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Contributors

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BOROUGH OF CHORLEY.

ANNUAL REPORT

(SURVEY)

OF THE

Medical Officer of Health

1943

AND 1942.

CHORLEY 1
ALFRED HILL, PRINTER, LIVERSEY STREET.
1944.





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BOROUGH OF CHORLEY.

MEMBERS OF THE COUNCIL.

1942.

Mayor :

*Councillor T. Hamer, J.P.

Aldermen :

Alderman J. FEARNHEAD, J.P.

" R. GENT.

" A. GILLETT.

" †Mrs. GILLETT, J.P.

" xT. W. HALL.

" R. MARSDEN.

" J. SHARPLES.

" A. TAYLOR.

Councillors :

Councillor E. BALL.

" Mrs. E. BAXENDALE.

" H. BREWER.

" F. BRINDLE.

" S. COOKSON.

" Mrs. E. M. EDWARDS.

" R. EVANS, J. P.

" G. B. FLETCHER.

" B. H. GASKELL.

" H. GREEN.

" J. GREEN.

" J. W. HARTLEY, J.P.

" T. HEATON.

" Miss M. A. HIBBERT, J.P.

" J. B. HINDLE.

" F. KNOWLES.

" R. SMITH.

" W. SUMNER.

" J. J. THORNLEY.

" A. V. TOOTELL.

" E. Warburton.

" E. WILDMAN.

" C. WILLIAMS.

1943.

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Aldermen :

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" J. B. HINDLE.

" H. HOLT.

" F. KNOWLES.

" R. SMITH.

" W. SUMNER.

" J. J. THORNLEY.

" A. V. TOOTELL.

" E. Warburton.

" E. WILDMAN.

" C. WILLIAMS.

* Chairman of Sanitary Committee.

† Chairman of Maternity and Child Welfare Committee.

x Chairman of Housing and Town Planning Committee.

Town Clerk : GEORGE JACKSON.

Co-opted Members of Maternity and Child Welfare Committee :

1942 — Mrs. BURGESS, Mrs. STONE, Mrs. ASHTON.

1943 — Mrs. BURGESS, Mrs. STONE, Mrs. ASHTON.

STAFF (since 1931) :

Medical Officer of Health and School Medical Officer :

- H. E. MIDDLEBROOKE, L.M.S.S.A., D.P.H. (to September, 1932).
 A. ANDERSON, M.D., D.P.H. (October, 1932—October, 1938).
 E. C. DOWNER, M.A., M.B., Ch.B., D.P.H. (December, 1938—November, 1940).
 J. F. RUSSELL, M.B., Ch.B., D.P.H. (February, 1941—April, 1941. Died).
 R. C. GUBBINS, M.B., Ch.B., D.P.H. (August, 1941, to date).

* Obstetric Surgeon and Consultant Medical Officer to Ante-Natal and Post-Natal Clinics :

K. V. BAILEY, M.C., M.D., M.R.C.P., M.C.O.G.

*Medical Officer to Routine Ante-Natal and Post-Natal Clinics :

ISOBEL T. WALSH, M.B., Ch.B., D.P.H., D.C.O.G.

*Obstetric Consultant for Emergencies :

A. W. ANDISON (deputising for W. SIMPSON, M.D., M.C.O.G.).

†Medical Officer, Orthopædic Clinic :

R. OLLERENSHAW, F.R.C.S.—until 1940.

F. C. DWYER, F.R.C.S.—from 1941.

†Oculist and Laryngologist :

W. SYKES, L.R.C.S., L.R.C.P.

†Dental Anæsthetist :

DORIS H. DERBYSHIRE, M.B., Ch.B.

†Dental Surgeon :

T. F. HEALEY, L.D.S.

Chief Sanitary and Meat Inspector, Superintendent of Refuse Removal, Shops Act Inspector,
 Inspector under the Contagious Diseases of Animals Act, etc.:

R. P. B. LUND, Cert. R.S.I., Cert. (Meat and Foods (from November, 1933—to date).

W. HEAPS, Cert. R.S.I., M.I.C.S. (to August, 1933).

Assistant Sanitary Inspectors :

H. WARD, Cert. R.S.I., Cert. (Smoke, Meat and Foods) (from April, 1936—to date).

F. MYERS, Cert. R.S.I.

(Discharged from H.M. Forces. Rejoined Staff, March, 1942).

Health Visitors :

Miss A. A. WALSH, S.C.M. (to March, 1942).

Miss G. WOODS, S.R.N., S.C.M.

Miss K. LAMB, S.R.N. (from August 1st, 1942).

Clerks :

Miss H. PATTERSON (until February, 1940).

Miss H. M. QUINTON (from May 13th, 1940—to date).

Mr. R. HEAPS (called up to H.M. Forces, October, 1941).

Mr. A. ROBINSON (called to H.M. Forces, August, 1942).

* Part-time Officers.

† Part-time Officers employed by the Education Committee and whose services are available for Maternity and Child Welfare Cases.

CLINICS.

Consultant Ante-Natal Clinic ...	Monthly, first Wednesday, 10-0 a.m.
Routine Ante-Natal Clinic	Thursday (weekly), 10-0 a.m.
Artificial Sunlight Clinic	Monday, Wednesday and Friday, 2-0 p.m.
Orthopædic Clinic	Monthly, 1st Thursday.
Orthopædic Treatment	Monday, Wednesday and Friday, 9-0 a.m.
Eye, Ear, Nose and Throat Clinic	Second Thursday in each month, 10-0 a.m.
Dental Clinic	Monday, Tuesday and Friday by appointment.
Infant Welfare Centres	Cunliffe Street Methodist School, Tuesday and Friday, 2-30 p.m. to 4-0 p.m. Eaves Lane Congregational School, Wednesday, 2-30 p.m. to 4-0 p.m.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you the second of my Annual—or, rather, biennial—Reports on the Health Services of the Borough, for this is again a report for two years, although only a summary of statistics for 1942 is included separately. Most of the essential matters concerning that year are included in the 1943 report. This latter I have extended, although the Ministry of Health ask for an abbreviated report, into a Survey Report, covering mainly the period since 1931.

The state of the war is such that the country is taking a large and increasing interest in post-war reconstruction. If this is to be carried out satisfactorily it can only be done on a foundation of knowledge of the past, and so I have taken this opportunity of bringing some of that past—wherein it concerns local health matters—before you. I have endeavoured to include all material information concerning the health services of the Borough, in fact to make it a *vade mecum* for those interested, and one which will obviate the need to delve into stacks of past reports to obtain any information on any local health matters of major importance. I have tried to make it readable without it becoming a technical treatise; but of its deficiencies I am, perhaps more than most, fully aware. May I, in the interests of any reconstructive efforts affecting the local health services, appeal to the Members of the Council to read through the report carefully. If the implication of that suggestion is resented I immediately and humbly apologize to the reader, but I have, from many years' experience of presenting annual reports, formed a decided impression that annual health reports are too often merely the stimulus for a perfunctory and formal congratulation at Council Meetings, before being relegated to that bookshelf containing the novels of, say, Sir Walter Scott and other—nowadays—unfashionable reading! I should not wish this report to languish in such company, however distinguished! However, I feel sure the lay reader of this report will find it—although like “the parson's egg”—instructive in parts, often controversial, and occasionally entertaining.

On the principle of “being killed for a sheep as a lamb,” I would make one further observation in the matter of reading. It has often occurred to me how difficult it must often be for Members of Health Committees to feel that they are sufficiently well versed in various aspects of health matters as to be able to formulate a truly considered judgment on policy. Most Health Committees defer with respect to the expert opinion of their Medical Officer, and I am indeed grateful for all the trust and confidence that your various Committees have reposed in me. Nevertheless, I would like to feel that Committee Members, though so often following the lead of their Medical Officer, do so from a confidence reinforced by a knowledgeable judgment on health matters. This cannot be achieved without study, and I imagine that the difficulty of members is to know just what to study. The subject matter is large—extremely large—and it is quite beyond my purpose to suggest any comprehensive list of publications, but I do propose for the future, Mr. Mayor, Ladies and Gentlemen, to provide for the edification of Members of my several Committees reports of select committees and such other literature bearing upon topical problems as I consider the Members might peruse with ease and satisfaction, without becoming involved in technicalities. The “Health Education Journal” is an example of a quarterly publication which Committee

Members might read with interest, and with this report I enclose a copy to each member of these Committees. The cost will be negligible ; the dividends should be high.

I make no comment on the proposals in the Government's White Paper on a National Health Service except to say that it appears to me to be a case of "putting the cart before the horse," and that Local Government reform should first be undertaken. It seems anomalous to me that a Government that can mobilise the nation to prosecute a total war with such vigour and success should make such "heavy weather" of the reform of Local Government.

Before I conclude, Mr. Mayor, Ladies and Gentlemen, I would like to anticipate any criticisms as to the late presentation of this report. An office staff that was just sufficient before the war is now, at times, almost overwhelmed by the further clerical duties due to war-time conditions, and so I have felt constrained to prepare this report—figures, graphs, etc.—entirely by myself, except the actual "typing out." I have had to do this mostly out of "office hours," under the disadvantage, also, that I suffer from being one of those individuals who have "no head for figures." Bearing upon this, I would take this opportunity of making a categorical statement elucidating the relation of the size of the Borough to the total functions of your Medical Officer. An area of a certain population can be satisfactorily administered by one Medical Officer. A larger area will require a professional assistant. Between these two lie areas where the size is becoming too much for the health services to be administered satisfactorily by one individual, and yet not large enough to warrant the employment of a full-time assistant. The Borough of Chorley contains that population figure that is generally accepted (within the profession) as being "on the border line." Whilst not asking for help at the present time, I would put before the Members of the Council the suggestion that further part-time assistance may well be necessitous at some future date, when such assistance again becomes available, and when much reconstructive work has to be undertaken. Much will depend, of course, upon what functions remain to a Borough Medical Officer after legislation on a National Health Service has been enacted.

Meanwhile, Mr. Mayor, Ladies and Gentlemen, I beg that you will "bear with me" if your notice happens to be drawn to my inability to perform certain duties—such as the production of Annual Reports!—with the regularity and expedition that could be desired.

I conclude this somewhat lengthy preface with the usual, though nevertheless sincere, tribute to the loyalty and zeal of my nursing and clerical staff and part-time colleagues.

May I, also, once again, express my gratitude for the help and tolerance of the Chairman and Members of the various Committees associated with the work of my department.

I have the honour to be,

Your obedient servant,

ROBERT C. GUBBINS,

Medical Officer of Health.

PART A.

Statistics and Social Conditions.

PART A.

VITAL STATISTICS AND SOCIAL CONDITIONS.

N.B.—The usual statistics have been supplied by the Registrar-General and filed for future reference, but—in accordance with the instructions of the Ministry of Health—only certain figures are herein presented, avoiding data that would assist in the compilation of local populations, etc.

Area in acres	4,292	
	1942.	1943.
Rateable Value of the Borough	£158,787	£158,719
Product of 1d. Rate	£624	£632
Birth Rate	16.4	19.2
Birth Rate—148 Smaller Towns*	18.4	19.4
Death Rate	12.7	13.2
Death Rate—148 Smaller Towns	12.1	12.7
Still-Birth Rate (per 1,000 live and still births)	47	37
Infant Mortality Rate (per 1,000 live births)	54	40.5
Infant Mortality Rate—148 Smaller Towns	46	46
Maternal Mortality Rate (per 1,000 total births)	9.52	—
Maternal Mortality Rate—148 Smaller Towns	not available	

* 25—50,000 population.

