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Contributors

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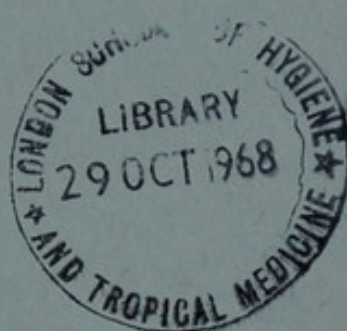
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COUNTY BOROUGH OF BURNLEY



ANNUAL REPORT

OF THE

Medical Officer of Health and Principal School Medical Officer

LUKE J. COLLINS, M.B., B.Ch., B.A.O., LM., D.P.H.

1966



COUNTY BOROUGH OF BURNLEY



ANNUAL REPORT

OF THE

Medical Officer of Health

LUKE J. COLLINS, M.B., B.Ch., B.A.O., LM., D.P.H.

1966

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HEALTH COMMITTEE1966-67

HIS WORSHIP THE MAYOR
(Mr. Alderman J. Parkinson, J.P.).

- * Alderman J. Cassidy.
- * Mrs. Councillor S. Ennis, J.P. (Chairman).
- * Mrs. Councillor R. I. Pilling.
- * Councillor F. A. Bailey.
- * Councillor F. Bates (Vice-Chairman).
- Councillor S. Blackston.
- * Councillor L. K. Crossley, B.E.M., J.P. (Vice-Chairman
from 6.12.66.).
- * Councillor J. Hudson.
- Councillor B. Rourke.
- Councillor J. Wilson (from 6.12.66.).
- * Members of the Standing Sub-Committee.

Note: Councillor F. Bates
died on 2nd November, 1966.

Public Health Department,
18 Nicholas Street,
Burnley.

August, 1967.

Mr. Mayor, Ladies and Gentlemen,

In presenting my Report for 1966, I would first like to place on record that Dr. I. A. Syed, Assistant Medical Officer, was successful in obtaining the Diploma in Public Health, and he became qualified to assess mentally subnormal children. During the year he was also approved as Deputy Medical Referee for the Crematorium.

After nearly 30 years service in the Department, Mr. J. K. Shaw, our Veterinary Officer, retired in September. His work in his professional field, and as Chief Meat and Food Inspector, has been excellent, and this has been acknowledged by Council members and officers alike.

Much time can be spent in drawing conclusions from tabulated charts and statistics, which normally appear in Annual Reports. Wherever it has been possible, therefore, these tabulations have been dispensed with, and a summary of the data, I hope, makes the Report more readable.

I have made a practise over the past three years of circulating the Report to the local General Medical Practitioners. This is one way of letting them know the local authority services which are available.

In a town where more health education would pay further dividends if directed towards the parents of infants and young children, it is essential to continue our efforts to replace obsolescent and drab clinics and child welfare centres in order to provide first class services and encourage mothers to attend. This also applies to our local authority clinic facilities for the expectant mother, which are grossly inadequate, and which it is hoped a modern ante-natal suite will be incorporated in any future local health authority clinic building.

It is indeed heartening to know that the modern Maternity Hospital which is now being built, will have a special unit for the care of premature infants. This is vital in a town where the infant mortality rate remains much higher than the national average. There were forty nine less births than in the previous year, and there were two more deaths of infants under one year of age than in 1965, so that we must not be complacent in our efforts to correct every possible factor that has a bearing on infant mortality.

Compared also with the previous year, there were twenty three more deaths. Deaths attributed to coronary and other heart diseases continue to be the highest in number, and although much research is being done in various parts of the world, we must institute some research of our own here in Burnley into these conditions. Although there were twenty one less deaths from cancer than in 1965, there was a slight increase in deaths from respiratory conditions and from lung cancer. Of the forty six who died, forty two were males. Here I should mention that in the sphere of prevention, smoking has continued to cause as much controversy as ever in relation to cancer of the lung. Most adults will admit that it does in fact aggravate any chest condition and may cause chronic bronchitis, but the individual himself will have to decide what he should do and face the facts, unwelcome as they are bound to be.

The Chief Medical Officer for the Ministry of Health, in his report for 1965, states that bronchitis and lung cancer, the legacies of cigarette smoking, are the cause of more than five times as many deaths as follow road accidents in a year.

The number of measles cases which were notified during the year was greatly increased from 577 last year to 1,215 in 1966. Of these, 800 cases occurred in the last three months of the year in children under the age of 10 years. The new measles vaccine which is being tried out in selected areas, should be of great benefit when used on a larger scale, and will prevent these regular epidemics. Influenza is another disease to which twelve deaths were attributed during the year in the elderly. These occurred during the winter months. It is now possible to derive some protection against the disease by means of vaccination, and this can be carried out by the general practitioner, who will advise if the vaccine is medically indicated.

We had an excellent public response to this year's Mass Miniature Radiography Survey and Diabetic Survey. This was mainly due to the use of the Locarno Ballroom as the central site.

Early in the year, it was found possible to operate a scheme of smear testing for cervical cytology with the help of the Christie Hospital, Manchester. Women in Burnley became aware of the advantage of having this special test done, and at the time of writing this Report, facilities are now available at our local hospital laboratory for testing of cervical smears. The test is generally available for any women over the age of 25 years and appointments can be made with the general medical practitioner or through the Health Department.

There were sixty one more new cases of venereal disease than in 1965, and the principal increase was in cases of gonorrhoea. There is a special clinic at the Victoria Hospital for treatment of these diseases.

In this Borough, where the estimated population of pensionable age is increasing and is approximately 13.3 per cent. of the total population compared with the national average of 12.3 per cent., the pressure of geriatric cases on hospital accommodation is a problem. This is being partly solved by the developing day facilities for geriatric cases, and support for this service is given by the local Ambulance Service which transports elderly persons to and from the day hospital clinic.

I would like to emphasise the importance of adequate facilities for the care of the elderly in their own homes. Our home nurses and health visitors now have an opportunity of visiting the Geriatric Clinic through co-operation with the Consultant Geriatrician. It must be remembered that the great majority of old people live in their own homes, and not more than ten per cent. are receiving hospital care. The Health and Welfare Departments are in constant readiness to provide support for old people. Our district nurses call on them when made aware of the need for help, or if requested by the general practitioner, or hospital authority. Our health visitors also endeavour to provide some degree of surveillance of the aged.

However, despite all this, we occasionally find an elderly person desperately in need of medical and welfare services, and by the time their plight is made known to us they are often so ill that they have to be removed to hospital as an emergency case. An advantage of our nurses calling at the hospital geriatric centres is that if any patients are ready for discharge to their homes from the geriatric wards, the visiting nurses can meet them and arrange for any services that may be required. It must indeed be comforting for these people to be told that their home will be prepared for their return, and that if they are unfit for housework a home help will be at hand. In order to allay any anxiety, meals-on-wheels, incontinent laundry service, when necessary, the district nurse, the chiropodist and the general practitioner, provide valuable after-care for the elderly and the services are generally appreciated. Home care is socially desirable because most people prefer to remain at home whenever possible. These services can shorten the period of hospital care, by enabling a patient to return home, sooner than would otherwise be possible.

In order to accommodate the increased staff of our Ambulance Service, the additional accommodation, so long awaited for, was made available during the year by adding a top storey to the existing building.

It has not yet been found possible to attach our health visitors to any general practice on a full-time basis, but I am indebted to my colleagues in the medical profession for receiving the health visitors into their surgeries.

The changing environment -- The Burnley scene continues to change at a pace perhaps unequalled this century. The decline of the cotton and coal industries has been offset in large measure by the introduction of new industries of a diverse nature. The hard work of Members of the Council and officials, both past and present, in attracting new industries, has done much to ease the problems resulting from this transition. Burnley's plight would indeed have been serious but for their efforts.

The explosion of industry and population in the area during the 19th century, which preceded the decline in population which has taken place since the turn of the present century, has given us a legacy of problems which are proving difficult to resolve. It is not always realised that the greater part of the Burnley we know today was born little more than 100 years ago, and that the older part of the town was built --- houses and factories alike --- during a period of about 30 or 40 years. It was this massive building during a relatively short period --- resulting in virtually simultaneous obsolescence a century later --- that is responsible for the acute nature of the problem today. Although the houses built in this period were by no means of a low standard of amenity at the time of their building, they fall very short of the requirements of satisfactory housing today. Their lack of hot water systems and baths and clean water closets in particular makes them quite unsatisfactory by modern standards. Many of them have fallen into disrepair due to inadequate maintenance and have had to be included in the Council's slum clearance programme. Others, although not yet at this stage of unfitness, are clearly no longer providing satisfactory homes.

What is perhaps an even more intractable problem than the unfit houses themselves, is that of the unsatisfactory environment. The physical and visual amenities of the area around a house are as important as the house itself. The amount of open space, children's play spaces, adequate shops, bus services and other similar facilities, are all important. Visual amenities are also vitally necessary for satisfactory living conditions. It is important that the surrounding buildings should be pleasant to look at and that there should be trees, grass and flowers wherever possible. The drab nature of many of the houses built of the local stone, roofed with slate and blackened with coal smoke, makes the provision of colour and open space all important.

The present state of Burnley with its remaining slum areas, its problem of vacant and derelict houses, and its large areas of obsolescent development is very far from ideal, and there is much to be done before we can be satisfied that in Burnley we have really got a town to be proud of.

However, there is a brighter side to the picture, and we can all take some comfort from the progress already made. When the Council's present slum clearance programme has been completed, some 3,500 houses or approximately 13 per cent. of the town's housing stock, will have been cleared during the post-war period. At the same time approximately 2,600 local authority and over 1,000 private houses have been built, and schemes such as New Palace House, Brunshaw and Turf Moor provide living conditions second to none, whilst the proposed Trafalgar and Belvedere Estates will make further valuable contributions to the local authority's stock of post-war houses. Existing houses continue to be improved with the aid of "standard grants" and some 4,200 persons have now availed themselves of this opportunity to provide their homes with modern amenities. The number of waste water closets in the town has dwindled steadily as more and more are converted to clean water closets by means of the local authority's grant scheme. The Council's smoke control programme is now well under way, and when the No.9 area comes into operation in August, 1968, more than half the town will be virtually smoke free. The year 1971 should see the virtual completion of the programme and for the first time for perhaps more than one and a half centuries the air over Burnley will be fit to breathe. Surely, there has been no comparable public health measure since the introduction of sewage disposal and the provision of a public water supply.

The central area development is now progressing rapidly, and already the centre of the town has been transformed. New roads and modern street lighting have improved the appearance of the town and what is more important, allows us to move around in greater comfort and safety. All these improvements are helping to change the old image of Burnley from that of a dirty, depressing and squalid industrial town, to one where people can live with pride and dignity.

I should like to record my thanks to those members of the staff who have contributed to the production of this report. I am also pleased to report my thanks to the Chairman and Members of the Health Committee, members and officers of the Local Executive Committee and the Hospital Management Committee, and to the general medical practitioners for their excellent co-operation.

I have also received much assistance from the Chief Officers of the Local Authority, the Engineer of the Calder Water Board, members of several Voluntary Organisations and the Press.

I have the honour to be,
Your obedient Servant,

John J. Collins
Medical Officer of Health.

SECTION 1.STAFF at 31st December, 1966.MEDICAL AND PROFESSIONAL STAFF

Medical Officer of Health and Principal School Medical Officer	L.JJ. COLLINS, M.B., B.Ch., B.A.O., L.M., D.P.H.
Deputy Medical Officer of Health	E.P. WHITAKER, M.B., Ch.B., M.R.C.S., L.R.C.P.
Medical Officers, School Health Service and Care of Mothers and Children, etc	I.A. SYED, M.B., B.S. (Pakistan), D.P.H. MRS. P.S. LIMAYE, M.B., B.S. (Poona), D.C.H. (London).
Part-time Ophthalmic Surgeons	W.N. DUGMORE, M.B., D.O., F.R.C.S.E. R.S. RITSON, M.B., Ch.B.
Part-time Paediatrician	W.M.L. TURNER, M.D., M.R.C.P., D.C.H., D.L.O.
Part-time Medical Officer Ante-natal clinic	MRS. A. REED, M.R.C.S., L.R.C.P.
Principal School Dental Officer	MISS M. LORD, B.D.S.
Senior Dental Officer	Vacancy.
Borough Analyst	R. FAWCETT, F.R.I.C.

PUBLIC HEALTH AND MEAT INSPECTORS

Chief Public Health Inspector and Inspector under Food and Drugs Act	F. SHUTEWORTH, Cert. R.S.H. Cert. R.S.H. (Meat and Foods).
Deputy Chief Public Health Inspector	M. STOTT, Cert. R.S.H. Cert. R.S.H. (Meat and Foods). Cert. R.S.H. (Smoke Inspectors).
Food Hygiene Inspector	D. WHITEHEAD, Cert. R.S.H. Cert. R.S.H. (Meat and Foods). Cert. R.S.H. (Smoke Inspectors).
District Inspectors	J. MAGRATH, Cert. R.S.H., Cert. R.S.H. (Meat and Foods) Cert. R.S.H. (Smoke Inspectors). W. TURNER, Cert. R.S.H., Cert. R.S.H. (Meat and Foods). W.A. CLARKE, Cert. R.S.H., Cert. R.S.H. (Meat and Foods). B. DUERDEN, Cert. R.S.H., Cert. R.S.H. (Meat and Foods). Cert. R.S.H. (Smoke Inspectors). F. WALTON, Cert. R.S.H., Cert. R.S.H. (Meat and Foods), Cert. R.S.H. (Smoke Inspectors). H.A. de FREITAS, (P.H.I. qualification West Indies - Ministry dispensation). J.N. POLLARD, P.H.I.'s Diploma.
Technical Assistant	B. POLLARD, (City and Guilds Full Tech. Cert. - Plumbing).
Meat and Food Inspectors	J. PATON, Cert. Meat and Other Foods R.S.A. (Scotland). Food Hygiene Cert. R.S.H. W. CATHCART, Cert. Meat and Other Foods R.S.A. (Scotland). Food Hygiene Cert. R.S.H.
Pupil Public Health Inspectors	R. COULTON. S.M. SHAW.
Disinfectors/Rodent Operatives	4.

