—	—
Sago	—	1	1	—	—	—
Salata	—	1	1	—	—	—
Sardines, Canned	—	2	2	—	—	—
Sausages	8	—	8	1	—	1
Savoury Ducks	—	1	1	—	—	—

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Savoury Millet	—	1	1	—	—	—
Shrimps, Canned	—	5	5	—	1	1
Sild, Canned	—	3	3	—	—	—
Slimming Aids	1	5	6	1	1	2
Slimming Tablets	—	1	1	—	1	1
Smetana	—	1	1	—	—	—
Spaghetti in Sauce, Canned ..	—	1	1	—	—	—
Soft Drinks	4	20	24	—	4	4
Soup	—	1	1	—	—	—
Soup, Canned	—	5	5	—	—	—
Sour Cream Sauce Mix	—	1	1	—	1	1
Starch-reduced Rolls	—	1	1	—	—	—
Starch-reduced Slices	—	1	1	—	—	—
Steakettes	—	3	3	—	1	1
Steak Spice	—	2	2	—	—	—
Strawberries, Canned	—	1	1	—	—	—
Sucrose and Saccharin mixture	—	1	1	—	—	—
Sugar, Brown	—	1	1	—	—	—
Sugar Confectionery	—	2	2	—	—	—
Sultanas	—	2	2	—	—	—
Tapioca	—	17	17	—	9	9
Tomatoes, Canned	—	2	2	—	—	—
Tomato Purée	—	2	2	—	—	—
Turmeric	—	1	1	—	—	—
Turnips	—	1	1	—	1	1
Vegetable Oil Shortening	—	1	1	—	—	—
Vitamin Capsules	1	—	1	—	—	—
Vodka	2	—	2	—	—	—
Wheat Diet	—	1	1	—	—	—
Wheat Germ Emulsion	—	1	1	—	1	1
Whisky	5	—	5	—	—	—
Wines	—	3	3	—	—	—
Aluminium Paste, Compound B.P.C.	—	1	1	—	—	—
Ammonia Spirit, Aromatic B.P.C.	—	1	1	—	—	—
Amylobarbitone Tablets B.P.	1	—	1	—	—	—
Aspirin Tablets B.P.	—	1	1	—	—	—
Aspirin Tablets, Compound B.P.C.	—	1	1	—	—	—
Antoin Tablets	—	1	1	—	—	—
Aurum ambrosium	1	1	2	1	1	2
Baxen Tablets	1	1	2	1	1	2
Benzac Tablets	—	1	1	—	—	—
Butobarbitone Tablets B.P. ..	2	—	2	—	—	—
Calamine Ointment B.P.C. ..	—	1	1	—	1	1
Calamine and Coal Tar Ointment B.P.C.	—	1	1	—	—	—
Chalk Mixture, paediatric B.P.C.	—	1	1	—	—	—
Codeine linctus B.P.C.	—	3	3	—	—	—
Codeine Phosphate Syrup B.P.C.	—	1	1	—	—	—
Codemprin Tablets	—	1	1	—	—	—
Cough Mixtures	—	20	20	—	5	5
Daisy Tablets	—	1	1	—	—	—
Equanil Tablets	1	—	1	—	—	—
Felsol Powders	—	1	1	—	—	—
Fennings Cooling Powders ..	—	1	1	—	—	—
Halibut Liver Oil Capsules ..	—	2	2	—	—	—
Health Herbs	—	1	1	—	1	1
Herbal Slimming Tablets ..	2	—	2	2	—	2

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Herbal Tablets	—	2	2	—	2	2
High blood pressure nerve pills	—	1	1	—	1	1
Hydrogen Peroxide Ear-Drops						
B.P.C.	—	1	1	—	—	—
Hypon Tablets	—	1	1	—	—	—
Kaolin Mixture B.P.C.	—	1	1	—	—	—
Largactil Tablets	1	—	1	—	—	—
Librium Capsules	1	—	1	—	—	—
Liquid of Life Herbal Remedy	—	1	1	—	—	—
Liquid Paraffin and phenol- phthalein emulsion B.P.C. . .	—	1	1	—	1	1
Magnesium Carbonate Mixture						
B.P.C.	—	2	2	—	—	—
Magnesium Sulphate Paste						
B.P.C.	—	1	1	—	—	—
Magnesium Trisilicate Mixture						
B.P.C.	—	2	2	—	—	—
Paracetamol Elixir, paediatric						
B.P.C.	—	2	2	—	—	—
Petrolagar Emulsion	—	1	1	—	—	—
Phenacetin Tablets B.P.C. ..	—	2	2	—	—	—
Phenacetin and Caffeine						
Tablets B.P.C.	—	2	2	—	—	—
Phenobarbitone Tablets B.P.	3	—	3	—	—	—
Potassium Chlorate and phenol						
Gargle B.P.C.	—	2	2	—	—	—
"Slim-U-Ettes" Compound						
laxative preparation	1	1	2	1	1	2
Sodium Bicarbonate Ear-Drops						
B.P.C.	—	1	1	—	—	—
Soluble aspirin, phenacetin and codeine Tablets B.P.	—	1	1	—	—	—
Surgical Spirit B.P.C.	—	3	3	—	1	1
Tonic Tablets	—	1	1	—	1	1
Veganin Tablets	—	1	1	—	—	—
Vitamin A and D capsules						
B.P.C.	—	2	2	—	—	—
Yeast Tablets B.P.C.	1	—	1	—	—	—
Yeast Vite Tablets	—	1	1	—	—	—
TOTAL	56	844	900	10	90	100

Total No. of Samples analysed during the year 900

Total No. of Samples adulterated — 100 = 11.1%

TABLE B

Unsatisfactory Samples of Foods and Drugs

(1) UNSATISFACTORY FOODS

(a) MILK

The total number of unsatisfactory samples of milk was slightly lower in 1969 than in 1968, although the reasons for the unsatisfactory reports are somewhat different.

The majority of these samples, 10 out of 16, were reported as unsatisfactory because they failed to comply with the methylene blue test for keeping quality. All the samples which failed this test were untreated and most of them (8 samples) were submitted in the period June to September.

Milk containing less than 3.0 per cent fat and 8.5 per cent non-fatty solids is presumed to be adulterated unless the contrary can be proved. Of the two samples found to contain added water one contained at least 3 per cent with 8.3 per cent non-fatty solids which is below the presumptive minimum limit of 8.5 per cent. The Freezing-Point Depression (Hortvet) of 0.511°C. confirmed the presence of added water.

The other sample contained fat and non-fatty solids above the presumptive minimum limits of 3.0 and 8.5 per cent respectively, but the Freezing-Point Depression (Hortvet) 0.528°C. indicated the presence of a small amount of extraneous water. The Freezing-Point test is a more sensitive indication of added water in milk than the non-fatty solids content. Owing to the natural variation in the composition of milk, a sample containing a small amount of added water may still comply with the presumptive minimum limits for fat and non-fatty solids.

Only two samples were found to be of sub-standard quality, a much smaller number than in previous years. These are samples found to contain less than 8.5 per cent non-fatty solids, but in which there was no evidence of any added water.

Unsatisfactory Milks, 1963-1969

Year	Total No. of Milk Samples	No. unsatisfactory	No. sub-standard	Type of adulteration	% unsatisfactory	% adulterated	% sub-standard
1969	.. 440	16	2	2 contained added water 2 deficient in fat 10 failed the methylene blue test (all untreated)	3.6	3.2	0.4
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

CAKE DECORATIONS

A sample of cake decorations was found to contain the non-permitted colouring matter, Blue VRS. This dyestuff was on the U.K. permitted list but was removed from the list as from June, 1967. The sample was apparently of old stock and further samples taken at the same source were satisfactory.

MEAT AND POTATO PIES AND PASTIES	Eight samples submitted as meat and potato pies or pasties were reported as unsatisfactory owing to the meat contents being well below the minimum limit of 12.5 per cent required by the Meat Pie and Sausage Roll Regulations, 1967. The meat contents in these samples ranged from 2.0 to 10.3 per cent. There could be some doubt as to the precise name under which these products were offered for sale and most are now described as "Potato and meat pies" or "Potato pies", for which the regulations do not give any minimum limit for meat content.
PRE-PACKED BEETROOTS	The beetroot were packed in a transparent plastic film bag which bore the words "delicious double fresh". 1.33 per cent volatile acid (calculated as acetic acid) was found and the list of ingredients, in addition to beetroots, included the following:- Acetic acid solution, vinegar, wine vinegar, salt, flavourings and permitted artificial colouring. The sample was in fact, cooked beetroot with other ingredients. It may have been delicious but it was not fresh.
CANNED PLUMS	A sample of canned plums was reported as unsatisfactory owing to a labelling irregularity. The ingredient "glucose syrup" was incorrectly listed as "liquid glucose".
POLLEN TABLETS	The label of this product bore a claim that the product contained all the known vitamins. This claim was questioned on general grounds and also in particular in respect of Vitamin "A", the amount found being negligible and quite insufficient to justify any mention or claim.
ORANGE MARMALADE	This sample had a label description which included the wording "A delicious aid to Slimming Diets." Analysis showed it to comply with the normal standards for marmalade and its calorie value is therefore no different from that of ordinary marmalade. The claim that this marmalade is of any special value in slimming diets was questioned. Correspondence with the manufacturers revealed that a small amount of methyl cellulose was included and this was held to justify the claim that this marmalade is an aid to slimming. There remains, however, a reasonable doubt that this marmalade has any value in slimming diets over that of ordinary marmalade.
WHEAT GERM EXTRACT EMULSION	The label on this product claimed the presence of Vitamins B, C, E and P, but no quantitative statements of the amounts of Vitamin B or C were given and the label was therefore not in accordance with the Labelling of Food Order, 1953.
SOUR CREAM SAUCE MIX	The directions on the packet of this product made it clear that the addition of milk was required to make the Sauce, but elsewhere on the label there appeared the words "just add water".
TURNIPS	Two turnips, both from the same source, were found to have a coating of hydrocarbon wax, amounting to about 1 per cent of the weight of the turnips. Turnips are not permitted by the Mineral Hydrocarbons in Food Regulations to contain any hydrocarbon wax.
UNSALTED BUTTER	This unsalted butter was described as "Creamery Butter" on one side of the packet and the word "Unsalted" appeared as a separate item on the other side. It was thought that a label of this kind could be misleading, particularly where the packets of butter were stacked on display shelves in a supermarket. The appropriate designation of this product is "Unsalted Butter" as required by the Butter Regulations, 1967, and this name should appear on the label as a single item.
CREAM	Two samples of cream, one single and one double, were reported as unsatisfactory owing to the omission of the name and address of the manufacturer or a registered trade mark on the carton. The double cream had neither name nor address and the single cream had a name but no address.

TAPIOCA	Nine samples of tapioca were found to be infested with mites, both dead and alive, booklice and other insect fragments. One sample contained foreign matter which was found to be a crushed wheat grain.
SHRIMPS	A can of shrimps had a strong amine-like odour on opening and the shrimps themselves were discoloured with prominent greyish-black areas on the surface. Chemical analysis showed further evidence of decomposition and the sample was reported as unfit for human consumption. The remaining stock at the shop where the sample was purchased was condemned.
LOW SUGAR JAM:	This sample contained 43.3 per cent soluble solids as sucrose, well below the minimum limit for ordinary jam in hermetically sealed containers of 65 per cent. The standards laid down in the Food Standards (Preserves) Order, 1953, do not apply to jams intended for use by diabetics, if they are clearly labelled to that effect. On the label of this sample the reference to diabetics was printed in titling of about 4-point size (about 1 mm) and was not clear and conspicuous as required by the Food Standards (Preserves) Order, 1953.
LIQUID SWEETENER	Two samples of this product were examined and found to contain 27 per cent sugar (sucrose), 0.7 per cent saccharin and 750 part per million of methyl p-hydroxy benzoate, which is not permitted by the Preservatives Regulations in this type of product.
DRIED PEAS	A steeping tablet was included with the dried peas but its presence was not declared on the carton, nor were the ingredients of the tablet listed.
CEREAL MIXTURE	This sample contained pulses as well as cereals and should have been described as "Cereal and Pulse Mixture". The ingredients were not listed in order of decreasing quantity as required by the Labelling of Food Order, 1953.
SODA WATER	Two samples of soda water were found to contain visible traces of pale brown flocculent material which may have been derived from the water supply used to make the soda water. Soda water should, of course, be free from any visible suspended matter.
LEMON JUICE	Although the label stated that this product was preserved with sulphur dioxide, no sulphur dioxide could be found. The container was a plastic bottle shaped to resemble a lemon and intended for table and restaurant use as a condiment. Once opened, lemon juice without preservative will have a limited keeping quality.
CANNED PRAWNS	This sample consisted of Prawns in brine and this is the correct label description rather than "Prawns".
STEWED STEAK WITH GRAVY	The meat content of this sample was found to be 68.3 per cent, which is below the minimum limit of 75 per cent required by the Canned Meat Product Regulations, 1967.
CANNED MEAT	<p>This sample was sold under a well-known national Brand name and the list of ingredients were as follows:-</p> <p style="padding-left: 40px;">"Chopped Pork shoulder meat with ham meat added and salt, sugar, sodium nitrate and flavouring".</p> <p>It was held that the appropriate name of this product was "Chopped Pork and Ham", in accordance with Regulation 8 of the Canned Meat Product Regulations, 1967. In fact no name appeared on the label other than the Brand name which is a registered trade mark.</p>

Correspondence with the manufacturers produced the response that the product is a cured meat because the ingredients include salt and sodium nitrite and that since the name had been in use for more than 30 years, this name should be accepted as the name of a cured meat, and therefore in accordance with the Canned Meat Product Regulations by virtue of proviso (11) to Regulation 8.

**CANNED SLICED MEAT
WITH GRAVY**

The Canned Meat Product Regulations, 1967, provide a minimum meat content of 75 per cent for canned meat with gravy but if the meat is sliced meat and the product is labelled as such, this limit is relaxed to 60 per cent. This sample contained 71.4 per cent of meat but the meat was in the form of thick pieces, not slices, and it was considered that the higher limit should apply. Discussion with the manufacturers and the examination of further samples showed that this product does normally consist of sliced meat. The reason for the unsatisfactory sample appeared to be some difficulty with the operation of the slicing machinery.

SAUSAGES

Four samples of sausages, three of them canned and one sold loose, were reported as unsatisfactory. Canned frankfurter sausages were found to contain 65.3 per cent of meat, which is below the minimum limit set down by the Sausage and Other Meat Product Regulations. The label description was criticised on all three samples of canned sausages on the grounds that the words "in brine" should have been included in the name of the product. The list of ingredients on a can of "Hot-Dog Sausages" included the generic terms "stock, cereals and salts" which are not in accordance with the Labelling of Food Order. More seriously, skimmed milk powder was listed as milk powder. A sample of sausages sold loose was reported unsatisfactory owing to failure to declare the presence of sulphur dioxide preservative.

**CANNED STEWED STEAK
WITH GRAVY**

The appropriate description of this product is "Stewed Steak with Gravy", but on this can the words "with gravy" were printed in small type separated from the words "Stewed Steak". This label has now been amended by the manufacturers so that "Stewed Steak with Gravy" appears as a single item.

CANNED IRISH STEW

Four samples of canned Irish Stew were reported as unsatisfactory because the meat content was less than 35 per cent, but the labels carried illustrations depicting meat in a prominent manner and should therefore in accordance with the Canned Meat Product Regulations 1967 contain at least 35 per cent of meat. The meat contents found were 30.6, 31.4, 33.0 and 33.6 per cent.

In one sample the meat ingredient was declared as beef, but according to most authorities the meat in Irish Stew is mutton.

BAMBOO SHOOTS

This sample consisted of canned bamboo shoots in brine and the correct label description should have been "Bamboo Shoots in brine".

SOFT DRINK

This sample was sold under the label description "Kola Champagne", but was in fact a carbonated soft drink with under 0.2 per cent alcohol.

