

[Report 1971] / Medical Officer of Health, County Council of the Palatine of Chester / Cheshire County Council.

Contributors

Cheshire (England). County Council.

Publication/Creation

1971

Persistent URL

<https://wellcomecollection.org/works/e22dk98u>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



Cheshire County Council

Health Services 1971



Cover:
BEBINGTON HEALTH CENTRE

Cheshire County Council

Annual Report for 1971 by the County Medical Officer and Principal School Medical Officer

B G Gretton-Watson

MA MB B.Chir FFCM DPH Barrister at Law

Cheshire County Council

Annual Report
for 1971 by the
County Medical Officer
and Principal School
Medical Officer

B G Grettton-Watson

MA MB B Chir FRCM DPH Bachelor of Law

STAFF AT 31.12.71

County Medical Officer and Principal School Medical Officer	B. G. Gretton-Watson, M.A., M.B., B.Chir., F.F.C.M., D.P.H., Barrister-at-Law
First Deputy County Medical Officer and Deputy Principal School Medical Officer	W. D. Dolton, M.A., M.B., B.Chir., M.F.C.M., D.P.H.
Second Deputy County Medical Officer and Deputy Principal School Medical Officer	W. A. Pollitt, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.
Chief Dental Officer	T. B. Dowell, B.D.S., L.D.S., D.D.P.H., R.C.S.
Administration	
Administrative Officer	G. Good
Mental Health	
Principal Medical Officer	R. A. Blyth, M.B., Ch.B., M.F.C.M.
Child and School Health Service	
Principal Medical Officer	Irene Chesham, M.B., Ch.B., M.F.C.M., D.P.H.
Senior School Medical Officers	R. Cargill, M.B., Ch.B. Dorothy R. Moody, L.R.C.P., L.R.C.S.I., M.F.C.M., D.C.H., D.P.H., Dip. Aud. Glenice Heaton, M.B., Ch.B., M.F.C.M., D.P.H. R. McLean, D.M.A. A. G. Stevenson
Senior Administrative Assistants	
Nursing	
Chief Nursing Officer	Miss P. Wright-Warren, S.R.N., S.C.M., H.V., Q.N.
Senior Administrative Assistant	L. T. Burton
County Ambulance and Transport Officer	R. Glyn Jones, F.A.I.O.
Health Education Officer	R. W. Rossington, Dip.H.E.
Chief Administrative Assistant (Research)	B. O'Connor, M.A., Barrister-at-Law
County Public Health Officer	W. Pembleton, F.R.S.H., M.A.P.H.I.
Divisional Medical Officers	
Altrincham and Sale & Lymm	W. Davidson-Lamb, M.C., M.B., Ch.B., M.F.C.M., D.P.H.
Cheadle & Wilmslow	J. A. Leitch, M.D., Ch.B., M.F.C.M., D.C.H., D.P.H.
Crewe and Nantwich	D. G. Crawshaw, M.B., Ch.B., M.F.C.M., D.C.H., D.P.H.
Hyde	T. Holme, M.B., Ch.B., M.F.C.M., D.C.H., D.P.H.
Macclesfield	W. R. Plews, L.R.C.P. & S., D.R.C.O.G., M.F.C.M., D.P.H.
N.E. Cheshire	T. W. Brindle, M.B., Ch.B., M.F.C.M., D.P.H.
Runcorn and Mid-Cheshire	J. E. O'Malley, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.
S.E. Cheshire	L. Rich, M.B., Ch.B., M.R.C.O.G., D.P.H.
West Cheshire	D. R. Morris, M.B., Ch.B., M.F.C.M., D.P.H.
Wirral	H. C. Jennings, M.B., Ch.B., R.C.O.G., M.F.C.M., D.P.H.
Stalybridge & Dukinfield	T. Holme, M.B., Ch.B., M.F.C.M., D.P.H.

STAFF AT 31.12.71

B. E. Green-Watson, M.A., M.B., B.S.,
 F.R.C.S., D.R.H., Senior Lecturer
 W. D. Brown, M.A., M.B., B.S., D.R.H.
 W. A. Paine, M.B., B.S., F.R.C.S., M.R.C.M., D.R.H.
 T. E. Davis, B.S., F.R.C.S., D.R.H., F.R.C.S.
 E. Goss
 F. A. Shaw, M.B., ChB., M.R.C.M.
 Mrs. Graham, M.B., ChB., M.R.C.M., D.R.H.
 E. Cough, M.B., ChB.
 Graham E. Lloyd, F.R.C.S., F.R.C.M., M.R.C.M.
 D.C.M., D.R.H., D.R.A.S.
 Graham Hume, M.B., ChB., M.R.C.M., D.R.H.
 E. Walker, D.R.A.
 F. G. Johnson
 Mrs. F. Wright-Watson, B.S., D.C.M., M.B., ChB.
 J. T. Evans
 R. Glyn Jones, F.R.C.S.
 E. W. Rutherford, D.R.H.
 E. O'Connor, M.A., Senior Lecturer
 W. Hughes, F.R.C.S., M.R.C.M.
 W. Doughty, M.B., ChB., M.R.C.M., D.R.H.
 J. A. Lister, M.B., ChB., M.R.C.M., D.R.H.
 B. E. Crawford, M.B., ChB., M.R.C.M., D.R.H.
 T. Hume, M.B., ChB., M.R.C.M., D.R.H.
 W. R. Paine, F.R.C.S., F.R.C.M., M.R.C.M., D.R.H.
 T. W. Brindle, M.B., ChB., M.R.C.M., D.R.H.
 J. E. O'Connell, M.B., ChB., M.R.C.M., D.R.H.
 J. R. Hume, M.B., ChB., M.R.C.M., D.R.H.
 B. R. Hume, M.B., ChB., M.R.C.M., D.R.H.
 H. C. Lister, M.B., ChB., F.R.C.S., M.R.C.M., D.R.H.
 T. Hume, M.B., ChB., M.R.C.M., D.R.H.

County Medical Officer and Principal
 School Medical Officer
 First Deputy County Medical Officer
 and Deputy Principal School
 Medical Officer
 Second Deputy County Medical
 Officer and Deputy Principal
 School Medical Officer
 Chief Dental Officer
 Administrator
 Administrator
 Medical Staff
 Principal Medical Officer
 Child and School Health Services
 Principal Medical Officer
 Senior School Medical Officer
 Senior Administrator Assistant
 Nursing
 Chief Nursing Officer
 Senior Administrative Assistant
 County Administrator and Transport
 Officer
 Health Education Officer
 Chief Administrative Assistant
 (General)
 County Public Health Officer
 District Medical Officer
 Administrator and Staff Nurse
 Quads & Windows
 Care and Welfare
 High
 Medical Unit
 N.E. Clinics
 Primary and Mid Clinics
 Z.E. Clinics
 West Clinics
 Wing
 Staircase & Outlets

INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I present herewith my annual report for the administrative County of Cheshire for 1971, which deals solely with events taking place during that calendar year.

As the child and school health sections of the department have been combined administratively, that part of this report which is, as usual, being separately presented to the education committee, with its own introduction (pp. 97 ff.), now includes for the first time the pre-school child as well as the school child.

It is with great regret that we have to record the death of Alderman Fred McBirnie who was vice-chairman for 1959-67 and chairman of the ambulance sub-committee for 1958-1970. Alderman McBirnie's contribution to the work of the committee will be long remembered. During the year Dr. W. A. Pollitt joined the staff as an additional deputy.

The main event of the year, to which reference will be made later in more detail, was the handing over to the social services committee of a number of the functions of the health committee—several such functions had formerly constituted much of the work of the fifteen divisional health committees, and as a result of the change the divisional health committees were disbanded. I should like to thank all those who served for over twenty years on these committees for the valuable contribution they made, especially in forming a link between the county health committee and the various district councils.

The mid-1971 population was 1,113,560. The live births rate was 16.5 per thousand and showed a slight rise. Illegitimate births at 6% of all births remain unchanged; the infant mortality of 16 per thousand live births is equal to the previous low record. The death rate of 11 per thousand was lower than last year. The main causes of death remain ischaemic heart disease (marginally down on last year), cerebro-vascular accidents and the malignant diseases taken as a group. Deaths from bronchitis show a continuation of the slow downward trend—possibly due to the mildness of recent winters and progress made towards combating atmospheric pollution. For the first time, there have been no maternal deaths. There has been no case of smallpox for over ten years, and no case of poliomyelitis for four years. There was only one case each of typhoid and paratyphoid fever during the year.

The main effort of the department has continued to be directed to building up effective domiciliary medical and nursing teams, based either at health centres or in group practices. During the year six more health centres became operational and the task of attaching nursing staff to general practitioners neared completion by the end of the year. This process has demanded careful preparation, and of necessity has taken time, but the end is in sight so far as practices wholly within the administrative county are concerned. Cheshire has common boundaries with 13 other authorities, and practices which straddle these boundaries naturally present particular problems. Indeed some may need to wait for unification of the national health service in 1974 before they can be solved.

This report includes an account of functions handed to the social services department up to the date of transfer on April 1st—these were mental health, domestic helps, domiciliary services for the handicapped and the day care of the pre-school child. The Heswall adult training centre opened in January 1971 and the Bebington physically handicapped centre was completed in March 1971. I should like to take this opportunity of thanking those members of the staff transferred to the social services and education departments, for their loyalty and devotion to duty while in this department. In order that the new social services department should have appropriate medical advice from the health department, Dr. R. A. Blyth, formerly principal medical officer for mental health, has been attached part-time to the social services department. This ensured a close working relationship between the two departments. At the same time the administrative structure of the health department was altered appropriately and should be suitable until the major changes which are expected to take place in 1974. An

additional deputy was appointed mainly to deal with general management, divisional services, environmental health and the ambulance service. The former maternal and child health service has been divided. One section now deals with the planning of health centres, and another with family health matters such as cervical cytology, geriatrics, maternal deaths, and family planning; a combined section now deals with the health of both the pre-school and the school child.

Family planning has absorbed a great deal of the department's attention this year. Though widespread facilities are available—no town is without a service now—those in medical and social need do not often select themselves to attend. Clearly there is a need for a more active policy for searching out cases in need. With this end in view the health committee has authorised the provision of a domiciliary service, part of which is being financed under the urban development programme.

The main development in the nursing service has been the adoption of the Mayston management structure—in this connection the Department of Health and Social Security selected Cheshire as one of its model areas. Every effort has been made to bring together the nursing staffs of hospitals and of the domiciliary service. There will need to be a close working relationship between these two groups, particularly in the interests of enabling patients to be discharged from hospital as soon as they are well enough to be cared for at home. The year saw an increasing involvement of domiciliary midwives in the work of general practitioners' maternity units in hospitals.

A notable feature of the work of the department is its close link with a number of departments at Manchester university—there is a very satisfactory partnership in which the university provides back-up facilities for research and training, and this department provides the research material. On these lines links have been forged with the professors of community medicine, paediatrics, geriatrics, preventive dentistry, occupational health and the education of the deaf. The research officer is at present working part-time in the department of community medicine using material provided by this department. Subjects being investigated by the research section include screening of old people, the young chronic sick and home accidents.

The public health section has done valuable work and has brought its influence to bear on such planning matters as the tipping of industrial waste and such architectural matters as the design of kitchens. It has during the year produced or contributed to the production of "codes of practice" for controlling infection in swimming pools, and for county catering establishments, and one on pre-cooked frozen foods is at an advanced stage of preparation.

The occupational health service made further headway by the opening of a centre in Mid-Cheshire, carrying out medical examinations for heavy duty vehicle licences (surveyor's and fire brigade departments) and the examination of firemen over the age of 40—as agreed nationally.

The main change in immunisation policy was the abandonment of routine smallpox vaccination in infancy as recommended by the advisory committee to the Secretary of State. Much opinion, both medical and lay, was disturbed by this move, but the committee stressed that vaccination is still necessary for those at special risk and those travelling abroad.

During the year the ambulance service was faced with two large-scale emergencies—the Tattenhall rail crash in June and the M6 multiple crash in September. In each case the service gave a good account of itself, and valuable lessons were learnt, particularly problems of communication within the area of an emergency during fog.

The health education section has been concerned with such matters as home safety, venereal disease, family planning, cervical cytology, nutrition and dental health. The drugs study day is described in the introduction to the child health section.

In conclusion the year has been full of interesting developments, many of which have been aimed at shaping the department for a smooth transition into unification with the other two branches of the national health service in 1974.

My thanks are due to all who have contributed, including Dr. Dolton, Dr. Pollitt, Dr. Chesham (child health), Mr. Dowell (dental), Miss Wright-Warren (nursing), Mr. Glyn Jones (ambulance) and Mr. Pembleton (environmental health), and particularly to Mr. O'Connor who has again acted as editor.

I should like to thank the county health committee and particularly the chairman and deputy chairman for their constant support. My thanks are due to all the staff of the department, professional and other, also the clerk of the county council, the county treasurer and other departmental heads for their continued co-operation and help.

B. G. GRETTON-WATSON,

County Medical Officer.

June 1972.

COMMUNITY NURSING SERVICES	21
MENTAL HEALTH	27
PHYSICALLY HANDICAPPED	31
ENVIRONMENTAL HEALTH	35
OCCUPATIONAL HEALTH	45
VACCINATION AND IMMUNISATION	49
RESEARCH	53
AMBULANCE SERVICE	57
HEALTH EDUCATION	61
HEALTH SERVICES STATISTICS	67
COUNTY DISTRICT STATISTICS	76
CHILD AND SCHOOL HEALTH	99
SCHOOL HEALTH STATISTICS	111
INDEX	119

The theory of the origin of the human race is a subject of great interest to the human mind. It is a subject which has attracted the attention of philosophers, scientists, and the general public. The theory of evolution, as proposed by Charles Darwin, is one of the most influential theories in the history of science. It has revolutionized our understanding of the natural world and has provided a framework for understanding the diversity of life on Earth.

It should be noted that the theory of evolution is not a religious doctrine. It is a scientific theory based on evidence and reasoning. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

The theory of evolution is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition. It is a theory that has been tested and refined over time. It is a theory that has provided a powerful tool for understanding the natural world and for improving the human condition.

CONTENTS

	Page
VITAL STATISTICS AND GENERAL	5
TIME OF TRANSITION	11
FAMILY HEALTH	17
COMMUNITY NURSING SERVICES	21
MENTAL HEALTH	27
PHYSICALLY HANDICAPPED	31
ENVIRONMENTAL HEALTH	35
OCCUPATIONAL HEALTH	45
VACCINATION AND IMMUNISATION	49
RESEARCH	53
AMBULANCE SERVICE	57
HEALTH EDUCATION	61
HEALTH SERVICES STATISTICS	67
COUNTY DISTRICT STATISTICS	76
CHILD AND SCHOOL HEALTH	99
SCHOOL HEALTH STATISTICS	111
INDEX	119

CONTENTS

179	INDEX
111	SCHOOL HEALTH STATISTICS
99	CHILD AND SCHOOL HEALTH
76	COUNTY DISTRICT STATISTICS
67	HEALTH SERVICES STATISTICS
61	HEALTH EDUCATION
57	AMBULANCE SERVICE
53	RESEARCH
49	VACCINATION AND IMMUNIZATION
42	OCCUPATIONAL HEALTH
35	ENVIRONMENTAL HEALTH
31	PHYSICALLY HANDICAPPED
27	MENTAL HEALTH
21	COMMUNITY NURSING SERVICES
19	FAMILY HEALTH
11	TIME OF TRANSITION
3	VITAL STATISTICS AND GENERAL

VITAL STATISTICS AND GENERAL

AREA

The area of the administrative county of the year 1971 was 412,142 square metres, as determined by the Ordnance Survey for the Republic of Ireland.

POPULATION

The population of the administrative county according to the Republic Census for 1971 was 112,590.

ESTIMATE VALUE

The estimate value of the administrative county for general county rate purposes of 1971 was £20,071,000. A new county rate for 1971-72 represented the sum of £20,250,000.

LIVE BIRTHS

	Male	Female	Total
Legislative	5902	5904	11806
Municipal	977	531	1508
Total	6879	6435	13314

Stillbirths

	Male	Female	Total
Legislative	113	105	218
Municipal	7	7	14
Total	120	112	232

DEATHS

	Male	Female	Total
Legislative	640	672	1312
Municipal	10	10	20
Total	650	682	1332

Deaths rate per 1,000 population (1971) was 11.8.

DEATHS

	Male	Female	Total
Legislative	640	672	1312

Death rate per 1,000 population—11.8.

The principal causes of death according to the latest figures, millimetre figures, and the following figures of the following causes:

INFANT MORTALITY

Number of deaths of infants	Rate		
	Under 1 year	Under 5 years	Under 1 month
Legislative	170	10	10
Municipal	10	10	10
Total	180	20	20

VITAL STATISTICS
AND GENERAL

VITAL STATISTICS AND GENERAL

AREA

The area of the administrative county at the end of 1971 was 622,042 acres as calculated by the Ordnance Survey for the Registrar General.

POPULATION

The population of the administrative county estimated by the Registrar General for mid-1971 was 1,113,560.

RATEABLE VALUE

The rateable value of the administrative county for general county rate purposes at 1.4.71 was £50,021,615. A new penny rate for 1971-72 represented the sum of £485,971.

LIVE BIRTHS

							Male	Female	Total
Legitimate	...	...	...	...	...	...	8962	8366	17328
Illegitimate	...	...	...	...	...	...	557	531	1088
							<hr/> 9519	<hr/> 8897	<hr/> 18416

Birth rate per 1,000 population—16.5.

Illegitimate Live Births were 6 per cent of total live births.

STILLBIRTHS

							Male	Female	Total
Legitimate	...	...	...	...	...	...	110	103	213
Illegitimate	...	...	...	...	...	...	3	7	10
							<hr/> 113	<hr/> 110	<hr/> 223

Stillbirths rate per 1,000 total (live and still) births, 12.

DEATHS

Male	Female	Total
6130	6072	12202

Death rate per 1,000 population—11.0.

The principal causes of death continued to be heart disease, malignant diseases, and vascular lesions of the nervous system.

INFANT MORTALITY

Number of deaths of infants:						Neonatal	Early Neonatal
						Under 4 weeks	Under 1 week
				Under 1 year			
Legitimate	...	...	...	270		183	157
Illegitimate	...	...	...	28		16	15
				<hr/> 298		<hr/> 197	<hr/> 172
Total	...	...	...	

Mortality rates per 1,000 live births:

				Infantile	Neonatal	Early Neonatal
Legitimate	...	...	...	16		
Illegitimate	...	...	...	26		
All Infants	...	...	...	16	11	9

PERINATAL DEATHS

Stillbirths	...	...	...	...	...	...	...	...	223
Deaths under 1 week (early neonatal)	...	...	...	...	...	...	...	...	172
Total perinatal deaths	...	...	...	...	...	...	...	...	395

The perinatal mortality rate per 1,000 total (live and still) births was 21.

DEATHS FROM PUERPERAL CAUSES

Nil.

BUILDING PROGRAMME—HEALTH CENTRES

At the close of the year 10 health centres were operational and a further 8 were being actually planned. Programme years have been allotted to a further 17 projects.

During the year under review it became necessary to review the health centre programme in the light of local government and national health service reorganisation. In line with county council policy no health centre was deleted from the programme because it happened to fall within the Wirral or the area to become greater Manchester. However, as a result of the review the priorities of certain projects have been altered for other reasons.

The year saw the opening of the first fully purpose-built health centre at Castlefields in Runcorn New Town. (The Queen and the Duke of Edinburgh were to visit the centre in the spring of 1972.) The permanent building, opened in October, was preceded by a temporary building which opened in March 1969. During the 2½ years the practice list increased from 5,376 to 11,317 patients. The provision of a temporary building proved entirely justified; patients, family doctors, and attached local authority staff had formed a team before going into the permanent building. Though it cannot be maintained that the first months in the new building were without problems, the 2½ years in the temporary health centre did much to make the settling-in as easy as possible.

The other health centres opened during the year were either additions to existing clinics, or (in the case of Bebington) a late adaptation of a purpose-built divisional office and clinic for general practice purposes. The Bebington Health Centre, which was visited by the Duchess of Kent in July 1971 at the time of its opening, is proving most successful in operation.

The three clinic adaptations in Sale (Bodmin Road, Conway Road and Meadway), and the Heald Green Health Centre, Cheadle, well illustrate the problems of adding a building on to existing clinic premises. The disruption of existing services and delay in the projects, due to the buildings being in use, have cast serious doubt on whether this is a satisfactory way to provide a health centre. The great merits are, firstly that land already in the ownership of the local health authority can be used, and secondly that family doctors and local health authority clinics are identified together by the public.

The great majority of future health centres will be discrete buildings often on a common plot with other community services such as a library. That on the Crewe central site will be in the office area of the town but adjacent to the central bus station and a few minutes' walk from the shopping centre. In West Kirby the health centre will be part of a complex including a library, social services day centre, sports facilities for the young, and a fire station. Only

time will tell if such developments are liked by the public and the staff who work in them. At this stage of health centre evolution it would seem right to pursue a policy of diversity within certain well-tried principles.

During the year a booklet on the planning of health centres was produced, in conjunction with the national health service executive council for Cheshire, and issued to all family doctors and other professions involved in the setting-up of health centres. This booklet was well received both locally and nationally.

Projects completed 1971:

Health Centres	—	Bebington (with divisional office).
	—	Cheadle Hulme (extension).
	—	Great Sutton (extension).
	—	Heald Green (extension).
	—	Runcorn, Castlefields.
	—	Sale, Conway Road (extension).

Current Projects:

Health Centres	—	Bramhall.
	—	Sale, Bodmin Road (extension).
	—	Sale, Meadway (extension).
	—	Nantwich.
	—	Winsford, High Street.
	—	Holmes Chapel.
	—	Romiley.
	—	Tarporley.
Ambulance Stations	—	Congleton (8-bay).
	—	Sandbach (8-bay).
	—	Winsford (6-bay).
	—	Sale (6-bay).

TIME OF TRANSITION

THE SOCIAL SERVICE

In 1971 the Local Authority Social Services Division was set up, taking all the forms of social help previously provided by other departments. From the April 1974 the functions of the former children's and welfare departments were transferred to the new social services department which also took over from the health department those functions which had been played by the departments of health and social services in the previously named or former. These included help in the home, the care of the elderly, the registration and supervision of persons who suffered the mental care of the district and the welfare of unaccompanied children. Other services were the care of the mentally handicapped and the care of the elderly. The way of operation would involve help in education, health, social, housing, housing, legal and training centres for adults. The working centre for children were transferred to social services in the education department at the same time. The health department had full responsibility for the increasing number of mental health matters for over 70 years, and the experience of the staff concerned argued that transfer was essential in order to provide. Dr Robert Flynn mentioned with the Health Department as principal working officer for the medical aspects of mental health as about 1974 in a paper chapter.

It was clearly essential for co-operation to be achieved with the Local Health Department at all levels, and the County, the Local, and the Health, had made a point of meeting face to face being considered. There are regular meetings, in order to ensure that the agreement, especially for a

TIME OF TRANSITION

THE HEALTH SERVICE

The year 1974 was the end of that responsibility for general health services which was laid upon the County Council by a long series of enactments dating between 1901 (the Municipal Act) and 1965. The County Authority has decided that a newly new and separate Authority shall be set up to control and administer those services it considered with those for disciplinary medical services and for hospital services. For this a Bill of Change, the transfer of power, is the intention is that the new Health Authority shall take over on the April 1974. The newly health department is therefore simply doing what it can be forward planning to provide health facilities at all levels. Training opportunities for all categories of staff may include participation of the new Authority and their facilities.

In recognition of the importance of the County Medical Officer and the County, Dr. W. A. Butler, who spent two years as a physician in the Manchester Regional Health Service. This has been from Dr. John G. A. Administration Medical Officer in the Regional Health Board, was offered as Medical Officer of Health of Local Authorities in order that the scope of the work carried out by the Local Health Authority be recognised in recognition of the Medical Officer's importance in 1974. Recognition requires the Medical Officers of the Board to be transferred to Local Authorities of responsibility from the Board's control. The Medical Officer will, over time, be responsible for expanding the health service and the provision of providing hospital services, both in expanding all hospitals and facilities and in planning new hospitals and services based on the concept of the new health service. The changes are necessary to provide a new health service. The changes will require the transfer of the health service to the new Health Authority and will be carried out in a way that is as smooth as possible, without any loss of continuity.

In addition to the transfer of Health Services, there were other moves at the end of the year from other of authority Health Council although detailed planning is to be attended to some responsibilities of the Local Health Authority, the Health Council and the Regional

TIME OF TRANSITION

TIME OF TRANSITION

THE SOCIAL SERVICES

In 1971 the Local Authority Social Services Act 1970 came into force; its object was to bring together all the forms of social help hitherto provided by other committees. From 1st April 1971 the functions of the former children's and welfare committees were transferred to the new social services committee, which also took over from the health committee those functions which had been judged by the Department of Health and Social Services to be primarily social in content. These included help in the home, the county day nurseries, the registration and supervision of private child minders, the social care of the disabled, and the welfare of unmarried mothers. Most extensive was the care of the mentally disordered and sub-normal, by way of supervision, social meetings, help in admission to hospital, after-care, hostel facilities for all ages and training centres for adults; the training centres for children were transferred as special schools to the education committee at the same time. The health committee had had responsibilities for an increasing proportion of mental health matters for over 50 years, and the experience of the staff concerned ensured that transfer was effected as smoothly as possible. Dr. Robert Blyth remained with the Health Department as principal medical officer for the medical aspects of mental health, as dealt with in a later chapter.

It was clearly essential for co-operation to be effected with the Social Services Department at all levels, and the Director, Mr. M. Speed, had made a point of meeting key staff being transferred. There are regular meetings at chief or deputy level, and the secondment, primarily for mental health, of Dr. Blyth, who has an office in both departments, has forged links over a much wider field not otherwise easy to achieve. It has thus been possible to ensure that each department understands the role of the other in detail as well as in principle. A two-way flow of information has been ensured at meetings of divisional medical officers, and a medical viewpoint when matters which can be assisted thereby arise in the Social Services Department.

THE HEALTH SERVICE

The year 1974 will see the end of that responsibility for personal health services which was laid upon the County Council by a long series of measures mainly between 1901 (first Midwives Act) and 1968. The Central Authority has decided that a wholly new and separate Authority shall be set up to control and administer those services in conjunction with those for domiciliary medical services and for hospital services. For such a radical change, the timetable is short, as the intention is that the new Health Authority shall take over on 1st April 1974. The county health department is therefore already doing what it can by forward planning to promote smooth transition at all levels. Training programmes for all categories of staff now include particulars of the new Authorities and their functions.

In anticipation of the re-organisation, the County Medical Officer and his Deputy, Dr. W. A. Pollitt, each spent one month on attachment to the Manchester Regional Hospital Board. This invitation from Dr. Lane, Senior Administrative Medical Officer to the Regional Hospital Board, was offered to Medical Officers of Health of Local Authorities in order that the scope of the work carried out by the Board might be appreciated in anticipation of the Medical Officers' involvement in 1974. Reciprocal facilities for Medical Officers of the Board to be seconded to Local Authorities of their choice have also been arranged. The month spent was most beneficial in acquainting the Medical Officers with the problems of providing hospital services, both by up-dating old buildings and facilities, and by planning new hospitals and services based on the concept of the multi-purpose District General Hospital. This concept pre-supposes strongly developed Health Centres with appropriate services providing domiciliary support. These Health Centres may well be called upon to play a new part in providing casualty services for local communities.

In preparation for the unification of Health Services, plans were being made at the end of the year for a series of quarterly Health Centre strategic planning meetings to be attended by senior representatives of the Local Health Authority, the Executive Council and the Regional

Hospital Boards of Liverpool and Manchester. In addition it was being suggested that on the project teams for each Health Centre members of Regional Hospital Boards might be present as appropriate, in addition to the family doctors who would work from the Health Centre. Health Centres have an expected life upwards of 60 years; it is plainly essential that any planning must take into account the needs of the future, in particular that of a unified Health Service.

Another interesting development during the year was the appointment of a general practitioner by Liverpool University to be the senior physician at the temporary Health Centre at Palacefields, Runcorn. When the permanent Health Centre is opened it will have teaching facilities, including a library and common-room for students.

Training forms a link between hospitals, family doctors and ourselves. Increasingly our own staff have been on multi-disciplinary courses or day meetings where the problems of the future are discussed. Both medical and nursing staff lecture inside and outside the County to members of other disciplines or other sections of the Health Service.

It is also significant that the District General Hospital concept has no longer such exclusive prominence in hospital planning as it did when the District Hospital idea was first broached in 1962. Though several small hospitals have been closed, others have been spared, and it seems likely that they will in many parts of the country still have a role to play. As has been pointed out by their Association, they can provide what is advantageous to the patient, the practitioner, the specialist, the local community and the country as a whole. The patient can have treatment near his home and relatives, appropriate to his condition, which does not always call for a bed at a large hospital providing every possible facility. The general practitioner can have immediately available facilities for him to supplement his clinical skills, and the specialist can reserve his skills and equipment for the treatment of those who really need them, either at the large hospital or in a consultative capacity at the small hospital when needed. The local community benefits by being able to care for its own sick without having to uproot them, and the nation benefits by having the skills of doctors, nurses and other trained staff spread widely instead of being concentrated in large centres of population.

Following upon the Salmon report on nurse administration in hospitals, the Mayston report detailed a parallel organisation for control of domiciliary nursing, and Cheshire, which had already initiated changes on Mayston lines, has been selected as a "model" area for special observation by the Department of Health.

During the year members of the Asa Briggs Committee on the future of nursing visited Cheshire. They met with all levels of nursing staff and discussed with the County Medical Officer and his Deputy the future of nursing services in Cheshire.

Still looking towards the future, it is a source of some pride to state that early in 1972 all feasible attachments of health visitors, district nurses and midwives had been completed. At the end of December 1971 over a million of the population in Cheshire were served by 452 general practitioners in 198 practices, all of which had attached nursing staff. It is in these practical ways that preparation for the future can be made in the present. The nurses too have been active in hospital liaison in the past year, particularly in the fields of midwifery and exchange nursing posts. Further details will be found in the nursing section.