HEALTH VISITING, MIDWIFERY AND NURSING STAFF

Superintendent Health Visitor	MISS M.O'BRIEN, D.N.(London),S.R.N.,S.C.M., R.F.N.,H.V.Cert.
Senior Health Visitor	MISS I.WILSON, S.R.N.,S.C.M.,H.V.Cert.
Health Visitors and School Nurses	MRS. M.SIMPSON, S.R.N.,S.C.M.,H.V.Cert. MISS M.EDMONDSON, S.R.N.,S.C.M.,H.V.Cert.,T.A.Cert. MRS. M.N.DANN, S.R.N.,S.C.M., H.V.Cert. MISS M.M.COWGILL, D.N. (London), S.R.N.,R.S.C.N., S.C.M., H.V.Cert. MRS. D.WOODHEAD, S.R.N. MRS. S. FRIZELLE, S.R.N., S.C.M., H.V.Cert. MRS. W. BATEY, S.R.N., C.M.B. Cert (Part I),H.V.Cert. MISS A.WHITAKER, S.R.N., S.C.M.,H.V.Cert. MRS. G.LONSDALE, S.R.N.,C.M.B. Cert (Part I) H.V.Cert. MRS. L.M.TRUAN, S.R.N.,S.C.M.,H.V.Cert. MRS. P.PRESTON, S.R.N.,S.C.M.,H.V.Cert. MRS. D.FRANCIS, S.R.N.,S.C.M., (Part-time). MRS. J.BOOTHMAN, S.E.N. MISS B.SIMPSON, S.R.N.
Student Health Visitor	Two vacancies.
Non-Medical Supervisor of Midwives	MISS N. WILLIAMS, S.R.N.,S.C.M.
Municipal Midwives	MRS. A.CHAMPION, S.R.N.,S.C.M.,Q.I.D.N.S. MRS. M.BOOTH, S.R.N.,S.C.M. MISS M.SIMPSON, S.C.M. MRS. A.C.LANCASTER, S.R.N.,S.C.M. MRS. F.FARRAR,S.E.N.,S.C.M. MRS. K.BULCOCK, S.C.M. MRS. F.P.SMITH, S.C.M.,S.E.N. MRS. D.COULTON, S.R.N.,S.C.M. MISS D.M.HAYNES, S.R.N.,S.C.M. MRS. S.WINDLE, S.R.N.,S.C.M.
Superintendent, Home Nursing Service	MRS. E. NEWTON, S.R.N.,S.C.M.,Q.I.D.N.S.
Assistant Superintendent, Home Nursing Service	MRS. V.COOPER, S.R.N.,Q.I.D.N.S.
District Nurses - whole time	Eight S.R.N. Four S.E.N. (including 2 males).
- part time	Two S.R.N.
Bath Attendants - whole time	Two.
<u>MEDICAL AND DENTAL AUXILIARIES</u>	
Educational Psychologist	MRS. M.EYSYMONT, B.A.(Hons. Hist & Educ.) (Commonwealth Fellowship in Psychology) (part-time). MRS.K.J.HAYWARD, B.A. (Hons.Psychology) (part-time).
Psychiatric Social Worker	Vacancy
Senior Orthoptist	MISS S. SUTCLIFFE, D.B.O.
Orthoptist	Vacancy.
Physiotherapist	Vacancy.
Speech Therapist	MRS.J.KELLY, L.C.S.T.
Chiropodist	H. MITCHELL, M.Ch.S.
Dental Auxiliary	MISS M.L.SLATER.

MENTAL HEALTH STAFF

Senior Mental Welfare Officer R.FELL, B.E.M., S.R.N., R.M.N., M.S.M.W.O.
 Mental Welfare Officers A.K.NORTON, S.R.N., R.M.N.
 J.DEWHURST, M.S.M.W.O.
 MISS C.J.A.WALKER.
 MRS.M.GRINDLEY, S.R.N.

Junior Training Centre

Supervisor MRS. A. RATCLIFFE, R.M.P.A.
 Assistant Supervisors MRS. S. WHITTAKER, N.N.E.B.
 MISS C. RILEY, N.N.E.B.
 General Assistant MRS.D.COUNCIL.
 Other staff One

Bank Hall (Intermediate) Training Centre

Supervisor MRS. M. RAWCLIFFE, S.R.N., R.F.N.
 Assistant Supervisor MRS. E. ATHERTON.
 Other staff One

Adult Training Centre

Supervisor J. W. ROBINSON.
 Assistant Supervisors MRS. B. BOLTON.
 MRS. E. CASSIDY.
 C. LEIGHTON.
 Other staff One

Thornleigh Hostel

Warden MRS. A. MARSH.
 Deputy Warden MISS I. POLLARD.
 Cook/Assistant Warden MRS. P. PEARSON.
 Other staff Two

DOMESTIC HELP SERVICE.

Organiser MISS E. O'HORO.
 Assistant Organiser MRS. K. HEWITT.
 Domestic Helps 53 whole time : 1 part time.

AMBULANCE SERVICE.

Ambulance Officer W. MILLS, F.I.A.O.
 Station Officers C. DIXON.
 R. GREGSON.
 M. McLOUGHLIN.
 C. H. PATCHETT.
 Driver/Attendants 23.

ADMINISTRATIVE AND CLERICAL STAFF

Chief Administrative Assistant A.PILLING, C.C.S.

Public Health Service -

Administrative Assistant H. SIMPSON.

Senior Clerk MISS H. TAYLOR.

M. & C.W. Clerk MRS. D.E. GANN.

General Clerks D. HARGREAVES.
K. JOHNSON.
MISS A. WATSON.
MRS. M.M. ROBINSON.
MRS. W.G. SIMPSON.
MR. C.L.J. RYDER.
MR. L.K. BARKER.

Senior Shorthand Typist MRS. M. CHADBAND.

Shorthand Typists MISS S.E. HEYWORTH.
MISS C.A. STOWELL.

School Health Service -

Senior Clerk S. JACKSON, S.E.N.

General Clerks MRS. P. PITT.
MISS C. A. LOFTUS.
MRS. C.M. PARKINSON.
MRS. M.E. BAILEY.

Shorthand Typist/Clerk MISS D. CAVELL.

Clerk/Dental Attendant MISS D. DENT.

Dental Surgery Assistant MRS. P. M. KELLY.

SECTION IISTATISTICAL AND SOCIAL CONDITIONS OF THE AREAGENERAL STATISTICS

Area in Statute Acres	4,695 acres
Area fully developed, or in course of development	3,516 acres
Population, Census 1961	80,588
Registrar General's Estimate of Population middle of 1966	78,380
Density of Population, i.e. number of persons per acre built upon	22.3
Number of inhabited houses (April 1966) according to Rate Books (including shops with living accommodation)	28,014
* Number of houses in Burnley, December 1966	29,355
Number of New Dwellings erected in 1966	322
Rateable value (April 1966)	£2,422,586
Sum represented by a Penny Rate paid in 1966/1967	£9,500

* This figure includes houses temporarily uninhabited and houses which have been the subject of Clearance, Closing or Demolition Orders, but are not demolished.

VITAL STATISTICSLive Births

			<u>1966</u>	<u>1965</u>
	M.	F.	Total	Total
Legitimate	535	554	1089	1151
Illegitimate	78	80	158	145
	<u>613</u>	<u>634</u>	<u>1247</u>	<u>1296</u>
Crude Rate per 1000 population			15.91	16.47
Rate adjusted for A.C. Factor (1.12)			17.82	18.45
Illegitimate live births (per cent. of total live births)			12.67%	11.19%

Still Births

	M.	F.	Total	Total
Legitimate	11	9	20	30
Illegitimate	1	4	5	7
	<u>12</u>	<u>13</u>	<u>25</u>	<u>37</u>
Rate per 1000 total live and still births			19.65	27.76

Total Live and Still Births 1272 1333

Infant Deaths (deaths under one year) 37 35

Infant Mortality Rates

Total infant deaths per 1000 total live births	29.67	27.01
Legitimate infant deaths per 1000 legitimate live births	28.47	26.06
Illegitimate infant deaths per 1000 illegitimate live births	37.97	34.48

VITAL STATISTICS

	<u>1966</u>	<u>1965</u>
<u>Neo-natal Mortality Rate</u> (deaths under four weeks per 1000 total live births)	21.65	15.43
<u>Early Neo-natal Mortality Rate</u> (deaths under one week per 1000 total live births)	20.85	14.66
<u>Perinatal Mortality Rate</u> (still births and deaths under one week combined per 1000 total live and still births)	40.09	42.01
<u>Maternal Mortality</u> (including abortion)		
No. of deaths	1	1
Rate per 1000 total live and still births	0.79	0.75

Deaths

Numbers - (Males 601 : Females 627)	1228	1205
Crude Rate per 1000 population	15.67	15.32
Rate adjusted for A.C. Factor (0.95)	14.88	14.09

Rates per 1000 population from:-

Pulmonary Tuberculosis	0.06	0.05
All forms of Tuberculosis	0.06	0.05
Respiratory diseases (excl. Pul. Tb.) ...	2.25	1.92
Influenza	0.15	0.03
Cancer	2.55	2.81
Notifiable Infectious Diseases (excl. Tuberculosis)	-	0.01

Rate per 1000 live births from:-

Diarrhoea and Enteritis of children under 2 years	0.80	0.77
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VITAL STATISTICS OF WHOLE DISTRICT DURING 1966 AND THE PREVIOUS TEN YEARS

Year	R.G.'s Population estimated to middle of each year	Live Births				Total Deaths Registered in the District		Transferable Deaths		Nett deaths belonging to the District				
		Uncorrected Number	Number (Nett)	Crude Rate	Rate adjusted for A.C. Factor	Number	Rate	Non-Residents registered in the District	Residents not registered in the District	Under 1 year of age		At all ages		
										Number	Rate per 1000 Nett Births	Number	Crude Rate	Rate adjusted for A.C. Factor
1956	82,350	1,579	1,257	15.26	16.02	1,757	21.33	449	39	36	28.64	1,347	16.36	16.20
1957	81,760	1,643	1,264	15.46	16.08	1,685	20.61	474	51	36	28.48	1,262	15.44	15.44
1958	81,360	1,641	1,282	15.76	16.39	1,601	19.68	415	59	36	28.08	1,245	15.30	14.99
1959	81,080	1,641	1,273	15.70	16.33	1,760	21.70	551	44	34	26.71	1,253	15.45	14.68
1960	80,560	1,648	1,288	15.99	16.63	1,780	22.10	570	65	31	24.07	1,275	15.83	15.51
1961	80,590	1,742	1,318	16.35	17.00	1,904	23.63	577	52	35	26.55	1,379	17.11	16.43
1962	80,540	1,854	1,391	17.27	17.96	1,785	22.16	588	70	39	28.04	1,267	15.73	15.10
1963	80,200	1,756	1,318	16.43	18.40	1,720	21.45	511	76	45	34.14	1,285	16.02	15.70
1964	79,250	1,892	1,380	17.41	19.50	1,651	20.86	535	68	28	20.29	1,184	14.94	14.64
1965	78,680	1,786	1,296	16.47	18.45	1,762	22.39	619	62	35	27.01	1,205	15.32	14.09
Average 10 years	80,637	1,718	1,307	16.21	17.28	1,740	21.59	529	59	35	27.20	1,270	15.75	15.28
1966	78,380	1,768	1,247	15.91	17.82	1,800	22.97	633	61	37	29.67	1,228	15.67	14.86

- VITAL STATISTICAL TABLE -

SHOWING BIRTH RATES, MORTALITY RATES FROM ALL CAUSES, FROM TUBERCULOSIS OF THE LUNGS, RESPIRATORY DISEASES AND MALIGNANT DISEASES, TOGETHER WITH INFANTILE MORTALITY AND INFANTILE DIARRHOEA DEATH RATES PER 1000 BIRTHS.

Year	Population	Crude Birth Rate	Crude Death Rate	Mortality Rate per 1000 Population from			Infantile Diarrhoea Death Rate per 1000 Live Births	Infantile Mortality per 1000 Live Births	Infantile Mortality per 1000 related Live Births, England and Wales
				Pulmonary Tuberculosis	Respiratory Diseases (excluding Pulmonary Tuberculosis)	Malignant Diseases			
1882-1886	-	38.9	23.2	2.31	5.15	0.24	34.9	212	142
1887-1891	-	35.9	22.2	1.64	6.21	0.30	27.9	217	145
1892-1896	-	35.1	21.9	2.06	5.27	0.44	29.9	202	151
1897-1901	95,038	30.7	20.7	1.83	3.86	0.59	52.8	225	157
1902-1906	99,979	27.6	18.8	1.46	3.73	0.70	51.2	202	134
1907-1911	104,605	26.3	17.4	1.17	3.56	0.73	43.2	178	116
1912-1916	106,071	21.1	16.5	0.93	3.66	0.90	29.9	159	102
1917-1921	99,454	18.0	15.6	0.85	3.35	1.16	11.7	127	89
1922-1926	103,040	16.9	14.3	0.79	3.00	1.22	6.1	108	73
1927-1931	99,910	14.11	14.1	0.75	1.84	1.54	8.1	91.0	67
1932-1936	94,380	11.95	14.0	0.65	1.25	1.60	4.5	72.3	61
1937-1941	86,192	12.09	15.72	0.65	1.30	1.77	6.1	71.2	55
1942-1946	79,910	16.49	15.51	0.59	1.44	1.99	2.96	53.37	46
1947-1951	84,400	17.27	15.72	0.40	1.71	2.03	3.87	44.65	33
1952-1956	83,092	14.43	15.08	0.16	1.94	2.14	1.01	28.35	26
1957-1961	81,070	15.85	15.69	0.07	1.82	2.64	0.36	26.78	22
1962	80,540	17.27	15.73	0.04	1.73	2.39	0.00	28.04	21
1963	80,200	16.43	16.02	0.02	1.98	2.50	0.00	34.14	21
1964	79,250	17.41	14.94	0.05	1.55	2.62	0.00	20.29	20
1965	78,680	16.47	15.32	0.05	1.92	2.81	0.01	27.01	19
1966	78,380	15.91	15.67	0.06	2.25	2.55	0.80	29.67	19

COMPARATIVE STATEMENT OF VITAL STATISTICS - YEAR 1966.