SHANDY

The alcohol content of this bottled shandy was found to be 1.2° Proof and the opinion was given that Shandy should be at least 1.7° Proof. It must be under 2° Proof if it is to be sold from unlicensed premises.

STEAKETTES

This sample contained 200 part per million of Sulphur Dioxide preservative, but the presence of a preservative was not declared in accordance with the Preservatives Regulations, 1962.

STEAKBURGERS

Steakburgers are included in the definition of "meat with cereal" in the Canned Meat Product Regulations, 1967, and required to contain at least 80 per cent of meat. This sample, which was sold loose, contained only 68 per cent meat and in view of the standard for the canned product, was reported as being deficient in meat.

CANELLONI

This sample consisted of rolls of pasta with a meat filling canned in tomato sauce. This list of ingredients, which was in French read as follows:-

"Viande rotie, Semoule de ble dur, Extract de tomates, Carottes, Ail, Biscottes, Sel, Sucre, Epices."

The term "Viande rotie" is a generic name rather than a specific name as required by the Labelling of Food Order and when the meat content, 16.1 per cent, is considered, it seems hardly possible that the list of ingredients can be in decreasing order of quantity.

SWEET BASIL

13.4 part per million of lead were found in this sample of the culinary herb, Sweet Basil, above the maximum legal limit of 10 part per million.

(2) UNSATISFACTORY DRUGS**SLIMMING AIDS**

Seven samples of slimming aids were reported as unsatisfactory. Two of these were of the same brand and contained 0.5 gr. phenolphthalein as the main active ingredient. Laxative drugs or preparations containing them should not be sold or advertised as slimming aids.

Of the other five, one was a homeopathic remedy, two consisted of a mixture of vegetable drugs mainly purgatives and Fucus (seaweed) extract and two were based on methyl cellulose together with added vitamins. All were criticised on the grounds that they failed to make clear to the purchaser that they were only of value in slimming when forming part of a calorie controlled diet.

COUGH MIXTURE

Five samples of cough mixture were found to be deficient in chloroform, the deficiencies ranging from 28 to 98 per cent of the declared amount.

AURUM AMBROSIMUM

This is the exotic name given to a product consisting of Potassium acid tartrate, hexamine, potassium iodide and guaiacum resin in a base of honey. The formula was declared to be as follows:-

Potassium Acid Tartrate	32.136%
Potassium iodide	0.136%
Hexamine	0.161%
Guaiacum Resin	0.136%
Mel Depuratum to 100%.	

Analysis of two samples gave the following results with wide discrepancies from the declared formula in both samples:-

	(1)	(2)
Potassium acid tartrate	19.0%	21.0%
Potassium iodide	0.046%	0.15%
Hexamine	0.06%	0.47%

HERBAL PREPARATIONS

Four samples of herbal preparations were reported as unsatisfactory on account of the extravagant claims made for their curative effects. Claims in respect of blood pressure, obesity, jaundice, chronic appendicitis and aphrodisiac properties were questioned.

**LIQUID PARAFFIN
& PHENOLPHTHALEIN
EMULSION**

This sample was found to be deficient in phenolphthalein containing 0.22 per cent whereas the B.P.C. requires 0.32 to 0.40 per cent. A possible explanation of the deficiency is the separation of the phenolphthalein during storage. The uniform dispersion of the phenolphthalein in this preparation sometimes gives rise to difficulties and some grades of phenolphthalein are easier to disperse and maintain in a uniform dispersion.

ANALGESIC TABLETS

These tablets were stated to contain the following active ingredients:-

Paracetamol	250 mg per tablet
Caffeine	22 mg per tablet
Theobromine	11 mg per tablet

and were recommended for the treatment of headaches, neuralgia, backache, neuritis, sciatica, rheumatic pains, sleeplessness, feverish conditions, flu, etc. It was pointed out to the manufacturers that none of the ingredients had any sedative or hypnotic effect and the tablets were therefore of no value for the treatment of sleeplessness. The manufacturers gave an undertaking to amend the labels on these tablets so that any reference to sleeplessness would be qualified so as to read "sleeplessness due to pain".

SURGICAL SPIRIT

Analysis of this sample gave 0.71 per cent methyl salicylate and 1.95 per cent diethyl phthalate, the methyl salicylate content being well above the B.P.C. range of 0.45 to 0.55 per cent.

CALAMINE OINTMENT

This sample contained 9.7 per cent of zinc, above the B.P.C. range of 7.8 to 9.4 per cent.

MISCELLANEOUS EXAMINATIONS

Under this heading are listed a selection of the wide variety of articles and materials, mostly, but by no means all, foodstuffs, which have been submitted to the laboratory. Many of these samples originate as complaints brought to the public health inspectors and afford a further indication of the kinds of contamination of foodstuffs which may occur today.

INSECTS IN FOOD

A can of sliced pineapple contained a dead cockroach which was identified as the American cockroach, *Periplaneta Americana* L., which, in spite of its name, now has a world wide distribution. A dead larder beetle, *Dermestes lardarius*, was found in an unopened bag of potato crisps. A small hole was visible in the plastic bag, about the same size as the beetle and the question arose as to whether the beetle had been in or on the crisps when packed or had entered the bag subsequently. After removing most of the crisps a live larder beetle was placed in the plastic bag and sealed up again, covering the small hole. Within 24 hours the beetle had escaped by eating its way through the plastic film, leaving a small round hole similar to that found originally in the bag.

A can of raspberries was found to contain a dead beetle, in this instance, a ground beetle (carabid beetle). Such creatures are carnivorous creatures eating other insects, etc., and do not normally become pests of agricultural crops or stored products. Phosphatase enzyme was absent, suggesting that the beetle was in the can before opening.

MOULDY FOOD

An extensive growth of mould, a species of *Penicillium*, was found in an opened can of corned beef. Damage to the can suggested that it may have been pierced and access of air to the meat allowed the mould to grow. Two samples of sliced bread were mouldy, several species of mould being identified including *Monilia*, *Aspergillus* and *Rhizopus*. A sample of diabetic black cherry jam had a growth of mould (*Penicillium*) on the surface of the jam. The surface of the jam as set inside the jar was not horizontal with the

jar in a vertical position, being almost level with the rim on one side and depressed about 1 cm. on the opposite side. A possible explanation would seem to be that the jar was not aligned vertically in the filling line and that subsequent mechanical fitting of the cap did not give a complete closure. This would result in loss of vacuum and access of air which enabled the mould to grow.

OTHER FOREIGN MATTERS IN FOOD

Particles of gritty material and textile fibres were found adhering to the skins of dried apricots. A piece of greyish white oily material with a strong odour of onions was present in a sample of potato crisps. In addition to a large amount of starch, this foreign matter contained 23 per cent of fat and 19.5 per cent of salt. It was probably a mixture of oil used in the cooking process and onion flavouring. Foreign matter in a loaf of bread was shown to be a mixture of bread dough, iron rust and oily matter, probably from dough-handling machinery through insufficient attention to regular cleaning and maintenance.

Light green foreign matter in a bottle of milk proved to be dried paint which would not be removed by the normal bottle washing process. A sample consisting of a flour cake contained an irregular shaped dark brittle substance which appeared to be charred dough and miscellaneous dirt. Salted peanuts contained an excessive amount of peanut shell, insect fragments and insect webbing. A piece of steel of half-round cross section resembling one side of a split pin was found in a meat and potato pie. A jar of lime marmalade contained a piece of glass, the largest dimension being 4.5 cms. and from its appearance and shape, a broken piece from the upper part of a jar similar to that of the sample jar itself.

DECOMPOSITIONAL CHANGES, ETC., IN FOOD

Two samples of corned beef were examined as a result of complaints about corrosion of the can. Although the appearance of the inner surface of the can and the meat was discoloured and unattractive, there was no evidence of dangerous metallic contamination of the meat.

Turkey meat from a turkey meat sandwich had a distinctly sour and unpleasant odour. The amount of total volatile bases, 41.9 mg per 100 g. (as Nitrogen, N) confirmed that the meat was decomposing and therefore unfit.

A sample of frozen chicken cutlets in a sealed transparent plastic film wrapper was submitted as a result of a complaint that the chicken meat had an unpleasant odour similar to that of cat urine. This so-called "catty" odour complaint has been experienced previously in the meat trade and a few years ago canned ox tongues were so badly affected as to cause a serious problem in this section of the meat canning trade. Experimental work carried out by the British Food Manufacturing Industries Research Association and several industrial laboratories pointed towards the reaction between sulphur compounds in the meat and certain substances of the class known as unsaturated ketones, as the cause of the "catty" odour. Sulphur is present in methionine, a sulphur-containing amino acid present in almost all proteins and therefore in all meat products. In the case of the canned ox tongues, the source of the unsaturated ketone was probably the solvent used for the internal lacquering of the can. The source of unsaturated ketones in the wrapped chicken cutlets may also have been solvent residues from the manufacture of the plastic film or possibly decomposition products resulting from the heat-sealing of the wrappers.

Two cans of shrimps were examined following a complaint that the shrimps had a bad smell. One can had been opened, and the other unopened, but in both the shrimps had a strong ammoniacal odour and showed much greyish discolouration. Chemical analysis confirmed that the shrimps were partly decomposed, probably prior to canning and were not of a satisfactory quality.

Lemon juice in a small plastic bottle intended for table use in restaurants, hotels, etc., contained a slimy gel-like mass occupying about half the volume of the bottle. This was certainly an organic growth of a filamentous micro-organism. Sulphur dioxide preservative was declared on the label of the bottle, but none was detected in this or in another bottle from the same source.

OTHER MISCELLANEOUS FOODSTUFFS Three samples of milk were examined as a result of complaints that they contained water. Two of these were genuine but the other sample contained 35 per cent added water. Water from a coffee-vending machine in a ladies hairdressing salon was found to contain an extensive growth of a filamentous bacteria, which was probably enabled to grow by failure to clean the machine regularly and by the presence of organic vapours from the perfume and lacquer sprays used by the hairdresser.

COMPLAINT SAMPLES SHOWN TO BE SATISFACTORY Not in every case are samples submitted as a result of complaints found to be unsatisfactory. Some complaint samples are quite satisfactory and the complaint not justified.

A buttered flour-cake was alleged to contain margarine instead of butter, but analysis showed it to contain genuine butter. Perhaps the complainant was too anxious to disprove the statement in the advertisements for a well known brand of margarine.

A sample of rum and one of whisky, both alleged to be watered, were found to be of the correct spirit strength.

Milk Samples

440 samples of milk were examined in 1969, of which 4 were formal and the rest, 436 samples were informal. Fifteen samples of Channel Island milk are included in the total number of milk samples. Table B includes details of milk samples found to be unsatisfactory.

	No. of Samples	Fat %	Solids-not-fat %	Water %
1st Quarter, 1969	93	3.69	8.65	87.66
2nd „ „	83	3.66	8.65	87.69
3rd „ „	129	3.61	8.63	87.76
4th „ „	135	3.70	8.63	87.67
For the year 1969	440	3.67	8.64	87.69
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 here shows the average composition of milk samples examined in each quarter and the yearly averages for the last five years. The figures for Channel Island milks are not included in these averages since there is a higher legal minimum limit for fat (not less than 4 per cent) in Channel Island milk.

Designated Milks

All samples of milk are examined by chemical analysis to detect any adulteration and are also submitted to additional tests as specified by the Milk (Special Designation) Regulations. These additional tests are the Methylene Blue Test which gives an indication of the keeping quality of Untreated and Pasteurised Milks, the Phosphatase Test which shows the efficiency of pasteurisation and the Turbidity Test on Sterilised milk which provides a check on the sterilisation process.

Examination of Designated Milks

Designation	No. Examined	Satisfactory	Failed Meth. Blue Test	Failed Phos. Test	Failed Turbidity Test	Test Void
Untreated	60	50	10	—	—	—
Pasteurised	149	149	0	0	—	—
Sterilised	121	121	—	—	0	—
TOTALS ..	330	320	10	0	0	—

As noted elsewhere in this report, eight of the ten samples which failed to comply with the Methylene Blue Test for keeping quality were examined in the period June to September.

Ice-Cream Samples

Samples of ice-cream are taken in sterile containers with precautions to prevent any bacterial contamination during sampling. Each sample is examined by a Methylene Blue Test similar to that used to assess the keeping quality of milk. The results of this test affords an indication of the keeping quality of the ice-cream and extent of proliferation of bacteria. Grades 1 and 2 are reported as satisfactory, and Grades 3 and 4 unsatisfactory. In addition all samples of ice-cream are examined bacteriologically for the presence of any bacteria of intestinal origin, in particular coliform organisms and especially *E. coli* Type I. The presence of excessive numbers of coliform organisms and of any *E. coli* Type I is regarded as an indication of unsatisfactory hygiene in manufacturing or handling.

71 samples of ice-cream were submitted during the year of which 47 were graded as satisfactory by the Methylene Blue Test and 24 unsatisfactory. 13 samples were found to contain coliform organisms of intestinal origin (*E. coli* Type I). Further details of the results of the Methylene Blue Test are given below:-

Methylene Blue Tests on Ice-Cream

No. of Samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
			1	2	3	4
71	47	24	20	27	16	8

The Methylene Blue Grading System is as follows:-

Grade 1	Decolourisation time $4\frac{1}{2}$ hours and over
„ 2	„ „ $2\frac{1}{2}$ to 4 hours
„ 3	„ „ $\frac{1}{2}$ to 2 hours
„ 4	„ Nil (immediate decolourisation)

Domestic Water Supplies

Regular bacteriological examinations have been carried out on samples of water taken from private houses in the Bolton area and the results show a safe and satisfactory quality of domestic water supply has been maintained throughout the year.

Similar sampling programmes have been operated in the other districts supplied by the Bolton Waterworks Department, that is the districts supplied by Irwell Valley and Bacup Divisions of the Waterworks Department. The results of the testing of the samples are reported to the Waterworks Engineer.

Swimming Bath Waters

The water in public swimming baths and in swimming baths in local schools is sampled regularly for chemical and bacteriological testing. Recommendations are made to correct any abnormalities and, if necessary, further samples are examined to ensure that the treatment of the water is operating satisfactorily.

In 1969, 190 samples were examined for this purpose and the results show that the treatment of the water at the swimming baths has been satisfactory. Of the total number of swimming bath waters examined, 146 were taken from the Corporation's public swimming baths and the rest, 44 samples, were taken from local schools. 22 samples of water from children's paddling pools in the Corporation's parks have also been examined.

Fertilisers and Feeding Stuffs

11 samples of animal feeding stuffs and 14 samples of fertilisers were examined in 1969.

4 samples of feeding stuffs failed to comply with the requirements of the Fertilisers and Feeding Stuffs Regulations. One sample was high in oil content, one low in fibre content and one both high in oil and low in fibre content. A copper-supplemented pig food was found to be high in oil content and low in copper.

Eight samples of fertilisers were found not to conform to the regulations and this is a high proportion, more than half of the samples submitted. Three samples, two of bone meal and one of Chilian potash nitrate, were high in nitrogen and one of the bone meal samples was high in phosphoric acid as well. These discrepancies are, of course, not to the prejudice of the purchaser.

Three samples of compound fertilisers were found to be too high in insoluble phosphoric acid and two of these samples were also low in soluble phosphoric acid. The total phosphoric acid was in all three samples within the permitted limits of variation. This kind of discrepancy in the analysis of fertilisers is probably due to the reversion of soluble phosphoric acid to an insoluble form during storage, as a result of interaction with other constituents of the mixture and increased by the presence of moisture.

One sample of compound fertiliser carried a declaration which included inorganic and organic nitrogen as well as total nitrogen. This is additional to the requirements of the regulations, but the analysis did not agree with the stated figures for inorganic and organic nitrogen, being high in inorganic and low in organic nitrogen.

A sample described as concentrated liquid farmyard manure carried a statement of nitrogen, phosphoric acid and potash. It was found to be low in phosphoric acid, but there is some doubt whether this kind of product is covered by the Fertilisers and Feeding Stuffs Regulations.

A sample of Hoof and Horn Meal was found to be low in nitrogen content.

