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#### **Contributors**

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# COUNTY BOROUGH OF BURNLEY





# ANNUAL REPORT

OF THE

Medical Officer of Health

Principal School Medical Officer

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

1971



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1971

			-					
SUMMARISED	TNDEY							
SUPPRISED	INDEX							Pages
								1 TO
SECTION I	- Staff							9 - 12
SECTION II	- Statistical an							13 - 26
SECTION III								27 - 29
SECTION IV	- Vaccination and							30 - 34
SECTION V	- Community Nurs - Prevention of	Illnoor	Come .	and After				35 - 41
SECTION VI SECTION VII								42 - 47
SECTION VII								49 - 68
SECTION IX	- Miscellaneous							69 - 70
obolion in	- miscerimicous	100000000000000000000000000000000000000						09 - 70
	DETAILED INDEX							
							Pag	ge
	Ambulance Service							18
	Animal Boarding Establ		Act 19	63				59
	Ante-natal Care		•••		•••			39
	Area, Population		•••		•••		13 : 2	
	At Risk Register			•••			3	36
	Bacteriological Samplin	10						-
	B.C.G. Vaccination				•••	•••		55
	Baths - Public	1990			•••	•••		34 50
	Births - Live and Still					14		39
	Brucella Abortus							54
	Care of Aged and Sick a	and Infi	rm				4	12
	Care of Premature Infar	its					39 - 4	
	Cancer						25 - 2	
	Catholic Marriage Advis	sory Cou	ncil				3	37
	Causes of Death						2	25
	Cerebral Palsy							15
	Cervical Cytology						45 - 4	
	Child Health Centres							36
	Children "At Risk"			•••				36
	Chiropody Service			•••				13
	Chronic Carriers of Inf			•••	•••			16
	Committee		•••	***				55
	Conversion of Waste Wat	on Clas	•••	•••	•••	•••		4
	Co-ordination and Co-or			1 Wanlet	· · ·	•••		8
	Congenital Malformation							7
	Crematorium	10	•••	•••				36 22
	0.000.100			***			-	-
	Deaths					1	5 : 23 - 2	5
	Dental Treatment - Moth	ers and			***			17
	Dereliction				- 000	:::		ś
	Diabetic Survey							5
	Diarrhoea and Enteritis							25
	Diseases of Animals Act							59
	Disinfection and Disinf	estatio	n				60 - 6	
	Domiciliary Midwifery						38 - 3	
			1000000	100000	The same of the sa		30 - 3	The same
	Contract of the latest of the							
	Early neo-natal mortali	ty					1	5
	Epilepsy							5
						19 03		

Factories Acts 1937 to 19	59 - Ins	pection	1	52 .	- 54	Pemphigus Neonatorum 40
Family Planning				412	37	Perinatal Mortality 15
Food Control				61	- 65	Pet Animals Act, 1951 59
Food and Drugs Sampling				0.8	65	Police Court Proceedings 66
Food Hygiene				61	- 62	Population 13:22
Food Poisoning					62	Post-natal care 39
Food - Unsound					63	Poultry Inspection 64
Foreign Bodies in Food					63	Premature Infants 39 - 40
Fluoridation of Water Sup	plies				50	Prevention of Damage by Pests Act 1949 59 - 60
						Public Baths 50
						Public Cleansing 50
Health Visitors					35	Public Health Inspection 67 - 68
Health Education				1000	46	
Home Nursing Service				100000000000000000000000000000000000000	- 41	
Housing				56	- 58	Rateable Value 13
Housing Statistics	***				58	Registrar General's Classification of
						Causes of Death 19 - 21
						Relaxation and Mothercraft Classes 39
Immunisation against Diph				31	: 33	Riding Establishments Act, 1965 59
Incontinent Pads Service					42	Rodent Control 59 - 60
Infant Mortality				14	: 16	
Infectious and Other Dise	ases			27 .	- 29	
						Sewerage and Sewage Disposal 50
						Sick Room Equipment 42
Laundry Service for Incon					42	Slum Clearance 56 - 57
Liquid Egg (Pasteurisatio	n) Regul	ations	1963		64	Smoke Control 54 - 55
						Staff 9 - 12
						Statistics 13 - 21
Malignant Neoplasms				25 .	- 26	Statistical Summary 23 - 26
Mass Miniature Radiograph	y Survey				44	Stillbirths 14:23:24:39
Maternal Mortality				15	: 40	
Meat Inspection					63	
Medical Examinations					69	Tuberculosis - After-care 43 - 44
Meteorology					70	Tuberculosis - B.C.G. Vaccination 34
Midwifery Service				38 .	- 39	Tuberculosis - Notification and Deaths 29
Milk Supply					64	
						Unfit Houses 57
Neonatal mortality					15	Unsound Food 63
Noise Nuisance				51 .	- 52	
Notification of Births					39	
Nursing Homes					43	Vaccination against Measles 32: 33
Nursing Equipment					42	Vaccination against Poliomyelitis 32:33
						Vaccination against Rubella 32:33
						Vaccination against Smallpox 30
Offensive Trades					59	Vaccination against Tetanus 31 : 33
Offices and Shops					52	Vaccination against Tuberculosis 34
Ophthalmia Neonatorum					40	Vaccination against Whooping Cough 31: 33
						Venereal Diseases 29
						Vital and General Statistics 13 - 21
						Waste Water Closet Conversion 58
						Water Supply 49 - 50
						Welfare Foods 37

Weather

#### HEALTH COMMITTEE

#### 1971 - 1972

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

- \* Mrs. Councillor S. Ennis, J.P. (Chairman)
- \* Councillor E. Hanson, J.P. (Vice-Chairman)

  Alderman F. A. Bailey

  Councillor K. Butterworth
- \* Mrs. Councillor M. E. Durkin, J.P.
- \* Mrs. Councillor R. I. Pilling
- \* Councillor W. Roberts
- \* Mrs. Councillor A. Smith
  Mrs. Councillor S. Towler
  - \* Members of the Standing Sub-Committee

Public Health Department, 18 Nicholas Street, BURNLEY. Tel. Burnley 25011

September, 1972.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report for 1971 and trust that you will find it informative.

The vital statistics for the Borough which are dealt with in greater detail in the body of the Report show an improvement. The total decrease in the number of deaths during the year was 72. Coronary disease still claims the highest number of deaths but the overall number of deaths from cancer have decreased. There was also an encouraging decrease in deaths from cancer of the lung, twelve fewer having been recorded. It is to be hoped that Government action and the wide publicity being given to the dangers of cigarette smoking will eventually curtail the habit and further reduce these untimely deaths.

It is pleasing to record that no maternal deaths were notified. There has been some reduction in the infant mortality rate which was higher in the previous year than it should have been. Although it is still above the National Average for England and Wales, fourteen fewer infants died during the year and a list of infant deaths is given in the Report but the majority of these are probably inevitable. Many result from immaturity and congenital causes but in time a way of preventing such conditions may be found.

Following recommendations from the Department of Health and Social Security to appoint a Director of Nursing Services for the Authority, our Chief Nursing Officer was promoted to this post.

During the year a special Health Visitor undertook liaison with the hospital Dermatology Department and another works closely with the Geriatric Unit, thus providing further links with the local authority.

In accordance with the Peel Committee recommendations, progress in the integration of the midwifery service was made in November when the "short stay" G.P. unit at the General Hospital came into use. Our District Midwives, along with those of our neighbouring No.6 Lancashire County Health Division, now have facilities for delivering patients at this Unit and in time probably very few mothers will remain at home for their confinement. Delivery in a fully equipped hospital unit could keep maternal and infant mortality down to the minimum. As the majority of mothers now only spend some six to 24 hours in hospital under the "Domino" Scheme, which is an abbreviation for "Domiciliary In and Out", it is still necessary for an efficient domiciliary

midwifery service to be maintained in order to attend to them on their return home.

Some further progress in integration was made during the year in attachment schemes for nurses to general practice. Health Visitors and Home Nurses as well as district midwives are gradually being "practice based" and not geographically based as many practices have no well defined catchment areas.

Following the Seebohm recommendations our Mental Health and Home Help Services were transferred to the Social Services Department which was re-organised and commenced on a new footing in January 1971. Organised district teams of social workers are now available, but any newly organised service takes time and experimentation before it runs smoothly and with full efficiency. These services which are being provided for the community, both medical, social and aided by some excellent voluntary agents, are being organised to work more closely in future so that the public will derive full benefit. Also a greater sense of work satisfaction will result from the closer working or nurse, social worker and general practitioner.

In September the building of our major Health Centre at Saunder Bank commenced, and it is intended to accommodate ten general practitioners as well as cope with local authority routine medical work and the School Health Service. There have also been discussions with the Executive Council concerning the provision of other small Health Centres and towards the end of the year we got approval for building one. It is now quite likely that a small Health Centre may be provided in the west end of the town.

Westway School, which was our former Junior Training Centre, was transferred from the Health to the Education Department in April under the Education (Handicapped Children) Act, 1970. Children who attend this school are now included in the services provided by the local Education Authority and are no longer deemed to be "unsuitable for education in school" under the Education Act 1944. Staff members have been gradually re-trained as teachers of the mentally handicapped, but I must say that this school is very much sub-standard as a building and its replacement is a high priority.

Despite the curtailment in the Mass Miniature Radiography Service, the MMR Unit made a small survey during its annual visit, open sessions being held for only one week as opposed to three weeks formerly.

We again took the opportunity to run a small Diabetic Survey concurrently.

Our Ambulance Service is still housed in a temporary building, but it was pleasing to hear that approval for a new Ambulance Station was given. Much thought had gone into planning for this to occur and a suitable site not far from the town centre has been selected. The Service was kept up to full strength during the year and in accordance with the Working Party

recommendations of the Local Government Training Board that an ambulanceman's training should include experience in a hospital, it was arranged for this to be done during the year.

The natural fluoride content of our water supply is low and the Local Authority at the present time has agreed to fluoride being added. This followed a decision by Manchester to fluoridate their supplies probably at the Haweswater source from which their supplies come. We are also dependent upon Manchester Corporation for some of our water supplies which come from this source, but much discussion between the authorities will be necessary before we attain fluoridation.

The Family Planning Association continued to provide services on an agency basis at the School Clinic with the help of the local authority staff.

Cervical cytology testing is also carried out at the Clinic. In the new year we intend to join the national scheme, and this will mean that each person in future will be automatically recalled for a re-test every five years.

Before long the whole town will be covered by operative smoke control orders and our last smoke control order for No. 12 Area should be implemented on the 1st July, 1972. This is a remarkable achievement for an industrial town in a "black area", and the benefit of the residents and to the environment is worth noting.

Urban development is one of the interesting tasks which our town's Management Committee has to tackle. The Medical Officer of Health is a member of this Committee and the Chief Public Health Inspector is a member of a project team for general improvement areas of the town. The health inspectorate carry out the initial inspections and surveys for general improvement, thus the Health Department is involved in both major and minor schemes which can only bring about better living conditions for the population.

I would like to take the opportunity of thanking all transferred staff for their loyalty and hope that in future the new arrangements may provide them with an opportunity for greater endeavour.

The Tripartite National Health Service is now in the process of reorganisation and this is long overdue. The new service is intended to be completed by the 1st April 1974 and it is thus hoped that the medical and social services will then be able to provide better facilities in the future for the community.

We have had close co-operation between the L.H.A., G.P.s., and the Hospital Service, but over the next few years it will show much more improvement in order to ensure the smooth transition and integration of the health services with our neighbouring district. It is hoped to accomplish this transition by

new legislation which is coming into force and by the regular advice and reports issued by the Department of Health and Social Security. This present style of report by the Medical Officer of Health will be one of the last as the professional duties of the Medical Officer of Health will be covered by "Community Physicians" when the new Area Health Authority is set up. Any physician electing to practice community medicine will continue to give devoted public service as before and have as his main brief the total health of the people.

Excellent co-operation in our field of work has been received from the members and officers of the Local Executive Council and Hospital Management Committee and from general practitioners. I have also received valuable assistance from the Chief Officers of the local authority, the Engineer of the Calder Water Board, members of several voluntary organisations and the Press.

Once more I must express my thanks to all members of the staff of the Department for their loyalty and the excellent manner in which they have carried out their duties. It would also be remiss of me not to thank the Chairman and Members of the Health Committee for their continued support and interest.

Yours sincerely

Medical Officer of Health

Take J. Corbins

# SECTION I

## STAFF at 31st DECEMBER, 1971

MEDICAL AND PROFESSIONAL STAFF
--------------------------------

	JICAL AND PROFESSIONAL STAFF			NAME OF TAXABLE PARTY OF TAXABLE PARTY.
	Medical Officer of Health and Principal School Medical Officer			L.J. COLLINS, M.B., B.Ch., B.A.O., N.U.I., L.M., M.F.C.M., D.P.H., F.R.S.H.
	Deputy Medical Officer of Health			E.P. WHITAKER, M.B., Ch.B., M.R.C.S., L.R.C.P.
	Medical Officers in Department (School Health Service and Care of Mothers and Children, etc.)	:::		MRS. I. LOGAN, M.B., B.Ch., B.A.O., L.M., D.C.H., 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.B., 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.
	Principal School Dental Officer			MR. C.F. TEHAN, B.D.S.
	Senior Dental Officer			MR. H. LAYFIELD, L.D.S.
	Dental Officer			Vacancy.
	Educational Psychologist			MR. R.C. TWEED, B.A. (Dip. Ed. Psych.)
MED	DICAL AND DENTAL AUXILIARIES			LEGG TO AND PARTY OF THE SECRETARY IN CONTRACTOR AND ADDRESS OF THE PARTY OF THE PA
	Social Worker	•••		MISS D. CAVELL
	Senior Orthoptist	•••	•••	MISS S. SUTCLIFFE, D.B.O.
	Orthoptist		•••	Vacancy
	Physiotherapist			MRS. P.A. CHADWICK, M.C.S.P. (part-time)
	Speech Therapist			MRS. J. KELLY, L.C.S.T.
	Senior Chiropodist			MRS. H.J. LYNCH, M.Ch.S.
	Chiropodist			MR. H. MITCHELL, M.Ch.S. (part-time)
	Dental Auxiliary			MRS. M.L. DUTTON (j)
PUE	BLIC HEALTH AND MEAT INSPECTORS			The same of the sa
	Chief Public Health Inspector and Inspector under Food and Drugs Act	•••		M. STOTT, M.A.P.H.I. (a) (b) (c)
	Deputy Chief Public Health Inspector			D. WHITEHEAD, (a) (b) (c)
	Specialist Inspector			B. DUERDEN, (a) (b) (c)
	District Inspectors			J. MAGRATH, (a) (b) (c) W. TURNER, (a) (b) (c) W.A. CLARKE, (a) (b) F. WALTON, (a) (b) (c) I. BEARDSWORTH, (d) S.M. SHAW, (d)
	Technical Assistant			B. POLLARD, (e)
	Meat and Food Inspectors			J. PATON (f) (g) W. CATHCART, (f) (g)
	Pupil Public Health Inspector			D.B. CARTER
	Disinfector/Rodent Operatives			4.