The Godber Report ("Cogwheel") had stressed as long ago as 1967 that there should be more practical links between hospital doctors, general practitioners and medical officers of health, and in Cheshire negotiations with this in view have been pursued as soon as practicable with each General District Hospital. Dr. H. Jennings, Divisional Medical Officer, Wirral, is a member of the Clatterbridge Medical Executive Committee, and the West Cheshire Hospital (Chester) has instituted discussion on association between practitioners of community and of hospital medicine. The new hospital at Leighton (Crewe) has also initiated discussion on these lines.

Links with our general practitioner colleagues have been as strong as ever during the past year. Members and the County Medical Officer serve on the Local Executive Council. The

County Medical Officer sits on the Local Medical Committee and meets regularly with the Secretary of the Local Medical Committees. Plans are being discussed for Local District Medical Committees to be co-terminous with the Hospital Districts which are now envisaged. Plans are not yet completed, and they await further particulars of hospital catchment areas. In the meantime the District General Hospitals, existing and projected, appear to be well situated to serve the new Cheshire.

FAMILY HEALTH

FAMILY HEALTH

COMPUTER-MANAGED CHEMICAL CYTOLOGY

The Computer Managed Chemical Cytology system was successfully evaluated during 1974. The system was evaluated in two ways, first by the use of the new test quality system and then also by a both design and function.

The first method of control was the control by the use of the new test quality system. The system was evaluated by the use of the new test quality system and then also by a both design and function.

The second method of control was the control by the use of the new test quality system. The system was evaluated by the use of the new test quality system and then also by a both design and function.

GERIATRIC STUDY DAY

A geriatric study was held in London in April, and was open to all those interested in the way for the treatment of geriatric patients for the elderly. The study was held in London in April, and was open to all those interested in the way for the treatment of geriatric patients for the elderly.

FAMILY HEALTH

The study was held in London in April, and was open to all those interested in the way for the treatment of geriatric patients for the elderly. The study was held in London in April, and was open to all those interested in the way for the treatment of geriatric patients for the elderly.

An aim of the development of Geriatric Services by the Local Health Authority is a considerable study has been undertaken by a working party consisting of geriatricians, nurses, officers and general practitioners, together with the nursing services and the local community of a very long period of development and study stretching over some three years ago that a pilot scheme is currently operating in London in three practices in different London Districts and one practice in North and Central London. Comprehensive surveys of all people over the age of sixty-five were conducted by members of the Local Health Authority in co-operation with the practice involved and in large, with all people over the age of twenty-five were visited by health visitors and nursing practitioners were completed. Altogether, we made weekly for people over the age of sixty-five for at least three months and a comprehensive medical, nursing and social investigation is carried out. It is anticipated that the pilot scheme will have to go on for at least two years before the results can be properly evaluated and the benefits assessed.

FAMILY PLANNING

The Family Planning Unit has been sought to provide a free and effective Family Planning service to those in need of such. Since January the first service has been extended to those who are interested in the use of the pill, and the first service has been extended to those who are interested in the use of the pill, and the first service has been extended to those who are interested in the use of the pill.

FAMILY HEALTH

FAMILY HEALTH

COMPUTER-MANAGED CERVICAL CYTOLOGY

The computer-managed cervical cytology scheme was considerably expanded during 1972. The scheme was extended to Nantwich, and by the end of the year the first enquiry letters had been sent out in both Alsager and Sandbach.

The total number of women who had joined the scheme by the end of the year was over 6,000, representing well over half of the women eligible by age who had been approached. Some 5,000 first smears had been taken, and some 3,500 repeat smears after two months.

The scheme continued to attract those people at high risk of contracting cancer of the cervix uteri, as was reflected by the positive smear rate of 5.5 per 1,000, which is approximately 50% higher than that normally expected. The scheme continues to be favourably received by the general practitioners in the areas covered, many of whom now run their own sessions as part of the computer scheme. It is expected that the scheme will continue to expand further in the future.

GERIATRIC STUDY DAY

A geriatric study was held in Macclesfield in April, and was open to all those responsible in any way for the provision of services for the elderly. Some hundred persons attended, representing a wide range of disciplines within the medical and social work fields, but also including representatives of other services such as local authority housing. The first paper was presented by Professor J. C. Brocklehurst, the then newly appointed Professor of Geriatrics at Manchester University. Other contributors included the Director of Social Services, a consultant geriatrician, and a consultant psychiatrist.

The study day provided an opportunity for persons normally dealing with isolated aspects of the care of the elderly to come together to pool their ideas and discuss the availability, resources and the scope for co-operation. The programme provided an opportunity to consider the next steps in the further development of geriatric services.

As part of the development of Geriatric Services by the Local Health Authority a considerable study has been undertaken by a working party consisting of consultants, county officers and general practitioners, together with the nursing services, and the final outcome of a very long period of investigation and study stretching over some three years was that a pilot scheme in geriatric screening was begun in three practices in north-east Cheshire Division and one practice in south-east Cheshire at Poynton. Comprehensive registers of all people over the age of sixty-five were obtained by courtesy of the Local Executive Council in connection with the practices involved and to begin with, all people over the age of seventy-five were visited by health visitors and special questionnaires were completed. Appointments are made weekly for people not seen by their family doctors for at least twelve months and a comprehensive medical, nursing and social investigation is carried out. It is estimated that this pilot scheme will have to go on for at least two years before the results can be properly evaluated and the benefits assessed.

FAMILY PLANNING

The County Council has for years sought to provide a free and effective Family Planning Service for those in medical need. More recently the free service has been extended to those who can demonstrate social need on grounds of low income. During the year under review the limit of income for those entitled to free family planning has been substantially raised. Despite this policy it would appear that only a small proportion of Cheshire women are being reached through the Council's Family Planning Service run on their behalf by the Family Planning Association. During the year about 16,000 women were seen in family planning clinics in Cheshire, representing only 9.4% of the married women at risk of pregnancy. A grant under the urban programme was sought from the Home Office for a domiciliary service in Hattersley, Partington, Winsford, Ellesmere Port and Crewe. Immediately this was granted, arrangements were made for the special training of four county medical staff.

At the close of the year plans were being drawn up for an intensive family planning research project to be run in Runcorn by the Family Planning Association on behalf of the Department of Health and Social Security. £25,000 is to be provided from central funds "to provide more than enough of everything" in the way of free contraceptives and advice to a restricted population group of 36,000. The evidence of this will be monitored by PEP (Political and Economic Planning) who will record attitudes of the public and professions before and after the project, and relevant statistics relating to births, abortions and male and female sterilisations. They will of course also measure the uptake of contraceptives in the study area. In this way it is hoped that the idea of the cost of a free contraceptive service will be gained. It will be less easy to measure its effectiveness. Only in this way can management decide between the opposing claims of those who advocate a free for all service and those who would rather deploy scarce resources in the most needed area.

COMMUNITY NURSING SERVICES

A comprehensive report on the community nursing service in Chicago was prepared by the Public Health Department in January 1972. The report describes the management structure and organization of the service, the responsibilities of the various units, the methods of operating the service, and the results of the service. The following table summarizes the data presented in the report.

Top management	Chief Nursing Officer	1
	Deputy Chief Nursing Officer	1
Middle management	Area Nursing Officers	7
Front-line management	Nurse District Managers	17
	Senior District Nurses	17
	District Nurses	431

The program was administratively supported by the Department of Health and Social Services and Chicago was organized as one of 12 major units. In 1971, the program was staffed by 431 district nurses, 17 senior district nurses, 17 nurse district managers, and 7 area nursing officers. The program was organized as follows:

ATTACHMENT OF NURSING STAFF TO GENERAL PRACTITIONERS

Attachment of nursing staff to general practitioners was a major component of the community nursing service. The following table summarizes the data presented in the report.

Year	1970	1971	1972
Number of general practitioners	1,000	1,000	1,000
Number of nursing staff attached	100	100	100

The following table summarizes the results of the program in 1972.

	POPULATION	PRACTITIONERS	DOCTORS	NURSING STAFF
1970	2,770,000	81	101	101
1971	2,770,000	72	88	88
1972	2,770,000	96	162	162
TOTAL	2,770,000	149	251	251

The following table summarizes the results of the program in 1972.

The following table summarizes the results of the program in 1972.

	1970	1971	INCREASE	% INCREASE
Health Visits				
Home visits	1,000	1,000	0	0%
Office visits	1,000	1,000	0	0%
Emergency visits	1,000	1,000	0	0%
Other visits	1,000	1,000	0	0%

The following information is for the use of the community nursing services and is not to be used for any other purpose. It is the property of the community nursing services and is not to be used for any other purpose. It is the property of the community nursing services and is not to be used for any other purpose.

The following information is for the use of the community nursing services and is not to be used for any other purpose. It is the property of the community nursing services and is not to be used for any other purpose. It is the property of the community nursing services and is not to be used for any other purpose.

COMMUNITY NURSING SERVICES

COMMUNITY NURSING SERVICES

A comprehensive report on the community nursing services in Cheshire was approved by the county health committee in January 1971. As a result the nurse management structure was re-organised in accordance with the recommendations of the Mayston Report. This involved increasing the number of areas from 5 to 8 and the introduction of a tier of first-line managers which included the existing ten group advisers. The management posts are now as follows:

Top management:	Chief Nursing Officer	
	Principal Nursing Officers	(2)
Middle management:	Area Nursing Officers	(8)
First-line management:	Senior Health Visitors	(12)
	Senior District Nurses	(12)
	Senior Midwives	(8)

Our proposals were subsequently accepted by the Department of Health and Social Security and Cheshire was designated as one of 12 model areas. In addition, approval was given to increases in the establishment of the field staff and the introduction of nursing auxiliaries and lay assistants. All these appointments were to be phased over three years.

ATTACHMENT OF NURSING STAFF TO GENERAL PRACTITIONERS

Arrangements with general practitioners for the attachment of nursing staff to their practices continued throughout the year. During 1971 schemes were inaugurated in the following areas:

Lymm, Stockton Heath & Grappenhall, Altrincham, Timperley and Hale, Congleton and Holmes Chapel, Heswall and Neston, Hazel Grove and District, Sandbach and S.E. Cheshire.

Nurses were also attached to Chester City doctors to care for their patients living within the county.

The following table illustrates the progress of the scheme up to 31st December 1971:

					ATTACHMENT OF NURSING STAFF			
					POPULATION	PRACTICES	DOCTORS	NURSING STAFF
1969	...	...	...	...	252,000	32	101	102
1970	...	...	...	...	459,300	72	189	206
1971	...	...	...	...	300,400	94	162	131
TOTAL	...	...	...	...	1,011,700	198	452	439

This left one area with attachment planned for January 1972 and one other area where nurses and midwives would be attached in March 1972. Unfortunately two group practices and two single-handed doctors have refused the scheme; otherwise attachment will then be complete.

Now that individual attachment schemes are gaining in momentum remarkable increases in the work achieved by nursing staff have been recorded during 1971 as may be seen in the following table:

					1970	1971	INCREASE	% INCREASE
Health Visitors								
Visits to all persons over 5 years of age					37,571	51,547	13,976	37%
District Nurses								
Home visits					497,724	544,164	46,440	9%
Treatments in centre					33,137	67,647	34,510	104%
Ante-Natal Clinics					5,770	7,681	1,911	33%

Negotiations are at an advanced stage with Derbyshire in order that nurses may cross the county boundary to care for patients of the practices to which they are attached. Particular problems present themselves around Chester City, and some discussions have been held in an attempt to resolve these.

TRAINING

In the continued absence of a district nurse tutor two district nurses went to Manchester and two to Liverpool for theoretical training and were all successful in their examinations. One of the area nursing officers with a small area has added the role of district nurse training officer to her management duties, and courses will re-commence in Cheshire early in 1972.

In the field of midwifery training the Central Midwives Board issued a new syllabus which included a greater emphasis on the broader aspects of community care. As a result of this the second part of midwives' training was completely revised, and pupil midwives from four hospitals now meet together at the nurse training unit, Northwich, for their study days. During 1971, 12 pupils undertook training in accordance with the old syllabus and 21 pupils undertook the new community care programme.

All the 17 health visitor students who completed their training in the autumn of 1971 are now in the employ of the County Council. 15 health visitor students sponsored by the County Council for the 1971-72 course are undertaking training at various centres.

Plans are well advanced for hospital student nurses to spend six weeks in the community getting an overall view of the community health services in accordance with the General Nursing Council's syllabus issued in 1969. One of the area nursing officers has a special responsibility to co-ordinate this arrangement with all the hospitals taking part in the scheme.

DEVELOPMENTAL PAEDIATRIC SCREENING

Elsewhere in this report there is a full description of the revised scheme of developmental paediatric examination. This now involves the health visitor in alternating with the doctor in carrying out these examinations. All the health visitors have undertaken a course of training to enable them to take part in the scheme.

MATERNITY SERVICES

The first scheme in Cheshire whereby domiciliary midwives undertake delivery of their patients in hospital came into operation on the general practitioner ward of the new maternity wing of the West Cheshire Hospital in October 1971. Discussions are far advanced for the implementation of similar schemes at the new maternity units of Stepping Hill Hospital, Southfields Hospital (a general practitioner hospital within the Wythenshawe and North Cheshire Hospital Group), and the obstetric unit of the West Park branch of Macclesfield Hospital.

LIAISON WITH HOSPITALS

Looking ahead to the integration of the health services in 1974, considerable progress has been made in Cheshire during 1971 towards a closer co-operation between the nursing services in the community and those in the hospital. Not only have nursing officers throughout the county been invited to lecture to student nurses, ward sisters and nurse tutors, but also several meetings between field staffs have been arranged and were highly successful in terms of the increased liaison which ensued. In one area this resulted in an exchange of visits during which community nursing staff spent a week in hospital observing the hospital services, and hospital sisters spent one week in the community. There are plans to extend this scheme to other hospitals.

THE COMMITTEE ON NURSING

This committee was set up under the chairmanship of Professor Asa Briggs to review the roles of nurses and midwives; the education and training required in order to fulfil those roles is of vital importance to the nursing profession at this time.

Members of the committee visited Cheshire in November 1971 and held discussions with a cross-section of nursing, medical and administrative staff.

REGISTRATION OF HOMES

Responsibility for the registration of private old people's homes and private disabled persons' homes under the National Assistance Act 1948 was transferred to the Social Services Committee on 1st April 1971. The registration of private nursing homes under the Public Health Act 1936 remains the responsibility of the County Health Committee. At the end of 1971 the position was as follows:

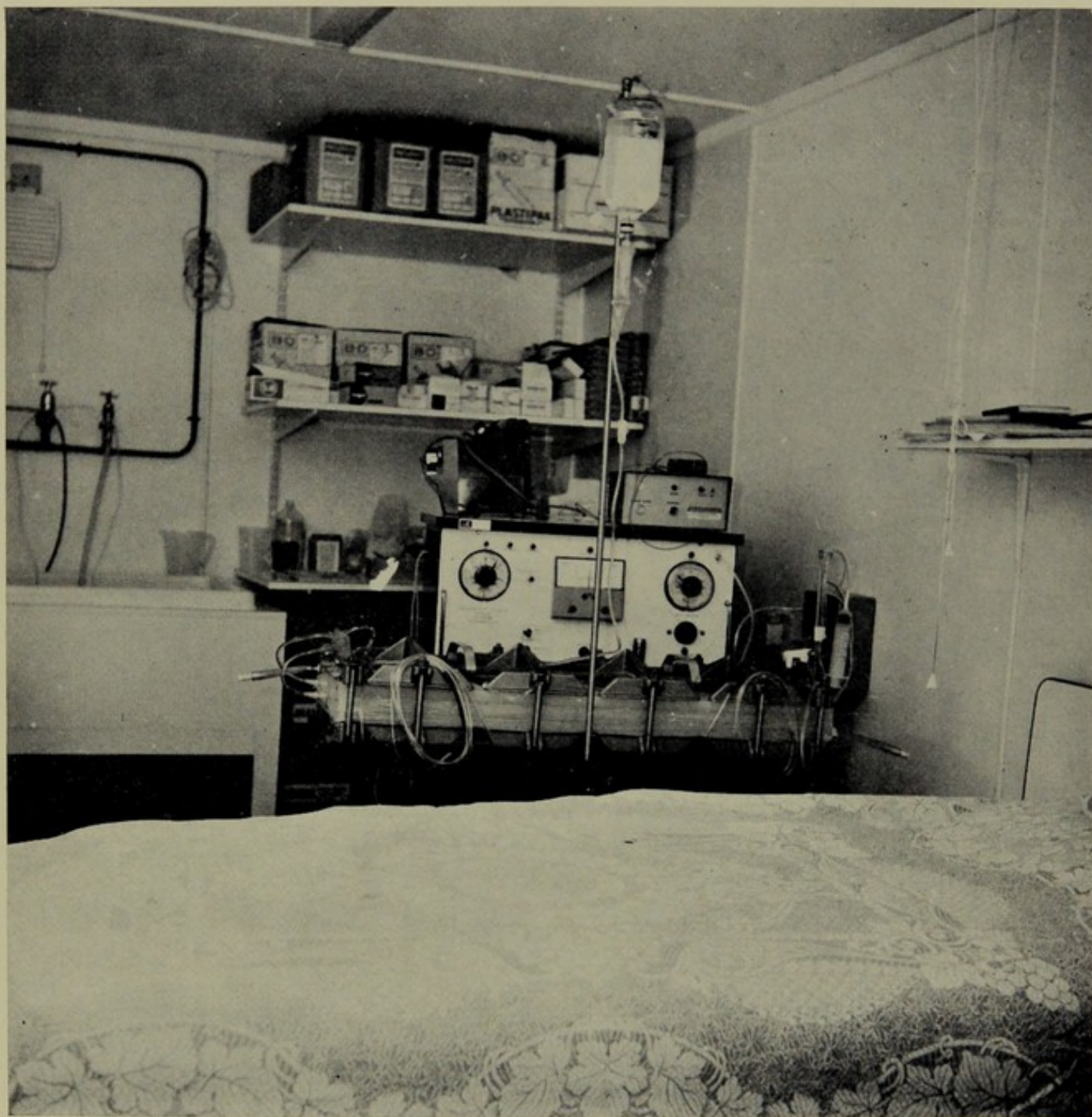
New homes opened during 1971	...	...	4
Homes closed during 1971	...	...	—
Number of homes registered at 31.12.71	...	...	19
Total number of beds available at 31.12.71	...	...	340

One of the registered nursing homes included above is also registered under the Abortions Act 1967 and during 1971 performed 150 abortions. This compares with 85 in 1970 and 41 in 1969.

In addition to the 19 homes shown in the table above a 400-bedded psychiatric hospital is registered as a mental nursing home in accordance with the provisions of the Mental Health Act 1959.

MENTAL HEALTH

MENTAL HEALTH



TRANSPORTABLE HOME DIALYSIS UNIT—INTERIOR

MENTAL HEALTH

With the advent of the new social service department due on 1st April 1971 and the consequent termination of the mental health section of the health department, it was inevitable that the first three months of 1971 would not see any new developments in the mental health field, rather would the services as previously developed be continued and prepared for the hand-over to the new social service department.

Mention was made in last year's report of the completion of Heswall adult training centre, and in January 1971 this centre opened for the reception of trainees, bringing the total county provision of adult training centres up to seven. Heswall adult training centre in its structure incorporates the most modern ideas for helping the adult mentally handicapped. The work areas are large, and can be quickly adapted to the various work procedures which form part of the curriculum of a modern centre. The trainees from the Deeside area of the Wirral were transferred from the rather overcrowded Ellesmere Port training centre to Heswall.

The centre was fortunate in obtaining the services of Mr. Vickerman as manager. Mr. Vickerman, who is qualified in the work of training the adult mentally handicapped, had previously held the post of senior instructor at the Ralph Smith adult training centre, Hull. He quickly acquired light assembly contract work from nearby factories in accordance with county policy and set about organising a social training programme, a vital preliminary factor to placing groups of trainees with their instructor in nearby factories. Mr. Vickerman's training and wide experience were shown by the enthusiastic manner in which he accepted and looked forward to implementing with his centre the county policy of groups of mentally handicapped trainees in factories with their own instructor. This scheme (described in detail in previous reports) continues to operate with great success, and an expansion of the scheme on a national basis can be foreseen.

Junior training centre facilities for mentally handicapped children between the ages of two and sixteen years are provided at Eastham, Neston, Crewe, Northwich, Altrincham and Macclesfield. Hyde junior training centre caters for mentally handicapped children from five to sixteen years, because the centre at Glengarth, Marple, has for some years provided an excellent service for the two to five year olds in this area of Cheshire. Glengarth is run by the North East Cheshire Society for Mentally Handicapped Children, and the centre is used by the county on an agency basis.

Just as April 1971 was a most significant date for social workers, so also was it an important date in the junior training centre field, because on 1st April 1971 junior training centres passed from being the responsibility of health committees and departments to that of education committees and departments, and they were renamed day special schools. The Education (Handicapped Children) Act 1970 was the legislation under which this transfer took place.

For many years junior training centres under health committees and departments gave a service to mentally handicapped children which has progressed from the early beginnings of occupation centres in rented church halls to the present day, when purpose-built centres with scientifically structured curricula and trained qualified staff are standard requirements; progress has been rapid and the standard is good. However, there has always been one problem keenly felt by parents of mentally handicapped children throughout the country; they suffered from the knowledge that their mentally handicapped child had been excluded from the "educational" system and had been made the responsibility of a health department due to severe retarded intellectual development. The fact that the junior training centre was in fact a school, although under a health department, and provided education, though it was called training, did nothing to lessen their concern. Under the recent legislation every child in the country is entitled to education in accordance with his need and potential from an education committee and department.

The junior training centres are self-contained units with a specialised function, and in April 1971 little change, if any, would be apparent in a centre, even though the department under which it operated was changed. However, the new administrative services for the centres had

not had the experience of being responsible for this category of pupil, and it was necessary during the first three months of 1971 to have many meetings between the health and education departments so that information and knowledge could be made available to the education department; for the same reason, joint visits were made to all centres.

Day special schools are now an integral part of the educational services, and this must influence the schools in the times ahead to the advantage of their severely mentally handicapped pupils. The health department will continue its important medical role, as it does for all school children throughout the school health service.

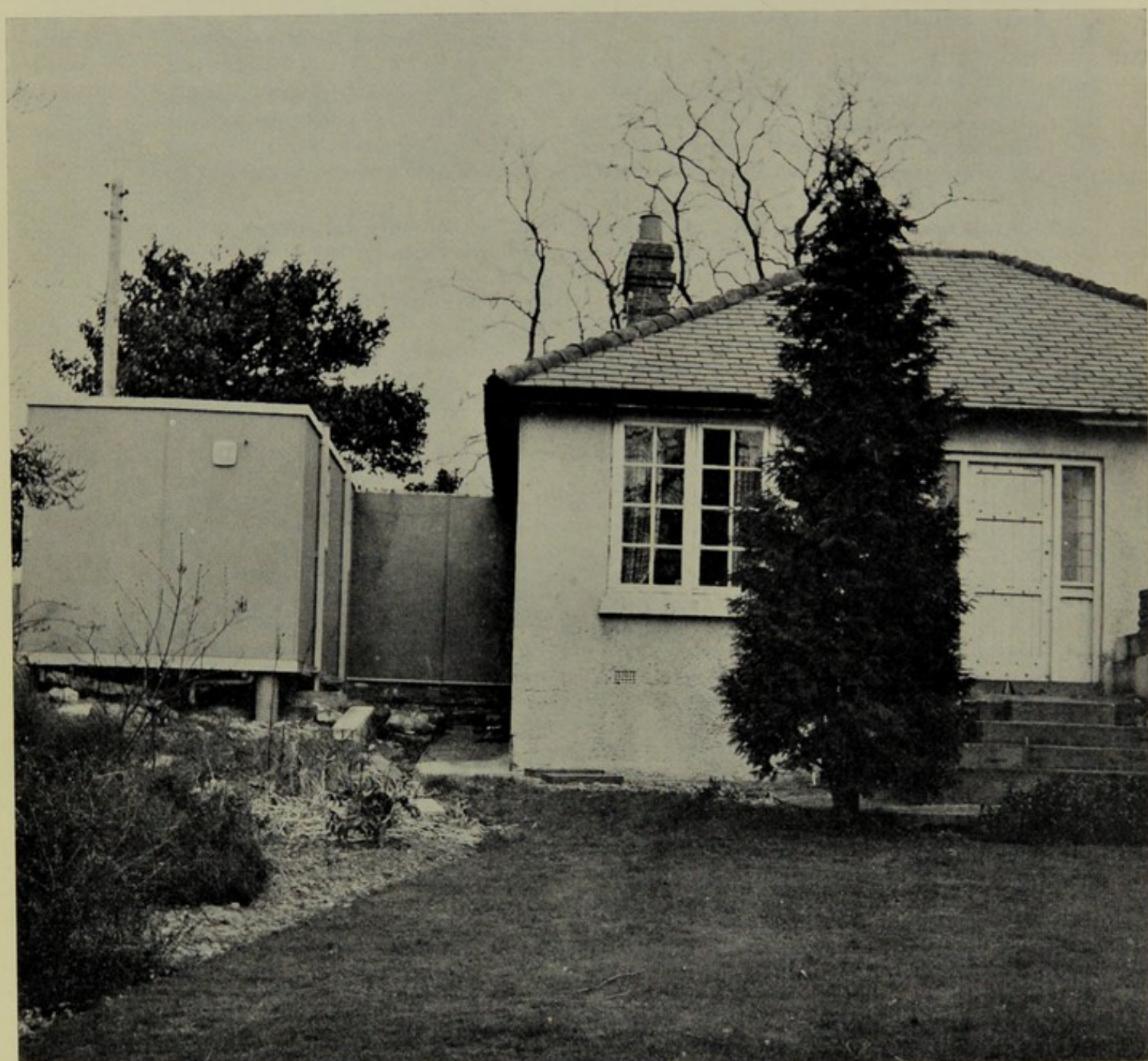
During the first quarter of 1971 no new hostels for the mentally handicapped came into operation. The requirements of the county continued to be met by the hostels for mentally handicapped children at Neston and Crewe and hostels for the adult mentally handicapped at Wrenbury, Macclesfield and Stalybridge. Work continued on the three new hostels under construction at Ellesmere Port, Sale and Northwich which would receive residents later in the year.

The demand for vacancies in hostels for mentally handicapped adults and mentally handicapped children exceeds the availability of places, although the ever-increasing local authority provision is significantly reducing the gap between supply and demand. The well-established county scheme of rotating short-term care has gone a long way towards providing relief for parents in need, and a consequent reduction in the number of requests for permanent care of the mentally handicapped. Under this scheme the mentally handicapped adult or child spends alternate periods of two weeks in hostel and eight weeks at home. The success of the scheme is now well established, and no doubt it will be expanded under the auspices of the social service department.

Mention was made last year of the successful implementation of the "council house scheme". Under this scheme patients in psychiatric hospitals who are sufficiently recovered to be discharged but have no suitable accommodation to which they can go, are admitted to a council house, furnished by the local health authority and rented by that authority from the housing authority. The council house can take four or five patients who pay £2.50 each to the county council to cover rent, rates and electricity; the remainder of their money covers food and their own personal needs. The patients work in the hospital industrial therapy unit. Last year a house in Poynton near Macclesfield took the first patients from Parkside Hospital; this year a council house in Upton-by-Chester took the first patients from West Cheshire Hospital and is proving as successful as the initial venture at Poynton. These two houses represent the start of a long-term plan whereby 22 council houses will eventually be in operation near both Parkside Hospital and West Cheshire Hospital, 11 houses in each area. It was fortunate that the health department had been able to demonstrate the value of this scheme before handing over to the social service department the responsibility for providing facilities for patients suitable for discharge and re-housing from psychiatric hospitals for the mentally ill.

It has long been accepted that the ability of a mental welfare officer to provide supportive therapy to patients in the community will depend on three factors: the resources upon which he can call, his personal make-up as an individual, and the training he has received. The training programme for mental welfare officers which this authority has operated for some years must be one of the most ambitious in the country, and during the first quarter of 1971 there were 12 officers away on courses which would lead to the qualification of certificate in social work.

The new social service department will clearly require the fullest possible resources in terms of material, knowledge and experience of staff. As it is to undertake responsibility for the services for the mentally disordered, it must evidently have prompt access to technical knowledge in this field, and it was therefore decided that from April 1971 Dr. R. Blyth should be seconded from the health department to the social service department, so that his knowledge and experience in the field of mental disorder would be readily available to the director of social services and to his staff.



TRANSPORTABLE HOME DIALYSIS UNIT—EXTERIOR (LEFT)

PHYSICALLY

THE MILITARY REVOLUTION

THE REVOLUTION IN THE ARMY AND THE ARMY IN THE REVOLUTION

PHYSICALLY HANDICAPPED

The responsibility for the provision of services for the physically handicapped in Cheshire (including the blind, the partially sighted and the deaf) was transferred from the county health committee to the newly formed social services committee on 1st April 1971. At the time of transfer club facilities for the physically handicapped were available in all health divisions, one purpose-built handicapped persons unit was in operation in Northwich, a second at Bebington was in the process of being equipped, and at Crewe a third unit was nearing completion.

Upon the recommendation of the Department of Health and Social Security, responsibility for the adaptation of properties to enable regional hospital boards to install artificial kidney machines in the homes of persons suffering from renal failure, remain with local health authorities and during 1971, nine requests for adaptations for artificial kidney units were received in respect of Cheshire residents and have been—or are being—complied with. An interesting feature in this field has been the development commercially of transportable, pre-fabricated home dialysis units to go with the artificial kidney units. They are supplied complete with sink, cupboards, shelving, etc., wired and fitted electrically, together with built-in plumbing and drainage. Two of these units, included in the nine adaptations approved during 1971, were provided at properties which did not lend themselves to adaptation. The photographs show one of them, and the following letter from the parents of the patient concerned illustrates the value of the installation:

"On behalf of my husband, Christine and myself I would like to say a very sincere thank you for the home dialysis unit which you have had installed for us. We are really overwhelmed with the kindness and generosity we have received.

It has all been done so quickly and everyone who has worked on it has been most conscientious and helpful.

Please pass on our very grateful thanks to all who have been concerned with the project. We certainly consider ourselves very lucky and deeply indebted to you. We are once more a family unit after eighteen months of separation."

ENVIRONMENTAL
HEALTH

ENVIRONMENTAL HEALTH

COMMENT

1971 was another very active year in the public health section of the department. The main facets of the work are reported in the following pages and in the environmental health section of the school health report.