Trade Descriptions Act

The following is a list of samples examined in connection with investigations for purposes of the Trade Descriptions Act. In each case reports have been issued to the Chief Inspector of Weights and Measures:-

- 3 ladies' dresses
- 1 ladies' underwear
- 1 ladies' shoes
- 1 sample of human hair (wig)
- 16 samples of sherry

Miscellaneous samples other than Food

Seven samples of plastic toys have been examined. All were reported to be satisfactory from the point of view of the Consumer Protection Act, containing no cellulose nitrate and well below the recommended maximum limit of 250 part per million of extractable lead.

Indoor fireworks of the "Pharaoh's Serpent" type were found to contain mercury thiocyanate and the same substance was found in similar indoor fireworks supplied with Christmas crackers. No warnings were given about the poisonous nature of this substance and although the amount of mercury present in a single firework is small, - about 10 to 20 mg., there is a risk of poisoning with young children, since these indoor fireworks are likely to be used at meal times.

A plastic bottle of bleach carried an instruction to cut out a disc marked "4d. off" near the bottom of the bottle in order to obtain the 4d. off the next bottle purchased. The opinion was given that an instruction which involves cutting a plastic bottle of bleach involves a risk of the undiluted bleach getting on the skin. There was no instruction on this bottle even to rinse out thoroughly before cutting.

Atmospheric Pollution

Measurements of smoke and sulphur dioxide have continued at eight sites within the Borough and the monthly averages for each site are given in the accompanying tables (Tables C and D). The block diagrams (histograms) show the summer, winter and whole year averages for all sites for the ten year period 1960 - 1969.

The average figures for the whole year for both smoke and sulphur dioxide show little significant change over the last four years. One feature in the block diagrams is the tendency for the relative difference between summer and winter levels of sulphur dioxide to become less than the corresponding difference for smoke pollution.

Waterworks Committee

The Borough Laboratories examined 2577 samples for the Waterworks Committee in 1969, this figure being slightly more than in 1968 when 2454 samples were examined.

Each source of supply is sampled weekly and samples are taken of both the raw water, i.e. untreated water and the same water after treatment but before it enters the distribution system. These samples are examined for their bacteriological quality and in addition for pH value, colour, residual chlorine, iron, aluminium and in some instances manganese. These tests are designed to ensure the safety of the water supplies and to assess the efficiency of operation of the treatment plant. In 1969, 712 samples of raw waters and 843 samples of final waters entering supply were examined.

Samples of water are taken from domestic premises as part of a general assessment of the quality of water in the distribution system. 186 samples were examined for this purpose.

More extensive chemical analyses (i.e. full chemical analyses) were carried out on 25 samples of raw and treated waters and measurements of the radioactivity (total beta activity) were read on 36 samples taken over the whole year (3 samples per month).

48 samples were examined as a result of consumer's complaints and a further 80 samples in connection with special investigations, some of which are listed below.

In addition to the water samples examined for the Waterworks Committee, 51 samples from domestic premises in the Bolton area were examined for the Medical Officer of Health.

The report for 1968 referred to the operation of the filter station at Clough Bottom Reservoir (Irwell Valley Division), which used a treatment process developed in the Borough Laboratories. One of the treatment chemicals used in this process was sodium alginate, the function of which is to increase the rate of growth of floc from aluminium salts in the water, either naturally present or added as the primary coagulant in the treatment process. Upland surface waters, of which Clough Bottom is a typical example, are difficult waters to treat by coagulation and sedimentation since the floc formed tends to be light and fragile and does not settle readily in the sedimentation tanks. The alginate assists in this process and the earlier work carried out in the laboratories showed that the method of addition of the alginate was very critical.

In recent years a number of new materials, both of natural and synthetic origin have become available for use in the coagulation treatment of water and several of these are now permitted by the Ministry of Housing and Local Government for use in the treatment of public water supplies. Laboratory scale

experiments with several of these new coagulant - aids have been carried out at the filter station and from the results of these experiments two products, one a modified starch and the other a synthetic polyacrylamide were selected as likely to have an advantage over alginate. The former product was considerably cheaper and the station has been operating successfully for some months with a treatment process which uses this modified starch.

Several other applications of these coagulant-aids have been investigated, one in particular being the disposal of sludge from the Wayoh Filter Station (Bolton Division). The discharge of waste water from the sedimentation tanks is first run into primary settling tanks, where some settlement takes place and the upper layer of clear water is run to waste. The thickened sludge is then run onto a lagoon with a bed of ashes and underdrains. Eventually the sludge dries out and is removed. Laboratory scale experiments on the primary thickened sludge with a polyacrylamide showed a dramatic effect in causing further separation of clear water and leaving a much smaller bulk of concentrated sludge. Treatment with a polyacrylamide should increase the capacity of the lagoon to deal with sludge, by increasing the rate of removal of water.

Aluminium is a natural constituent of most of the waters from the reservoirs of the Bolton undertaking and one station in the Irwell Valley Division, New Hall Filter Station has operated successfully without any addition of alum as a primary coagulant for several months. Facilities for the addition of alum coagulant are, of course, retained so as to be immediately available if required.

Samples from other Corporation Departments, other Local Authorities and Private Samples

EDUCATION DEPARTMENT AND BOLTON SCHOOL	47 swimming bath waters 1 water 2 samples of dried milk
PARKS DEPARTMENT	22 waters from Queen's Park Paddling Pool
ARCHITECTS' DEPARTMENT	1 sample of hydrated lime 1 sample of plastic material 1 water
CENTRAL LIBRARY	1 sample of tablets
BOLTON AND DISTRICT SEWERAGE BOARD	3 seepage waters
HORWICH URBAN DISTRICT COUNCIL	6 swimming bath waters and 1 mains water.
COUNTY BOROUGH OF WIGAN	11 deposit gauge samples
ATHERTON URBAN DISTRICT COUNCIL	11 samples of water
PRIVATE SOURCES:	14 water samples 10 effluent samples 4 deposit samples 1 ground soya offal 1 plastic tile 2 samples of sausage 1 sample of kerosene 1 malt loaf sample 1 unexposed X-ray film 1 bath mat 1 sample of whisky 1 sample of Ginger Wine

TABLE C
Atmospheric Pollution
Smoke—Daily Averages
(Micrograms per cubic metre of air)

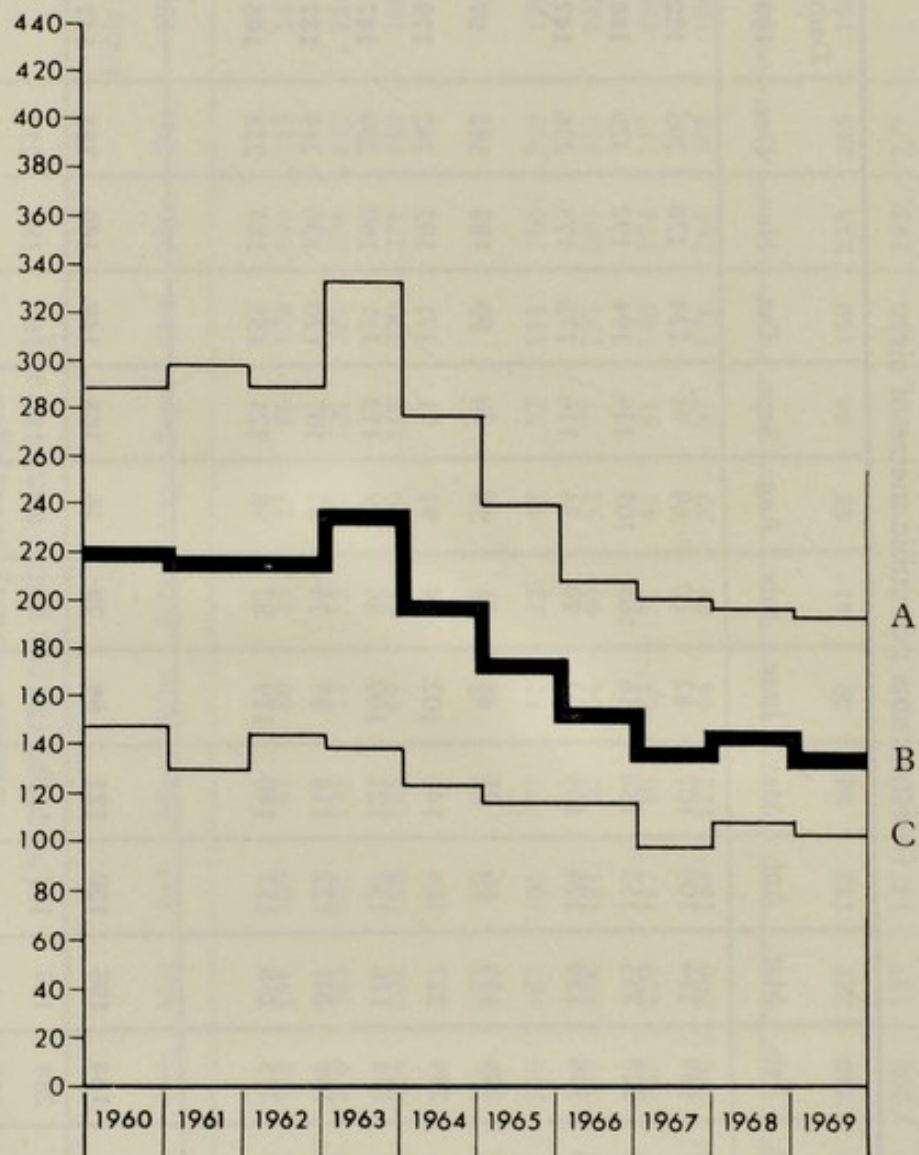
Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average at each site for			
													1969	1968	1967	1966
1 Johnson Fold ..	213	161	196	109	97	60	35	53	86	128	192	243	141	123	95	104
2 Astley Street ..	359	370	343	201	135	77	55	77	121	206	296	442	224	220	235	225
3 Tonge Moor ..	312	264	201	164	116	85	65	80	118	220	271	359	188	183	219	226
4 Lostock Open Air School ..	157	126	133	69	49	38	28	28	49	83	133	203	91	188	104	91
5 Central Police Office	211	209	187	101	77	52	32	48	52	111	160	295	128	128	134	126
6 Withins Clinic ..	273	255	194	131	80	54	40	52	77	137	209	319	152	146	165	155
7 Lock Lane ..	261	202	210	117	80	63	31	43	81	140	174	257	138	194	143	138
8 Grecian Mill ..	360	336	306	184	122	44	44	59	87	176	265	398	198	146	200	188
Daily average (each month) of all sites, 1969 ..	268	240	221	135	95	59	41	55	84	150	213	315	156			
„ 1968 ..	247	308	157	142	127	62	60	55	82	130	192	277		153		
„ 1967 ..	307	203	106	125	95	67	47	79	123	134	395	275			162	
„ 1966 ..	283	216	157	144	108	69	52	83	148	239	230	242				164

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			
													1969	1968	1967	1966
1 Johnson Fold ..	191	139	174	100	107	82	60	69	91	124	126	205	122	139	91	128
2 Astley Street ..	293	228	235	153	158	116	108	105	139	194	192	329	188	192	202	221
3 Tonge Moor ..	230	178	159	124	105	103	79	24	116	175	175	236	142	153	166	170
4 Lostock Open Air School ..	153	126	156	66	75	48	51	40	70	90	103	187	97	101	105	110
5 Central Police Office	281	239	227	184	141	102	84	97	91	171	193	342	179	155	192	193
6 Withins Clinic ..	191	174	176	137	123	100	86	89	113	151	169	259	147	149	155	167
7 Lock Lane ..	195	166	201	122	118	99	79	87	107	120	136	214	137	139	121	129
8 Grecian Mill ..	208	225	258	153	140	119	87	98	121	155	185	233	165	194	148	182
Daily average (each month) of all sites, 1969 ..	218	184	198	130	121	98	79	76	108	148	160	251	147			
" 1968 ..	173	284	147	151	131	81	85	80	112	164	188	231		153		
" 1967 ..	264	196	100	120	113	82	57	81	99	102	347	209			147	
" 1966 ..	288	212	148	158	126	106	57	98	164	214	206	185				163

ATMOSPHERIC SULPHUR DIOXIDE

Micrograms per cubic metre of air



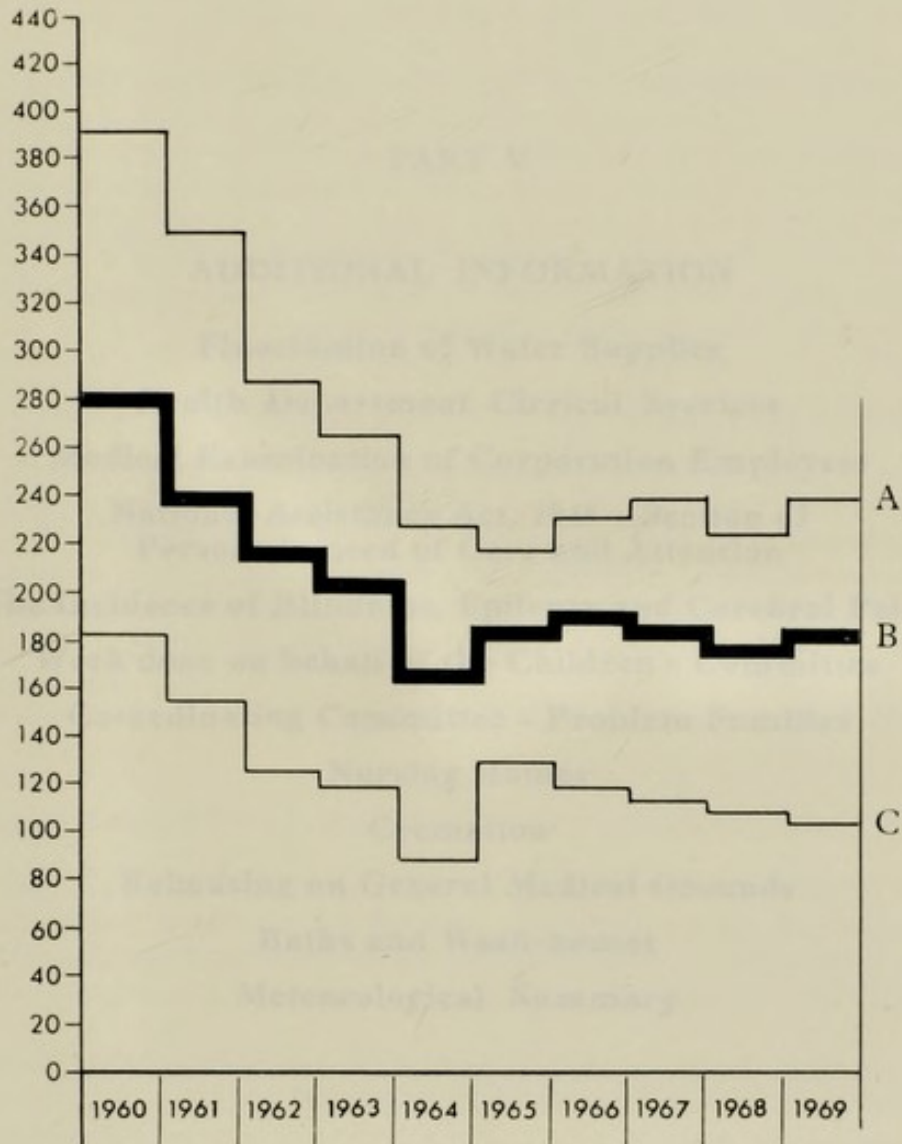
A Jan. to Mar. and Oct. to Dec.

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

ATMOSPHERIC DEPOSITION

Atmospheric Deposition of Sulfate and Nitrate



Legend:
 Sulfate (kg/ha)
 Nitrate (kg/ha)
 Total (kg/ha)

PART V

ADDITIONAL INFORMATION

Fluoridation of Water Supplies

Health Department Clerical Services

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 OF WATER SUPPLIES

In 1968 a referendum was held in Bolton upon the advisability of adding fluoride to the water supplies, and nearly three-quarters of those who voted were against the measure. This has temporarily ended the local debate about the wisdom of introducing fluoridation to Bolton and the surrounding districts.