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HEALTH VISITING, MIDWIFERY AND NURSING STAFF
```

Nurses Aides (whole-time)

EALIN VISITING, MIDWIFERT AND NORSENO	DIMIL		
Chief Nursing Officer			MISS M. O'BRIEN, S.R.N.,S.C.M.,R.F.N.,H.V. Cert. (1)
Superintendent Health Visitor			MISS I. WILSON, S.R.N., S.C.M., H.V. Cert.
Health Visitors and School Nurses		EAT TO	MRS. M. SIMPSON, S.R.N., S.C.M., H.V. Cert. MISS M. EDMONDSON, S.R.N., S.C.M., H.V. Cert. Cert. of Br.Tb. Association MRS. M.N. DANN, S.R.N., S.C.M., H.V. Cert. MISS M.M. COWGILL, S.R.N., R.S.C.M., S.C.M., H.V. Cert
			MRS. M. ATKINSON, S.R.N., H.V. Cert.  MISS M. HEYS, S.E.N., S.R.N., S.C.M., H.V. Cert.  MISS A. WHITAKER, S.R.N., S.C.M., H.V. Cert.  MRS. S.K. SAIZAL, S.R.N., S.C.M., 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. WOODHEAD, S.R.N., H.V. Cert.  MRS. C.M. BOLTON, S.E.N., (part-time)  MRS. J. BOOTHMAN, S.E.N.  MRS. K. PARKER, S.R.N., S.C.M.  MRS. G. LONSDALE, S.R.N., S.C.M., H.V. Cert. (part-time)
Caudana Manlah Vinian			
Student Health Visitor			Vacancy
Non-medical Supervisor of Midwives	•••	•••	MRS. N. WHALLEY, S.R.N., S.C.M.
Senior Midwife			MRS. A.C. LANCASTER, S.R.N., S.C.M.
Municipal Midwives		71.70 -10 TO	MRS. A. CHAMPION, S.R.N., S.C.M., Q.I.D.N.S., MRS. J. JONES, S.R.N., S.C.M. MRS. E.M. AIREY, S.R.N., S.C.M.
			MRS. F. FARRAR, S.E.N., S.C.M. MRS. K. BULCOCK, S.C.M.
			MRS. I. WILLIAMS, S.E.N., S.C.M. MRS. D. COULTON, S.R.N., S.C.M.
			MISS D.M. HAYNES, S.R.N., S.C.M. MRS. M. McGOWAN, S.R.N., S.C.M.
Superintendent, Home Nursing Service	e	COPIE .	MRS. V. COOPER, S.R.N., Q.I.D.N.S.
Assistant Superintendent, Home			
Nursing Service			MRS. M. HANSON, S.R.N. (m)
District Nurses	. Color	iii oto	MRS. A. McDONALD, S.R.N. (m) MRS. E. WOODS, S.R.N. MRS. D. HOLDEN, S.R.N.
			MRS. M.P. PARKINSON, S.R.N. MRS. H. REYNOLDS, S.R.N.
			MRS. D. BLACKBURN, S.R.N. MRS. M. CLEMENTS, S.R.N.
			MRS. L. GEBBIE, S.R.N.
			MRS. M. TOWLER, S.R.N. MRS. J. CUTHBERTSON, S.R.N. (part-time)
			MRS. M. WHITTAKER, S.R.N. (part-time) MRS. A. HAWORTH, S.E.N.
			MISS P. LAWRENCE, S.E.N.
			MRS. N. KINNEAR, S.E.N. (part-time) MR. C. BRADSHAW, S.E.N.
			MRS. E. THREADGOLD, S.E.N. (part-time) MRS. S. WINDSOR, S.E.N. (part-time)
			And a little of the little of

... ... Three

#### AMBULANCE SERVICE

Ambulance Officer			W. MILLS, F.I.A.O.
Station-Officers		***	1. NICOLSON R.J. HORNE M. McLOUGHLIN C.H. PATCHETT
Driver/Attendants	10.000		23
ADMINISTRATIVE AND CLERICAL STAFF			
Chief Administrative Officer	9		A. PILLING, (h) (i)
Public Health Service -			
Administrative Assistant			H. SIMPSON
Administrative Assistant			MISS H. TAYLOR
Administrative Assistant			MR. K. JOHNSON
M. & C. W. Clerk			MRS. M. M. ROBINSON
Clerks			MISS S. MULROONEY MRS. D. PARKES MR. K. LATHAM MRS. D. MURTAUGH
Senior Shorthand Typist			MRS. M. CHADBAND
Shorthand Typists		•••	MISS L. HOLDSWORTH MISS C. L. AINSWORTH
School Health Service -			
Administrative Assistant			S. JACKSON, S.E.N.
Clerks			MRS. P. PITT MR. D. GARRETT MISS B. C. ROBINSON MISS J. POTTS
Shorthand Typist/Clerk			MRS. S. A. SMITH
Dental Surgery Assistants			MRS. P. M. KELLY MRS. M. KAYE MRS. E. WELBOURNE

#### STAFF QUALIFICATIONS:

- Certificate of the Public Health Inspectors Education Board.
- (b)
- Certificate of the Royal Society of Health in Meat and Other Foods. Smoke Inspectors Diploma of the Royal Society of Health. Diploma of the Public Health Inspectors Education Board. City & Guilds Full Technological Certificate in Plumbing. (c) (d)
- Certificate of the Royal Sanitary Association of Scotland in Meat and Other Foods. (f)
- Diploma of the Royal Society of Health in Food Hygiene. (g)
- (h) Certificate of the Corporation of Secretaries Ltd.
- Certificate of Declaration of Recognition of Experience in Social Work. (i) (j)
- Member of the British Association of Dental Auxiliaries.
- (k) Certificate of the Examination Board for Dental Surgery Assistants.
- (1) Diploma in Nursing (London).
- (m) National Certificate in District Nursing.

#### SECTION II

# STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

# GENERAL STATISTICS

	Area in Statute Acres	4,695	acres
	Area fully developed or in course of development	4,023	acres
	Population, Census 1961	80,588	
	Registrar General's Estimate of Population middle of 1971 (This figure is a provisional estimate)	76,130	
	Density of Population, i.e. number of persons per acre built upon	18.9	
	Number of inhabited houses (April 1971) according to Rate Books (including shops with living accommodation)	27,687	
*	Number of houses in Burnley, December 1971	28,379	
	Number of new dwellings erected in 1971	231	
	Rateable value (April 1971) £2,6	34,430	
	Sum represented by a Penny Rate paid in 1971/1972	25,800	

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

# VITAL STATISTICS

Y	ni atha				1971	1970
Live	Births	M	F		Total	Total
	Legitimate	580	540		1120	1079
	Illegitimate	77	63		140	168
		657	603		1260	1247
		=	=		=	=
	Crude Rate per 1000 populati	on		1061 8	16.55	16.27
	Rate adjusted for A.C. Facto	r (1.1	2)		18.55	18.25
	Illegitimate live births (pe	r cent	of			
	total live births)	30 75	Sound .	ort moth	11.11%	13.47%
Still	Births					
		M	F			to solution
	Legitimate	8 5	5 3		13	18
	11108101111100	1	-			A salege
		13	8		21	18
	Rate per 1000 total live and					=
	still births				16.39	14.23
Total	Tire and Still Dinths				1281	1265
Total	Live and Still Births	4 11	· west	COURS IN THE	1201	1205
Infan	t Deaths (deaths under one ye	ar)			27	41
Infan	t Mortality Rates					
	The state of the s	-				
	Total infant deaths per 1000 live births	total	10.91		21.43	32.88
		1000	100 00	Denolisi	21.43	32.00
	Legitimate infant deaths per legitimate live births	1000	-		17.86	26.87
	Illegitimate infant deaths p	er 100	0			
	illegitimate live births				50.00	71.43

Was not all Mantalitas Pata (dantha malas		1971	1970
Neo-natal Mortality Rate (deaths under four weeks per 1000 total live births)		15.08	21.65
Early Neo-natal Mortality Rate (deaths			
under one week per 1000 total live births)	Name .	13.49	19.25
Perinatal Mortality Rate (still births and		-017	2 12 1
deaths under one week combined per 1000			
total live and still births)		29.66	33.20
Maternal Mortality (including abortion)			
No. of deaths		-	13 -
Rate per 1000 total live and still births		-	
<u>Deaths</u>			
Numbers - (Males 553 : Females 557)		1110	1182
Crude Rate per 1000 population		14.58	15.43
Rate adjusted for A.C. Factor (0.95)	•••	13.85	14.66
Rates per 1000 population from:-			
Pulmonary Tuberculosis		0.03	0.05
Respiratory diseases (excl.Pul.Tub.)		2.95	2.64
Influenza	•••	0.05	0.22
Cancer	•••	2.54	2.77
Rate per 1000 live births from:-			
Diarrhoea and Enteritis of			1 (0
children under 2 years	•••		1.60

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	1000			
District	es	Aste adjusted .O.A roî Totos¶	16.43 15.10 15.70 14.64 14.88 13.95 14.73 14.73	13.85
to the	At all ages	Crude Rate	17.11 15.73 16.02 14.94 15.32 15.67 15.67 15.67 15.21 15.56	14.58
longing	At	ултрек	1,379 1,267 1,285 1,184 1,205 1,122 1,134 1,205 1,165 1,165	1,110
Nett deaths belonging	age	Rate per 1000 Wett Births	26.55 28.04 34.14 20.29 27.01 29.67 22.02 18.14 17.78 32.88	21.43
Nett	Under	улшрет	33 45 33 41 22 23 41 41 33	27
rable	2	Residents not registered in the District	52 62 63 53 63 63 63	63
Transferable		Non-Residents registered in the District	577 588 511 535 619 633 588 562 575 692	675
eaths	t	Pate	23.63 22.16 20.86 20.86 22.97 21.43 22.27 23.64	22.62
Total Deaths	in the District	ymuper	1,904 1,785 1,720 1,651 1,762 1,800 1,673 1,712 1,667 1,811	1,722
		Rate adjusted for A.C. Factor	17.00 17.96 18.45 18.45 17.82 17.82 17.59 17.67 18.05 18.05	18.55
irths		Crude Rate	16.35 17.27 16.43 17.41 16.47 15.91 15.71 15.73 16.15	16.55
Live Births		Sumber (Sett)	1,318 1,391 1,318 1,247 1,247 1,247 1,213 1,213 1,247	1,260
		Uncorrected	1,742 1,854 1,756 1,786 1,777 1,887 2,261 2,261 2,774	2,776
R.G.'s Population	estimated to middle of each year		\$0,590 \$0,200 79,250 78,680 78,380 76,610 76,610	76,130
	Year		1961 1962 1963 1964 1965 1966 1967 1969 1970 Average	161

VITAL STATISTICAL TABLE

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

Population Crude Birth Crude Pulmonary Respiratory Malignant Bate Rate Tuberculosis Diseases Disease					Mortality Rate	per 1000 Population from	tion from	Infantile	Infantile	Infantile
	Year	Population	Crude Birth Rate	Crude Death Rate	Pulmonary Tuberculosis	Respiratory Diseases (excluding Pulmonary Tuberculosis)	Malignant Discases	Death Rate per 1000 Live Births	per 1000 Live Births	per 1000 related Live Births, England and
1896 - 35.0 22.2 1.64 6.21 0.30 1.40 0.44 1.40 0.44 0.30 0.44 0.40 0.44 0.40 0.44 0.40 0.44 0.40 0.44 0.40	1552-1586	-	38.0	23.2	2.31	5.15	0.24	34.0	212	142
1996 95,038 30.7 20.7 1.45 3.73 0.44 1.40 104,665 26.3 17.1 1.14 3.73 0.73 0.73 1.40 11.45	1887-1891	-	35.0	22.2	1.64	6.21	0.30	27.0	217	145
1006 09,038 30.7 1.15 3.76 0.50 1.10 104,605 25.6 17.4 1.17 3.56 0.73 1.10 104,605 25.3 17.4 1.17 3.56 0.73 1.10 104,605 25.3 17.4 1.17 3.56 0.73 1.10 11.0 11.0 11.0 11.0 11.0 11.0 11.	1802-1806	-	35.1	21.0	2.06	5.27	0.44	20.0	202	151
1906 99,970 27.6 15.7 1.46 3.73 9.70 1.46 104,665 26.3 17.4 1.17 3.56 0.93 1.66 0.90 1.10 1.10 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.18 1.19 1.19 1.19 1.19 1.19 1.19 1.19	1897-1901	95,038	30.7	20.7	1.43	3.46	0.50	52.8	225	157
1911 104,605 25.3 17.4 1.17 3.56 0.73 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.16 1.17 1.17	1902-1906	00,00	27.6		1.46	3.73	0.70	51.2	202	134
1926 93,45 1926 93,45 1936 94,30 11.95 1936 94,30 11.95 11.	1007-1011	104,605	26.3	17.4	1.17	3.56	0.73	43.2	178	116
1926 193,040 15.0 15.0 15.0 17.3 17.4 17.5 17.5 17.5 17.5 17.5 17.5 17.5 17.5	1012-1010	100,001	21.1	10.5	0.03	3.06	00.00	20.0	150	102
1926 103,040 15.72 14.13 0.75 1.25 1.54 1.54 1.54 1.54 1.54 1.54 1.54 1.5	1017-1021	00,454	18.0	15.0	0.35	3.35	1.16	11.7	127	68
1931 99,910 14,11 14,11 14,10 0,75 1,36 1,36 1,36 1,36 1,36 1,37 1,36 1,36 1,37 1,36 1,36 1,37 1,36 1,36 1,37 1,36 1,36 1,37 1,36 1,37 1,36 1,37 1,36 1,37 1,36 1,37 1,36 1,37 1,36 1,37 1,36 1,36 1,37 1,36 1,36 1,36 1,36 1,36 1,36 1,36 1,36	1022-1026	103,040	lo.dl	14.3	0.70	3.00	1.22	1.9	108	73
1936 94,350 11.95 14.0 0.65 1.30 1.30 1.77 1.30 1.44 1.30 1.77 1.30 1.44 1.30 1.77 1.30 1.44 1.30 1.77 1.30 1.44 1.30 1.77 1.30 1.44 1.30 1.77 1.30 1.71 2.03 1.40 1.71 2.03 1.40 1.71 2.03 1.41 1.30 1.71 2.03 1.41 1.30 1.30 1.30 1.30 1.30 1.30 1.30 1.3	1927-1931	010,00	11:11	14.1	0.75	7	1.54	8.1	0.10	67
1941 %,102 12.00 15.72 0.65 1.30 1.44 1.00 1.45 1.00 1.45 1.00 1.77 1.00 1.71 2.03 1.40 1.71 2.03 1.40 1.71 2.03 1.40 1.71 2.03 1.40 1.71 2.03 1.40 1.71 2.03 1.40 1.71 2.03 1.40 1.71 2.03 1.40 1.72 1.50 0.07 1.50 1.50 1.50 1.50 1.50 1.50 1.50 1.50	1932-1036	04,350	11.05	14.0	0.65	1.25	1.60	4.5	72.3	19
1946 79,910 16.49 15.51 0.59 1.44 1.99 1956 \$3,902 14.43 15.08 0.16 1.94 2.14 1961 \$1,070 15.85 15.69 0.07 1.82 2.64 1966 79,410 16.70 15.54 0.04 1.89 2.57 1966 79,410 16.70 15.54 0.09 1.96 2.57 1967 15.71 14.53 0.09 1.96 2.54 1968 15.72 15.67 0.05 2.10 2.54 1969 16.15 15.21 0.05 2.40 2.55	1937-1941	201,02	12.00	15.72	0.65	1.30	1.77	2.51	.71.2	55
1951 54,400 17.27 15.72 0.40 1.71 2.03 14.43 15.08 0.16 1.04 2.14 2.14 2.14 1.45 15.08 0.07 1.42 2.14 1.40 15.72 15.54 0.07 1.42 2.57 15.54 0.08 1.06 2.57 1.55 15.54 0.08 1.06 2.55 15.55	1942-1946	70,010	16.4u	15.51	0.50	1.44	1.00	2.06	53.37	46
1956 \$3,002 14.43 15.08 0.16 1.04 2.14 1.50 1.06 1.5.57 1.5.54 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.57 1.80 2.54 1.8	1947-1951	24,400	17.27	15.72	01.0	1.71	2.03	3.87	44.65	33
-1961 81,070 15.85 15.60 0.07 1.82 2.64 1.80 2.57 1.96 2.57 1.96 2.57 1.96 2.57 1.96 2.57 1.96 2.57 1.96 2.54 1.96 2.54 1.96 15.72 15.67 0.05 2.19 2.54 15.67 0.05 2.40 2.53 15.43 0.05 2.64 2.53	1052-1056	*3,002	14.43	15.0%	91.0	1.04	2.14	10.1	28.35	26
-1966 7°,410 16.70 15.54 0.04 1.30 2.57 75,960 15.71 14.53 0.08 1.96 2.54 76,870 15.72 15.67 0.05 2.19 2.54 76,610 16.15 15.21 0.05 2.40 2.53 76,610 16.25 15.43 0.05 2.64 2.77	1927-1961	81,070	15.35	15.60	0.07	1.42	2.64	0.36	26.78	22
75,060 15.71 14.53 0.08 1.06 2.56 76,890 15.72 15.67 0.05 2.10 2.54 76,610 16.15 15.21 0.05 2.40 2.53 76,610 16.25 15.43 0.05 2.64 2.77	1962-1966	70,410	16.70	15.54	to'0	1.50	2.57	0.16	27.83	20
76,850 15.75 15.67 0.05 2.19 2.54 76,610 16.15 15.21 0.05 2.40 2.53 76,610 16.25 15.43 0.05 2.64 2.77	-	28,060	15.71	14.53	60.0	1.06	2.56	00.00	22.02	18
76,610 16.25 15.43 0.05 2.40 2.53 76,610 16.25 15.43 0.05	٠	26,850	15.73	15.67	0.05	2.10	2.54	0.52	18.14	18
76,610 16.25 15.43 0.05 2.64 2.77	п	26,610	16.15	15.21	0.05	2.40	2.53	1.62	17.78	18
		76,610	16.25	15.43	0.05	2.64	2.77	1.60	32.88	18
70,130 10.55 14.55 0.03 2.05	1261	76,130	16.55	14.5	0.03	2.05	2.53	0.00	21.43	18

per 1000 Total	Total Maternal Mortality	0.17	-	-	70	-	0.103	-	1.06	-37	- 1100	-600	-	17-10-11	1
Mortality Rate per 1 live and still births	Due to abortion	0.03	-	-	-	-	-	-	-	-	-	-	-010	ST. THE	1
Maternal Morta	Maternal causes (excluding (noitroda	0.13	-	-	-	-	0,103	-	1.06	Part Part	-	A STATE OF THE PARTY OF THE PAR	The second second	Tameline   10	-
	Perinatal Mortality Rate	22	35	20.66	22,92	27	27.52	28.50	20.77	29	28	30.1	26	32	30.0
	Still birth rate, bus sive and still births	12	10	16,39	10.60	16	15.5	15.22	14.50	19	13	17.7	15	15	15.0
	Infant Mortality Rate	*1	27	21.43	15.27	23	61	23.52	90*57	22	50	24.3	17	17.	20.0
	Death Rate	9*11	12.5	14.5>	12,31	15.0	13.2	13,15	14.07	14.4	13.2	12.8	13.2	12,0	13,1
	Birth Rate	16.0	15.5	10.55	15.25	17.0	15.5	16.46	17.57	16.6	10.1	10.8	16.6	14.7	19.1
	100 A	England and Wales (provisional)	Birkenhead	BURNLEY	Bury	Halifax	Liverpool	Manchester	Oldham	Preston	Rochdale	St. Helens	Stockport	Wallasey	Wigan

# DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF BURNLEY DURING 1971

	Sex	Under	4 weeks	-1.	3-	15-	25-	35-	45-	-55	-59	75 and	A11
Causes of Death		4 weeks	and under 1 year					1.4	1 4:17	., 1	178	over	Ages
1. Egreritis and other Diarrhoeal 2. Tuberculosis of Respiratory	242	11-1	111	11.1	11.1	11.1	11.1	11-	11.1	11.1	-1-	111	-10
System System 3. Whooping Cough	<u></u>	1.1	11-	1-1	11	11	1.1	1.1	11	11	11	11	11
Other Infective	- >	1 1	- 1	1 1	11	1 -	1 1	1 1	1 1	1 -	1 1		1 2
5. Malignant Neoplasm, Buccal	4 2	1 1	- 1	1 1	1 1	11	11	111	1 1	1-	11	-	1 -
6. Malignant Neoplasm,	4.5	1.1	11	1,1	1.1	11	11	11	11		(1)		cic
7. Malignant Neoplasms, stomach	T M	1.1.1	111	1-1-1	11	111	11	1-	1-	1000	191	101-	182
S. Malignant Neoplasms, intestine	×	111			1	1	1	1	1 01	0 -+ 0	- (1 (	+000	:=:
	× 14	111	111	111	1 11	1 11	1 11	1 11		01	21	-	200
1	. >:	1 1		1-1	1.1	11	1.1	11	19	11	16	11	36
11. Malignant Neoplasm, breast	->:	1.1	1.1	1.1	1.1	1 1	1.1	1.1	- 1	011	01	- 1	7
Malignant Neoplasm, uterus	1 1	1 1		1 1	1.1	1 1	1.1	- 1		- "	9 "	20	118
Malignant Neoplasm,	2. 2	1	1	1	1	1.	1	1.	1 1	0 1 .	2	115	9
	4		1 1	1.1	11	- 1	1 1	- 1	1 1	- 1	1 1		21
15. Other Malignant Neoplasms	z. L. z	1 1 1	111	1 1 1	1-1	1 1 1	- 1	11	noci.	r.10	111	100	42
	-	1	1	1	1	1	1	1	1	5000	1		1-
Diabet	- L	1 1	1 1	1 1	1-	1 1	1 1	1 1	1 -	-11	-		2
	×A	1.1	11	1 1	1	1	1 1	11	101	1		1	
19. Anaemias	× 4	1	1	1	1	1	1		101	11-	- 1	11-	-10
20. Other Diseases of Blood, etc	N. L	, ,		111		111	111	111	111	- 1 -	111	- 1 1	71-
21. Active Rheumatic Fever	7.4	11		1,	1	1	1		1		1		
22. Other Diseases of Nervous	- ×		1	-	1	121	-		1 1	1 1	1 01	100	1
System	- >	1 1	1 - 1	1.1	1 1	1 1	1 1	1 1	1 1	1-	1-	c1 1	c1 c1
	4 3	-	1	,	1		1	1	1	-	7	4	10
24. Hypertensive Disease	- LL	1 1		1 1	1 1	1 1	1 1	1 -			1 1	11	10
25. Ischaemic Heart Disease	× 14	11		11	1.1	11	11	4-	5150	32 16	36	452	155
Carried Forward	N.		1	-	-	51	cı	7	38	99	32	70	278
7	4	-	-	,	01		-				77	00	231

REGISTRAR GENERAL'S LIST SHOWING CLASSIFICATION OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF BURNLEY DURING 1971

Causes of Death		4 weeks	and under 1 year.				-	6	÷		over	9	Ages
Brought Forward Other forms of Heart Disease	NI N	11.1	1- 1	-11	101 1	61.1	011.1	1 m	E4 1	35	92 77 8	029	275 231 27
Cerebrovascular Disease	72	1.1	1 1	1 1	1.1	1 -	1 1	1.1	1 10	00	212	30 .	36
Other Diseases of Circulatory	4.7	1, 1	1.1	1.1	11	- 1	1.1	c1 -	9 -	9 -	36	10 20	97
	- >	1 1	1 1	1 1	1 1	1 1	- 1	1 1	1 1	٠	m 1	26	33
	4.3	r		1 .	,	1	1	1	1	1 :	-	-	5
	F. LL	1 1		- 1	1 1	1 1	1 1	- 1	ري در	m 4	10 01	57	83
Bronchitis and Emphysema	× 11	1 1	1.1	1 1	1 1	1 1	1 1	1 1	- 2	13	27	72	99
Asthma	7: L	1 1	1 1	1 1	1 1	1 1	- 1	1 1	1 1	1.1	1	1.1	
Other Diseases of Respiratory System	7. L.	1.1	e1 1	1.1	1.1	1.1	,11	1 1	1.1	- 1	- 1	211	910
Peptic Ulcer	× 4	11	1.1	1 1	1 1	1 -	1.1	1.1	1.1	- 1			
Intestinal Obstruction and Hernia	7. LL	1 1	1	-	1	1	1	. 1	10	1	1	-	- 1
Cirrhosis of Liver	7.14			111	111		111	1 1 1	- 1	- 1	1 1 1	111	1 61 1
Other Diseases of Digestive System	2.14	1.1	1.1	1 1	11	- 1	1 1	1 1	1, 1	- 1	1.1	- 1	wi
Nephritis and Nephrosis	2.14	11 1		11	11	11	11	11	11	- 1	- 1		·
Hyperplasia of Prostate	×	1	1	1	1		1	1	1	1	1	13	cı
Other Diseases Genito-Urinary System	7. iu	. 1		1 1	11	1 1	1 1	- 1	1 1	1.1	- ~		c1 <del>-1</del>
Diseases of Musculo-Skeletal System	2. IL	11	11	1 1	11	1.1	11	1 1	1.1	1.1		0101	mm
Congenital Anomalies	× 4	-10	- 1	-1.1	1 1	1,1	1 1	1 1	11	11	1 1	1.1	410
Birth Injury, Difficult Labour, etc	7.1	701	ir	1.1	1-1		11	1.1	1.1	1.1	1.1	1.1	-101
Causes of Peri-natal Mortality	× 4	cur	11	1 1	11	11	11	1 1	1.1	11	11	11	1110
Symptoms and Ill-Defined Conditions	× in	11	1.1	1.1	1.1	11	1.1	1.1	1 1	1 1	1.1.	2.5	213
Carried Forward	×	1-	7	+	1 :	-	100	01	1 84	1001	171	180	531

REGISTRAR GENERAL'S LIST SHOWING CLASSIFICATION OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY ROROUGH OF BURNLEY DURING 1971

Causes of Death	Sex	Under 4 weeks	4 weeks and under 1 year	1		15-	25-	35-	35- 45-	55-	-59	75 and over	A11 Ages
Brought Forward	7.4	1 - 51	<del>-1</del> €1	71	1 01	+01	e -	10	23.45	100	171	180	531
46. Motor Vehicle Accidents	2.7	11	1.1	1 1	1 -	e1 1	e -	1 1	1 1	21	1 61	1 60	11
47. All Other Accidents	2.7	11		- 1	e1 1	1 1	9 1		c1 1		14	000	14
48. Suicide and Self-Inflicted Injuries	7.1	11	11	1.1	11	1 1	1.1	61 1	1 -	-	m 1		200
40. All Other External Causes	N.A.	1.1	1.1	1.1	1.1	1.1	11	1 1	- 1	1 1	1.1		
TOTAL ALL CAUSES	N. F.	7 2 7	ic is	10.1	01.05	9 6	0 2	13	57	102	174	182 305	553

#### Trend of Population

The Registrar General's estimate of population at the middle of 1971 is 76,130 which is 480 less than in 1970. This figure is provisional. The final figure will be published when the results of the 1971 Census are available. The population figure at the 1961 Census was 80,588.

The present population is only about 72% 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 annual decreases.

The Registrar General's estimate of the Child Population of Burnley at the middle of 1971 shows an increase of 500 more than in 1970:-

0-1 year	1-4 years	5-14 years	Total
1,180	5,020	12,500	18,700

#### Crematorium

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

In 1971 there were 670 cremations of Burnley residents, and 1103 of non-Burnley residents, giving a total of 1773.

The Medical Officer of Health is appointed Medical Referee with the Deputy Medical Officer of Health and a Medical Officer in Department as Deputy Medical Referees.

The following figures are the number of cremations authorised by the Medical Referees since September 1958 and these show a steady increase annually.

Year	No. of Cremations
1958 (3 months)	216
1959	778
1960	935
1961	1064
1962	1144
1963	1222
1964	1263
1965	1370
1966	1468
1967	1466
1968	1599
1969	1674
1970	1696
1971	1773

#### STATISTICAL SUMMARY

## Birth and Death Rates - Area Comparability Factors

These cannot be calculated until 1971 Census figures are available. In order to allow approximate comparison of local and national rates the 1970 comparability factors are repeated.

#### Live Births

Two thousand seven hundred and seventy six live births (1447 males and 1329 females) were registered in Burnley during 1971. After correction for 31 inward and 1547 outward transferable births, a net total of 1260 births, or an increase of 13 on the total for 1970 is obtained.