NATURAL AND SOCIAL CONDITIONS.

The Borough of Chorley is a compact industrial Lancashire town covering nearly 4,300 acres, of which about 680 acres was added, in 1934, from the surrounding rural area, including the Duxbury Estate (650 acres) and parts of the parishes of Euxton and Heath Charnock.

The town is situate approximately at the centre of a triangle formed by the County Boroughs of Preston, Wigan and Bolton, and is placed on elevated ground (average about 300-ft.) at the approaches to the Pennine Range, which rises sharply to the East, the sea being located 10 miles to the West. The subsoil is mainly clay, with outcrops of sand and gravel.

It is somewhat typical of its kind, the majority of the houses in the "body" of the town being arranged—as prevailed at the time of the Industrial Revolution—in congested terrace fashion round the numerous mills and "works," interspersed with recent municipal housing estates. More fortunate than some areas, the town is well provided with several small green "lungs" in the form of "recreation grounds," and possesses in Astley Park, near the centre of the town, a large natural parkland of much beauty, comprising nearly 100 acres. The community takes justifiable pride in its possession and standard of upkeep. In the Duxbury Estate the town possesses, on its Southern outskirts, another extensive stretch of verdant natural beauty, which should, when developed, afford an example of ideal housing development.

The principal industries as carried on in peace time are cotton weaving, spinning and bleaching, coal mining, motor works, floor cloth manufacture, wood turning, and steam laundries. A large proportion of female labour is normally employed.

The Town suffered considerably during "the depression" in "the thirties," but the Medical Officers of the Council failed to find any material depreciation in the physique of the inhabitants as a whole—either adults or children. War-time conditions have produced a disappearance of unemployment, of course, and resulted in a considerable measure of prosperity for the large number of skilled and semi-skilled technicians in the town.

TABLE I.

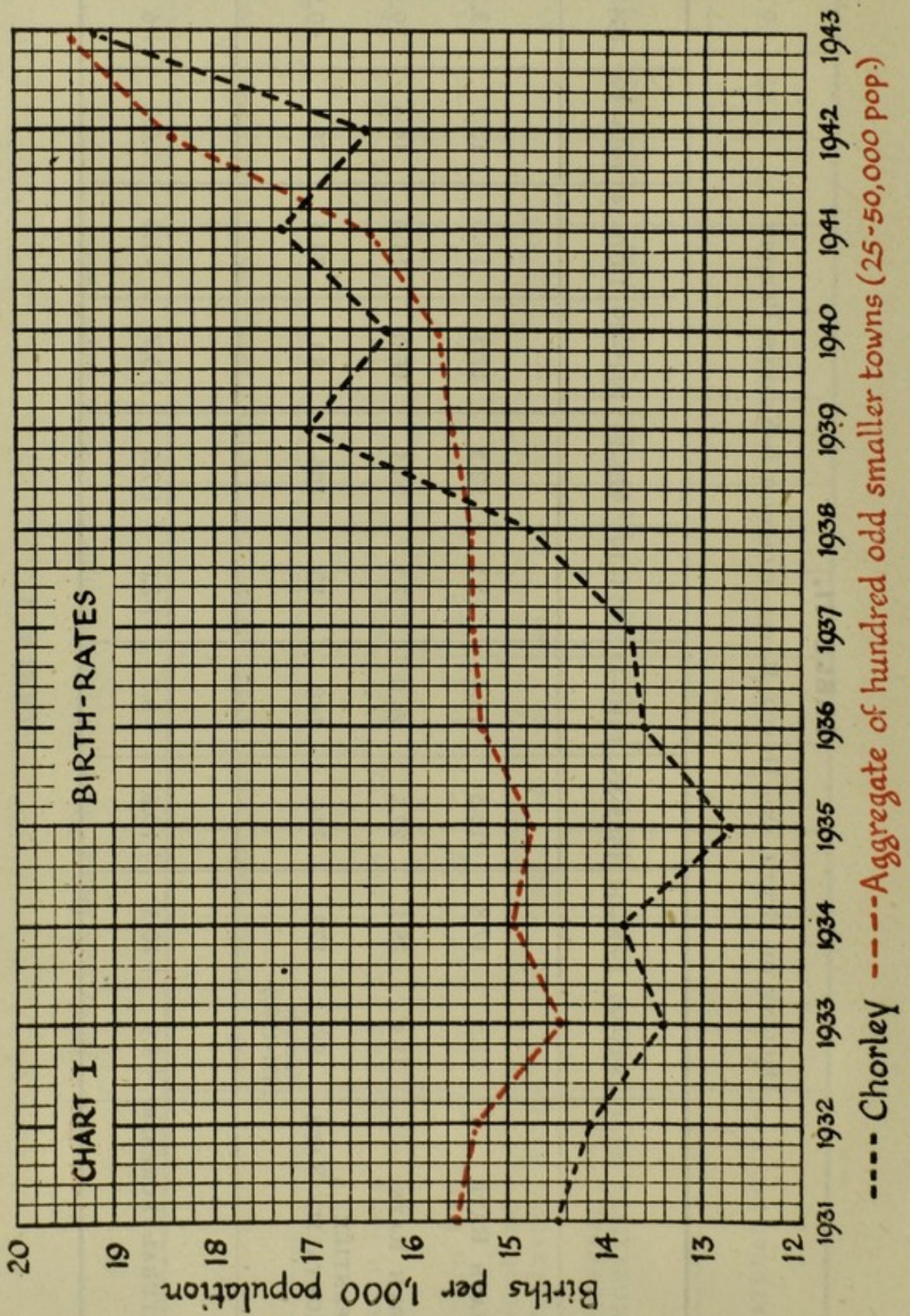
Birth and Death Rates in the Borough of Chorley since 1931.

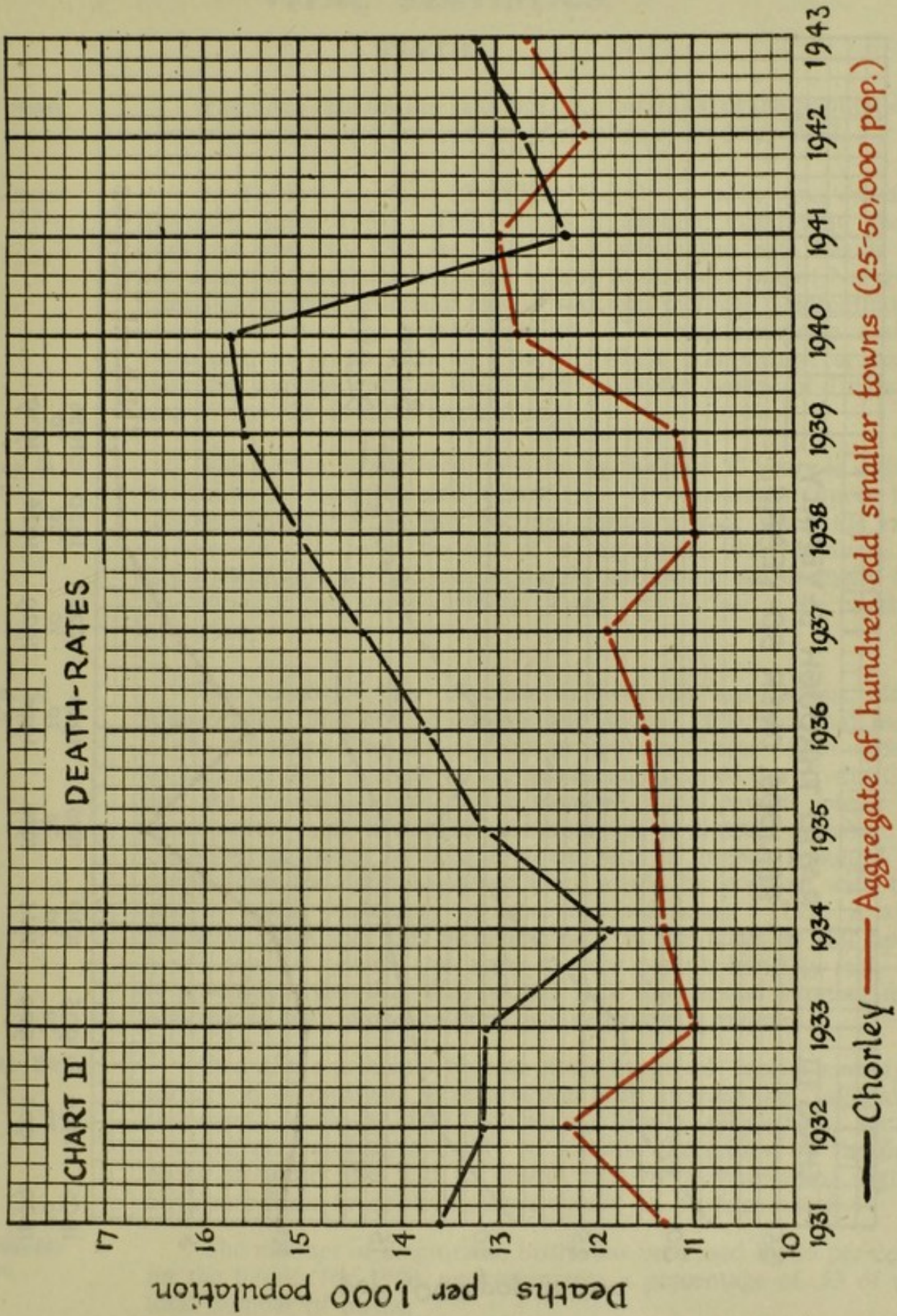
	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
BIRTH RATE ...	14.5	14.2	13.4	13.8	12.7	13.6	13.7	14.8	17	16.3	17.3	16.4	19.2
DEATH RATE ...	13.7	13.2	13.2	11.9	13.2	13.7	14.4	15.0	15.6	15.7	12.3	12.7	13.2
INFANTILE MORTALITY RATE 79.		70.	99.	54.	99.	81.	60.	75.	77.	65.	41.	54.	40.5
MATERNAL MORTALITY RATE 6.5		4.22	4.58	4.46	2.4	6.75	2.25	8.14	5.47	3.86	3.53	9.52	0
NATURAL INCREASE	+8	+1.0	+2	+1.9	-0.5	-0.1	-0.7	-0.2	+1.4	+0.6	+5	+3.7	+6.