Routine work in the control of brucellosis continued, and perhaps the outstanding point which emerged here was the marked reduction in the number of our "raw milk" herds found to be infected with brucella during the year—only 16 of the 185 herds, against 42 in 1970. The graph given in the report shows quite clearly the peak that was reached in 1969 as a result of restocking herds after the foot and mouth disease epidemic, followed by a dramatic reduction, with the 1971 figure the lowest since our work became established on a comprehensive basis. First steps towards compulsory eradication were taken in 1971, but Cheshire is likely to be one of the last areas to be dealt with. Accreditation is making comparatively slow progress in Cheshire, though 68 of the 185 producer-retailer herds are now fully accredited. Fourteen new human cases of brucellosis were reported in 1971, and it is perhaps significant that these are now almost entirely amongst farmers, their families, or the farm workers.

Work in connection with schemes under the Rural Water Supplies and Sewerage Acts seems to be increasing at the present time, mainly because some of the rural district authorities are making efforts to get essential sewerage schemes approved and in hand before April 1974, including some rationalisation of their disposal facilities into wider areas. Fluoridation is at last making some progress in the county with the county council's decision in favour, and the first steps were taken in 1971 towards the fluoridation of certain supplies in the county.

There was considerable activity during the year in the field of food hygiene, where the public health section liaises closely with the county catering organiser. A number of codes of practice have been, or are being, evolved, and the section is co-operating with the school meals service in a pilot scheme for applying pre-cooked frozen food techniques to the service.

A code of practice for public health safeguards in school swimming pools was also formulated at the end of 1971, and distributed to all schools having their own pools.

Finally, the year saw great activity in the shape of working parties or committees set up to deal with various environmental problems. The county public health officer has served on a working party studying pollution problems in the Warrington area, a committee set up to study the results of monitoring the environment around the new fibreglass factory, near Wrexham, a committee formed to deal with the pollution of the River Mersey, and a working party set up to establish sites in the county for gipsies. He is also keeping in touch with the work of a small working party examining the problems of the disposal of industrial wastes in the Upper Mersey valley.

MILK AND DAIRIES

The work of ensuring that all milk produced, processed and sold within the county reaches the consumer in a clean and wholesome condition and free from disease-producing organisms was continued during 1971. All milk samples collected in connection with this work, as well as washed bottles for rinse examination, are examined by the public health laboratory service of the Department of Health and Social Security, which provides the county council with a free service for these purposes. We are greatly indebted to the laboratory services for their co-operation.

Sampling frequencies and procedures are agreed with the directors of the two public health laboratories.

(a) Milk Production

Production is controlled by the Ministry of Agriculture, Fisheries and Food, but producers bottling milk not of their own production are licensed by the county council (see "distribution"), and a specific duty is also laid upon county councils by section 31

of the Food and Drugs Act 1955 to administer provisions designed to prevent the sale of diseased milk. The two principal diseases which milk may convey are tuberculosis and brucellosis.

This work is particularly important in view of the fact that there are 185 herds in the county from which milk is sold raw to the public. It is estimated that approximately 6,000 gallons of milk are sold each day under the designation "untreated (raw)" in the administrative county. This means that 68,500 persons are continually at risk in Cheshire from drinking raw milk.

- (i) **Tuberculosis.** During 1971, 600 samples were submitted for biological examination from 185 'raw milk herds'. In no case was tuberculosis infection detected. Samples are submitted from each herd annually with the exception of smaller raw milk supplies (up to ten gallons per day) which are examined once in two years.
- (ii) **Brucellosis.** The department's extensive work in co-operation with the district council health departments continued in accordance with Ministry of Health Circular 17/66. The sampling frequencies and procedures evolved in 1967 have proved highly satisfactory and were not changed.

The milk ring test is used as a screening test for all samples and a cultural examination is carried out on all milk ring test positive samples. If a sample is strongly positive on the milk ring test, or an examination for tuberculosis is required, a biological examination is also carried out.

The following table sets out details of the number of samples submitted for brucella examination and the results obtained.

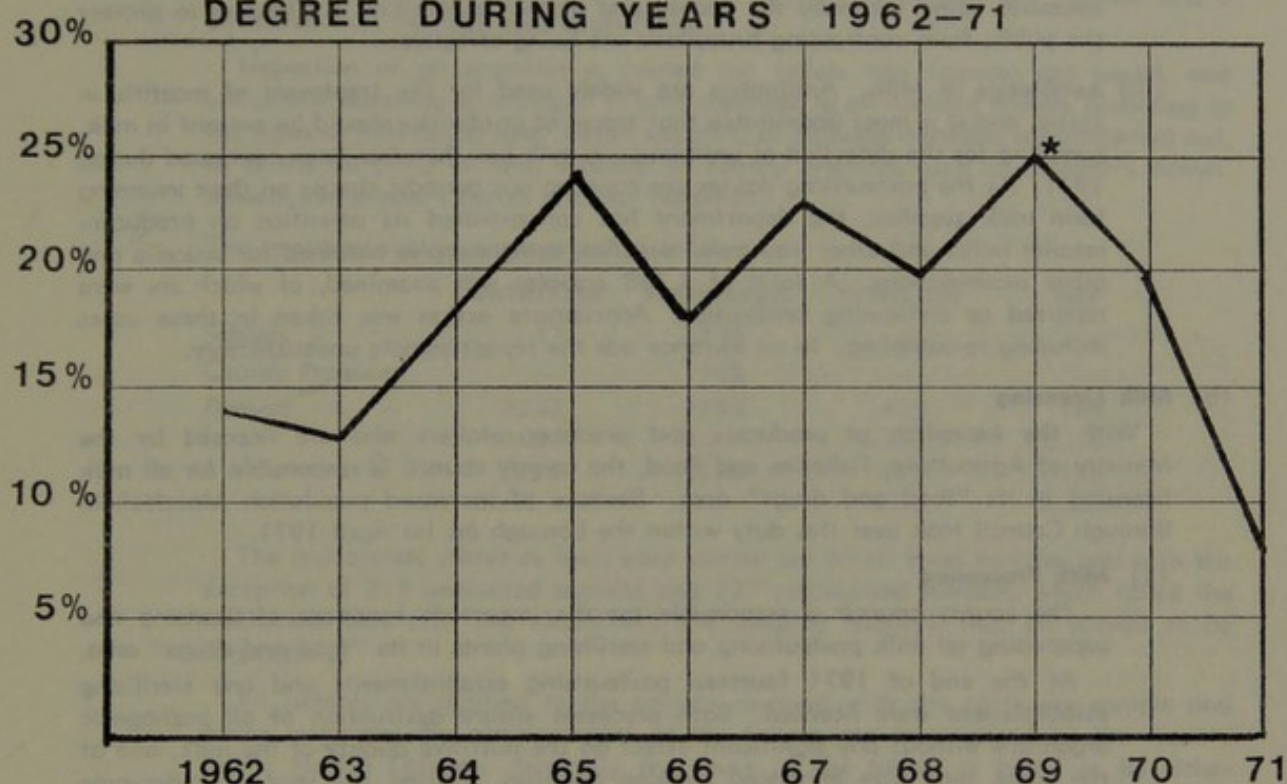
	TOTAL SUBMITTED	CULTURAL EXAMINATION		BIOLOGICAL	
		Total	Brucella Positive	Total	Brucella Positive
Schools	17	2	—	17	—
Dealers	2282	76	10	89	4
Farms (Bulk)	786	37	5	418	—
Individual Cow Samples	1111	143	36	76	—
	4196	258	51	600	4

During the course of the year 16 different herds were found to be brucella infected in some degree. This is a considerable improvement on 1970 when 42 herds were infected.

The brucella figures generally are a great improvement on the previous year. A number of factors have no doubt contributed to this very much improved situation, viz. the strict milk sampling control exercised by the county council in co-operation with the district councils; the effort made by the veterinary officers of the Ministry of Agriculture, Fisheries and Food in encouraging producer-retailers to participate voluntarily in the Brucellosis (Accredited Herds) Scheme; the desire of producer-retailers to have a "clean" herd and the fact that brucella-free cattle are now available when replacement animals are required.

The following graph illustrates the improvement in the degree of brucella infection for the period 1962-71. The sample reports for 1972 at the time of writing this report indicate that the situation is further improving.

PERCENTAGE OF HERDS BRUCELLA INFECTED IN SOME DEGREE DURING YEARS 1962-71



*** Restocking after foot and mouth epidemic**

In the spring of 1971 the Minister of Agriculture, Fisheries and Food announced the commencement of compulsory eradication areas. Initially three areas in England and Wales were involved, north-west and south-west Wales and the Isle of Wight, also part of western Scotland. These areas were chosen because of their response to the voluntary schemes, the small amount of infection present, the flow of cattle to and from the areas, the natural boundaries, and the potential for extension into other areas. Unfortunately Cheshire did not meet these requirements and no part of the county is at present included.

The first eradication measures were due to commence on 1st November 1971 but owing to the difficulty inherent in starting compulsory eradication at short notice, eradication will be on a voluntary basis only for the first year and compulsory eradication will begin in November 1972.

At the time of writing this report (March 1972) the situation in Cheshire with regard to the voluntary Ministry brucella scheme was that of the approximate 3,250 registered milk producers, 365 were fully accredited. Included in these figures are the 185 producer-retailers of which 68 were fully accredited and a further 26 in the various stages of acceptance. These figures may be compared with those for last year when a total of 224 producers was fully accredited of which 42 were producer-retailers.

The human case register maintained in the department since May 1961 now stands at 208, 14 being reported during 1971.

Most of the recent cases, however, have been in farmers or their families, and not connected with the supply of raw milk to the public, which could mean that the measures being taken by the county and district authorities in Cheshire to protect the public from contracting brucellosis are being effective.

- (iii) **Antibiotics in Milk.** Antibiotics are widely used for the treatment of mastitis in cattle, and it is most undesirable that traces of antibiotics should be present in milk. Sampling for the detection of antibiotics in milk has therefore been continued during 1971. As the pasteurising dairies are carrying out periodic checks on their incoming farm milk supplies, the department has concentrated its attention on producer-retailer milks and other 'raw milk' supplies, using samples obtained for brucella and other examinations. A total of 1,798 samples was examined, of which six were reported as containing antibiotics. Appropriate action was taken in these cases including re-sampling. In no instance was the repeat sample unsatisfactory.

(b) **Milk Licensing**

With the exception of producers and producer-retailers who are licensed by the Ministry of Agriculture, Fisheries and Food, the county council is responsible for all milk licensing in its "food and drugs" area. Because of increased population Macclesfield Borough Council took over this duty within the borough on 1st April 1971.

(1) **Milk Processing**

The county council is responsible for the important functions of licensing and supervising all milk pasteurising and sterilising plants in its "food and drugs" area.

At the end of 1971 fourteen pasteurising establishments and one sterilising establishment were licensed. Both processes ensure destruction of all pathogenic organisms without any significant effect on the nutritive quality of the milk, and at the same time give enhanced keeping qualities. During the year a holder-type pasteurising plant was installed and came into operation at the farm premises of a producer-retailer and one pasteurising dairy of medium size closed as processing was transferred to a larger unit.

Pasteurising plant is also being installed at a further producer-retailer's premises and should come into operation during 1972.

A major extension and re-equipment scheme was completed during 1971 at one of our largest dairies which is now pasteurising approximately 40,000 gallons of milk per day or the daily milk consumption of 450,000 people.

A total of 2,794 pasteurised and 49 sterilised milk samples was obtained from the processing dairies, and with the exception of one phosphatase test failure (this is the official test for the correct heat-treatment of pasteurised milk) and 22 methylene blue test failures (for cleanliness and keeping quality of pasteurised milk) all the samples proved to be satisfactory. Almost two-thirds of the methylene blue test failures were from three small dairies where milk cooling and other problems (since resolved) had occurred. The remaining failures were fairly uniformly distributed amongst the other processors.

Washed bottles are collected from each bottle-washing machine at the processing dairies at regular intervals so as to check the efficiency of the bottle-washing procedures. A total of 1,008 bottles was examined during 1971, 870 of which were satisfactory, 99 fairly satisfactory and 39 unsatisfactory. These results are an improvement on the previous year. The unsatisfactory results were resolved after appropriate action.

(2) **Milk Distribution**

The county council is responsible for the licensing of all milk distributors by the issue of dealer's pre-packed milk licences, and of all establishments where untreated milk is bottled, other than the farms where the milk is produced, by the issue of dealer's (untreated) licences.

During the course of 1971, 109 dealers' pre-packed milk licences were issued and 122 were cancelled. At the end of the year, 1,108 pre-packed milk licences and 6 untreated milk licences were in operation.

Inspection of all premises is carried out before new licences are issued, and systematic sampling is arranged to give coverage to all licensed dealers according to the types of milk being sold. Retail sampling of producer-retailers is also carried out, as is the sampling of milk supplied to county premises such as children's homes, schools, old people's homes and day nurseries.

The sampling may be summarised as follows:

	UNTREATED	PASTEURISED	STERILISED	UHT
Schools	17	746	—	—
County Premises	—	188	—	—
Dealers	2282	2784	475	148
	<u>2299</u>	<u>3718</u>	<u>475</u>	<u>148</u>

The appropriate statutory tests were carried out on all these samples and with the exception of 219 untreated samples and 227 pasteurised samples, which failed the methylene blue test (for cleanliness and keeping quality) they all proved to be satisfactory.

All failures are notified to the persons involved with the particular sample and where necessary the circumstances of the failure are investigated by the County Public Health Officers. Normally the cause of the failure is found to be either incorrect storage, or the age of the milk at the time of sampling (incorrect stock rotation). Repeat sampling is carried out to ensure that the unsatisfactory conditions have been remedied.

Routine samples of washed bottles are collected from the untreated milk bottlers holding a county licence. A total of 203 bottles was examined during 1971, 158 of which were satisfactory, 4 fairly satisfactory and 41 unsatisfactory. The majority of the poor results were from one dairy where improvements were effected and the trouble resolved.

(c) **Cream**

A total of 37 samples of raw cream was submitted for brucella examination. All proved negative.

(d) **Sampling Summary**

The following table summarises the whole of the milk sampling carried out by the department.

PREMISES OR DISTRIBUTION	NUMBER	SAMPLES TAKEN		
		MILK	WASHED BOTTLES	CREAM
Processing Dairies (Pasteurising or Sterilising)	14	2843	1008	—
Schools (excluding Crewe)	616	763	—	—
County Establishments	100	188	—	—
Dealers and Producer-Retailers	1299	5738	203	37
Farms (inc. individual cow samples)	185	1897	—	—
Totals	<u>2214</u>	<u>11429</u>	<u>1211</u>	<u>37</u>

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

The section continues to take a very active interest in the provision of these basic services throughout the county, and keeps in touch generally on problems arising and schemes proposed and in progress.

(a) FINANCIAL ASSISTANCE TO DISTRICT AUTHORITIES

During the financial year which ended on 31st March 1972, a total of £64,702 was contributed by the county council to county district councils which qualified for assistance under the Rural Water Supplies and Sewerage Acts 1944-71, and £17,241 under section 56 of the Local Government Act 1958, i.e. £81,943 in all.

(b) SCHEMES OF WATER SUPPLY, SEWERAGE AND SEWAGE DISPOSAL

During the year under review seven schemes of sewerage and sewage disposal estimated to cost in total £250,797 were submitted by district councils for grants under the Rural Water Supplies and Sewerage Acts 1944-71. All the schemes were investigated in detail and, subject to agreed amendments in some cases, were approved in principle. No schemes of water supply were submitted.

In addition two applications were received from district councils seeking assistance from the county council under the terms of section 56 of the Local Government Act of 1958 and one application was received for the increase of an annual payment already agreed, because the scheme when carried out cost considerably more than had been estimated. Section 56 of the 1958 Act empowers the county council to "make any contributions the council thinks fit to expenditure of the council of a county district in the county." The two new applications totalled £3,178,000 in estimated costs and involved works of sewerage and sewage disposal which did not rank for grants under the Rural Water Supplies and Sewerage Acts. These two schemes were examined by the department from a technical standpoint. The county council's policy is to make contributions under this section only in the case of schemes which would impose an exceptionally heavy additional burden on the ratepayers of the area. One major sewerage and sewage disposal scheme estimated to cost £3,101,000 was given financial aid amounting to £9,000 per annum from 1st April 1972 to 31st March 1974. The other scheme was not approved for the purposes of assistance. The application for an increase in the annual payment was agreed, from £10,000 per annum to £12,500 per annum until 31st March 1974.

(c) LOCAL INQUIRIES AND INVESTIGATIONS OF THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT

During the year, inspectors of the Ministry held a number of inquiries into sewerage and sewage disposal schemes, and the department was represented at each by the county public health officer.

(d) FLUORIDATION OF WATER SUPPLIES

The first report to County Health Committee on this subject was in February 1963. It is therefore gratifying to be able now to record that at its meeting on 3rd March 1971 the County Health Committee approved the policy of adjusting the fluoride level in the county's water supplies to one part per million, and that this was confirmed by resolution of the County Council at its meeting on 29th April 1971.

As a result of this, approaches were made to the two water authorities serving areas wholly within the administrative county, namely the Mid-Cheshire Water Board and the Macclesfield Water Board, requesting them to prepare schemes. The Mid-Cheshire board agreed to do so, but the Macclesfield Board have so far refused. The Stockport and District Water Board have also been requested to take steps to implement the County Council's policy, and the two other local health authorities involved, Derbyshire County

Council and Stockport County Borough Council, made similar requests. The Water Board are accordingly now preparing schemes to deal with their supplies. Because of decisions against fluoridation by certain local health authorities, and in two cases by Water authorities, it seems that at present the Mid-Cheshire Water Board and the Stockport and District Water Board are the only two water authorities (of the nine serving the county) who will be proceeding with fluoridation schemes. This is a regrettable situation but one which will no doubt be remedied from 1st April 1974.

GENERAL

(1) Liaison with County Planning Department

The department is being increasingly used by the planning department for comments on the public health aspects of planning applications.

During 1971, 48 applications for planning approval covering a wide range of activities were referred to the department and in each case full consideration of all public health aspects was given by the county public health officer and reports submitted for the assistance of the planning officers. In addition the county public health officer attended a number of meetings of applicants and officers when the particular public health aspects of proposals were discussed.

(2) Liaison with County Surveyor's Department

Applications for the disposal of sewage effluent by connection into county council surface water drains are reported upon by the department. During the year a meeting of officers took place together with representatives of the River Authority, to discuss pollution problems in existing county council surface water drains. A policy for future action was agreed.

Schemes of water supply, sewerage and sewage disposal dealt with by the department are also discussed with the county surveyor's department so that any matters affecting highways can be raised and dealt with.

(3) Nursing Homes, Old Persons' Homes, Disabled Persons' Homes, Day Nurseries and Play Groups

The county public health officer's section has continued to assist in work connected with the registration of these premises, particularly when difficulties arise with regard to structure, and sanitary and food hygiene arrangements. Plans for new homes, or for extensions or adaptations, are also examined and suggestions made with a view to obtaining the best possible conditions and facilities.

From the 1st April 1971 the Department of Social Services became responsible for the registration of these premises with the exception of nursing homes which are still the responsibility of the health department.

(4) Food Hygiene

Matters of food hygiene continue to play an important part in the work of the section, particularly the routine inspections carried out in connection with the school meals service. A full report on this work is contained in the school health report for 1971.

The county public health officer maintains close liaison with the county catering organiser and studies the developments taking place in this field. In the early part of the year a study was made into cooking by micro-waves. Recommendations were made and implemented, resulting in cooked meals being available where otherwise this would not be possible.

The code of practice on kitchen hygiene prepared jointly by the Education and Health Departments has now been issued to all county food premises including the school meals service. The county public health officer acted as co-ordinator for this project, and the publication has proved to be most useful and has standardised procedures throughout county premises.

The formulation by the health department of a code of practice on pre-cooked frozen food is well advanced. This is in preparation for the proposed pre-cooked frozen food pilot scheme which is to be launched by the school meals service in the autumn of 1972.

The food hygiene requirements in relation to the proposed code for the construction and equipment of food premises have been circulated, and preparation of the code is still proceeding.

(5) **Environmental Working Parties**

The county public health officer has served on a Working Party studying pollution problems in the Warrington area, a Committee set up to study the results of monitoring of the environment around the new Fibreglass Factory near Wrexham, a Committee formed to deal with the pollution of the River Mersey, and a Working Party set up to establish sites in the county for gipsies. He is also keeping in touch with the work of a small Working Party examining the problems of the disposal of industrial wastes in the Upper Mersey valley.

OCCUPATIONAL HEALTH

The extensive occupational health service facilities and services existing in the 1940s have been maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

CLINICAL WORK

During the year, the occupational health service facilities and services existing in the 1940s have been maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

The health of the workers is maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

The health of the workers is maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

OCCUPATIONAL HEALTH

The health of the workers is maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

The health of the workers is maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

The health of the workers is maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

The health of the workers is maintained and expanded during the war, and it is now the business of the State to see that the health of the workers is maintained. The State has a duty to see that the health of the workers is maintained.

The Commission for the Study of the Health of the People of the United States has been established. This is a permanent body which will be organized in the near future. It is to be composed of representatives of the various departments of the Government.

The Commission will be organized in the near future. It is to be composed of representatives of the various departments of the Government. It will be organized in the near future.

International Working Parties

The various public health officials have agreed to a Working Party meeting on public health in the Caribbean area. A Committee has been set up to study the health of the population of the Caribbean area. The Committee will be composed of representatives of the various departments of the Government. It will be organized in the near future.

OCCUPATIONAL HEALTH

OCCUPATIONAL HEALTH

The additional occupational health service centre in Mid-Cheshire referred to in the 1970 report was established and equipped during the year, and Dr. Rich was able to use the facilities of this centre for cases referred to him from the Crewe, Mid and East Cheshire areas. The three centres now fully operational are at Chester, Weaverham and Gatley.

CLINICAL WORK

During the year, the preventive medical examinations offered to senior staff were continued and it was decided to extend this facility to staff in the middle management category. During the year 1971, 146 members of staff were offered the examination, of which 92 were examined during the year. In addition there were 37 routine re-examinations carried out, these being in addition to those members of staff who were re-examined where a particular condition was indicated.

The medical examination of heavy goods and public service vehicle drivers was also continued during the year. 80 examinations were carried out, and 9 re-examinations.

The form of reference, which was originally designed for cases of protracted sickness absence, was revised to give employing departments the opportunity of referring other problem cases, for example where a medical opinion was required to ascertain whether certain staff were fit to continue in the service of the county council or whether by reason of some permanent disability, premature retirement was indicated in the interest of both employer and employee. It should be noted that before such a medical examination was carried out, the employer's permission was always sought, to enable the occupational health medical officer to approach the family doctor or consultant for information. 100 such cases were referred to the occupational health service, 51 of which were prematurely retired from the service of the county council. It was encouraging to note that many of the problem cases referred to the occupational health service did not have to leave the service of the authority, and after consulting the medical officer and receiving appropriate advice, made a satisfactory return to their employment. Still one of the biggest disappointments to the medical officers of the service is the lack of resettlement facilities. If a person is found to be unfit for his particular employment it is virtually impossible to re-settle him in alternative work within the county council. This is a problem which must be given serious thought, so that staff who are unfortunate in having a breakdown in health and are referred to the occupational health service realise that if medically possible, facilities are there to provide alternative work within the county council, and that it will not be a means of dispensing with the services of staff who for health reasons are unable to work at full capacity in their particular jobs.

The fire brigade department made full use of the facilities of the occupational health service and during the year 17 members of the fire department were referred for medical advice. All the occupational health medical officers had attended a special fire-fighting demonstration and so were well aware of the particular hazards involved and the standard of medical fitness required. It was appropriate therefore that the medical examination of all newly appointed full-time firemen should be undertaken by the occupational health doctors, and also that their special knowledge and expertise should be available to the chief fire officer for any problem cases he may wish to refer to the service. It is anticipated that 40 newly appointed firemen will be referred each year.

During 1971 further instructions were received from the Home Office regarding the periodic check-up of firemen over the age of 40. 123 examinations will be required initially and work in this connexion will be started early in 1972. It is expected that 150 men in the fire brigade will require a three-yearly medical examination over the next few years.

A very important part of the doctors' clinical activities has been the consultations that have been initiated by the staff themselves. It is encouraging to note that in several instances the help and advice given on a personal health problem has been much appreciated by the staff concerned.

ENVIRONMENTAL MATTERS

One of the objects of an occupational health service is to protect workers against any health hazard which may arise from their work or from the conditions in which it is carried out. It is for this reason that two medical officers of the occupational health service paid a visit to the M6 Sandbach works unit, accompanied by local and county public health officers. The purpose of the visit was to inspect the working environment in general and to estimate exposure of workers to noise. The matter is currently being studied.

The question of sickness absence recording was considered and the setting-up of recording machinery for coping with sickness absence was investigated. Visits were made by the occupational health medical officers to London Transport Executive and two other selected organisations who were running an occupational health service, so that management and other organisational procedures could be inspected. It is hoped that eventually centralised sickness recording machinery will be set up, which will be of value in the future work of the occupational health service.

From information received towards the end of 1971, it seemed apparent that an influenza vaccination programme would have to be arranged. It was decided to offer the injection to all "key personnel" of the county council and with the co-operation of the various departments 2,251 members of staff in this category were offered the injection. 1,639 members of staff completed the request forms but for various reasons such as hay fever, asthma and various allergies, the number of staff actually vaccinated was reduced to 1,397. For Chester-based staff, two sessions were arranged at County Hall, where 267 injections were given. The other field and area staffs sessions were arranged in the various parts of the county and in all a total of 1,130 injections were administered. It was not possible for the occupational health team to carry out the entire vaccination programme and I am therefore indebted to divisional medical officers in all areas for their assistance in carrying out this programme.

A follow-up investigation into the efficiency of the vaccine will take place.

LIAISON WITH UNIVERSITIES AND HOSPITALS

Again the medical officers of the service are grateful to Professor Scott of the University of Manchester for his advice and guidance on occupational health matters. Professor Scott recently retired but we are fortunate in having the services of Professor Lee for future consultations and advice.

Professional advice is also readily available to the service from consultants in medicine and radiology at the Chester Royal Infirmary and we are grateful to the special unit at Sefton General Hospital for the facilities for blood examinations. 127 samples of blood have been examined during the year. Ten employees had abnormal blood fat patterns and all have been given appropriate advice and treatment.

Again talks on the function of an occupational health service have been given to county council personnel in the course of the in-service training programme.

On occasions during the year the occupational health service was called upon to assess the percentage of injury disability in connexion with the county council superannuation scheme. Three of the occupational health medical officers formed a board to assess the cases referred.

In the forthcoming months the examination of school crossing patrols will be undertaken by the service. It is considered necessary that all school crossing patrols should be medically examined on reaching the age of 65 and annually thereafter.

Periodic vision and hearing tests should be given to all other school crossing patrols every five years. This would be undertaken during 1972 and it is hoped that some assistance with the vision and hearing will be given by the audiometricians working in the child health section, who will undertake the preliminary screening of both the hearing and the vision using the Keystone vision testing device.

In the last of the year the vaccination and immunisation services were reviewed in an attempt to identify the main problems and to suggest ways of dealing with them. The review was carried out by a committee of the Department of Health and Social Security, and its findings are set out in this report. The committee was made up of representatives of the Department, the medical profession, and the public. It was chaired by Sir John Peel, a member of the House of Commons. The committee's terms of reference were to look at the way in which the vaccination and immunisation services were organised and to make recommendations for their improvement. The committee's report is divided into three parts. The first part describes the current situation. The second part sets out the committee's recommendations. The third part contains a list of recommendations for the improvement of the services.

The committee found that the vaccination and immunisation services were generally well organised, but there were some areas where improvement was needed. The committee recommended that the services should be improved in the following ways: (1) by making the services more accessible to the public; (2) by improving the quality of the services; (3) by making the services more efficient; (4) by making the services more cost-effective; (5) by making the services more acceptable to the public.

The committee also recommended that the vaccination and immunisation services should be improved in the following ways: (1) by making the services more accessible to the public; (2) by improving the quality of the services; (3) by making the services more efficient; (4) by making the services more cost-effective; (5) by making the services more acceptable to the public.

VACCINATION AND IMMUNISATION

VACCINATION AND IMMUNISATION

By the end of the year the computer-based appointments system was operational in all divisions of the administrative area. In addition the number of participating general practitioners rose to 60% of the total practising in the area, an increase of 32% on last year. This increase is due mainly to health visitor attachment which has relieved general practitioners of much routine work at sessions held at surgeries. It is expected that many more general practitioners will be phased into the scheme in the near future, and it is encouraging that many of those already participating have expressed their appreciation of the advantages gained from the system. As a result, immunity indices have risen, and if present trends continue it is expected that 87% of children living in Cheshire will have been protected against the various infectious diseases before entering school.

The backlog of measles appointments which existed at the end of 1970 caused by the shortage of vaccine has now been cleared. Initially it was decided to offer only one appointment in an effort to clear outstanding treatments as quickly as possible. Appointment schedules are now back to normal, which means that parents are offered a maximum of three appointments, as is the procedure for the other infectious diseases.

The vaccination and immunisation sub-committee which advises the Minister has expressed the opinion that vaccination against smallpox need not now be recommended as a routine procedure in early childhood. In view of this recommendation, it has been decided not to offer any further appointments for smallpox vaccinations, although there is provision on computer file to record vaccinations given to children at special risk.

VACCINATION AND IMMUNISATION

By the end of the year the disease had disappeared from the district of the administrative area. In addition, the number of vaccinated persons had increased to 50% of the total population in the area, an increase of 25% on last year. This increase is due mainly to health education which has helped greatly to overcome the resistance to health education which has been met in some places. It is expected that the disease will be absent from the district in the next year, and it is suggested that many of those already vaccinated have received their second dose of the vaccine. As a result, immunity against the virus has been greatly increased. It is estimated that 85% of children living in Glasgow will have been protected against the virus before entering school.

The policy of medical departments which existed at the end of 1950 passed by the shortage of vaccine has now been cleared. Initially it was decided to offer only one injection in an effort to clear outstanding treatments as quickly as possible. However, it was decided to offer two injections, which would ensure that parents are offered a maximum of three injections as the procedure for the other infectious diseases.