The crude live birth rate is 16.55 but in order to compare the local rate with the rate for England and Wales, it is 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 18.55 compared with 16.00 for England and Wales.

The number of illegitimate live births shows a decrease of 28 and the percentage of total live births is 11.11 as compared with 13.47 in the previous year.

# Stillbirths

There were 21 stillbirths, giving a rate of 16.39 per 1000 total (live and still) births, as compared with 14.23 in 1970.

# Deaths

One thousand seven hundred and twenty-two deaths were registered. Of this number 675 deaths of non-residents, chiefly occurring in hospitals, are excluded, leaving 1047 deaths of residents. To this number is added 63 deaths of Burnley people who died in other districts.

After these corrections the total is 1110 (males 553, females 557), giving a crude death rate of 14.58 per thousand of population, as compared with 15.43 for 1970 and 15.56, the average for the previous ten years. The adjusted death rate is 13.85 and continues to be higher than the death rate for England and Wales, which is 11.6.

Thirty-two children died under 5 years of age, representing 2.9% of the total deaths, but of these 27 were children under 1 year of age. There were 5 deaths between 5 and 15 years of age; 34 persons aged 15 to 45 years; 229 aged between 45 and 65 years; and 810 or 72.97% of the total were aged 65 years and upwards.

Percentage of deaths in year groups according to age

Ages	1921	1931	1941	1951	1961 %	1971
Under 1 year	19	8	6	2.8	2.5	2.4
1-4 years	7	4	2	0.9	0.4	0.4
5-14 years	3	2	1	0.8	0.4	0.5
15-44 years	15	15	10	5.3	3.9	3.1
45-64 years	26	31	30	25.9	22.4	20.6
65 years and over	30	40	51	64.3	70.4	73.0

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

# BIRTH RATES AND SELECTED DEATH RATES, 1971 (ENGLAND AND WALES & BURNLEY)

	England & Wales (Provisional figures)	Burnley
HACEL TREE OF OR COLUMN	Rates per 1000 Home Po	pulation
BIRTHS Live Still	16.0 (0.20 (12.0 (a)	18.55 (b) 0.27 16.39 (a)
All Causes  Malignant Neoplasms of)  Lungs and Bronchus )	11.6 0.56	13.85 (b) 0.56
to be higher than the death	Rates per 1000 Live	Births
Deaths under one year of age	18.0	21.43

- (a) Per 1000 Total (Live and Still) Births.
- (b) Adjusted by Registrar General's Area Comparability Factor figure.

#### Causes of Death

The following table gives the chief causes of death:-

	Number of Deaths	Percentage of Total Deaths	Rate per 1000 Population
Coronary Disease	265	23.87	3.48
Respiratory Disease (other than		ge The section	
Tuberculosis)	225	20.27	2.96
Malignant Neoplasms	193	17.39	2.53
Intra-cranial vascular lesions			
(Cerebral haemorrhage etc.)	156.	14.05	2.05
Other Heart Disease	86	7.75	1.13
Other Diseases of the Circulatory			
System	54	4.86	0.71
Accidents, Violence, etc	37	3.33	0.49
Nephritis, Nephrosis and other diseases of the Genito-urinary			
system	12	1.08	0.16
Suicides	7	0.63	0.09

Deaths attributed to cardiac lesions continue to be the highest showing 31.62% of the total number. Of those due to coronary disease, there were forty-five more men than women and five were of persons under the age of 45 years.

Deaths from respiratory diseases (excluding tuberculosis) were 23 more than in the previous year. Deaths from influenza numbered four and this is thirteen less than in 1970.

#### Diarrhoea and Enteritis

There were no deaths from gastro-enteritis in children under two years of age.

# Malignant Neoplasms

There were one hundred and ninety three deaths from all causes of cancer (including leukaemia) - 103 males and 90 females. By far the greatest number of deaths occurred in people over the age of 45 years, although six died under that age.

Respiratory or lung cancer deaths showed a decrease of twelve. It is very significant that more men die of lung cancer than women, the respective figures being thirty-six and seven.

The 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	Cance	er - all causes	100000	cer	of atory	Year	Cance	r - all causes		cer	
	No.	%age of	10000	tem			No.	%age		tem	atory
	17-3	total deaths	М.	F.	Total		The same of	total deaths	М.	F.	Total
1952 3 4 5 6 7 8 9 1960 1	173 158 169 191 199 224 224 208 207 206	14.5% 13.1% 14.0% 14.5% 14.8% 17.8% 17.9% 16.6% 16.2% 14.9%	27 19 26 35 27 41 42 32 36 38	4 1 5 5 7 8 5 7 8 5	31 20 31 40 34 49 47 39 44 43	1962 3 4 5 6 7 8 9 1970	193 201 208 221 200 200 195 194 213 193	15.2% 15.6% 17.6% 18.3% 16.3% 17.6% 16.2% 16.7% 18.0% 17.4%	31 48 50 28 42 38 44 50 48 36	4 8 4 13 4 3 8 4 7	35 56 54 41 46 41 52 54 55 43

## Infant Mortality

Twenty-seven infants died under the age of one year, this figure being fourteen less than in the previous year.

The infant mortality rate of 21.43 is higher than the rate for England and Wales at 18.0.

Of the twenty-seven deaths, nineteen occurred within four weeks of birth giving a neo-natal mortality rate of 15.08, which is again higher than the rate for England and Wales at 12.0. During the first week of life seventeen babies died and the early neo-natal mortality rate was 13.49.

The causes of death are shown in the Registrar General's Classification table on Pages 19 to 21.

#### SECTION III

#### PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

The following table shows the number of infectious diseases notified during the year.

Scarlet Fever - Forty-eight cases were notified. This number is 2 less than in the previous year and most of the cases were in children in the 5 to 9 age group. There were no admissions to hospital.

Whooping Cough - There were thirty-four cases of Whooping Cough compared with eighty-two notified in 1970.

Measles - Four hundred and forty-three children were notified during the year. This figure was 467 less than in 1970. The disease was of a mild nature and occurred mainly in the first half of the year.

German Measles - One hundred and sixty cases were notified compared with 347 the previous year. The cases were spread throughout the year and the age group mainly affected was the 5 to 9 years group.

<u>Dysentery</u> - Cases numbered 19. All the cases were children and all were referred from hospital.

<u>Infective Jaundice</u> - During the year 68 cases were notified. Nine cases were removed to hospital for treatment.

<u>Food Poisoning</u> - Four notifications were received from hospital and all were in respect of children.

Ophthalmia Neonatorum - One notification was received from hospital.

Acute Meningitis - There were 16 cases notified during the year. Nine were children in the 5 to 14 age group. Seven of those notified were adults and 6 of them in the 20 to 34 age group. Six patients were admitted to hospital.

Para-Typhoid Fever - Three cases were notified, and all were members of the same family.

Acute Virus Encephalitis - Six cases were notified - three children and three adults. Two patients were given treatment in hospital.

#### AGE CROUPING OF NOTIFIABLE INFECTIOUS DISEASES DURING 1971

Notifiable Diseases	TOTAL	Under 1 year	1 year	2 years	3 years	4 years	5-0 years	10-14 years	15-24 years	25-34 years	35-44 years	45-64 years	65 years and over	No. removed to hospital
Scarlet Fever Whooping Cough Diphtheria and Memb. Croup Measles German Measles Acute Meningitis Dysentery Ophthalmia Neonatorum Smallpex Typhoid Fever Paratyphoid Tuberculosis of Lungs Other forms of Tuberculosis Malaria Acute Poliomyelitis Acute Virus Encephalitis Food Poisoning Infective Hepatitis	45 34 443 160 16 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1712210-1111111111	**   4=   *	1 2 7 7 14 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 4 166 2 1 2 1 1 1 1 1 1 1 1 2 3	5   1   26   1   1   1   1   1   1   1   1   1	21 10 152 75 2 5 - - - 1 - - 23	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-11848111118811118	1 1 1 1 3 1 6	111111111111111111111111111111111111111	1		- 2 - 5 - 6 - 10 8 - 5 2 4 0
TOTALS	810	50	00	50	96	105	280	61	22	10 -	6	9	1	61

#### Tuberculosis

The table below shows the number of primary notifications received, and the number of deaths from tuberculosis occurring during the year. In addition to the primary notifications, which are three less than the previous year, one patient was transferred from another area. No cases were restored to the Register. There was one posthumous notification.

	Notif.	ications	I	eaths
Age Group	Resp.	Non-Resp.	Resp.	Non-Resp.
2 - 3	TO L'ON	cittos_centas		morale-Text
4 - 9	-	1	-	-
10 - 14	THOUSE NO.	TOTAL STRONG	100 - A . J	150 TO -1892
15 - 19	1	-	-	-
20 - 24	2	2	-	-
25 - 34	STATE TO	north 1 comey.	101- 19 d	they blake L
35 - 44	2	-	-	. (23/229)
45 - 54	3	The state of the s	1	The same of the sa
55 - 64	2	2	-PILLS	12 TS (12 - 15 FO)
65 - 74	1	Sant Towner	1	CARDON TOWN
75+	SECTION OF	Commot park	oon Feather	S THE DAY BO
	11	6	2	The state of the s

The number of patients remaining on the "live" Notification Register at the end of 1971 were:-

Respiratory	•						416		
Non-Respiratory							79	TOTAL	495

Primary and subsequent visits made to patients by the staff of the Health Visitors section numbered 54 and 12 respectively.

# Venereal Diseases

Information supplied by the Consultant Venereologist of the local hospital group shows that new cases dealt with totalled 536 (Syphilis 9: Gonorrhoea 139: Other Conditions 388). This figure is 64 more than in 1970.

Two hundred and eighty seven of the 536 new cases treated at the Centre were residents of Burnley.

Contact tracing in the control of venereal disease is carried out by the Charge Nurse of the Special Treatment Clinic of the local hospital. Any co-operation required of the staffs of the Health Department is freely given. Local educational efforts against the disease are at present restricted to poster displays and occasional talks by Health Visitors to groups of senior scholars and young mothers.

# SECTION IV VACCINATION AND IMMUNISATION

The schedule of Vaccination and Immunisation procedures are as follows:-

<u>During the first year of life</u>: A basic course of vaccination against <u>Diphtheria</u>, Whooping Cough and Tetanus (Triple vaccine) followed by oral vaccination against Poliomyelitis.

During the second year of life: Measles vaccination.

At five years and ten years of age: Diphtheria and Tetanus reinforcing dose and oral reinforcing dose against Poliomyelitis.

At twelve years of age: B.C.G. vaccination for tuberculin negative children.

Between 11 and 14 years of age: Vaccination of girls against Rubella (German Measles).

## Vaccination against Smallpox

On the advice of the Joint Committee on Vaccination and Immunisation, vaccination against Smallpox need no longer be recommended as a routine procedure in early childhood.

The figures for vaccination and re-vaccination are shown to be less than in 1970 and number four hundred and seven primary vaccinations and only 315 re-vaccinations.

Return showing number of vaccinations and re-vaccinations during 1971

Primary Vaccinations							Re-Vaccinations					
Ciles Health	Ages	Vaccina	_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	Total		
Local Health Authority Clinics	T STATE	193	8	8	209	odr vd	NO. IN COLUMN	6	26	32		
Medical Practit- ioners	- Lo Lynn	117	9	72	198	17000 S	4	22	257	283		
TOTALS	35-323	310	17	80	407	013 TO	4	28	283	315		

## Immunisation against Diphtheria

Of the 1247 children born in 1970, 558 or 44.74% were immunised against diphtheria by the end of 1971. The number of children under 16 years of age who received primary injections in 1971 was 1118 which is 193 less than in the previous year. It is important that reinforcing or "booster" injections be given to those who were given primary injections a few years previously, so that immunity is maintained. During the year, 1220 children received reinforcing injections compared with 1344 in 1970. 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 although continued protection of our children is more than ever essential and it is important that they receive primary and reinforcing injections at the appropriate ages. This cannot be stressed too strongly upon parents.

#### Vaccination against Whooping Cough

Since the scheme for protective vaccination against Whooping Cough came into operation seventeen years ago, some 15,602 primary and 4,288 reinforcing injections have been given. During the year under review, 908 children received primary vaccination and 12 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 8 children were, however, given a complete primary course for tetanus only. These children were between 5 and 12 years of age and were children who had not received tetanus injections as babies. Most of of the injections were given in schools. Nineteen persons over the age of 16 years were also given a primary course of vaccination.

## Vaccination against Poliomyelitis

The scheme for vaccination against poliomyelitis commenced in 1956. Children now receive a complete course of oral vaccine during the first year of life. "Booster" doses are given at five years and ten years of age. This is mainly given in schools. Since the commencement of the scheme, 54,286 completed courses and 50,833 reinforcing doses have been given.

# Vaccination against Measles

In 1968 a scheme was introduced for vaccination against measles. The vaccine was made available for children who had not suffered the disease and priority was given to those in the pre-school age groups, and in infants schools. It is now available to all children.

The vaccine is offered to children aged in their second year of life, as a routine vaccination. Only one injection is necessary.

## Vaccination against Rubella (German Measles)

Vaccination against Rubella continues to be available to girls between the 11th and 14th birthday.

This is to ensure that as many girls as possible are protected against the disease before reaching child bearing age. The disease can cause certain foetal abnormalities in pregnancy and it is essential that all girls are protected against it.

One injection of the vaccine is all that is required to give full protection.

Three hundred and twenty nine girls aged 13 years were vaccinated and most of the vaccinations were given in schools.

# Table showing number of Vaccinations, Immunisations and Reinforcements carried out during 1970

(Diphtheria - Whooping Cough - Tetanus - Poliomyelitis - Measles - Rubella)

- 53.87 - 53.87 - 53.87	Year of Birth								
to to the	1971	1970	1969	1968	1964-67	Others under age 16	Total		
Diphtheria	A Property	250,020	2000	19474	Maria In	SOLVE			
Primary Vacc- ination Booster	20	512 1	173 1	97	210 747	106 468	1118 1220		
Whooping Cough	the Contract of		in a real real			200	100		
Primary Vaccination	20	511	173	97	107	- 2	908 12		
Tetanus	\$970+	PROPERTY.	A Charles	24 74 14 14		OR IN S			
Primary Vacc- ination Booster	20	512 1	173	97 3	211 747	113 469	1126 1221		
Poliomyelitis	7	*******				1901			
Primary Vacc- ination Booster	17	457	173	74 7	223 761	105 460	1082 1225		
Measles	Q . Total		Section !		Like Sta	KOL			
Primary Vacc- ination	12	224	128	51	73	197	4		
Rubella	BE STO	H. Py EP	DOZES A	B 5500	The Lift	10h 16h	1000		
Primary Vacc- ination	-	TO TO	-	-	-	329	329		

The following table shows the percentage vaccinated together with the equivalent national figures:- (These are provisional figures)

che Datassación	C	Children born in 1969						
Tollowship colle	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)					
England	78	80	80					
Burnley	64	64	64					

The figures in columns (1) - (3) are calculated to show the percentage of children born in 1969 who have been vaccinated at any time up to the end of 1971.

## 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. The figures for 1971 include children in the 12 year age group and students.

			Tested	Vaccinated
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
1967	 	 	758	705
1968	 	 	773	728
1969	 	 	1725	1655
1970	 	 	939	917
1971	 	 	958	932

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 65 children. These were children of tuberculous parents, brothers and sisters of patients, or living in close contact with tuberculous relatives or friends. Forty-six babies were also vaccinated at birth in the Edith Watson Maternity Unit.

The total number of persons vaccinated was 1043.

## RETURN FOR 1971

Age	CONTACTS					School	Babies	Total			
	Under 1 yr.	1	2	3	4	5-9	10–14	15 and over	children and students	at Birth	
No. Vaccinated	33	5	5	1	4	10	7	rod other	932	46	1043

Since the commencement of B.C.G. vaccination, 14,276 (excluding hospital nurses) have been vaccinated.

#### SECTION V

#### COMMUNITY NURSING SERVICES

As a result of the report on Management Structure in the Local Authority Nursing Services (Mayston Report) members of the working party visited the department in October 1971 and approved the new structure for the Nursing Services. The reason for these changes was to bring the Local Authority Nursing Services into line with the principles of the Salmon Report on senior nursing staff structure in hospital and to co-ordinate the Health Visiting, Home Nursing and Midwifery Services into one channel of communication and policy making.

(See details of structures and staff page 10)

## Health Visitors Section

The changes made in 1970, whereby each Health Visitor's caseload was built up from the patients of General Medical Practitioners lists coninued and the "attachments" were strengthened not least by the fact that the staff remained unaltered.

Liaison with the Burnley Hospital Group increased so that a Health Visitor now visits the Chest Clinic, Dermatological Department, Ante-natal, Paediatric Clinics and the Geriatric Relatives Clinic for their own education and interest but also for follow-up home and school visits, special reports and contact tracing.

Members of the staff attended study days and refresher courses during the year. Regular meetings of the medical staff and health visitors together with other senior nurses were continued.

A variety of students visited the Department during the year and visits of observation, talks and demonstrations were arranged for them. The health visitors also arranged or took part on request, in talks away from the Department, in schools, parentcraft classes and to lay audiences.

The following table shows the number of home visits made during the year under review:-

Children under 5 years of age				
Primary visits to newly born infants			1250	
Re-visits to infants born in 1971			1898	
Visits to infants born in 1970			2549	
Visits to infants born in 1966-69			4398	 10,095
Miscellaneous visits:-				
Infectious diseases				 210
After-care - elderly and infirm				 1301
- mentally disordered persons				 35
- persons discharged hospital				 26
Maternity Hospital Bed Bureau enquiries				 
Others (incl. accidents in the home)				 1093
Tuberculosis				
No. of households visited primarily duri	ng 19	71		 54
No. of subsequent visits				 12

#### Child Health Centres

There are ten clinic sessions held each week. Of the infants born during the year, approximately 61.7% attended the Centres. Attendances totalled 15,021 and 33.3% of these were made by the children born in 1971.

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

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

Centre	Ebenezer	Florence Street	Fulledge	Gannow	Immanuel	Meadow Bank	Tarleton House	Total
No. of sessions held	47	50	99	99	100	50	50	495
No. of children attending -			2011	1000000		2770	T. A. S.	EDESE.
Born in 1971 Born in 1970	83 92	95 74	124	181 100	151 146	91 80	48 38	773 . 657
Born in 1966-69	111	134	136	159	175	55	50	820
Total	286	303	387	440	472	226	136	2250
Total No. of attendances	1608	2116	2680	2678	3720	1141	1078	15021
Average attendances per session	34	42	27	27	37	23	22	212

In addition 75 sessions were held in General Medical Practitioner's premises and 719 children were seen and parents interviewed. On the whole then, there is an increase in the demand for advice made by young parents in the case of their children.