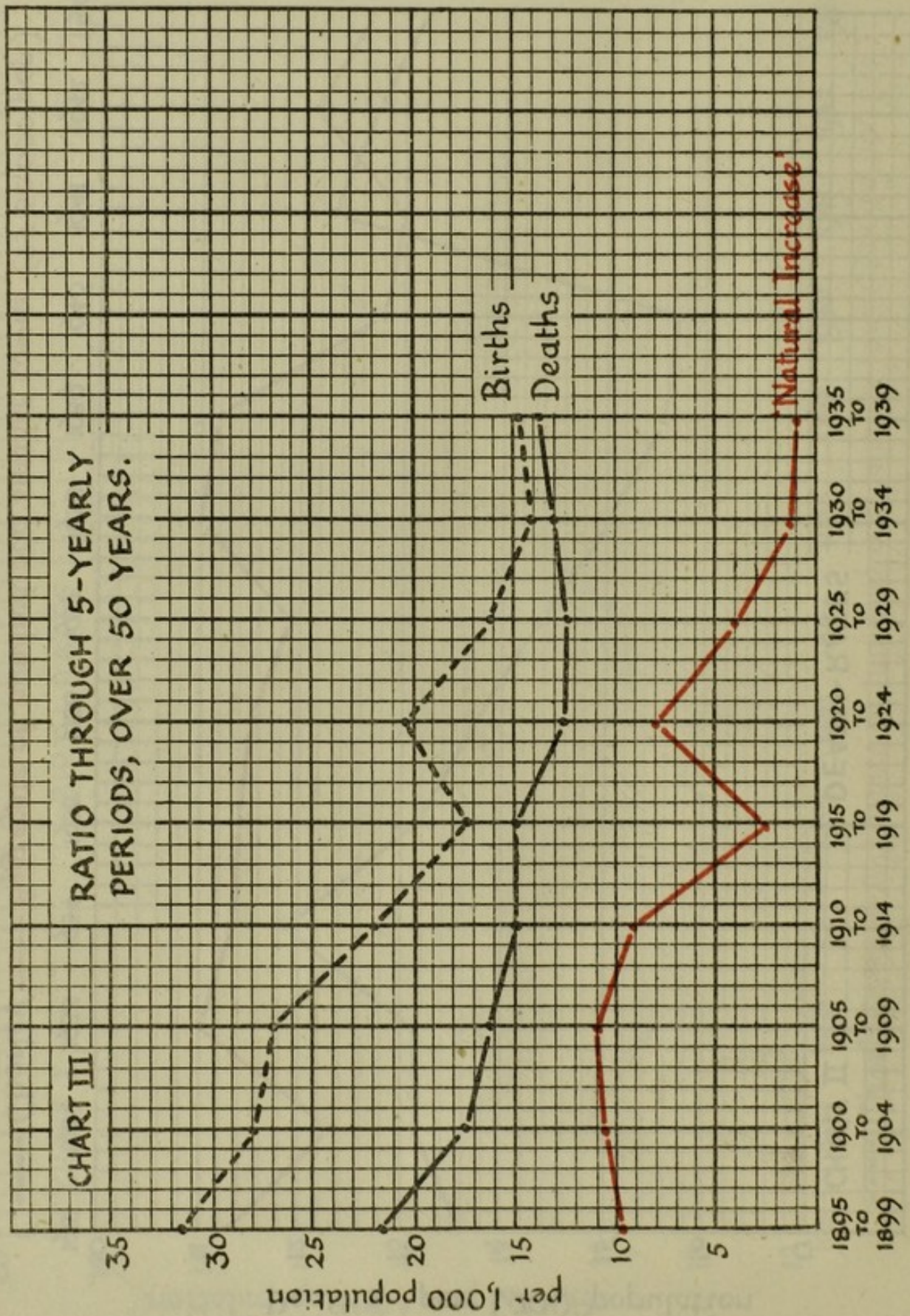
TABLE II.

DECLINE OF BIRTH AND DEATH RATES THROUGH 5-YEARLY PERIODS.

	1895-99	1900-04	1905-09	1910-14	1915-19	1920-24	1925-29	1930-34	1935-39	1943
DEATH RATE ..	21.5	17.8	16.5	15.3	15.3	12.5	12.3	13.0	13.7	13.2
BIRTH RATE ..	31.4	28.1	27.1	24.0	17.3	20.1	16.0	14.0	14.4	19.2
INFANTILE MORTALITY RATE	188	175	146	140	110	106	83	74.4	78.4	40.5
	(decade 1891-1900)									
NATURAL INCREASE	+9.9	+10.3	+10.6	+8.7	+2.0	+7.6	+3.7	+1.0	+0.7	+6







VITAL STATISTICS.

BIRTHS.

Birth Rate, 1943.

The birth rate for the year was 19.2 per 1,000 of the population, showing a continued increase on the figure of 16.4 for 1942.

Birth Rates since 1931.

In Table 1 on page 12 will be found the birth rates for the Borough since 1931. This shows a decline, continuing from previous year, to 12.7 in 1935, after which the rate begins to increase. As might be expected by any observer of one of Nature's consistent manifestations in time of war, this increase is accentuated since the start of the present conflict. The local birth rate is also illustrated in graph form in Chart I, where comparison is made with the average rate in the 100 odd smaller towns of England and Wales (25—50,000 population).

Decline in 50 Years.

The decline in the birth rate during the past 50 years is shown in Table 2 (page 13) and Chart III. If I comment upon the serious significance of this decline, during a year when the rate is increasing, I do so because it is imperative that Members of Local Administrative Councils should appreciate the necessity for preventing a post-war recurrence of any serious fall in the number of births.

Causes of Decline.

The causes of this reduction in birth rate are various, often inter-related, and both economic and social. The fact that most of the fall takes place in the more prosperous classes would appear to indicate that, in view of the advancing pace of our civilisation and the increasing competitive element, these parents prefer to concentrate their available resources on a limited number of offspring, in order to provide them with a higher standard of preparation for adult existence than would be possible with the size of family customary in more leisured times. There is also the view point that this increased pace of life takes its toll upon man's nervous system, and many modern parents honestly feel—as is probably true—that they would lack the mental stamina and patience to rear many children in a satisfactory manner.

Future Birth Rate.

One of the principal objects of the proposed "social security" legislation of post-war reconstruction is to increase the "available resources," such as free education, family allowances, better housing, etc., and so, not only to re-build the nation on the firm rocks of family life, but to ensure that by a maintained higher birth rate these foundation stones should be broader based.

Illegitimate Births.

The number of illegitimate births has increased by 25 per cent. on the figures for 1942, and represents a percentage of .53 of the total number of births.

The illegitimate birth rate has increased by 43 per cent. since 1939.

I have not included in the above the number of births (legitimate or illegitimate) for the year, as this would enable estimates of population to be made. (This we have been asked not to do).

Still-births.

The still-birth rate (i.e., per 1,000 total live and still-births) is 37, compared with 47 for the year 1942, and 57 for the year 1941.

DEATHS.

**Death Rate,
1943.**

The death rate for the year, per 1,000 population, was 13.2, compared with 12.7 for the year 1942.

**Death Rate
since 1931.**

The rate in Chorley since 1931 is shown in Table 1, and is also shown in graph form in Chart II, where it is compared with the average rate prevailing in the aggregate of a hundred odd smaller towns of England and Wales (25—50,000 population). This seems to me to be a preferable comparison to that with the country as a whole.

The continued rise in the local rate from 1935 to 1940 is nearly wholly accounted for by an increase in deaths in persons over 45 years of age, and mainly due to the causes of heart disease and circulatory diseases, cancer, and bronchitic affections.

The sudden drop in 1941 is chiefly due to the mortality in the first groups being less than half that in 1940.

**Decline in 50
Years.**

The decline in the rate in the Borough in the past 50 years is depicted in Table 2 and Chart III, and it will be observed that it has fallen from 23.8 in 1895 to 13.7 in the five-yearly period 1935-39.

**Effects of Social
and Sanitary
Conditions.**

It must concern Members of Local Authorities to know whether or not this decline has been affected by their sanitary policies.

**General
Improvement
in All Age
Groups.**

Undoubtedly the vastly improved sanitary and social conditions of the past 50 years has contributed greatly to the decline, even if indirectly, by reducing the prevalence of disease—which is, after all, the purpose of preventive medicine. This is illustrated, for instance, by the big diminution in the rate for Tuberculosis in persons over 30 years of age, and in the considerable improvement in the rates for the acute specific fevers—examples of diseases obviously spread by conditions of overcrowding and insanitary environment.

Age Groups.

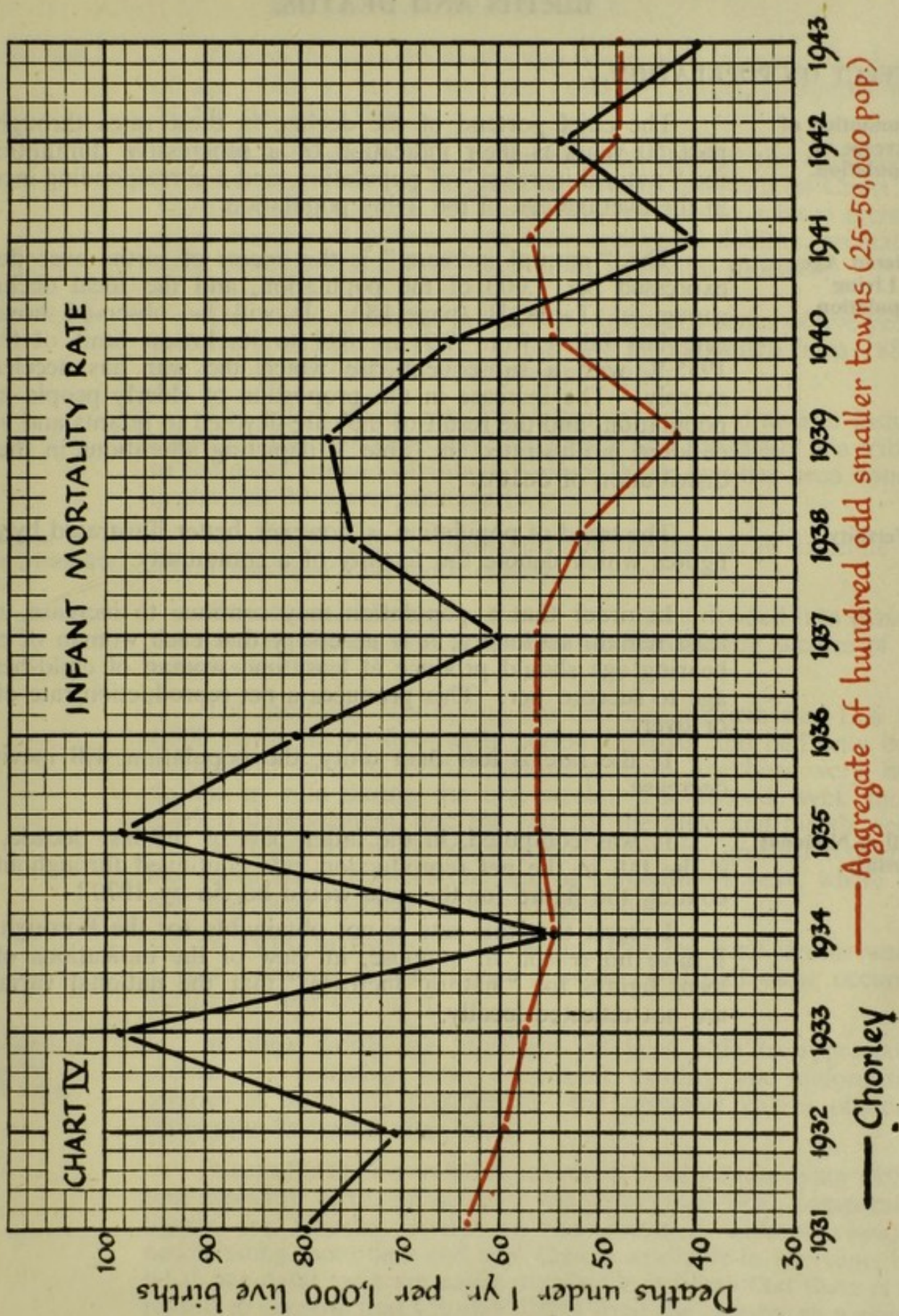
The greatest improvement has occurred in the younger age groups, where the death rate between the age of 6 months—4 years has been reduced to one-third of the level in the years 1901—1910 ; but there has been a general reduction through all age groups, though least among the elderly. Cancer and heart disease continue to take their toll in the latter group, and the mortality from these diseases has changed very little. They account for half the total deaths between 60—70 years of age, but it should be borne in mind that the facilities for and skill in diagnosis of these two diseases has improved greatly, and probably accounts for the maintained mortality rate. However, the deaths from all other causes together, in the age group 60—70, have been almost halved, which would appear to indicate that there is, on the whole, an increased healthiness and resistance to disease among the elderly, in spite of the toll of cancer and heart disease.