Meanwhile, evidence continues to accumulate about the advantages that occur when water supplies contain one part per million of fluoride. In one local authority area, where the decision to introduce fluoridation was reversed, the improvement in the dental health of the children was not maintained and dental caries have again become a considerable problem.

In the United States about half the water supplies contain fluoride in spite of major opposition from various organisations, one of which is the Ku Klux Klan. In comparison with this, only 5% of the British population have fluoride added to the water. There is no evidence of increased disease in those areas where the natural fluoride content of the water is one part per million compared with Bolton where the amount of fluoride is between 0.1 and 0.2 parts per million. The only significant difference is a greatly reduced incident of dental caries in the areas with the higher fluoride content.

HEALTH DEPARTMENT CLERICAL SERVICES

A study of the Health Department's Clerical Services, carried out by the Corporation's Organisation and Methods Officer, commenced in April, 1967, and was completed in July, 1968. A senior administrative officer in the department was seconded full-time for a period of six months to assist in the study. An Interim Report was presented and discussed, but not acted upon, in February, 1968 and a Final Report presented in July, 1968.

The following is a summary of the main recommendations which were accepted.

1. that the Administrative Section of the Health Department be re-grouped;
2. that the administrative structure be strengthened by the creation of two new posts of appropriate grade and quality to enable responsibility for certain activities to be delegated; the overall number of clerical posts being reduced from 42 to 35;
3. that the accommodation of both professional and administrative personnel housed at the Civic Centre building be reviewed;
4. that certain procedures concerned with the control of the Vaccination and Immunisation Programme, patient removals in the Ambulance Service and records in the Home Help Section be transferred on to the computer in the Borough Treasurer's Department.;
5. that a typing office be re-created and a centralised dictating system installed;

All the above recommendations have been implemented with the exception of that part of item No. 4 which relates to the Ambulance and Home Help Sections. The implementation of the remaining recommendations is proceeding.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

The number of medical examinations carried out during the year was 1,476, involving 1,469 persons. A further 466 persons were considered fit to enter the Superannuation or Sickness Payment Schemes without medical examination. A summary of the medical examinations is shown in the following table:

Examination for—	No. of persons examined		No. of persons found unfit	
	Males	Females	Males	Females
Entry into Superannuation Scheme	382	120	9	2
Entry into Sickness Payment Scheme	59	224	4	5
Other medicals, e.g. Fitness to resume employment etc.	44	19	—	—
Retirement on medical grounds	12	5	—	—
Surrender of part of Superannuation allowance ..	1	—	—	—
Fitness to be employed as a teacher	24	23	—	—
Fitness for admission to a Training College	60	161	—	—
Fitness to teach after leaving the Bolton College of Education	223	84	—	—
Medical examination for renewal of P.S.V. Licence	22	—	—	—
Medical examinations carried out at the request of other Local Authorities	9	4	—	—
TOTALS	836	640	13	7

Of the above, there were eight incomplete examinations, i.e., where a decision was deferred pending the result of further investigations or where the persons concerned were asked to attend for re-examination at a later date.

Four hundred and sixty-seven persons were sent to mass radiography units and four to the Bolton Royal Infirmary for chest X-ray. All persons leaving the Bolton College of Education were sent to the mass radiography unit, and this accounts for 307 referrals. One hundred and thirty persons were sent because their employment involved work with children; ten 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 have a chest X-ray and information regarding available mass radiography units was supplied.

Two hundred and forty-five actual and potential public service vehicle drivers were examined, and four of these were considered to be unfit.

Thirteen persons were examined at the request of other local authorities.

Candidates for entry to the Superannuation and Sickness Payment Schemes complete a questionnaire (Form S.6) giving details about their past and present medical condition. This is considered by a medical officer and in 466 cases of persons 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 and other persons whose work involved driving duties, home helps who mostly work in the homes of people not in good health, and people over 45 years of age.

Of the 840 persons examined:

Transport Department employees and other employees whose work involved driving duties	247
Home Helps	143
Other persons over 45 years of age	275
Persons under 45 years examined at the request of the Medical Officer	175

An analysis of the conditions which caused persons examined for entry into the Superannuation and Sickness Payment Schemes to be found unfit is shown in the following table:

	Superannuation Scheme		Sickness Payment Scheme	
	Males	Females	Males	Females
Cardiovascular disease (including hypertension) ..	2	—	3	3
Respiratory system	3	—	—	—
Nervous system	1	1	—	1
Abdominal conditions (including hernia)	1	1	—	1
Other conditions	2	—	1	—
TOTALS	9	2	4	5

It will be seen that the principal cause of failure to pass the medical examination was cardiovascular disease and this was due to hypertension in the majority of cases.

The number of people failing to qualify on medical grounds (20) is much lower than in the previous 5 years. The numbers that failed to pass medical examinations in the last ten years are as follows:

1960	..	..	..	..	..	..	52
1961	..	..	..	..	..	..	23
1962	..	..	..	..	..	..	18
1963	..	..	..	..	..	..	19
1964	..	..	..	..	..	..	34
1965	..	..	..	..	..	..	44
1966	..	..	..	..	..	..	51
1967	..	..	..	..	..	..	46
1968	..	..	..	..	..	..	65
1969	..	..	..	..	..	..	20

Three persons were examined at the request of the Motor Taxation Department concerning their fitness to drive a motor vehicle.

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 is in great need of institutional care but is unwilling to go voluntarily.

Elderly people are often very reluctant to leave their homes even when conditions are very unsatisfactory but it is usually possible to help them without using statutory powers. In 1969, one elderly man was taken to hospital under Section 47 of the National Assistance Act. He was existing under very poor conditions and declining any form of assistance.

THE INCIDENCE OF BLINDNESS, EPILEPSY AND CEREBRAL PALSY

Blindness:

The Register of Blind Persons contained the names of 198 men and 239 women at the end of the year.

Thirty-five men and 99 women were registered as partially-sighted.

The ophthalmic surgeons completed a total of 32 Forms B.D.8 (12 males; 20 females).

Epilepsy:

The Chief Welfare Officer states that the Register of Handicapped Persons contained the names of 31 men and 21 women suffering from epilepsy. Of these, 6 men and 2 women were in colonies for epileptics, 1 man and 3 women were in homes provided by Bolton Corporation and 24 men and 16 women were in their own homes.

The Local Education Authority knew of 58 boys and 37 girls attending ordinary schools who were epileptics and maintained two boys and two girls in special schools for epileptic pupils. In addition, two boys and one girl were attending other special schools.

Cerebral Palsy:

Twenty-three males and 29 females suffering from cerebral palsy were on the Register of Handicapped Persons maintained by the Chief Welfare Officer.

The Local Authority was aware of 31 children with this handicap. Eleven of these children were attending Birtenshaw Hall Special School and two children were attending other special schools; 15 children were attending ordinary schools and two were pre-school children.

Of the sub-normal and severely sub-normal persons known to the Authority, 9 males and 17 females were suffering from cerebral palsy in addition to the mental handicap.

Facilities available for Handicapped Persons:

The Welfare Department continued to provide a wide range of services. Under the National Assistance Acts, local authorities are required to provide welfare services for the blind and they may make similar provisions for all other classes of handicapped persons. Much of the legislation is covered by the National Assistance (Handicapped Persons) Scheme, 1951.

WORK DONE ON BEHALF OF THE CHILDREN'S COMMITTEE

Throughout the year the routine 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. They have also been examined when transferred from one home to another.

Medical Examinations:

No. of routine examinations 0 - 1 year	.. ..	49
No. of routine examinations 1 - 5 years	.. ..	85
No. of routine examinations over 5 years	.. ..	146
TOTAL		<hr/> 280 <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 of 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 35 families, involving 175 children, were the subject of consideration. Of these, a total of 19 families (86 children) were newly reported cases.

At the end of the year a total of 14 families (76 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 21 families (99 children) were deleted from the register. One family (4 children) left the area. The remaining 20 families were deleted from the register, either because their circumstances were considered to have improved, or because their needs had been met or because the families were no longer justifying active concern."

NURSING HOMES

Only two establishments were on the Register of Nursing Homes in the County Borough. They provided accommodation for 55 patients. All of them were geriatric cases.

To ensure that the facilities and staffing in these institutions were appropriate for the type of patients catered for, the medical and nursing staff of the local authority carried out regular inspections during the year under review. In both institutions the kitchen facilities were impaired and extensive work of redecoration was carried out.

CREMATION

The Overdale Crematorium has now completed fifteen 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%
1969	1,466	2,316	3,782	66%

REHOUSING ON GENERAL MEDICAL GROUNDS

The Housing Committee allocates fifty houses for persons recommended for rehousing on medical grounds.

The total number of applications received during the year was 408.

The number of applicants recommended for rehousing on medical grounds was 27, the reasons being:

Respiratory disease	.. .. .	4
Heart and circulatory disease	.. .. .	8
Arthritis	.. .. .	9
Multiple sclerosis	.. .. .	3
Chronic ill-health..	.. .. .	3
Blind	.. .. .	1
Pulmonary tuberculosis	.. .. .	5
Miscellaneous	.. .. .	2

In three cases the medical conditions of both the husband and wife were taken into consideration.

Rehousing in ground floor accommodation was recommended in 14 cases.

Sixty-six applicants living in Corporation property were recommended for transfer to more suitable accommodation. Of these, 40 were recommended for transfer to ground floor accommodation.

Fourteen 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 six cases the houses were dealt with as individual unfit houses.

Action was taken in 15 cases through the Chief Public Health Inspector's Section to have repairs carried out.

In 37 cases where there was no medical reason for recommending rehousing the circumstances were reported to the Housing Manager for consideration on social grounds.

Nineteen applications were withdrawn.

Two applications were referred to the Welfare Department for inclusion on the waiting list for admission to one of their Homes.

BATHS AND WASH-HOUSES

The various establishments offered the following facilities:

BATHS:

High Street	1 Plunge 9 Slipper Baths (Male)
Bridgeman Street	2 Plunges 20 Slipper Baths (Male) 5 Slipper Baths (Female) 1 Establishment Laundry
Moss Street	2 Plunges 10 Slipper Baths (Male) 2 Showers (Male) 6 Slipper Baths (Female) 1 Establishment Laundry
Hennon Street	11 Slipper Baths (Male) 1 Shower Bath (Male) 12 Slipper Baths (Female)
Rothwell Street	15 Slipper Baths (Female)
Great Moor Street	Turkish Baths

WASH-HOUSES:

Moss Street	8 Washing Machines 6 Hand Stalls 30 Drying Racks 1 Ironing Machine
Rothwell Street	12 Washing Machines 18 Hand Stalls 42 Drying Racks 1 Ironing Machine

Below are the attendances during the past three years:

Establishment	Swimming Baths			Slipper Baths			Public Laundries		
	1967	1968	1969	1967	1968	1969	1967	1968	1969
High St. Baths	70,885	80,395	77,210	22,395	25,628	25,945			
Bridgeman St. Baths ..	139,311	134,658	98,206	38,497	46,736	38,572			
Moss St. Baths	116,657	119,793	107,601	34,265	31,461	34,120			
Hennon St. Baths ..				15,379	13,938	2,720*			
Rothwell St. Baths ..				15,512	21,286	20,853			
Moss St. Laundry ..							(M) 15,490 (H) 1,773 (T) 17,263	14,005 1,425 15,430	683†
Rothwell St. Laundry ..							(M) 18,567 (H) 5,113 (T) 23,680	19,548 5,569 25,117	2,997†
TOTALS ..	326,853	334,846	283,017	126,048	139,049	122,210	(M) 34,057 (H) 6,886 (T) 40,943	33,553 6,994 40,547	3,680†

*Hennon Street Slipper Baths closed on 31st March, 1969.

Under Public Laundries, (H) denotes hand stalls, (M) machines and (T) total.

†Due to a change in the administration of the wash-houses in 1969 the attendances for that year are not available.

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
1969	8,472

SCHOOL CHILDREN ATTENDANCES:

	1967	1968	1969
Bolton Borough	66,451	56,877	58,751
Lancashire County Council	8,438	5,377	—

Lancashire ceased to attend in 1969 following the opening of the new swimming pool at Horwich. The opening of this pool means that Bolton is virtually surrounded by modern swimming pools that have opened in the last two years, i.e., Wigan, Radcliffe and Horwich. These pools are now attracting patrons from Bolton and this trend may well continue until the new "Town Centre" pool is built.

Attendances at the Turkish Baths are alarmingly lower than in recent years and the 1969 attendances are the lowest since 1959. There is a general falling off in the popularity of the Turkish Baths due to the rapid growth of Sauna Baths which, because of economic running costs, have been opened in large numbers, controlled by private enterprise. Two Sauna Baths have opened in Bolton in the last year and have effected attendances accordingly (particularly ladies).

Public Wash-houses:

A report on Bolton's two public wash-houses was submitted to the Amenity Services Committee in February. The report included details on charges, times of opening, usage, etc. Costs of modernisation schemes were also included. Possible courses of action suggested were as follows:

- (a) to close one or both wash-houses or to phase one or both out with consequent savings to the rate fund.
- (b) to modernise one or both wash-houses with the objective of reducing staffing costs and improving income.
- (c) to increase charges to increase income without making any alterations.

An additional problem is that the boiler at Rothwell Street will need replacing within the next two years as coke supplies run out.

The Committee resolved that the wash-houses remain open and that they be reviewed again in 6 months time. It was also resolved to increase the charges relating to the wash-houses.

A further report submitted after 6 months showed that the increased charges had made little improvement, especially at Moss Street where the income had risen by only £40 over a 3 month period. After giving the matter considerable thought and debate, it was finally decided that the wash-houses should close. Despite protests and petitions from the users of the wash-houses, the establishments were duly closed on 31st December, 1969.

Annual Passes:

The number of free passes under the Bolton Scheme for the encouragement of swimming now stands at 175.

Repairs and Maintenance:

The usual programme of repairs, maintenance and decoration was dealt with during 1969, of which the following comprises some of the more important items:

MOSS STREET BATHS:

The small plunge was redecorated and outside the main entrance the air-raid shelter was demolished and the ground was turfed and trees planted. This work has enhanced the appearance of this establishment and will now fit in with the surrounding areas when redevelopment is completed. Extra toilet accommodation has been installed in the small plunge in order to offer mixed bathing facilities.

HIGH STREET BATHS:

Water sealing treatment to the upstairs slipper bath floor. This has not proved successful and if the slipper baths are to remain in this location then the floor will need to be retiled in order to prevent leakage to the ladies changing accommodation below. However, it is not considered right that the slipper baths should stay where they are and alternative accommodation should be found in order to provide better facilities for what is an important service.

BRIDGEMAN STREET BATHS:

A domestic hot water circulating system was installed to provide a more efficient supply.

Vending Machines:

Hot drink vending machines have now been installed at each establishment and are proving that a real demand exists for a drink after swimming. The litter problem which the waste plastic cups cause does, however, give rise to concern. The system of providing this service is done on an "operator" basis with the operator, who is not employed by the Corporation, looking after and maintaining the machines and the Corporation receives a percentage of the takings. This system has proved to be satisfactory mainly because the Corporation is relieved of the problem of maintaining vending machines and the operator, being an expert in this field, can keep the machines in first class order, thus ensuring an efficient service to the public.