## Congenital Malformations

In accordance with instructions from the Department of Health and Social Security, a Register is maintained of all congenital malformations observed in the newborn. Twenty-one 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 94 children on the "At Risk" register.

## Family Planning

This service has been operative for many years and organised by the local Family Planning Association. Accommodation has always been provided free of charge in the School Clinic premises. The introduction of the National Family Planning Agency Scheme in April 1971 brought about the adoption by the Local Authority of "Application 6". The Local Authority thus pays for consultations and supplies in respect of medical cases only, with restrictions to Local Health Authority residents only. The local Family Planning Association provides a private service to non-medical cases. One evening and one afternoon clinic are held weekly.

## Catholic Marriage Advisory Council

Accommodation is provided for this service in the School Clinic premises and one session is held weekly in the evening.

#### Welfare Foods

These are available from the central distribution point in the Health Department, from the Child Health Centres and from the Ante-natal Clinic of the Edith Watson Maternity Unit. The latter distribution point is staffed and managed by members of the W.R.V.S. and their sales have steadily increased. The sales of national dried milk still continue to fall whilst the sales of orange juice and vitamin tablets have been rising.

During the year, 2,450 tins of National Dried Milk, 514 bottles of Cod Liver Oil, 25,784 bottles of orange juice, 2,579 packets of vitamin A. and D. tablets, and 2,429 bottles of vitamin A.D. and C. drops were sold.

## 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 figures shown below, it will be seen that the number of referrals are comparatively small, though the service given to children under 5 years shows an increase over the previous year.

	Children 0-4 years	Expectant and Nursing Mothers
No. of primary inspections	131	4
No. requiring treatment	81	4
Courses of treatment completed Treatment given:-	76	7
Teeth filled	73	6
Teeth extracted	69	1
General anaesthetics	29	-
Patients X-Rayed	1	3
Scalings, etc	42	3
Teeth otherwise conserved	2	
Emergency treatments	24	1

## Domiciliary Midwifery

The section was fully staffed during the year and although the number of home confinements continues to fall the number of patients delivered in hospital and returning home early continues to increase: these patients are visited and supported by the trained midwife until at least the tenth day or for longer periods according to their needs. Six student midwives undertook domiciliary midwifery in the Borough as part of their training, and all were successful in their examination becoming State Certified Midwives.

In November, 1971 bookings began to be made for the short stay scheme whereby the Domiciliary Midwifery Sister would take the patient into hospital, deliver her, and return her to her home four to six hours later and continue to give expert nursing care to mother and baby for ten or more days.

During the year eighty midwives notified their intention to practise, ten of whom are employed in the domiciliary field.

Statutory refresher courses were attended by two of the staff and a further two attended a course on Parentcraft Techniques.

A total of 2,795 live births occurred in the town, including mothers who came from outside the borough. Of this figure, 68 were domiciliary births and represent 2.4% of the total. In addition, however, the domiciliary midwifery sisters attended 1,045 mothers delivered in hospital and discharged before the tenth day and of this number 132 or 12.6% were discharged home before the third day.

Guthrie Tests - 215 tests were made between January and July by the midwifery sisters at home - all were negative, Scriver Tests are now being performed by the Health Visitors. This is a screening test for metabolic disorders including phenylketonuria, and all were negative.

The midwifery sister today carries the most modern analgesic equipment, baby rescusitators and stimulants. Sterile disposable maternity outfits are provided free of charge to expectant mothers for delivery at home and 77 outfits were distributed. Twelve smaller sterile outfits were issued to mothers discharged early from hospital. Facilities are also made for the debris following delivery in smokeless zones to be incinerated.

Under Rule E.13 of the Central Midwives Board, the midwives requested medical aid on thirty-eight occasions, including mothers delivered in hospital and discharged before the tenth day. Of these twenty-four were on account of conditions of the mothers, and fourteen of conditions of the new born infants.

#### Ante-natal and Post-natal care

The number of ante-natal clinic sessions provided by the Local Authority is two per week and one of these is attended by a medical officer. The number of expectant mothers who attended these clinical sessions during the year was 74. The domiciliary midwifery sisters continue to attend five group practices of general practitioners to assist at their ante-natal clinics, with an average monthly attendance of 258 patients.

Blood specimens taken for investigation of Rh. factor and Wassermann reaction totalled 80 and there were 26 for haemoglobin test.

There has been a growing amount of ante-natal follow-u visits in the home amounting to 1,112 patients visited and advised. These have been passed to the midwifery sisters from the Local Authority clinic, the general practitioners sessions, and the Edith Watson Maternity Unit.

#### Relaxation and Mothercraft Classes

One session per week continues to be held at Tarleton House and appears to be appreciated by the mothers, partly because of the facilities there for the toddlers to play and be supervised.

Postnatally mothers are attended by the domiciliary midwifery sisters and may attend either at the Local Authority clinic or their own general medical practitioner specifically for a post-natal examination at approximately six weeks after delivery. The midwifery sisters also assist two Group Medical Practices at Family Planning sessions.

## Notification of Births

The number of Burnley live and still births notified, after adjustments for transfers, were 1,252 and 20 respectively making a total of 1,272 or 16 more than in 1970.

The domiciliary midwifery sisters notified 67 live births and general practitioners notified one live birth and two still births. Only ten births were attended by a doctor and midwife, the rest being attended by midwife only, with the exception of two still births with no one in attendance.

Notifications from the Edith Watson Maternity Unit totalled 2,727 live births and 38 still births, of which 1,184 and 18 respectively were in respect of Burnley mothers. Of the total figures, 2,375 were attended by midwife only and 390 by a doctor and midwife.

## Still Births

After adjustment for transferred notifications, twenty still births were recorded.

## Care of Premature Infants

The special baby care unit at the Edith Watson Maternity Unit is able to accept all premature babies whether hospital or domiciliary born. A special incubator for transporting ill or premature infants is made ready for use at the Ambulance Station in case its use should be found to be

necessary whenever a midwifery sister is called out to a home.

Seventy-eight babies, or 6.2% of the total live births, weighed  $5\frac{1}{2}$  lbs. or less at birth. After the midwife ceased to attend, or after discharge from hospital, frequent follow-up visits were made by the Health Visitors.

Seventy-four of the infants were born in hospital, and 4 at home, representing 6.2% of hospital live births, and 5.8% of domiciliary live births. Those born at home were transferred to hospital for special care, but one died within twenty-four hours and another within seven days. Of those born in hospital, eight died within twenty-four hours of birth and two within seven days.

## Maternal Mortality

No Burnley woman died in consequence of childbirth during 1971.

## Ophthalmia and Pemphigus Neonatorum

One case of Ophthalmia Neonatorum was notified and there were no cases of Pemphigus Neonatorum notified.

#### Home Nursing Service

In October 1971 the District Nursing Sisters were "attached" to General Medical Practitioners, so that the caseload of each sister was built up from patients on the lists of three Doctors, usually working in a Group Practice - instead of the former geographical basis for selection of patients for each sister. However, since only a small proportion of the staff were car drivers it was found necessary to increase the number of staff to maintain this service.

Places became available for S.R.N.'s to undertake the approved course at the Lancashire County Training School for District Nurses, two sisters completed the course and passed the examination thus gaining the National Certificate of District Nursing and a third member started the course towards the end of the year. It is our intention that all members of the staff both State Registered Nurses and State Enrolled Nurses should have the opportunity to take the course eventually. A fourth District Nursing Sister joined the Health Visitor working in the same group practice on a two day Family Planning Appreciation Course.

Treatment sessions continue in the surgeries of two group practices, during the year 102 sessions were held and 1,564 treatments given.

The number of nursing visits paid to patients in their own homes or hostels during the year was 1,626 more than in 1970 and shows an average weekly visiting figure of approximately 800. 59.8% of the patients were over 65 years of age compared with 63% in 1970 and the number of children under five years of age attended by the sisters numbered 31 as compared with ten

in the previous year. Another change in pattern was the increase in gynaecological conditions and minor orthopaedic surgery requiring visits, checking dressings etc.

Student and pupil nurses from the Burnley Group of Hospitals spent days and half days in the section as part of their community services programme.

Requests from local groups and schools for talks on the Home Nursing Service were accepted and given by members of the staff.

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

Number of new patients -

Referred by - general practitioners			634		
- hospitals			516		
- local authority department	ents		58		
- relatives			72		1280
Total number of patients nursed					
No. of patients died					162
No. of patients discharged -					
- to convalescence			736		
- transferred to hospital			254		
- for other reasons			184		1174
Total number of nursing visits made				4	1,331
Teaching and supervisory visits by Nu	rsing	Office	ers		627

#### SECTION VI

#### PREVENTION OF ILLNESS, CARE AND AFTER-CARE

#### Care of the Aged, Sick and Infirm

The Health Department and Social 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. District Nursing Sisters and Health Visitors regularly attend the Geriatric Out-patient Clinic.

#### 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 10 persons received help from this service.

## Incontinence Pads Service

There has been an increase in the use of incontinence pads which are available for the benefit of the incontinent patient. 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.

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

## Provision of Nursing Equipment

A limited number of items of nursing equipment are available on loan to patients who are nursed at home, and these include invalid chairs, ripple beds, air-rings, bed pans, bed cages and commodes, etc. The articles are issued from the Public Health Department central offices at a nominal charge.

During the year items of equipment loaned numbered 212.

## Nursing Homes

One Nursing Home is registered in the County Borough. This home is long established and provides accommodation for 20 patients of the medical and chronic sick category, and also post-operative cases.

## 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 and one part-time chiropodist working on a sessional basis were employed during the year. The service includes the care of the residents in the hostels of the Social Services Department.

Clinic sessions are held in the 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 service:-

Elderly, aged 60 years and over		 	805
Physically handicapped		 	14
Expectant mothers		 	-
Hostel residents		 	260
	TOTAL		1079
No. of treatments given			
In clinics		 	2824
In patients homes		 	790
In hostels		 	853
	TOTAL		4467

## Care and After-Care of Tuberculous Persons and Contacts

One whole-time Officer 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 twelve and 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 District Nursing, Night Attendant and Domestic Help Services are available when necessary.

Following the recommendations of the Chest Physicians and the Medical Officer of Health, the Housing Committee of the local authority give a special consideration to families requiring rehousing.

## Mass Miniature Radiography and Diabetic Surveys

The Mass Miniature Radiography Unit held public sessions at the Drill Hall, Kingsway, during one week in October 1971 and also visited local industry. The staff of the Unit again co-operated in the administration of the Diabetic Survey by issuing to each person attending for X-Ray, a Clinistix and Report Card.

Both Surveys were carried out satisfactorily and statistical details are given below:-

## (a) Mass Miniature Radiography Survey

MALES	FEMALES	TOTAL
412	694	1,106
716	1,259	1,975
13	32	45
17	6	23
18	66	84
1,176	2,057	3,233
	412 716 13 17 18	412 694 716 1,259 13 32 17 6 18 66

## (b) Diabetic Survey

Clinistix and	d Report	Cards	issued	 2,100
Report Cards	refurne	d		

Negative Positive			 990
Positive			 19
			1,059

The nineteen persons found positive after two tests were investigated further by their own doctors who co-operated fully in the survey.

Result of General Practitioners Investigations -	
Negative	3
Negative but under General Practitioner	
Supervision	4
Positive - under General Practitioner	
Supervision	3
Positive - referred to Diabetic Clinic	1
Not indicated whether Positive or Negative -	
referred to Diabetic Clinic	3
No follow-up information received or patient	
failed to attend	5
	-
Total	19
	1000

## Epilepsy

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

In April 1971, there were 48 persons suffering from epilepsy on the Disablement Register at the local office of the Ministry of Labour and National Service.

Information regarding children suffering from epilepsy is given on Page 19 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 Social Service Department, one being employed in the local Remploy factory and two attend Meadow Bank Training Centre for the mentally handicapped.

Eleven spastic children were able to attend ordinary schools; one attended Coal Clough Special Day School; six the Brunlea School for Physically Handicapped and there were two in residential special schools. There are three children under five years of age under the supervision of the Child Health Service. Four spastic children are on the register of the Special Care Unit of Westway School for severely subnormal children.

## Cervical Cytology

The scheme continues to be available free of charge through the Authority's services. Smear testing is carried out in the Pathological Laboratory of

Burnley General Hospital.

Additional to the local authority service, there are those of the local Family Planning Association and general medical practitioners.

This field of preventive medicine is well publicised and women are advised to avail themselves of this service.

A national system of recall is to be introduced in 1972. The patient will be recalled every five years. A further test will be given, however, in under five years, if requested.

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	318
No. of satisfactory reports received	297
No. of positive smears	NIL
No. of referrals to general practitioners	
for advice or treatment of other	
conditions found	21

#### Chronic Carriers of Infection

For many years a register has been 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 periodically. The register now contains the name of one carrier of B.Typhosus, and one of Salmonella Paratyphi B.

## Health Education

Health education continues on a basic level, with talks in homes, child health centres, senior schools and at meetings of various organisations. These talks or illustrated lectures are in the main given by Doctors, Mental Welfare Officers, Health Visitors and the Food Hygiene Inspector.

Organised lecture programmes with visual aids and tours of observation have been provided for student nurses from the local hospital group and senior student nurses of Calderstones Hospital.

Close co-operation with the press 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, smoke control, mental health, smoking and lung cancer, personal hygiene and cervical cytology.

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

Food hygiene lectures were given at regular intervals to school boys, school meals service staff and to Health Department staffs.

## Co-ordination and Co-operation in Local Health Services

Domiciliary staffs of the Department work closely with the staffs of the hospital service, general practitioners and the new Social Services Department.

Health Visitors and District Nurses are afforded facilities to attend the Dermatological Clinic, the geriatric wards, the maternity unit and the Chest Clinic of the local hospital group.

Health Visitors are now based upon the practices of the local general medical practitioners and the attachment is working very well. Midwifery and District Nursing sisters also work with general practitioners, and it is true to say that integration has developed well.

The Medical Officer of Health maintains close association with voluntary organisations e.g. Cancer Research Campaign; Diabetic Association; local branch of the National Association of Mental Health and Council of Social Service etc.

The Medical Officer of Health is a member of the Local Executive Committee, the Local Medical Committee, the Hospital Management Committee, the Liaison Committee of the Regional Hospital Board, and along with the Non-Medical Supervisor of Midwives, is a member of the Local Maternity Liaison Committee.

The Deputy Medical Officer of Health is Chairman of the Area Branch of the Family Planning Association.

#### SECTION VII

#### AMBULANCE SERVICE

The fleet is radio-telephone controlled and consists of six ambulances, two dual-purpose vehicles and two sitting case cars. The personnel is made up of one Ambulance Officer, four Station Officers and twenty-five 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.

All drivers are now seconded to courses of training at the Lancashire County Council Ambulance Service Training School. These courses vary between 2 and 6 weeks according to an ambulanceman's service. Training in the use of Entonox and training within hospital premises will shortly be undertaken.

The work continues to increase as is evidenced by the statistics below.

The accommodation provided in the Old Artillery Barracks Buildings was recently upgraded, but is far from satisfactory. It is proposed to provide a purpose-built Ambulance Station in the near future and this will be sited as centrally as possible.

#### Statistics for 1971

Accidents and Emergencies	
Journeys	2726
Patients carried	2630
Others	
Journeys	6515
Patients carried	39938
<u>Total</u> -	
Journeys	9241
Patients carried	42568
Mileage -	
Ambulance	76619
Dual-purpose vehicles	83798
Total	60417