Concerning the Elderly Groups.**Effect of Birth Rate.**

One of the greatest factors affecting the decline of the death rate is the decline in the birth rate, for the greatest mortality, apart from that occurring in the groups aged about 70 and over, occurs in the newly born.

TABLE III.

PERCENTAGE OF TOTAL DEATHS OCCURRING AT AGE:						
	0-1 years	1-5 years	5-15 years	15-25 years	25-65 years	65 years & over
1898-1907	27.2	12.1	—	—	—	—
1908-1917	21.0	11.8	3.8	3.6	35.8	24.0
1918-1927	14.1	7.6	3.7	5.1	37.7	31.8
1928-1937	8.2	4.2	2.7	3.3	38.9	42.7
1943	6.2	2.1	1.6	2.0	37.0	51.1



BIRTHS AND DEATHS.

EFFECT ON POPULATION.

Diminution of Increase of Population.

The chief portend of the decline in these rates through the past 50 years is their indication of a progressive diminution in the "natural increase" of population, and a corresponding increase in the average age of the living population.

Altered Ages of Living Population.

The "natural increase" is the excess of births over deaths, expressed per 1,000 of the population, and the local decline is shown in Table II (page 13). It will be observed how the rate has fallen from 9.9 in 1895 to its lowest limit of 0.7 in 1935-9, with a subsequent rise which the war has accelerated sharply. The increase in the proportion of elderly people in the population, and the result of the care devoted to infants and young children is illustrated in Table 3, depicting alterations in the age distribution of deaths.

"Fertility."

The trend of population is, however, better illustrated by other figures which denote the fertility of a community.

In order that a population may continue to increase, or at least remain stationary, it is necessary that each woman of child-bearing age should produce at least one woman of child-bearing age to succeed her. This produces a net reproduction rate of one or over.

If the rate is less than unity, the population will inevitably decrease.

Fall of National Fertility.

It was computed, in the latter part of the last decade, that if the fall in the net reproduction rate continued throughout the country the figure for this rate would be .56 by 1970!

I regret that this rate is not obtainable for the Borough, but I have no reason to suppose, in view of the indications of the local figures for "natural increase," that the national variations are not reflected locally.

INFANTILE MORTALITY.

Rate in 1943.

During the year the deaths that occurred in infants under 1 year of age yields a rate of 40.5 per 1,000 live births, compared with 54 for the year 1942.

The rate since 1931, compared with that of the aggregation of the smaller towns in England and Wales is shown on Chart IV. The two large rises in 1933 and 1935 are due to a large increase in the number of infants dying from congenital debility, premature birth, malformations, etc.—i.e., from neo-natal mortality.

Decline in 50 Years.

The pleasing decline in this rate, through a series of five-yearly periods, is shown in Table 2, the rate having fallen from 188 in the decade 1891—1900 to its present figure.

The infant death rate has fallen in similar dramatic fashion throughout the country, and both locally and nationally is a tribute to the great amount of Infant Welfare Work that has been done—in the last 30 years particularly.

Dissection of Infant Mortality Rate.

Nevertheless, it is important, and interesting, to examine the infant mortality rate more closely.

National statistics show that if the rate is divided into periods the resulting figures give a much more illuminating picture of the actual situation.

The mortality rate during the first day of birth was 11.6 per 1,000 births in the five-yearly period 1906-10, and had only been reduced to 10.7 in 1935. Similarly there has been very little decline in rate during the first week. The second week shows marked improvement, and the rate for the third and fourth weeks has been halved in the same periods, but the greatest reduction has taken place between the age of 1 month—1 year, where the rate has been reduced by 60—70 per cent.

In 1935, in England and Wales, half the total deaths under 1 year occurred at ages under 3 weeks, and half these occurred during the first two days.

Persistence of Neo-natal Death Rate.

In other words, we have not yet been able to appreciably reduce the mortality from congenital debility and deformities, injuries at birth and prematurity—the principal causes of death during the first week after birth.

Except for the neo-natal death rate (i.e., of infants dying within four weeks of birth) for some of the years since 1930, comparable figures for Chorley could not be obtained without research necessitating more time and staff than is available in war-time, but what neo-natal rates are easily obtainable indicate that there is no reason to suppose that Chorley differs from the country as a whole.

The question of Infant Mortality is so much related to questions of environment, which—largely interpreted—includes practically everything that affects an individual existence, that it is obvious that the rate for a given area can be claimed as an index of the general progressiveness of a Local Authority, in all its functions.

I append a few further facts regarding infant mortality which the reader might well digest and ponder upon :—

- (1) In 1937 the average rate for six seaside towns was 45.
In 1937 the average rate for six industrial towns was 86.

- (2) Results of 1931 Census (published in 1938)—

Infantile Mortality Rate for 1930-32 (average rate, 62) :

*1. Middle and upper classes	33
2. Intermediate classes	45
3. Skilled labour classes	58
4. Semi-skilled labour classes	67
5. Unskilled labour classes	77

* Social groups indicated by Registrar-General.

- (3) Comparison of rates in classes (1) and (5)—

The increase in the rates of class (5) over class (1) varies as follows :

During the 1st month	50%
During the 1—3 month	205%
During the 3—6 month	287%
During the 6—12 month	440%

The implication of this last table is that the discrepancy between the two classes becomes greater with the advancement of the period at which the influence of the differing environment is exercised.

As I do not wish the report to become an essay, I do not offer comment on these figures, but leave them to speak for themselves.

Causes of Mortality, 1943.

The three chief causes of Infant Mortality for the year are as follows :—

Cause of Death.	No. of Infant Deaths.
Premature Birth	9
Pneumonia	7
Congenital Malformations	14

MATERNAL MORTALITY.

Rate in 1943.

During the year there were no deaths due to causes associated with pregnancy or childbirth. In view of the small figures dealt with, the fact of no maternal deaths for the year—4 cases of puerperal sepsis notified, but no deaths—will not invalidate my following remarks.

The rate each year since 1931 is shown in Table 1 ; the considerable variations being attributable to the comparatively small numbers dealt with.

Rate for 15 Years Before 1939.

The average figures for the three five-yearly periods preceding 1939 are 4.9, 5.84 and 5.4.

Little Decline in Last 50 Years.

Although the death rates from nearly all other causes have progressively fallen—sometimes dramatically, sometimes steadily—the rate due to causes connected with childbirth have altered comparatively little in the last 40—50 years. In England and Wales in 1895 the rate was about 5.5 per 1,000 live births, and in 1934 was 4.6. In fact, from the “early twenties,” when the rate fell below 4, there has been a slight but definite tendency to rise until the last few years, when a fall has again been taking place, particularly since 1936 and 1937, when the new sulphonamide group of drugs came into use and greater attention has been paid to the prevention of puerperal sepsis.

Rising Risk of Childbirth.

These figures denote an unsatisfactory standard of midwifery services throughout the country as a whole. These services cannot be considered to be sufficient until the present maternal mortality rate is reduced considerably. This will necessitate effort to combat a national tendency towards a rising rate, due to the rising average age of women of child-bearing age. Marriages are taking place at later ages, and women are older when they begin to bear their children ; and the older the woman the greater the risk of childbirth.

More and Better Midwifery Services.

This effort will necessitate a more complete and competent standard of midwifery services available for all cases, which entails, ipso facto, a higher standard of competence in midwives and doctors, particularly in the latter where a single “house surgeon,” or general practitioners, perform the routine obstetrical work in the large number of smaller hospitals situated in the smaller towns and rural areas of the country—e.g., as in Chorley.

(I would hasten to emphasise that this generalisation implies no personal reflections on the activities of the present staff of the Chorley and District Hospital).

It will necessitate extensions of existing Health Visiting Services, so that more visits can be made to the homes of those expectant mothers who attend ante-natal clinics.

It will necessitate more effort in general welfare work to raise the standard of living of the poorer classes—such as housing, nutritional standards, the supply of milk and meals in necessitous cases, etc. (In this connection it is interesting to recall the large scale experiment undertaken in 1934 in the Rhondda Valley, where, in spite of improved ante-natal services, the maternal mortality rate remained high, and this was considerably reduced by the provision of free meals. In another series, in 1935-7, the puerperal death rate among the large numbers of expectant mothers who received extra nourishment was 1.64 per 1,000 births, whilst among control cases in the same areas the rate was 6.15).

**Industrial
Activity amongst
Expectant Women
Considerably
Increases the Risk
of Childbirth.**

I hope it will be my privilege to bring such matters as these before the appropriate Committees after the war, for in Chorley we have to fight other natural tendencies to a higher maternal mortality rate, such as the fact that we live in "the North," that fact of latitude itself influencing the rate adversely. So does the further fact that our local rainfall is considerable, and statistics prove that the rate is adversely affected by a high rainfall.

Then there is the predominant fact that in Chorley we are an industrial community, and (as so many women work in mills) attention will have to be paid to factory working conditions, the general sanitation of the premises, hours, provision of meals, time off allowed for confinement and financial adjustments for this period, etc.,

PART B.

General Provisions of Health Services.

PART B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

SECTION 1.

(a) LABORATORY FACILITIES.

The laboratory facilities afforded by the Clinical Research Association, of London, were utilised from 1930—1941, when it was decided to use the more adjacent laboratories of the Preston Royal Infirmary, under the supervision of Dr. F. B. Smith.

Apart from material sent to the laboratories by my staff, reports upon any material sent by the General Practitioners, which appertain to this department's control of Infectious Disease, are sent to and charged to this department.

Chemical analyses of milk, water and foods are carried out by the County Analyst.

The bacteriological examination of the town's water supply is undertaken by the Liverpool Corporation, who supply this department with a copy of their weekly report.

(b) AMBULANCES.

Infectious Cases.

A motor ambulance is provided by the Chorley Joint Hospital Board for the removal of infectious cases to the Isolation Hospital at Heath Charnock.

Other Cases.

The Corporation now maintains four motor ambulances at the Fire Station.

Four Ambulances.

Two ambulances only were maintained till 1936, when a third was purchased. A fourth, elaborately equipped, was generously presented to the Corporation towards the latter end of the year under review (1943) by the Chorley Chamber of Trade.

* Staffing.

> See next page.