"Water Safety Campaign":

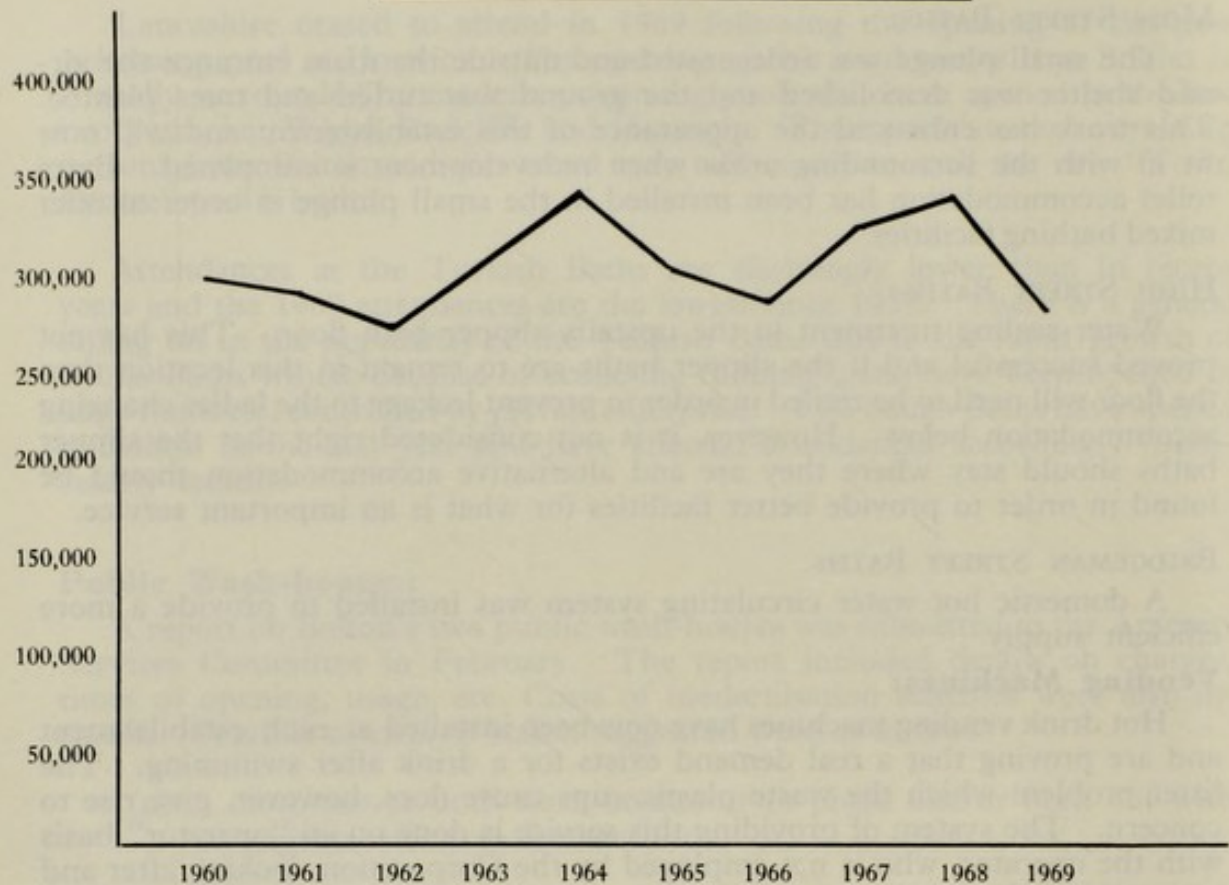
Due to staffing changes, the "Learn to Swim" campaign that was planned could not be held. Instead, a "Water Safety Campaign" was organised and three groups of 15 children were taught artificial resuscitation, basic water survival and were shown films on life-saving. The children were aged between 9 and 12 years and it was obvious from the attendances that they enjoyed the programme that was arranged for them. Only 4 dropped out during the 4 weeks that the campaign was held. The campaign finished with a "Water Safety" examination which resulted in a 100% pass and a few weeks after the campaign finished a presentation night was held and badges were awarded.

Hennon Street Slipper Baths:

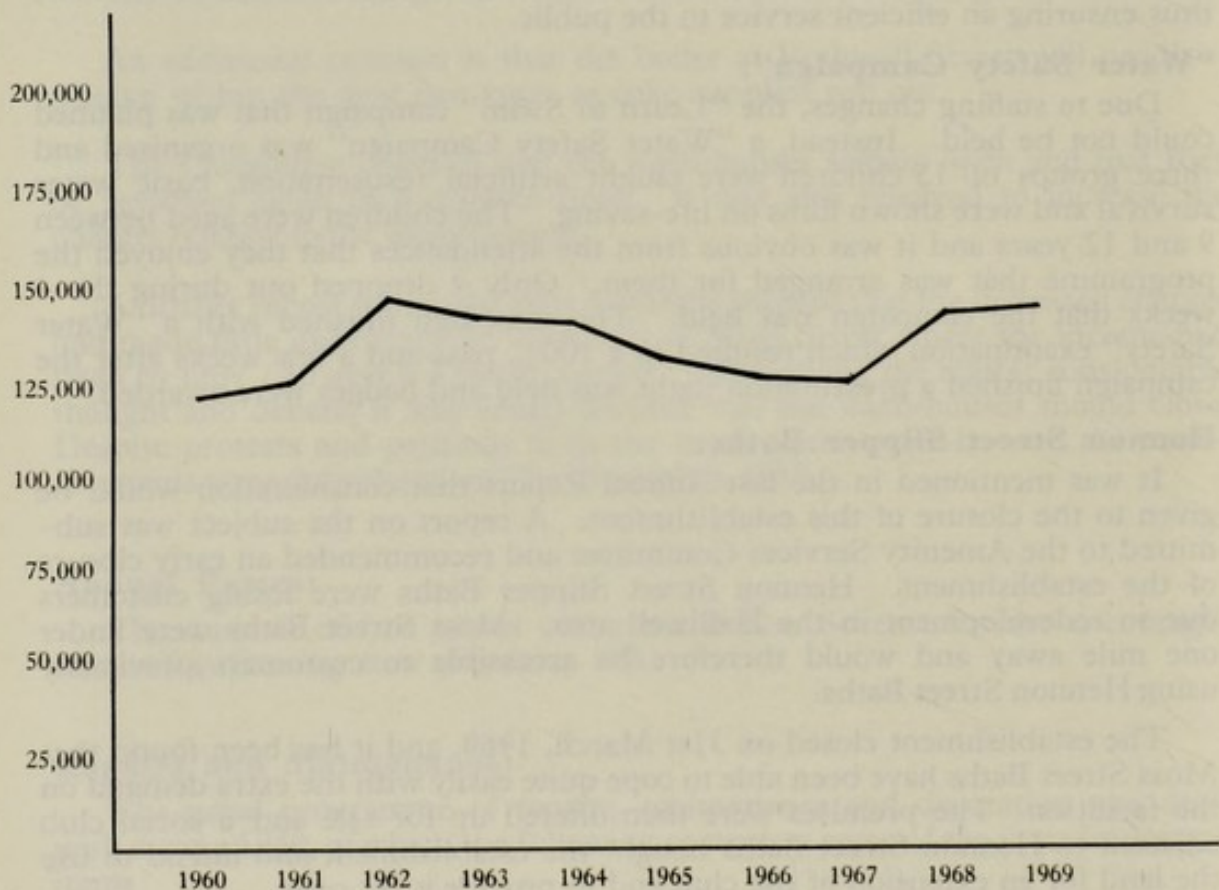
It was mentioned in the last Annual Report that consideration would be given to the closure of this establishment. A report on the subject was submitted to the Amenity Services Committee and recommended an early closure of the establishment. Hennon Street Slipper Baths were losing customers due to redevelopment in the Halliwell area. Moss Street Baths were under one mile away and would therefore be accessible to customers previously using Hennon Street Baths.

The establishment closed on 31st March, 1969, and it has been found that Moss Street Baths have been able to cope quite easily with the extra demand on the facilities. The premises were then offered up for sale and a social club adjacent to Hennon Street Baths bought the establishment and intend to use the land for an extension of the club and to provide a car park.

SWIMMING ATTENDANCES - LAST DECADE



SLIPPER BATH ATTENDANCES - LAST DECADE



METEOROLOGICAL SUMMARY, 1969

Compiled at Hall i'th' Wood Observatory by Vincent C. Smith, Esq., Curator and Meteorologist

1969	Humidity %	Average of Max. and Min. Temp. °F.	Absolute Extremes of Temperature			Sunshine			Monthly Rainfall Inches	Wet days	Fog days at 9 a.m.	Wind
			Highest °F.	Date	Lowest °F.	Date	Monthly Total hours	Most in one day	Date			
January	88	40	53	21	26	16	17.3	4.2	31	20	4	4088
February	88	32	48	23	15	8	64.3	8.6	9	19	2	4121
March	80	36	50	6-30-31	24	6-8	73.3	9.0	6	12	-	damaged
April	72	44	70	8	28	3-13	184.0	11.2	5	14	-	damaged
May	76	51	66	12-22	33	1	134.6	13.3	21	21	-	damaged
June	67	55	76	14	33	24	230.0	14.6	11	14	-	4184
July	79	60	82	15	41	4	189.7	13.9	31	9	-	4662
August	82	60	78	8	48	5-29-30	141.8	10.7	7	14	-	4104
September	81	56	70	8	37	28-30	99.3	10.1	19-22	12	-	3596
October	85	54	72	10	38	1-29	93.4	8.0	11	16	3	4288
November	84	40	60	2	24	18	75.0	6.6	25	24	-	4822
December	89	36	50	21	21	27	24.4	5.6	30-4	17	7	3948
TOTAL							1307.1			192	16	
Monthly Average	81	47										4201 9 months

COUNTY BOROUGH OF BOLTON
EDUCATION COMMITTEE



ANNUAL REPORT

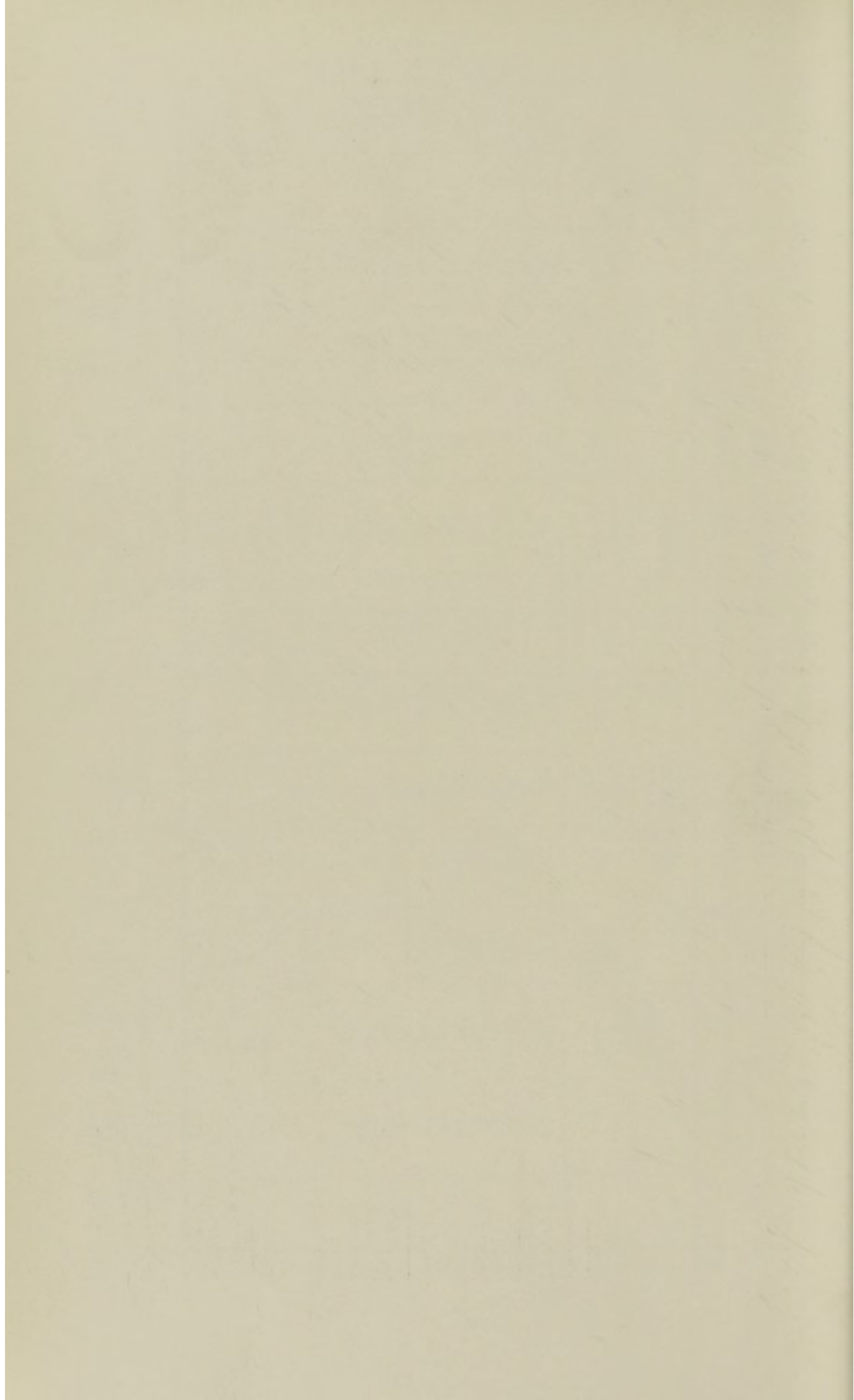
OF THE

Principal School
Medical Officer

FOR THE YEAR 1903

A. T. ROSE, 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 1969

A. I. ROSS, M.D., D.P.H.
Principal School Medical Officer

SCHOOLS SUB-COMMITTEE

Municipal Year 1969-70

THE MAYOR, ALDERMAN H. GLYNN
ALDERMAN MRS. E. M. RYLEY (Chairman)
COUNCILLOR D. GODBERT (Vice-Chairman)
ALDERMAN MRS. D. BERRY, J.P.
ALDERMAN C. H. LUCAS, C.B.E.
COUNCILLOR MRS. A. F. CHADBOND
COUNCILLOR S. DAWSON
COUNCILLOR T. W. HALL
COUNCILLOR B. A. HURST
COUNCILLOR J. MCCARTHY
COUNCILLOR J. PARKINSON
COUNCILLOR A. WAITHMAN
COUNCILLOR S. MITCHELL

CANON H. O. FIELDING (*Co-opted Member*)

REV. P. N. BREEN	”	”
REV. D. J. FOX	”	”
REV. D. H. SWANSBURY	”	”
MR. T. K. BRINDLE	”	”
MR. C. ROBINSON	”	”
MR. H. ROBINSON	”	”

Health Department,
Civic Centre,
Bolton.

*To the Chairman and Members of the Schools Sub-Committee
of the Bolton Education Committee*

For the second year in succession a case of diphtheria occurred in a school child. The five year old girl was admitted to hospital suffering from a sore throat, which was found to be diphtheria. She had not been immunised against the disease. She made a good recovery. Investigation of home and school contacts found one child to be a carrier. Unfortunately insufficient numbers of children in Bolton are being immunised against diphtheria and with the low response other cases of the disease may occur. Immunisation of babies is now organised using the Corporation's computer, parents receiving appointments by postcard for each injection due. There is a complete check on absentees with arrangements for fresh appointments and follow up. It is hoped that this will substantially improve the immunisation rate.

Towards the end of the year there were signs that an epidemic of measles was starting; the numbers were fewer than would have been expected but for immunisation. Here again the response to immunisation is not as good as it should be. Parents should be aware of the serious complications that may follow an attack of measles. Immunisation is safe and gives very substantial protection against the disease.

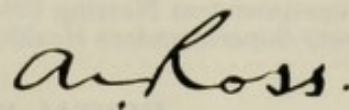
Very good progress on health education in schools was made during the year. The administration arrangements were improved. The interest of head teachers and their staffs helped considerably.

The school dental service continues to be short of staff. At present it is worse off than in recent years. The dentists do what they can but with the small number working in the service, provision is necessarily inadequate.

Head lice continue to be a problem, nursing staff spending a great deal of time in trying to get children's heads clean. The many children that repeatedly have dirty heads show most unsatisfactory care in the home.

The psychiatric services for school children in Bolton have become much better in recent years. In August, 1969, the Lady Tong Unit was opened at Townleys Hospital. The unit has 9 beds for inpatients, and outpatient consulting rooms, and serves both Wigan and Bolton and the surrounding parts of Lancaster County.