## Comparative Statement of Statistics over 10 years

1	Journeys	Patients	Mileage
1962	8546	32,707	135,733
1963	9273	33,961	137,227
1964	8991	36,397	137,429
1965	8658	36,072	132,992
1966	8797	37,564	134,399
1967	8834	39,424	138,079
1968	9334	38,536	145,307
1969	9615	38,637	156,357
1970	9768	42,711	158,685
1971	9241	42,568	160,417

#### SECTION VIII

#### ENVIRONMENTAL 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	1971	1970
	Total potable consumption for the whole of the Board's area	4,150 million gallons (11.370 million gallons daily)	3,839 million gallons (10.520 million gallons daily)

During 1971, the amount of water consumed within the County Borough area only, amounted to 1,750 million gallons (4.795 million gallons daily).

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

(b)	Rainfall on local gathering grounds			Long Term Average
	Swinden (upper gauge)	=	37.42 ins.	48.99 ins.
	Swinden (lower gauge)	=	35.83 ins.	47.56 ins.
	Cant Clough (north gauge)	=	41.81 ins.	51.33 ins.
	Cant Clough (south gauge)	=	40.70 ins.	52.46 ins.

I am also grateful to the Chief Chemist of the Mid-Calder and Hyndburn Joint Sewerage Board for the following information concerning the quality of water supplies.

Bacteriological examination Twelve samples of water from the reservoirs were examined bacteriologically:-

Cant Clough		 	 	 				4
Hurstwood/He	ckenhurst		 	 				4
Swinden								

All samples were found to be satisfactory.

## Chemical Examination

Fourteen samples of water were examined chemically and found to be satisfactory.

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

Cant Clough	 	 0.13	parts	per	million
Heckenhurst	 	 0.11	parts	per	million
Swinden No. 1	 	 0.11	parts	per	million

The local authority has, in 1972, agreed to the fluoridation of water supplies.

#### Public Baths

Nine samples taken from the Public Baths were examined chemically and bacteriologically. All samples were satisfactory.

#### Public Cleansing

## Collection and disposal of refuse

In May 1967 the incineration of rubbish ceased. This was due to the excessive cost of converting the plant to comply with the smoke control regulations. All refuse is now disposed of at the Monkhall Quarry but of course a new incineration plant is planned for building in the present Five Year Capital Programme.

## Amount of refuse dealt with during the year ended December 1971

		Tons
(a)	Refuse taken to tip:-	
	Plant Screenings ('tailings') Screened dust Tipped direct	15,239 2,153 1,082
(b) (c) (d)	Refuse burned	2,323 20,797

## Receptacles for refuse in use during 1971

No. of premises	No. of dustbins
31,643	35,423

## Sewerage and sewage disposal

The arrangements for sewerage and sewage disposal in the district are adequate and is the responsibility of the Mid-Calder and Hyndburn Joint Sewerage Board which incorporates Burnley County Borough, Burnley Rural District, Padiham, Clayton-le-Moors, Great Harwood, Rishton, Church, Oswaldtwistle and Accrington.

#### REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

(Mr. M. Stott, M.A.P.H.I.)

The public health inspectorate comprises the Chief Public Health Inspector and his Deputy; 1 Senior District Inspector and 6 District Inspectors; 1 Technical Assistant; 1 Pupil and 2 Meat Inspectors.

A change in the staffing structure resulted in a redivision of the Borough to form six districts instead of four and the abolition of specialist duties. Each District Inspector is now responsible for all types of premises on his district. A Senior District Inspector's post was created to co-ordinate the work of the District Inspectors.

This re-organisation appears to be working satisfactorily.

#### Nuisances

## Premises prejudicial to health or a nuisance

Much of an Inspectors work is taken in dealing with complaints of the state of premises and of nuisances allegedly being caused by anothers act or neglect. Often the line between actionable complaints and those where no statutory nuisance occurs is very fine and must be defined initially by the individual District Inspector.

- 166 formal notices were served under the Public Health Act 1936
  - 38 formal notices were served under the Public Health Act 1961
- 22 formal notices were served under the Burnley Borough Improvement Act 1895

## Smoke Nuisances

During the year complaints were received from the inhabitants of the Rossendale Road area, of smoke drifting into the Borough from a private tip in the Rural Area. The Burnley Rural District Council were asked to investigate.

## Noise Nuisances

Numerous complaints of this type of nuisance have been received during the year. Many visits have been made often late at night and in the early morning and due recognisance should be made here to the Inspectors concerned.

Last year it was reported that a reduction in noise from a kiln at an earthenware manufacturing plant had been obtained by designing baffles for the oil burners and that further improvements were expected when gas burners were introduced. In fact the installation of the gas burners did reduce the noise for a time but when the remaining kilns were also converted to gas the noise increased to levels similar to those appertaining when complaints were first received.

The noise is due to primary air rushing into access holes in the burners. Difficulty has been experienced in finding a practical solution to this problem.

The re-opening of Lodge Mill, Barden Lane, after several years of disuse during which time a new housing development was built within very close proximity, brought a number of complaints from the residents of the new houses. The situation was worsened by the fact that the company now occupying the mill began operating a 24 hour day for 7 days per week.

Noise pressure readings were taken and the company were asked to take measures to reduce the noise and at the end of the year were actively engaged on work of insulation to try to reduce the noise to acceptable levels within practicable means. Twelve other noise complaints were received during the year.

All the complaints were presented as a summary report to the Health Committee of the Personal Services Group.

## Offices, Shops and Railway Premises Act 1963

The re-organisation of the districts has resulted in each Inspector taking the responsibility for inspections and visits to premises on his district that are covered by the Act. Twenty-two accidents were notified during the year. All were non-fatal.

A machine, not specified as dangerous, was thought by the Public Health Inspector concerned to present a potential hazard to young females with the currently fashionable long hairstyles. There was a possible risk of the hair being caught up in moving rollers. After dissension by the manufacturers of the machine the advice of the Superintending Inspector of Factories was sought. He agreed with the Public Health Inspector and the machine was modified.

Legal proceedings were taken against the occupier of a dry cleaners branch shop where clothes for treatment were deposited and collected by the public. Four contraventions were complained of, all were found proved and the occupier was fined. Details of the case can be found under the heading "legal proceedings".

## Factories Act 1961

This Act is mainly operated by Her Majesty's Inspector of Factories, but the inspection of sanitary accommodation in all factories, and certain provisions for health in factories without power are administered by the local authority.

Twenty-one informal notices were served during the year concerned 41 defects in sanitary facilities.

Some 331 power factories and 3 non-power factories are registered in the Borough.

## Factories Act 1961

Inspections for the purpose of provisions as to health (including inspections made by the Public Health Inspectors) during 1971

Premises	No. on Register	No. of Inspect- ions	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	3	1		
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	331	253	21	
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)				
TOTAL	334	254	21	-

## Cases in which defects were found

Particulars	w	Number o	f cases in		Number of cases in which prosec-		
Particulars	Found	Remed- ied	Refer	rred	utions were instituted.		
The Control of the course	ady yd	Ted	To HM Insp.	By HM Insp.			
(1)	(2)	(3)	(4)	(5)	(6)		
Want of cleanliness		-	marie de		and the same of th		
(S.1.) Overcrowding (S.2.)	10-101	0.00	-	2021 - 17	5		
Unreasonable temper-	2003	10000					
ature (S.3.) Inadequate ventil-	(1)	1 760	1 7	110	-		
ation (S.4.)	-	-	1 m 7 m 3	-	- 111-		
Ineffective drainage of floors (S.6.)	_	1 -	0_502	1000	012100 L		
Sanitary Conveniences (S.7.)		1	10.70	olyimodnu	Local		
(a) Insufficient (b) Unsuitable or	2	2	- 6	1	Catana-		
defective	38	17	- 1	ral - b	ownlan-o		
(c) Not separate for sexes	1	-	-	Control of the last	0 (81.7		
Other offences (not including offences	The said	-	1 100 m	in Secritor	of the state of th		
relating to outwork)	7	-	- Table	during the same	- 100 H		
TOTAL	41	19		1	Part Laboratory		

Out work (Sections 133 and 134) - NIL

## Clean Air Acts

## Domestic

The final stage in the programme for covering of the Borough by smoke control orders was begun during the year. The No. 11 Order became operative on the 1st April and the No. 12 Order was confirmed by the Department of the Environment in March — to become operative on the 1st July, 1972.

The confirmation of the No. 12 Order during the latter stages of the implementation of the No. 11 Order meant that the Department had to deal with the completed works and accounts in the No. 11 Area and the proposals for new work in the No. 12 Area at the same time. This was no mean task, especially as within 2 weeks of the No. 12 Order being confirmed some 1,500 proposals had been submitted. It is perhaps pertinent to reflect that when the No. 1 Order was confirmed in 1961 it was met with considerable antagonism and there was certainly no rush to comply with the requirements of the Order. Times have changed:

Some relaxation of the existing smoke control orders was inevitable during the early period of the year when premium fuels were in very short supply. However, in April supplies began to return to normal and the Public Health Inspectors sought out regular offenders against the Orders and warned them of the penalties involved due to non-compliance with the law. A number of coal merchants were also warned regarding the delivery of bituminous coal to houses in operative smoke control areas though possibly it was delivered under pressure from householders.

The sale of 28 lb. bags of bituminous coal from "corner shops" has accounted for a large number of the contraventions. Unfortunately this type of sale is not an offence and cannot be controlled or restricted. However, those who buy coal for use in an operative smoke control area are liable to be prosecuted.

## Industrial

Most industrial heating plant complied with the Clean Air Act and the Dark Smoke "Permitted Periods" Regulations 1958. One notable exception was the Bank Hall Colliery chimney which gave considerable offence and caused nuisance during the time the pit was being closed down. The fact that the boiler plant used a water spray to remove grit from the flue gases and that this process constantly produced steam from the chimney did not assist matters as the steam often appeared to be heavy smoke to the untrained eye.

## Smoke Control Areas (Position at end of 1971)

Total acreage of Borough	4695
Acreage covered by operative Orders	4082
Percentage of Borough covered by operative Orders	86.2%
Total premises in Borough	30696
Premises covered by operative Orders	26977
Percentage of premises covered by operative Orders	87.8%

#### Housing

The inspection and representation of a proportion of the unfit houses included in the current Clearance Programme was carried out during the year. The remainder of the properties will be dealt with next year with the exception of a number of houses in Garstang Street which have been included in an enlarged Clearance Area in Whittlefield, to be dealt with in 1973.

There are now no common lodging houses registered within the Borough. Two houses formerly registered are now classed as houses in multiple occupation. The definition of a common lodging house, ie. "a house for accommodating by night, poor persons, not being members of the same family, who resort thereto and are allowed to use one common room for the purpose of eating and sleeping", is thought no longer to apply to the type of houses that were previously registered.

There are no licensed caravan sites in town.

Six hundred and forty two applications were received in respect of standard amenities in houses and 312 applications were made for improvement grants. The inspectorate has to check each application as to the estimated life of the property concerned. It is not an easy task to forecast if "marginal" properties will still be standing in the early years of the 21st century, and the acceptance by the Council of a map showing areas of the town which should be redeveloped rather than improved has gone a long way towards simplifying the position.

During the year two improvement area projects were carried out. The initial inspection of several hundred houses and correlation of the opinions of the residents of the areas was carried out by the public health inspectorate. The speed, diligence and accuracy of the work, done as an additional duty, often at nights and weekends, by the Inspectors is to be highly commended.

Clearance Areas represented during 1971	Number of premises
Blenheim Street (nos. 1, 2, 3 & 4)	79
Every Street	
Layfield Street	
Simpson Street	
Tarleton Street (nos. 1, 2 & 3)	
water 100 Road	
	209
Houses in Clearance Areas and unfit houses elsewhere	
Houses demolished in Clearance Areas	
Unfit for human habitation	242
On land acquired under Section 43 (2)	
Housing Act 1957	61

Houses demolished (not in or adjoining Clearance Areas) Number of pre-	nises
As a result of formal or informal procedure under Section 16 or 17 (1) Housing Act 1957	
Local Authority houses certified unfit by the Medical Officer of Health	
Unfit Houses Closed	
Under Section 16 or 17 of Housing Act 1957 7	
Number of Persons Displaced	
From houses to be demolished in or adjoining Clearance Areas	
From houses to be demolished not in or adjoining Clearance Areas	
From houses to be closed 5	
Families Displaced	
From houses to be demolished in or adjoining Clearance Areas	
From houses to be demolished not in or adjoining Clearance Areas	
From houses to be closed 1	
Unfit houses made fit	
After formal notice under Section 16 Housing Act 1957 4	
After determination of a Closing Order under Section 27 Housing Act 1961	
Houses in which defects were remedied (other than unfit houses made fit)	
After formal notice under Public Health Acts 144	
After informal notice under Public Health Acts 327	

#### Housing Statistics

#### Number of premises

(a)	Number of dwellings erected during the year:-		
	By the Corporation	_	houses bungalows flats
	By private enterprise	23	houses bungalows flats
	Total dwellings	231	
(b)	Dwelling houses (including Council houses and shops with living accommodation)	,379	
(c)	Total number of back-to-back houses	14	

#### Dereliction

The Council's policy of securing the sealing-off of doors and window openings in vacant and derelict dwellings continued during the year. There appeared to be a slight decrease in the numbers of houses involved and it is encouraging to note that there was one application for an improvement grant in respect of a house which had been sealed off for some time.

The Council's policy of defining areas that will need redeveloping, should, if the policy is followed through and houses are demolished or improved, gradually remove declining areas of the town which are, for the most part, the areas where dereliction is most prevalent.

## Conversion of Waste Water Closets

During the year 396 applications were received for conversion of waste water closets using the Council's Grant Aid Scheme, an increase of 125 over the figure for 1970.

It is estimated that some 6,400 waste water closets are in use at the present time, a reduction of 690 compared with 1970. It is hoped to carry out a survey during 1972 which should result in a more accurate assessment of the situation.

#### Offensive Trades

There are three offensive trade premises within the Borough and each is registered and receives inspection. The trades are comprised as follows:
1 Gut Scraper 1 Tallow Melter 1 Fellmonger

Five marine stores have in past reports been included as offensive trades, but as only rags and not both rags and bones are involved it is considered that they do not come within the definition of an offensive trade.

## Diseases of Animals Act 1950

Routine visits were carried out during the year in connection with duties under the above Act. These mainly concerned the movement of pigs into and out of the Borough. There were no cases of swine fever, fowl pest, anthrax or foot and mouth disease reported during the year.

In addition to the above a number of visits were made to premises where kitchen waste and other waste foods are fed to animals reared for food for human consumption. The waste food must be properly sterilized by boiling in plant licenced under the Disease of Animals (Waste Food) Order 1947. There are 9 such licensed plants within the Borough.

## Pet Animals Act 1951

This Act provides for the supervision and licensing by the Local Authority of all persons carrying on the business of a dealer in pet animals. Eight persons are so licensed.

An unusual matter concerning the size of a cage for a small ape, arose during the year when such an animal was found to be kept in a small cage. The assistance of the R.S.P.C.A. was sought and they recommended a suitably sized cage which was duly provided by the dealer.

## Animal Boarding Establishments Act 1963

One licence was granted for the use of premises as a dog and cat boarding establishment after a satisfactory report by the Inspectors.

## Riding Establishment Act 1964

Currently there are no licensed establishments within the Borough.

## Prevention of Damage by Pests Act 1949

The Department continued to operate a rodent control service, the use of which, assists occupiers of premises infested with rats or mice to eradicate the infestation and thus comply with the requirements of the above Act. Though many larger premises are served by specialist vermin eradication companies, the Local Authority service appears to carry out the bulk of

this type of work within the Borough.

The numbers of complaints and treatments for mice and rat infestations has increased slightly over the previous years figures; i.e. 23% and 38% respectively; there appears to be some apathy on part of sections of the public against making any attempt at rodent proofing after the free treatments have been completed.

Premises found to be infested by the common rat	323
Premises found to be infested by the house mouse	1372
Total visits by Rodent Operatives to dwelling houses (including Council houses)	1185
Total visits by Rodent Operatives to Local Authority premises	154
Total visits by Rodent Operatives to business premises	400
Visits to agricultural premises	1 -
All surface infestations of rats were treated with Warfarin .05% there being no evidence of any resistance to this type of rodenticide at the present time. The sewer treatment carried out during the year using Warfarin .05% as the poison bait gave the following results:-	
the act provided the are larger without the body in the Local Lucion to	
No. of chambers receiving complete treatment  No. of chambers showing complete take  No. of chambers showing partial take  No. of chambers showing no take	540 56 17 467
nor of chambers showing no care	40/