The vaccination and immunisation sub-committee which advises the Minister has expressed the opinion that vaccination against measles need not now be recommended as a routine procedure in early childhood. In view of this recommendation, it has been decided not to offer any further appointments for measles vaccination, although there is provision on request for the second vaccination given to children at special risk.

RESEARCH

RESEARCH

RESEARCH

1971 was a year of consolidation for the section. Few short-term projects were brought to fruition during the period, but a number of long-term projects were commenced and should yield some valuable results at a later date. During the year Mrs. S. Harper left the department, and was replaced as assistant research officer by Mrs. A. Coffey, B.A., the first person to be appointed directly to the section.

The work of the section with regard to the library, reports and committee work has continued unabated, as has the provision of information and statistics to other sections of the health department. The impending re-organisation of the health services in 1974 has produced a big increase in demands from many quarters for a wide variety of data related to health service need and provision; this has often required special compilation from several sources and on occasions has been expressed in cartographic form.

A large part of the work of the section over the past 12 months has related to the development of computer-managed screening services. These have been designed primarily to provide an effective public service but are also intended to yield statistics which will prove valuable for organisational and epidemiological research. During the year design of the developmental paediatric screening service has been carried from first principles to the point of being ready for implementation of the first stages; throughout this the research section has played an important part. At the same time the cervical cytology scheme has been expanded, and by the end of the year arrangements had been finalised for extension of this service to four towns.

Two conventional research projects were undertaken during 1971. A study was made of all the home accidents in two large areas of the county, based on calls to the ambulance service followed up by health visitor questionnaires. Analysis of the results will only be completed after the end of the year, but an analysis after six months indicated a good response. Dealing with children, a study was instigated into the pattern and causes of post-neonatal infant mortality. Because of the much smaller numbers involved this project will have to be carried out over a number of years.

The research section was involved in the evaluation of two new services, with a view to assessing the benefits and optimum organisation of each. One relates to geriatric screening, and is being carried out in conjunction with three general practitioners in one area of the county. The second project concerns the pattern of referrals and response to the domiciliary family planning service as proposed for the five initial areas.

The research section also continued to liaise with research projects being conducted by other agencies. In particular, interest was expressed in an assessment of the young chronic sick being carried out in co-ordination with a hospital in the county, and discussions were held with the social services department concerning means of assessing the numbers and needs of the handicapped—a field in which the section had previously made its own contribution. The research section was also the focal point in the department for co-operation with agencies carrying out research projects over a wide area—for example the department continued to co-operate with a study being carried out by Oxford University into certain childhood illnesses.

Interest in the work of the section has continued to be maintained by outside bodies, and this raises the possibility of useful co-operation. At a meeting in Dublin in September the research officer was elected to membership of the Society for Social Medicine. The forthcoming year promises the production of results from a number of the projects currently in hand, as well as the carrying out of a number of smaller projects.

AMBULANCE SERVICE

The specialized ambulance service is the primary means of delivery of the patient from the scene of the accident. The service is provided by the ambulance company and the hospital. The ambulance is used to transport the patient from the scene of the accident to the hospital. The ambulance is also used to transport the patient from the hospital to the scene of the accident.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention. The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

AMBULANCE SERVICE

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention. The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

Emergency Services: Ambulance, Fire, Police, Sheriff, Highway Patrol, State Police, County Sheriff, City Police, Township Police, Village Police, Town Police, City Police, County Sheriff, State Police, Highway Patrol, Sheriff, Fire, Ambulance.

Emergency Services: Ambulance, Fire, Police, Sheriff, Highway Patrol, State Police, County Sheriff, City Police, Township Police, Village Police, Town Police, City Police, County Sheriff, State Police, Highway Patrol, Sheriff, Fire, Ambulance.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

The ambulance service is a vital part of the health care system. It provides a means of transport for patients who are unable to travel on their own. The ambulance service is also used to transport patients who are in need of medical attention.

AMBULANCE SERVICE

AMBULANCE SERVICE

The operational problems of last year due to the great delay in the delivery of new vehicles have now been overcome. Thirty-six new vehicles have been taken into service and are proving most successful. The vehicles, based on the Bedford 25 cwt. CF chassis, provide an excellent ride for patients and stretcher cases are now carried within the wheelbase, a real advance in design. An additional twenty-two vehicles of similar design will be added to the fleet next year.

Equipment has been improved and all ambulances are now equipped identically, having the latest aspiration, resuscitation and oxygen therapy equipment.

The major staff project this year has been the introduction of work-measured incentive bonus schemes. This task in the Ambulance Service has required team work at all staff levels, and the methods used and the eventual schemes have been examined by some forty authorities. Tribute must be paid to all the staff in the Service, and to the untiring efforts and imagination of the Management Advisory Unit whose staff produced the schemes. As the demand on the Service increases and varies, incentive bonus schemes will be under regular review.

The number of patients involved in accidents and emergencies rose by 2,195 to 27,120 for the year, further emphasising the state of readiness which has to be maintained.

On the afternoon of 2nd June 1971, a train returning school children from a visit to Rhyl crashed at Waverton, one coach overturning. Ambulances from Tattenhall, Ellesmere Port, Crewe and Chester County Borough attended and staff recovered one fatal and twenty-two live casualties. Five seriously injured casualties were taken to Chester Royal Infirmary and the seventeen slightly injured to Wrexham Hospital.

On 13th September 1971 an accident between two heavy vehicles on the M6 motorway in early morning fog resulted in the worst road traffic disaster recorded. Vehicles were struck in the rear and the catastrophe extended over two miles on the north-bound lanes south of the Thelwall viaduct. Nine ambulances from Grappenhall, Knutsford, Altrincham and Northwich attended immediately and rescued nineteen casualties. There were also ten fatal casualties. The standard of patient care was high and justified all the time and effort spent on training. Many casualties and deaths were caused by burning petrol. The time has surely come when vehicle petrol tanks should be self-sealing and better protected.

Accidents emphasise the need for the closest working relationship between police, fire and ambulance personnel. The goodwill and team spirit between the emergency services in the county is excellent and combined training is held regularly.

A major accident exercise in the Macclesfield area on 17th October 1971, when the effects of an airliner crashing on a remote hillside were simulated, demonstrated the effectiveness of a special 'control vehicle' for ambulance purposes. 'Control vehicles' with local radio communications will be introduced in 1973.

A total of 533 ambulancemen have used the Wrenbury Ambulance Training School during the year, being drawn from the following authorities:

County Councils:	Anglesey, Caernarvonshire, East Riding, Derbyshire, Hereford, Flintshire, Merioneth, Montgomeryshire, Denbighshire, Cheshire.
County Boroughs:	Birkenhead, Chester, Derby, Wallasey, Stockport.
Northern Ireland:	Northern Ireland Hospitals Authority.

The Department of Health and Social Security makes extensive use of the training facilities for training instructors and holding studies on ambulance matters, e.g. radio networks and major accident planning. Since the training school was introduced in October 1967, 1,892 persons have received instruction there.

Wrenbury Hall is included in the national training scheme of the Local Government training Board and plans for its improvement and development are being made.

Area ambulance supervisors undertake regular lectures in 'Ambulance Aid' to all Fire Brigade personnel who in turn give specialist instruction to ambulance staff.

A first aid course was provided for the staff of the countryside officer who may find themselves faced with injured people in remote areas. Emphasis was placed on resuscitation as countryside staff may encounter persons in difficulties in the many lakes and waterways in the county.

In conjunction with the Health Education Officer successful first aid courses have been held by ambulance instructors for school teachers. Similar courses are being organised for lecturers in physical education. The hospital authorities have been most helpful in organising hospital experience for ambulancemen. Staff are attached to a hospital for ten separate days and given instruction in recovery rooms, plaster rooms, casualty departments and theatre.

Twenty supervisory staff have been sent on supervisory courses under the auspices of the North Western Provincial Council and two short courses in aspects of management have been held at Wrenbury. These courses have certainly improved line management and increased young officers' confidence in their day-to-day tasks.

Emergency plans have been developed to deal with the special risks in chemical and petroleum plants at ICI and Shell installations. Exercises are held regularly and special equipment has been ordered.

The year's statistics reveal the increasing general work load:

			1970/1	1971/2
Journeys	...	...	66,749	45,743
Patients	...	...	374,848	394,992
Mileage	...	...	2,148,472	2,262,970

The increase in day hospital and psychiatric activity is responsible for a large portion of increase in patients carried. The reduction in journeys reveals the competent planning of control staff.

STAFF ESTABLISHMENT

The staff establishment at 31st March 1972 was:

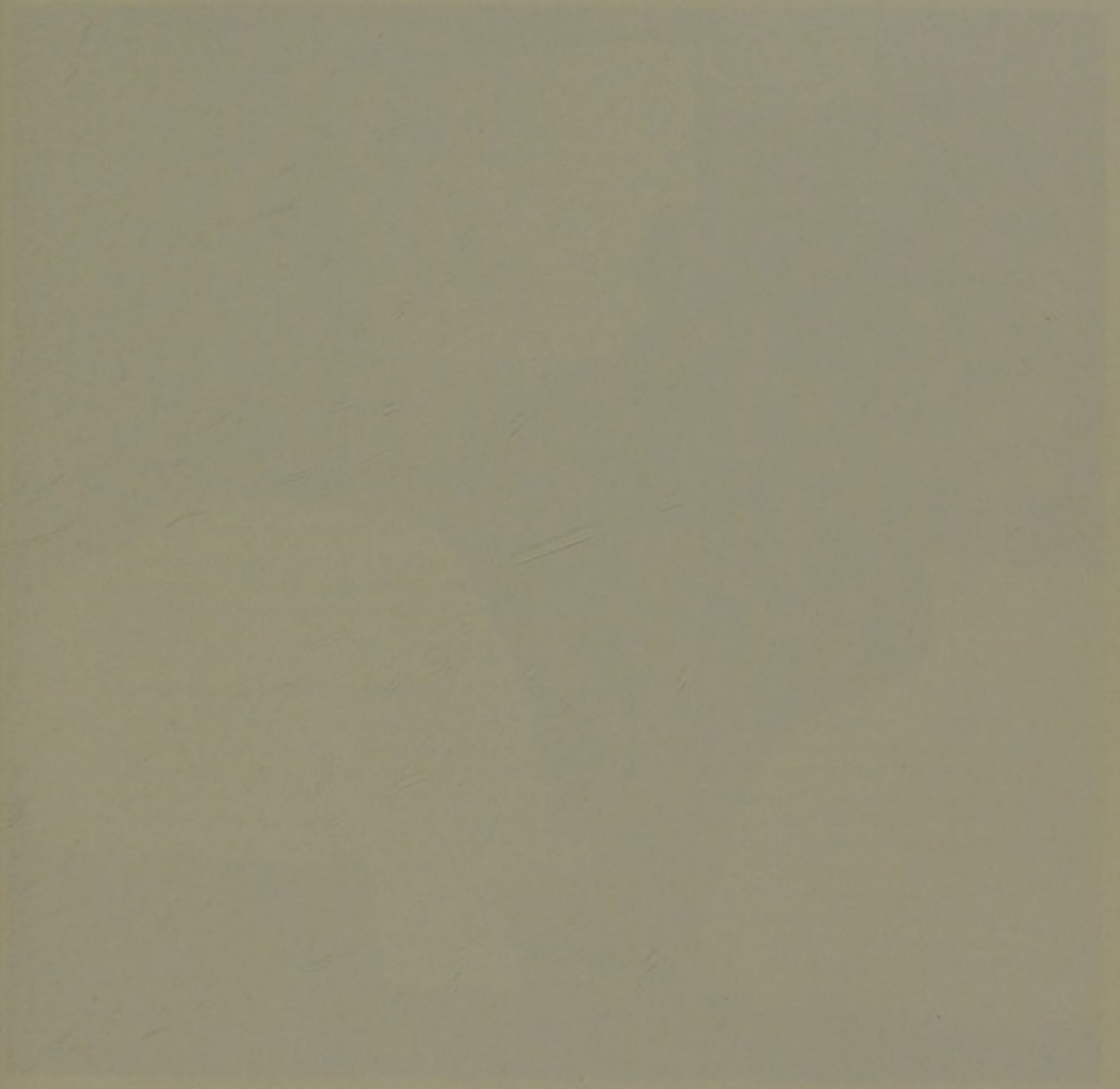
Designation	No. of posts
County Ambulance Officer	1
Deputy Ambulance Officer	1
Assistant Ambulance Officer (Control)	2
Superintendents (Area and Training)	7
Station Officer Class II (Instructors)	3
Station Officer Class II (Control)	15
Station Officer Class I	10
Sub-Officer	30
Ambulanceman/Sitting case vehicle driver	253
Telex operators	3
Mechanics	6
Others (Cleaners, domestic, etc.)	7
Attendants (part-time retained)	16
TOTAL	354

After a successful Service competition at Christleton in May 1971, the winning ambulance-man, P. D. Price of Crewe, won the north-west regional competition, and tied for first place at the National Ambulance Competition in Harrogate. The County Health Committee awarded certificates of commendation to Ambulancemen H. Humphries (Dukinfield), P. D. Price (Crewe) and A. J. Clarke (Crewe) for outstanding work in dangerous situations.

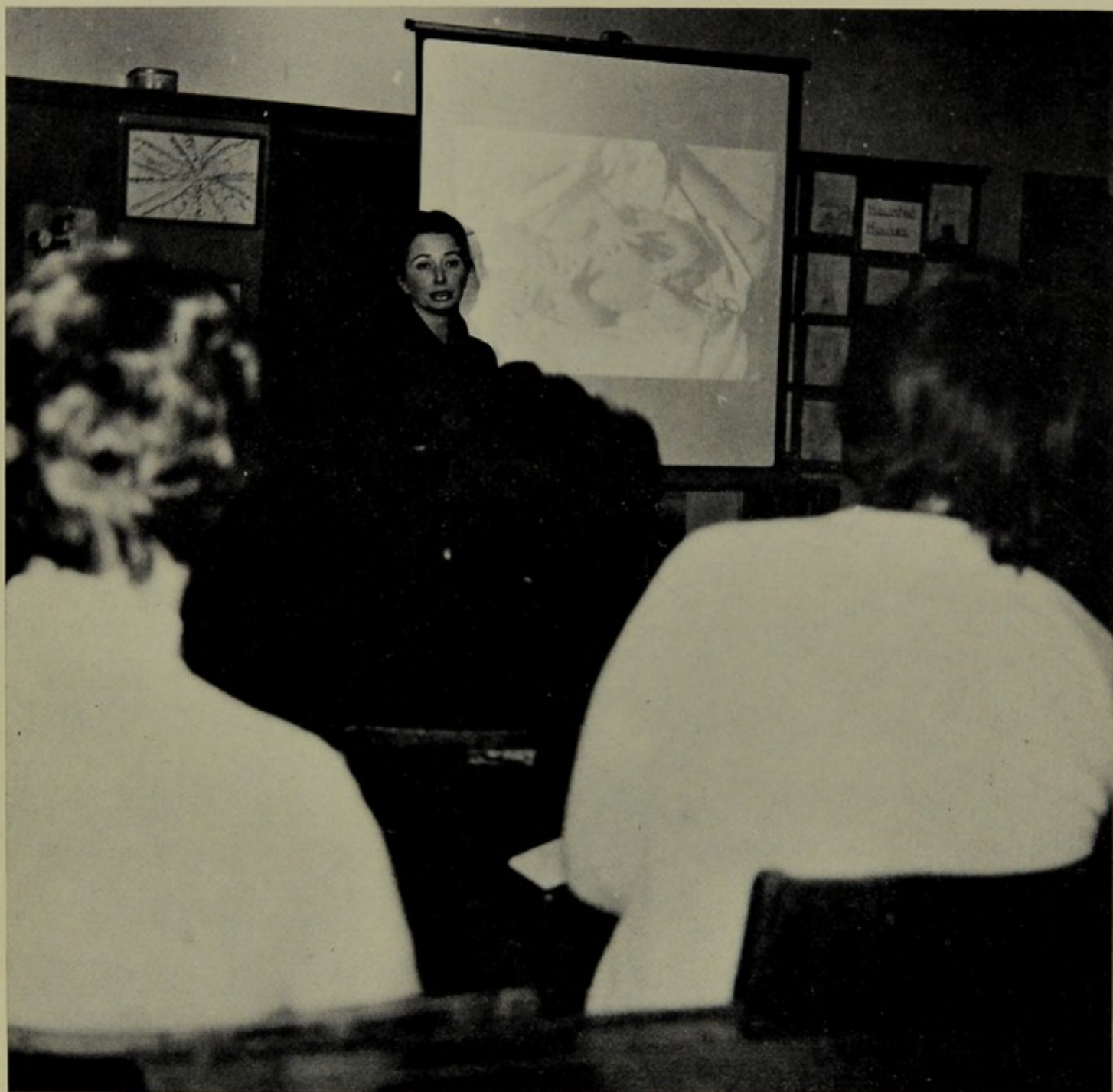
HEALTH EDUCATION

THE HISTORY OF THE

PROGRESS OF THE HUMAN MIND, FROM THE EARLIEST PERIODS OF TIME, TO THE PRESENT



BY J. H. ...



HEALTH EDUCATION IN SCHOOLS—EVENING COURSE FOR PARENTS

HEALTH EDUCATION

How important is health? When asked this question, the individual inevitably answers "very". We look around us and see those who have been stricken with disease or die prematurely, and if we are feeling healthy, we say we have a lot to be thankful for. However, put that question to the community generally, relating it to economics, and there is a vastly different answer. Yes, we should like the individual to be healthy, but how much is it going to cost? Is it not time for us to consider whether we really want people to obtain optimum health and whether we are prepared to pay for it? The alternative is to say, let people take their chance. Surely those responsible for considering the health of our community do not really want this, but they often seem to want the best of both worlds, to have a healthy nation and not to pay for it. The answer may well be "but we do pay for it, the Health Service costs £1,500m. per annum." This is true, we spend a vast number of pounds helping people to recover after contracting a disease, but how much is spent trying to prevent those same people getting the disease in the first place?

In previous reports much has been said on the purposes of health education and at the same time it has been admitted that it is not an easy task to change people's behaviour and habits built up over a lifetime. Of course it will take time, probably many years, before measurable results are available, but does that justify doing very little now? The co-operation of health department field staff in carrying out health education has been very satisfactory, but many areas still remain unexplored and this can only be carried out by those in full-time health education. To involve schools, factories, youth clubs, etc., in a programme of health education requires personal contact, discussing the purpose of health education and the role they can play and how to play it. Contact by correspondence does not have the same result as contact by person, but this is, of course, very time-consuming and how to carry out this function satisfactorily while at the same time running the remainder of the service is one of the major difficulties being experienced at the present time.

In July 1971 the position was somewhat relieved by the appointment of Mrs. L. Rodger, B.A., to the post of assistant health education officer. She has involved herself in the organisation of training courses, home safety, and display work and this has relieved the pressure to some extent.

HEALTH EDUCATION IN SCHOOLS

In the 1970 report, reference was made to the working party report "New Look at Health Education in Schools" and its distribution to all schools, followed by a series of meetings with head teachers to discuss the implementation of health education in schools. During the year, courses were organised at three teacher training centres. Many schools of course are active in health education and it is very gratifying to report that we received 68 requests for assistance during the year and this does not include the talks, details of which are reported elsewhere. With the help of staff from the Ambulance Training Unit, Wrenbury Hall, a further course for teachers on Emergency First Aid was organised. It was well attended and again indicated the concern of many teachers that they lacked the knowledge to deal competently with emergencies that arise in schools. The fact that 757 accidents were reported in schools during the year shows the extent of this problem. This course is a valuable one to run and further courses will be held in the future.

VOLUNTARY ORGANISATIONS

Co-operation has continued with voluntary bodies associated with health education and the following organisations may be mentioned.

The Cheshire Branch Family Planning Association

The health education officer was again elected to serve a further term on the executive committee. This has been an exciting year for the Branch as after much discussion, it is to be

merged with the Merseyside and Manchester Branches to form two larger Branches in accordance with future Family Planning Association policy. Due to the resignation of the branch administrator and the merger involvement, much of the projected work associated with the health education officer's report of 1970 had to be shelved. It is hoped that once the new branches are functional, work can again continue on this project.

Manchester Regional Committee on Cancer

At the request of the executive officer, 8 clinics co-operated in evaluating two new style posters on cytology. The most important fact that emerged from this study was not which poster was most effective, but that a third of all respondents did not recall seeing any poster at all (although there were on average of about 7 posters on display on a variety of health topics). This must reinforce what has often been said before, that posters on their own cannot be relied on to provide all information and that it would be wrong to use this medium only to discharge the duty of health education publicity. We also had a request from one firm to carry out a poster campaign on smoking and health. Three Health Education Council posters were displayed one at a time over a period of three months. Again, with the co-operation of the Manchester committee, some measure of effectiveness was secured. A questionnaire was produced for employees to complete before the campaign, and a further questionnaire at the end of the campaign. The results are now being analysed. It is worth while noting that in this case industry had expressed an interest in health education, so much of this work is directed at school children and mothers that the working population is often overlooked. Here is a vast field towards which a health education programme could be directed, particularly on such aspects as birth control, heart disease, cancer, venereal diseases and pre-retirement.

The health education officer continued to attend the meetings of the West Cheshire Advisory Committee on drug abuse and our main contribution to this Committee was the forming of a small working party to consider a programme of education on the drug problem for those responsible for young people. The outcome of the deliberations was the formation of a speakers' panel consisting of a doctor, police officer and probation officer, the idea being that we could put across the medical, legal and social aspects of drug abuse. This panel became active in November and carried out two engagements to the end of the year.

Home Safety Voluntary Committee

The health education officer or assistant attended five meetings of the Lancashire and Cheshire Home Safety Council. This body consists of representatives from all voluntary committees in the two counties and does valuable work such as discussing home accident hazards which are brought to their attention. The necessary action is decided upon and the appropriate course followed. The following are one or two examples of their efforts during the year.

The Bebington Home Safety Committee reported to the Council the fact that a well known firm of cleaners was distributing plastic bags through letter boxes. The Committee resolved to report the matter to the National Home Safety Council.

At one of the meetings, delegates were shown a painting book called "Magic Fun Book" which depicted drawings of how to light a match inside one's pocket and various other dangerous tricks. This had been on sale at a chain store, and after the publishers had been contacted the offending pages had been withdrawn.

The Bebington Voluntary Home Safety Committee exhibited at the county show and Bebington show and the county council provided display materials.

The Altrincham, Bowdon, Bucklow, Hale & Lymm Home Safety Committee had a campaign warning of the dangers of fireworks. Again the county assisted by providing suitable posters for display in general practitioner surgeries.

The health education officer in company with the deputy county medical officer attended meetings of the Rural District and Borough Councils to speak on the need for local authority participation in home safety. Unfortunately, although quite a lot of interest appeared to be generated, no action has yet been forthcoming.

CAMPAIGNS

The first major project took place in May with a health week in Congleton. The council lent the Town Hall for the week, and displays were provided on immunisation, drug abuse, first aid, smoking, home safety, nutrition, dental health, good health, birth control, aids for the handicapped, food hygiene and housing. All schools were invited to send parties and the response was good, some 215 children attending. During the week three lectures were arranged in the evening on cancer, drugs and dental health, these meetings being open to the general public. However, the attendances were rather disappointing and it does appear that very much more publicity will have to be given throughout the district on future occasions. This was the first health week and many lessons were learnt from the exercise.

The Congleton Borough Council showed great interest and provided the Town Hall for the venue of the campaign; the Mayor and Mayoress attended the opening session. The Chairman of the Health Committee attended the three evening meetings to act as Chairman to the visiting lecturers. Interest was also shown by the local press and radio and very good coverage was given by both media.

The displays produced for this campaign have since been used extensively throughout the county in health clinics and elsewhere.

LECTURES

An advertisement was inserted in the local newspapers drawing attention to the Health Education Service for Voluntary Organisations. As a result several organisations requested talks on a variety of subjects. This was the first full operational year for staff who attended the In-Service training course and our records show that 54 local organisations were visited.

Schools were also advised of the service provided by health staff, although they are encouraged to use outside speakers in context with the health education programme carried out by the teaching staff and a total of 83 schools requested this service.

Breaking down the figures, the most requested talks by all sections of the community were on aspects of the health and social services, home safety, sex education, first aid, drug abuse.

In conclusion, I should like to draw attention to the useful co-operation that has been received from all the professional and administrative staff of the department. Health education can have no boundaries and its work of necessity involves all sections of the department. Without their help and consideration, planning and organisation of health education would prove an impossible task.

HEALTH SERVICES
STATISTICS

CHILD HEALTH AND NURSING SERVICES

DENTAL SERVICE (MOTHERS AND YOUNG CHILDREN)

	Children 0—5	Expectant & Nursing Mothers
Visits for treatment	5651	2167
Number of teeth filled	3038	1371
Number of teeth extracted	1821	734
Patients given first inspection	3288	592
Number of such patients requiring treatment	2047	581
Number offered treatment	1995	579

ANTE-NATAL CLINICS AND RELAXATION CLASSES

Ante-Natal Clinics				Relaxation Classes
No. attending for Ante-Natal	Examination Post-Natal	No. of Sessions held by Midwives	Doctors	No. Attending
13878	98	329	715	4427

CHILD WELFARE CENTRES

	Health Centres	Clinic Centres			Total
		Purpose Built	Adapted	Sessional	
Number of premises in use 31.12.71	12	37	24	60	133

No. of Children attending				No. of Sessions held			
Born 1971	Born 1970	Born 1966/69	Total	Medical Officers	Health Visitors	G.P.s	Total
16946	10094	8865	35905	1113	524	5033	6670

PREMATURE BABIES

Weight at Birth	No. born Alive	Died in first 24 hours	Died 1—27 days
2 lbs. 3 ozs. or less	28	16	8
Over 2 lbs. 3 ozs.	44	13	8
Over 3 lbs. 4 ozs.	175	15	11
Over 4 lbs. 6 ozs.	174	8	2
Over 4 lbs. 15 ozs.	341	6	3
Total	762	58	32

WORK OF HEALTH VISITORS

Category	Number of Cases visited
Children aged up to 5 years	62329
Persons aged 65 or over	10304
Mentally disordered persons	724
Persons discharged from hospital (excluding maternity cases and mental hospitals)	763
Number of tuberculosis households visited	514
Number of households visited on account of other infectious diseases	138
Other cases	4203

NOTIFICATION OF BIRTHS (LIVE AND STILL)

Distribution of births notified under Public Health Act 1936:

Domiciliary	Institutional	Total
2281	16066	18347

WORK OF HOME NURSES

Number of Persons Nursed during year	Number of Persons Nursed who were aged (at 1st visit)	
	Under Five years	65 years and over
21504	390	13739

WORK OF MIDWIVES

Number of domiciliary confinements attended				No. of hospital confinements discharged before tenth day
Doctor not booked		Doctor booked		
Dr. present	Dr. not present	Dr. present	Dr. not present	
11	28	369	1,947	13,852

NURSING SERVICES—STAFF EMPLOYED 30.9.71

Category	Whole-time	Part-time	W.T. equivalent of P.T.
Health Visitor/School Nurse	172	—	—
Home Nurse	137	57	38
Midwife	90	57	19
Supervisory (home nursing and mid- wifery)	8	—	—

CERVICAL CYTOLOGY

Number of sessions	Number of patients	Total attendances	Results of Examinations		
			(a) N.A.D.	(b) For Invest.	(c) Number in (b) found Positive
1,306	15,437	16,309	15,604	373	63

CONGENITAL MALFORMATIONS

During 1971 there were 294 cases notified, as compared with 279 for 1970.

VACCINATION AND IMMUNISATION

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1971

TABLE 1. Completed Primary Courses—Number of persons under age 16:

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	Total
	1971	1970	1969	1968	1964-67		
1. Quadruple D.T.P.P.	—	—	—	—	—	—	—
2. Triple D.T.P.	429	9016	3775	505	1057	421	15203
3. Diphtheria/Pertussis	—	—	—	—	1	—	1
4. Diphtheria/Tetanus	—	—	—	14	208	146	368
5. Diphtheria	—	—	—	—	4	10	14
6. Pertussis	—	—	—	1	64	—	65
7. Tetanus	—	—	—	1	131	314	446
8. Poliomyelitis, Salk	7	43	18	2	2	—	72
9. Poliomyelitis, Sabin	410	9016	3771	409	1416	299	15321
10. Measles	14	4653	4985	1725	1737	194	13308
11. Rubella	—	—	—	1	1	3062	3064
12. Lines 1+2+3+4+5 (Diphtheria)	429	9016	3775	519	1270	577	15586
13. Lines 1+2+3+6 (Whooping Cough)	429	9016	3775	506	1122	421	15269
14. Lines 1+2+4+7 (Tetanus)	429	9016	3775	520	1396	881	16017
15. Lines 1+8+9 (Polio)	417	9059	3789	411	1418	299	15393

TABLE 2. Reinforcing Doses—Number of persons under age 16:

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	Total
	1971	1970	1969	1968	1964-67		
1. Quadruple D.T.P.P.	—	—	—	—	—	—	—
2. Triple D.T.P.	—	63	204	291	1700	287	2545
3. Diphtheria/Pertussis	—	—	—	—	377	50	427
4. Diphtheria/Tetanus	—	7	15	713	11615	1464	13814
5. Diphtheria	—	—	—	—	55	32	87
6. Pertussis	—	—	—	3	—	—	3
7. Tetanus	—	—	—	13	197	1714	1924
8. Poliomyelitis, Salk	—	—	—	—	—	—	—
9. Poliomyelitis, Sabin	—	2	4	481	9349	3852	13688
10. Lines 1+2+3+4+5 (Diphtheria)	—	70	219	1004	13747	1833	16873
11. Lines 1+2+3+6 (Whooping Cough)	—	63	204	294	2077	337	2975
12. Lines 1+2+4+7 (Tetanus)	—	70	219	1017	13512	3465	18283
13. Lines 1+8+9 (Polio)	—	2	4	481	9349	3852	13688

VARIOUS

CONVALESCENCE

Convalescence is given to approved applicants, usually two or three weeks after a period of illness at home, for whom a medical recommendation has been received.