The drivers and attendants for this service have been supplied, during daytime hours, by the personnel of the Fire Service, who continued in these duties when this latter service was incorporated in the "National Fire Service." During the night time the ambulances are manned by a rota of three whole-time employees of the Corporation. These men undertake this work voluntarily in their "off duty time," and they receive a small recompense in the form of a retaining fee.

Mode of Application.

Applications for the use of an ambulance are made through the local office of the National Fire Service, with whom booking fees should also be deposited.

Charges for the use of the ambulance are made at the rate of approximately :—

1. Journeys to hospital within the Borough : 3/6.
2. Journeys to and from Wigan, Bolton, Preston, Blackburn : 21/-.
3. Journeys to and from Manchester or Liverpool : 42/-.
4. Other journeys according to mileage at approximately 1/- per mile.

Extension of Service since 1931.

The increased demand upon this service is illustrated by the following table of annual mileages :—

Year.	Mileage.	Year.	Mileage.
1931	4,462	1937	8,774
1932	4,632	1938	11,192
1933	4,437	1939	11,116
1934	5,349	1940	8,665
1935	6,096	1941	7,345
1936	6,306	1942	9,560
		1943	11,955

The actual increase is, indeed, more than would appear, as during the war years the Civil Defence ambulance service has supplemented the Borough service on many occasions.

*** New Staffing Arrangements.**

At the time of writing this Report the National Fire Service has withdrawn its personnel from the ambulance service, but continues temporarily to receive telephone calls after 6-0 p.m., and to summon the rota of voluntary drivers. The service has been taken over by this Department, and it is being manned, from 6-0 a.m. to 6-0 p.m., by the members of the Civil Defence Service, with the permission of the County Council.

Application for the use of an ambulance, booking arrangements, etc., should now be made through this Department, or at 14, Bolton Street (Tel.: Chorley 2744), between the hours of 6-0 a.m.—6-0 p.m.

Long distance journeys, i.e., beyond Bolton, Blackburn, Preston and Wigan, must receive the sanction of the Medical Officer of Health.

(c) NURSING IN THE HOME.**Three Nurses.**

The Chorley and District Nursing Association employs three nurses, whose services are available for home nursing, but not for maternity cases.

These nurses are domiciled at the Nurses' Home, Devonshire Road, Chorley.

The extension of the calls upon the services of these ladies is shown by the following table. (Two nurses only were employed until 1935):—

Expansion of Service since 1931.	Year.	Visits.	Year.	Visits.
	1933	6,370	1938	12,733
	1934	7,054	1939	11,899
	1935	7,178	1940	11,695
	1936	9,106	1941	11,228
	1937	10,388	1942	11,240
			1943	10,360

The Corporation makes an annual contribution to the funds of the Association.

(d) HOSPITALS.**Public
Assistance.**

The Public Assistance Hospital, Eaves Lane, has accommodation as follows:—

	Men.	Women.	Children.
Chronic sick	65	51	17
Mental cases	28	46	—
Maternity cases	—	12	12 cots

This Institution, Tel No.: Chorley 2327, is administered by the Lancashire County Council.

**Voluntary—
Local.**

The Chorley and District Hospital, Preston Road (Tel.: Chorley 2208) has the following accommodation:—

For acute surgical cases	48 beds
For maternity cases	17 „
For children	18 „

Under the Emergency Medical Scheme up to 100 beds could be made available.

Out-patient facilities include provision for ear, nose and throat, radiological, eye, skin, gynæcological and orthopædic cases. The Lancashire County Council superintend a V.D. and urogenital clinic on the premises.

All these clinics are attended by medical men of consultant status.

(For the information of the members of the Council the times of these clinics are given at the end of this Report.)

During 1943, 1,667 in-patients were admitted, and 5,500 new out-patients treated.

Infectious Diseases.

The Isolation Hospital, situate at Heath Charnock (Tel.: Chorley 2497) is administered by a Joint Hospital Board, comprising representatives of the Council of the Chorley Borough and Rural Districts, and the Urban Districts of Leyland and Adlington.

Particulars of Isolation Hospital.

The accommodation at this Hospital is as follows :—

2	wards	of	8	beds	and	3	cots	—for	Scarlet	Fever	cases.
2	„	„	6	„	„	6	„	—for	Diphtheria	cases.	
3	„	„	4					—for	Isolation	cases.	
2	„	„	1					—for	Isolation	cases.	
1	„	„	3					—for	Admission	cases.	

making a total of 45 beds and 9 cots.

Each bed has allowed at least 2,000 cubic feet of air space.

There is also an administrative block, which includes the accommodation for nurses, a disinfecting block, and a block with steam disinfectors, wash-house, boiler-house and laundry.

The hospital has its own sewage disposal arrangements, which comprise settling tanks, filter beds, etc., the effluent being discharged into a neighbouring brook.

Tuberculosis.

Within the precincts of the hospital, but quite separate from it, is a Sanatorium of 49 beds for the treatment of Tuberculosis. This is administered by the Lancashire County Council.

Both the Isolation Hospital and Sanatorium is supervised by the same Medical Officer (Dr. J. Rigby, of Chorley) and Matron (Miss Sinclair), but the nursing staffs work as separate units.

**Comments on
Isolation Hos-
pital Premises.**

The Isolation Hospital is ideally situated, but it requires modernising in several ways. The principal deficiency—and a very material one from the aspect of efficient management—is the lack of a “cubicle block” where individual cases of different infections and “observation” cases can be nursed and isolated with a minimum chance of cross-infection.

The hospital also lacks a small operating theatre where tracheotomy and minor surgical emergencies could be satisfactorily performed.

From my personal observation on winter days, and subsequent inquiries, it would appear that the heating system needs drastic overhaul.

There are other matters requiring improvement, but as I am not the Medical Officer to the Board, I do not propose to continue these observations. However, the above are considerations affecting the welfare of cases from within the Borough and the control of infectious diseases therein; consideration, therefore, to which I, as the responsible official, feel justified in drawing your attention.

Smallpox.

Previous arrangements between the Corporation and the County Borough of Blackburn still exist for the provision of 5 beds, in case of need, at the latter Authority's Smallpox Hospital at Finnington.

**Maternity
Hospital.**

There is no Maternity Hospital, as such, in the town, but Maternity Departments are available at both the Chorley & District Hospital (17 beds) and the Eaves Lane Institution (12 beds), and the Corporation avail themselves of this provision.

(See “Maternity and Child Welfare.”)

Nursing Homes.

In 1942, one Nursing Home for Maternity cases was registered, in virtue of authority delegated to the Corporation by the County Council. This is the only Nursing Home registered in the Borough, and is known as the “Park Road Nursing Home, Park Road, Chorley.” It is under the direction of two certified midwives, has provision for 4 cases, and is inspected periodically by your Medical Officer.

**Institutional
Provision for
Unmarried
Mothers.**

No special provision exists, but such needs are catered for at the Eaves Lane Public Assistance Institution, of which facilities, however, most unmarried mothers are reluctant to avail themselves.

(e) CLINICS.

A list of the clinics available, and the times of their sessions, is given at the beginning of this Report.

Comments on individual clinics are given below.

Clinic Premises.

The Clinic premises which (except for Infant Welfare Clinics) comprise the buildings 2/4, St. Thomas's Square, are hopelessly antiquated and totally inadequate and unsuitable for clinic purposes.

The only waiting-room accommodation is that provided by the caretaker's kitchen, and when two or more clinics are in session the congestion is appalling. More appalling still are the frightful noises which float down from nervous children in the dental surgery, and which must make waiting parents ponder on the possibility of the dreaded "Gestapo" operating clandestinely in Chorley! I grant that these noises are somewhat "drowned" on occasion by the clump of clogs on the stairs to the surgery! (This is no reflection on the work of the Dental Surgeon, whose skill and patience with children is remarkable.)

For attendance at the Artificial Sunlight Clinic, mothers have to haul young children up to a third-floor room. If the child to be treated is a cripple, the difficulty of negotiating several flights of narrow and dimly-lit stairs can be imagined.

Part of the surge of children daily attending the Minor Ailments Clinic has to be directed from the overcrowded kitchen to the clinic room itself, where the mysteries of minor surgical attentions are displayed for their edification, i.e., when such attention can be given without the distraction of controlling unruly onlookers.

As there is no storage accommodation either on these premises or at the Infant Welfare Clinics (held in the town), much of the already congested space is utilised for the stacking of packages of all kinds—the stairs, the corridors, the offices, even the private sanctum of your Medical Officer of Health. As most of the stairs, corridors, etc., are extremely ill-lit, these obstructions to progress contribute much to the vitiation of the atmosphere—at least, this is often "blue"!

I have no desire to make more involved the vexed question of post-war building priorities, and I fear that in this Report I will advocate priority for several matters, but I have no hesitation in putting the provision of new and modern clinic premises at the head of the list—as far as this department is concerned.

Taking a broader view, I should advocate that this provision be at least "on a par" with the provision of reconstruction of schools, which, I imagine, takes second place to the first priority of new houses.

**Ante-natal
Clinics.**

Dealt with under Section 2.

**Orthopaedic
Clinic.**

This clinic was established in 1930 by the Education Committee, and is utilised by the Maternity and Child Welfare Committee, who contribute towards its expenses. It is staffed by a qualified masseuse as Orthopaedic Assistant. This lady attends three days (6 sessions) a week to administer this and the Artificial Sunlight Clinic (which is closely associated with the Orthopaedic Clinic), and to carry out the instructions of the Consultant Orthopaedic Surgeon, who attends once monthly.

Until 1940 the Consultant Surgeon was Mr. R. Ollerenshaw, of Manchester, who was then seconded for National Service. His appointment was filled in 1941 by Mr. F. C. Dwyer, F.R.C.S., of Liverpool, the Orthopaedic Surgeon to the Chorley & District Hospital, Wigan Infirmary, etc.

In the last 10 years the following numbers of children under school age received attention :—

1934	...	...	33	1939	...	...	31
1935	...	...	35	1940	...	...	32
1936	...	...	20	1941	...	...	27
1937	...	...	27	1942	...	...	29
1938	...	...	31	1943	...	...	27

I do not propose to continue with an annual list of the diagnosis of cases treated, but throughout the 10 years the preponderant number of cases have been those with manifestations of Rickets, the number consistently remaining each year at between 40—50%.

During these 10 years 25 children have been admitted to hospital for operative treatment, and 77 children supplied with surgical appliances.

No children (under 5 years) were admitted to hospital during the year, but 12 were supplied with surgical appliances.

**Artificial
Sunlight Clinic.**

This clinic was established in 1928, and is equipped with two Carbon Arc Lamps and a Mercury Vapour Lamp, the former being used for general bodily irradiation and the latter for more local application.

The clinic works in close association with the Orthopaedic Clinic, and is superintended by the Orthopaedic Nurse, who devotes three sessions a week to it.

Till 1940 the average number of individual children treated annually was about 40, with an annual attendance of above 700. Since 1940 the numbers have fallen considerably, due to a more exclusive selection of cases.