I should like to thank the staff of the department for their good work during the year, the Chief Education Officer and his staff for their 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 Dr. J. S. Farries	(Resigned 5.1.69) (Appointed 30.1.69)
Senior Assistant School Medical Officer	Dr. J. S. Farries (to 29.1.69) Dr. Audrey Seddon	(Appointed 28.3.69) (Part-time to 31.8.69) (Full-time from 1.9.69)
School Medical Officers	Dr. Mavis J. Allanson (Part-time) Dr. E. Losonczy Dr. Dorothy M. Paterson Dr. Audrey Seddon Dr. K. M. Vaidya	(Part-time to 27.3.69) (Resigned 7.7.69)
School Medical Officers worked part-time in both the Maternity and Child Health Services and School Health Services and were appointed as Assistant Medical Officers of Health and School Medical Officers.		
Ophthalmic Surgeons	Dr. T. Chadderton Dr. T. Shannon	(Part-time) (Part-time)
Ear, Nose and Throat Surgeon ..	Mr. M. H. Mahindrakar	(Part-time)
Principal School Dental Officer ..	Mr. S. J. Bray	
Senior School Dental Officer	Mr. W. J. Abbott	
School Dental Officers	Mr. W. J. Whittle Mr. M. R. Annis Mr. I. G. Black Mr. E. J. B. Doyle Mrs. M. J. Howarth Mrs. M. R. McKenna Mr. N. Pender	(Part-time) (Part-time) (Part-time) (Part-time) (Part-time) (Part-time) (Appointed 27.10.69) (Part-time)
Dental Anaesthetist	Dr. E. McKenzie-Newton	(Part-time)
Consultant Child Psychiatrist	Dr. M. P. Jonas	(Part-time)
Educational Psychologist	Mr. P. Buckley	
Speech Therapists	Mrs. K. D. Longfield Miss M. K. Scrimshaw	(Resigned 30.9.69)
Chiropodist	Mr. S. Astley	(Part-time)
Superintendent Nursing Officer ..	Miss E. M. Richardson	
Deputy Superintendent Health Visitor and School Nurse	Miss A. M. Fraser	

NURSING STAFF

On 31st December there were 12 School and Clinic Nurses equivalent to 9 Full-time School Nurses. In addition there were 31 Health Visiting staff working part-time on School Health and part-time on Child Health work, and three Hygienists. In total the equivalent of full-time School Nurses was 14.5.

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 6 dental surgery assistants employed on the 31st December.

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GENERAL INFORMATION

No. of pupils on registers of maintained schools 26,128 + 450 part time

Children attending:

Nursery Schools	.. .. .	107 + 114 part-time
Primary Schools	.. .. .	16,487 + 336 part-time
Secondary Modern Schools (High Schools)	6,097	
Secondary Grammar Schools	.. .. .	3,064
Special Schools	.. .. .	373

No. of three and four-year old children on the registers of primary schools 757 + 336 part-time

No. of official nursery classes 29 (in Primary School only.)

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

Sessions finish at 10.30 a.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 a.m. 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
Wednesday afternoon	
Thursday afternoon	
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 1969 two full-time speech therapists were employed. One of these resigned in September, 1969, reducing the number to one full-time speech therapist. It has not yet been possible to fill the vacancy.

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, or who may be backward, or who are specially referred for any reason.

Nocturnal Enuresis:

Enuresis is very common. Wetting may occur at night only - nocturnal enuresis - or, less commonly, by day as well. The causes may be organic or psychological.

During routine medical inspection many parents reveal their anxiety about their child's lack of bladder control. A careful investigation of the history at this time often leads to differentiation between organic and psychological types.

If the possibility of an organic cause is suspected, the child is referred to his general practitioner or to the paediatrician for full urinary investigation. If it is likely to be a case of psychological enuresis, the parents are advised about methods of mechanical prevention, lifting the child at intervals, limiting fluids in the evening. They are also told to encourage rather than punish the child. The child is told not to worry, that many children do it, and that he will grow out of it.

The name of the child is recorded for reinspection after a suitable interval. This reinspection takes place at a special enuresis clinic held once weekly at the Robert Galloway School Clinic. If the child is still a bed wetter the parents are provided with a buzzer which wakes the child as soon as he is wet, and his general practitioner is informed so that he can start drug treatment if he considers it advisable.

In 1969 a total of 160 children attended the enuresis clinic ; 98 of these were new patients. Fifty children were considered to be cured during treatment, and 36 were still under treatment at the end of the year.

A summary of the work of the Enuresis Clinic during the past three years is given below :

	1967	1968	1969
No. of children seen	182	204	160
No. of new patients	136	146	98
No. cured	77	74	50
No. under treatment at end of year	43	58	36

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

There has been a marked improvement in the number of parents who accompany children for their medical examination, though the percentage of 54 is still below a desirable figure.

Year	No. of pupils inspected	No. with parents present	Percentage of children with parent present
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
1969	5,526	2,983	54.0

Primary School Leavers

Number of children selected and examined	716
Number of children with eye defects	89
Number of children with hearing loss	25
Number of children not selected for examination	1,473
Number of children with eye defects	111
Number of children with hearing loss	15
Number of children selected but absent at examination	4

Periodic Medical Inspections

The total number of periodic medical inspections carried out in 1969 was 5,526, a decrease on the number carried out in 1968, namely 5,914.

Number of children inspected:

Entrants	2,747
Primary School Leavers (Selective examinations)	716
Senior Leavers	1,559
TOTAL	5,022

Additional periodic inspections
(including Special Schools) 504

GRAND TOTAL 5,526

Other Examinations

Special examinations	1,130
Re-inspections	962
TOTAL	2,092

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment found at periodic inspections was 1,894 compared with 2,336 in 1968. The number of cases requiring observation was 1,894 in 1969 and 2,135 in 1968.

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	89	34	38	3	31	10	158	47
Eyes:								
a. Vision . .	156	181	245	7	165	38	566	226
b. Squint . .	72	11	12	1	31	7	115	19
c. Other . . .	13	2	3	1	3	2	19	5
Ears:								
a. Hearing . .	52	62	6	1	41	31	99	94
b. Otitis Media	17	33	6	2	11	6	34	41
c. Other . . .	17	31	2	—	13	12	32	43
Nose and Throat	185	299	20	11	52	65	257	375
Speech	38	128	—	1	22	30	60	159
Lymphatic Glands	3	43	—	2	—	14	3	59
Heart	16	37	4	3	4	7	24	47
Lungs	66	66	17	3	18	16	101	85
Developmental:								
a. Hernia . .	7	9	—	1	1	1	8	11
b. Other . . .	27	74	4	1	13	15	44	90
Orthopaedic:								
a. Posture . .	13	26	3	1	—	11	16	38
b. Feet	38	50	14	10	12	11	64	71
c. Other . . .	23	20	18	5	9	5	50	30
Nervous System:								
a. Epilepsy . .	3	5	2	—	11	1	16	6
b. Other . . .	6	8	4	1	6	4	16	13
Psychological:								
a. Development	6	38	2	1	5	186	13	225
b. Stability . .	5	47	2	1	8	20	15	68
Abdomen	12	14	4	—	5	7	21	21
Other	101	98	6	1	56	22	163	121
..TOTALS	965	1316	412	57	517	521	1894	1894

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
1965 and later	14	103	107
1964	53	248	283
1963	81	322	343
1962	12	40	44
1961	3	9	11
1960	11	17	22
1959	82	161	205
1958	40	73	112
1957	11	10	20
1956	1	4	5
1955	95	82	162
1954 and earlier	163	84	230
TOTALS	566	1,153	1,544

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	325	4
Eyes:		
a. Vision	9	2
b. Squint	4	1
c. Other	19	—
Ears:		
a. Hearing	140	43
b. Otitis Media	10	2
c. Other	24	3
Nose and Throat	82	17
Speech	45	4
Lymphatic Glands	3	1
Heart	3	—
Lungs	30	10
Developmental:		
a. Hernia	3	—
b. Other	16	5
Orthopaedic:		
a. Posture	1	1
b. Feet	6	1
c. Other	38	9
Nervous System:		
a. Epilepsy	3	—
b. Other	34	7
Psychological:		
a. Development	33	16
b. Stability	38	7
Abdomen	6	1
Other	68	10
TOTALS	940	144

Presence of Parents at Periodic Medical Inspections:

Age Group Inspected	No. of pupils inspected	No. with parent present
Entrants	2,747	2,307
Primary School Leavers (Selective examination)	716	395
Senior Leavers	1,559	74
Additional periodic inspections (including Special Schools)	504	207
TOTALS	5,526	2,983

Visits to homes of children by school nurses:

The number of home visits paid by school nurses was 154, compared with 276 in 1968. 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 the minor ailment clinics, 5,372 in 1969, compared with 5,174 in 1968.

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	927	510	69	1,192	1,385	3,156
The Withins . .	285	220	92	153	622	1,087
Astley Bridge . .	148	116	11	46	90	263
Halliwell Health Centre	90	106	16	—	—	122
Treatment Centre	313	—	—	521	223	744
TOTALS . .	1,763	952	188	1,912	2,320	5,372

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin:

One hundred and forty-six cases of scabies were treated during the year compared with 181 in 1968 and 154 in 1967. 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 55 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	12
Scabies	146
Impetigo	55
Other skin diseases	341
TOTAL	554

Impetigo treated in School Clinics:

The number of cases of impetigo treated in school clinics was 55 in 1969, compared with 154 in 1968. The table below gives the figures for the past ten years. The number of cases of impetigo treated fell considerably from the large number treated in the previous year. 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
1960	63	1965	27
1961	34	1966	19
1962	33	1967	26
1963	16	1968	154
1964	17	1969	55

Defects of the Ear, Nose and Throat:

A total of 414 children had their tonsils and adenoids removed during the year, 31 had operations for diseases of the ear, 33 for other nose and throat conditions and 32 received other forms of aural treatment. One hundred and seventy-eight of these children were seen by the Aural Surgeon and referred to hospital for treatment, and 332 were referred direct to the hospital.

Treatment

	Number of cases known to have been dealt with
Received operative treatment—	
for diseases of the ear	31
for adenoids and chronic tonsillitis . .	414
for other nose and throat conditions . .	33
Received other forms of treatment	32
TOTAL	510

Mr. N. H. Mahindrakar, the Consultant Aural Surgeon, reports:

“The Ear, Nose and Throat Clinics were run as usual once a week. This year we saw quite a few children in the clinic with conductive deafness due to exudative otitis media. Treatment has been arranged at the Bolton Royal Infirmary.

I am very grateful to the nursing staff at these clinics who have been very helpful in the running of the clinics.”

Ear, Nose and Throat Clinics

No. of visits by patients	451
No. of patients attending	360
No. of new patients	257
No. of children referred from periodic inspections . .	185
No. of children referred from school clinics	137

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	21	50	23	94
Otitis Media	5	6	1	12
Tonsil and adenoid abnormalities	121	58	8	187
Catarrhal Conditions	5	2	1	8
Other conditions	12	6	1	19
TOTALS	164	122	34	320

The aural surgeon completed prescriptions for hearing aids in respect of 5 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	892	803	1,695	104	102	206
Leavers	1,009	1,069	2,078	64	93	157
TOTALS	1,901	1,872	3,773	168	195	363

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 . .	363	49	100	214		120	63	3	28
School Medical Officers . .	194	6	20	168		120	40	1	7
School Medical Officers on account of speech defect	93	19	42	32		27	5	-	-
On account of backwardness	24	2	13	9		9	-	-	-
Others:									
Aural Surgeon	40	3	8	29		27	2	-	-
Headmaster	7	-	-	7		5	2	1	-
Parent	25	-	9	16		13	2	-	-
Family Doctor	27	2	10	15	-	13	2	-	-
Child Guid.	3	-	2	1		1	-	-	-
Repeat Audiograms	211	23	29	159		83	51	2	23
TOTALS	987	104	233	650		418	167	7	58

Diseases of the Eye:

Altogether, 1,557 children are known to have been dealt with for errors of refraction. Of these, 1,429 were refracted by the ophthalmic surgeons at the school clinics. The total attendances at the clinics numbered 2,772, of which 2,755 were for refraction, repairs to glasses and re-examinations, and 17 for diseases of the eye.

79 children were referred to hospital services.

In 286 cases spectacles were repaired or replaced.

56 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 Eye Clinics held by me at the Robert Galloway Clinic continue to run very smoothly.

I should like to record my thanks to the staff, who have contributed greatly towards the efficient running of these clinics."

Dr. T. Chadderton, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:

"The Eye Clinics continue to run smoothly, thanks to efficient nursing and clerical staff.

I am pleased to report that more pre-school children are referred. This enables us to institute earlier treatment for children with strabismus and hence obtain better results. We of course continue to work in close co-operation with Bolton Royal Infirmary and its Orthoptic Department in this important field."

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	55
Errors of refraction (including squint) ..	1,557
TOTAL	1,612
Number of pupils for whom spectacles were prescribed	784

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	156	122	245	43	566
Squint	72	12	12	19	115
Blepharitis . .	2	—	1	—	3
Conjunctivitis . .	3	—	—	—	3
Other	8	1	2	2	13

Orthoptics:

Children requiring treatment by an orthoptist continued to be referred to the Orthoptic clinic at the Bolton Royal Infirmary as 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 1969, 30 boys and 2 girls were found to have defective colour vision, compared with 34 boys and 6 girls in 1968.

Orthopaedic Defects:

One hundred and seventy-nine children were found to have orthopaedic defects. One hundred and thirty-eight of these were found at periodical and special medical inspections and the remaining 41 at school clinics. 17 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:

"As in my previous report, I would like once again to thank the staff and the Education Department for the co-operation I have received.

The number of verrucae treated is on a par with last year. The most significant aspect is the increase in the number of new cases, particularly in girls requiring general chiropody treatment, which indicates a lack of knowledge in the correct footwear, which is so necessary for future foot health."

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	154	281
Defects treated:		
Plantar warts	120	259
Chilblains	—	1
Hallux Valgus	2	3
Onychocriptosis (ingrowing toe nails)	4	1
General chiropody (corns, callosities, general advice, etc.)	16	49
Total number of individual treatments	2,491	

Cleanliness of School Children:

The percentage of children with infested heads in 1969 was 7.9%, compared with 7.1% in 1968. This figure has remained about the same for the past forty years, and indicates that the measures employed at present are failing to reduce the number below this level.

In order to try to bring about an improvement in hygiene standards, the Health Education Officer concentrated his attention on two schools in Bolton where the number of cases was particularly high. The staff of the Health Department increased the number of inspections so that the figure of 66,204 head inspections was the highest since the start of the School Health Service in Bolton.

In spite of these measures the number of children with nits was 2,121, and this continues to indicate that there is a hard core of people in the town who wish to enjoy the privileges of parenthood but reject the responsibilities. The present treatment for head lice (gamma benzene hexachloride and D.D.T.) seems to be becoming progressively less effective, and might show that the head lice are becoming more resistant to this traditional treatment. It is hoped that the pharmaceutical companies will be able to devise a more effective insecticide in the near future.

156 children - 61 boys and 95 girls - attended the Municipal Medical Baths at School Hill for vermin.

Notices to Cleanse were issued under Section 54(2) of the Education Act in 480 cases, compared with 408 in 1968. Cleansing Orders under Section 54(3) of the Education Act were issued in 231 cases.

	1965	1966	1967	1968	1969
School Population	24,218	24,708	25,077 + 316 part time	25,521 + 395 part time	26,128 + 450 part time
No. of head inspections	61,102	59,436	60,833	55,768	66,204
No. of children with nits	1,772	1,843	2,129	1,838	2,121
Expressed as a percentage of school population	7.3	7.4	8.3	7.1	7.9

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 5,526 children examined at periodic inspections, 5,524 (99.96%) were satisfactory. Only 2 children were 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)
1965 and later	565	565	—
1964	1,035	1,035	—
1963	1,154	1,154	—
1962	112	112	—
1961	73	73	—
1960	83	83	—
1959	459	459	—
1958	257	256	1
1957	60	60	—
1956	37	37	—
1955	742	742	—
1954 and earlier	949	948	1
TOTALS	5,526	5,524	2
Col. (3) total as a percentage of Col. (2) total ..		99.96%	—
Col (4) total as a percentage of Col. (2) total ..		—	0.04

The School Meals and Milk in Schools Scheme:

The percentage of school children during 1969 taking school milk under the above schemes	95.8%
No. of dinners produced in the school kitchens during 1969	3,660,874
Average number of children taking meals daily	17,027
Percentage of school children taking dinner s in school during 1969	66.1%
Expressed as percentage of average attendances	72.9%
No. of central kitchens	2
No. of kitchen/dining rooms	52
No. of children on free meals list at 31st December ..	2,607

IMMUNISATION

Immunisation against diphtheria, tetanus and poliomyelitis continued on the same lines as in 1968.