The numbers of persons for whom recuperative convalescence was arranged were as follows:

1970	1971
166	121

CLINICS FOR OLD PEOPLE

	Number of sessions held	Number of new patients	Total number of patients	Total attendances
Geriatric (Consultant) ...	112	185	674	1042
Health Advisory ...	68	143	484	1372

FAMILY PLANNING

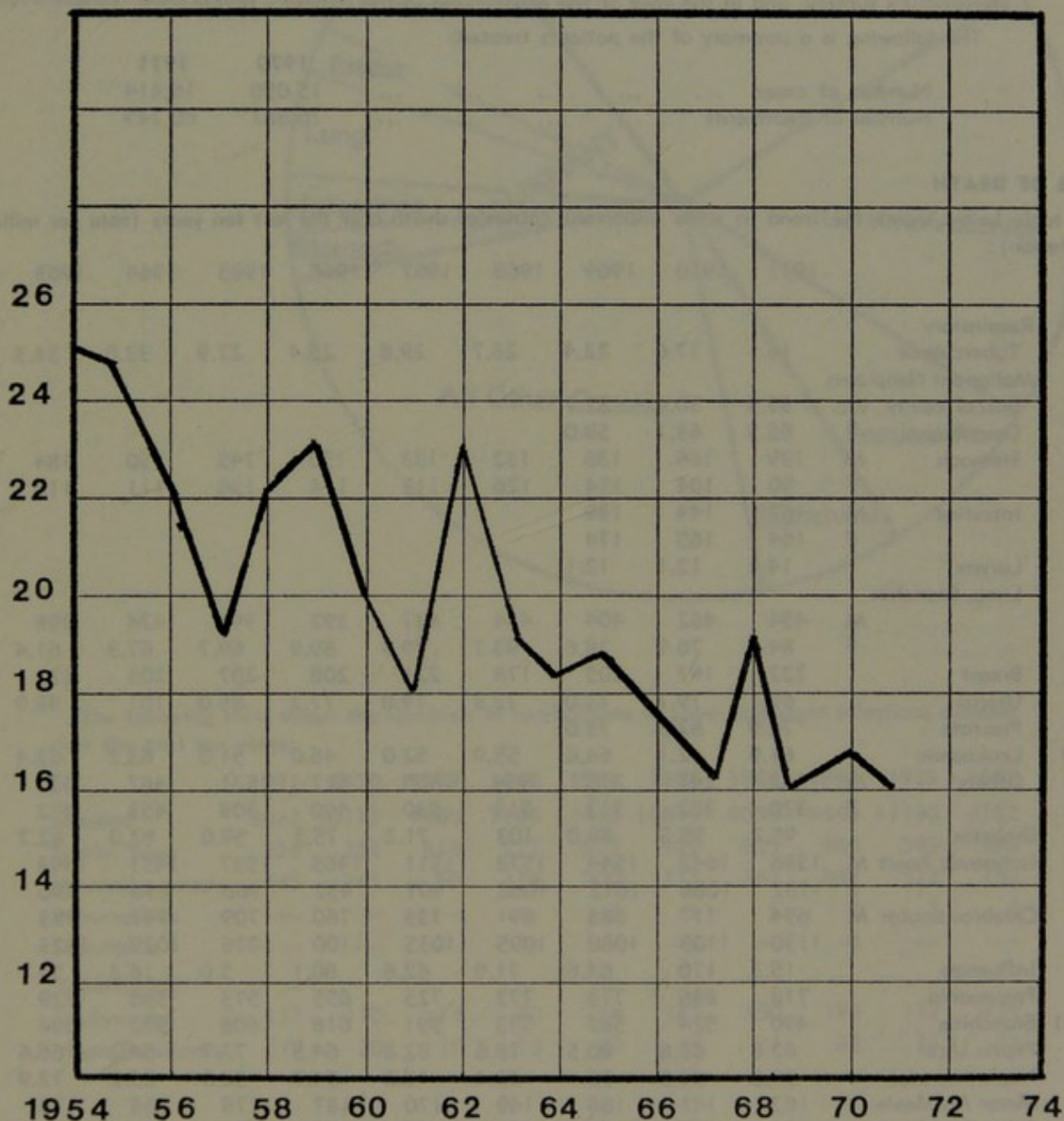
During 1971, attendances of Cheshire residents at family planning clinics held at county clinic centres and at centres in adjacent areas numbered 49,085, and there were 6,438 new cases.

COMPARISONS OF VARIOUS RATES WITH PREVIOUS YEARS

	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962
Live Birth Rate (per 1,000 population)	16.5	16.3	16.4	17.2	17.7	17.8	18.1	18.6	18.3	18.0
Illegitimate as percentage of Total Live Births	6	6	6	6	5.9	5.1	4.6	4.4	3.7	4.2
Stillbirth Rate (per 1,000 Live and Still Births)	12	12	13	14	15	14.6	16.3	15	18.1	17.5
Death Rate (per 1,000 population)	11.0	11.5	11.3	11.4	11.3	11.6	11.4	11.3	12	12.1
Infant Mortality Rate (deaths under 1 year to 1,000 live births)	16	17	16	18.6	16.3	17.2	18.6	18.1	18.7	23.6
Neo-natal Mortality Rate (deaths under 4 weeks to 1,000 live births)	11	11	12	13.4	10.9	11.7	13.1	12.6	12.3	14.6
Early Neo-natal Mortality Rate (deaths under 1 week to 1,000 live births)	9	9	10	11.2	9.6	10.3	11.1	11.0	10.6	12.1
Perinatal Death Rate (still births and deaths under 1 week per 1,000 births live and still)	21	22	23	25	24	24.8	27.3	25.9	28.6	29.4
Maternal Mortality Rate	—	0.112	0.06	0.11	0.11	0.38	0.32	0.22	0.28	0.58

Infantile Mortality

Graph showing rate per 1000 live births
since 1954



CHIROPODY

There are nine full-time and one part-time directly employed chiropodists in the county. They have surgeries in the various clinics in the county, caring for the elderly and the school child. In addition, the service to the elderly is also given by private chiropodists on the county's approved list.

The service is available to persons aged 65 or over, the physically handicapped, and expectant mothers, in all cases subject to a medical recommendation. Treatment can be given in the chiropodist's surgery, and in the case of the housebound in the patient's home.

The following is a summary of the patients treated:

						1970	1971
Number of cases	...	...	...	...	...	15,050	16,414
Number of treatments	...	...	...	...	...	76,882	80,749

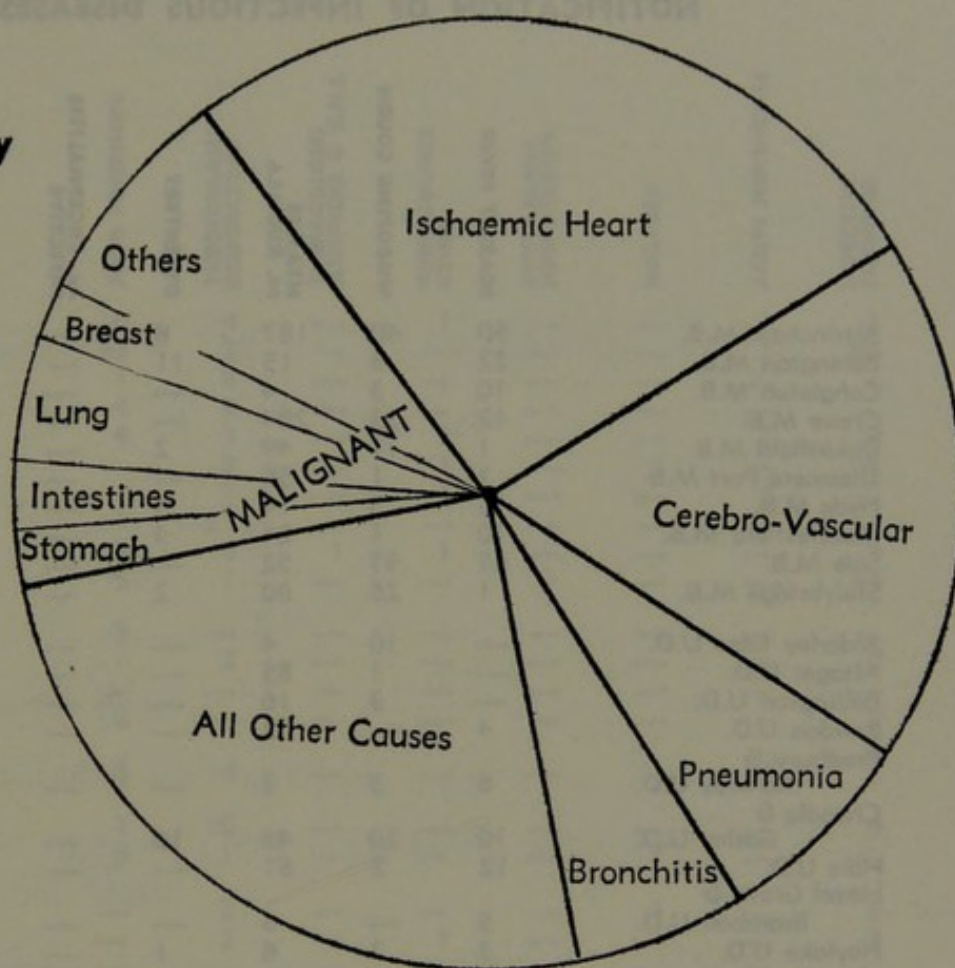
CAUSES OF DEATH

The table below shows the trend in some important causes of death over the last ten years (rate per million population):

			1971	1970	1969	1968	1967	1966	1965	1964	1963	1962
B.5 & 6 (1)	Respiratory											
	Tuberculosis		16.1	17.6	22.4	23.7	29.8	25.4	27.9	33.6	34.3	42.4
	Malignant Neoplasm											
B.19.1	Buccal cavity, etc.		39.5	30.6	32.7							
B.19.2	Oesophagus		65.5	63.1	58.0							
B.19.3	Stomach	M	139	166	138	132	133	150	145	150	184	167
		F	90	104	114	126	113	114	136	111	118	121
B.19.4	Intestine	M	167	144	189							
		F	164	165	174							
B.19.5	Larynx		14.4	12.1	12.1							
B.19.6	Lung, Bronchus											
		M	454	462	404	434	437	397	391	424	398	370
		F	84.4	76.9	78.6	93.7	79.9	89.9	69.7	67.3	61.4	60.4
B.19.7	Breast		222	197	205	178	221	208	207	203	223	200
B.19.8	Uterus		69.1	79.7	73.0	72.3	79.0	77.2	85.0	101	98.9	92.1
B.19.9	Prostate		70.9	82.5	73.0							
B.19.10	Leukaemia		61.9	62.1	64.6	55.9	52.0	46.0	51.0	63.2	62.4	44.5
B.19.11	Others*	M	262	247	275	554	555	517	521	467	530	508
		F	320	302	313	513	530	490	509	453	472	465
B.21	Diabetes		95.2	95.5	88.0	103	71.2	75.2	59.0	82.0	82.2	93.2
B.28	Ischaemic heart	M	1586	1642	1544	1573	1511	1465	1537	1451	1393	1360
		F	1102	1086	1072	1062	907	957	966	898	896	901
B.30	Cerebrovascular	M	694	717	683	691	735	760	709	747	783	754
		F	1130	1105	1080	1095	1035	1100	1076	1029	1123	1144
B.31	Influenza		15.3	170	64.6	71.9	62.6	80.1	5.0	16.3	54.1	91.1
B.32	Pneumonia		718	836	773	772	725	655	573	588	729	686
B.33 (1)	Bronchitis		490	524	561	583	591	618	608	572	691	669
B.34	Peptic Ulcer		62.8	66.8	80.5	78.6	82.8	64.5	72.7	64.2	66.6	85.8
B.38	Nephritis, etc.		39.5	44.5	56.1	63.4	45.2	54.7	56.0	65.2	72.9	79.4
BE.47	Motor Accidents		162	141	168	149	170	187	178	163	173	130
BE.48	Other Accidents		122	158	180	151	176	170	153	188	202	199
BE.49	Suicide	M	47.6	46.4	44.9	39.8	41.4	44.0	47.8	52.0	61.4	68.8
		F	28.7	30.1	33.7	30.3	36.6	43.0	36.8	41.0	44.7	51.9

* "Others" before 1969 included buccal cavity, oesophagus, intestine, larynx and prostate, which are given separately from 1969 onwards.

**Diagram showing
pattern of mortality
1971
(principal causes)**



The following table shows the variation in notifications of some important infectious diseases over the past ten years:

	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962
Measles	2022	6775	1460	7196	7410	16814	9093	9440	11130	4762
Scarlet fever	374	284	314	377	573	929	623	384	345	386
Whooping cough	345	241	60	214	700	317	367	834	522	152
Poliomyelitis	—	—	—	—	1	1	5	2	3	4
Diphtheria	—	—	—	—	—	—	—	—	—	—
Tuberculosis:										
Pulmonary	117	110	114	80	124	135	150	195	172	234
Non-Pulmonary	10	20	20	13	20	15	21	38	21	33

NOTIFICATION OF INFECTIOUS DISEASES 1971

	SCARLET FEVER	WHOOPING COUGH	MEASLES ex. RUBELLA	DYSENTERY	AC. ENCEPHALITIS INFECTIVE	AC. ENCEPHALITIS POST-INFECTIVE	TYPHOID FEVER	PARATYPHOID FEVER
Altrincham M.B.	50	40	187	8	—	—	—	—
Bebington M.B.	22	8	15	11	—	—	—	—
Congleton M.B.	10	3	4	—	—	—	—	—
Crewe M.B.	12	33	284	—	—	—	—	—
Dukinfield M.B.	1	17	49	2	—	—	—	—
Ellesmere Port M.B.	1	1	55	—	—	—	—	—
Hyde M.B.	15	5	14	4	—	—	—	—
Macclesfield M.B.	10	1	24	4	—	—	—	—
Sale M.B.	67	57	52	—	—	—	—	—
Stalybridge M.B.	1	26	80	2	—	—	—	—
Alderley Edge U.D.	—	10	4	—	—	—	—	—
Alsager U.D.	—	1	85	—	—	—	—	—
Bollington U.D.	—	3	16	—	—	—	—	—
Bowdon U.D.	4	—	22	—	—	—	—	—
Bredbury & Romiley U.D.	6	5	3	—	—	—	—	—
Cheadle & Gatley U.D.	10	20	48	10	—	—	—	1
Hale U.D.	12	2	81	—	—	—	—	—
Hazel Grove & Bramhall U.D.	5	—	6	—	—	—	—	—
Hoylake U.D.	3	2	6	1	—	—	—	—
Knutsford U.D.	—	—	40	—	—	—	—	—
Longdendale U.D.	3	—	21	—	—	—	—	—
Lymm U.D.	—	4	25	—	—	—	—	—
Marple U.D.	—	—	1	—	—	—	—	—
Middlewich U.D.	1	—	8	—	—	—	—	—
Nantwich U.D.	—	4	46	—	—	—	—	—
Neston U.D.	1	1	1	—	—	—	—	—
Northwich U.D.	15	4	65	—	—	—	—	—
Runcorn U.D.	51	13	105	—	—	—	—	—
Sandbach U.D.	7	3	92	—	—	—	—	—
Wilmslow U.D.	3	4	12	—	—	—	—	—
Winsford U.D.	—	—	7	—	—	—	—	—
Wirral U.D.	2	9	31	—	—	—	—	—
Bucklow R.D.	1	1	9	—	—	—	—	—
Chester R.D.	4	4	33	9	—	—	—	—
Congleton R.D.	15	2	42	—	—	1	1	—
Disley R.D.	—	—	20	—	—	—	—	—
Macclesfield R.D.	1	14	44	—	—	—	—	—
Nantwich R.D.	12	6	59	—	—	—	—	—
Northwich R.D.	16	8	217	—	—	—	—	—
Runcorn R.D.	11	15	74	—	—	—	—	—
Tarvin R.D.	1	19	25	—	—	—	—	—
Tintwistle R.D.	1	—	10	—	—	—	—	—
TOTAL	374	345	2022	51	—	1	1	1

	FOOD POISONING	TUBERCULOSIS RESPIRATORY	TUBERCULOSIS MENINGES & C.N.S.	TUBERCULOSIS OTHER	OPHTHALMIA NEONATORUM	MALARIA	ACUTE MENINGITIS	INFECTIVE JAUNDICE
Altrincham M.B.	10	4	—	1	—	—	1	2
Bebington M.B.	33	7	—	—	—	—	1	36
Congleton M.B.	1	9	—	—	—	—	—	1
Crewe M.B.	4	9	—	—	—	—	—	—
Dukinfield M.B.	4	3	—	1	—	—	1	3
Ellesmere Port M.B.	—	3	—	1	—	1	—	1
Hyde M.B.	1	7	—	1	—	—	3	—
Macclesfield M.B.	4	21	—	—	—	—	—	1
Sale M.B.	3	6	1	1	—	—	—	4
Stalybridge M.B.	5	1	—	—	1	—	—	44
Alderley Edge U.D.	3	—	—	—	—	—	—	—
Alsager U.D.	—	2	—	—	—	—	—	3
Bollington U.D.	—	—	—	—	—	—	—	—
Bowdon U.D.	2	—	—	—	—	—	—	2
Bredbury & Romiley U.D.	3	4	—	—	—	—	3	3
Cheadle & Gatley U.D.	1	10	—	—	—	—	—	9
Hale U.D.	3	1	—	—	—	1	—	—
Hazel Grove & Bramhall U.D.	—	2	—	—	—	1	—	1
Hoylake U.D.	—	2	—	1	—	—	—	2
Knutsford U.D.	—	—	—	—	—	—	—	—
Longdendale U.D.	1	—	—	—	—	—	1	—
Lymm U.D.	3	2	—	—	—	—	1	—
Marple U.D.	—	2	—	1	—	2	—	9
Middlewich U.D.	—	—	—	—	—	—	—	—
Nantwich U.D.	—	1	—	—	—	—	—	—
Neston U.D.	2	—	—	—	—	—	—	2
Northwich U.D.	—	—	—	—	—	—	—	—
Runcorn U.D.	1	2	—	—	—	—	—	2
Sandbach U.D.	—	1	—	—	—	—	—	4
Wilmslow U.D.	1	3	—	—	—	—	—	2
Winsford U.D.	63	1	—	1	—	—	—	3
Wirral U.D.	—	1	—	—	—	—	1	1
Bucklow R.D.	2	2	—	—	—	—	—	3
Chester R.D.	3	1	—	—	—	—	—	2
Congleton R.D.	4	1	—	—	—	—	—	13
Disley R.D.	—	—	—	—	—	—	—	—
Macclesfield R.D.	1	2	—	1	—	—	—	1
Nantwich R.D.	1	4	—	—	—	1	1	2
Northwich R.D.	2	2	—	—	—	—	—	1
Runcorn R.D.	1	1	—	—	—	—	—	5
Tarvin R.D.	—	—	—	—	—	—	—	—
Tintwistle R.D.	—	—	—	—	—	—	—	—
TOTAL	162	117	1	9	1	6	13	162

There were no cases of diphtheria, poliomyelitis, tetanus, smallpox, or anthrax

COUNTY DISTRICT STATISTICS 1971

TABLE A

Deaths by Causes.—Sex—

Live Births, Stillbirths, Deaths under 1 yr., 4 wks., 1 wk.

Live Birth Rate, Stillbirth Rate, Infantile Mortality, Perinatal
Mortality, Death Rate

Population, Area—

■ Each County District

TABLE B

Deaths by Causes.—Sex; Age—

■ Urban Districts, Rural Districts

CAUSES OF DEATH					Altrincham M.B.		Bebington M.B.	
					M	F	M	F
B4	Enteritis and other diarrhoeal diseases	...	...	...	—	—	—	—
B5	Tuberculosis of respiratory system	...	...	...	—	—	—	—
B6 (1)	Late effects—pulmonary tuberculosis	...	...	...	—	—	—	—
B6 (2)	Other tuberculosis	...	...	...	—	—	—	—
B11	Meningococcal infection	...	...	...	—	—	—	—
B14	Measles	...	...	...	—	—	—	—
B17	Syphilis and its sequelae	...	...	...	—	—	—	—
B18	Other infective and parasitic diseases	...	...	...	1	—	—	1
B19 (1)	Malignant neoplasm, buccal cavity, etc.	...	...	...	2	—	2	2
B19 (2)	Malignant neoplasm, oesophagus	...	...	...	1	1	2	1
B19 (3)	Malignant neoplasm, stomach	...	...	...	10	6	8	6
B19 (4)	Malignant neoplasm, intestine	...	...	...	4	5	9	14
B19 (5)	Malignant neoplasm, larynx	...	...	...	—	—	—	—
B19 (6)	Malignant neoplasm, lung, bronchus	...	...	...	17	2	36	6
B19 (7)	Malignant neoplasm, breast	...	...	...	—	10	—	16
B19 (8)	Malignant neoplasm, uterus	...	...	...	—	4	—	2
B19 (9)	Malignant neoplasm, prostate	...	...	...	1	—	4	—
B19 (10)	Leukaemia	...	...	...	2	1	3	6
B19 (11)	Other malignant neoplasms, etc.	...	...	...	14	14	22	19
B20	Benign and unspecified neoplasms	...	...	...	—	—	2	1
B21	Diabetes mellitus	...	...	...	—	—	1	5
B22	Avitaminoses	...	...	...	—	—	—	—
B46 (1)	Other endocrine, etc. diseases	...	...	...	—	—	—	—
B23	Anaemias	...	...	...	1	1	1	—
B46 (2)	Other diseases of blood, etc.	...	...	...	—	—	—	1
B46 (3)	Mental disorders	...	...	...	—	—	—	1
B24	Meningitis	...	...	...	—	—	1	2
B46 (4)	Multiple sclerosis	...	...	...	—	1	2	1
B46 (5)	Other diseases of nervous system, etc.	...	...	...	1	1	1	6
B25	Active rheumatic fever	...	...	...	—	—	—	—
B26	Chronic rheumatic heart disease	...	...	...	2	4	5	9
B27	Hypertensive disease	...	...	...	5	4	2	3
B28	Ischaemic heart disease	...	...	...	66	55	94	62
B29	Other forms of heart disease	...	...	...	16	17	8	22
B30	Cerebrovascular disease	...	...	...	16	55	33	61
B46 (6)	Other diseases of circulatory system	...	...	...	6	9	12	12
B31	Influenza	...	...	...	—	—	—	—
B32	Pneumonia	...	...	...	11	8	34	48
B33 (1)	Bronchitis and emphysema	...	...	...	8	6	30	6
B33 (2)	Asthma	...	...	...	—	1	2	2
B46 (7)	Other diseases of respiratory system	...	...	...	—	2	—	2
B34	Peptic ulcer	...	...	...	1	2	2	1
B35	Appendicitis	...	...	...	—	—	1	—
B36	Intestinal obstruction and hernia	...	...	...	—	—	2	2
B37	Cirrhosis of liver	...	...	...	1	—	1	1
B46 (8)	Other diseases of digestive system	...	...	...	2	1	5	3

TABLE A—Municipal Boroughs (1)

Congleton M.B.		Crewe M.B.		Dukin- field M.B.		Ellesmere Port M.B.		Hyde M.B.		Macclesfield M.B.		Sale M.B.		Stalybridge M.B.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	1	—	1	2	—	—	—	1
—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—
1	1	—	1	—	2	—	1	3	1	1	2	—	—	1	—
—	1	3	2	—	—	2	3	4	—	1	—	2	3	1	—
3	3	14	6	3	1	7	6	3	1	6	5	5	10	3	2
1	6	13	6	3	3	4	7	5	9	4	10	11	8	2	2
—	—	—	—	—	—	—	—	1	—	1	1	1	—	1	—
6	1	24	3	4	1	34	3	21	4	26	1	24	6	8	4
—	3	—	12	1	4	—	11	—	8	—	14	—	7	—	3
—	2	—	9	—	1	—	6	—	2	—	2	—	2	—	2
1	—	6	—	1	—	2	—	5	—	5	—	5	—	3	—
—	—	—	2	1	1	3	—	—	2	1	3	1	—	1	—
5	8	14	13	6	3	14	17	6	21	7	11	7	19	4	13
—	1	—	—	1	1	1	—	1	—	—	3	—	1	—	—
—	1	2	2	—	2	1	—	1	3	1	6	1	2	1	5
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
—	—	—	—	1	1	1	2	—	1	1	1	1	1	—	1
—	—	—	—	—	—	1	—	—	1	—	1	—	3	1	2
—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
—	—	—	1	—	—	—	—	—	—	1	6	—	1	—	—
—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
1	2	1	—	—	1	—	—	—	—	—	1	—	1	1	—
—	2	3	2	4	—	1	2	5	2	2	3	3	1	2	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	2	7	6	—	1	5	6	1	1	4	3	—	4	1	2
3	1	4	4	4	2	2	—	1	1	10	11	1	6	3	3
25	28	93	46	31	16	85	43	77	52	87	64	99	79	37	24
3	8	16	21	5	14	2	14	18	16	11	17	7	8	7	7
24	28	54	64	16	30	25	22	44	51	41	63	37	45	18	23
4	4	12	12	3	3	2	6	6	7	6	10	14	27	2	8
—	—	4	—	1	1	—	—	—	1	1	—	—	—	—	—
3	8	16	16	11	14	21	17	11	18	11	17	12	13	10	14
9	3	32	12	6	13	18	5	32	10	15	3	12	5	8	2
—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—
1	—	4	4	1	1	1	1	—	3	2	4	1	3	1	1
—	—	2	3	1	2	1	—	1	2	4	—	4	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	1	1	2	1	1	—	1	1	1	—	2	—	2	—	—
1	—	3	—	—	—	2	—	1	—	3	1	1	—	1	—
—	—	4	5	—	—	—	1	3	3	—	5	—	3	—	2

CAUSES OF DEATH							Altrincham M.B.		Bebington M.B.	
							M	F	M	F
B38	Nephritis and nephrosis ...	...	...	...	...	...	2	1	—	—
B39	Hyperplasia of prostate ...	...	...	...	...	...	—	—	—	—
B46 (9)	Other diseases, genito-urinary system	...	...	...	...	...	—	—	1	1
B41	Other complications of pregnancy, etc.	...	...	...	...	...	—	—	—	—
B46 (10)	Diseases of skin, subcutaneous tissue	...	...	...	...	...	—	—	—	—
B46 (11)	Diseases of musculo-skeletal system	...	...	...	...	...	2	1	1	3
B42	Congenital anomalies ...	...	...	...	...	...	4	2	3	3
B43	Birth injury, difficult labour, etc. ...	...	...	...	...	...	—	2	3	2
B44	Other causes of perinatal mortality ...	...	...	...	...	...	1	1	3	—
B45	Symptoms and ill-defined conditions	...	...	...	...	...	3	10	—	1
BE47	Motor vehicle accidents ...	...	...	...	...	...	5	2	7	2
BE48	All other accidents ...	...	...	...	...	...	1	2	7	4
BE49	Suicide and self-inflicted injuries	...	...	...	...	...	3	—	1	2
BE50	All other external causes ...	...	...	...	...	...	1	2	—	1
TOTAL ALL CAUSES ...							210	233	351	343
LIVE BIRTHS—Total ...							334	314	542	496
Legitimate ...							317	299	521	478
Illegitimate ...							17	15	21	18
STILLBIRTHS—Total ...							4	1	5	12
Legitimate ...							3	1	5	12
Illegitimate ...							1	—	—	—
DEATHS OF INFANTS—Total (under one year of age) ...							4	5	11	6
Legitimate ...							4	5	9	6
Illegitimate ...							—	—	2	—
DEATHS OF INFANTS—Total (under four weeks of age) ...							2	3	8	4
Legitimate ...							2	3	6	4
Illegitimate ...							—	—	2	—
DEATHS OF INFANTS—Total (under one week of age) ...							2	3	7	3
Legitimate ...							2	3	6	3
Illegitimate ...							—	—	1	—
LIVE BIRTHS—Rate per 1,000 population ...							15.8		16.8	
STILLBIRTHS—Rate per 1,000 births, live and still ...							8		16	
INFANTILE MORTALITY—(Deaths under 1 year) Rate per 1,000 live births ...							14		16	
PERINATAL MORTALITY—(Stillbirths and deaths under 1 week) Rate per 1,000 births, live and still ...							15		26	
DEATHS ALL AGES—Crude rate per 1,000 population ...							10.8		11.2	
MID-1971 POPULATION ...							41,010		61,960	
ACREAGE, 1,471 ...							3,477		12,235	

TABLE A—Municipal Boroughs (2)

Congleton M.B.		Crewe M.B.		Dukin- field M.B.		Ellesmere Port M.B.		Hyde M.B.		Macclesfield M.B.		Sale M.B.		Stalybridge M.B.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	1	1	—	—	1	—	1	3	1	3	—	—	—
—	—	2	—	—	—	—	—	—	—	2	—	1	—	—	—
—	1	1	1	—	—	—	4	—	—	2	3	2	5	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
—	1	—	—	—	2	1	—	2	2	—	3	—	—	—	1
—	2	1	2	2	—	4	4	2	2	1	—	3	2	1	—
1	—	3	2	1	—	2	4	—	1	1	—	1	1	5	—
—	—	—	1	—	1	—	1	2	—	2	—	2	1	—	2
2	1	18	25	3	2	1	—	8	16	—	—	—	2	2	8
4	—	6	1	2	—	6	3	—	5	6	2	3	1	3	1
—	—	4	2	2	2	3	2	5	—	5	5	2	3	1	—
2	—	3	1	—	—	2	1	1	—	2	4	8	4	—	1
—	—	—	3	—	—	—	—	1	—	—	1	2	2	—	1
103	119	372	295	116	127	259	196	273	250	280	293	276	284	130	138
159	154	414	390	163	162	663	613	292	322	375	343	469	426	216	216
151	147	380	356	150	148	616	568	265	289	346	319	431	405	200	196
8	7	34	34	13	14	47	45	27	33	29	24	38	21	16	20
4	1	10	9	2	3	6	9	7	3	5	6	6	4	2	1
4	1	10	7	2	3	4	9	7	3	5	6	6	3	2	1
—	—	—	2	—	—	2	—	—	—	—	—	—	1	—	—
2	2	10	8	5	1	14	9	5	3	6	—	4	8	6	2
2	2	8	7	5	1	14	8	3	2	6	—	3	7	5	1
—	—	2	1	—	—	—	1	2	1	—	—	1	1	1	1
2	—	5	4	3	1	6	6	4	2	3	—	4	4	5	2
2	—	5	3	3	1	6	5	3	2	3	—	3	4	5	1
—	—	—	1	—	—	—	1	1	—	—	—	1	—	—	1
1	—	5	4	1	1	4	6	4	2	3	—	4	2	5	1
1	—	5	3	1	1	4	5	3	2	3	—	3	2	5	—
—	—	—	1	—	—	—	1	1	—	—	—	1	—	—	1
15.4		15.7		18.5		20.6		16.4		16.3		15.8		18.9	
16		23		15		12		16		15		11		7	
13		22		18		18		13		8		13		19	
19		34		21		19		26		19		18		21	
10.9		13		13.8		7.4		13.9		13.0		9.9		11.7	
20,370		51,250		17,590		61,830		37,520		44,030		56,560		22,860	
5,587		4,389		1,725		9,477		4,170		4,787		3,629		3,190	