#### Disinfection and Disinfestation

The incidence of flea infestations increased during 1971, and in a continuing effort to encourage people to seek the help of the Department in combating the pest it was again decided that no charge should be made for treatment. The very low standard of personal hygiene in many of the problem families is a contributory factor in the 29% increase of flea infestations.

The number of treatments for scabies decreased by over 50%.

The Disinfestation Service was called upon to treat premises as follows:-

Fleas	102
Body lice	-
Other insects, i.e. wasps, silverfish, flies,	170
spider beetles	48
Treatment of premises upon removal of occupants	
from Clearance Areas to Council houses	
Removals dilutificate from dieafance area premises	3

Treatment of vacant houses prior to demolition	75
The facilities at the Centre were used as follows:	
Articles disinfected including incontinent laundry Articles disinfested Scabies treatments	39
Scabies treatment for neighbouring authorities	1633

The increase over last years numbers of baths given is mainly on account of the service being provided at Royle Road on two half days per week by the Health Visitors for the children of problem families.

## Food Control

## Food Hygiene (General) Regulations 1960

These Regulations were in force until the 1st March, 1971 when they were revoked by the Food Hygiene (General) Regulations 1970. The new Regulations whilst similar to those of 1960 widen the scope of work to be carried out by the public health inspectors.

Legal proceedings were taken under the new Regulations in one instance. This was in fact a second prosecution against a cooked meat manufacturer who had again failed to comply with the law. The case was found proved and fines of £125.00 were imposed plus £10.00 costs.

In one other instance, also a cooked meat manufacturer, it was decided to institute proceedings but this case will not be heard until early 1972.

A number of owners and occupiers of food business premises were warned of the possibility of legal action being taken against them and this was sufficient to cause compliance with the law.

The majority of the food premises in the Borough comply with the requirement of the law at all times. It is only in a few cases where carelessness or neglect bring about the need for action by the Department. Those who disregard the basic legal standards regarding clean food handling must expect to receive the punishment that the law provides for non-compliance.

The numbers and types of trade covered by the Food Hygiene (General)
Regulations 1970 are shown below:-

Type of Trade	No. of premises
Unlicensed Restaurants, Cafes and Snack Bars	31
Ti	15
Works Canteens	28
C 1 - 1 V - 1 - C - 1 C - 11 - 1 - 1	50
Licensed premises (public houses and clubs)	134
Wholesale fish and poultry suppliers	2
Whalesale meet supplieur	9
177 7	5
Whalesale amount and family amounting	5
Supermarkets	5
Deleghander	41
Fish Fryers	57
0-4-17 1-4 1	75
Retail grocers	232
Retail fish shops	6
Retail greengrocers	52
Too among and assets	45

# Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966 (as amended)

The Regulations apply to all food stalls, mobile or fixed (including vending machines); vehicles delivering food, and food stalls and perimeter units in the Market Hall.

Delivery vehicles are stopped and inspected when in use, and where necessary evening or night visits are made to check on late night vendors of food from stalls. No legal action was taken under these Regulations during the year.

## Food Poisoning

Four notifications of food poisoning were received during the year. Each of these was notified from hospital where the cases were under treatment. All were individual cases and the organism involved in each case was of the Salmonella group, i.e. S. Typhimurium (2) S. Enteritidis (1) and S. Agona (1).

Four cases of gastro enteritis in school meals workers were investigated without significant results. School meals workers must give negative stool specimens before returning to work after illness of a gastro enteric nature.

## Meat Inspection

The F.M.C. (Meat) Limited continued to occupy and operate the only slaughter-house in the Borough. All animals slaughtered received 100% inspection, and regular visits were made to the premises to ensure they complied with the Slaughterhouse (Hygiene) Regulations 1958 (as amended) and the Slaughter of Animals (Prevention of Cruelty) Regulations 1958.

No lesions of tuberculosis were found in any parts of animals slaughtered or otherwise inspected. The number of carcasses inspected during the year and the corresponding numbers for the preceding four years are shown below:-

Year	Cattle excl. cows	Cows	Calves	Sheep	Pigs	Goats	TOTAL
1967	3545	1152	548	21422	3113	2	29564
1968	2872	809	14	14484	4157	PERSE LIN	22636
1969	2818	968	-	10458	3406	9, -	17650
1970	2648	1657	1 1	15391	4754	10 ft 14 44	22904
1971	2528	1343	-	12494	6252	-	22617

The amount of meat and offal rejected at the slaughter house as unfit for human consumption was:-

	Tons	Cwts.	Qrs.	lbs.		Tonnes	Kilos	Grms.
Meat Offal	2 15	7 2	3 2	7 17	or	2 15	428 375	989 430
	17	10	1	24		17	804	419

#### Unsound Food

Food other than meat and offal from the slaughterhouse that was condemned as unsound totalled:-

Tons	Cwts.	Qrs.	lbs.		Tonnes	Kilos.	Grms.
9	5	2	9	or	9	427	924

## Foreign Bodies in food and unsound food

During the year 35 complaints were received. All were investigated and where necessary the manufacturers or retailers of the affected food were contacted and warned regarding the need to intensify the care in preparing and storing food.

In one instance proceedings were instituted against a retailer for allegedly selling mouldy bread. However, the case was withdrawn after four adjournments, difficulty being experienced with legal technicalities and the inability to produce the prosecution witness due to circumstances outside the control of the department.

## Milk Supplies

All milk sold within the Borough must be designated i.e. Untreated, Pasteurised, Sterilized and Ultra Heat Treated (UHT).

During the year 6 producers of untreated milk were shown to have Brucella Abortus organisms present in their milk on sale to the public. In every case but one the farmers removed the affected cow or cows from the herd and thus no further action was needed. In one case, however, the farmer refused to remove the affected cows even after it was proved the organism was present in the milk being sold and it was found necessary to serve a notice under Regulation 20 of the Milk and Dairies (General) Regulations 1959 which requires any milk produced on the affected farm to be suitably heat treated, to render it free from harmful organisms, before it can be sold for human consumption.

## Liquid Egg (Pasteurisation) Regulations 1963

There are no egg pasteurisation facilities within the Borough.

## Poultry Inspection

There are no poultry dressing stations within the Borough.

## Food and Drugs and Bacteriological Samples

Six hundred and thirteen samples were taken and gave the following results.

	Total	No. Unsatis.	Reason Unsatisfactory
Food and Drugs Analysis of Composition and Labelling  (Formal)	3	Section 45 /	1 - Energy tablets - labelling matter 1 - Milk Cakes - lack of milk solids 1 - Hazel Nut Spread - low nut content 2 - Sausage - undisclosed
(Informal)	103	8	preservative  1 - Dried Apple Rings- undisclosed preservative  1 - Protein food drink - Lack Vitamin A  1 - Meat and Potato Pie - low meat content
Food other than milk (bacter- iological test)	14	5	5 - Ice Cream with poor methylene blue results
Bulk milk (untreated) (bacteriological)	309	42	31 - failed methylene blue test. 11 - positive Milk Ring Test (of which 6 proved positive on culture test)
Bulk milk (heattreated) (bacteriological)	12		
Milk samples from individual cows (untreated) (bacteriological)	172	7	16 - positive Milk Ring Test (of which 3 proved positive on culture test)
Total samples	613	62	

All of the eight unsatisfactory food and drugs samples were taken informally and were dealt with on an informal basis. In every case the producer or supplier was cautioned and took steps to ensure compliance with the law.

## Summary of legal proceedings

Legislation	Contraventions	Result
Public Health Act 1936	Section 92(1)(a)	Nuisance Order. Local Authority did work in
in - sipidar varont en i profice modificalité en i profice de la constitue en i constitue de la constitue en i	Section 39(1)(c) Section 92(1)(a)	default. Work done in Default. Nuisance Order. Local Authority did work in default.
Angolas Iban — managa — 2	Section 45 (1) Section 39(1)(c)	Work done in default. Work done in default.
Offices, Shops and Railway Premises Act 1963	Section 6 Section 9 Section 10 Section 16	Fined £5.00 ) Fined £5.00 ) £5.00 Fined £12.00 ) costs Fined £3.00 )
Food Hygiene (General) Regulations 1970	Regulation 6 Regulation 7	Fined £50.00 ) £10.00 Fined £75.00 ) costs

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

Atmospheric Pollution	Total
Smoke control areas Smoke nuisances Industrial premises and plant Smoke observations Tips	4799 96 75 134 28
Factories	
With mechanical power Without mechanical power Outworkers Bakehouses	248 5 4 25
Food Control	
Food Hygiene (General) ex. Bakehouses Food Hygiene (M.S.D.V.) Inspection of Food Food & Drug sampling Milk & Dairies Slaughterhouses Food poisoning	1743 136 135 76 24 23 30
General Public Health	
Premises in disrepair Filthy and verminous premises Moveable dwellings Common lodging houses Offensive trades Places of public entertainment Conversion of W.W.C's Noise (industrial) Noise (domestic) Other premises Rat infested premises Other infestations	4031 148 4 7 31 13 742 270 119 1822 475 431
Housing	
Inspections re unfitness	481 234 7 135 456

Miscellaneous	Total
Offices, Shops and Railway premises	640
Rent Acts	69
Diseases of Animals Act	29
Pet Animals Act	25
Waste Food Order	5
Fertilizers & Feeding Stuffs	5
Rag Flock & Other Fillings	2
Animal Boarding Establishments	8
Interviews with Owners, etc	1637
Improvement Area Surveys	793

# SECTION IX MISCELLANEOUS

## MEDICAL EXAMINATIONS

Particulars of medical examinations carried out during 1971

Purpose	Number
Retirement on superannuation Admission re superannuation Road Traffic Act Fitness for Employment School Meals Accidents Teachers Admission to Teacher Training College Others	10 347 133 135 49 12 9 77 39
TOTAL	811

THE WEATHER OF 1971 COMPARED WITH 1970
METEOROLOGICAL OBSERVATIONS

		-		
Mean	tive Humid- ity	82.9%	87.1%	84.0%
Jo . ck	ground	112	110	104
	Mean earth 100 cm	48.3°	47.5°	45.7°
Temperature (F)	Mean earth 30 cm	48.1° 48.3°	47.5°	45.5¢ 45.7°
Temperat	Mean Range	12.1°	11.7°	10.6°
	Mean in shade	47.0°	46.5	47.50
	Highest amount in 24 hours	on on 0.10.41	35.1 mm on 30.10.70	45.2 mm on 15.10.71
Rainfall	No. of days of rain	100	<u> </u>	151
	Total fall in mm	1007.2	1132.1	6.15
ne ·	Highest amount in 24 hours	lo.0 hrs on 14.0.05	15.7 hrs on 18.6.70	14.1 hrs on 14.5.71
Bright Sunshine	No. of days of sun	267	201	176
Bri	Total amount in hours	1057.3	1307.7	200.1
		Average 60 years	1970	1971

These figures for 23% days only Sunshine sphere stelen on the night of the 26th August 1971.

### COUNTY BOROUGH OF BURNLEY Local Education Authority



### ANNUAL REPORT

OF THE

Principal School Medical Officer

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

1971

### INDEX

	Page		Page
Audiometry	11	Epileptics	19
		Maladjusted	18
B.C.G. Vaccination	12	Physically Handicapped	21
	13	Speech Defects	19-20
Brunlea Day School for Physically Handicapped	21		
Handicapped	21	Hygiene Inspections	11
		nygiene inspections	11
Camp School	25		
Clinics	8	Infectious Diseases	13
Clothing and Footgear	11	Inspection Clinic	12
Committee	2		
Co-ordination and Co-operation with		Meals and Milk	26
other Health Services, Voluntary		Medical Inspection in Schools	10-11
Bodies, etc	9	Medical Treatment	14-15
			14-15
Dental Service 16-	17: 32-33	Minor Ailments Miscellaneous Examinations	12
Department of Education and Science -	17 . 32-33	Miscellaneous Information	25-26
Statistical Tables	28-33	Alsocitations information	23-20
Diphtheria and Immunisation	13		
Dipieneria ana immanisacion	13	Nursery Schools	7
Ear, Nose and Throat Defects	14	Physical Condition	
Education in Hospital	21	Physical Condition	11
Educational Psychological Service	23-24	Physiotherapy Clinic	15
Employment of Children	26		
Entertainments	25	School Baths	25
Enuresis Clinic	15	School Dental Service	16-17: 32-33
Eye diseases and visual defects	14	School Hygiene and Sanitary	
The state of the state of		Accommodation	25
Protection lead by Wedical Townselies	10	School Meals Service	26
Facts disclosed by Medical Inspection	10	School Population	6-7
Following Up	12	School Psychological Service	23-24
		Special Schools	7
Handicapped Pupils	18	Staff	5
	10	Statistical Tables	28-33
Blind and Partially Sighted	19		
Deaf and Partially Hearing	18		25
Diabetic	21	Transport	25
Delicate	21	Tuberculosis	22
Educationally Subnormal	18		
		Vaccination against Tuberculosis	
		Vitamin Preparations	25

### EDUCATION COMMITTEE

### 1971 - 72

茶	HIS WORSHIP THE MAYOR (Alderman D. Parkinson, J.	P.)
*	Miss Alderman A. Proctor	
*	Alderman T. Holgate	
	Alderman J. A. Smith	
*	Alderman E. J. Willis	
*	Mrs. Councillor M. E. Durkin, J.P.	
*	Mrs. Councillor S. Ennis, J.P.	
*	Mrs. Councillor E. Roberts	
*	Mrs. Councillor A. Smith	
*	Mrs. Councillor S. Towler	
	Councillor J. Bradshaw	
	Councillor G. Brownbill	
	Councillor E. Fisk	
	Councillor A. Hotchkiss	
	Councillor E. Lyle	
*	Councillor M. A. Noble (Vice-Chairman)	
	Councillor A. Pickup, J.P.	
*	Councillor A. Proctor (Chairman)	
*	Councillor M. Tate	
	Councillor G. F. Taylor	
	The Rt. Rev. The Bishop Suffragan of Burnley	
*	The Rev. E. Sainsbury	
Contract of the Contract of th	The Rev. J. Groarke	
*	Mr. E. B. Ashworth	

\* Members of the Special Schools and Services Sub-Committee.

Public Health Department, 18 Nicholas Street, BURNLEY. Tel. Burnley 25011

June 1972.

Mr. Mayor, Ladies and Gentlemen,

It is with pleasure that I present my report on the work of the School Health Service for the year 1971.

There was no serious outbreaks of infection in schools. The incidence of Measles, German Measles, Whooping Cough and Scarlet Fever was reduced and a small number of cases of Acute Meningitis and Viral Encephalitis were notified. Forty-six cases of Infective Hepatitis occurred but the majority were not serious. I am concerned that the primary immunisation and booster injections against Diphtheria, Whooping Cough and Poliomyelitis should continue to decrease. It should not be forgotton that cases of Diphtheria caused a scare in Manchester during the year, in children who had not been protected against the disease. Parents should avail themselves of the opportunities to have their children immunised by either attending their doctor or coming to the Local Authority clinics where the services are free.

We have been fortunate in retaining our existing staff in the School Health Section which continues to run smoothly on the same general lines as in previous years.

Early detection of conditions which handicap children is one of the main aims of this Service so that medical and special educational treatment can be commenced as soon as possible.

Developmental paediatrics has taken up new importance in relation to infants and children under school age. In accordance with Ministry recommendations, one of our departmental Medical Officers, who has been specially trained, now attends the local hospital "Assessment Centre" as a team member with the Consultant Paediatrician. This improves liaison between the school, the hospital and community health services and it should be invaluable in finding handicapping conditions in children well before school entry.

The assessment of hearing and vision still receives high priority, vision tests being carried out frequently, and most children have a sweep frequency hearing test at the age of 6 years.

An innovation was the provision during the year of a special class for maladjusted junior children at the Old Grammar School and a

Special Class for Deaf Children under the charge of a trained teacher of the deaf has been planned to open early in 1972 at Todmorden Road School.

The possibility of change-over to selective medical inspections in schools will have to be considered. Medical Officers could then re-inspect all children with known defects and examine those referred by School Nurses and others for suspected defects.

The health education programme continues as planned combining with an active dental health education section. The general inspection of the School Dental Health Service this year is referred to in my Report.

As a result of Government policy only 26.9% of the school population now receives milk. A pilot scheme to provide soup for children in some selected schools during the winter months as an alternative measure is being tried out by the Education Committee. As a result of increased charges there has been an enormous reduction in the number of school meals supplied. I have, therefore, requested the Health Visitors to keep a close watch on the nutrition of needy families in the poorer areas of the town. Malnutrition is quite rare nowadays, only nine children in the Borough having been classified as "delicate" during the year, and they were all admitted to Brunlea School.

It is with regret that I have at the time of writing this report to record the impending retirement of our Director of Education, Mr. R. O. Beeston. I have appreciated his assistance and co-operation over many years and as a result both the Education Department and the School Health Services work in harmony.

It can only be hoped that the same will occur after Re-organisation. The fate of the School Health Service is in the balance, and no one will know its future until the next White Paper is published some time in 1972.

I must record my appreciation of the interest of the members of the Education Committee and the co-operation of the various Chief Officials, Head Teachers, General Practitioners, and the Press. Also to all members of my staff, I extend my appreciation for their high standard of work and for their efficiency and loyalty during the year.

Yours sincerely

Medical Officer of Health

### STAFF

Principal School Medical Officer - L.J. Collins, M.B., B.Ch., B.A.O., L.M., D.P.H., F.R.S.H.

Deputy Principal School Medical - E.P. Whitaker, M.B., Ch.B., M.R.C.S., Officer L.R.C.P.

Medical Officers in Department

- Mrs. I. Logan, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H. Mrs. P.S. Limaye, M.B., B.S. (Poona), D.C.H.

Principal Dental Officer

Consultant Orthodontist (part-time)

- Mr. D.J. Timms, D.Ortho.

Senior Dental Officer

Schiol Benear Office

Dental Officer

Ophthalmic Specialists (part-time)

Paediatrician (part-time)

Senior Orthoptist

Orthoptist

Physiotherapist

Educational Psychologist

Social Work Assistant

Social Worker

Speech Therapist

Dental Auxiliary

Chief Nursing Officer

Chief Administrative Officer

Other Staffs

- H. Layfield, L.D.S.

- C.F. Tehan, B.D.S.

- Vacancy.

- W.M. Dugmore, M.B., D.O., F.R.C.S.E. R.S. Ritson, M.B., Ch.B.

- W.M.L. Turner, M.D., M.R.C.P., D.C.H., D.L.O.

- Miss S. Sutcliffe, D.B.O.

- Vacancy.

- Mrs. P.A. Chadwick, M.C.S.P. (part-time)

- R.C. Tweed, Dip. Ed. Psych.

- Miss D. Cavell

- Mrs. A. Cockroft, S.R.N. (a) (b)

- Mrs. J. Kelly, L.C.S.T.

- Mrs. M.L. Dutton

- Miss M. O'Brien, S.R.N., S.C.M., R.F.N., H.V.Cert. (e)

- A. Pilling (c) (d)

- 1 Administrative Assistant

1 Clerk/Shorthand Typist

4 Clerks

3 Dental Surgery Assistants Health Visitors (combined duties)

(a) N.N.E.B. Certificate

(b) Home Office Letter of Recognition in Child Care

(c) Certificate of the Corporation of Secretaries Ltd.,

(d) Certificate of Declaration of Recognition of Experience in Social Work

(e) Diploma in Nursing (London)

### SCHOOLS

At the end of the year, there were 14,915 children on the school rolls. This number is 240 more than in the previous year, and the distribution is as follows:-