Ultra-violet irradiation undoubtedly has its beneficial uses in selected cases, particularly in cases of infant rickets, some skin diseases, chronic bronchitic affections, and general debility, especially during the winter months ; but amongst these cases the reaction varies in different individuals, and there is no "golden rule" applicable to any particular type of case. There is no virtue in persisting with the treatment of cases which show no tendency to react satisfactorily, and fairly frequent examinations have to be undertaken to prevent uneconomical use of the lamps. Another reason for careful selection of cases is the practical one that the nurse-in-charge can only treat a certain number of cases in a given time. As regularity of treatment is essential for success, and as this attendance imposes a time sacrifice on the part of mothers (who must attend with pre-school children), it is an advantage not to cause parents to have to wait too long in the clinic.

Moreover, there is a tendency to refer long-standing and resistant cases of general debility, etc., for artificial sunlight treatment—often as a last resort and as a placebo to impatient and dissatisfied parents—without full regard as to their suitability, and these cases also need "sorting."

From numerous interviews with the parents of these cases, I have frequently found that the chief deterrent to the patient's recovery is a lack of common-sense management on the part of the child's parent. The provision of an adequate supply of vitamins, fresh air, exercise, sleep, etc., would often obviate the necessity to try artificial sunlight, particularly if parents would value more the virtues of *natural* sunlight, and allow those freely dispensed rays to reach their children's bodies.

Although it is many years since I have seen children "sewn up" into their clothes for the winter, there is still a tendency to overclothe children, and even in Lancashire there are many summer days when children could beneficially be encouraged to run about stripped to their waists ; and infants could lie naked in sheltered corners, whilst the sunshine played upon their bodies for limited and graduated periods. And how fearful are many parents of cold water in bulk, externally applied to their offspring ! A good douche of cold water each morning round the chest and shoulders of children, particularly those with bronchitic tendencies, would oft-times do much more good than repeated attendances at an artificial sunlight clinic.

In case these opinions be held to indicate a depreciation of ultra-violet ray therapy, I would merely refer the reader to my earlier remarks.

	1943	1942
No. of children received treatment ..	42	29
No. of attendances	930	567

Dental Clinic.

During the year 14 children under 5 years of age received treatment at the hands of the School Dental Surgeon. Of these, 5 received general anaesthesia with nitrous oxide gas.

The facilities of the clinic are also available for mothers attending the Ante-natal Clinic, but no cases were referred from the latter clinic during the year.

Eye Clinics, and Ear, Nose and Throat Clinics.

As is advisable and proper, the same consultant surgeon specialises in diseases appertaining to the parts of the body indicated, and the Ear, Nose and Throat and Ophthalmic Clinics are combined in one monthly session.

During the year 12 pre-school children received consultations, 2 children were admitted to hospital for treatment of tonsils and adenoids, and in 4 cases spectacles were prescribed.

Minor Ailments Clinic.

The facilities at this clinic, which is maintained totally by the Education Committee, are occasionally used for the benefit of children under 5 years of age.

During the year 24 children received treatment, and there were 24 consultations.

Infant Welfare Clinic.

Dealt with under Section 2.

Tuberculosis Clinics.

Facilities for the diagnosis and treatment (the latter, to a limited extent, of course, such as the performance of artificial pneumothorax, ultra-violet light therapy, etc.), are available at the County Tuberculosis Dispensary, at 30, St. Thomas's Road.

The Dispensary is wholly maintained by the Lancashire County Council, and the County Tuberculosis Officer for the area (Dr. F. Bradbury) attends there on Tuesdays.

Pulmonary Tuberculosis is rare in children, but there is far too much Non-pulmonary Tuberculosis, and this will not be remedied till there is a vast improvement in the country's milk supply.

Venereal Disease Clinic.

Facilities for the diagnosis and free treatment of Venereal Disease are provided by the County Council. As well as centres at nearby towns, such as Wigan, Bolton, Preston and Blackburn, a V.D. Clinic was established at the Chorley & District Hospital in 1941, and attended, in a consultant capacity, by one of the

local general practitioners until March, 1943, when the County Venereologist (Dr. A. Pressler) was appointed.

Dr. Pressler attends as follows :—

Tuesdays... .. 4-30 p.m.—Male patients.

Thursdays ... 10-0 a.m.—Female ..

Fridays 4-30 p.m.—Female ..

VENEREAL DISEASES.

(f) HEALTH PROPAGANDA.

Prevalence of V.D.

Both the Government and Local Authorities have latterly shown a much-belated interest in the ravages of these serious diseases; their increased prevalence since the outbreak of war sounding a note of timely alarm.

Syphilis has increased more than gonorrhoea, especially in women, and more particularly in married women.

In some areas the prevalence of the former disease has increased by over 200%. At the clinic at the Chorley and District Hospital the number of women attending has increased by approximately 100% in the last 12 months.

Control and Reg. 33 B.

The Government in January made regulations (Regulation 33b) for the greater control of these diseases. and the onus of reporting on the working of these regulations will be the duty of the County Council. My own experience of their working, and the consensus of opinion among my colleagues in many other Local Authority areas, is that the regulations are chiefly notable for their deficiencies.

My own mental deficiency may prevent me from conceiving how any infectious disease can be satisfactorily controlled without compulsory notification, unless it be done on a 100% voluntary notification, and this seems to me to be just too much to expect of human nature at its present stage of development.

Propaganda.

The Government has also endeavoured to unearth V.D. propaganda from its previous subterranean repository in underground public conveniences, and to bring it to the light of public advertisement. My main criticism of these measures is that they have not been undertaken on a sufficiently bold scale, particularly in regard to posters and newspaper advertisements, where, in the latter, the detailed print is usually too small to invite attention, let alone concentration. One may hope that the reason for this is the shortage of paper, precluding large-scale advertisement.

This prevalence of the Venereal Diseases is usual in time of war, when fatalism and uncontrolled emotionalism become more rampant. Particularly so when these are allied to more facile opportunities for illicit intercourse between the sexes, due to aggregations of young men and women living and working away from the influences of home and local environment. I include the latter factor as the removal of an individual from his or her familiar circle of relations, friends and acquaintances tends to relax those restraints self-imposed within their boundaries.

Suggestions for Local Action.

As the members of the Council are aware, we have near Chorley a potential source of danger in the existence of two large aggregations of young women at hostels (where they congregate from all parts of the country) with an Army depot "jammed" between them. It would be not only futile but unfair to blame "the Authorities" for this, for *their* difficulty must be to find sites for all the varied purposes for which land is required in furtherance of the war effort. It but remains for Local Authorities who have such problems thrust upon them, or in close proximity to them, to mind that "the means to do ill deeds makes ill deeds done," and to provide, with or without the assistance of voluntary bodies, the best form of immediate anti-V.D. propaganda—i.e., the provision of more recreational facilities. There should be more endeavour, and in this matter I do not exempt this Local Authority, to exorcise old prejudices and preconceived ideas of what is "proper," and to provide such facilities as will encourage, not discourage, the close association of young men and women. The only limiting factor in such encouragement should be that it takes place publicly and under the wholesome glare of sun or arc-lamp, whichever daytime or black-out dictates, and in this connection I would affirm that whatever is provided should function until midnight. I would hesitate to dogmatise upon what is the most "dangerous" hour, but one has only to go through the streets of the town during the last hour of the day to become aware of the reluctance of young people—"Forces" and civilians—to return to their home, hostel, camp or billet. Such organisations as military camps and hostels rarely grant "late leave" extending beyond 12 p.m., but whatever the time due for return, it will always entail a last-minute rush, and my reason for extending facilities beyond the hitherto prevailing hours is to avoid that idle hour—so pregnant (!) with possibilities—before the final rush back to the temporary domicile.

Personally I would rank high in priority amongst recreational suggestions the establishment of premises where not only dancing, etc., is provided, but where provision is made for light meals as well as for alcoholic beverages. This type of establishment, where, also, the elder generation might sojourn with propriety, would do much to counter the prevailing proclivity for what is known in the vernacular as "pub-crawling."

I feel certain that many young girls "fall by the wayside"—in more ways than one—as a result of being taken into licensed premises, where their demeanours, or misdemeanours, are comparatively shielded from public gaze by the close confines of a "bar parlour." It is within my personal knowledge that men do encourage young women to partake of spirituous liquors in order to "prepare the way" for further adventures, and the setting up of such an establishment as suggested would do much to "spike the guns" of these pseudo-prototypes of John the Baptist.

Such a venture might well become an economically sound proposition, but even if it were not so, from a strictly business aspect, it would be an economically sound investment from a national welfare point of view, and I can see no reason why, where such schemes are financed by public monies, they should not "rank for grant" from exchequer funds as justifiably as other forms of anti-V.D. propaganda.

Such other propaganda—as illustrated lectures, film shows, pamphlets, posters, etc.—is initiated and sponsored by the County Council. I do not propose to give details of the varied activities involved in the County scheme, but would mention that their officers, and officers of the Central Council for Health Education (who work in close association with the County) have given lectures and film shows to the employees of many individual factories in the town within the past two years.

I have, on behalf of the Corporation, associated myself with these endeavours by arranging for some public or semi-public lectures. I regret to say that completely public lectures, whether accompanied by a free film show or not, do not demonstrate any enthusiasm on the part of the majority of the population to acquire any knowledge of venereal disease.

There is more promise in "group" lectures where the audience is drawn from limited groups of people who are already banded together under some common interest, such as youth and church organisations, clubs and societies, etc. This, of course, entails the organisation of many more lectures, but the value of propaganda in V.D. and sex subjects (the two being closely allied) depends almost wholly upon the *manner in which it is presented*, and the presentation can be much more effectively performed with small numbers (say 20—40), where the lecturer can become more "en rapport" with his audience.

The dissemination of knowledge in V.D. and sex matters must inevitably show its best returns from amongst the youth of the nation, and it is here that the above remarks apply with particular significance, though an additional and important factor is the attitude adopted by the leaders of youth movements.

These observations are aptly illustrated by reference to four series of lectures organised in the town by this department.

Two of the series (one for boys and one for girls) were very sparsely attended, considering the potential audience, because, I think, the circle from which the attendances were recruited was too large (the youth organisations of the town as a whole), which involved less intimate preliminary propaganda. In one of the two series, the original audience dwindled as the series proceeded, on account of the deficiencies of the lecturer, though in the other the attendance was maintained by a more experienced speaker.

In the other two series, the request for lectures came from a specific "group" with an enthusiastic "leader," and although the original audiences were small (20—30), it was a considerable proportion of the available personnel, and the attendance was maintained throughout.

(Incidentally, one of these series was undertaken by myself—so I know !)

In this particular series a reluctance on the part of a certain denominational organisation to entrust such propaganda to a mere medical man also contributed to comparative failure.

OTHER HEALTH PROPAGANDA.

The propaganda campaign for immunisation against diphtheria is referred to in another part of this Report.

Some hundreds of copies of "Better Health" are distributed periodically whenever their irregular arrival permits.

I have so far made comparatively little use of poster and leaflet propaganda, except for specific purposes, such as in immunisation campaigns.

This is not from any scepticism as to the value of health advertisement, but, although my sense of the incongruous may be grossly exaggerated, I confess I sense sharply the futility of a Council, or its departments, displaying health and cleanliness posters in schools and clinics where a ludicrous incongruity would exist between the ideals advertised and the immediate environment of the posters, etc.

(For further comments see Part C, Section 9).