CAUSES OF DEATH		Alderley Edge U.D.		Alsager U.D.		Bollington U.D.		Bowdon U.D.		Bredbury and Romiley U.D.	
		M	F	M	F	M	F	M	F	M	F
B3	Bacillary dysentery, amoebiasis	—	—	—	—	—	—	—	—	—	—
B4	Enteritis and other diarrhoeal diseases	—	—	—	—	—	—	—	—	—	—
B5	Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	—	3
B6 (1)	Late effects, respiratory	—	—	1	—	—	—	—	—	—	—
B6 (2)	Other tuberculosis	—	—	—	—	—	—	—	—	—	—
B9	Whooping Cough	—	—	—	—	—	—	—	—	—	1
B11	Meningococcal infection	—	—	—	—	—	—	—	—	—	1
B14	Measles	—	—	—	—	—	—	—	—	—	—
B18	Other infective and parasitic diseases	—	1	—	—	—	—	—	—	—	—
B19 (1)	Malignant neoplasm, buccal cavity, etc.	—	1	1	—	1	—	1	—	—	1
B19 (2)	Malignant neoplasm, oesophagus	—	—	—	—	—	—	—	—	1	—
B19 (3)	Malignant neoplasm, stomach	1	—	1	2	2	—	—	—	1	1
B19 (4)	Malignant neoplasm, intestine	1	—	1	—	2	1	2	—	5	6
B19 (5)	Malignant neoplasm, larynx ...	—	—	—	—	—	—	—	—	1	—
B19 (6)	Malignant neoplasm, lung, bronchus	1	—	4	1	2	—	3	—	14	1
B19 (7)	Malignant neoplasm, breast ...	—	—	—	3	—	4	—	1	—	5
B19 (8)	Malignant neoplasm, uterus ...	—	—	—	—	—	—	—	—	—	2
B19 (9)	Malignant neoplasm, prostate	—	—	—	—	—	—	—	—	—	—
B19 (10)	Leukaemia	—	1	—	—	—	—	1	1	1	2
B19 (11)	Other malignant neoplasms, etc.	2	4	1	2	5	2	1	3	6	9
B20	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—
B21	Diabetes mellitus	1	1	—	—	—	2	—	—	—	1
B22	Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—
B46 (1)	Other endocrine, etc. diseases	—	—	—	—	—	—	—	—	—	2
B23	Anaemias	—	1	—	—	—	—	—	1	—	—
B46 (2)	Other diseases of blood, etc. ...	—	—	—	—	—	—	—	—	—	—
B46 (3)	Mental disorders	—	—	—	—	—	—	—	—	—	—
B24	Meningitis	—	—	—	—	—	—	—	—	—	—
B46 (4)	Multiple sclerosis	—	—	—	—	—	—	—	1	—	—
B46 (5)	Other diseases of nervous system, etc.	—	—	—	—	—	—	—	1	1	—
B26	Chronic rheumatic heart disease	—	—	—	—	—	—	1	1	2	3
B27	Hypertensive disease	—	—	—	1	—	—	—	—	2	2
B28	Ischaemic heart disease	8	16	7	5	16	8	6	17	43	32
B29	Other forms of heart disease ...	1	2	3	2	1	1	2	4	4	4
B30	Cerebrovascular disease	2	8	9	6	3	6	4	9	23	32
B46 (6)	Other diseases of circulatory system	2	2	1	2	1	1	1	6	5	6
B31	Influenza	—	—	—	—	—	—	—	—	—	—
B32	Pneumonia	1	3	1	—	5	—	1	3	7	15
B33 (1)	Bronchitis and emphysema ...	1	—	—	—	4	2	2	1	6	2
B33 (2)	Asthma	—	—	—	—	—	—	—	1	—	—
B46 (7)	Other diseases of respiratory system	—	—	—	—	1	1	—	2	2	1
B34	Peptic ulcer	—	—	—	1	1	—	—	—	3	—
B35	Appendicitis	—	—	—	—	—	—	—	—	—	—
B36	Intestinal obstruction and hernia	1	—	—	—	1	—	—	1	1	—
B37	Cirrhosis of liver	—	—	—	—	1	—	1	—	—	—
B46 (8)	Other diseases of digestive system	—	—	—	1	—	—	—	1	4	2

CAUSES OF DEATH		Alderley Edge U.D.		Alsager U.D.		Bollington U.D.		Bowdon U.D.		Bredbury and Romiley U.D.		Cheadle and Gatley U.D.		Hale U.D.		Hazel Grove and Bramhall U.D.		Haylake U.D.		Knutsford U.D.		Longden-dale U.D.		Lymm U.D.		Marple U.D.		Middlewich U.D.	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
B38	Nephritis and nephrosis	1	—	1	—	—	—	—	—	—	—	3	4	1	—	1	—	2	1	—	1	—	—	—	—	—	—	1	—
B39	Hyperplasia of prostate	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
B46 (9)	Other diseases, genito-urinary system	—	1	—	—	—	—	—	—	—	1	1	1	1	1	4	4	2	2	1	2	1	—	—	2	1	2	—	—
B46 (10)	Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	—	1	2	—
B46 (11)	Diseases of musculo-skeletal system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—
B4	Other complications, pregnancy	—	—	—	—	—	—	—	—	4	1	2	—	1	—	4	—	1	—	—	—	—	—	1	—	4	—	1	—
B42	Congenital anomalies	—	—	—	—	—	1	1	—	2	3	5	1	—	1	1	—	—	—	1	—	1	—	—	—	2	2	—	—
B43	Birth injury, difficult labour, etc.	—	—	—	—	—	1	—	—	2	3	—	1	—	1	—	1	—	—	1	—	1	1	—	—	—	—	—	—
B44	Other causes of perinatal mortality	—	—	—	—	—	—	—	—	2	—	2	1	—	—	1	1	—	1	—	1	—	—	—	2	—	1	—	1
B45	Symptoms and ill-defined conditions	—	—	2	—	—	—	1	2	—	2	1	2	—	1	2	3	2	—	1	1	—	—	—	—	—	1	—	1
BE47	Motor vehicle accidents	1	—	1	—	—	—	2	—	3	3	6	4	1	—	2	2	1	2	1	2	1	2	2	1	6	—	4	1
BE48	All other accidents	1	—	1	1	—	—	—	—	1	2	1	—	—	1	2	2	4	1	1	—	—	—	4	2	1	1	—	—
BE49	Suicide and self-inflicted injuries	—	—	1	—	—	1	—	—	2	—	1	2	3	1	1	3	3	2	1	—	1	—	—	—	1	—	1	—
BE50	All other external causes	—	—	2	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES		25	41	38	27	46	29	31	57	143	151	268	289	86	98	160	168	185	246	83	94	48	46	49	48	131	118	50	37
LIVE BIRTHS—Total		26	23	70	71	64	41	24	20	278	270	573	477	109	85	351	300	182	177	112	102	63	66	112	112	174	187	60	73
Legitimate		25	21	66	67	62	36	24	20	266	256	549	465	104	81	347	286	172	171	106	94	57	58	109	112	168	178	58	69
Illegitimate		1	2	4	4	2	5	—	—	12	14	24	12	5	4	4	14	10	6	6	8	6	8	3	6	6	9	2	4
STILLBIRTHS—Total		—	—	1	1	2	—	—	—	3	2	2	3	—	1	1	4	2	2	—	—	—	2	—	1	6	2	—	4
Legitimate		—	—	1	1	2	—	—	—	3	2	2	3	—	1	1	4	2	2	—	—	—	2	—	1	6	2	—	4
Illegitimate		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
DEATHS OF INFANTS—Total		1	1	1	—	1	—	2	1	4	5	4	6	2	—	3	2	1	1	3	1	2	3	2	—	2	1	—	1
(under one year of age)		—	1	—	—	1	—	1	1	4	5	4	6	2	—	3	2	1	1	3	1	1	3	2	—	2	1	—	1
Legitimate		—	1	—	—	1	—	1	1	4	5	4	6	2	—	3	2	1	1	3	1	1	3	2	—	2	1	—	1
Illegitimate		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
DEATHS OF INFANTS—Total		1	1	1	—	—	—	1	—	4	3	3	2	2	—	3	1	1	1	3	1	1	2	1	—	1	1	—	1
(under four weeks of age)		—	1	—	—	—	—	1	—	4	3	3	2	2	—	3	1	1	1	3	1	1	2	1	—	1	1	—	1
Legitimate		—	1	—	—	—	—	1	—	4	3	3	2	2	—	3	1	1	1	3	1	1	2	1	—	1	1	—	1
Illegitimate		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
DEATHS OF INFANTS—Total		1	—	1	—	—	—	1	—	4	3	3	2	1	—	3	1	1	1	2	1	1	2	1	—	—	1	—	1
(under one week of age)		—	—	—	—	—	—	1	—	4	3	3	2	1	—	3	1	1	1	2	1	1	2	1	—	—	1	—	1
Legitimate		—	—	—	—	—	—	1	—	4	3	3	2	1	—	3	1	1	1	2	1	1	2	1	—	—	1	—	1
Illegitimate		1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
LIVE BIRTHS—Rate per 1,000 population		10.9	—	13.2	—	15.9	—	8.9	—	19.2	—	17.2	—	11.3	—	16.3	—	10.9	—	15.5	—	12.4	—	21.2	—	15.6	—	17.0	—
STILLBIRTHS—Rate per 1,000 total births		—	—	14	—	19	—	—	—	9	—	5	—	5	—	8	—	11	—	—	—	15	—	4	—	22	—	29	—
INFANTILE MORTALITY—(Deaths under 1 year) Rate per 1,000 live births		41	—	7	—	10	—	68	—	16	—	10	—	10	—	8	—	6	—	19	—	39	—	9	—	8	—	8	—
PERINATAL MORTALITY — (Stillbirths and deaths under 1 week) Rate per 1,000 total births		20	—	21	—	19	—	23	—	22	—	9	—	10	—	14	—	17	—	14	—	38	—	9	—	24	—	36	—
DEATHS ALL AGES — Rate per 1,000 population		14.6	—	6.1	—	11.3	—	17.7	—	10.3	—	9.1	—	10.8	—	8.2	—	13.1	—	12.8	—	9.1	—	9.2	—	10.7	—	11.1	—
MID-1971 POPULATION		4,510	—	10,650	—	6,620	—	4,970	—	28,590	—	61,170	—	17,110	—	39,870	—	32,950	—	13,840	—	10,370	—	10,580	—	23,210	—	7,830	—
ACREAGE, 1,471		742	—	2,243	—	1,442	—	1,090	—	4,290	—	5,299	—	2,264	—	5,990	—	6,055	—	2,485	—	2,545	—	4,241	—	24,040	—	7,960	—

TABLE —Urban Districts (2)

Nantwich U.D.		Neston U.D.		Northwich U.D.		Runcorn U.D.		Sandbach U.D.		Wilmslow U.D.		Winsford U.D.		Wirral U.D.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	1	2	1	—	1	—	—	1	1	—	—	—	—
—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—
—	1	—	—	—	1	—	1	—	—	—	—	1	1	—	—
—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
—	4	—	1	1	3	—	1	1	—	1	1	—	3	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	1	3	—	2	—	—	—	1	—	2	3	1	3
1	—	—	—	1	1	1	4	—	—	—	1	4	1	3	—
—	—	—	1	—	—	2	—	1	—	—	1	5	2	1	1
1	1	—	—	1	4	—	—	2	3	1	1	3	1	—	—
—	—	3	3	2	—	6	1	1	—	2	1	4	—	1	2
2	—	1	—	3	1	—	3	1	—	—	2	3	3	—	2
1	—	—	—	1	—	2	1	—	—	1	2	—	—	1	1
—	1	1	—	—	1	—	2	—	1	1	2	—	1	—	—
77	78	87	94	143	121	192	176	81	63	137	146	119	110	136	171
83	60	153	166	140	133	422	374	138	121	225	197	322	335	185	187
81	56	149	161	129	122	388	338	135	118	186	174	306	307	176	184
2	4	4	5	11	11	34	36	3	3	39	23	16	28	9	3
1	—	1	—	1	2	3	5	4	—	2	3	6	6	3	3
1	—	1	—	1	2	3	5	4	—	2	3	6	5	3	1
—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2
4	—	—	2	5	4	7	7	5	—	3	3	13	10	5	3
4	—	—	2	5	4	7	6	5	—	3	3	13	10	3	3
—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—
3	—	—	—	2	1	5	4	2	—	1	2	11	6	4	3
3	—	—	—	2	1	5	4	2	—	1	2	11	6	2	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
3	—	—	—	1	1	5	3	2	—	1	2	10	4	4	3
3	—	—	—	1	1	5	3	2	—	1	2	10	4	2	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
12.5		18.5		15.0		21.9		19.5		14.4		26.4		13.7	
7		3		11		10		15		12		18		16	
28		6		33		18		19		14		35		22	
28		3		18		20		23		19		39		34	
13.5		10.5		14.5		10.1		10.8		9.6		9.2		11.3	
11,480		17,250		18,190		36,340		13,290		29,330		24,840		27,110	
1,179		8,495		2,636		8,045		3,716		7,691		7,094		5,801	

CAUSES OF DEATH					Bucklow R.D.		Chester R.D.	
					M	F	M	F
B3	Bacillary dysentery, amoebiasis	...	...	...	—	—	—	—
B4	Enteritis and other diarrhoeal diseases	...	...	...	—	—	—	—
B5	Tuberculosis of respiratory system	...	...	...	—	—	—	—
B6 (1)	Late effects respiratory tuberculosis	...	...	...	—	1	—	—
B6 (2)	Other tuberculosis	...	...	...	—	—	—	—
B14	Measles	...	...	...	—	—	—	—
B17	Syphilis and its sequelae	...	...	...	—	—	—	—
B18	Other infective and parasitic diseases	...	...	...	—	—	1	—
B19 (1)	Malignant neoplasm, buccal cavity, etc.	...	...	...	—	—	—	—
B19 (2)	Malignant neoplasm, oesophagus	...	...	...	1	—	2	5
B19 (3)	Malignant neoplasm, stomach	...	...	...	—	1	7	—
B19 (4)	Malignant neoplasm, intestine	...	...	...	6	1	10	5
B19 (5)	Malignant neoplasm, larynx	...	...	...	1	—	—	—
B19 (6)	Malignant neoplasm, lung, bronchus	...	...	...	5	—	18	4
B19 (7)	Malignant neoplasm, breast	...	...	...	—	4	—	8
B19 (8)	Malignant neoplasm, uterus	...	...	...	—	—	—	3
B19 (9)	Malignant neoplasm, prostate	...	...	...	3	—	1	—
B19 (10)	Leukaemia	...	...	...	—	—	1	—
B19 (11)	Other malignant neoplasms, etc.	...	...	...	3	5	15	10
B20	Benign and unspecified neoplasms	...	...	...	—	—	1	1
B21	Diabetes mellitus	...	...	...	1	1	2	2
B22	Avitaminoses	...	...	...	—	—	—	—
B23	Anaemias	...	...	...	—	—	—	2
B46 (1)	Other endocrine, etc. diseases	...	...	...	—	2	—	1
B46 (2)	Other diseases of the blood, etc.	...	...	...	—	—	—	—
B46 (3)	Mental disorders	...	...	...	—	—	—	—
B24	Meningitis	...	...	...	—	—	—	—
B46 (4)	Multiple sclerosis	...	...	...	—	—	—	—
B46 (5)	Other diseases of nervous system, etc.	...	...	...	1	5	2	3
B26	Chronic rheumatic heart disease	...	...	...	1	—	—	5
B27	Hypertensive disease	...	...	...	2	1	3	5
B28	Ischaemic heart disease	...	...	...	18	22	48	27
B29	Other forms of heart disease	...	...	...	4	2	5	18
B30	Cerebrovascular disease	...	...	...	10	11	23	47
B46 (6)	Other diseases of circulatory system	...	...	...	5	6	3	12
B31	Influenza	...	...	...	—	—	—	1
B32	Pneumonia	...	...	...	1	1	33	49
B33 (1)	Bronchitis and emphysema	...	...	...	3	1	19	3
B33 (2)	Asthma	...	...	...	—	—	—	—
B46 (7)	Other diseases of respiratory system	...	...	...	—	1	—	3
B34	Peptic ulcer	...	...	...	2	—	1	—
B35	Appendicitis	...	...	...	—	1	—	—
B36	Intestinal obstruction and hernia	...	...	...	1	1	1	—
B37	Cirrhosis of liver	...	...	...	—	—	—	—
B46 (8)	Other diseases of digestive system	...	...	...	—	3	1	3

TABLE A—Rural Districts (1)

Congleton R.D.		Disley R.D.		Macclesfield R.D.		Nantwich R.D.		Northwich R.D.		Runcorn R.D.		Tarvin R.D.		Tintwistle R.D.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	1	1	1	—	1	—	—	—	—
—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	—	—	1	—	1	1	1	—	—	—	—	—
—	—	—	—	1	—	1	—	—	—	1	1	1	—	—	—
—	1	—	—	2	1	—	1	2	2	—	1	1	—	—	—
1	—	2	—	3	2	9	3	8	5	6	3	2	2	—	—
6	2	—	2	5	5	5	5	4	6	7	10	6	4	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
6	1	2	1	13	3	13	1	26	2	25	3	10	2	—	1
—	6	—	—	—	5	—	10	—	14	—	13	—	4	—	1
—	3	—	1	—	5	—	1	—	3	—	6	—	1	—	—
2	—	—	—	5	—	6	—	1	—	7	—	—	—	—	—
—	—	—	—	1	2	2	—	1	—	2	2	—	—	—	—
12	6	—	3	6	11	6	12	13	14	13	12	5	4	—	—
—	—	—	—	—	—	—	—	2	1	—	1	—	—	—	—
1	2	—	1	5	2	4	2	2	1	2	6	—	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	1	1	—	—	—	1	—	1	—	—
—	1	—	—	—	—	—	1	—	1	1	2	—	—	—	—
—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
—	—	—	—	—	3	—	—	—	1	—	—	—	1	—	—
—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
3	2	—	—	1	2	2	2	—	1	2	1	1	—	—	—
2	1	—	—	2	1	4	2	—	2	4	5	1	1	—	—
—	1	—	—	—	—	3	3	2	4	5	4	1	3	—	—
23	20	6	3	46	28	52	29	69	59	76	52	26	10	5	3
4	6	1	—	6	8	12	16	11	13	14	17	6	6	—	1
23	51	3	5	9	34	28	39	32	53	33	56	11	16	1	3
5	1	1	2	3	6	7	6	12	17	12	18	4	2	1	1
—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—
6	6	—	—	13	11	8	8	11	10	16	14	11	7	—	1
7	2	1	1	10	2	15	2	17	5	20	5	4	—	—	1
—	1	—	—	—	—	1	—	1	1	—	1	—	—	—	—
1	1	1	—	2	1	—	—	2	2	3	1	—	—	—	—
1	1	—	—	—	—	1	—	3	1	2	1	2	1	—	—
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	1	1	1	—	1	—	1	2	—	—	1	—
—	—	—	—	1	2	2	—	—	1	1	—	—	2	—	—
1	2	—	—	—	1	3	2	5	1	1	2	1	1	—	—

TABLE A—*Deaths*—A 1971

CAUSES OF DEATH							Bucklow R.D.		Chester R.D.	
							M	F	M	F
B38	Nephritis and nephrosis ...	...	...	...	...	...	1	—	1	—
B39	Hyperplasia of prostate ...	...	...	...	...	...	—	—	—	—
B46 (9)	Other diseases, genito-urinary system ...	...	...	...	...	...	1	—	3	4
B46 (10)	Diseases of skin, subcutaneous tissue ...	...	...	...	...	...	—	—	1	—
B41	Other complications of pregnancy ...	...	...	...	...	...	—	—	—	—
B46 (11)	Diseases of musculo-skeletal system ...	...	...	...	...	...	—	2	2	2
B42	Congenital anomalies ...	...	...	...	...	...	—	—	1	1
B43	Birth injury, difficult labour, etc. ...	...	...	...	...	...	—	—	—	3
B44	Other causes of perinatal mortality ...	...	...	...	...	...	—	—	—	2
B45	Symptoms and ill-defined conditions ...	...	...	...	...	...	—	—	2	1
BE47	Motor vehicle accidents ...	...	...	...	...	...	2	2	6	—
BE48	All other accidents ...	...	...	...	...	...	1	1	2	4
BE49	Suicide and self-inflicted injuries ...	...	...	...	...	...	1	—	1	1
BE50	All other external causes ...	...	...	...	...	...	—	—	—	1
TOTAL ALL CAUSES ...							74	75	216	236
LIVE BIRTHS—Total ...							185	163	271	280
Legitimate ...							169	147	251	270
Illegitimate ...							16	16	20	10
STILLBIRTHS—Total ...							3	3	3	3
Legitimate ...							3	3	3	3
Illegitimate ...							—	—	—	—
DEATHS OF INFANTS—Total (under one year of age) ...							—	—	2	6
Legitimate ...							—	—	2	4
Illegitimate ...							—	—	—	2
DEATHS OF INFANTS—Total (under 4 weeks of age) ...							—	—	1	5
Legitimate ...							—	—	1	4
Illegitimate ...							—	—	—	1
DEATHS OF INFANTS—Total (under one week of age) ...							—	—	1	4
Legitimate ...							—	—	1	3
Illegitimate ...							—	—	—	1
LIVE BIRTHS—Rate per 1,000 population ...							17.0		15.9	
STILLBIRTHS—Rate per 1,000 births, live and still ...							17		11	
INFANTILE MORTALITY—(Deaths under 1 year) Rate per 1,000 live births ...							—		15	
PERINATAL MORTALITY—(Stillbirths and deaths under 1 week) Rate per 1,000 total births ...							17		20	
DEATHS ALL AGES—Rate per 1,000 population ...							7.3		13.0	
MID-1971 POPULATION ...							20,430		34,650	
ACREAGE, 1,471 ...							45,103		43,491	

TABLE A—Rural Districts (2)

Congleton R.D.		Disley R.D.		Macclesfield R.D.		Nantwich R.D.		Northwich R.D.		Runcorn R.D.		Tarvin R.D.		Tintwistle R.D.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	1	1	—	—	1	—	1	—	—	—	—	—
1	—	—	—	—	—	2	—	1	—	2	—	—	—	—	—
1	—	—	—	5	2	—	2	—	1	—	—	—	1	—	—
—	—	—	—	—	—	—	1	—	1	—	1	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	3	—	1	1	—	—	1	—	1	—	—
1	—	1	—	—	3	1	2	2	3	2	3	—	—	—	—
1	—	—	—	1	—	1	1	4	3	3	—	2	—	—	—
—	1	—	—	—	—	1	3	7	—	1	3	—	1	—	—
4	8	—	—	—	2	4	8	5	8	2	2	—	1	—	1
3	1	—	—	6	3	5	2	4	1	12	1	3	—	—	—
2	1	—	—	4	1	5	3	2	1	4	5	2	1	—	—
2	—	—	—	2	1	1	—	1	1	1	2	1	1	—	—
—	—	—	—	—	1	1	1	—	1	—	—	1	1	—	—
120	134	18	20	155	155	210	173	257	243	284	259	102	78	9	13
160	156	29	15	190	181	290	258	391	345	342	343	155	129	13	14
156	152	28	15	182	176	280	255	372	319	321	319	151	121	12	13
4	4	1	—	8	5	10	3	19	26	21	24	4	8	1	1
2	1	—	—	2	2	6	3	4	4	3	4	1	—	—	—
2	1	—	—	2	2	6	3	4	3	3	4	1	—	—	—
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
2	2	1	—	1	2	4	6	14	8	8	7	2	1	—	—
2	2	1	—	1	1	4	6	13	8	6	6	2	—	—	—
—	—	—	—	—	1	—	—	1	—	2	1	—	1	—	—
2	2	—	—	1	1	4	5	11	5	7	5	2	1	—	—
2	2	—	—	1	1	4	5	10	5	6	4	2	—	—	—
—	—	—	—	—	—	—	—	1	—	1	1	—	1	—	—
1	1	—	—	1	1	3	5	11	2	6	5	2	1	—	—
1	1	—	—	1	1	3	5	10	2	5	4	2	—	—	—
—	—	—	—	—	—	—	—	1	—	1	1	—	1	—	—
16.4		11.1		13.2		15.9		16.9		15.5		15.5		18.4	
9		—		11		16		11		10		4		—	
13		23		8		18		30		22		11		—	
16		—		16		31		28		26		14		—	
13.2		9.6		11.0		11.1		11.5		12.2		9.8		15.0	
19,270		3,960		28,060		34,490		43,450		44,330		18,370		1,470	
38,666		2,208		72,583		100,869		57,014		40,663		62,591		1,490	

AGGREGATE IN URBAN DISTRICTS

CAUSE OF DEATH		Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	AGE IN
B3	Bacillary dysentery, amoebiasis ...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
B4	Enteritis and other diarrhoeal diseases	M	4	1	3	—	—	—	—	—	—
		F	5	—	1	1	—	—	1	—	—
B5	Tuberculosis of respiratory system ...	M	4	—	—	—	—	—	—	—	—
		F	7	—	—	—	—	—	—	1	—
B6 (1)	Late effects of respiratory tuberculosis	M	3	—	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	—	—	—
B6 (2)	Other tuberculosis ...	M	—	—	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	—	—	—
B9	Whooping Cough ...	M	—	—	—	—	—	—	—	—	—
		F	1	—	1	—	—	—	—	—	—
B11	Meningococcal infection ...	M	2	—	—	—	—	1	1	—	—
		F	3	—	1	—	—	—	1	—	—
B14	Measles ...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
B17	Syphilis and its sequelae ...	M	—	—	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	—	—	—
B18	Other infective and parasitic diseases	M	3	—	—	—	1	—	—	—	—
		F	8	2	1	—	—	—	—	1	—
B19 (1)	Malignant neoplasm, buccal cavity, etc.	M	19	—	—	—	—	—	—	2	—
		F	20	—	—	—	—	—	—	2	—
B19 (2)	Malignant neoplasm, oesophagus ...	M	27	—	—	—	—	—	—	—	—
		F	27	—	—	—	—	—	—	—	—
B19 (3)	Malignant neoplasm, stomach ...	M	117	—	—	—	—	—	—	3	—
		F	84	—	—	—	—	—	—	2	—
B19 (4)	Malignant neoplasm, intestine ...	M	137	—	—	—	—	2	1	5	—
		F	143	—	—	—	—	—	—	5	—
B19 (5)	Malignant neoplasm, larynx ...	M	12	—	—	—	—	—	—	—	—
		F	2	—	—	—	—	—	—	—	—
B19 (6)	Malignant neoplasm, lung, bronchus...	M	387	—	—	—	—	—	3	8	—
		F	76	—	—	—	—	—	—	3	—
B19 (7)	Malignant neoplasm, breast ...	M	1	—	—	—	—	—	—	—	—
		F	181	—	—	—	—	—	2	16	—
B19 (8)	Malignant neoplasm, uterus ...	F	54	—	—	—	—	—	1	5	—
B19 (9)	Malignant neoplasm, prostate ...	M	54	—	—	—	—	—	—	—	—
B19 (10)	Leukaemia ...	M	28	—	—	1	2	5	3	—	—
		F	30	—	—	1	1	—	—	3	—
B19 (11)	Other malignant neoplasms ...	M	219	—	—	1	2	9	6	10	—
		F	279	—	—	1	1	2	5	9	—
B20	Benign and unspecified neoplasms ...	M	10	—	—	—	—	—	—	—	—
		F	13	—	—	—	1	2	—	—	—
B21	Diabetes mellitus ...	M	18	—	1	—	—	—	—	—	—
		F	52	—	—	—	1	—	—	—	—
B22	Avitaminoses, etc. ...	M	1	—	—	—	—	—	—	1	—
		F	3	—	—	—	—	—	—	—	—
B46 (1)	Other endocrine, etc. diseases ...	M	13	1	3	1	—	1	—	—	—
		F	17	—	—	1	—	—	1	1	—
B23	Anaemias ...	M	8	—	—	—	—	—	—	—	—
		F	17	—	—	—	—	—	—	—	—
B46 (2)	Other diseases of blood, etc. ...	M	3	—	—	—	—	1	—	1	—
		F	2	—	—	—	—	—	—	1	—
B46 (3)	Mental disorders ...	M	2	—	—	—	—	—	—	—	—
		F	12	—	—	—	—	1	—	—	—
B24	Meningitis ...	M	3	—	1	1	—	1	—	—	—
		F	4	1	—	—	1	—	—	—	—
B46 (4)	Multiple sclerosis ...	M	6	—	—	—	—	—	—	1	—
		F	15	—	—	—	—	—	—	—	—
B46 (5)	Other diseases of nervous system ...	M	35	—	—	1	3	2	1	2	—
		F	41	—	—	—	1	—	—	2	—

TABLE B (1)