DENTAL HYGIENE

Report of the Principal School Dental Officer

Staff: (Establishment of 8 full-time dental officers).

It is with regret that I report the loss of one full-time dental officer who resigned towards the end of the year and rejoined us in a part-time capacity. There are now only 2 full-time officers on the staff and 7 part-time, giving an average strength of 4.5 full-time officers.

Recruitment:

Advertisements have been inserted in the dental journals and daily papers at intervals throughout the year and one new part-time officer was appointed. It is sad comment that not one application for a full-time officer was received, but the campaign of recruitment continues in hope.

Clinics:

(1) ROBERT GALLOWAY CLINIC.

Two surgeries available, both were open throughout the year though one was used part-time after the full-time officer resigned.

(2) HALLIWELL HEALTH CENTRE.

Two surgeries available, both were open throughout the year and again one of them used part-time.

(3) ASTLEY BRIDGE CLINIC

(4) WITHINS CLINIC

Both are single surgery units and remained open throughout the year on a part-time basis.

(5) DEANE CLINIC.

This single surgery was equipped but it is disappointing to report that no staff was available to man it.

Dental Inspections:

The total school population is 26,578 children. This includes the maintained Grammar Schools pupils and part-time nursery children of under 5 year olds who are not dentally inspected in school. Of the others 16,424 children were totally inspected during the year, 12,497 in the various schools and 3,927 in the clinics. The latter included 2,532 casual emergencies and 1,395 who were recalled for the maintenance of dental fitness check ups.

Not all children who were inspected in school and found to require treatment accept it when offered. In fact approximately 14% of those not accepting treatment attend as casual emergencies at a later time, others attend their own dentist and the remainder just do not have any treatment. When they are inspected again the following year many require treatment on the same teeth.

Treatment:

The number of children who received dental treatment was 4,973 and 4,818 courses of treatment were completed. Attendances numbered 14,284 and a grand total of 7,930 fillings were inserted in permanent and temporary

teeth. Of this total 4,894 fillings were inserted in permanent teeth. The ratio of permanent teeth saved to permanent teeth extracted remained almost the same as last year, i.e., 2.1 (2.2). The number of permanent teeth extracted was 2,029 and this figure included a number of permanent teeth extracted solely to relieve overcrowded mouths, which is a common problem. Accidents to front teeth in both the temporary and permanent dentitions are an ever recurring problem. Many damaged front teeth were fitted with plastic or metal splints and 20 teeth were crowned, whilst in other more severe injuries partial dentures were made. In two cases the operation of apisectomy was performed to try to save the damaged teeth. 194 patients had an X-ray examination of the mouth and 354 X-ray films were taken. 190 children received orthodontic treatment of which 114 were new cases. For these children 134 removable appliances and one fixed appliance were fitted and 106 cases were completed during the year. General anaesthetics were administered for 2,538 children. Under the heading of other operations which totalled 3,687 are included scaling and gum treatment, post-operative removal of stitches, 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.

Last year I drew attention to the number of children who failed to keep appointments which had been given or sent to them; this year the number has slightly increased to 2,271 - a costly and unproductive figure.

Dental Health Education

Prevention is better than cure and this important aspect of our work is going on throughout the year in chairside talks and instructions to children and parents on oral hygiene, an ever changing display of posters in clinics and schools and the distribution of leaflets and samples of toothpaste. In spite of this it is very rare indeed to find a school leaver who has had no experience of dental caries and considering the indifference of parents and children in general, the only effective and proven method of prevention is the fluoridation of public water supplies. Some 7,000 junior and infant children from 30 schools were visited in one week by "Pierre the Clown" by courtesy of the General Dental Council. He gave light-hearted talks on dental hygiene and ways of combating dental disease, on wholesome food to eat and the importance of mouth cleanliness and rinsing. Each child was given an apple, a painting sheet, a badge and explanatory leaflets.

The importance of mouth cleanliness by rinsing and tooth brushing has to be repeated over and over again and we are indebted to many teachers who give invaluable help in this direction. The question of eating sweets and biscuits at break in between normal meals is deep-rooted and if it is not possible to eradicate, then the policy of rinsing with water or of "swish and swallow" goes some way to alleviate the harmful effects of sweets and carbohydrates on the teeth.

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 from the Head Teachers and their staffs.

Number of pupils on the register of maintained primary and secondary schools, including nursery and special schools, at the end of the year	26,578
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Attendances and Treatment:

	Ages 5 - 9	Ages 10 - 14	Age 15 & over	Total
First visits	2,801	1,818	354	4,973
Subsequent visits	3,130	3,280	699	7,109
Total visits	5,931	5,098	1,053	12,082
Additional courses of treatment commenced	310	252	62	624
Fillings in permanent teeth	1,070	2,955	869	4,894
Fillings in deciduous teeth	2,741	295	—	3,036
Permanent teeth filled ..	928	2,569	791	4,288
Deciduous teeth filled ..	2,622	280	—	2,902
Permanent teeth extracted	412	1,332	285	2,029
Deciduous teeth extracted	3,441	1,119	—	4,560
General Anaesthetics ..	1,544	896	98	2,538
Emergencies	1,502	808	222	2,532
No. of pupils X-rayed			194	
Prophylaxis			838	
Teeth otherwise conserved			1,089	
No. of teeth root filled			27	
Inlays			3	
Crowns			20	
Courses of treatment completed			4,818	

Orthodontics:

Cases remaining from previous year	76
New cases commenced during year	114
Cases completed during year	106
Cases discontinued during year	32
No. of removable appliances fitted	134
No. of fixed appliances fitted	1
Pupils referred to consultant	Nil

Prosthetics:

	Ages 5 - 9	Ages 10 - 14	Ages 15 & over	Total
Pupils supplied with dentures	1	6	3	10
No. of dentures supplied	1	6	10	17

Anaesthetics:

General anaesthetics administered by Dental Officers	1,289
General anaesthetics administered by part-time Anaesthetist	1,249

Inspections:

(a) First inspection in school	12,497
(b) First inspection in clinic	3,927
No. of (a) and (b) found to require treatment	10,504
No. of (a) and (b) offered treatment	9,416
(c) Pupils re-inspected at school or clinic	999
No. of (c) found to require treatment	786

Sessions:

Sessions devoted to treatment	1,879
Sessions devoted to inspection	68
Sessions devoted to dental health	27

INFECTIOUS DISEASES IN CHILDREN

Three hundred and eighteen cases of measles were notified and this is the lowest number recorded in Bolton since notification for measles was introduced. Unfortunately, the highest incidences of the condition were notified in November and December and it appeared that this was going to indicate that the figures would be much higher in 1970. Only 15 of the cases were found to be children under the age of one year; the other 303 were in children who could have been immunised, protection being offered at the beginning of the second year of life. Failure of parents to have their children immunised against the disease means that complications of measles such as deafness will still interfere with a child's ability to profit fully from his period at school.

For the second year in succession a case of diphtheria was found in a Bolton school child. A five-year-old girl had been admitted to hospital with a sore throat and tests subsequently showed that she had diphtheria in a mild form. Testing of all contacts at home and school was undertaken and another boy was later admitted to hospital when diphtheria bacteria were isolated from his throat. The girl had not been immunised and many of the other children in the school were also unprotected. The general level of immunisation in Bolton (about two-thirds of the children have had a primary course of injections followed by a re-inforcing injection after school entry) is below that necessary to ensure that no cases of diphtheria will occur.

Thirty cases of dysentery were notified in the year in children (compared with 125 in 1968) and ten of these were in school children.

In October there was a minor epidemic at one of the primary schools involving about 30 children who developed symptoms of vomiting, diarrhoea and abdominal pain. Investigations failed to show the cause of this in the children with the exception of one boy who had a virus present in his throat that has been known to cause similar outbreaks in schools and institutions.

Only 9 cases of whooping cough were notified in the year for children - one of these was of school age. This is the lowest figure since 1962.

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	7	9	3	2	12	5	3	2	-	4	3	1	51
Measles	11	22	22	14	13	7	24	36	22	24	44	79	318
Whooping Cough ..	2	1	-	-	-	2	-	-	-	-	4	-	9
Poliomyelitis													
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Paralytic ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever													
(Paratyphoid B) ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	5	-	5	3	2	-	2	5	-	5	3	-	30
Food Poisoning	2	1	-	-	-	-	1	1	-	1	-	-	6
Diphtheria	-	-	-	2	-	-	-	-	-	-	-	-	2
Meningococcal Infection	-	-	-	-	-	-	-	-	-	1	-	-	1
Acute Encephalitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice ..	1	-	2	2	-	1	5	4	2	3	3	5	28

Age of Infection:

The age of the children at infection is shown below:

Disease	Age																	Total
	Un- der 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Scarlet Fever	—	—	3	8	4	9	5	6	6	2	5	—	1	1	1	—	51	
Measles	15	45	71	45	43	51	29	9	3	3	2	—	1	—	1	—	318	
Whooping Cough ..	2	—	3	1	2	1	—	—	—	—	—	—	—	—	—	—	9	
Poliomyelitis																		
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Non-Paralytic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever																		
(Paratyphoid B) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	1	6	5	7	1	2	4	1	—	—	2	—	1	—	—	—	30	
Food Poisoning ..	—	1	—	1	—	—	1	—	1	—	—	—	2	—	—	—	6	
Diphtheria	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	
Meningococcal																		
Infection	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Infective Jaundice ..	—	—	—	3	4	2	3	3	2	2	2	2	2	1	1	1	28	

REPORT ON PHYSICAL EDUCATION

Interest in the various branches of Physical Education continues to develop and the number of activities is increasing. Many schools are now participating in expeditions of various types and the sailing club at Belmont, though small, is full of enthusiasm.

The increase in popularity of Cross Country running is shown by the steady increase in the number of competitors at the Annual Championships held at Leverhulme Park in February of each year.

Swimming still plays a very big part in physical education activities. 1,343 awards of the Royal Life Saving Society were obtained by children attending schools of the Bolton Education Department and the Lomax Cup and Webb Shield were retained by Whitecroft School and Smithills School respectively. The classes for non-swimmers at Whitecroft School on Saturday mornings and during the summer holidays are always well attended. More than 40 teachers attended a very successful course at Moss Street Baths, taken by Mr. Hamilton Bland.

The Annual Demonstration of physical education activities was held at Smithills School in March.

CHILD GUIDANCE CLINIC

Dr. M. P. Jonas, Consultant Child Psychiatrist at the Child Guidance Clinic, reports:

"The team at the Child Guidance Clinic consisted of myself, Dr. Mason as Clinical Assistant, doing four sessions a week between us, and with the help of Mrs. Richards and Mrs. Green, who gave the same number of sessions for social work. The Educational Psychologist contributed one session per week, and all new cases were psychologically tested.

From 1st January to 31st December, 1969

No. of new cases referred	52
Cases still outstanding brought forward from 1968	13
	<hr/> 65
	<hr/>
New cases seen during the year	51
Cases transferred to Bolton District General Hospital	5
Number still outstanding at the end of the year	9
	<hr/> 65
	<hr/>

Sources of Referral:

Consultants	2
School Medical Officers	38
General Practitioners	11

Recommendations:

Schools for Maladjusted Children	9
Schools for Deaf Children	1
Schools for Educationally Subnormal Children	3
Lostock Open Air School	3
Woodside School	2
Firwood Junior Training Centre	1
No. of children discharged from the clinic . .	31
No. of children in treatment at 31st December, 1969	39

THE WORK OF THE SCHOOL PSYCHOLOGICAL SERVICE

There were no changes in the Staff during the period under review but the number of children on the waiting list increased once more. 168 children were on the waiting list in December, 1969, as compared with 110 children in December, 1968.

As Table 1 indicates, 153 children were referred during 1969 and this represents a 14% increase over the preceding year. During the period, the Educational Psychologist carried out reviews of many of the existing cases and this, naturally, meant that fewer diagnostic cases could be seen. The follow-up of children who have already been seen constitutes an essential feature of the work of the Psychological Service.

Table 2 outlines the type of problems which are encountered and the symptoms occurring in behavioural disturbances. A significant feature, in this respect, is the high incidence of emotional disturbance found in retarded children. Slow learners generally have other problems in addition, which considerably reduce their ability to learn new skills.

The recommendations which were made by the Psychologist are summarized in Table 3 and these refer to children who took part in a diagnostic interview during the year.

The Remedial Service is, at present, going through a period of change as some of the older schools are closing and therefore leaving remedial classes without premises. There is an urgent need for rooms to be set aside for small remedial classes and it seems that there will be difficulty in maintaining such classes in future years unless suitable accommodation is obtained. At the end of the year 28 remedial groups were operating within Junior and Secondary schools. In such cases, children are withdrawn from their ordinary classes to form a group, under the supervision of a specialized remedial teacher. A new development during 1969 was the establishment of an intensive remedial group at the Child Guidance Centre and this was able to provide a full curriculum for children whose retardation was due to their anxiety or withdrawal in the classroom. It has proved to be quite successful and it is hoped that similar groups may be operated in one or two of the schools.

TABLE 1

Children referred to Child Guidance Clinic (Psychological Service)

Referred by	No. of Cases
Head Teachers	65
School Medical Officers	18
Remedial Teaching Service	45
Parents	3
Education Welfare Officer	4
Children's Department	3
Chief Education Officer	4
Speech Therapist	3
Psychiatrist	2
Probation Officer	1
General Practitioner	1
Paediatrician	4
TOTAL	153

TABLE 2

Reason for referral	Symptoms occurring in referral
Backwardness (Retardation) 60	Lying 8
Behaviour in school .. . 43	Stealing 11
Behaviour at home 1	Truancy 10
Behaviour (school and home) .. 7	Enuresis 6
Backwardness and emotional .. 19	Encopresis 1
School Refusal 6	Temper tantrums 8
Assessment 17	Aggression 12
	Withdrawal 8
	Anxiety 13
	Overactivity 9

TABLE 3

Recommendations made about children seen in 1969

Recommendation	No. of Cases
Advice parent, school 30	30
Remedial Teaching 19	19
Review/treatment 10	10
Woodside E.S.N. school 16	16
Psychiatrist 9	9
Residential school 4	4
No further action 13	13
Principal School Medical Officer 4	4
School transfer 4	4
Advice C.E.O. 2	2
Observation Class 2	2
Firwood Training Centre 2	2
Remedial Adjustment group 10	10
TOTAL	125

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 two 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 1969

The following children were ascertained as in need of special educational treatment as handicapped pupils during the year:

Blind	1
Physically handicapped and epileptic	4
Deaf	1
Partially hearing	4
Educationally sub-normal	24
Epileptic	—
Maladjusted	12
Maladjusted and Educationally sub-normal ..	—
Pupils suffering from speech defects	109
Delicate	35
TOTAL	<u>190</u>

Children in Special Schools:

At the end of the year there were 297 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, Blackburn	—	6
	Fulwood School, Preston	1	—
DEAF	St. John's, Boston Spa	1	—
	Thomasson Memorial School	—	12
	Hamilton Lodge, Brighton	1	—
PARTIALLY HEARING	Thomasson Memorial School	1	13
DELICATE	Lostock Open Air School.. .. .	56	—
PHYSICALLY HANDICAPPED	Birtenshaw Hall School	—	11
	Bleasdale House.. .. .	2	—
	Children's Convalescent Home, West Kirby	3	—
	The Thomas Delarue, Tonbridge	1	—
	Margaret Barclay School, Mobberley	2	—
	Sedgwick House	1	—
	Kepplewray, Broughton-in-Furness	2	—
	Mere Oaks	—	1
EDUCATIONALLY SUB-NORMAL	Woodside School, Bolton	—	155
	Crowthorn School, Edgworth	4	—
	Eden Grove, Appleby	4	—
	St. Philip's, Chessington	1	—
	Thingwall, Liverpool	1	—
	Thornbury House, Bristol	1	—
	Pield Heath House School, Hillingdon	2	—
	Bostock Hall, Cheshire	1	—
MALADJUSTED	Breckenborough School	1	—
	Chaigley, Thelwall	1	—
	Marland School, Broughton	1	—
	Pitt House, Torquay	3	—
	St. Thomas More's, East Allington	1	—
	Brookside School, Craven Arms	3	—
	Salesian School	1	—
	Dawlish College, Exeter	1	—
TOTALS		99	198
TOTAL		297	

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	1
Blind	3
Educationally sub-normal	1
Maladjusted	9
	<hr/>
TOTAL	14
	<hr/>

Total number receiving or awaiting special school accommodation . . 311

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, 1969 ..	36	42
No. of Children admitted during 1969	9	20
No. of Children who left during 1969	14	5

From Outside Areas:

No. of children on the roll, December, 1969 ..	2	6
No. of children admitted during 1969	2	2
No. of children who left during 1969	2	6

WOODSIDE JUNIOR SCHOOL:

From the Bolton Area:

No. of children on the roll, December, 1969 ..	40	37
No. of children admitted during 1969	12	10
No. of children who left during 1969	9	18

From Outside Areas:

No. of children on the roll, December, 1969 ..	4	3
No. of children admitted during 1969	3	1
No. of children who left during 1969	1	2

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, 1969 ..	13	13
No. of children admitted during 1969	-	1
No. of children who left during 1969	-	1

From Outside Areas:

No. of children on the roll, December, 1969 ..	54	26
No. of children admitted during 1969	9	2
No. of children who left during 1969	9	6

LOSTOCK RESIDENTIAL OPEN AIR SCHOOL FOR DELICATE CHILDREN:

The open air school continued on the same lines as in previous years. During 1969, 87 children in the school were from the Bolton area and 58 from outside areas, principally Lancashire County. This compared with 80 children from Bolton and 54 from outside areas in 1968.