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1000 Live and Stillbirths)	Perinatal Mortality Rate	Death Rate from Phthisis	Death Rate from other Tubercular diseases	Maternal mortality rate per 1000		
								Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England and Wales (Provisional).....	17.7	11.7	19.0	15.4	26.3	.043	.005	.20	.06	.26
Birkenhead	18.9	11.3	23.9	16.6	31.1	.04	.007	.36	-	.36
BURLEY	15.91	15.67	29.67	19.65	40.09	.06	-	.79	-	.79
Bury	20.60	13.04	11.43	23.09	28.16	.03	.01	-	-	-
Halifax	17.60	15.53	24.42	16.48	30.51	.08	-	-	-	-
Liverpool	19.0	11.6	22.7	20.0	32.6	.065	.007	-	-	-
Manchester	19.17	12.55	25.53	18.27	31.37	.07	-	.25	.08	.33
Oldham	18.78	15.06	27.94	12.37	25.69	.08	-	-	-	-
Preston	18.21	12.93	23.52	19.55	31.08	.06	-	-	-	-
Rochdale	18.6	14.5	16.0	22.3	31.0	.05	-	-	-	-
Salford	18.84	13.93	32.01	20.66	40.26	.069	-	-	-	-
St.Helens	17.1	12.9	25.9	24.7	37.3	.06	-	-	-	-
Stockport	17.90	13.13	24.15	21.70	36.04	.021	-	-	-	-
Wallasey	17.39	12.74	19.67	16.04	25.44	.048	-	.553	-	.553
Wigan	17.24	12.77	19.32	11.75	24.23	.08	-	-	-	-

STATISTICAL SUMMARYLive Births

One thousand seven hundred and sixty eight live births (916 males and 852 females) were registered in Burnley during 1966. After correction for 44 inward and 565 outward transferable births, a net total of 1247 births, or a decrease of 49 on the total for 1965 is obtained.

The crude live birth rate is 15.91 but in order to compare the local rate with the rate for England and Wales, it must be adjusted, by a comparability factor, to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. The adjusted birth rate of Burnley is 17.82 compared with 17.7 for England and Wales.

The number of illegitimate live births shows an increase of 13 and the percentage of total live births is 12.67 as compared with 11.19 in the previous year.

Stillbirths

There were 25 stillbirths, giving a rate of 19.65 per 1000 total (live and still) births, as compared with 27.76 in 1965.

Deaths

One thousand eight hundred deaths were registered. Of this number, 633 deaths of non-residents, chiefly occurring in Hospitals, are excluded, leaving 1167 deaths of residents. To this number must be added 61 deaths of Burnley people who died in other districts.

After these corrections the net total is 1228 (males 601, females 627) giving a crude death rate of 15.67 per thousand of population, as compared with 15.32 for 1965 and 15.75, the average for the previous ten years. The adjusted death rate for Burnley is 14.88 and is considerably higher than the death rate for England and Wales, which is 11.7.

Forty three children died under 5 years of age, representing 3.5% of the total deaths, but of these 37 were children under 1 year of age. Eight deaths were of children between 5 and 15 years of age; 34 of persons aged 15 to 45 years; 279 aged between 45 and 65 years; and 864 or 70.36% of the total were aged 65 years and upwards.

Percentage of deaths in year groups according to age

Ages	1921 %	1931 %	1941 %	1951 %	1961 %	1966 %
Under 1 year	19	8	6	2.8	2.5	3.0
1 - 4 years	7	4	2	0.9	0.4	0.5
5 - 14 years	3	2	1	0.8	0.4	0.7
15 - 44 years	15	15	10	5.3	3.9	2.7
45 - 64 years	26	31	30	25.9	22.4	22.7
65 years and over ...	30	40	51	64.3	70.4	70.4

The table above shows percentage comparisons of deaths over the years and it is interesting to note the reduction in deaths of those in the younger age groups compared with the year 1921.

BIRTH RATES AND SELECTED DEATH RATES, 1966
(ENGLAND AND WALES & BURNLEY)

	England & Wales (Provisional figures)	Burnley
Rates per 1000 Home Population		
<u>BIRTHS</u>		
Live	17.7	17.82 (b)
Still	0.27	0.32
	15.3 (a)	19.65 (a)
<u>DEATHS</u>		
All Causes	11.7	14.88 (b)
Malignant Neoplasms of Lungs and Bronchus	0.56	0.59
Rates per 1000 Live Births		
Deaths under one year of age	18.9	29.67

(a) Per 1000 Total (Live and Still) Births.

(b) Adjusted by Registrar - General's A.C.F. figure.

Percentages of Deaths in Year Groups According to Age

Trend of Population

The Registrar General's Estimate of Population at the middle of 1966 is 78,380 or 300 less than that of 1965. The population figure at the 1961 Census was 80,588.

The present population is only about 74% of the peak figure of 106,322 recorded in 1911.

From 1960 to 1962 the population figure changed little, but in 1964 there was a considerable drop, bringing the figure to below 80,000, with further decreases in 1965 and 1966.

The Registrar General's Estimate of the Child Population of Burnley at the middle of 1966 is:-

<u>0 - 1 Yr.</u>	<u>1 - 4 Yrs.</u>	<u>5 - 14 Yrs.</u>	<u>Total</u>
1230	5270	11,600	18,100

Crematorium

The Crematorium was opened in September 1958 and serves the town and the surrounding districts, including Nelson, Colne, Burnley Rural district and the townships in Rossendale Valley.

Each year, the number of cremations increase, as will be seen from the figures below. In 1966, 655 cremations were in respect of Burnley residents, and 813 in respect of non-Burnley residents.

The Medical Officer of Health is appointed Medical Referee with the Deputy Medical Officer of Health and Assistant Medical Officer of Health as Deputy Medical Referees.

The following figures show the number of cremations authorised by the Medical Referees since September 1958:-

<u>Year</u>	<u>No. of Cremations</u>
1958 (3 months)	216
1959	778
1960	935
1961	1064
1962	1144
1963	1222
1964	1263
1965	1370
1966	1468

REGISTRAR GENERAL'S SHORT LIST SHOWING CLASSIFICATION OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF BURNLEY DURING 1966

Causes of Death	Sex	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	All Ages
Tuberculosis, respiratory	M	-	-	-	-	-	-	-	2	1	-	-	3
	F	-	-	-	-	-	-	1	-	1	-	-	2
Tuberculosis, other ..	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic Disease ...	M	-	-	-	-	-	-	1	-	-	2	-	3
	F	-	-	-	-	-	-	-	-	-	-	1	1
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	1	-	-	-	-	-	-	-	-	-	1
Malignant neoplasm, stomach	M	-	-	-	-	-	-	-	1	9	8	6	24
	F	-	-	-	-	-	-	-	1	3	14	3	21
Malignant neoplasms, lung, bronchus	M	-	-	-	-	-	-	-	4	12	22	4	42
	F	-	-	-	-	-	-	-	-	1	2	1	4
Malignant neoplasm, breast	M	-	-	-	-	-	-	1	-	-	-	-	1
	F	-	-	-	-	-	-	1	5	6	4	5	21
Malignant neoplasm, uterus	F	-	-	-	-	-	-	-	1	2	3	2	8
Other malignant and lymphatic neoplasms.	M	-	-	-	1	-	-	1	3	12	14	14	45
	F	-	-	-	-	-	-	-	4	4	10	12	30
Leukaemia, aleukaemia.	M	-	-	-	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	-	-	-	-	1	1	1	3
Diabetes	M	-	-	-	-	-	-	-	-	-	1	1	2
	F	-	-	-	-	-	-	-	-	-	5	2	7
Vascular lesions of nervous system	M	-	-	-	-	-	-	3	1	8	25	31	68
	F	-	-	-	-	-	-	-	1	15	28	61	125
Coronary disease, angina	M	-	-	-	-	-	-	3	15	34	50	23	125
	F	-	-	-	-	-	-	3	4	19	48	37	111
Carry Forward	M	-	-	-	1	-	-	9	26	76	123	79	314
	F	-	1	-	-	-	-	5	16	52	115	145	334

REGISTRAR GENERAL'S SHORT LIST SHOWING CLASSIFICATION OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF BURNLEY DURING 1966 (contd.)

Cause of Death	Sex	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	All ages
Brought forward	M	-	-	-	1	-	-	9	26	76	123	79	314
	F	-	1	-	-	-	-	5	16	52	115	145	334
19. Hypertension with heart disease	M	-	-	-	-	-	-	-	-	2	3	4	9
	F	-	-	-	-	-	-	-	-	-	2	5	7
20. Other heart disease ..	M	-	-	-	-	-	1	-	7	6	10	21	47
	F	-	-	-	-	-	-	1	2	6	24	58	91
21. Other circulatory disease	M	-	-	-	-	-	-	-	1	6	9	16	32
	F	-	-	-	-	-	-	-	-	6	25	31	31
22. Influenza	M	-	-	-	-	-	-	-	-	3	3	1	7
	F	-	-	-	-	-	-	-	1	-	1	3	5
23. Pneumonia	M	1	2	2	2	-	-	1	1	4	8	11	32
	F	-	-	-	-	-	-	-	1	4	8	14	27
24. Bronchitis	M	-	-	-	-	-	-	-	5	14	28	21	68
	F	-	1	-	-	-	-	-	2	4	11	15	33
25. Other diseases of respiratory system .	M	-	1	-	-	-	1	-	1	-	-	-	3
	F	-	-	-	-	-	-	1	-	-	-	-	1
26. Ulcer of stomach and duodenum	M	-	-	-	-	-	-	-	-	1	-	1	2
	F	-	-	-	1	-	-	-	1	-	-	3	5
27. Gastritis, enteritis and diarrhoea	M	-	1	-	-	-	-	-	1	-	-	-	2
	F	-	-	-	-	-	-	-	-	-	1	-	1
28. Nephritis and Nephrosis	M	-	-	-	-	-	1	-	-	1	1	1	4
	F	-	-	-	-	-	-	-	-	2	-	-	2
29. Hyperplasia of prostate	M	-	-	-	-	-	-	-	-	-	-	3	3
30. Pregnancy, childbirth, abortion	F	-	-	-	-	1	-	-	-	-	-	-	1
31. Congenital malformations	M	2	-	1	-	-	-	-	-	-	-	1	4
	F	1	2	-	-	1	-	-	-	-	-	-	4
32. Other defined and ill-defined diseases....	M	14	-	-	1	-	-	2	5	4	5	9	40
	F	9	1	-	-	-	1	1	4	8	11	16	51
33. Motor Vehicle Accidents	M	-	-	-	1	1	1	-	-	-	2	-	5
	F	-	-	1	2	-	-	1	-	1	-	4	9
34. All other accidents ..	M	-	1	2	-	1	-	-	1	2	3	5	15
	F	-	-	-	-	-	-	1	-	-	5	16	22
35. Suicide	M	-	-	-	-	-	2	1	2	2	6	-	13
	F	-	-	-	-	-	-	-	2	-	1	-	3
36. Homicide and operations of war	M	-	-	-	-	-	-	-	-	-	-	1	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL (All Causes)	M	17	5	5	5	2	6	13	50	123	201	174	601
	F	10	5	1	3	2	1	10	29	77	185	304	627

Following figures show the number of operations authorized since 1960

Year	No. of Operations
1960	76
1961	78
1962	93
1963	104
1964	144
1965	122
1966	126
1967	137
1968	146

Causes of Death

The following table gives the chief causes of death:-

	<u>Number of deaths</u>	<u>Percentage of total deaths</u>	<u>Rate per 1000 population</u>
Coronary Disease	236	19.22	3.01
Other Heart Diseases	154	12.54	1.96
Malignant Neoplasms	200	16.29	2.55
Intra-cranial vascular lesions (Cerebral haemorrhage, etc.)	193	15.72	2.46
Respiratory Disease (other than Tuberculosis)	176	14.33	2.25
Other Diseases of the circulatory System	63	5.13	0.80
Accidents, Violence, etc. .	52	4.23	0.66
Suicides	16	1.30	0.20
Nephritis	6	0.49	0.08

Deaths attributed to cardiac lesions continue to be the highest, showing 31.76% of the total number. Of those due to coronary disease, six were of persons under the age of 45 years and 53% were men.

Deaths from respiratory diseases (excluding tuberculosis) increased somewhat and twelve were attributable to influenza.

Diarrhoea and Enteritis

One death from gastro-enteritis occurred in a child under two years of age.

Malignant Neoplasms

The two hundred deaths from all causes of cancer (including leukaemia) were made up of 113 males and 87 females. By far the greatest number of deaths occurred in people over the age of 45 years.

In comparison with the previous year there were 21 less deaths from the disease though respiratory or lung cancer deaths showed an increase of five. It is still significant that more men die of lung cancer than women, the respective figures being forty two and four.

The accompanying statistical table shows the number of deaths from all causes of cancer, with the figure also as a percentage of the total deaths, and the number of deaths from cancer of the respiratory system (lungs, bronchus and larynx) over a period of twenty years.

Year	Cancer - all causes		Cancer of Respiratory system			Year	Cancer - all causes		Cancer of Respiratory system		
	No.	%age of total deaths	M.	F.	Total		No.	%age of total deaths	M.	F.	Total
1947	160	11.8%	14	2	16	1957	224	17.8%	41	8	49
8	153	12.7%	12	7	19	8	224	17.9%	42	5	47
9	176	13.4%	19	5	24	9	208	16.6%	32	7	39
1950	173	13.2%	16	6	22	1960	207	16.2%	36	8	44
1	193	13.3%	24	5	29	1	206	14.9%	38	5	43
2	173	14.5%	27	4	31	2	193	15.2%	31	4	35
3	158	13.1%	19	1	20	3	201	15.6%	48	8	56
4	169	14.0%	26	5	31	4	208	17.6%	50	4	54
5	191	14.5%	35	5	40	5	221	18.3%	28	13	41
6	199	14.8%	27	7	34	6	200	16.3%	42	4	46

SECTION III

Infant Mortality

Thirty seven infants died under the age of one year, being two more than the number registered in 1965.

The infant mortality rate continues to be much higher than the rate for England and Wales at 29.67 compared with 19.0.

Of the thirty seven deaths, twenty seven occurred within four weeks of birth giving a neo-natal mortality rate of 21.65 comparing unfavourably with the rate for England and Wales which is 12.9. During the first week of life no fewer than twenty six of the babies died and the early neo-natal mortality rate was 20.85.

The causes of death are shown in the Registrar General's Classification table on Pages 23 and 24.

Category	0-1 week	1-4 weeks	5-12 weeks	13-24 weeks	25-52 weeks	Total	Rate per 1,000 live births
Infants	26	1	0	0	0	27	21.65
Deaths	26	1	0	0	0	27	29.67
England and Wales	12	1	0	0	0	13	12.9
Causes of death	<ul style="list-style-type: none"> Respiratory system Cardiovascular system Central nervous system Other 						

SECTION III

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

The following statistical table shows that the prevalence of infectious diseases relates mainly to Measles, particularly in children aged one to nine years. Over eight hundred cases occurred in the last three months of the year and only one child required hospital care.