				AGGREGATE IN RURAL DISTRICTS											
YEARS				All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								75 and over
45-54	55-64	65-74	75 and over				1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	
—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
—	—	—	2	3	—	1	—	—	—	—	—	—	—	1	1
1	1	2	—	2	—	—	—	—	—	—	—	—	—	1	1
1	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2	—	—	4	1	1	—	—	1	—	—	—	—	—	1
2	—	1	1	2	—	—	—	—	—	—	—	—	—	1	1
2	2	8	5	4	—	—	—	—	—	—	—	—	2	—	2
2	3	3	10	1	—	—	—	—	—	—	—	—	—	—	1
1	9	12	5	8	—	—	—	—	—	—	—	—	4	2	2
1	7	7	12	11	—	—	—	—	—	—	—	—	1	2	8
7	26	46	35	38	—	—	—	—	—	—	—	3	14	10	11
6	16	28	32	16	—	—	—	—	—	—	—	—	2	2	12
11	37	43	38	49	—	—	—	—	—	—	—	7	10	17	15
5	37	48	48	40	—	—	—	—	—	—	—	4	3	16	17
2	4	4	2	2	—	—	—	—	—	—	—	—	—	2	—
—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
45	129	140	62	118	—	—	—	—	—	—	2	10	32	55	19
10	19	24	20	18	—	—	—	—	—	—	1	1	6	4	6
—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
40	40	48	35	65	—	—	—	—	—	—	2	9	20	11	23
9	8	16	15	23	—	—	—	—	—	—	1	4	9	4	5
—	6	15	33	25	—	—	—	—	—	—	—	1	1	7	16
2	5	5	5	7	—	—	—	1	—	—	—	—	2	—	4
7	2	8	8	4	—	—	—	1	—	—	—	—	—	2	1
32	62	51	46	73	—	—	—	2	1	—	4	6	17	26	17
34	64	82	81	77	—	—	1	1	1	2	3	5	19	23	22
2	2	—	6	3	—	—	—	1	—	—	—	—	—	2	—
2	—	4	4	3	—	—	—	—	—	—	1	—	1	—	1
—	3	7	7	17	—	—	—	—	—	—	—	2	4	7	4
2	3	17	29	19	—	—	—	—	—	—	—	—	3	7	9
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—
—	3	2	2	1	—	1	—	—	—	—	—	—	—	—	—
—	3	6	5	8	1	—	1	—	1	—	—	—	1	3	1
—	—	1	7	1	—	—	—	—	—	—	—	—	—	1	—
1	1	6	9	6	—	—	—	—	—	1	—	1	1	1	2
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—
1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
1	3	2	5	5	—	—	—	—	—	—	2	—	—	1	2
—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
—	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—
2	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
4	7	4	—	1	—	—	—	—	—	—	—	—	1	—	—
—	4	13	9	12	—	—	—	—	2	2	1	—	1	6	—
1	3	14	20	16	—	—	—	—	2	1	1	2	2	2	6

				AGE IN YEARS							
				All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44
B26	Chronic rheumatic heart disease	...	M	43	—	—	—	—	—	1	1
			F	67	—	—	—	—	—	2	4
B27	Hypertensive disease	...	M	56	—	—	—	—	—	1	—
			F	79	—	—	—	—	—	—	1
B28	Ischaemic heart disease	...	M	1397	—	—	—	—	1	5	41
			F	974	—	—	—	—	—	3	1
B29	Other forms of heart disease	...	M	189	—	—	—	—	1	2	3
			F	273	—	—	—	—	1	—	1
B30	Cerebrovascular disease	...	M	600	—	—	—	—	1	3	3
			F	944	—	—	—	—	2	4	11
B46 (6)	Other diseases of circulatory system	...	M	149	1	—	—	—	—	2	4
			F	228	—	—	—	—	1	—	2
B31	Influenza	...	M	10	—	1	—	—	—	—	—
			F	3	—	—	—	—	—	—	—
B32	Pneumonia	...	M	249	4	13	1	2	3	—	2
			F	345	1	7	—	2	3	1	3
B33 (1)	Bronchitis and emphysema	...	M	314	—	1	—	—	—	—	—
			F	114	—	3	—	—	—	2	—
B33 (2)	Asthma	...	M	5	—	—	—	—	1	—	—
			F	13	—	—	1	—	—	2	1
B46 (7)	Other diseases of respiratory system	...	M	30	—	4	2	1	—	—	3
			F	43	—	7	—	—	—	—	2
B34	Peptic ulcer	...	M	31	—	—	—	—	1	—	—
			F	23	—	—	—	—	—	—	—
B35	Appendicitis	...	M	2	—	1	—	—	—	—	—
			F	1	—	—	—	—	—	—	—
B36	Intestinal obstruction and hernia	...	M	18	3	—	—	1	—	—	1
			F	23	—	—	—	—	—	—	—
B37	Cirrhosis of liver	...	M	24	—	—	—	—	—	—	1
			F	8	—	—	—	—	—	—	—
B46 (8)	Other diseases of digestive system	...	M	34	1	1	—	—	1	1	1
			F	55	—	—	—	—	—	—	3
B38	Nephritis and nephrosis	...	M	21	—	—	—	—	1	1	—
			F	16	—	1	—	—	—	—	1
B39	Hyperplasia of prostate	...	M	10	—	—	—	—	—	—	—
B46 (9)	Other diseases of genito-urinary system	...	M	18	—	—	—	—	—	1	—
			F	35	1	—	—	—	—	1	1
B46 (10)	Diseases of skin, subcutaneous tissue	...	M	2	—	—	—	—	—	—	—
			F	4	—	1	—	—	—	—	—
B46 (11)	Diseases of musculo-skeletal system	...	M	10	—	—	—	—	—	—	—
			F	45	—	—	—	—	1	1	—
B42	Congenital anomalies	...	M	40	17	7	6	3	1	1	1
			F	37	11	14	4	3	—	—	—
B43	Birth injury, difficult labour, etc.	...	M	35	35	—	—	—	—	—	—
			F	23	23	—	—	—	—	—	—
B44	Other causes of perinatal mortality	...	M	27	26	1	—	—	—	—	—
			F	17	16	1	—	—	—	—	—
B45	Symptoms and ill-defined conditions	...	M	59	2	2	—	—	—	—	—
			F	88	—	—	—	—	—	—	—
BE47	Motor vehicle accidents	...	M	89	—	—	2	4	29	9	10
			F	40	—	—	—	3	4	2	1
BE48	All other accidents	...	M	56	1	6	5	6	4	5	7
			F	41	—	2	2	1	1	1	3
BE49	Suicide and self-inflicted injuries	...	M	43	—	—	—	—	2	10	7
			F	26	—	—	—	—	2	5	1
BE50	All other external causes	...	M	8	—	—	—	—	3	1	1
			F	22	—	—	—	—	4	—	3
TOTAL ALL CAUSES				M 4685	92	45	21	25	71	58	119
				F 4686	55	40	11	15	24	35	90

TABLE B (2)

				AGGREGATE IN RURAL DISTRICTS											
YEARS				AGE IN YEARS											
45-54	55-64	65-74	75 and over	All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
5	18	11	7	14	—	—	—	—	—	—	—	4	2	3	5
7	11	29	14	17	—	—	—	—	—	—	—	—	4	3	10
3	11	17	24	16	—	—	—	—	—	—	—	—	3	6	7
2	11	25	40	21	—	—	—	—	—	—	—	—	2	9	10
147	369	479	355	369	—	—	—	—	—	1	5	33	79	128	123
33	107	283	547	253	—	—	—	—	—	—	—	8	22	89	134
4	17	62	100	63	—	—	—	—	—	—	1	2	8	20	32
3	17	54	197	87	—	1	—	—	—	1	1	4	2	17	61
17	75	196	305	173	—	—	—	—	—	—	2	8	20	60	83
22	50	209	646	315	—	—	—	1	—	2	2	4	27	74	205
9	14	42	77	53	—	—	—	—	—	—	—	2	11	16	24
4	14	30	177	71	—	—	—	—	—	—	—	1	4	7	59
—	—	6	3	1	—	—	—	—	—	—	—	—	—	1	—
—	—	2	1	3	—	—	—	—	—	—	—	—	1	2	—
5	34	63	122	99	1	—	—	1	1	1	1	2	8	26	58
3	19	49	257	107	1	—	—	—	—	1	1	1	3	22	78
15	59	135	104	96	—	—	—	—	—	—	1	2	20	33	40
4	19	26	60	22	—	—	—	—	—	—	1	1	2	6	12
—	1	2	1	2	—	—	—	—	—	1	—	—	1	—	—
1	2	5	1	3	—	—	—	—	—	1	1	—	—	—	1
2	5	10	3	9	—	—	—	—	—	—	—	2	1	1	5
2	2	8	22	9	1	1	—	—	—	1	1	—	—	1	4
2	7	8	13	12	—	—	—	—	—	—	—	1	3	4	4
—	3	10	10	4	—	—	—	—	—	—	—	—	1	2	1
—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	2	—	—	—	—	—	—	—	—	1	—	1
1	4	3	5	7	—	—	—	—	—	—	—	2	2	1	2
2	3	5	13	5	—	—	—	—	—	—	—	—	—	2	3
3	12	5	3	4	—	—	—	—	—	—	1	—	1	1	1
2	2	1	3	5	—	—	—	—	—	1	—	2	1	1	—
3	11	8	7	12	—	—	—	—	—	—	2	1	3	1	5
1	9	13	29	15	—	—	—	—	—	—	1	1	1	3	9
2	3	6	8	6	—	—	—	—	—	—	—	1	1	—	4
—	1	5	8	1	—	—	—	—	—	—	—	—	—	1	—
—	—	4	6	6	—	—	—	—	—	—	—	1	—	3	2
1	3	2	11	10	—	—	—	—	—	—	—	—	1	3	6
—	2	11	19	10	—	—	—	—	—	—	—	—	1	3	6
—	1	—	1	1	—	—	—	—	—	—	—	—	1	—	—
—	—	1	2	4	—	—	—	—	—	—	—	—	—	2	2
—	2	4	4	3	—	—	—	—	—	—	—	—	1	2	—
2	2	9	30	11	—	—	—	—	—	—	—	—	2	4	5
1	3	—	—	8	5	2	—	—	1	—	—	—	—	—	—
2	1	2	—	12	3	4	1	1	—	1	—	—	—	—	2
—	—	—	—	12	11	1	—	—	—	—	—	—	—	—	—
—	—	—	—	7	7	—	—	—	—	—	—	—	—	—	—
—	—	—	—	9	9	—	—	—	—	—	—	—	—	—	—
—	—	—	—	10	10	—	—	—	—	—	—	—	—	—	—
1	—	11	43	17	—	—	—	—	—	—	—	—	1	1	15
1	—	1	86	31	—	—	—	—	—	—	—	—	—	2	29
9	10	7	9	41	—	—	2	3	13	3	4	4	4	4	4
1	4	9	16	10	—	—	2	2	1	—	—	—	2	1	2
5	4	6	7	22	—	—	2	1	3	2	1	4	3	2	4
1	3	5	22	17	—	—	4	—	—	—	—	—	1	4	8
5	6	10	3	10	—	—	—	—	1	1	1	—	5	1	1
6	3	8	1	6	—	—	—	—	—	—	1	3	—	2	—
2	—	1	—	2	—	—	—	—	1	1	—	—	—	—	—
6	3	3	3	5	—	—	—	—	1	—	—	—	1	2	1
350	968	1451	1485	1445	28	6	4	10	24	12	26	98	266	453	518
236	507	1128	2545	1386	24	8	9	6	6	12	20	52	149	339	761

CHILD AND SCHOOL HEALTH 1971

CHILD AND

SCHOOL HEALTH

1971

CHESTER COUNTY COUNCIL

SCHOOL HEALTH
CHILD AND
1921

INTRODUCTION

Mr. Chairman, Ladies and Gentlemen,

I present herewith my annual report on the school health service for the year 1971, which reflects the work carried out during that calendar year.

During the year administrative fusion took place between the sections dealing with the health of the pre-school and the schoolchild, thus forming a comprehensive section of community paediatrics. The arrangements for developmental examination of all pre-school children at regular intervals, in order to detect defects and abnormalities as early as possible, were completed. The scheme became computer-managed for children born on or after 1st January 1972—the computer will remind field staff of children due for appropriate appointments, and will record coded diagnoses. Statistics, by geographical district, can be made available for education, social services and health department purposes. The school health service will thus have a firmer foundation for its advisory functions to schools.

Responsibility for the day care of the pre-school child (day nurseries, child minders and playgroups) passed to the social services department, as did the care of the unsupported mother and child. My thanks are due to staff transferred to the social services department for their devotion and loyalty while with this department. The junior training centres were transferred to the education department from the health department; the health of children attending will be the concern of the school health service, and the whole resources of the latter will be available to them.

The illegitimate births survey was completed during the year, as a result of which important lessons were learnt. Though the total of illegitimate births has fallen as compared with the previous year, those occurring to girls under the age of 18 years doubled during the same period. There has been a marked fall in the numbers adopted, which indicates a greater acceptance of the problem—parents and grandparents are more willing to accept the burden.

The problem of drug abuse has received a great deal of attention by the department this year. A drug liaison committee for West Cheshire has been formed, and two members of the health department serve on it. During the year this department held a drug study day attended by departmental medical officers, medical officers attached to teacher training colleges, and social workers. The aim of the conference was to ensure that when cases or suspected cases did arise, all available resources were brought to bear on them.

The genetic counselling clinic has fulfilled a very useful role, not only in counselling families, but also in helping departmental medical officers and general practitioners with this problem. It is hoped that we can look forward to a similar service based on Liverpool University for the western part of the county.

The work of speech therapists, teachers of the deaf and audio-vision testers has continued to make a valuable contribution to the work of the service.

In special educational provision we note with pleasure the opening of Cloughwood residential special school for maladjusted boys and the rapid increase in special classes in ordinary schools catering for the educationally subnormal, the maladjusted and those with hearing impairment.

The problem of the physically handicapped has been greatly complicated by the large number of children suffering from spina bifida who are now surviving through a great part of school life as a result of new surgical techniques. This has necessitated making exceptional provision within ordinary schools in the short term as well as an increase in special school provision in the long term.

Among the notable features of the dental work this year have been first the welcome increase in productivity and secondly the close link with the Professor of Preventive Dentistry at Manchester University in organising research programmes. Fluoride rinses and the sealing of the biting surface of posterior teeth are examples of studies in progress.

In the fields of ear, nose and throat work and ophthalmology, the greater involvement of clinical consultants in prevention work is welcomed.

The public health section of the department continued to play an important part in the school health service. The revision of the code of practice regarding kitchen hygiene was referred to in the 1970 report. This year the section has been concerned in plans for introducing, at first on an experimental basis, pre-cooked frozen foods. Use of microwave cooking and its dangers were also the subject of a study. A code of practice for hygiene in swimming pools was also published during the year by the department.

The statistics all show that the periodic inspections are down, but that special inspections are up. This is to be expected and reflects the new trend for follow-up of handicapped pupils and special cases to take precedence over routine procedures. Figures indicate the earlier detection of defects of sight and hearing, probably because the audio-vision testing service is now well established. The number of cases of scabies and impetigo are up, and the scabies problem has been the subject of a national publication; the committee is well aware of the problem and the steps being taken. There are indications of the increased use being made of speech therapy and also of child guidance—in the latter service the increasing part played by psychologists when consultant psychiatric opinion is not strictly necessary is confirmed.

My thanks are due to the various contributors to this report—particularly Dr. I. Chesham, Mr. J. B. Dowell (dental), Dr. A. Holmes-Smith (ophthalmic) and Mr. W. Pembleton (environmental).

I wish also to express my appreciation of the co-operation and help received from the director of education and his administrative staff and from head teachers and their staffs. I should also like to thank the chairman and members of the education committee, and particularly of the special services sub-committee for the help and support they have given at all times.

B. G. GRETTON-WATSON,

Principal School Medical Officer.

June 1972.

CHILD AND SCHOOL HEALTH

The division between child and school health services has always been an artificial one from a clinical point of view. This division may once have had some administrative advantage, but this no longer exists, and the benefits of a medically unified child, school and youth service are overwhelmingly apparent today.

Accordingly, with the approval of the respective committees involved, the decision was taken during 1971 to unify the two sections, and to devolve day to day responsibility for medical management onto the divisional medical officers. Policy for services remains, of course, a central responsibility.

The benefits of this unification—for the community receiving services, and for those who contribute their skills to these services—will be apparent in the description of the computer-managed child health scheme which follows.

During the year, further senior clinical medical officers were appointed for each health division (their proper title is senior medical officer in department); these medical officers will take increasing responsibility for clinical standards and practice within their division, for appraisal of children with handicaps that may require special educational management, and for liaison at a clinical level with their equivalent colleagues in the education and social services departments.

CLINICS—DEVELOPMENTAL PAEDIATRIC EXAMINATIONS

The Working Party set up towards the end of 1970 to examine the organisation and function of the child health clinics in the county agreed on three important developments:

1. The former child welfare clinics should be completely replaced by child health clinics practising developmental techniques of examination; the advisory function of these former clinics should continue separately as health visitor advice clinics.
2. In order to attempt to include a much higher proportion of the child population than has been achieved so far, and so that accurate evaluation of results could be obtained, it was agreed that the scheme should be computer-managed and recorded. Much thought was given to the need to balance the sometimes differing demands of computer and clinical functions. The scheme evolved for Cheshire—which is scheduled to run from 1st January 1972 for three years—is considered to be a highly satisfactory compromise, allowing considerable freedom for clinical services within a divisional framework, whilst at the same time enabling comprehensive computer recording, reminder and evaluating systems to be effected. Success, however, will rest eventually on the skills of individual practitioners, and on the co-operation of the community.
3. In anticipation of a larger demand for this service, so as to use the (sometimes under-valued) skills of health visitors, it was decided that the new scheme should involve both health visitors and doctors directly in developmental paediatric sessions.

The new programme of developmental paediatric examinations, starting on 1st January 1972, for children born on or after that date, will include examinations by health visitors and doctors alternately at 6 weeks, 6 months, 9 months, 2 years, 3 years and 4½ years (the last being also the pre-school medical examination).

Though there will be no computer link between the child health scheme and the computer-managed immunisation scheme, the information to commence both records will be taken from a redesigned birth notification record. Any notification of changes to a child's record will be implemented automatically for both schemes.

For each child for whom a computer record is created in this way (from the statutory birth notification record), the computer will send out to divisional offices forms consisting of name, address, and type of examination due—a month in advance for all routine developmental examinations, and for all "special recalls" more than a month in advance, together with one

addressed postcard. It will be the responsibility of the divisional office or clinic to complete the postcard with the name of the clinic, time and date of appointment.

Following the examination, the results will be recorded by code on the computer, together with details of additional examinations required. Special recalls of this kind will be scheduled at the requested time by the computer. If results are not returned for computer storage, the computer will issue a reminder (by "defaulter list" to health visitors) that no result has been received. The computer will also record additional valuable information, such as the presence of an educational handicap that may require special educational management referral of a case to the social services department, etc. We hope the computer system will help to improve notification in both these important spheres.

New clinic record forms have been devised, with the co-operation of senior medical officers in department.

Children born before 1st January 1972 will not be included in the computer arrangements, but their examination will be "phased-in" to the new scheme, local arrangements being made for this.

The computer immunisation scheme will continue separately, as previously.

In order to plan for the envisaged expansion of services, two further postgraduate courses of training for clinic doctors (general practitioners, sessional and local authority medical officers) were organised during the autumn of 1971, in association with the Universities of Manchester and Liverpool. The courses were increased in time to six days; the "Manchester" course was again held at the Gatley Health Centre, the "Liverpool" course being held at Eastham clinic instead of at Clatterbridge Hospital. In all, 6 courses have now been organised in the county since 1968.

We are indebted to Professor John Davies and Professor John Hay of Manchester and Liverpool University Departments of Child Health respectively, who together with their colleagues—in particular Professor Holzell and Dr. Rosenbloom—have contributed so much to the organisation of these courses.

Since the courses commenced in 1968, some 140 doctors (general practitioners and local authority personnel) have attended. We have been glad to include a small number of doctors from neighbouring authorities who have shown interest in the Cheshire scheme and have asked permission to attend these courses of training.

It is envisaged that developmental paediatric examinations will take place in some 121 clinics in the county in 1972. In special circumstances, health visitors and/or doctors may carry out examinations in the patients' homes. The possibility of providing mobile clinics for rural areas is being explored.

In addition to the training courses for doctors, intensive training of health visitors for their new role was carried out throughout the latter half of the year; checks on the success of this training were carried out at the close of the year by senior medical officers, in the divisions and from Pepper House. We consider that this additional intensive training should not only qualify health visitors for their specific role in the new developmental paediatric scheme, but should also enhance their abilities as advisers to the family on child development.

COUNTY DAY NURSERIES

On 31st March 1971, administrative responsibility for day nurseries was handed over to the newly formed social services department. At that time, 13 day nurseries were in operation, one new nursery was nearing completion at Partington, and a further nursery at Hattersley was well advanced in its planning stages. The health department continues to advise on any relevant medical matter.

REGISTERED NURSERIES, PLAYGROUPS AND CHILD MINDERS

As with day nurseries the responsibility for these premises was handed over to the social services department on 31st March 1971. At that time, 530 registrations were operative.

CARE OF THE UNSUPPORTED MOTHER

This responsibility, in the main, has also passed to the social services department; the health department continues to request and scrutinise all medical reports relating to patients requesting admission to the Cheshire mother and baby home. The demand for places in the Home continued to fall during the first three months of the year, and at the time of handover, only 7 patients were in residence.

ILLEGITIMATE BIRTH SURVEY

This survey commenced in 1968 and the following table indicates the nature of the enquiry.

ILLEGITIMATE BIRTHS 1968-71—SUMMARY

Result of First Investigation	Children born in			
	1968	1969	1970	1971
Living with mother ...	80	108	97	61
Living with mother and putative father ...	98	61	63	50
Living with mother and grandparents ...	292	306	260	282
Adopted ...	222	115	105	79
Taken into care of local authority ...	10	6	5	2
Stillborn ...	6	2	2	1
Died ...	4	8	10	5
Left county council area ...	21	14	15	5
Total ...	733	620	557	485
No. included in total where mother aged 18 or under	21	41	93	174

It is important to notice that whereas the total number of illegitimate births appears to show a decline from 733 in 1968 to 485 in 1971, the number born to mothers aged 18 years and under has nearly doubled each year—21 in 1968, 41 in 1969, 93 in 1970, 174 in 1971.

The number of "stable" (even if not legitimate) unions in 1971 is reported as 120; of unstable unions as 359. Though the number of children put forward for adoption has decreased (from 222 in 1968 to 79 in 1971), this decrease may be only apparent—children may be put forward for adoption at an older age. In any case, non-adoption may not necessarily indicate a satisfactory home background for the child, bearing in mind the incidence of the reported "instability" of union.

PHENYLKETONURIA (AND OTHER METABOLIC DISEASES) SCREENING

As described previously, phenylketonuria is a hereditary disease in which the metabolism of phenylalanine is abnormal. The incidence varies between 1 : 10,000 to 1 : 20,000 births. Untreated, infants with this disorder develop mental retardation, usually of a severe degree. If the disorder can be detected early, a phenylalanine-free diet will control the manifestations of the disorder.

The Liverpool Regional Hospital Board has provided facilities for detecting this disorder since 1970, by means of the Guthrie Test, blood specimens being taken by county midwives at 7th—10th day of life. In 1971, 5,436 samples were tested in this way, with chromatography for other metabolic disorders being carried out on some.

The Manchester Regional Hospital Board decided to carry out Scriver testing, health visitors being trained, with the help of Dr. Komrower and Dr. Sardharwalla, to obtain samples for testing at the 10th—14th day of life.

Two positive cases of PKU disorder were detected during the year, one in the Liverpool and one in the Manchester RHB area.

DRUGS STUDY DAY

A one-day course was organised for senior medical officers and divisional medical officers in the county, in the autumn of 1971. Representatives of general practitioner services were invited to attend, and also those of the Education and Social Services Departments. Drug misuse, especially by the young, is a matter of serious concern to doctors, educationalists, and social services personnel, as well as to the police; its control must depend on a wider appreciation, not only of the multi-factorial causes but also of the grave inherent dangers for some of those who experiment with drug abuse. Not enough is yet known of the long-term effects of some of the drugs of misuse, nor of the factors which lead some people on to escalation of misuse, either of the so-called "soft" drugs, or with those narcotic preparations including heroin and morphia which cause physical addiction, and often premature death.

DRUG LIAISON COMMITTEE—WEST CHESHIRE

This Committee was set up during the year, its Chairman being a consultant psychiatrist involved in the treatment of drug addiction. Two representatives of the Health Department are members of this Committee.

GENETIC COUNSELLING CLINIC

This clinic continues to serve its excellent purpose of providing information to parents on the likelihood of genetic disease in their offspring. The clinics have been held at Macclesfield, and this may account in part for the small numbers of cases referred during the year, the number being approximately the same as in the previous year. The table following illustrates the types of disorder which have been referred to Dr. Harris, the consultant for the Genetic Counselling Clinic.

Genetic Counselling Clinic 1971

Hare lip + cleft palate	...	...	...	...	...	...	...	...	2
Meningocele + hydrocephalus	...	...	...	...	...	...	...	...	1
Anencephaly	...	...	...	...	...	...	...	...	3
Hydrocephalus	...	...	...	...	...	...	...	...	2
Spina bifida occulta	...	...	...	...	...	...	...	...	1
Myelomeningocele + hydrocephalus	...	...	...	...	...	...	...	...	2
Imperforate auditory meatus + genito-urinary abnormalities	...	...	...	...	...	...	...	...	1
Gross congenital heart defect	...	...	...	...	...	...	...	...	1
Grossly abnormal stillbirth	...	...	...	...	...	...	...	...	1
Family history of Huntington's chorea	...	...	...	...	...	...	...	...	1
Fibrocystic disease of the pancreas	...	...	...	...	...	...	...	...	1
Family history of deafness	...	...	...	...	...	...	...	...	2
Benign brain tumour + tuberous sclerosis	...	...	...	...	...	...	...	...	1
Congenital bilateral lamellar cataracts	...	...	...	...	...	...	...	...	1
Syndactylism	...	...	...	...	...	...	...	...	1

21

SELECTIVE SCHOOL MEDICAL INSPECTION

This is now followed throughout the county. In essence, it involves a thorough medical examination of all children aged 4½ years, in the term before entry to school (in future, this examination will become the sixth developmental examination in a child's life, as well as its first school examination). Thereafter, children are seen if selected, either because of an observed defect, or at the request of teachers, nurses and parents, or as the result of routine examinations, revealing defects, by audiovision testers, nurses, etc.

The system allows for good clinical standards to be maintained, and also allows opportunity for discussion and co-operation between school doctors and teachers. It appears satisfactory in principle.

Sufficient clinic nurses have been trained this year to fulfil their role in the secondary schools.

AUDIOVISION TESTERS

The establishment of these was filled during the year; though their work is sometimes carried out under difficult circumstances, they provide a service which appears to be highly satisfactory.

PERIPATETIC TEACHERS OF HEARING IMPAIRED CHILDREN

In addition to their previous duties which have been described before, these teachers have been involved in the periodic review of children placed in residential and day special schools for hearing impairment. This review is particularly valuable in the first few years that a child is placed in a special school, and again as the child approaches the school leaving stage.

SPEECH THERAPY SERVICE

Two further senior speech therapists were appointed during the year. The three senior therapists are each responsible for the speech therapists within one-third of the county, and provide guidance and support to new entrants.

Various efforts were made, with the co-operation of the Education Department (particularly the divisional education officers) to provide intensive treatment to children with severe speech disorders. There is evidence that intense therapy of this kind (daily, for one-two weeks) is more beneficial than prolonged intermittent therapy, especially where the speech disorder is severe, or where the home is unable to co-operate in treatment.

Discussions were held with the director of education's staff on the need for special classes for severe speech disorders, where education and treatment could be combined. Severe speech disorders, particularly where these are associated with language delay, and are likely to contribute to educational difficulties and retardation of educational progress.

SPECIAL EDUCATION PROVISION

1. Mentally handicapped children

The responsibility for the education of these children was transferred from the health to the education department in April 1971. The transfer was effected without difficulty and to the satisfaction of staff in both departments.

The anomaly of separating one group of handicaps from others had finally disappeared; in time the full benefits of the application of educational skills to these children must become apparent. A great deal has yet to be learned about the needs of these handicapped children and their families, and the health department was glad to participate in the meetings of the working party set up by the director of education to examine these needs in detail.

2. Maladjusted children

Cloughwood, the residential school for maladjusted boys, started to receive pupils during the year. A psychiatric social worker was attached on a sessional basis, and next year a consultant child psychiatrist will provide services at the school.

3. Children with communication disorders

The Neston unit for children with communication disorders, including those with features of the autistic syndrome, commenced in 1969. Part of its function—perhaps the most important part—is to provide a diagnosis and assessment of the child's assets and liabilities. This function is carried out by an initial appraisal, with a short attendance at the unit; of a child who has been referred either by a psychiatrist, psychologist, or

school medical officer; subsequently a period of 3-6 months of observation and assessment may be required. Thereafter, continued attendance at the unit or a more suitable placement is agreed.

Of the 15 children admitted so far, every one had a severe language disorder; the majority presented emotional or behaviour problems in addition, usually of a severe degree. These latter problems appear to respond more quickly to effective educational management than the problem of communication, and the learning difficulties associated with or stemming from this disorder.

Such a unit requires a high staff ratio and a multi-disciplinary approach if it is to be successful. A senior speech therapist spends three sessions a week at the school and a consultant psychiatrist visits regularly. A senior medical officer in department is involved. The psychologist and social worker are essential.

The authority is fortunate to have a head teacher who is able to use this team effectively and happily.

Parental interaction is most important, and active measures are taken to ensure this.

The unit is designed to cater for children aged 5-12 years, though preferably it should be able, as it has done from time to time, to admit pre-school children.

An evaluation of the success of a unit such as this would need to take account of the criteria of success. The Department of Education and Science are conducting an evaluation of the success of 5 such units set up by the I.L.E.A., and we await this information with interest.

4. Torpenhow School

The structure of the building allows little change to be made in function. Children are now admitted for one academic year as a minimum whenever possible, and children are permitted to return home at weekends, where this is agreed to be in their interest. Parents may visit the school every weekend, and at other times by request. The school accommodates 50 children.

The categories of disorders admitted to the school include asthma, bronchitis, congenital heart defects and other conditions requiring medical or medico-ancillary attention, as well as children who are in general poor health, or present behaviour disorders not requiring placement in a school for maladjusted children.

5. Grappenhall Hall School

This school has 100 places for educationally subnormal boys, generally within the IQ range of 55-75, aged 8-16 years, who suffer from difficulties such as poor environment, maladjustment or an additional physical or sensory handicap.