### Primary Schools

Barden Junior and Infants				515
Burnley Wood Junior and Infant	S			330
Ightenhill Junior				415
Ightenhill Infants				232
Stoneyholme Junior				228
Stoneyholme Infants				168
Rosegrove Infants				110
Hargher Clough Junior				366
Habergham Infants			1001110	71
Heasandford Junior				472
Heasandford Infants				306
Coal Clough Junior			19	319
Coal Clough Infants				216
Todmorden Road Junior				441
Todmorden Road Infants				248
Whittlefield Infants			195	101
Rosehill Junior				363
Rosehill Infants				200
Healey Wood Infants				34
Lowerhouse Junior				301
St. Peter's Junior and Infants				179
Holy Trinity Junior and Infant	S			180
St. Stephen's Junior and Infan			THE . P. LEW	258
St. Andrew's Junior and Infant	S			142
Wood Top Infants				57
Lane Head Junior and Infants				150
Myrtle Bank Infants				226
St. Mary's R.C. Junior				318
St. Mary's R.C. Infants				208
Christ the King R.C. Junior an	d Infant	S		201
St. Mary Magdalene's R.C. Juni	or			190
St. Mary Magdalene's R.C. Infa	nts			104
St. John's R.C. Junior				295
St. John's R.C. Infants				157
St. Augustine's R.C. Junior an	d Infant	S		152 8253

### Nursery Schools

Stor	neyholme Nursery School		 	22	
	rington Road Nursery School		 	84	
Hab	ergham Nursery School		 	32	
Rock	kwood Nursery School		 	57	
Rose	ehill Nursery School		 	40	
Myr	tle Bank Nursery School		 	39	
Lion	nel Street Nursery School		 	40	
	Street Nursery School		 	43	
	ard Street Nursery School		 	40	
	egrove Nursery School		 	40	
	den Lane Nursery School		 	49	. 486
Secondary S	Schools				
Bare	den School		 	907	
Ivy	Bank School		 	1037	
Wal	shaw School		 	714	
St.	Theodore's R.C. Boys! School	01	 	939	
St.	Hilda's R.C. Girls' School		 	670	
Town	neley Comprehensive School		 	811	
Burn	nley Grammar School		 	453	
Burn	nley High School		 	436	5967
Special Sch	hools				
Wes	tway School for S.S.N. Chile	dren	 	34	
	l Clough School for E.S.N.		 	91	
	nlea Day School for Physical			84	. 209

### GENERAL INFORMATION

### School Clinic

All clinics of the School Health Service with the exception of the centre for bathing of verminous children and those suffering from scabies, are centralised in the Elizabeth Street premises.

The school clinic was open on 255 days and the number of attendances made to the various clinics was 16,436 which is an increase of 741 on the previous year.

### Clinics - General

Medical Inspection in schools - approximately ten sessions each week.

General Ailments - daily.

Dental Treatment - daily.

Minor Ailment Treatment - daily.

Immunisation against diphtheria, whooping cough and poliomyelitis, and vaccination against smallpox - one session each week.

Immunisations and vaccinations are also carried out in Schools.

Enuresis treatment - approximately at fortnightly intervals. Orthoptic treatment - approximately six sessions each week. Physiotherapy, etc. - one session each week.

Child psychological service - daily.

Speech therapy - daily.

B.C.G. vaccination against Tuberculosis - sessions as required.

### Clinics - Specialist

Ophthalmic ... three sessions each week (average)
Paediatric ... one session each month.
Orthodontic ... one session each month.

### CO-ORDINATION AND CO-OPERATION WITH OTHER HEALTH SERVICES, STATUTORY AND VOLUNTARY BODIES

Children referred to the Ear, Nose and Throat Specialist are seen at his out-patient clinic which is held in the Burnley General Hospital.

Clinics for eye defects and paediatrics are held in the School Clinic premises and are attended by hospital specialists.

The Orthoptic service is a joint one and provides for the school children of Burnley and Nelson, and also for the Ophthalmic Department of the Burnley Victoria Hospital.

There is complete co-ordination in regard to services provided under the National Health Service Act, 1946. Information is made available for the use of the Youth Employment Officer of the Department of Employment and Productivity. Bi-annual meetings are held between officers of the Education, Health and Social Services Departments and the Youth Employment Service, plus the Disablement Resettlement Officer and the Consultant Paediatrician in order to discuss the employment prospects of Special School leavers. These children are further discussed at subsequent meetings.

Excellent co-operation continues with the Director of Education and other officers of the local education authority and the Head Teachers and staffs of the schools.

Information and advice is freely given and accepted between general practitioners, hospital staffs and the Medical Officers in Department in respect of all the children receiving the facilities afforded by the School Health Service.

### MEDICAL INSPECTION IN SCHOOLS

Each school was visited by a Medical Officer during the year and the number of pupils examined was 4243. This figure is made up of 3112 routine medical inspections and 1131 special examinations and re-examination of children suffering from defects or diseases. This total figure is 1146 less than the number inspected in 1970.

Children are examined by a Medical Officer at least three times during their school life, that is as 'Entrants'; at approximately 10 years of age, and as 'Leavers'. The number examined in each category was 1628, 567 and 917 respectively.

In the eleven Nursery Schools, children are constantly supervised and 80 received a full medical examination.

The reduction in the number of examinations carried out compared with 1970 is a result of members of the medical staff being seconded to appropriate training courses, and prolonged illness of one doctor.

### Review of facts disclosed by medical inspection

The statistical tables giving details of the medical inspections carried out and the defects found and which are submitted to the Department of Education and Science can be found on Pages 27 to 33.

Of the 3112 children receiving routine medical examination, 419 were found to require treatment. This is 13.5% of those examined and compares with 16.8% in the previous year.

Of the 419 found to require treatment, 84 had vision defects which were mainly errors of refraction. This is 2.7% of the total inspected as compared with 6.8% in the previous year. Additional to this, twenty-four children were found to squint.

Nose and throat conditions were found in 291 children. Of these 40 required to be referred to the E.N.T. Specialist for further opinion or treatment.

Heart conditions found were mainly of a functional nature and affected 1.6% of those examined.

Parents are encouraged to attend routine medical inspections in schools and the Medical Officers are always available to discuss with them the physical condition of their children. However, children on leaving Junior School, are not desirous of parents attending medical inspections, with the result that only 0.8% of parents attended inspections of the 'leavers' group. Approximately 19.9% attended the inspection of the 'second age group" and 43.6% the 'entrants'.

### Hygiene Inspections

One hundred and thirty two surveys in schools for general cleanliness and to detect vermin infestation were carried out by the nursing staff. These inspections resulted in the discovery of a number of infestations in children, and appropriate measures were taken to cleanse the hair and prevent re-infestation.

### Clothing and Footgear

Careful inspection of children's clothing and footgear is always made at routine medical inspections, and only nine children were found to have unsatisfactory or defective clothing or footgear.

### Physical Condition

The physical conditions of children at all ages continues to be very satisfactory and evidence of malnutrition is very rare indeed.

### Audiometry

Sweep frequency tests continue to be carried out in the schools by the nursing staff, and during the year it was possible to arrange sessions at twenty eight schools.

### THE INSPECTION CLINIC

This clinic is held in the Elizabeth Street premises each Monday, Wednesday and Friday morning and is attended by a Medical Officer.

Four hundred and five children were seen, the great majority of whom had defects which did not require exclusion from school. Only four certificates of exclusion were granted.

Of 383 defects found on inspection, 158 required treatment and 225 required observation only. The greatest number of single defects found were those of the eyes, seventy seven requiring treatment and twenty seven observation. Fifty three cases of scabies and 45 cases of impetigo were found and treated successfully.

Re-inspections of children at the School Clinic numbered 106.

### Follow Up

Pupils with defects are 'followed up' by Health Visitors to ensure that treatment is received, and advice and guidance is given to parents and teachers where necessary. Follow-up visits totalled 1681, one hundred and ten being in respect of defective vision.

### Miscellaneous Examinations

In addition, 700 examinations were carried out. These included inspections for admission to Convalescent or Holiday Homes, or Special Schools; for boarding out with foster parents; for fitness for employment out of school hours and prior to commencing employment on leaving school and inspections carried out by clinic nurses.

### INFECTIOUS DISEASES

Review of action taken to detect and prevent the spread of Infectious Diseases

Notifications of Scarlet Fever were less than the 39 notified in the previous year and Measles including German Measles decreased appreciably. The number of children of school age who suffered from infectious diseases were as follows - Measles and German Measles 245; Scarlet Fever 29; Whooping Cough 10; Infective Jaundice and Hepatitis 46; Non-Respiratory Tuberculosis - 1; Food Poisoning 1; Dysentery 5; Acute Meningitis 9; Viral Encephalitis 3; Para Typhoid Fever 1.

### Diphtheria and Immunisation

Over a period of many years there has been no incidence of Diphtheria. This is, of course, due to the continued protection of children by immunisation against the disease. The number of children under 16 years of age receiving primary inoculations was 118, a decrease of 193, whilst 1220 "booster" injections were given to children of all ages, a decrease of 124.

### B.C.G. Vaccination against Tuberculosis

B.C.G. vaccination was offered to one thousand two hundred and eighty six 12 year old children. Of the 958 acceptances, 914 were found suitable for, and were given B.C.G. vaccination.

It was also given to 9 children age 13 years. Since the beginning of the Scheme in August 1954, 2583 children in the 12 year old group and 9557 in the 13 year old group have been vaccinated.

Eight children age 14 years or over and 1 student at a further education establishment were also vaccinated.

### MEDICAL TREATMENT

Facilities for the treatment of school children continued as in previous years. Co-operation with local hospital staffs ensures interchange of clinical reports and information.

The interest and co-operation of the part-time Consultants is most valued. The Consultant Paediatrician examined 53 school children and 21 pre-school children especially referred to him.

Attendances at the School Clinic for all purposes, including dental treatment, numbered 16,436.

### Minor Ailments

The number of children requiring treatment for minor ailments is relatively small. Only 896 received treatment for such things as bruises, sores, skin infections and minor injuries, and an additional 75 children received treatment for skin conditions at the Cleansing Centre.

It is interesting to note that these figures in total represent only 6.5% of the total number on the Schools Rolls.

### Ear, Nose and Throat Defects

Operations for tonsils and adenoids are carried out in the Burnley General Hospital, and children remain in hospital for at least three days after an operation.

The E.N.T. Specialist examined 93 children referred to him and performed 44 operations. In addition, 426 children had operations by arrangements made outside the School Health Service.

### Eye Diseases and Visual Defects

The Consultant Ophthalmologists examined 662 children for errors of refraction, etc., 157 being new referrals. Children who received spectacles for the first time numbered 97. The total number of attendances at this specialist clinic was 1352.

The Senior Orthoptist, working single-handed, examined and gave orthoptic treatment to 418 school children and 101 pre-school children.

Twenty two children were referred for operative treatment, and from the list of those waiting, 23 including 8 pre-school children, had operations.

Early referrals of children for treatment continues satisfactorily and there is excellent co-operation from teachers and general practitioners.

### Enuresis Clinic

This clinic, is attended by a Medical Officer, and there is close co-operation with the Consultant Paediatrician of the local hospital group.

Enuresis alarm outfits are available on loan following the recommendation of the medical officer.

During the year, thirty six school children made ninety three attendances at this clinic.

### Physiotherapy Clinic

The Physiotherapist employed part-time gave seventy seven treatments to seven children at the Clinic, three hundred and fifty two treatments to fifteen children at Brunlea Day Special School for Physically Handicapped Pupils and one hundred and thirty five treatments to five children at Westway School for S.S.N. children.

### SCHOOL DENTAL SERVICE

Report by Charles F. Tehan, B.D.S., (Principal Dental Officer)

This year our School Dental Service was reviewed by Mr. E. G. Everett from the Department of Education and Science. The subsequent report was considered by my Authority to be satisfactory. Of course, it contained criticisms of certain aspects of the Service, but with the promise of increased staff and our impending removal to the new Health Centre there should be a general overall improvement in the future.

In the field of inspection and treatment of the pre-school child, we have drafted a letter of advice-cum consent form, which is sent to the parents on the child's third birthday. This scheme has got under way only this year but the response to date is very promising.

The Dental Health Education programme continues to expand and develop. During 1971 a mobile dental exhibition was obtained and attended by parties from all schools. An interesting project was tried out with a class of Secondary School boys, the basis of which was to interest them in teeth leading on to an interest in the care of teeth. This was achieved by getting them:

- 1. to take a survey of dental habits in the school
- 2. to make models of teeth
- 3. to investigate methods of cleaning teeth

Interests ran high and the boys did begin to think of the care of their own teeth. Several other schools in the town have expressed interest in this project. We carried out also our normal programme of films and talks; and the puppet shows for Infant Schools.

For the success of this programme my thanks are due to the Head Teachers and staff of the schools for their co-operation; and to our Dental Auxiliary, without whose skill and enthusiasm an education programme as comprehensive as ours would not be possible.

Statistics of the work carried out at the Clinic are given elsewhere, but the following ratios, comparative figures and histogram may be of interest.

### RATIO OF FILLINGS TO EXTRACTIONS 1971

Permanent Teeth 7.49 fillings for every extraction
Deciduous Teeth 1.43 fillings for every extraction

There were approximately 2 fillings done on each patient who completed a course of treatment. Approximately 0.64 extractions on each patient who completed a course of treatment.

0.8 fillings done for each visit 0.36 extractions done for each visit

### COMPARATIVE FIGURES 1960: 1971

### Ratio of Fillings to Extractions

1960 1 filling to 4.65 extractions 1971 3.22 fillings to 1 extraction

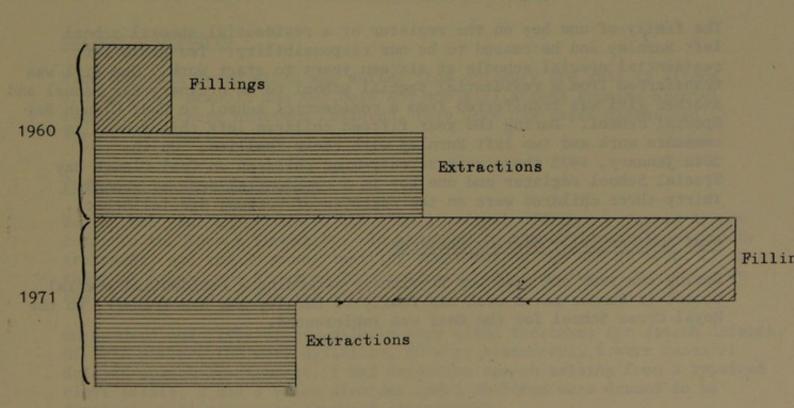
### Number of Fillings per Session

1960 fillings per session - 1.04 1971 fillings per session - 3.57

### Number Treated

1960 ... ... 1616 1971 ... ... 5628

### HISTOGRAM SHOWING RATIO OF ALL FILLINGS TO EXTRACTIONS 1960: 1971



### HANDICAPPED PUPILS

The following information is of the handicapped children and the types of schools in which they were being educated on the 20th January, 1972, the date appropriate to the statistical return submitted to the Department of Education and Science.

### Maladjusted Children

Blackpool, Bury, Barrow-in-Furness and Burnley Education Authorities jointly administer Wennington Hall Residential Special School for Boys which is situated near Lancaster.

During the year two boys were placed in the school and five left to start work. At the end of the period under review there were eleven Burnley boys at the school.

Four boys and two girls were on the registers of other residential special schools and one girl was receiving home tuition. One girl was awaiting placement in a residential special school.

Four were on the register of Brunlea Special School.

### Educationally Subnormal Children

During the year fifteen children were newly assessed as educationally subnormal. Fourteen were placed in Coal Clough Day Special School and one in a residential special school.

The family of one boy on the register of a residential special school left Burnley and he ceased to be our responsibility. Two girls left residential special schools at sixteen years to start work. One girl was transferred from a residential special school to an ordinary day school and another girl was transferred from a residential school to Coal Clough Day Special School. During the year fifteen children left this school to commence work and two left Burnley with their families. On the 20th January, 1972 there were seventy-nine children on Coal Clough Day Special School register and one boy in a residential special school. Thirty-three children were on the register of Westway Special School.

### Deaf and Partially Hearing Children

During the year one deaf boy previously attending a residential special school in Dundee moved with his family to Burnley and his transfer to the Royal Cross School for the Deaf was implemented.

A partially hearing boy left Burnley with his parents and his attendance at Liverpool School for Partially Hearing Pupils ceased to be Burnley's responsibility. One boy was transferred from Thomasson School to the Royal Cross School.

On the 20th January, 1972 there were fourteen children on the registers of residential special schools. Six at the Royal Cross School, Preston, one at the Yorkshire School for the Deaf, Doncaster, four at the Thomasson Memorial School, Bolton, and three at the Liverpool School, Birkdale.

One boy was newly ascertained as requiring residential special school education as a partially hearing pupil and along with three more pupils was awaiting placement.

Three children were on the register of Brunlea Special School.

### Blind Children

During the year one girl was transferred from the Royal Liverpool School for the Blind, Wavertree, Liverpool to the Royal Normal College for the Blind, Albrighton Hall, Broad Oak, Near Shrewsbury.

Another girl was on the register of the Royal Liverpool School for the Blind and one boy ascertained as requiring education as a blind pupil was awaiting placement.

Two partially sighted children were on Brunlea Special School register.

### Epileptic Children

Nine boys and seven girls who suffer from epilepsy are able to attend ordinary day schools and two boys and one girl attend Brunlea Special School. Of these nineteen children, five were new cases discovered during the year.

### Treatment of Speech Defects

During the year under review the school medical officers referred 47 new cases to the Speech Therapist. In addition to the children already under treatment, and the 39 cases awaiting treatment at the end of 1970, 17 of these 47 cases were accepted for treatment, thus leaving 30 new cases on the waiting list at the end of the year.