Dysentery principally affected young children under the age of ten years and the number notified includes those from a Nursery School which had to be closed for a short period.

Food Poisoning notifications numbered three, two of which were Salmonella Typhimurium, the other causative agent not being identified.

AGE GROUPING OF NOTIFIABLE INFECTIOUS DISEASES DURING 1966

Notifiable Diseases	TOTAL	Under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 64 yrs.	65 and over	No. removed to Hospital
Scarlet Fever	83	-	1	4	11	11	45	8	2	1	-	-	-	-
Whooping Cough	9	-	3	-	-	4	2	-	-	-	-	-	-	-
Diphtheria & Membr. Croup	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1215	57	157	198	223	208	360	6	3	2	-	-	-	1
German Measles	112	7	15	4	16	15	47	5	3	-	-	-	-	-
Acute Primary Pneumonia	16	3	-	-	-	1	3	2	2	-	2	2	1	9
Acute Influenzal Pneumonia	8	-	-	-	-	-	1	-	-	-	-	2	5	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	67	1	1	4	14	9	26	2	5	3	1	1	-	-
Ophthalmia Neonatorum ..	1	1	-	-	-	-	-	-	-	-	-	-	-	1
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Para-Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	3	-	-	-	-	-	-	-	-	-	1	1	1	-
Tuberculosis of Lungs ..	16	-	-	-	-	-	-	-	1	2	6	6	1	9
Other forms of Tuberculosis	6	-	-	-	-	-	-	-	-	4	1	-	1	3
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Virus Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	3	-	-	-	-	-	-	-	-	1	1	1	-	-
Hansons Disease	1	-	-	-	-	-	-	-	-	1	-	-	-	1
TOTALS	1540	69	177	210	264	248	484	23	16	14	12	13	10	24

Tuberculosis

Below is shown the number of primary notifications received, and the number of deaths from tuberculosis occurring during the year. In addition to the primary notifications, which is seven less than the previous year, three patients were transferred from other areas, and one was restored to the register.

Age Group	Notifications		Deaths	
	Resp.	Non-Resp.	Resp.	Non-Resp.
20 - 25	1	-	-	-
25 - 35	2	4	-	-
35 - 45	6	1	1	-
45 - 55	3	-	2	-
55 - 65	3	-	2	-
65 - 75	1	1	-	-
75 +	-	-	-	-
	16	6	5	-

The number of patients remaining on the "live" Notification Register at the end of 1966 were:-

Respiratory	.....	418		
Non-Respiratory	.....	62	TOTAL	480

Primary and subsequent visits made to patients by the staff of the Health Visitors' section numbered 214 and 544 respectively.

Venereal Diseases

Information supplied by the Consultant Venereologist of the local hospital group shows that new cases dealt with totalled 380 (Syphilis 20 : Gonorrhoea 118 : Other conditions 242). This figure is 61 more than in 1965 with the principal increase being in cases of gonorrhoea.

Two hundred and four of the 380 new cases treated at the Centre were residents of Burnley.

SECTION IV

VACCINATION AND IMMUNISATIONVaccination against Smallpox

As recommended by the Ministry, children are vaccinated between the ages of 1 and 2 years of age.

Six hundred and eighty eight primary vaccinations and 560 re-vaccinations were carried out, and it is encouraging to note that these figures are much higher than those of the previous year, i.e. 474 and 143 respectively.

Return showing number of vaccinations and re-vaccinations during 1966

	Primary Vaccinations					Re-Vaccinations				
	Ages at Date of Vaccination					Ages at Date of Re-Vaccn.				
	Under 1	1-4	5-14	15 and over	Total	Under 1	1-4	5-14	15 and over	Tot
Local Health Authority Clinics	9	309	21	89	428	-	8	52	201	26
Medical Practitioners	19	65	24	152	260	-	4	36	259	29
TOTALS	28	374	45	241	688	-	12	88	460	56

Immunisation against Diphtheria

Of the 1296 children born in 1965, 886 or 68.36% were immunised against diphtheria by the end of 1966. The number of children under 16 years of age who received primary injections in 1966 was 1050 which is 190 less than in the previous year. It is important that re-inforcing or "booster" injections be given to those who were given primary injections a few years previously, so that immunity is maintained. During 1966 1885 children received re-inforcing injections compared with 1425 in the previous year. Most of these "booster" injections were given in schools.

It is, of course, known that diphtheria has not been prevalent for a number of years. Continued protection of our children is most essential and it is important that they receive primary and re-inforcing injections at the appropriate ages. This cannot be stressed too strongly upon parents.

It is pleasing to note the steady increase in the number of re-inforcing injections given, now that these are being carried out in schools. The figures for 1966 are considerably higher than those for 1965.

Vaccination against Whooping Cough

Since the scheme for protective vaccination against Whooping Cough came into operation thirteen years ago, some 11,182 primary and 2,771 re-inforcing injections have been given. During the year under review, 920 children received primary vaccination and 524 who had been vaccinated earlier in life were given a "booster" injection. The majority of these inoculations were given in combination with inoculations against diphtheria and tetanus.

Vaccination against Tetanus

Vaccination for protection against Tetanus is mainly given by means of Triple Antigen (Diphtheria/Whooping Cough/Tetanus Vaccine) but 483 children were, however, given a complete primary course for tetanus only. These children were principally between 5 and 12 years of age and were children who had not received tetanus injections as babies. Most of these injections were given in schools.

Vaccination against Poliomyelitis

The scheme for vaccination against poliomyelitis commenced in 1956. Children receive a complete course of oral vaccine, usually at the age of seven months.

In addition to the number of children vaccinated and shown in the table below, 168 adults received a completed course, and 19 adults received booster doses.

Since the commencement of the scheme in 1956, 49,476 completed courses and 46,479 re-inforcing doses have been given.

Table showing number of Vaccinations, Immunisations and Re-inforcements carried out during 1966
(Diphtheria - Whooping Cough - Tetanus - Poliomyelitis)

	Year of Birth						Total
	1966	1965	1964	1963	1959-62	Others under age 16	
<u>Diphtheria</u>							
Primary Vaccination	295	560	37	14	92	52	1050
Booster	-	148	328	15	784	610	1885
<u>Whooping Cough</u>							
Primary Vaccination	295	560	37	13	15	-	920
Booster	-	148	327	14	31	4	524
<u>Tetanus</u>							
Primary Vaccination	295	560	37	14	283	342	1531
Booster	-	148	327	15	549	212	1251
<u>Poliomyelitis</u>							
Primary Vaccination	114	528	47	20	27	31	767
Booster	-	5	23	4	11	3	46

The following table shows the percentage vaccinated together with the equivalent national figures:-

	Children born in 1965			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
England and Wales	72	73	68	38
Burnley	69	69	53	25

The figures in columns (1) - (3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Age Group	Percentage Vaccinated				
	1965	1966	1967	1968	1969
Under 1 yr.
1 yr. - 10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-89
90-94
95-99
Total

Vaccination against Tuberculosis (B.C.G.)

The numbers of children tested and vaccinated each year since the inauguration of the scheme in 1954 is as follows:-

	<u>Tested</u>	<u>Vaccinated</u>
1954	568	421
1955	491	391
1956	588	465
1957	707	582
1958	616	491
1959	723	652
1960	869	728
1961	880	717
1962	776	665
1963	681	558
1964	656	572
1965	659	506
1966	786	674

Further details of these are given in my report as Principal School Medical Officer, which is bound with this report.

In addition, the Chest Physicians of the local hospital group vaccinated 77 children. Nineteen of these were children of tuberculous parents, 3 were brothers and sisters of patients, and the remainder lived in close contact with tuberculous relatives or friends.

The total number of persons vaccinated during the year was 751. This figure includes students and the 14 year-old group.

RETURN FOR 1966

Age	CONTACTS								School Children and Students	Total
	Under 1 yr.	1	2	3	4	5-9	10-14	15 and over		
No. vaccinated	40	9	5	6	2	10	5	-	674	751

Since the commencement of B.C.G. vaccination, eight thousand eight hundred and ninety two, excluding hospital nurses, have been vaccinated.

CHILD WELFARE AND MATERNITY SERVICESHealth Visitors

The Section is assisted in its school work and clinical sessions by one S.R.N. and one S.E.N. working full-time and one S.R.N. working part-time.

One student seconded to the approved Health Visitors' Course in Bolton successfully completed the course and was absorbed into an existing vacancy in the establishment. At the end of the year there were no vacancies although one Health Visitor had intimated her intention to resign in the new year.

The Health Visitors have assisted in the training of students of the Bolton College of Technology's Health Visitors' Course by providing field work instruction. One Health Visitor commenced a part-time day release course at the Bolton College in order to gain additional knowledge and experience in the duties of a field work instructor.

As in previous years, two Health Visitors attended approved refresher courses.

Short instructional groups are arranged for other nurse students and these vary from two weeks for student nurses and two days for pupil nurses from the local hospital group. Visits of observation, talks and demonstrations are arranged and given by various members of the Department's staff.

Health Education talks have been given to women's organisations and to senior school children.

The following table shows in particular the number of home visits made by the staff of the Health Visitors Section during the year under review:-

Children under 5 years of age:-

Primary visits to newly born infants	1236
Re-visits to infants born in 1966	2273
Visits to infants born in 1965	2995
Visits to infants born in 1961-1964	5380 ... 11,884

Miscellaneous visits:-

Infectious diseases	478
After-care - Elderly and infirm	211
- Mentally disordered persons	40
- Convalescent cases	8
- Persons discharged hospital	15
Maternity Hospital Bed Bureau enquiries	523
Others (incl. accidents in the home)	924

Tuberculosis.

No. of households visited primarily during 1966	214
No. of subsequent visits	544

Infant Welfare Centres

There are nine clinic sessions held each week. Of the infants born during the year, approximately 67% attended the Centres. Attendances totalled 18,126 and 36.4% of these were made by the children born in 1966.

The treatment and specialist clinics provided for school children are available also for children referred from Infant Welfare Centres.

A statistical summary of the year's work is shown below:-

Centre	Gannow Clinic	Mount Pleasant	Florence Street	Bank Hall	Queensgate	Fulledge	Totals
No. of sessions held	99	51	50	101	98	135	534
No. of children attending							
Born in 1966	177	83	98	123	133	212	826
" " 1965	164	77	104	118	115	195	773
" " 1961/64	220	67	112	125	151	250	925
Total	561	227	314	366	399	657	2524
Total no. of attendances	3987	1637	2176	2563	2977	4786	18126
Average attendance	43	32	43	25	34	35	212

Congenital Malformations

In accordance with instructions from the Ministry of Health, a Register is maintained of all congenital malformations observed in the newborn. Twenty five babies were found to be suffering from congenital defects, of which four were stillborn babies.

Register of children "at risk"

At the end of the year, there were 243 children on "at risk" register.

Moral Welfare

The Committee of Management of the House of Help continued to undertake, through their social worker, the care of unmarried mothers and illegitimate children on behalf of the Local Authority. Fifty-seven cases were investigated during the year.

Arrangements were made through the House of Help for twenty of the expectant mothers to be admitted to moral welfare homes, the local authority contributing towards the cost of maintenance in fourteen cases.

Child Guardianship

To provide for the emergency care of any child in the priority classes, three guardians may be appointed to receive in their homes, at very short notice, not more than two children each. Annual retaining fees are paid to the guardians.

Nurseries and Child Minders Regulation Act, 1948

In Burnley there are no privately administered nurseries or nurseries established by employees for children of their employees.

At the end of the year, there were two child minders registered.

Playgroup

One private group has been organised in the town, where between four and six children under 5 years of age are received on any of four mornings each week.

Welfare Foods

These are available from the central distribution point in the Health Department and from the Infant Welfare Centres. The sales of national dried milk continue to fall and this is probably due to the fact that mothers are buying the widely advertised proprietary brands.

Orange juice, however, appears to be increasing in popularity, as sales have slowly risen over the last few years.

The amounts sold or distributed during the year were:-

Distribution Centre	Health Department	Infant Welfare Centres	Totals
National Dried Milk	7223	2741	9964
Cod Liver Oil	872	866	1738
Vitamin A and D tablets	995	431	1426
Orange Juice	10197	6805	17002

Dental Treatment

No separate sessions are held for maternity and child welfare patients. Inspections and treatments are carried out during the normal school dental service sessions.

From the table below, it will be seen that the number of referrals are comparatively small.

	<u>Children</u> <u>0-4 years</u>	<u>Expectant and</u> <u>Nursing Mothers</u>
No. of primary inspections	44	29
No. requiring treatment	36	29
Courses of treatment completed	17	23
Treatment given:-		
Teeth filled	46	25
Teeth extracted	58	45
General anaesthetics	19	4
Patients x-rayed	-	1
Scalings, etc.	-	7
Teeth otherwise conserved	2	-
Emergency treatments	9	8

Domiciliary Midwifery

Forty two midwives notified their intention to practise midwifery during the year. Twenty nine of these were employed in the Maternity Hospital. The non-medical Supervisor of Midwives made two hundred and one supervisory visits.

The domiciliary midwives have a rota system of duty which has proved very successful in providing a maximum of off-duty time.

The control room of the ambulance service takes all midwifery calls and transmits them immediately to the midwife concerned. Transport is available where required for midwives without their own cars.

A total of 1,491 confinements occurred in the town, including mothers who came from other areas. Of this figure, 328 were domiciliary confinements attended by the Department's midwives, and represents 28.2% of the total.

Maternity outfits are provided free of charge to expectant mothers who require them for confinements in their own homes, and during the year 370 outfits were distributed.

Under Rule E.13 of the Central Midwives' Board, the midwives requested medical aid on thirty five occasions. Of these, twenty were on account of conditions of the mothers, and fifteen of conditions of the new born infants.

The Emergency Obstetric Unit was summoned on two occasions to assist in complications of confinement. One was a case of post partum haemorrhage and one of retained placenta with manual removal. Both patients were able to remain in their own homes.

Ante-Natal and Post-Natal care

Expectant mothers receive ante-natal supervision from their own general practitioner, or the local health authority or hospital services. Close liaison is maintained between the three services and arrangements operate for the complete clinical care and supervision of expectant mothers, for the selection of maternity cases for admission to hospital, and for the availability of the emergency obstetric unit. In addition, the Home Help Service is available to any mother who requires it during pregnancy or the puerperium.