SECTION 2.**MATERNITY AND CHILD WELFARE.****Sub-Section 1.****DOMICILIARY SERVICES.****(a) MIDWIVES.****Midwifery and
Maternity
Services.**

The Lancashire County Council, being the supervising Authority under the Midwives Acts, introduced, in 1937, a scheme for the establishment of a domiciliary service of salaried midwives. Three of such are now practising in Chorley, and their particulars are :—

Miss A. A. Bennett,
Olive Mount, Russell Square West.
Tel No.: Chorley 2654.

Mrs. J. E. Dickinson,
34, Weldbank Lane, Chorley.
Tel. No.: Chorley 2689.

Miss A. Christie,
5, Westminster Road.
Tel. No. Chorley 2659.

Fees for the services of these midwives have been fixed according to a sliding scale by the County Council.

The number of cases undertaken in 1943 by these midwives were :—

Miss A. A. Bennett	...	...	...	71
Mrs. J. E. Dickinson	...	...	...	78
Miss A. Christie	...	...	...	73

Two midwives are in private practice in the Borough—at the Park Road Nursing Home.

(b) DOCTORS.**" G.P." Scheme.**

The " General Practitioner Scheme " for ante- and post-natal supervision has fallen into disuetude.

This was a scheme whereby an expectant mother, who was not entitled to benefit under the National Health Insurance Acts, and not able to afford the services of a doctor, was enabled to obtain these services for at least three ante-natal and one post-natal examination at her own home or at the doctor's surgery, the fee of 5/- per examination being paid by the Corporation.

Causes of Failure.

I attribute to several reasons the failure of this scheme, such as—

- (1) The very few cases where the prospective mother can not afford the fees herself.

(I believe that most of the cases where the question of fees causes reluctance to visit a doctor belong to the class of patient who abhor what they consider "charity," such as the classes commonly known as "black-coated workers," etc.)

- (2) The little publicity given to the scheme in the first instance and the comparatively much greater publicity surrounding the Corporation's Ante-natal Clinic.

- (3) The tendency of both the general public and the midwives—and even of the doctors themselves—to appreciate that an obstetrical service is a specialised service, with the result that cases ask to attend or get referred to the ante-natal clinics when the matter of a doctor's opinion is desired.

- (4) The fact that the doctor at the clinic is a woman.

Comment.

I know not whether to lament or not over the demise of the "G. P. Scheme."

Granting the premise that obstetrics is a specialist subject, there is much to be said for all possible cases attending a clinic when a specialist's services are obtainable. In support of this might be quoted extracts from the report of a Departmental Committee to the Ministry of Health in 1937, wherein it was stated that amongst the commonest avoidable causes of maternal mortality were inadequate ante-natal care, and errors of judgment on the part of doctors and midwives.

On the other hand I do not consider that the degree of specialism necessary to distinguish between normal and abnormal obstetrical cases is such as should be beyond the prowess of a general practitioner of experience—who cannot obtain this experience if most cases attend a specialist clinic as a matter of routine.

Even if we take for granted that future medical practitioners will have a better training in midwifery during their student periods, I cannot envisage the average medical man obtaining sufficient experience to satisfactorily supplement his training, and I imagine that the solution lies in combinations of practitioners—or "teams"—where one member specialises in obstetrical cases.

I append the last paragraph, though it may be considered to apply more to the "profession" than to a Local Authority, in order to give the Local Authority some indication of a possible trend in the midwifery services. (See remarks under "Maternity Mortality.")

Sub-Section 2.

ANTE-NATAL CLINICS.

(a) "ROUTINE" ANTE-NATAL CLINICS (with reference to post-natal work).

Weekly ante-natal clinics are held, the Corporation providing the part-time services of an experienced obstetrician in the person of Dr. Isobel T. Walsh, of Preston. The clinic is available, free of charge, to all expectant mothers in the Borough, who are either referred there by the general practitioners in the area or attend on their own initiative.

This clinic was established in 1937 as a complementary service to the monthly "consultant" clinic, which had hitherto been the only ante-natal clinic in operation.

In 1942 an extra clinic per month was provided, chiefly for "County" cases from outside the Borough, the Lancashire County Council paying to the Corporation a further contribution towards the clinic expenses.

The attendances at this "routine" clinic for the year are given in the table opposite. The figures for the attendances, etc., since its inception are shown on page 46.

Increased Attendances.

This latter table illustrates the great increase in the use the public are making of this clinic, as also the reason why since 1940 the post-natal work has had to be curtailed—since it is impossible to staff any further clinics, owing to the general shortage of available medical personnel. Some post-natal examinations continue to be made at the ante-natal clinic.

Percentage of Total Births.

The number of individual expectant Chorley mothers attending the clinic represents 54% of the total births from the Borough. This percentage compares with 50% for the year 1942, and compares well with the figures of 21% in 1933, 33.5% in 1936, and 29% in 1939, but the percentage is still not high enough.

Supervision by "G.P.'s."

Many of the expectant mothers who do not attend the clinic obtain some ante-natal care from their private medical advisers, and of these, one hopes that more now receive at least one abdominal examination than did that proportion who so attended their own doctor in the years 1933 and 4.

Early in 1935 a systematic enquiry was made, through the Health Visitors, concerning all the births in 1933 and 1934, and it was ascertained that less than half those women who attended their own doctor for ante-natal supervision received one abdominal examination, and in less than a third were pelvic measurements taken.

SUMMARY OF ANTE-NATAL CLINICS.

INDIVIDUAL CASES SEEN.

ATTENDANCES.

	Local		L.C.C.		Total		Local		L.C.C.		Total	
	1942	1943	1942	1943	1942	1943	1942	1943	1942	1943	1942	1943
Dr. Walsh	203	291	97	167	300	358	664	817	304	457	968	1274
Dr. Bailey	48	17	22	13	70	30	74	91	35	58	109	149
Total	251	308	119	180	370	388	738	908	339	515	1077	1423
Referred by Dr. Walsh to Dr. Bailey ...	26	46	8	26								

No Ante-natal Supervision.

The above-mentioned enquiry also elicited that in the years 1933 and 1934 46% of expectant mothers received no ante-natal supervision at all, and although one does not know the similar figure for 1943, this obviously must be much less.

Improved Degree of Supervision.

Some idea of the improvement in the degree of ante-natal supervision in the last 10 years may be elicited by a comparison of the findings of the 1933-4 inquiry, with corresponding figures for 1943, regarding the frequency of attendances at the Ante-natal Clinic, and the period at which these were made.

Chorley Ante-Natal Clinic.

Period of pregnancy at which examinations took place (approx. percentage) :—

	1933-4.	1943
2nd-3rd month	6.0%	12%
4th-5th-6th month ...	38.6%	57%
7th-8th month	46.0%	31%
9th month	9.4%	—

Attendances made :—

	1934 only.	1943.
1 attendance	48.8%	12.8%
2 attendances	39.2%	18.4%
3 „	12.0%	19.0%
4 „	—	16.5%
5 „	—	15.6%
6 „	—	9.0%
7 „	—	6.4%
Over 7 „	—	2.3%

It will be observed that whereas in 1934 the vast majority made only 1 or 2 attendances, approximately 50% made over 3 attendances in 1943. This is chiefly due, of course, to the greater facilities offered by the establishment of a weekly clinic in addition to the monthly clinic, which alone existed in 1934.

The first table reveals the satisfactory attendances for earlier examination.

(b) CONSULTANT ANTE-NATAL CLINICS.

The Corporation provide the services of a Consultant Obstetrician in Dr. K. V. Bailey, of St. Mary's Hospital, Manchester, who attends monthly for consultation on difficult or complicated cases referred to him from the weekly routine clinics, or directly from the local general practitioners. By arrangement with the

Lancashire County Council, who contribute towards the expenses, patients from outside the Borough may attend the clinic, in addition to the "routine clinics," or without primary reference to the latter.

A summary of the work of the clinic is given on page 44.

This clinic was established in 1927, and the number of individual patients receiving consultations increased from 48 in 1928 to 148 in 1937. Subsequently, following the advent of the "routine" clinics, the numbers naturally fell considerably, only the more difficult obstetrical complications being referred to Dr. Bailey. This does not make his work any less imperative.

Table illustrating Growth of Ante-Natal Clinics.

Year.	Attendances (both clinics since 1937).					Individual Patients. (Chorley and "County").				
1927	14	...	...	...	...	...	10
1928	87	...	...	...	...	...	48
1929	97	...	...	...	...	...	55
1930	192	...	...	...	...	...	108
1931	184	...	...	...	...	...	102
1932	137	...	...	...	...	...	82
1933	183	...	...	...	...	...	106
1934	198	...	...	...	...	...	149
1935	227	...	...	...	...	...	149
1936	268	...	...	...	...	...	180
1937 (start of weekly clinic)	451	...	...	...	...	...	183
1938	472	...	...	...	...	...	200
1939	569 (including 17 post-natal)					...	282
1940	824	(	..	84	..	)	368
1941	927	(	..	21	..	)	370
1942	1,077	...	...	...	...	...	370
1943	1,423	...	...	...	...	...	388

(c) SURGICAL PROVISION.

For difficult labour cases and ante- and post-natal cases requiring surgical interference, the Corporation provide the services of two Obstetric Consultants: Dr. K. V. Bailey, of Manchester, and Dr. Simpson, of Preston. General practitioners may request their services either at the homes of patients or at the Chorley & District Hospital. Dr. Bailey undertakes the routine and more predictable emergency surgery, whilst Dr. Simpson is called upon for those emergencies that arise when the former's services are difficult to obtain.

The services of these consultants were utilised as follows:—

Dr. Bailey :—

Dr. Anderson (for Dr. Simpson).

Sub-Section 3.**INSTITUTIONAL PROVISION.**

Below are the available maternity beds in the Borough:—

Eaves Lane Institution (P.A.)	12 beds
Chorley & District Hospital (Voluntary). ..	17 ..
Park Road Nursing Home (Private)	4 ..

Arrangements by the Corporation under their M. & C. W. schemes are as follows:—

Cases liable to complications are admitted to the Chorley & District Hospital, and their maintenance fees are guaranteed by the Corporation.

Normal cases are admitted to the Eaves Lane Institution when the home or other circumstances of the patient render it desirable that the confinement should not take place at home. Maintenance fees guaranteed.

Patients are required to contribute financially according to a scale of charges, which is:—

Free maintenance at, or under a nett income * of 35/- per week for a family † of 2, with a weekly allowance of 7/6 per child above this, e.g., free for a family of 5 with income of 57/6 per week.

Maintenance charges recoverable at the rate of 1/6 per day for every 10/- per week income over the above basic rate—and in proportion thereof, e.g., a family of 5 with nett income of £4 per week will pay 23/7½.

* Nett income after deduction of rent, insurance charges, etc.

† Family of 2 may be both parents or one parent and child,

The number of maternity cases admitted to both of the above hospitas represents 63% of the total births.

Since 1935 the proportion of women attending a hospital for their confinement has gradually risen from about 40% of the total births to 63% in 1943.

Although normal cases of labour could—and should—be supervised by midwives, I submit that institutional provision should be available, not merely for complicated cases, but also for *all* those normal cases where the home circumstances are unsuitable. In this connection it is noteworthy that puerperal sepsis (which is encouraged by unsuitable environment) causes about one-third of the maternal deaths throughout the country. In an industrial town like Chorley, where much of the property is of considerable age, such unsuitable environment must occur in a large proportion of the total cases. The only alternative to providing more maternity accommodation is to provide better housing.