One hundred and fifty-eight children were given treatment for speech defects. Of this number, 102 were dyslalics, 40 were stammerers, 6 were cases of delayed speech development, 6 had defective speech arising from a repaired cleft palate, 2 had a voice disorder and 2 children were deemed to be dysphasic following some cerebral catastrophe.

By the end of the year 44 patients had been discharged from treatment, 33 as cured. Seven children had left school or the Borough before completion of treatment. Two children were discharged due to the fact that the parents decided that they did not wish them to have treatment, and one child was discharged for persistent non-attendance. One child was discharged as he had improved so much that it was felt he could manage the last lap on his own; and 16 children had improved so much that they were placed under observation only.

Of the 158 children, 96 were boys and 62 girls. One hundred and twenty one children were in attendance at primary and secondary modern schools. Thirty children attended special schools. These children made a total of 2199 attendances for speech therapy. In addition to visits to schools for consultation with Head Teachers on individual cases, the Speech Therapist interviewed and advised 57 parents at the Clinic with regard to their children's speech problems.

Seven pre-school children, 6 boys and 1 girl, have had treatment for speech defects, 2 cases being newly referred during the year. Of the 7 children seen, 4 were referred with a stammer, 2 had defective articulation and 1 delayed speech development. One child has been discharged. Four of the children have been placed under observation only; due largely to their age, their concentration span and co-operation were so poor that it was felt at this time wiser to postpone regular weekly treatment. In the meantime they are seen from time to time and the parents are advised on the best course of action to take. The children made a total of 21 attendances. Eight pre-school children, newly referred, are awaiting treatment.

The Therapist over the past twelve months has continued her weekly visits to the special schools, in all 75 visits were made. The children have continued, on the whole, to respond well to this service although improvement in some cases is somewhat erratic and spasmodic. Some new vocal or articulative skill is learned, but is noticeable that skills acquired some months previously and thought to be reasonably fluent start to deteriorate rapidly in some cases. However, it must be remembered that all these children are handicapped either physically or mentally, and where the latter is the case, improvement is very slow and unfortunately not always "sure". The Therapist visits Westway School once a month. Here, the low intelligence of the children concerned precludes much formal therapy being given. These children need more or less constant, indirect, therapy and consequently much of the Therapist's work is in an advisory capacity. The improvement shown by these children is due largely to the tireless members of staff and their unremitting work with them.

### Delicate Children

Nine children were classified as "delicate" during the year and admitted to the Brunlea School for Delicate and Physically Handicapped Pupils. Altogether eighteen delicate children were on the register of this school. One who was on the register of a residential special school was withdrawn and admitted to an ordinary school.

### Diabetic Children

One boy of junior school age and two girls of senior school age were known to be attending ordinary schools.

### Education in Hospitals

Education is provided in local hospitals for children of school age who are undergoing treatment. This scheme has been in operation since October 1957, and includes children from the adjoining areas.

Three teachers and equipment were provided by the Burnley Education Authority, and the cost shared by the authorities concerned.

### Brunlea Day School for Delicate and Physically Handicapped Children

During the year, 19 boys and 7 girls were admitted to the School, whilst 12 boys and 22 girls were discharged. The average number of children on the roll was 86 and the average attendance throughout the year was 68.

Two years ten months is the average duration of stay of the children.

### Physically Handicapped Children

During the year one girl was transferred from a residential special school to Brunlea Day Special School and one boy left a residential special school at the statutory age of sixteen years to work.

Three boys were on the registers of residential special schools and one was awaiting placement. There were forty five children on the register of Brunlea Day Special School, nine were receiving education in hospital, and two at home.

Ninety-nine other children with varying handicaps did not, however, come within the 'physically handicapped' category as prescribed in the Handicapped Pupils and Special Schools Regulations 1959 as they could be educated quite satisfactorily in ordinary day schools.

### Tuberculosis

Any case, or suspected case of respiratory tuberculosis, is referred to the Chest Physician of the local hospitals group who arranges the appropriate treatment or supervision.

### EDUCATIONAL PSYCHOLOGICAL SERVICE

(Report by R.C. Tweed, Esq., Educational Psychologist)

During the first six months of 1971 the Educational Psychologist was absent from duty, completing his professional training at Manchester University. Very little work was, therefore, done in child guidance during this period, apart from the many visits made by the Social Work Assistant, Miss D. Cavell. Occasional visits were made by the Educational Psychologist to the Authority, and contact was thus maintained at a reasonable level.

After the Education Psychologist had returned to duty, discussions were held with the Director of Education and the Medical Officer of Health concerning various aspects of the running of the School Psychological Service, and it was agreed that a system of direct referral should be available, so that children could be referred to the Psychologist directly, and not via the Education or Health Departments. Corollary to this the Educational Psychologist was to report back directly to the referring agency, and although this system has been applied, difficulties have arisen which require clarification. This procedure is essential if the Psychologist is to carry out a proper treatment role and responsibility for maladjusted children.

Discussions were also held during the latter part of 1971 about possible extensions of forms of treatment available in Burnley. In particular, a teacher was appointed to run a small class for maladjusted Junior School children, which was to start in January 1972. Visits were paid by the Educational Psychologist and teacher appointed to various centres of this kind in Lancashire so that ideas about effective methods of running such a class could be collated and analysed. It was also proposed that a Play Therapist should be appointed to work part-time, and this suggestion was agreed to by the Director of Education. A visit was paid in December 1971 to Wennington Hall Residential School, which is the Authority's residential school for maladjusted boys, and it is proposed to maintain more close contact with this school in the future.

There were also developments with regard to the education of mentally handicapped children. In particular, the Educational Psychologist undertook weekly sessions working with the children and advising the teachers at Westway School, which is now part of the Education Authority's responsibilities. In addition, the special class at Brunlea School was discussed in detail and it was decided that this should be run exclusively as an assessment class in order to ascertain the best educational provision for children placed there.

Miss Cavell, the Social Work Assistant, was successful in gaining a place at the Harris College, Preston, to undertake the two-year course leading to the Certificate in Social Work. Mrs. A. Cockcroft was appointed as Social Worker, both to replace Miss Cavell during her absence from January 1971 to January 1973, and also to be permanently on the establishment to deal with the expanded case load.

During October and November, a project was carried out involving detailed observation and assessment of a disturbed child in a normal class setting. This particular case is mentioned because it reflects the changing nature and scope of psychologists' work in local authority schools.

In summary, although 1971 was again a very disturbed year for the School Psychological Service in Burnley, many developments were suggested and begun which will hopefully bear considerable fruit during 1972. There are many aspects of this service which require revision and improvement, not merely in Burnley but throughout the entire country, and it is the Educational Psychologist's determined intention to provide the Local Authority with an up-to-date, effective, and comprehensive School Psychological Service.

The following is a summary of children seen during 1971.

1.	CHILD GUIDANCE	Clinic Atter	ndances
		School Medical	Pre-School
	Individuals	31	0
	Total Attendances	<u>201</u>	0
2.	EDUCATION GUIDANCE	Clinic Atter	ndances
		School Medical	Pre-School
	Individuals	66	4
	Total Attendances		4

### MISCELLANEOUS

### Vitamin Preparations

Seven children received vitamin preparations.

### Schools Baths

Arrangements exist for the attendance of classes of children at the three public swimming baths in the town, usually during school hours. Attendance for the year total 110,042.

### Transport

By means of special 'bus tickets, children are enabled to travel free on public service vehicles to and from the school clinic, Brunlea School, the special day school and the special classes in day schools.

In addition, special transport is provided to and from school for the more severely handicapped on the recommendation of the Deputy Principal School Medical Officer.

A minibus service is provided for the pupils attending Westway Special School.

### Camp School

The permanent Camp School at Hest Bank, near Morecambe, was opened from the 29th March to the 15th October, and 501 boys and 357 girls attended the camp for periods of two weeks. All children are medically examined before admission.

### Entertainments

No children were submitted for medical examination regarding fitness to take part in entertainment.

### School Hygiene and Sanitary Accommodation

The sanitary appliances of all schools in the Borough are modern and satisfactory. Frequent inspections are carried out by the Public Health Inspectors in order to ensure a high standard of hygiene.

### Employment of Children and Street Trading

In accordance with the provisions of the appropriate byelaws, 91 children were examined.

The number of children employed out of school hours at the end of the year was 75, 62 of whom were concerned with the delivery of newspapers, and 13 assisting in shops. The number of certificates issued total 75 and 4 certificates ceased during the year.

It was not found necessary to grant any licence for street trading by a young person between the ages of 16 and 18 years.

### School Meals Service

The reduction in the figures when compared with the previous year is as a result of the Government's new policy in this field.

### Milk

On 31st December, 1971, 4014 children, or 26.9% of the school population, were receiving milk.

### Meals

The total meals provided was 1,699,385. These were all dinners. Breakfasts and teas were not provided.

The total figure shows a decrease of 228,786 on the number of meals provided in 1970.

## DEPARTMENT OF EDUCATION AND SCIENCE

### LOCAL EDUCATION AUTHORITY - BURNLEY COUNTY BOROUGH RETURN FOR THE YEAR ENDED 31St DECEMBER, 1971 MEDICAL INSPECTION AND TREATMENT

registers of maintained schools in January 1972 Number of pupils on primary, secondary, special and nursery

215 : : (i) Form 7 Schools (ii) Form 7M (iii) Form II Schools

... ...

15547

# PART 1 - NEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

## TABLE A - PERIODIC MEDICAL INSPECTIONS

(INCLUDING NURSERY AND SPECIAL SCHOOLS

excluding vermin)	Total individual pupils	(2)	38522224488788
ire treatment (e	for any other condition recorded at PART II	(9)	35 22 22 25 25 25 25 25 25 25 25 25 25 25
Pupils found to require treatment (excluding dental diseases and infestation with vermin)	for defective vision (excluding squint)	(5)	0 8 4 8 8 1 1 1 1 1 2 8 8 8 9 1 1 1 1 2 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
PHYSICAL CONDITION OF PUPILS INSPECTED	Unsatisfactory Number	(4)	1111111111
PHYSICAL C	Satisfactory Number	(3)	203 203 203 703 204 230 31 220 702
No.of Pupils who have received a full medical examination		(2)	203 203 70 70 234 230 702 3112
Age Groups inspected (By year of Birth)		(1)	1967 and later 1966 1965 1964 1963 1961 1961 1950 1959 1958 1956 and earlier TOTAL

to two places of decimals total ...... 0% percentage of Col. (2) col.(4) total as a of Col. (2) total .....100 Col. (3) total as a percentage

1131 Number of Special Inspections ..... Number of re-inspections ..... TABLE B - OTHER INSPECTIONS

(a) Total number of individual examinations of pupils in school by school nurses or other authorised persons ... TABLE C - INPESTATION WITH VERMIN

24146 2233

... ... ... 

### DEPARTMENT OF EDUCATION AND SCIENCE

### MEDICAL INSPECTION AND TREATMENT

### PART II - DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease		Entrants	Perio Inspect		Total	Special Inspections
146		11		Leavers	Others		
(1)	(2)						
4	Skin	8	10	3	ī	17 84	<del>24</del> 49
5	Eyes (a) Vision	TO	52 78	13 16	19 41	135	24 40 38 18
	(b) Squint	TO	10 11	1	1 1	11 13	15
E Sale	(c) Other	TO	- ī	0	1 2	3	24 10
6	Ears (a) Hearing	TO	22 59	6 4	1 8	29 71	20 9
	(b) Otitis Media	TO	10 131	4	9 24	23 169	7
	(c) Other	T	2 22	1	- 2	2 25	4 7
7	Nose and Throat	TO	16 210	6	4	26 241	14 10
8	Speech	TO	4 36	-	- '-	4 36	7 5
9	Lymphatic Glands	TO	35	- 2	-	38	-
10	Heart	TO	-	3	1	4	THE P
11	Lungs	TO	37	-	1	45	-
12	Developmental (a) Hernia	T	17	5 -	6 -	28	1
	(b) Other	OT	7	-	1 2	5 9	1
13	Orthopaedic (a) Posture	OT	32 1	7 _	4	43 2	158
	(b) Feet	0	3	-	1 1	10	2
233		0 T	15	1	1 2	16 5	1 3
14	(c) Other Nervous System (a) Epilepsy	0 T	5 -	2 1	2 -	9	
.4		0 T	1 12	1 _	1 1	3 13	-
	(b) Other	0 T	11 58	2	- 1	13	1
15	Psychological (a) Development	0	9	52	82 1	192 10	1
1200	(b) Stability	TO	2	-	-	2	6
16	Abdomen	TO	3 3	-	1	4	
17	Other	TO	3 19	1 12	1 4	5 35	102

### DEPARTMENT OF EDUCATION AND SCIENCE

### MEDICAL INSPECTION AND TREATMENT

### RETURN FOR THE YEAR ENDED 31st DECEMBER, 1971 LOCAL AUTHORITY - BURNLEY COUNTY BOROUGH

### Part III - Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

### TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	14
Errors of refraction (including squint) TOTAL	815 829
Numbers of pupils for whom spectacles were prescribed	506

### TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	135
(b) for adenoids and chronic tonsilitis	204
(c) for other nose and throat conditions	131
Received other forms of treatment TOTAL	103 573
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) In 1971	1
(b) In previous years	29

### TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Numbers known to have been treated
(a) Pupils treated at clinics or out-patients' department	34
(b) Pupils treated at school for postural defects TOTAL	<u>20</u> <u>54</u>

### TABLE D - DISEASES OF THE SKIN (excluding uncleanliness, for which see Table C or Part I)

							Number of pupils known to have been treated
Ringworm -	(a)	Scalp	 	 	 	 	The second second
	(b)	Body	 	 	 	 	2
Scabies			 	 	 	 	57
Impetigo			 	 	 	 	49
Other Skin	Disc	eases	 	 	 	 	385 493

### TABLE E - CHILD GUIDANCE TREATMENT

		WALL IN	Number known to have been treated
Pupils treated at Child Guidance Clinics	 	 	31

### TABLE F - SPEECH THERAPY

	100	F	100	A LEA	Number known to have been treated
Pupils treated by Speech Therapist	 			•••	158

### TABLE G - OTHER TREATMENT GIVEN

							Number known to have been dealt with
(a) Pupils with minor ailmen	ts		 				513
(b) Pupils who received converge School Health Service as							101
(c) Pupils who received B.C. (d) Other than (a), (b) and				•••	•••		948
Minor ear defects			 				24
Enuresis clinic		•••	 			TOTAL	36 1521

### SCREENING TESTS OF VISION AND HEARING

1.	Is t	he vision of entrants tested as a routine	YES	NO	
	with	in their first year at school?			
2.		that age(s) is vision testing ated during a child's school life?	11 12 13	14 15	16+
3.	(a)	Is colour vision testing undertaken?	YES	NO	
	(b)	If so, at what age?	10+		
	(c)	Are both boys and girls tested?	BOYS		
4.	(a)	By whom is vision testing carried out?	Health	Visitor	
	(b)	By whom is colour vision testing carried out?	Health	Visitor	-
5.	(a)	Is routine audiometric testing of entrants carried out within their first year at school?	YES	NO /	
	(b)	If not, at what age is the first routine audiometric test carried out?	6+		
	(c)	By whom is audiometric testing carried out?	Health	Visitor	

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1971

INSPECTIONS	Inspected	Requiring treatmen	nt Offered	treatment
(a) First inspection - school	8243	) 2406	) 24	06
(b) First inspection - clinic	1564	3406	) 34	.00
(c) Re-inspection - school or	1799	1083	and of large	
clinic Totals	11606	4489	34	.06
VISITS (for treatment only)				
	Ages 5-0	Ages 10–14	Ages 15 and over	Total
First visit in the calendar year	818	815	184	1817
Subsequent visits	1 307	2116	388	3811
Total visits	2125	2931	572	5628
COURSES OF TREATMENT				
Additional courses commenced	279	236	46	561
Total courses commenced	1097	1051	230	2378
Courses completed	-	-	-	2293
TREATMENT	o bolivier a	OFTERS DESIGNATION	I marry yet	(5)
Fillings in permanent teeth	664	1921	523	3108
Fillings in deciduous teeth	1244	255	-	1499
	3 20 388343	P. VIOLENIA PROPERTY OF	minuer at	10)
Permanent teeth filled	566	1762	486	2814
Deciduous teeth filled	1188	244	110-00E	1432
			100 11	T
Permanent teeth extracted Deciduous teeth extracted	70	321 250	24	415
rectauous teeth extracted	767	250	7 - 10 -	1017
number of general anaesthetics	327	213	11	551
				1
lumber of emergencies	108	99	17	314
Number of pupils X-Rayed Prophylaxis Teeth otherwise conserved Teeth root filled Inlays Crowns	686 104 5			
ORTHODONT LCS				
New cases commenced during the year				
Number of fixed appliances fitted Number of pupils referred to Hospital Consul	tants 6			

### DENTURES

Number of pupils fitted with dentures for the first time:-

- (a) with full denture
- (b) with other dentures

Total

Number of dentures supplied (first or subsequent time)

Ages 5-9	Ages 10-14	Ages 15 and over	Total
-	5	5	10
-	5	5	10
-	5	5	10

### ANAESTHETICS

Number of general anaesthetics administered by Dental Officers ... 136.

erectone.	Adminis-	Number o						
SESSIONS:	trative	S	chool Servi	ce	M. & C.W. Service		Total sessions	
	sessions	Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	sessions	
Dental Officers (incl. P.S.D.O.)	46	79	895.0	10	24.0	-	1054	
Dental Auxiliaries	-	-	371.5	98	9.5	-	479	
Dental Hygienists	-	-	-	-	-	-	-	
Total	46	79	1266.5	108	33.5	-	1533	

### DENTAL AUXILIARIES:

VISITS (for treatment only)

First	visit	in	the	calendar	year
	quent visits		it		

### COURSES OF TREATMENT

Additional courses commenced Total courses commenced Courses completed

### TREATMENT

Fillings in permanent teeth Fillings in deciduous teeth

Permanent teeth filled Deciduous teeth filled

Deciduous teeth extracted

Prophylaxis

Ages 5-9	Ages 10-14	Ages 15 and over	Total
251	203	38	492
563	404	59	1026
814	607	97	1518

134	90	6	230
385	293	44	722
-	-	-	651

Ī	366	578	122	1066
ı	612	139	-	751

279	522	114	915
570	136	-	706

49	30	-	79

٢	-	-	-	206