The local authority provides three ante-natal clinics weekly, two of which are attended by a medical officer. The number of expectant mothers who attended the ante-natal clinic was 562.

Six mothers attended the clinic specifically for post-natal examination, but of course post-natal visits are made by the midwives and the majority of mothers are given a post-natal examination by their own general practitioners.

Attendances at the clinic for investigation of Rh factor and Wassermann reaction of the blood, totalled 472. Of this figure, six were for antibody check and twenty six for haemoglobin test only.

Notification of Births

The numbers of live and still births notified after adjustment for transfers were 1,233 and 25 respectively, making a total of 1,258. This figure is 40 less than in the previous year.

Notifications were received from domiciliary midwives in respect of 327 live births and 2 still births, and from the local hospitals in respect of 906 live births and 23 still births.

Attendance at Birth

Enquiries show that of the 1491 confinements occurring in the Borough, 114 were attended by both doctor and midwife; 214 were attended by midwives only, and 1163 occurred in the local hospitals.

Still Births

After adjustment for transferred notifications, twenty five still births were recorded. This compares very favourably with the thirty seven notified in 1965.

Care of Premature Infants

There is at present no special unit available at any local hospital for the reception of babies born prematurely in their own homes, but no difficulty has been experienced in having infants and their mothers admitted to the Bank Hall Maternity Hospital when necessary.

One hundred and two babies, or 8.2% of the total live births, weighed $5\frac{1}{2}$ lbs. or less at birth. After the midwife ceased to attend, or after discharged from hospital, frequent follow-up visits were made by the Health Visitors.

Eighty-eight of the infants were born in hospital and 14 at home, representing 9.7% of hospital live births, and 4.3% of domiciliary live births. Of those born at home, only two required transfer to hospital for special care, and all survived beyond twenty-eight days. Of those born in hospital eleven died within twenty-four hours of birth, seven within seven days and one within twenty-eight days.

Equipment provided for the needs of babies born prematurely at home is loaned where necessary.

Maternal Mortality

One Burnley woman died in consequence of childbirth during 1966.

Puerperal Pyrexia

No cases of puerperal pyrexia were notified during the year.

Ophthalmia and Pemphigus Neonatorum

Notification was received in respect of one case only of ophthalmia neonatorum.

Co-ordination and Co-operation of Local Health Services

Domiciliary staffs of the Department work closely with the staffs of the hospital service and with general practitioners.

The mental welfare officers have excellent liaison with the staff of the periphery unit of the General Hospital, and the hospital authority provides room, heat and light for the Psychiatric Social Club.

Health Visitors and District Nurses are afforded facilities to visit the geriatric wards of the local hospital.

SECTION VI

THE DOMESTIC HELP AND NIGHT ATTENDANT SERVICES

Health Visitors are always available to visit general practitioners' surgeries when requested, but at present there are no operative schemes of liaison or attachment.

The Medical Officer of Health is a member of the Local Executive Committee, the Local Medical Committee, the Victoria Hospital House Committee, the Joint Planning Group set up by the Regional Hospital Board, and, along with the Non-Medical Supervisor of Midwives, is a member of the Local Maternity Liaison Committee.

Domestic Help Service

At the end of the year 27 whole-time and 1 part-time help were employed.

This service is ever increasing and strict assessment of need is important. The ageing population of the town will probably mean an expansion of the service in the near future.

Statistical Details

Type of case						
Total	Acute and Intermittent	Chronic Sick	Illness of Housewife etc.	T.B.	Maternity	
488	242	102	12	4	1	No. receiving help at 1.1.1966
332	207	68	42	-	15	New cases
728	382	171	22	4	16	Total assisted
201	186	68	22	1	16	No. of cases completed
488	266	102	22	2	-	No. receiving help at 31.12.1966
	69.2%	21.4%	6.2%	0.2%	2%	Percentage related to type of case assisted

SECTION VITHE DOMESTIC HELP AND NIGHT ATTENDANT SERVICES

The recruitment and supervision of the staff is the responsibility of the Organiser and her Assistant, who also personally investigate all applications for the services provided.

A person employed as a Domestic Help needs to possess understanding and kindness, as well as a wide knowledge of normal domestic tasks. The work is hard and at times unpleasant when one considers that they work principally in the homes of the elderly sick, aged, and infirm.

Domestic Help Service

The number of households receiving assistance totalled 798. Chronic sick, aged and infirm accounted for 90.6% of those helped. The Organiser and her Assistant made 2,784 visits to households.

At the end of the year 53 whole-time and 1 part-time Helps were employed.

This service is ever increasing and strict assessment of need is important. The ageing population of the town will probably mean an expansion of the service in the near future.

Statistical Details

	Type of case					Totals
	Maternity	T.B.	Illness of Housewife etc.	Chronic Sick	Aged and Infirm	
No. receiving help at 1.1.1966	1	4	13	103	345	466
New cases	15	-	42	68	207	332
Total assisted	16	4	55	171	552	798
No. of cases completed	16	1	33	68	186	304
No. receiving help at 31.12.1966	-	3	22	103	366	494
Percentage related to type of case assisted	2%	0.5%	6.9%	21.4%	69.2%	

The number of Domestic Helps employed at the end of the year was -

Whole-time	53
Part-time	1

Night Attendant Service

This service is principally offered to those who live alone and are awaiting hospital care and treatment. Assistance is also given to relatives caring for their sick elderly and who are in need of temporary relief.

During the year under review, 35 households received assistance for varying periods, and the number of 'service nights' given totalled 170. The number of part-time Night Attendants in employment at the end of the year was 5.

Number of new patients referred by -

- General practitioners
- hospitals
- local authority departmental staff
- relatives

Total number of patients referred

No. of patients discharged -

- to convalescence
- to hospital
- to other departments

Total number of nursing visits made

Where facilities of disposal of solid waste in households, appropriate disposal facilities are provided in co-operation with the authority's Cleansing and Transport Department.

SECTION VII

HOME NURSING SERVICE

This service has suffered staffing difficulties from time to time yet has always managed to carry out the onerous tasks in a most efficient manner.

Mrs. A. Reid, the Superintendent, retired early in the year and Mrs. E. Newton was promoted from the post of Assistant Superintendent. The vacancy caused by this promotion was filled by Mrs. V. Cooper, a member of the district nursing staff.

The number of nursing visits paid to patients during the year was approximately four thousand less than in 1965 and yet shows an average weekly visit figure of around eight hundred.

Fifty five per cent (689) of the patients nursed were over the age of 65 years and the majority of these were chronic invalids. The number of children under 5 years of age attended by the nurses numbered eleven.

The following table gives statistical information for the year under review.

Number of new patients -	
referred by - general practitioners	638
- hospitals	177
- local authority departments ..	51
- relatives	10 ... 876
Total number of patients nursed	1250
No. of patients died	184
No. of patients discharged -	
- to convalescence	502
- transferred to hospital	249
- for other reasons	53 ... 804
Total number of nursing visits made	40,882

No. receiving help at 1.1.1966	1	4	33	103	345
New cases	13	-	62	68	207
Total assisted	16	4	95	171	552
No. of cases completed	16	1	33	68	186
No. receiving help at 31.12.1966	-	5	22	103	366
Percentage related to type of case assisted	25	6.7%	6.3%	21.4%	64.6%

SECTION VIIIPREVENTION OF ILLNESS, CARE AND AFTER-CARECare of the Aged, sick and infirm

The Health Department and Welfare Services Department provide extensive facilities for the care of the elderly and in addition, home visits are made by members of the Burnley Council of Social Service and the Churches Visiting Scheme.

Close liaison is maintained with the Consultant Geriatrician of the local hospital group and arrangements are in hand for the District Nurses and Health Visitors to attend the Geriatric Out-patient Clinic for instruction in the latest methods of nursing in this field.

Laundry service for incontinent persons

This service is available for incontinent patients where assistance of this kind is obviously required. Bed gowns and sheets are provided by the authority. These are delivered, collected and laundered free of charge to patients in need and recommended by general practitioners and the staff of the Home Nursing Service.

During the year 18 persons received help from this service.

Incontinence pads service

Incontinence pads are available for the benefit of the elderly incontinent. These are largely issued through the District Nursing Service.

In addition, supplies can be obtained from the Health Department at a nominal charge by anyone requiring them.

The use of these soluble pads helps to supplement the laundry service previously referred to, but of course they are used mainly in cases of emergency. They are not considered suitable for use over long periods.

Where difficulties of disposal of soiled pads arise in households, appropriate disposal facilities are provided in co-operation with the authority's Cleansing and Transport Department.

Provision of Nursing Equipment

Items of nursing equipment are available on loan to patients who are nursed at home, and these include invalid chairs, crutches, aid-beds, air-rings, bed pans, bed cages and commodes etc. The articles are issued from the Public Health Department central offices and a charge of one or two shillings per month is normally made, according to the type of article loaned.

During the year patients or their relatives were loaned 408 items of equipment.

Meals on Wheels service

This service is financed in the main by the Burnley and District Sick Poor Fund, although the local health authority makes an annual grant to the Charity.

The day-to-day administration of the scheme is carried out by the staff of the Public Health Department on behalf of the Trustees of the Charity.

Those receiving meals are elderly sick persons who find difficulty in preparing mid-day meals for themselves and have no relatives immediately available to help.

Two course meals are served on five days each week, and persons receive dinners on Monday, Wednesday and Friday of one week and Tuesday and Thursday of the alternate week. The meals are prepared and cooked at "Thornleigh" Mental Health Hostel, 317 Colne Road, and are delivered in individual two-compartment containers by members of the local W.R.V.S. The two course meal costs the recipient 1/3d. but special Christmas fare is always provided free of charge.

Approximately fifty-five meals are provided each day with a total figure of 12,877 for the year.

Nursing Homes

There are now three Nursing Homes registered in the County Borough. One was opened in 1954 and provides accommodation for 20 patients, another opened in 1962 and has accommodation for 16 patients, and the third was opened in November 1966 principally for the geriatric patient with facilities for the care of 18 patients.

These Homes are making a valuable contribution to the care of the medical, chronic sick and post-operative patients.

Chiropody Service

In accordance with Ministry of Health Circular 11/1959, a chiropody service is provided, free of charge, for elderly persons - men over 65 years and women over 60 years - registered physically handicapped persons, and expectant mothers, provided the family income consists only of retirement pension, old age pension, supplementary pension, or national insurance benefits.

One whole-time Chiropodist is employed and clinic sessions are held in the Central Health Department premises and in the Gannow Clinic which is situated in the west end of the town. Domiciliary treatments are provided for patients who are physically unable to attend a clinic.

The following table gives statistical details of the treatments given under the National Health Service Act, 1946.

1. No. of persons treated

Elderly, aged 65 years and over	557	
Physically handicapped	14	
Expectant Mothers	-	... Total ... 571

2. No. of treatments given

In clinics	2,391	
In patients homes	778	... Total ... 3,169

Care and After-Care of Tuberculous Persons and Contacts

One whole-time Tuberculosis Visitor undertakes the routine after-care of patients discharged from hospitals and is also responsible for the supervision of patients in their own homes.

Close co-operation with the Chest Physicians, the general practitioners and industrial medical officers ensures the examination of contacts of patients. There is also good liaison between local health authority officers and the local officials of the Ministry of Labour and the Ministry of Social Security.

B.C.G. vaccination of contacts is undertaken by the chest physicians at Marsden Hospital as part of the local health authority after-care service. Details of the vaccination of the thirteen year old children, the fourteen years and over group, and further education students, are to be found in my Report as Principal School Medical Officer.

Nursing requisites are provided where required, and the Home Nursing, Night Attendant and Domestic Help Services are made available when necessary.

Following the recommendations of the Chest Physician and the Medical Officer of Health, the Housing Committee of the local authority give a special consideration to families requiring re-housing.

Mass Miniature Radiography Survey

During November and December, 1966, No. 1 Mass Miniature Radiography Unit of the Manchester Regional Hospital Board carried out a survey in industry and also held general public sessions.

It is pleasing to note the good response from industry and the excellent attendances at the general public sessions which were the highest since the annual visits commenced. This was no doubt due to the use of the Locarno Ballroom which, because of its central position, proved to be an excellent site for these sessions.

The numbers X-rayed during this Survey were:-

<u>Type of Examinee</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Industry/Offices	1361	2463	3824
General public	2887	1302	4189
School children over 15 years of age	1	141	142
General practitioner referrals	18	10	28
Hostel residents	19	17	36
	<u>4286</u>	<u>3933</u>	<u>8219</u>

Diabetic Survey

A Diabetic Survey was held in Burnley during November and December, 1966, in conjunction with the Mass Miniature Radiography Survey. All X-ray examinees were invited to take part in this Survey and Clinistix and Report Cards were issued by members of the staff of the M.M.R. Unit. All persons with an initial positive report were invited to carry out a second test.

Statistical Details

Clinistix and Report Cards issued 6,744

Report Cards returned:-

Negative	3,226
Positive after 1st test	240
Positive after 2nd test	100
	<u> </u>
Total	<u>3,566</u>

The hundred persons found positive after two tests were investigated further by their general practitioners who co-operated fully in the survey.

Result of General Practitioners Investigations

Negative	40
Negative but under G.P. supervision	15
Positive - under G.P. supervision	8
Positive - referred to Diabetic Clinic	15
Known Diabetic	1
No follow-up information received	21
	<hr/>
	TOTAL
	<hr/> 100 <hr/>

Convalescent treatment

Convalescent care is available in Homes usually at the seaside, for those in need, and recommended principally by general practitioners. The scheme provides for the convalescent care of people after illness, accident or operation, prior to resuming their employment. During 1966 only three persons had periods of convalescence.

In addition 211 children selected through the School Health Service received convalescent holidays in the Thursby Convalescent Home, St. Annes-on-Sea. The length of stay is twelve days.

Epilepsy

The comprehensive register of handicapped persons maintained by the Welfare Services Department contains the names of adult epileptics, some of whom are in Colonies or Homes.

In April, 1966, there were 65 persons suffering from epilepsy on the Disablement Register of the local office of the Ministry of Labour and National Service.

Information regarding children suffering from epilepsy is given on Page 17 of my Report as Principal School Medical Officer which is bound with this Report.

Cerebral Palsy

There is no reliable information available regarding the number of persons who suffer from cerebral palsy. However, three male adults are under the supervision of the Mental Health Service, one being employed in the local Remploy factory and two attending the Adult Training Centre.