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, 1969 ..	29	27
No. of children admitted during 1969	17	14
No. of children discharged during 1969	16	15

From Outside Areas:

No. of children on the roll, December, 1969 ..	20	4
No. of children admitted during 1969	14	4
No. of children who left during 1969	27	7

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	15	34
Bronchitis	7	5
Poor nutritional status	3	1
General debility	43	7
Other conditions	19	11
TOTAL	87	58

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 31 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	—	2
Attending ordinary schools	10	5
Not at school - pre-school children	1	1
TOTAL	16	15

Children unable to attend school:

The service of home teachers was needed for 20 children. The conditions necessitating this service were as follows:

	BOYS	GIRLS
Epileptic	—	1
Behaviour Problems	2	—
Heart Trouble	—	2
Tumour on leg	1	—
Thalidomide child	1	—
Fractured limbs	2	4
Haemophilia	1	—
Asthma	1	—
Muscular dystrophy	1	—
Hernia Operation	1	—
Perthes disease	—	1
Other conditions	2	—
	<hr/> 12	<hr/> 8
	<hr/>	<hr/>

Seven boys and 5 girls who had suffered from the conditions mentioned below were taken off the peripatetic teachers' list.

RESUMED ATTENDANCE AT SCHOOL:	BOYS	GIRLS
Heart trouble	—	2
Tumour on leg	1	—
Fractured limbs	1	2
Hernia operation	1	—
Other conditions	1	—

OVER SCHOOL AGE:

Epileptic	—	1
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ADMITTED TO RESIDENTIAL SPECIAL SCHOOLS:

Muscular dystrophy	1	—
Asthma	1	—

CLASSIFIED AS INEDUCABLE UNDER SECTION 57/3 OF THE EDUCATION ACT:

Behaviour problem	1	—
	<hr/> 7	<hr/> 5
	<hr/>	<hr/>

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 55 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	30	2
Defective hearing	1	—
Defective vision	1	—
Epilepsy	4	3
Heart condition	2	1
Respiratory conditions	4	2
Other conditions	4	1
TOTALS	46	9

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 1969 this form was issued in respect of 4 children, compared with 2 in 1968. Two of these 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	5	36	—	—	—
Art School	—	—	—	—	—	—
Grammar Schools	6	1	7	—	—	—
Special Schools	9	3	12	1	—	1
Residential Special Schools ..	—	—	—	1	1	2
Out of School	—	—	—	—	1	1
TOTALS	46	9	55	2	2	4

Speech Therapy:

Mrs. K. D. Longfield, Speech Therapist at the Robert Galloway Clinic, reports:

STAFF:

The establishment of the department is for two full-time therapists at present. During the earlier part of the year the department had a full quota of therapists. We were enabled during this time to reduce the waiting list to 5 - 6 months, helped by Mrs. Barber, principal of the Manchester School of Speech Therapy, and several of her students. Unfortunately the second therapist left in September and as the referrals continued to increase in number, the end of 1969 saw this department with a waiting list of over 110. As the recruitment of speech therapists is very difficult, especially in the North of England, it is quite likely that it will be some time before a second therapist is appointed and this list can be effectively reduced.

GENERAL OUTLINE OF WORK:

Each therapist treats 50 patients per week on average. The majority of these children attend every week for a session of 30 - 60 minutes, depending on their type of problem. Other children attend on a monthly, three monthly or half yearly basis. Length of treatment depends very much on the type of defect being treated, in conjunction with other factors and can range from 2 weeks to 3 years or more. The centre treats pre-school children and small group work is carried out, especially with children suffering from a stammer or a language problem. Of the children seen, most are treated at the centre at the Robert Galloway Clinic.

During 1969 the therapists also spent three sessions per week with the children at Woodside E.S.N. schools, but due to the staffing shortage this has now been reduced to one session. Now, probably only 30% of the children who should be receiving therapy at these schools are actually being treated and this is especially unfortunate as these children are already suffering the handicap of poor mentality.

Three students from the School of Speech Therapy, Elizabeth Gaskell College, Manchester have also attended Mrs. Longfield's clinic weekly to observe the general running of a clinic and treatment techniques.

Dr. Farries has continued to attend each month and I would like to thank him for his valuable assistance and advice throughout the year.

TYPES OF CHILDREN SEEN:

Speech therapists treat children with disorders or abnormalities of speech or language.

During the past year, we have seen deaf, cleft palate, dysphasic and cerebral palsied children with defects of speech or language. Also stammerers, clutterers, children of bilingual homes and children with retardation of language have attended.

Much time is also spent with dyslalic children and these range from the totally unintelligible to the so-called "lispers".

The following table indicates work carried out by Mrs. Longfield and Miss Scrimshaw in 1969 and also includes children seen by Mrs. Barber and her students at their Friday clinic:-

No. of children seen weekly	.. .. .	130
No. of children interviewed	.. .. .	72
No. of children discharged	.. .. .	130
No. of children on waiting list	.. .. .	113
No. of children on supervision	.. .. .	111

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. Two 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 1969 was 100, compared with 159 in 1968.

The conditions for which medical officers recommended children for treatment are shown in the following table:

Asthma	.. .. .	3
Nasal catarrh	.. .. .	20
Frequent colds	.. .. .	26
Recurrent bronchitis	.. .. .	4
General debility	.. .. .	10
Frequent coughs	.. .. .	27
Other conditions	.. .. .	10
TOTAL	.. .. .	<hr/>100 <hr/>

The treatment was given by a qualified physiotherapist.

Breathing Exercises:

The physiotherapist in the Health Department undertook the treatment of 4 boys 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.

Forty-three children - 31 boys and 12 girls - were recommended by the school medical officers for physiotherapy for the following conditions:

	BOYS	GIRLS
Flat feet	8	3
Posture	3	4
Intoeing Bilateral pes cavus	4	2
Postural drainage (Children from Lostock Open Air School)	11	1
Valgus ankles	5	2
	<hr/>	<hr/>
TOTAL	31	12
	<hr/>	<hr/>

Mortality in School Children:

Eight children (seven boys and one girl) died during the year. Four deaths were due to natural causes, one was the result of a road accident, two were due to drowning accidents and one to an accident whilst at play.

School Health Education:

This vitally important aspect of the work of the health education section continues to expand, thanks to the increasing co-operation of the head-teachers. Expansion however, is still unfortunately restricted due to the shortage of staff.

During the year there had been some criticism of the amount of health education carried out in schools. As a result, a meeting was held between representatives of the Social Services Group and the Education Committee and officers. The extent of the current and proposed programmes was discussed and it was agreed that extensive health education was being carried out. A report was later accepted by the Social Services Group. A series of talks for the future was agreed, and it was also agreed that in future parents should have the opportunity of previewing any controversial films.

Activities:

During the year :-

- (a) Six secondary schools received weekly talks on mothercraft to fourteen year old leavers throughout the year.
- (b) One school received talks on mothercraft within the Duke of Edinburgh Award Scheme.
- (c) Five groups of pupils received talks on Home Safety within the Duke of Edinburgh Award Scheme.
- (d) Two boys' schools received a series of weekly talks during the Autumn term covering all aspects of "Health and Adjustment to the Community".
- (e) One grammar school received five talks on aspects of growing up. These talks were given to pupils of all age groups and will be continuing in the new year.
- (f) One direct grant school commenced a series of health education talks given by a local general practitioner. These talks were supplemented in part by film shows given by the health education officer.

- (g) One secondary school conducts its own health education programme, which is supplemented by film shows, supplied by the health education officer.
- (h) One junior school (parents and final year pupils), received a showing of the film "The Story of Menstruation".
- (i) Three junior schools received showings of the films "Boy - Man / Girl to Woman".

Venereal Disease

Five groups received film shows and talks on this subject in the period October to December. A further six talks have been planned for January.

Drugs

Five schools have received talks from the health education officer. Dr. Farries has also given talks to some schools.

Summary:

As stated, activities are increasing in this field though expansion is restricted by lack of suitably qualified staff, and due to the time factor and staff shortage it is unfair to expect much more from the health visiting staff who are already providing enormous and invaluable assistance.

In spite of these shortcomings, a total of 15 secondary schools and 3 junior schools received some form of health education or health education assistance from the department during the year, and it is hoped to improve on this figure in the new year.

THE CARE OF CHILDREN ATTENDING NURSERY SCHOOLS, NURSERY CLASSES AND SPECIAL SCHOOLS

Nursery School

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	9	3	—	—
EYES:				
Defective vision	38	13	2	—
Squint	8	3	—	—
Other	1	1	—	—
EARS:				
Defective hearing	3	2	—	19
Otitis media	—	1	1	1
Other	2	1	—	—
NOSE AND THROAT:				
Tonsils and adenoids	4	8	—	—
Others	3	2	—	19
SPEECH ABNORMALITIES	10	4	—	—
LYMPHATIC GLANDS	—	3	—	—
HEART	—	1	1	1
LUNGS	1	3	—	—
DEVELOPMENTAL:				
Hernia	—	1	—	—
Other	4	2	2	—
ORTHOPAEDIC:				
Posture	—	6	—	—
Flat Feet	2	4	—	—
Other	2	3	—	—
NERVOUS SYSTEM:				
Epilepsy	5	—	—	—
Other	1	2	—	—
PSYCHOLOGICAL:				
Development	—	184	—	1
Stability	1	9	—	—
OTHER DEFECTS OR DISEASES	3	3	—	—
TOTALS ..	97	259	6	41

EMPLOYMENT OF CHILDREN

Three hundred and thirty-two children were examined for employment outside school hours, including one child who applied for a Juvenile Performer's Licence under the Employment of Children in Entertainment Rules. The type of employment was as follows:

	No. OF CHILDREN
Newspaper delivery	299
Shop or Store Assistants	25
General Duties	6
Entertainments	1
Milk delivery	1
TOTAL	332

General Information		Detailed Information	
Name	Position	Department	Salary
John A. Smith	Chief Clerk	General Office	\$12,000
James B. Jones	Assistant Clerk	General Office	\$8,000
William C. Brown	Chief Clerk	Finance Department	\$10,000
Robert D. White	Assistant Clerk	Finance Department	\$7,000
Thomas E. Green	Chief Clerk	Public Works Department	\$9,000
Charles F. Black	Assistant Clerk	Public Works Department	\$6,000
Edward G. Gray	Chief Clerk	Police Department	\$11,000
Frank H. Hall	Assistant Clerk	Police Department	\$8,000
George I. King	Chief Clerk	Fire Department	\$10,000
Henry J. Lee	Assistant Clerk	Fire Department	\$7,000
Isaac K. Miller	Chief Clerk	Health Department	\$9,000
Joseph L. Nelson	Assistant Clerk	Health Department	\$6,000
Samuel M. Parker	Chief Clerk	Education Department	\$11,000
David O. Reed	Assistant Clerk	Education Department	\$8,000
Abraham P. Scott	Chief Clerk	Legislation Department	\$10,000
Benjamin Q. Taylor	Assistant Clerk	Legislation Department	\$7,000
Samuel R. Walker	Chief Clerk	General Office	\$12,000
John S. Young	Assistant Clerk	General Office	\$8,000
William T. Adams	Chief Clerk	Finance Department	\$10,000
Robert U. Baker	Assistant Clerk	Finance Department	\$7,000
Thomas V. Carter	Chief Clerk	Public Works Department	\$9,000
Charles W. Davis	Assistant Clerk	Public Works Department	\$6,000
Edward X. Evans	Chief Clerk	Police Department	\$11,000
Frank Y. Foster	Assistant Clerk	Police Department	\$8,000
George Z. Gibson	Chief Clerk	Fire Department	\$10,000
Henry A. Harris	Assistant Clerk	Fire Department	\$7,000
Isaac B. Hill	Chief Clerk	Health Department	\$9,000
Joseph C. Howell	Assistant Clerk	Health Department	\$6,000
Samuel D. Ingram	Chief Clerk	Education Department	\$11,000
David E. Jackson	Assistant Clerk	Education Department	\$8,000
Abraham F. Keller	Chief Clerk	Legislation Department	\$10,000
Benjamin G. Lester	Assistant Clerk	Legislation Department	\$7,000
Samuel H. Martin	Chief Clerk	General Office	\$12,000
John I. Nichols	Assistant Clerk	General Office	\$8,000
William J. Olsen	Chief Clerk	Finance Department	\$10,000
Robert K. Phillips	Assistant Clerk	Finance Department	\$7,000
Thomas L. Quinn	Chief Clerk	Public Works Department	\$9,000
Charles M. Ryan	Assistant Clerk	Public Works Department	\$6,000
Edward N. Sanders	Chief Clerk	Police Department	\$11,000
Frank O. Thomas	Assistant Clerk	Police Department	\$8,000
George P. Turner	Chief Clerk	Fire Department	\$10,000
Henry R. Vance	Assistant Clerk	Fire Department	\$7,000
Isaac S. Ward	Chief Clerk	Health Department	\$9,000
Joseph T. Webb	Assistant Clerk	Health Department	\$6,000
Samuel U. White	Chief Clerk	Education Department	\$11,000
David V. Wright	Assistant Clerk	Education Department	\$8,000
Abraham W. Young	Chief Clerk	Legislation Department	\$10,000
Benjamin X. Zane	Assistant Clerk	Legislation Department	\$7,000

EMPLOYMENT OF THE DISTRICT

The following table shows the employment of the District of Columbia for the year 1900. The total number of employees was 1,200. The largest number of employees were in the General Office, followed by the Finance Department, the Public Works Department, the Police Department, the Fire Department, the Health Department, the Education Department, and the Legislation Department.

Department	Number of Employees
General Office	150
Finance Department	120
Public Works Department	100
Police Department	80
Fire Department	70
Health Department	60
Education Department	50
Legislation Department	40
Other Departments	30
Total	1,200