The progress of the boys is kept under constant review and those who prove to be unsuitable are excluded. At the other end of the scale a watch is constantly kept for the boy who makes exceptionally good progress which may justify his re-entry to an ordinary school. As a result of this constant review, there is an indication that the majority of boys remaining at the school to the age of 16 years will be able to take up employment.

The school was fully occupied all year, during which there were 16 new admissions taking the places of children discharged.

One of the county speech therapists made visits to the school during the year to help pupils with speech defects, and one of the senior peripatetic teachers of the deaf also made regular visits.

The school dental surgeon visited regularly and carried out any treatment necessary.

6. Capenhurst Grange School

There are 75 places for girls at this school, which accepts the same type of child as, and operates in a similar way to, the Grappenhall Hall School. These places were occupied in 1971 when there were 21 new admissions replacing children discharged.

7. Special classes attached to ordinary schools

The continued rapid growth in provision of these special educational facilities for educationally subnormal, for hearing impaired, and for maladjusted children is very welcome.

8. Physically handicapped children

The number of these continues to remain high, partly due to the successful surgical treatment of myelomeningocele. Pictor House School provides facilities for children within daily travelling distance.

The building of the new school proposed at Winsford should commence early in 1972; the plans for this school have been fully discussed by health and education staff. Provision for hearing impaired physically handicapped children has been made.

Discussions were held on the need for a further school for physically handicapped children, possibly in the Upton, Chester, area.

Nursery nurse assistance was made available at certain primary schools which admitted two or three physically handicapped children.

RUBELLA

A further survey of the rubella status of teachers and other personnel closely involved in work with young children was carried out with the assistance of the Manchester Public Health Laboratory Service and the divisional medical officers in the county.

COUNTY DENTAL SERVICE

(by T. B. Dowell, Chief Dental Officer)

MOTHERS AND YOUNG CHILDREN

There has been a further increase in the demand for treatment for pre-school children, continuing the trend over recent years. However, only a minority of those requiring treatment are in fact receiving it, and it appears that the demand is limited by the resources available rather than by the unwillingness of parents to seek treatment.

Dental auxiliaries who are trained to carry out simple fillings and other routine treatment under the direction of a dental officer are especially suited to dealing with this age group. There are now three of these girls in post, and they are making a great contribution by introducing young children to routine dentistry in a tactful and sympathetic manner.

The New Zealand dental service introduced ancillary workers of a similar type more than 50 years ago, and the benefit of their widespread use has been demonstrated conclusively. It is disappointing that the British dental profession as a whole has not seen the advantages of such a scheme, and there is still considerable resistance to proposals to provide additional training facilities. Any realistic plan for the comprehensive dental care of young children will have to rely on increased numbers of auxiliaries.

The decision to support a policy of fluoridation of the water supplies is encouraging although the policy is blocked in many areas by the decisions of other authorities. Pre-school children will be the first to benefit from fluoridation of the deficient supplies, and it is hoped that implementation of the first schemes will be carried out as quickly as possible.

There has also been an increase in the number of expectant and nursing mothers treated. This group is entitled to free treatment under the general dental services and it is usually preferable to encourage them to attend a general dental practitioner who can continue to treat them after their special entitlement is ended. However, there are certain areas in the county, particularly the areas catering for overspill population from Liverpool and Manchester, where there is a marked shortage of dentists, and provision for mothers has to be made by the county council's services.

There is a high degree of co-operation with the executive council regarding health centres, resulting in the provision of general medical services for the new population. It is disappointing that corresponding arrangements have not been possible for the general dental service, and the dental surgeries at Castlefields remain unused.

SCHOOL CHILDREN

The dental service has continued to develop along the lines discussed in previous reports. The whole-time equivalent of dental officers in post, although still well below the establishment, has increased by three. However, the shortage of dentists and the difficulties of recruitment continue to be the main obstacles to the provision of a comprehensive service.

Under these circumstances it is important that the available manpower is used as efficiently and effectively as possible. It is pleasing to be able to report a further increase in productivity during the year, which together with the additional staff has resulted in 7,000 more school children being treated than in 1970, an increase of 23%. The total number of attendances at the clinics has increased by 27% and the number of fillings by 24%.

The practice of dentistry in the public service is based on responsibility for a population or group of children as opposed to general dental practice where the responsibility is to individual patients who seek treatment. It is important that new recruits to the service appreciate this distinction and understand the need to establish priorities so that the service can be provided where it will be of most benefit. The staff have been encouraged to participate in discussions on these problems, and there seems to be a consensus of opinion growing that, contrary to previously held views, more effort should be made to establish children of secondary school age in the habit of regular attendance for examination and treatment. There may be a danger that an over-emphasis on younger children will result in treatment which is wasted by subsequent neglect.

Involvement of staff in discussions of this type, where their ideas can be critically examined and incorporated where appropriate into policy, undoubtedly contributes to job satisfaction. Every effort must be made to make the work interesting and stimulating so that the staff recruited are retained.

PREVENTIVE DENTISTRY

In April the county council adopted a policy in favour of fluoridation of the water supplies. This is a most important decision since implementation of this policy would do more to improve the dental health of the children of the area than the authority's dental services can ever achieve. However, the decisions of other local health authorities and certain of the water boards will prevent fluoridation except for a minority of those who could benefit. It is hoped that re-organisation of the administrative structure of the authorities involved in 1974 will lead to more rational arrangements for the implementation of fluoridation. Negotiations are proceeding where possible, and it is hoped that the first scheme will be in operation early in 1973.

Dental treatment as normally carried out does little to prevent disease and efforts are being made to introduce new methods which will reduce the incidence of dental decay. Rinsing the mouth with a fluoride solution has been shown to have a significant effect, and a suitable solution has been made available for patients to use at each visit to the clinics. It is interesting that some staff have been reluctant to adopt this departure from traditional practice and it is clear that training programmes will be required not only to provide information on recent research but also to attempt to alter attitudes so that new methods are actually used.

TRAINING

Two members of staff obtained a diploma in dental public health during the year. This newly instituted qualification has already played a major part in raising the standards of local authority dentistry and perhaps the time will come when all senior staff will be expected to have a postgraduate qualification. The progressive policy of the county council in providing further training is greatly appreciated by the dental staff, and it will result in a group of trained and committed dental officers who are able to make an important contribution to the changes which will follow re-organisation of the services in 1974.

The development of preventive dentistry as well as improved treatment techniques is producing a need for further training of more junior staff, particularly for those who have been qualified for some time. They are the people who in fact carry out the bulk of the treatment, and their needs must not be forgotten in the emphasis on the needs of senior and administrative officers.

RESEARCH

Improved standards of postgraduate education allow not only the introduction of a better standard of service but also the opportunity to carry out useful research, particularly in the field of epidemiology. A trial of a preventive programme has been started which includes the supervised topical application of a fluoride solution with toothbrushes. This method has been in use in Scandinavia for some years, and it has the advantage that the application can be supervised by non-professional manpower. The children can also be instructed in oral hygiene, and the supervisor can check that they are brushing in the correct manner. At the time of writing the scheme has been in operation for a year and has been shown to be feasible. An estimate of the effectiveness cannot be made until the children have been re-examined and their dental health compared with the control group.

Three other projects are in progress. A survey has been made of the treatment needs of a sample of patients attending the clinics in a four-week period. Preliminary analysis of the data suggests that previous figures for treatment need may have been underestimated. The information will provide a useful basis for planning work-loads and manpower requirements.

There has been increasing dissatisfaction with the usual methods of dental health education and a study is being made of a group of secondary school children to discover more about the reasons why some of them attend regularly for treatment while others only attend when they have toothache. It is necessary to improve our understanding of the social processes involved before we can hope to intervene successfully and bring about a wider utilisation of the services by this important age group.

Amongst the preventive measures recently developed is a method of sealing the biting surfaces of posterior teeth so that they are protected from decay. It is too soon to know whether the sealant should be applied in every case, and a trial of the technique is being started which will help to answer this question.

All these studies are being carried out under careful statistical control, and it is hoped that reports will be published in due course.

OPHTHALMIC SERVICE

Work in the ophthalmic service has continued normally during 1971. Statistics elsewhere show the volume of work undertaken.

During the year greater emphasis has been placed upon the early ascertainment of visual acuity in infants suspected of amblyopia or early onset of squint. It is proposed that an orthoptist should spend one or two sessions per week in assessing the acuity of such cases referred by the ophthalmologist. This is exacting work but may well prove profitable if the development of intractable amblyopia can be prevented in these patients, coupled with the early application of orthoptic treatment.

The south-eastern quadrant of the county has been fortunate in the opening of the new Leighton district general hospital near Crewe. This provides an up-to-date ophthalmic unit for both in- and out-patients with a self-contained orthoptic department which will greatly facilitate the treatment of squint cases both orthoptically and surgically. This is the precursor of the integration of the medical services—which in Cheshire has been a fact for many years due to the policy of appointment of county ophthalmologists who have held hospital appointments and thus been able to admit patients freely for treatment.

Attendances in the orthoptic department during the past year numbered 1,762. These patients are largely drawn from the county ophthalmic clinics. It is considered by your ophthalmologists that ophthalmic cases amongst schoolchildren are best treated in local clinics where adequate supervision of follow-up is ensured by the health visitor or clinic nurse.

A word on contact lenses would not be out of place due to the growing demand for this appliance amongst schoolchildren. This appliance has clinical application in infants with aphakia, unilateral aphakia following trauma, corneal opacities, and the higher degree of myopia. In all these conditions greatly improved visual efficiency may result, and the patients may justifiably be provided with lenses under the N.H.S. arrangements. Lenses are also justified in certain sporting occupations when undertaken seriously. There is also an increasing number of pupils who require lenses for purely cosmetic reasons and in these cases the patient must pay for this expensive item. It should be stressed that accurate fitting of the lens is most essential; it is ill advised to purchase them indiscriminately and often when this is done the lenses are not comfortable to the wearer.

Lectures have been given to the health visitors and clinic nurses on ophthalmic problems which affect children in particular. I would express the thanks of the ophthalmic surgeons to the nursing staff and to the orthoptists for their help in the clinics.

ENVIRONMENTAL HEALTH

SCHOOL SANITATION

Responsibility for public health and food hygiene inspections of schools throughout the county was transferred from the school medical officers to the county public health officer in 1968.

The aim is to achieve an annual inspection of all county schools. Inspections are of a general nature covering all aspects of public health and food hygiene. Particular attention is paid to sanitary accommodation and hand-washing facilities, also food hygiene in connection with the school meals service.

Legal standards are provided by the Standard for School Premises Regulations 1959, and the Food Hygiene (General) Regulations 1970.

A report is made on each school indicating how it measures up from a public health standpoint, and deficiencies and other contraventions of the regulations, together with other items regarded as requiring early attention, are underlined. As each educational division is completed the compiled reports together with a divisional report are submitted both to the director of education and to the county architect. By the end of 1971 all schools had been inspected and reports prepared on at least two occasions by the county public health officers. The third round of inspections is now in progress.

A comprehensive report on the initial survey of schools carried out during 1969-70 was given in Health Services 1970, details of conditions found were summarised and the following conclusion was reached:

"From this report it will be seen that a great amount of work is necessary to bring the county schools generally to the required public health standard. The only solution would appear to be the provision of adequate finance to permit a phased programme to be carried out over a period of years, otherwise there is a danger that very unsatisfactory conditions will continue for many years."

During 1971 discussions took place with the director of education and additional detailed information was provided. The director of education pointed out that the problem was one of finance, insufficient money being allocated by the Department of Education and Science for this purpose. This is the reason for the apparent slow progress in this field.

However, it was agreed that the reports prepared by the county public health officers would ensure that the money available for improvements to school sanitation would be spent in the most advantageous manner, and would be of great assistance in formulating future programmes for improvements and up-grading of school premises.

SPECIFIC MATTERS OF FOOD HYGIENE

The county public health officer maintains close liaison with the officers operating the school meals service.

The code of practice on kitchen hygiene which was prepared jointly by health and education departments is now completed. A copy has been issued to all school kitchens and other county catering premises for information and reference.

A code of practice on pre-cooked frozen food is, at the time of writing this report (March 1972), in the course of preparation by the health department. This is in anticipation of the proposed pre-cooked frozen food pilot scheme which is to be launched by the school meals service in the autumn of 1972.

In the early part of 1971 a study was made into cooking by micro-waves. The recommendations which were made were implemented, resulting in cooked meals being available at one College of Further Education where otherwise they would not have been.

The food hygiene requirements in relation to the proposed code of practice for the construction and equipment of food premises have been circulated and the preparation of this code is still proceeding.

MILK IN SCHOOLS SCHEME

By virtue of the Education Milk Act 1971 only infant children now receive milk under this scheme. There is, however, provision in certain circumstances for a medical certificate to be issued by the school medical officers so that individual children between the ages of 7 and 11 years may receive school milk. From a public health point of view there can be no doubt that the "milk in schools" scheme has played an important part in improving the health of the nation.

Any new supply of milk proposed for a particular school is first referred by the director of education to the health department for approval.

As a result of a suspected food poisoning outbreak at one of the rural schools supplied with untreated (raw) milk, arrangements were made for the school meals vehicle to deliver pasteurised milk to the two rural schools previously receiving untreated milk. Thus all county premises now receive a supply of pasteurised milk which is of course a "safe" milk from the bacteriological standpoint.

No school in the county was without a supply of liquid milk at any time during the year with the exception of the rural school mentioned above which for a short period immediately following the outbreak received powdered milk.

During 1971 sampling of all school milk supplies in the course of retail delivery to schools throughout the county continued. With the exception of the 20 primary schools in Crewe where the borough health department carries out regular school milk sampling by arrangement with the county medical officer, all the schools in the administrative county are sampled by the county health department and each school is visited at least once each year.

A total of 812 milk samples was taken during 1971, 746 pasteurised and 17 untreated (raw) milk samples being taken by the county milk sampling officers and 49 pasteurised milk samples by the Crewe public health inspectors.

Sixty samples failed the methylene blue test (for cleanliness and keeping quality). Two large "out of county" dairies who supply a number of the schools in the northern part of the county were involved with 30 of the methylene blue test failures. The remainder of the failures were fairly uniformly spread amongst other suppliers. Correspondence and discussions took place with the dairy managements of the two dairies and in one case a representative visited the department to discuss his problems with the county public health officer. Repeat sampling indicated an improvement with regard to these supplies.

The 17 "untreated" (raw) milk samples taken before these supplies were replaced by pasteurised milk were also subjected to brucella cultural examination and to biological

examination for brucellosis and tuberculosis and all proved to be negative, as did 20 dealer samples and 9 group samples taken from the two herds involved.

The efficiency of the washing of school milk bottles at the dairies licensed by the county council was checked by the collection of 211 washed school bottles from these dairies when the sampling officers were visiting for the purpose of other sampling. All the bottles submitted for examination were reported as satisfactory with the exception of 5 which were reported as being fairly satisfactory and 5 which were unsatisfactory.

It is thus seen that a considerable amount of work is carried out to try and ensure that the whole of the 41,150 or so pupils attending the 577 county primary schools and 59 non-maintained schools who take school milk receive a food which is clean and free from all pathogenic organisms and delivered in clean undamaged containers.

SCHOOL SWIMMING POOLS 1971

Bathing facilities for school children are provided at public pools, at privately-owned pools, or at school pools. The public and private pools are supervised by the appropriate district council, but in the case of school pools these are supervised by the county staff.

The advantages of having a school pool are obvious and the very high proportion of children who can swim at the schools which have their own facilities speaks for itself.

During the year one additional enclosed learner pool, which will also be used for hydro-therapy purposes, was completed at the Neston Junior Training Centre. The money to build this was raised by a local voluntary committee of seven called "SPLASH" (Swimming Pool Launching Appeal for School for Handicapped Children) and the county council made a substantial contribution to the project. Every congratulation must be given to the committee for pursuing their aims and raising the necessary money so that the pool was built in the comparatively short period of 3 years from the formation of the committee.

There are now thirteen schools in the county with their own pools. Schemes to build three further learner pools are well advanced, and several schemes to provide swimming pools at secondary/grammar schools, which will also be used by local organisations and be operated jointly with the appropriate district council, are under active consideration.

The current policy with regard to learner swimming pools at primary schools was decided by the Finance and General Purposes Sub-Committee, on 15th September 1969, when it was agreed that all proposals for the provision of learner swimming pools at primary schools would be considered on their merits subject to certain conditions, including approval by the county medical officer.

Regular routine visits by the county public health staff were made in 1971 during the period when the pools were in use.

Samples for bacteriological examination were taken and submitted to the Public Health Laboratory Service for examination. Normally three samples were taken on each occasion, one each from the inlet, outlet and centre sections of the pools.

A total of 305 water samples was taken during 1971, a slight increase on previous years. Only two of these were reported as having a high plate count. The overall picture was very satisfactory. Difficulties with regard to water conditions arise from time to time and these problems are resolved by the county public health officers and the person responsible for pool maintenance at the school.

No outbreaks of illness or foot infection or other conditions associated with the use of swimming pools have been reported at schools having or using school pools.

An article on public health safeguards for school swimming pools was provided by request, for publication in the CCA Gazette during the year, and in the latter part of the year a booklet was produced by the department on "Swimming Pool Maintenance—a code of practice for public health safeguards." This consolidated the instructions and advice given by the county public health officers to the operators of school swimming pools, and copies have been made available to all the schools having pools.

SCHOOL MEDICAL INSPECTION RETURNS

Year ended 31st December 1971

PART I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Group Inspected (by year of birth)	PHYSICAL CONDITION OF PUPILS INSPECTED			PUPILS FOUND TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)			Total Individual Pupils
	Number Examined	Satisfactory	Unsatisfactory	Number not warranting Medical Examination	For Defective Vision (excluding Squint)	For any other Condition recorded in Part II	
1967	1849	1849	—	3	39	155	180
and later							
1966	8805	8803	2	104	219	1076	1202
1965	3913	3910	3	3	111	511	578
1964	2252	2250	2	56	88	291	352
1963	1350	1349	1	4	68	153	199
1962	776	776	—	8	57	74	122
1961	716	716	—	164	56	75	123
1960	1572	1571	1	1202	57	78	129
1959	1019	1016	3	1019	52	78	121
1958	338	338	—	68	24	25	44
1957	581	581	—	990	55	47	92
and earlier	2193	2193	—	1570	77	96	162
TOTAL	25364	25352	12	5191	903	2659	3304

The physical condition of 99.95 per cent of the total number of pupils examined at periodic inspections was considered satisfactory.

TABLE B—OTHER INSPECTIONS

Number of Special Inspections ...	...	...	...	...	...	...	911
Number of Re-Inspections ...	...	...	...	...	...	...	4552
TOTAL ...							5463

TABLE C
INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ...	...	...	...	...	276,570
(ii)	Total number of individual pupils found to be infested ...	...	...	...	...	5,926
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act 1944) ...	...	...	...	...	4,929
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act 1944) ...	...	...	...	...	747

PART II

Defects found by Periodic and Special Medical Inspections during the year

Code	Defect or Disease		PERIODIC INSPECTIONS				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	279	30	57	366	9
		O	328	20	60	408	17
5	Eyes:						
	(a) Vision ...	T	516	132	255	903	152
		O	1084	126	348	1558	224
	(b) Squint ...	T	358	6	41	405	9
		O	246	12	47	305	23
6	Ears:						
	(a) Hearing ...	T	138	9	34	181	24
		O	785	32	115	932	100
	(b) Otitis Media	T	95	5	9	109	5
		O	261	8	41	310	4
7	(c) Other ...						
		T	39	—	8	47	1
		O	36	1	10	47	—
	Nose & Throat ...						
8	Speech						
		T	351	21	62	434	26
		O	809	36	102	947	21
	Lymphatic Glands						
9	Heart						
		T	273	5	24	302	27
		O	555	6	27	588	34
	Lungs						
10	Developmental:						
	(a) Hernia ...	T	9	1	2	12	—
		O	130	2	19	151	3
	(b) Other ...						
11	Orthopaedic:						
	(a) Posture ...	T	39	2	6	47	4
		O	189	14	27	230	15
	(b) Feet ...						
12	Nervous System:						
	(a) Epilepsy ...	T	147	20	32	199	9
		O	384	20	74	478	42
	(b) Other ...						
13	Psychological:						
	(a) Hernia ...	T	43	—	6	49	—
		O	47	1	3	51	3
	(b) Other ...						
14	Orthopaedic:						
	(a) Posture ...	T	71	2	17	90	4
		O	267	3	27	297	6
	(b) Feet ...						
15	Nervous System:						
	(a) Epilepsy ...	T	9	3	5	17	2
		O	48	2	14	64	3
	(b) Feet ...						
16	Psychological:						
	(a) Posture ...	T	198	11	54	263	12
		O	266	11	55	332	13
	(b) Feet ...						
17	Nervous System:						
	(a) Epilepsy ...	T	77	10	11	98	3
		O	144	12	15	171	7
	(b) Feet ...						
18	Psychological:						
	(a) Epilepsy ...	T	21	6	6	33	9
		O	37	6	17	60	16
	(b) Other ...						
19	Psychological:						
	(a) Epilepsy ...	T	15	4	4	23	1
		O	110	8	31	149	15
	(b) Other ...						
20	Psychological:						
	(a) Development	T	16	2	17	35	13
		O	316	16	123	455	105
	(b) Stability ...						
21	Abdomen						
		T	34	2	20	56	26
		O	533	16	96	645	67
	Other						
22	Other						
		T	48	8	6	62	1
		O	90	15	21	126	6
	Other						
23	Other						
		T	144	8	30	182	8
		O	312	27	99	438	33
	Other						

T—Requiring Treatment

O—Requiring Observation

PART III

Treatment of Pupils attending Maintained Primary and Secondary 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	...	...	...	...	...	418
Errors of Refraction (including squint)	...	...	...	...	...	11507
				Total	...	11925
Number of pupils for whom spectacles were prescribed	...	...	...	...	...	3472

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

						Number of cases known to have been treated
Received operative treatment:						
(a) for diseases of the ear	...	...	...	...	...	82
(b) for adenoids and chronic tonsilitis	...	...	...	...	...	368
(c) for other nose and throat conditions	...	...	...	...	...	49
Received other forms of treatment	...	...	...	...	...	181
				Total	...	680
Total number of pupils in schools who are known to have been provided with hearing aids:						
(a) in 1971	...	...	...	...	...	17
(b) in previous years	...	...	...	...	...	215

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number of pupils known to have been treated at clinics or out-patient departments	...	...	...	...	...	661
(b) Pupils treated at school for postural defects	...	...	...	...	...	—
				Total	...	661

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Part I, Table C)

						Number of cases known to have been treated
Ringworm—(a) Scalp	...	...	...	...	...	—
(b) Body	...	...	...	...	...	—
Scabies	...	...	...	...	...	94
Impetigo	...	...	...	...	...	92
Other skin diseases	...	...	...	...	...	235

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils receiving treatment at Child Guidance Clinics	996
--	-----	-----	-----

TABLE F—SPEECH THERAPY

Pupils treated by speech therapists ...	2594
---	------

TABLE G—OTHER TREATMENT GIVEN

Pupils with Minor Ailments ...	1986
Pupils who received B.C.G. vaccination ...	9771
U.V.L. treatment ...	195
Total ...	11952

PART IV

Dental Treatment carried out by the Authority

Attendances and Treatment	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit ...	19656	16024	2625	38305
Subsequent visits ...	30243	34654	6420	71317
Total visits ...	49899	50678	9045	109622
Additional courses of treatment commenced ...	3196	2667	390	6253
Fillings in permanent teeth ...	19024	39592	8709	67325
Fillings in deciduous teeth ...	23606	1624	—	25230
Permanent teeth filled ...	14791	34288	7795	56874
Deciduous teeth filled ...	20734	1404	—	22138
Permanent teeth extracted ...	1492	6546	1176	9214
Deciduous teeth extracted ...	17840	5485	—	23325
General anaesthetics ...	6336	3342	350	10028
Emergencies ...	3200	1437	287	4924
Number of pupils X-rayed ...	...	...	...	4543
Prophylaxis ...	...	...	...	16434
Teeth otherwise conserved ...	...	...	...	1827
Number of teeth root filled ...	...	...	...	197
Inlays ...	...	...	...	19
Crowns ...	...	...	...	145
Orthodontics				
New cases commenced during the year ...	...	...	...	542
Cases completed during year ...	...	...	...	295
Cases discontinued during year ...	...	...	...	70
Number of removable appliances fitted ...	...	...	...	793
Number of fixed appliances fitted ...	...	...	...	42
Pupils referred to Hospital Consultant ...	...	...	...	113
Dentures				
Pupils supplied with F.U. or F.L. (first time) ...	—	5	16	21
Pupils supplied with other dentures (first time) ...	6	75	37	118
Number of dentures supplied ...	5	70	65	140
Anaesthetics				
General anaesthetics administered by Dental Officers ...	...	...	...	1745

Sessions

Treatment (including auxiliaries)	...	...	...	...	...	...	15212
Inspection	...	...	...	...	...	...	892
Dental health education (including auxiliaries and hygienists)	...	...	...	...	...	...	144
Administration	...	...	...	...	...	...	348

Clinics

With 1 Surgery	With 2 or more Surgeries	Fixed		Mobile		
		Total available	In use	No. of Available	Clinics In use	Sessions Worked
41	17	76	73	1	1	145

NUMBER OF HANDICAPPED PUPILS EXAMINED IN SCHOOL

Defect							New Cases	Re-exams
Blind	...	...	...	...	...	...	—	—
Partially Sighted	...	...	...	...	...	...	5	8
Deaf	...	...	...	...	...	...	—	3
Partially Hearing	...	...	...	...	...	...	2	38
Delicate	...	...	...	...	...	...	21	37
Diabetic	...	...	...	...	...	...	4	7
E.S.N.	...	...	...	...	...	...	20	147
Epileptic	...	...	...	...	...	...	17	32
Maladjusted	...	...	...	...	...	...	7	7
Physically Handicapped	...	...	...	...	...	...	31	89
Speech Defect	...	...	...	...	...	...	—	4

ATTENDANCES OF SCHOOL CHILDREN AT COUNTY CLINICS 1971

Ear, nose and throat	...	...	...	...	...	...	...	1875
Ophthalmic	...	...	...	...	...	...	...	12742
Paediatric	...	...	...	...	...	...	...	340
Child guidance (psychiatrist)	...	...	...	...	...	...	...	2473
Audiology	...	...	...	...	...	...	...	220

NUMBER OF CHILDREN OF SCHOOL AGE ON CLINIC REGISTERS 31.12.71

Cerebral palsy	...	...	...	...	...	...	...	556
Speech therapy	...	...	...	...	...	...	...	1890

HANDICAPPED CHILDREN 1970-71

On Registers of Special Schools

	Boys	Girls	Total
Blind	26	18	44
Partially sighted	10	11	21
Deaf	36	39	75
Partially hearing	23	12	35
Delicate, etc.	43	12	55
Educationally subnormal	442	299	741
Physically handicapped	104	81	185
Maladjusted	66	16	82
Epileptic	14	7	21
Speech defect	2	3	5
Total ...	766	498	1264

Resident at Further Education Centres

	Boys	Girls	Total
Physically handicapped	14	1	15
Blind	3	—	3
Deaf	2	—	2

PERIPATETIC TEACHING OF THE DEAF

Number of children seen	4383
At clinics	2068
At school	1629
At home	686
New cases admitted	510
New cases seen but not admitted	198
Total clinic sessions	748
Discharges	339
Hearing aids issued	17
Medresco (N45)	8
Post-aural Medresco	8
Commercial	1
Children with aids left school	8
Ceased using aids	2

Peripatetic Teachers of the Deaf—Case Loads on a selected day

Case Load:	Miss Taylor	Miss Starkie	Mr. Williams	Mr. Perry	Mr. Buckingham	Mr. McDonough
Conductive	192	153	330	291	578	236
Perceptive	12	17	69	10	34	110
Mixed	5	6	35	3	38	23
High Frequency	7	7	11	2	19	42
Monaural	5	12	31	14	55	47
Unclassified	28	14	4	15	12	—
Total	249	209	480	335	736	458
No. of children with hearing aids:						
Medresco	14	16	47†	6	52†	48†
Commercial	1	11	4†	1	8†	7†
No. of children seen more than once monthly	12	13	5	9	8	50

† Including partially hearing units

SPEECH THERAPY

Categories under treatment 31.12.71:

Articulatory disorders	...	...	...	...	...	...	...	...	1368
Stammerers	...	...	...	...	...	...	...	...	216
Cleft palates	...	...	...	...	...	...	...	...	61
Language disorders	...	...	...	...	...	...	...	...	387
Others	...	...	...	...	...	...	...	...	22

INDEX

Ambulances	57	Infectious Diseases	74
Ante-Natal Clinics	67	Maternal Mortality	6
Area	5	Mental Health	27
Attachment	21	Midwives	68
Audiology	103	Milk Supply	35, 109
B.C.G. Vaccination	114	Ministry of Health Enquiries	40
Births	5, 67	Nursing Homes	23
Brucellosis	36	Nursing Services	19, 68
Building Programme	6	Occupational Health	45
Centres, Clinic	67	Ophthalmic Service	107
Cervical Cytology	17, 68	Paediatric examinations, developmental	99
Child Guidance	113	Perinatal Deaths	6
Child Health	99	Phenylketonuria	101
Chiropody	72	Population	5
Congenital Malformations	68	Post-Natal Clinics	67
Day Nurseries	100	Premature Infants	67
Deaf, Peripatetic Teaching	116	Private Nurseries	100
Deaths	5, 72	Rateable Value	5
Dental Care	67, 105	Recuperative Convalescence	70
Developmental Screening	22	Research	53
Drugs	102	School Health	102, 111
Environmental Health	35, 108	School Hygiene	108
Epilepsy	116	School Swimming Pools	110
Family Planning	17, 70	Sewerage and Sewage Disposal	40
Fluoridation of Water	40	Special Schools	103
Genetic Counselling	102	Speech Therapy	103, 117
Geriatric Clinics	17, 70	Staff	iii
Handicapped Persons	31	Statistics, County District	76
Health Centres	6	Stillbirths	5
Health Education	61	Training, Nurse	22
Health Visitors	67	Unmarried Mothers	101
Home Nursing	68	Vaccination and Immunisation	49, 69
Illegitimate Children	101	Water Supply	40
Infant Mortality	5, 71	Vital Statistics	5