Eleven spastic children were able to attend ordinary schools; two attended the Special Day School; ten the Brunlea School for Physically Handicapped, and one was in a residential special school. No children under five years of age were under supervision by the Child Welfare Service.

Cervical Cytology

With the co-operation of the Consultant Cytologist of Christie Hospital, Manchester, it was possible at the beginning of the year to organise limited Clinic sessions in the School Clinic building. Additional to the authority services, the local Family Planning Association and general medical practitioners carry out 'smear tests' in limited numbers. The limitation is occasioned only by the number that can be accepted by the Christie Hospital but it is planned that early in 1967 complete facilities will be available in our own hospital group.

The policy regarding the population screening for cancer of the cervix is detailed in Ministry of Health Circular 18/16 of October 1966.

Statistical details of smears taken in the local health authority Cytology Clinic are as follows:-

No. of smears taken (188 women)	193
No. of satisfactory reports received	164
No. of positive smears	2
No. of referrals to general practitioners for advice or treatment of other conditions found	27

Speech Therapy

At the request of hospital specialists and general practitioners facilities have been made available for adult patients to receive speech therapy. The Speech Therapist of the School Health Service gave treatment to five adult patients during the year, three of whom were stammerers, one a patient with a post cerebral condition and one a post-operative laryngectomy case.

It was found possible to discharge four of these adults with varying degrees of success.

Chronic carriers of infection

A register is kept of persons known to be chronic carriers of infection. Supervision ensures that they do not engage in employment involving the handling of foodstuffs, and specimens of faeces for laboratory examination are obtained from them periodically. At the end of 1966 the register contained the names of one carrier of B. Typhosus and one of Paratyphosus B.

Health Education

Progress has been made in this particular field during the year under review. There has been evidence of added interest in health education and advice and instructional lectures have been given by an increasing number of the staff.

Medical Officers have addressed various groups on many subjects, including the need to protect children by vaccination and immunisation against diphtheria, whooping cough, tetanus and poliomyelitis.

Talks to senior pupils in schools have been given by Doctors, Health Visitors, Food Hygiene Inspector, Mental Welfare Officers, Home Help Organiser and the Chief Administrative Assistant on the work carried out in the various sections of the Department.

Organised lecture programmes with visual aids and tours of observation are provided annually for student nurses from the local hospital group and senior student nurses of Calderstones Hospital. Programmes are also available for students of Harris College, Preston, who are seconded for varying periods to our Junior and Adult Training Centres, and trainee administrators from the Regional Hospital Board are given every facility in the support of their studies.

It is interesting to note that the Food Hygiene Inspector undertakes the teaching of employees in the food industry attending further education classes on the subject of "Hygiene in Catering and the Retail Food Industry".

Close co-operation with the press continues and this ensures educational articles being brought to the attention of the public throughout the year. Articles of this type cover subjects such as immunisation, vaccination, venereal diseases, atmospheric pollution, fluoridation of water supplies, mental health, smoking and lung cancer, and personal hygiene.

Posters, leaflets, display sets and visual aid material are always available for use.

There also continues a close co-operation with the North-East Lancashire Association for Mental Health and other local voluntary bodies regarding the promotion of lectures, educational film shows and discussions on matters affecting the mentally handicapped and their relatives.

Welfare Services provided under the National Assistance Act, 1948

I am indebted to the Director of Welfare Services for supplying the following information of the services which are under his control -

Residential Accommodation

Residential accommodation is now provided by the Council in seven Homes - "Healey Grange" (30 elderly women), "Whiteacres" (31 elderly men), "Gorse Hill" (23 elderly men and women), "Hameldon House" (31 elderly men and women), "Fir Grove" (32 elderly men and women), "Ebor House" (45 elderly men and women), "Noyna" (14 elderly men and women), and, in part of a former Poor Law Institution, "Moorfields" (56 elderly men and women). In addition, accommodation is provided in Homes belonging to voluntary organisations and other local authorities.

"Ebor House" opened in February, 1966, and the staff of the hostel provide assistance in an emergency to the elderly occupants of the adjoining bungalows and flats. A speech inter-communication system has been installed connecting each bungalow and flat to "Ebor House". For a small charge, the occupants of the dwellings may also use the laundry facilities of the hostel and have meals there if they so desire.

Day care is also provided at "Ebor House" on four days a week, and elderly people arrive at the Hostel after breakfast and return home around tea-time. This provides a small but welcome relief for relatives.

"Noyna" opened in June 1966 is a short-stay residential Home situated in Bispham, Blackpool. Elderly men and women are accommodated for periods of two to four weeks.

Two Homes for aged persons are registered with the local authority under Section 37 of the National Assistance Act, one being a private home with accommodation for five persons and the other a voluntary home with accommodation for 12 women.

Persons in Residential Accommodation at 31st December, 1966.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
In accommodation provided by the Council	111	147	258
In accommodation provided by other local authorities and voluntary organisations	5	24	29

Welfare Services for the Blind and Partially Sighted

Two full-time Home Teachers of the Blind are employed and their duties include teaching blind persons Braille, Moon, Handicrafts and other occupations in their own homes, together with social casework.

The Burnley and District Society for the Blind act as agents for the Council in the provision of recreational and social activities.

Library facilities are provided through the National Library for the Blind and the Talking Book Library for the Blind.

At the end of the year, the numbers on the Registers were 216 blind persons of whom 3 were children under 16 years of age, and 95 partially-sighted persons including one child.

The Council's Workshops for the Blind provides sheltered employment for ten male blind persons as basketry workers and one female blind person as a Round Machine Knitter. The Ministry of Labour have agreed to the introduction of sighted physically handicapped persons into the Workshops for the Blind subject to a maximum of six such persons.

Welfare Services for the Deaf or Dumb and Hard of Hearing

The Council employs a full-time Welfare Officer for the Deaf whose duties consist of visiting the deaf or dumb and hard of hearing in their own homes, and giving advice and guidance to them or their relatives. The Council also maintain the Institute for the Deaf, where church services and social events are held.

The Registers contain 42 deaf persons with speech, including 4 children; 26 without speech, including 3 children and 107 persons hard of hearing, including 4 children.

Welfare Services for Handicapped Persons

Occupational service is provided at an organised Work Centre. At present this Centre caters for 35 physically handicapped persons who attend on four days per week and undertake work obtained from local industrialists and for which they receive a small weekly remuneration.

A specially adapted vehicle is provided to transport the physically handicapped to and from the Work Centre.

Social and recreational activities for the handicapped are provided through the Burnley Branch of the Inskip League of Friendship for Disabled Persons and the Women's Voluntary Service.

The Register of handicapped persons (General) totals 501 persons and this figure includes 28 children below the age of 16 years.

Social Centres

The Council has erected seven small Social Centres for old persons and these are open daily for their recreational use.

Weekly Clubs

The Women's Royal Voluntary Service, the Rosehill Townswomen's Guild, the Ightenhill Townswomen's Guild, the Brunshaw Pensioners' Fellowship and the Salvation Army provide one day-a-week clubs for old people in various parts of the town.

Luncheon Club

The Women's Royal Voluntary Service operates a Luncheon Club for elderly persons on one day a week at the Lane Bridge Social Centre.

SECTION IXMENTAL HEALTH SERVICE

The services provided under the Mental Health Act, 1959, are comprehensive.

We administer one Hostel with accommodation for both sexes to a maximum of 16 residents; one Adult Training Centre catering for males and females of all categories; one "Intermediate" Training Centre providing facilities for mentally subnormal adolescents, and a Junior Training Centre incorporating a Creche or Nursery Class for children under 5 years of age.

These units are most successful as evidenced in the following paragraphs. This is due to the enthusiasm of the staffs concerned and to the help and co-operation given by local industrialists.

Junior Training Centre

Progress is maintained by means of an organised curriculum which provides domestic and vocational training for the older child. Early in the new year, it is proposed to re-organise the Special Unit by transferring the young 'nursery type' child to a nursery class, and provide facilities in the Special Unit for the care of the severely subnormal child with physical handicaps or behaviour problems.

During the year, three of the older children were transferred to Bank Hall 'Intermediate' Centre and three young children were admitted. At the end of the year, 29 children were on the register of the Centre.

A good, friendly liaison continues with the Local Parents Association.

Bank Hall (Intermediate) Training Centre

Simple commercial tasks are undertaken by the trainees of this unit, and these include packing of small plastic items and small toy display assembly and packaging. Payment for work undertaken is made to the trainees.

During the year, there were seven admissions and three discharges leaving a total of nineteen trainees at the end of the year. Two of those discharged were transferred to the Adult Training Centre, having made good progress in this field of training.

The Social Club meets on the second Wednesday of each month, and affords parents the opportunity to discuss their children with members of the Centre staff.

Parkside Adult Training Centre

Contracts for work continue to be provided and the various commercial firms are quite satisfied with the work carried out in the centre. A steady sale for our own manufactured products has been maintained.

The twenty seven trainees who have passed into open industry in 1966 is most encouraging, and thus the third year in succession gives an approximate figure of one trainee progressing to open industry, each fortnight.

Thirty eight admissions were made during the year and forty one left the Centre, including those progressing into open industry. At the end of the year, the register contained the names of sixty two trainees.

The Social Club meets on the third Monday of each month, and has a membership of some 35 to 40 trainees. The variety of entertainments and activities organised are very appreciated.

Thornleigh Hostel.

This sixteen-bedded Hostel successfully serves as a half-way house between Hospital and community care.

During the year under review, the whole sixteen beds were occupied. Twenty six new admissions were made and twenty six were discharged, nineteen rehabilitated and seven re-admitted to hospital.

Burnley General Hospital

Excellent liaison continues between the Consultant, Registrars and Nursing Staff and the Mental Welfare Officers,

The Lamont Clinic Staff also co-operate well with our domiciliary staff.

The bed state for acute psychotic cases holds no problems, and the geriatric situation is assisted by the Day Centre.

The Hospital Workshop has twelve Burnley patients under instruction.

The Psychiatric Social Club, in its tenth year, continues to flourish each Friday evening and has an average attendance of 45 to 50.

Statistical details as supplied to the Ministry of Health are given in the following tables.

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st December 1966

	Mentally Ill			Elderly mentally infirm			Psychopathic			Subnormal			Severely subnormal			Total			
	Under age 16		16 and over	Under age 16		16 and over	Under age 16		16 and over	Under age 16		16 and over	Under age 16		16 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M		F		
Total number	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Attending training centre	-	-	82	121	3	7	-	-	7	3	1	-	41	34	22	14	5	18	358
Resident in L.A. home/hostel	-	-	17	12	-	-	-	-	-	-	-	-	16	17	18	12	4	13	109
Attending day hospitals	-	-	7	6	-	-	-	-	-	-	-	-	3	-	-	-	-	-	16
Receiving home visits and not included above	-	-	-	-	3	7	-	-	-	-	-	-	-	-	-	-	-	-	10
(a) suitable to attend a training centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) others	-	-	65	109	-	-	-	-	7	3	1	-	25	17	4	2	1	5	239

NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, ADMITTED FOR TEMPORARY RESIDENTIAL CARE OR ADMITTED TO GUARDIANSHIP DURING 1966.

	Mentally Ill				Elderly mental infirm		Psychopathic				Subnormal				Severely subnormal				Total	
	Under age 16		16 and over		M	F	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F		
1. Number of persons in I.H.A. area on waiting list for admission to hospital at end of year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
(a) In urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	-	1	7	
(b) Not in urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4	-	1	8	
(c) Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	7	-	2	15	
2. Number of admissions for temporary residential care (e.g. to relieve the family)																				
(a) To M.H.S. hospitals	-	-	-	-	-	-	-	-	-	-	-	-	3	1	10	5	1	2	22	
(b) To I.A. residential accommodation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(c) Elsewhere	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(d) Total	-	-	-	-	-	-	-	-	-	-	-	-	3	1	10	5	1	2	22	

PREMISES PROVIDED AT 31st DECEMBER, 1966.

Age Group provided for	Mental category provided for	Training Centres including Special Care Units			No. of Social Centres and Clubs	Homes and Hostels	
		Number of Centres	Number of places			Number of homes or hostels	Number of places
			Junior	Adults			
Under 16	(a) Mentally Ill	-	-	-	-	-	
	(b) Mentally Subnormal	1	40	-	1	-	
16 and over	(a) Mentally Ill	1	-	65	1	16	
	(b) Mentally Subnormal	1	-	20	1		
TOTAL		3	40	85	3	16	

Special units within Junior Training Centre providing for the severely subnormal with gross physical handicaps or gross behaviour difficulties	(a) Number of Units	1
	(b) Number of Places	10

SECTION XAMBULANCE SERVICE

The fleet is radio-telephone controlled and consists of six ambulances and three dual-purpose vehicles. The personnel consists of the Ambulance Officer, four Station Officers and twenty three driver/attendants.

Satisfactory co-operative working arrangements continue with the Ambulance Service of No.6 Health Division of the Lancashire County Council in respect of long distance journeys, thereby avoiding unnecessary duplication. In addition, there is complete liaison in dealing with emergency calls in adjacent County areas, particularly those areas that are served more quickly by the Burnley Ambulance Service.

The work continues to increase as is evidenced by the statistics below, and it is of interest to note that approximately one third of the mileage run was in respect of 623 journeys made to hospitals and clinics in other towns.

Statistics for 1966

Abortive and Service Journeys	Gas and Air, Oxygen, Blood, etc. journeys	Accident and Emergency		Others		Totals		Mileage		
		Journeys	Patients carried	Journeys	Patients carried	Journeys	Patients carried	Amb.	Car	Total
381	140	2299	2399	5977	35165	8797	37564	85271	49128	134399

Comparative Statement of Statistics over the last
5 years

Year	1962	1963	1964	1965	1966
Journeys made	8546	9273	8991	8658	8797
Patients carried	32707	33961	36397	36072	37564
Mileage run	135733	137227	137429	132992	134399

SECTION XIENVIRONMENTAL HYGIENE SERVICES.Water Supply

I am indebted to the Calder Water Board's Engineer and Manager for providing the following information regarding the area's water supply.

(a) Water consumption

	<u>1966</u>	<u>1965</u>
Total consumption for the whole of the Board's area	3,485 million gallons. (9.548 million gallons daily).	3,482 million gallons. (9.512 million gallons daily).

During 1966, the amount of water consumed within the County Borough area only, amounted to 1,502.4 million gallons (4.116 million gallons daily).

The water supply for the area has been satisfactory both in quantity and quality.

(b) Rainfall on local gathering grounds

Swinden (upper gauge)	=	54.58 ins.
Swinden (lower gauge)	=	52.84 ins.
Cant Clough (north gauge)	=	59.40 ins.
Cant Clough (south gauge)	=	59.38 ins.

I am also grateful to the Borough Analyst, who acts as Chemist and Bacteriologist to the Calder Water Board, for the following information concerning the quality of water supplies.

Bacteriological Examination. One hundred and sixty three samples of water from the reservoirs were examined bacteriologically:-

Cant Clough	51
Hurstwood/Heckenhurst	52
Swinden	60 - 163

Ten samples from Swinden, 1 from Cant Clough and 4 from Heckenhurst were unsatisfactory in that they contained some B.Coli. The remainder of the samples were satisfactory.

Chemical Examination. One hundred and thirty two samples of water were examined chemically and found to be satisfactory.

(c) Fluoridation of public water supplies The fluoride content of water supplies in the Borough are:-

Cant Clough	.....	0.15 parts per million
Heckenhurst	.....	0.15 parts per million
Swinden	.....	0.20 parts per million

As advised by the Minister of Health in Circulars 28/62, 12/63 and 15/65, early in the year the Health Committee again recommended the fluoridation of our water supply to the approved standard, but the Council for the second time in twelve months, failed to approve the recommendation.

Public Baths

Twenty four samples taken from the Public baths were examined chemically and bacteriologically. All samples were satisfactory.

Public Cleansing

Collection and disposal of refuse No alterations in methods of collection and disposal were made during 1966.

Amount of refuse dealt with during the year ended December 1966

	<u>Tons</u>	<u>Tons</u>
(a) Refuse taken to tip:-		
Plant Screenings ('tailings')..	8520	
Screened dust	4957	
Tipped direct	2297	15774
(b) Refuse burned		1793
(c) Salvage materials sold		4768
(d) Total refuse dealt with		23387
Clinker arising from (b)		582

Receptacles for refuse in use during 1966

<u>No. of Premises</u>	<u>No. of Dustbins</u>
30,759	33,042

Sewage and sewage disposal

Less than one per cent of the premises within the Borough are not connected to the sewerage system, and these are mainly rural in character. The remaining premises are drained to three treatment works which at the present time are coping adequately with the town effluent.

Modernisation of the disposal works is planned for in the Authority's Five Year Programme of Works and Improvements.

General Public Health Inspection

There has been no change in legislation during 1966, which has materially altered the work of the Public Health Inspectors, although the smoke control programme made heavy demands on the Inspectors' time. One technical assistant resigned during the year to take up a post with a neighbouring authority. Two pupils qualified as Public Health Inspectors and are to be congratulated on obtaining the diploma of the Public Health Inspectors Education Board at their first attempt. One was absorbed in a vacant post in this Department, and the other, obtained a post with another Authority. Two new pupils, were appointed during the year.

The present inspectorate consists of the Chief Public Health Inspector and his deputy; a food hygiene inspector; 4 district inspectors; 3 inspectors who share duties connected with smoke control, slum clearance and the inspection of offices and shops; a technical assistant and 2 pupils.

Offices and Shops

The initial inspections of premises under the Offices, Shops and Railway Premises Act, 1963, have now been completed. Some secondary or "follow-up" visits have been done, but the officers responsible for this work have had to spend a considerable part of their time in connection with smoke control. This is a state of affairs which is likely to continue for some time in view of future commitments in the field of smoke control and slum clearance.

Derelict houses

The problem of derelict houses in the town is still with us. The Council's policy to purchase this type of property where possible is helpful but has not yet provided a satisfactory solution. The main problem is the length of time which elapses between the initial action and the completion of the purchase, with the eventual bricking-up of door and window openings. During this period there is the very real risk of adjacent premises becoming untenable and derelict in their turn.

Offensive Trades

There are 7 offensive trade premises within the Borough; these are all registered and inspected regularly. The seven are comprised of 4 marine stores, one gut scraper, one tallow melter and one fellmonger. These premises are generally well conducted and do not give rise to much nuisance. However, some complaints were received of an objectionable smell from the processing of animal fats, etc., at the works of the tallow melter. Following representations by the public health inspector, the firm modified their deodorant-dispensing equipment, and it is hoped that this will eliminate much of the nuisance. In the long term, the firm intend to install completely new digesting equipment of a modern type which should eliminate all risk of nuisance from smell.

Details of inspections, etc. carried out by Public Health Inspectors

Industrial

Waste

Atmospheric Pollution

Conversion of waste water closets

The conversion of waste water closets continues, and at the end of the year 9,913 were in use - a reduction of 663 compared with the previous year. The number of applications for grant towards the conversion of waste water closets to clean water closets received during the year was 311. Other factors influencing the numbers of the two types of closet are the construction of new houses, the installation of clean water closets by means of a 'standard grant', and the demolition of unfit houses under the Housing Act.

1958

With Mechanical Power

Without Mechanical Power

Outdoors

Noise Nuisances

The department continued to receive complaints of noise nuisance during the year. These followed the usual pattern and were mainly concerned with industrial processes in factories in close proximity to houses. The causes were various and included noise and vibration from a crusher at a ceramics factory, noise from ventilating fans at a textile factory, noise from looms at a cotton weaving mill, noise and vibration from the sheet metal working department of an engineering firm who construct liquid storage tanks for road vehicles, and noise from asphalt boilers which were sited outside a factory during building alterations.

Some reduction in the nuisance from the crusher was achieved by the building of a brick wall between the crusher and the affected houses. It was not possible to reduce the effects of the vibration. Fortunately, this machine is only used for limited periods during the day. The noise from the ventilating equipment at the textile factory was found to be due to the high velocity of the air at its point of discharge which was unfortunately directly opposite some dwellinghouses. The firm agreed, in the first instance, to re-route the discharge ducting but later decided to remove the whole process served by the ventilating equipment to another factory. A similar solution was arrived at in the case of the engineering factory where the firm decided to transfer that section of the work giving rise to excessive noise to another of its factories. Some reduction in the noise being emitted from the weaving mill was achieved by improving the acoustic insulation properties of some external doors through which most of the noise was passing. The nuisance from the asphalt boilers was of a temporary nature only, and it was not possible to abate this as no alternative site for the equipment could be found.

1958

Interviews with Owners, Public, etc.

Details of inspections, etc. carried out by Public Health Inspectors

	<u>Total</u>
<u>Atmospheric Pollution</u>	
Smoke Control Areas	4521
Industrial Plant	201
Smoke Nuisances	63
Smoke Observations (Industrial)	499
Tips	318
<u>Factories</u>	
With Mechanical Power	188
Without Mechanical Power	3
Outworkers	8
Bakehouses	100
<u>Food Control</u>	
Food Hygiene (Ex Bakehouses)	1173
Food Poisoning	45
Food/Drug Sampling	111
<u>General Public Health</u>	
Premises in Disrepair	4538
Filthy and Verminous Premises	155
Moveable Dwellings	40
Places of Public Entertainment	16
Common Lodging Houses	20
Offensive Trades	29
Conversion of W.W.Cs.	811
Other Premises	750
<u>Housing</u>	
Inspections re Unfitness	726
Houses let in Lodgings	52
Overcrowding	10
Removal from Clearance Areas	202
Standard Grants	443
<u>Interviews with Owners, Public, etc.</u>	2349

Infestations

Total

Rat Infested Premises	141
Other Infestations (insects, etc.)	303

Noise Nuisances

Industrial		102
Domestic		14
<u>Offices, Shops and Railway Premises</u>		218
<u>Schools</u>		8
<u>Magistrates' Court Proceedings taken</u>		2
<u>Number of:-</u>		
Drains tested		300
Informal notices served		861
Informal notices remedied		679
Statutory notices served		320
Statutory notices remedied		230
TOTAL		127

Outwork (Sections 133 and 134) - Nil

Factories Act, 1961

Inspections for the purpose of provisions as to health (including inspections made by the Public Health Inspectors) during 1966.

Premises	No. on Register	No. of Inspections	No. of Written Notices	No. of Occupiers prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	27	24	7	-
(ii) Factories not included in (1) in which Section 7 is enforced by Local Authority ...	439	278	32	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTAL	466	302	39	-

Conversion of S.V.Os.

Other Premises

Housing

Inspections re Unfitness

Houses let in Lodgings

Overcrowding

Removal from Clearance Areas

Standard Grants

Interviews with Owners, Public, etc.

Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1) ...	25	21	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) .					
(a) Insufficient	1	-	-	-	-
(b) Unsuitable or defective	66	51	-	4	-
(c) Not separate for sexes	-	-	-	-	-
Other offences (not incl. offences relating to outwork)	35	34	-	-	-
TOTAL -	127	106	-	4	-

Outwork (Sections 133 and 134) - NIL

Prevention of Damage by Pests Act, 1949

Four rodent operatives/disinfectors work under the supervision of the Chief Public Health Inspector in carrying out the administration of the above Act.

The occupiers of premises are legally responsible for clearing rodent pests and are also required to notify the local authority of the infestation. The rodent operatives undertake treatment on premises at the request of owners or occupiers. No charge is made for the treatment of dwelling houses, but time and material costs are charged for business premises.

Applications for assistance received	573
Premises found to be infested by common rat	207
Premises found to be infested by house mouse	371
Total visits paid by rodent operatives to dwelling houses (including council houses)	1,161
Total visits paid by rodent operative to business premises	929
Total visits paid by rodent operatives to local authority premises	325
Total visits paid by rodent operatives to agricultural premises	4
Total special inspections by public health inspectors	141

The poison used against surface infestations of rats was Warfarin 5. This appears to be successful in all cases though careful watch has been kept for any signs of rats becoming resistant to Warfarin as has occurred in some parts of the country.

During the year more difficulty was experienced in dealing with house mice, and some of them appeared to be warfarin resistant. Evidence of this had been noticed in 1965. It was decided to use Zinc Phosphide (an acute poison) in place of Warfarin in the suspected areas. This proved successful in many cases. In addition, a new rodenticide for mice was introduced and was tried with some success. The new rodenticide contains 4% alpha-chlorolose and is a narcotic drug which puts the mouse to sleep and then reduces its blood pressure and body temperature, thus causing death.

The public sewers were again treated four times during the year. Warfarin 5 and Fluorokill 3 being the poisons used. It has been found that the fluoracetamide baiting was not as successful as it was hoped and Warfarin continues to be the main poison used in sewers.

The sewer treatment during the year has given the following results:

No. of chambers receiving completed treatment with Warfarin	322
No. of chambers showing complete takes	58
No. showing partial takes	18
No. showing no takes	246
No. of chambers receiving completed treatment with fluoracetimide	26
No. of chambers showing complete takes	NIL
No. of chambers showing partial takes	NIL
No. of chambers showing no takes	26

Disinfection and Disinfestation

During the year trouble and expense were caused by the steam disinfection/disinfestation plant which comprised of a gas-fired boiler and a steam disinfecting chest. Both items of equipment were old and required renewal or extensive repair. In either case an expenditure of many hundreds of pounds would have been involved. It was decided after careful consideration to dispense with the steam disinfector and to construct a special gas-tight room in which chemical disinfection and disinfestation could be carried out, using formaldehyde and the gaseous insecticides.

The new room and equipment should be in operation early in the coming year.

The number of articles of bedding, etc., disinfected totalled 2,811, and the number of cleansing baths given to verminous persons, scabies cases, etc., was 865.

Disease of Animals Act, 1950

There were no cases of foot and mouth disease, swine fever or fowl pest in the area. Two cases of suspected anthrax in bovine were reported but on investigation and subsequent examination of blood samples, it was found that the animals were not affected by the disease.

Diseases of Animals (Waste food) Order, 1957

This Order requires all persons utilising kitchen waste and other waste foods for animal feeding purposes to adequately sterilise the food in approved and licensed plant before bringing it into contact with livestock. This is to obviate the risk of the transmission of animal diseases. Constant supervision by the Department's officers is essential in order to ensure compliance with the provisions of this Order.

Pet Animals Act, 1951

This Act provides for the supervision and licensing by the local authority of all persons carrying on the business of dealer in pet animals.

Seven persons were licensed under the provisions of the Act.

Animal Boarding Establishments Act, 1963

One licence was granted under the Act following a satisfactory report of the Chief Public Health Inspector.

Riding Establishments Act, 1965

This Act requires all persons hiring out horses to be licensed. There were no applications for licences during the year.

HOUSING

The inspection of premises included in the Council's current slum clearance programme continued. Inspections in the Tentre Street clearance area were completed and the area was represented to the Housing Committee. Houses in the Bank Parade, Clock Street, King Street, Master Street, Princess Street and Print Street clearance areas were inspected and will be represented early in 1967.

In addition to the premises included in clearance areas, it was necessary to represent 88 individual unfit houses. Most of these were vacant and derelict properties and were represented with a view to their closure or demolition in order to improve conditions in the adjacent areas.

Thirteen families were removed from clearance areas to Corporation houses by the Health department staff after inspection of the premises had revealed evidence of vermin. The tenants' effects were suitably treated by an insecticide in each case.

There are two common lodging houses within the Borough comprising a total of 103 beds. These are inspected at regular intervals and a satisfactory standard of cleanliness is maintained.

There are no licensed camping sites within the Borough and isolated cases of the use of caravans have been dealt with by requiring their removal from the site.

Four hundred and forty three applications for grant were approved in respect of the provision of standard amenities in houses. As in previous years the great majority of the applications came from owner/occupiers. Landlords of tenanted houses continue to make little use of the grant facilities.

Clearance Areas represented during 1966

<u>AREA</u>	<u>NUMBER OF PREMISES</u>
Tentre Street	273

HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHEREHouses Demolished in Clearance Areas

Unfit for human habitation	249
On land acquired under Section 43 (2) Housing Act, 1957	NIL

Houses Demolished (not in or adjoining clearance areas)

As a result of formal or informal procedure under Sec. 16 or Sec. 17 (1) Housing Act, 1957	48
Local Authority houses certified unfit by the Medical Officer of Health	1

Unfit Houses Closed

Under Sec. 16 or 17 of Housing Act, 1957	21
--	----

Number of Persons Displaced

From houses to be demolished in or adjoining clearance areas	503
From houses to be demolished not in or adjoining clearance areas	33
From houses to be closed	82

Families Displaced

From houses to be demolished in or adjoining clearance areas	165
From houses to be demolished not in or adjoining clearance areas	16
From houses to be closed	21

Unfit houses made fit

After formal notice under Sec. 16, Housing Act, 1957 .	NIL
After determination of a closing order under Sec. 27 Housing Act, 1961	NIL

Houses in which Defects were remedied (other than
unfit houses made fit)

After formal notice under Public Health Acts	215
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Housing Statistics

(a) Number of dwellings erected during the year:-

By the Corporation	71 houses
	10 bungalows
	20 flats
By private enterprise	221 dwellings
	<hr/>
Total dwellings -	322
	<hr/> <hr/>

(b) Types of dwellinghouses in the Borough at the end of 1966

Houses with through ventilation	27,934
Combined houses and shops	1,386
Houses without through ventilation:-	

(a) Back-to-back houses	16
(b) Single houses	19
(c) Single-roomed dwellings	-
	<hr/>

29,355

(c) Houses without through ventilation

Total number of back-to-back houses, single houses and single roomed dwellings ..	35
Total number of back-to-back and single houses closed or demolished during 1966	3

Clean Air Act, 1956

Further progress was made in the implementation of the provisions of the Clean Air Act. It is convenient to discuss the progress in this field under three headings.

(a) Industrial Plant

With one exception, all industrial plant in the Borough is equipped with modern solid fuel or oil fired furnaces, and in consequence there have been comparatively few contraventions of the Dark Smoke (Permitted Periods) Regulations. In the case of the plant not yet equipped with modern appliances, the firm concerned have ordered a new furnace which should be installed during 1967. Regular observations are made of the chimneys of industrial plant, and in the event of contraventions being noted, the matter is brought to the attention of the firms concerned.

(b) Domestic

Further progress has been made in the implementation of the Council's programme for the establishment of smoke control areas.

The following table is a summary of the smoke control orders made, confirmed and becoming operative during 1966.

Orders made	No. of premises	Acre-age	Orders confirmed	No. of premises	Acre-age	Orders operative	No. of premises	Acre-age
Burnley No. 9	3660	392	Burnley No. 8	3598	219	Burnley No. 4	646	295
						Burnley No. 7	1619	536

It would seem that householders within the Borough have an increasing awareness of the advantages of modern smokeless appliances and also of the opportunity that the establishment of a smoke control area provides for obtaining improved heating appliances with the aid of a grant. It is increasingly common for occupiers to enquire as to when their part of town is likely to be included in a smoke control area, as they wish to replace the existing firegrates with modern appliances. It is unfortunate that the Clean Air Act does not allow grants to be paid in these circumstances i.e. in advance of making an Order, as any contribution to 'clean air' should be given every encouragement.

(c) Smoke nuisances

There were many cases of nuisance from smoke during the year, due to the burning of waste materials. Most of these were on the site of buildings in process of demolition. The burning of rubbish - particularly where rubber or plastic materials are involved - can give rise to a severe local nuisance and, not unnaturally, lead to complaints from people who may themselves be complying with a smoke control order. The present legislation is quite inadequate to deal with this type of complaint and it is unfortunate but true that the nuisance is usually over before the rather ponderous legislation contained in the Public Health Act, 1936, can be invoked.

Smoke Control Areas

The figures below show the position at the end of December, 1966.

Total acreage of Borough	4695
Acreage covered by operative orders	1590
Part of Borough covered by operative orders expressed as a % of the whole	34%
Total premises in Borough	30922
Premises covered by operative orders	8591
Premises covered by operative orders expressed as a % of whole	28%

FOOD CONTROLFood Hygiene

Premises, stalls and other places used to carry on trade for food business purposes were visited during the year. In most cases a satisfactory standard of hygiene was maintained. In others, informal action was necessary to ensure compliance with the Regulations and this usually proved sufficient. However, in one case, persistent disregard of basic cleanliness and legal requirements necessitated the institution of proceedings against the owner of a central restaurant on nine contraventions of the Food Hygiene (General) Regulations, 1960. The owner pleaded guilty and was fined a total of £200 plus 5 guineas costs.

In July the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 were published to become operative on 1st January, 1967. The requirements of the new Regulations were studied and plans made for their implementation. However, in December the Regulations were amended and this meant reorganising the prepared system. The new Regulations supersede the existing general Regulations in relation to markets and market premises, stalls and delivery vehicles. Stricter hygienic principles are now provided for these types of food business.

Details of food premises to which the Food Hygiene (General) Regulations apply are as follows:

Type of Trade	No. of premises	No. fitted to comply with Reg. 16	No. to which Reg. 19 applies	No. fitted to comply with Reg. 19
Unlicensed Restaurants, Cafes and Snack Bars ...	35	35	35	35
Licensed Caterers	12	12	12	12
Works Canteens	30	30	30	30
School Meals Canteens and Sculleries	48	48	48	48
Licensed Premises (Public Houses and Clubs	134	134	134	134
Wholesale Fish and Poultry Suppliers	2	2	2	2
Wholesale Meat Supplies	7	7	7	7
Wholesale Grocers	7	7	7	7
Wholesale Greens and Fruit Suppliers.....	4	3	3	3
Supermarkets	8	8	4	4
Bakehouses	63	63	63	63
Fish Fryers	56	56	56	56
Retail Butchers	96	96	96	96
Retail Grocers	434	434	434	434
Retail Fish Shops	18	18	18	18
Retail Greengrocers	10	10	10	10
Ice Cream and Sweets ...	95	95	95	95

Food Poisoning

There were 7 notifications of food poisoning. However, 4 of these were unconfirmed leaving a total of 3 positive cases. Two of these cases were part of the general outbreak of 1965 and were caused by salmonella typhimurium. The third case was caused by an unidentified organism. None of the cases was fatal.

Food-Borne Disease

An outbreak of sonne dysentery at a local authority nursery involved a number of visits both to the nursery and to the adjacent schools to ensure that everyone in the schools was aware of the need to maintain a high standard of hand hygiene.

For the first time in Burnley, in such an outbreak, use was made of a bacteriacidal agent for hand washing. This took the form of a liquid, (Benzalbonium chloride) which is diluted with water and was used to rinse the hands, after using the w.c., and before eating any meals in the nursery school.

Meat Inspection

F.M.C. (Meat) Ltd. continued to be responsible for the slaughtering and dressing of carcasses and all other relevant activities at the Burnley Abattoir.

The structural alterations required to modernise the abattoir were virtually completed by the end of the year. The system is working satisfactorily, although inevitably there have been a few difficulties of a minor nature.

The contribution of Mr. John King Shaw who was Veterinary Officer until his retirement in September to the design and construction of the new facilities at the abattoir has been of great value.

A 100% inspection of all animals slaughtered at the abattoirs is carried out in accordance with the requirements of the Meat Inspection Regulations, 1963. The number of animals slaughtered and inspected is shown below and can be compared with the figures for the previous four years.

Year	Cattle	Cows	Calves	Sheep	Pigs	TOTAL
1962	3919	654	38	21511	2672	28794
1963	3732	645	11	20042	2254	26684
1964	3155	403	24	19883	2368	25833
1965	2745	345	6	17884	2747	23727
1966	3001	1250	2	21088	2235	27576

The incidence of pyaemic abscesses in the hind quarters of pigs mentioned in last years report continued and in some instances abscesses were found in both bone and muscle tissue.

The wet summer probably accounted for the increase in the number of cases of liverfluke. Many livers were found to be in an advanced state of cirrhosis and were condemned.

Two cases of tuberculosis were discovered in cattle during the year, in each case the lesions were confined to the lungs. Tuberculosis is now very rare in cattle following the completion of the tuberculosis eradication scheme, and its occurrence is therefore of great interest to the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, to whom the cases were reported.

The incidence of cysticercus bovis infestation in cattle showed a welcome decline from 9 cases in 1965 to 2 cases. Both were localised and the carcasses and offal were dealt with by refrigeration as required by Regulation. The importance of detecting this cyst during meat inspection is that if meat containing such cysts were to be eaten in an under-cooked state it may lead to the formation of the tape worm *taenia saginata* in the person concerned.

The weight of diseased meat and offal rejected as unfit for human consumption during the course of post-mortem inspection was as follows:-

	Tons	Cwts.	Qrs.	lbs.
Meat	5	10	2	13
Offal	24	13	2	24
Total	30	4	1	9

Milk Supply

All persons who sell milk from premises within the County Borough are registered under the Milks and Dairies (General) Regulations, 1959, and all persons selling milk within the Borough are licensed under the Milk (Special Designation) Regulations, 1963. In addition, a number of producer/retailers of milk are licensed by the Ministry of Agriculture, Fisheries and Food, to produce and sell milk.

The authorised designations of milk which may be used are

- (a) Untreated, (b) Pasteurised, (c) Sterilised, (d) Ultra heat treated (U.H.T.)

Four hundred and sixty seven samples of milk were taken from distributors in the Borough and submitted for examination. The untreated and pasteurised samples were subjected to the methylene blue reduction test and in the case of pasteurised and sterilised milks the phosphatase and turbidity tests respectively. Of the samples taken 22 failed the tests, the vendors and producers being suitably warned in each case. One hundred and two samples of milk were examined for the presence of antibiotics and all were satisfactory.

Brucella Abortus

In addition to the above tests all samples of untreated milk taken during the year were examined for the presence of brucella abortus organisms. Nineteen out of 418 bulk samples from herds were found to be infected and it was necessary to serve notice under Regulation 20 of the Milk and Dairies (General) Regulations, 1959, in 11 cases, the effect of which was to require all the milk from the herds to be heat treated. The heat treatment notices were not withdrawn until two consecutive samples of milk had been found to be free from infection. It should be noted that 4.5% of the samples taken were found to be infected, and this shows a slight reduction on the figures for 1965 when the incidence was 5%.

The Liquid Egg (Pasteurisation) Regulations, 1963

There are no egg pasteurisation plants in the County Borough area.

Poultry Inspection

There are no poultry processing premises in the County Borough area.

Food and Drugs Sampling

The work of sampling a wide range of foods continued throughout the year. Total informal samples taken numbered 576 of which 529 were genuine and 47 unsatisfactory.

Two formal samples of milk were taken for chemical analysis and both were found to be satisfactory.

Thirty two of the 47 unsatisfactory informal samples were of milk, 18 of which were deficient in solids-not-fat, and 14 deficient in milk fat. In every case the producer and/or distributor was warned regarding future supplies.

The 15 remaining unsatisfactory samples included, milk bread and cake, patent medicines, fruit and fruit drinks, pork sausages and chopped ham.

In each case the producers were contacted and they agreed to conform to the appropriate regulations. They were also warned regarding future offences. Eighteen samples of food were submitted for tests to determine the presence of pesticidal residues and all were found satisfactory.

Bacteriological sampling

Thirty eight samples were taken and these included cheese, soft ice cream, ice cream, beef stew, curried vegetables, whole egg, rice, fowl, prawns, tinned fruit and fruit tart.

Two soft ice cream samples gave grade three results on the methylene blue reduction test and the distributors were warned regarding the need to thoroughly sterilise all parts of the machines used to produce and dispense the ice cream. One ice cream sample gave a grade three result and the distributor was warned regarding unclean practices in serving. There are no ice cream manufacturers within the Borough.

Several samples of beef stew were taken from manufacturers of this product in the Borough and in some instances the plate count was above the accepted standard. The manufacturers were required to improve their standard of hygiene. Further samples were taken which proved to be satisfactory.

Unsound food

During the year the total weight of food condemned, other than meat from the abattoirs, amounted to: eleven tons, one hundredweight, two quarters and nineteen pounds.

This weight was made up of a wide cross section of foods all of which were sent for destruction.

Foreign substances in food

Thirty two complaints were made by members of the public regarding foreign bodies in food. The foods concerned were mainly of the pre-packed type and were either wrapped in paper, foil, cellophane or canned. In one case, the filter tip and part of the tobacco of a used cigarette was found in a sliced loaf. Proceedings were taken against the producer of the bread who pleaded guilty and was fined £25 plus costs. The remaining complaints were dealt with by warning the manufacturers or packers concerned regarding future offences.

SECTION XII
MISCELLANEOUS

Police Court Proceedings 1966

<u>No. of case</u>	<u>Act, Byelaw or Regulation under which proceedings were taken</u>	<u>Offence</u>	<u>Result</u>
1	Food Hygiene (General) Regulations, 1960. Regulations, 23, 33, and 34.	Failure to keep food premises clean and in proper order	Fined £200 and £5 5s. costs
2	Clean Air Act, 1956 Section 11.	Emitting smoke from a chimney within a Smoke Control Area	Fined £1 and £1 1s. costs

Medical examinations

Particulars of medical examinations carried out during 1966.

PURPOSE	No. of examinations
Retirement of local authority staff ...	5
Workmen's Compensation Act	-
Superannuation	408
Road Traffic Act	177
Fitness to work	46
School Meals Service	86
Accidents	1
Teachers - Admission to Training College	89
- others	68
TOTALS -	880

Investigation of Atmospheric Pollution

The following are average monthly figures of pollution of the atmosphere at three sites in the Borough.

Detail	Site of Gauge		
	Town Hall	Cemetery	Marsden Hospital
	Tons per Sq. Mile	Tons per Sq. Mile	Tons per Sq. Mile
Total undissolved matter ...	11.65	13.50	3.50
Total dissolved matter	7.30	5.92	6.86
Total deposit	18.95	19.42	10.36
Sulphate as SO ₄	2.75	2.11	1.97
Chlorine as Cl	1.60	1.49	1.54

THE WEATHER OF 1966 COMPARED WITH 1965
METEOROLOGICAL OBSERVATIONS

	Bright Sunshine			Rainfall			Temperatures				No. of days of ground frost	Mean relative humidity
	Total amount in hours	No. of days of sun	Highest amount in 24 hours	Total fall in inches	No. of days of rain	Highest amount in 24 hours	Mean in shade	Mean range	Mean earth 1 foot	Mean earth 4 feet		
Average 60 years	1057.3	267	15.7 hrs. on 29.6.66 28.5.66	43.2	199	2.420 ins. on 9.10.41	47.0°	12.1°	48.1°	48.3°	112	82.9%
1965	1149.6	294	14.6 hrs. on 17.7.65	46.28	223	1.48 ins. on 17.12.65	45.9°	12.0°	46.6°	46.9°	129	84.9%
1966	1100.5	277	15.7 hrs. on 29.6.66 28.5.66	51.54	256	1.55 ins. on 19.12.66	46.72°	10.45°	46.98°	46.8°	105	85.1%