Sub-Section 4.

HEALTH VISITORS.

The Corporation continue to provide the services of two whole-time Health Visitors. In 1942 Miss A. A. Walsh relinquished her appointment after 28 years of service to the Corporation, and was succeeded by Miss K. Lamb.

Bluntly speaking—these two Health Visitors are much overworked. Although I feel it is the wrong time to recruit additional staff, I propose to bring the consideration of the matter before the appropriate Committee when conditions permit. Meanwhile, to enable members of the Council to be more conversant with the duties these ladies perform, I append a list of some of them.

Duties of Health Visitors.

Clinics.

1. Attendance at 5 Ante-natal Clinics per month.
2. Attendance at 3 Infant Welfare Clinics per week.
3. Attendance frequently at the clinics coming within the purview of the School Medical Service, but which are available for children under school age.

Home Visits

4. Home visits with a view to :—
 - (a) Supervision of ante- and post-natal care of mothers attending the ante-natal clinics ; to see that advice given at these clinics is carried out satisfactorily.

- (b) Advice to parents on how to improve and maintain their standards of housewifery, parentcraft, and general health : with reports on these matters and the environments found.
- (c) Supervision of all children in their district from 2 weeks to 5 years of age, with advice to parents that entails a knowledge of quite a host of subsidiary matters germane to infant welfare.
- (d) The " following up " of defects found at infant welfare clinics (and other clinics), and investigations as to possible causes (e.g., rickets, ringworm, etc., etc.).
- (e) Propaganda work re special campaigns—such as the immunisation of pre-school children against diphtheria.
- (f) Supervision of " boarded out " children, their foster parents, environment, and general living conditions.
- (g) Investigation of homes proposing to adopt children, to ascertain the suitability, or otherwise, of proposed adopters, and the environment.
- (h) Supervision of Home Helps—both in the home of the " help " and the home at which the latter is proposing to work.
- (i) Investigations of homes whence has arisen cases of some notifiable diseases.
- (j) Investigations of home conditions where scabies and other verminous conditions are present, with advice on treatment and prevention.
- (k) Investigation into cases of puerperal conditions, ophthalmia neonatorum, etc.

Other Work.

- 5. Treatment of cases of scabies, etc., at the cleansing station.
- 6. Assistance to School Nurses on frequent occasions.
- 7. Special investigation for the Medical Officer of Health.
- 8. The distribution of cod liver oil and fruit juices under the Government schemes.
- 9. Compilation of records and book-keeping, which itself entails many hours of work.

Some of these functions are performed more completely than others, as, obviously, two Health Visitors could not undertake them all fully.

The most valuable part of the Health Visitor's work is her visits to the homes of the people, where she can not only disseminate advice on immediate matters, but where she can undertake propaganda and bring to public notice the various health facilities made available by the Corporation.

In fact, as their annual records of latter years demonstrate, this part of their work has had to suffer most, on account of the increasing demands made on their time by increased attendances at clinics, as well as other duties.

I should like them to undertake more work in connection with visiting the homes of mothers attending ante-natal clinics, for instance, but it is impossible to do so at the present time.

The following is a summary of the work of the Health Visitors during 1943 :—

First visits to babies	557
Visits to still-births	21
Re-visits 0—1 year	935
Re-visits 1—5 years	1,455
Special visits to infants	143
Visits to expectant mothers	52
No access ... ..	...
Total visits	3,163

For a considerable time the Health Visitors undertook the distribution of extra clothing coupons to expectant mothers, but this duty has now devolved upon the Local Food Office.

This is, in one sense, unfortunate, as the distribution of these coupons brought the staff into contact with many expectant mothers whom they otherwise would not see.

Sub-Section 5.

CHILD LIFE PROTECTION.

The Health Visitors act as Child Life Protection visitors. There were 3 foster children registered during 1943, making a total of 5 on the register.

Sub-Section 6.

CLINICS AVAILABLE FOR INFANTS AND YOUNG CHILDREN.

See list at beginning of Report.

INFANT WELFARE CENTRES.

Two Infant Welfare Centres are provided on premises hired by the Council, at Eaves Lane Congregational Schoolrooms, and Cunliffe Street Methodist Schoolroom, one session per week being held at the former premises and two sessions a week at the latter. (The "Town" Clinic was transferred from St. George's Street to Cunliffe Street in 1942).

A voluntary Ladies' Committee works in conjunction with each of these Centres, and undertakes the work of providing teas and assisting generally with clerical work, distribution of dried milk, vitamins, etc.

The following attendances were made at these Centres in 1943 :—

Name of Centre	Meetings Held	Total Attendances	Number of Individual Babies Attending		M.O.H. Consultations
			0 to 1 year	1 to 5 years	
Cunliffe Street ...	94	4031	205	23	281
Eaves Lane ...	47	2501	137	11	207

The progress of the work at these Centres since 1931 is shown in the following table.

Year.	Attendance.	Year.	Attendance.
1931 ...	4,377	1938 ...	6,804
1932 ...	4,343	1939 ...	6,921
1933 ...	5,436	1940 ...	5,692
1934 ...	5,762	1941 ...	4,635
1935 ...	6,032	1942 ...	6,099
1936 ...	5,264	1943 ...	6,532
1937 ...	6,185		

In view of the call upon women for war work a drop in the attendances for the war years might be expected. Moreover, for half of the year 1941 there was no doctor attending the clinics. As the demand for female labour has grown it is even more satisfactory to note this return to the pre-war rise in attendances, particularly as your Medical Officer cannot yet attend with the regularity that is desirable.

Except on odd occasions the Medical Officer of Health attends these Centres as follows :—The Eaves Lane Centre on Wednesday afternoons, and the Cunliffe Street Centre on Tuesday afternoons.

The Centres are utilised mainly in an advisory capacity, medicinal treatment being rarely necessary with babies. Where such treatment is considered advisable, parents are requested to take their children to their own doctors, or to the appropriate clinic.

Every endeavour is made to see that all newcomers to the Centre are seen by the Medical Officer at their first or second visit, and much stress is laid upon the necessity of "seeing the doctor" periodically, with a view to keeping the children in good health, rather than of letting advice or treatment become necessary to counteract ill-health.

Unfortunately there is still present that tendency, noted by previous Medical Officers, for a gap to appear between the age of 2—5 years, when children are rarely brought to the Centres, except for gross ailments. Methods to bridge this gap, such as the establishment of special sessions for toddlers and increased home visiting, will necessitate more health visiting staff, but it is to be hoped that some of the existing war-time nursery provision will be taken over by the Council after the war, and will continue, in conjunction with the establishment of nursery classes attached to the elementary schools, to help to cover this pre-school period.

I have already referred to the unsuitability of the premises used, and it is to be earnestly hoped that one of the post-war reconstruction plans will be for the setting up of a Municipal Health Centre in which these Infant Welfare clinics can be incorporated in the same premises as the other clinics.

SECTION 3.

OTHER HEALTH SERVICES.

WAR-TIME NURSERIES.

Three war-time nurseries have been established in the Borough, the Corporation acting as agents for the Ministry of Health, and being responsible for their maintenance. The Ministry make a 100% reimbursement of the expenses.

"Mayfield."

The first of these nurseries was established early in 1942, in a converted dwelling-house ("Mayfield") fairly near the centre of the town. This accommodated, at first, 37 children, between 0—5 years of age, on a 24-hour basis. The staff included two trained nurses—Matron and Deputy-Matron—and an Infants' teacher for the older children, until the latter appointment became superfluous, when 0—2 infants only were accommodated.

**"Highfield" and
Duke Street.**

The other two nurseries were established early in 1943—one adjacent to the Duke Street Council School, and the other adjacent to the Highfield Council School. These premises are pre-fabricated huts and quite suitable for the purpose of accommodating up to 40 children, aged 2—5 years, daily from 7-0 a.m. to 7-0 p.m. The staffs of these two nurseries were under the control of a "Warden," i.e., a woman specially trained in dealing with young children, and capable of giving preliminary education to the older infants.

Due to so many women working on a shift system, the demand for a 24-hour service, particularly for infants under 2 years of age, led to a recent reorganisation of these nurseries, the Mayfield Nursery now accommodating only children under 2 years of age, and the Highfield and Duke Street Nurseries about 12 children each on a 24-hour basis, the remainder attending daily. The former nursery accommodates a limited number of children between 1½—2 years, and the staff now includes a trained nurse as Matron. These two nurseries have had their staff accommodation extended to make them suitable for use on a 24-hour basis.

Although mothers have been somewhat slow to avail themselves of the facilities provided, these nurseries are now working nearly "to capacity." All these premises are closed between 2-0 p.m. on Saturday till 2-0 p.m. on Sundays, during which period most works and factories are closed, or partially closed down. This 24-hour break ensures the children being taken home and making that so necessary contact with their parents—a contact that no nursery, however good, can replace.

The Future.

One is not aware of what is going to be done with these nurseries after the war is over, but this might be a suitable place in which to advise the Council as to my views of the future requirements.

I submit that some nursery and nursery-school accommodation will be essential, subject to certain provisos. I consider that accommodation should be made somewhat on the following lines :—

(a) Long-term Provision.

1. For the children of mothers who have to go out to work to maintain their families.
2. For children who have become orphans either by the death of both parents or of the mother, and for whom an adopted home cannot be found, or a suitable person found to care for them.

The amount of long-term provision required will be limited, and a still further limited amount of 24-hours accommodation may be essential.

(b) Short-term Provision.

1. For the children of mothers who are temporarily incapacitated, for a period of days or weeks—as in illness or an operation in hospital, etc.
2. For mothers who wish to dispose of their children for a few hours while shopping or making other essential visits.
3. For mothers who wish to regularly leave their children for one day per week, to enable them to obtain that weekly “break” that most men now have by legal right. This would contribute not only so much to the bodily and mental refreshment of the mother, but would reflect also on the welfare of the children. By this, I do not mean that instruction to be obtained by the day’s contact with the nursery, but from the ensuing week’s contact with that restored patience and equanimity without which no parent can satisfactorily rear their children.

The short-term provision will obviously be made much more extensive than that required for long-term.

The main provisos I would make are :—

1. Premises.

That the nursery be set amidst grounds extensive enough for children to be able to “get away” from the staff ; where they can “lose” themselves and do those apparently aimless things and play those apparently aimless games that are the prerogative of childhood ; where, in short, they can cease to be “brought up” and can spend an hour or so “bringing up” themselves, and where—I face the position deliberately—they can, without risk to life or serious risk to limb, take those cuts, knocks and hurts that educate them in the use of their senses, and the co-ordination of their limbs, more than anything else.

A room in the nursery should be set apart for the above purpose, where the staff would not be intrusively present !

2. Administration.

That the nursery be administered, to the **utmost possible** extent, on a **daily** basis, thus ensuring the essential home contacts.

3. That concurrently with the nursery, and in intimate association with it, there should be provided classes for instruction in parenthood.

PART C. SANITARY CIRCUMSTANCES OF THE AREA.

PART C.

Sanitary Circumstances of the Area.

PART C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. (a) WATER.

Source.

The town is supplied with water from the Liverpool Corporation Water Works at Rivington (the Chorley supply coming from the filter beds at "The Nab"), with the exception of the properties on the Duxbury Estate, whose supply is drawn from the Manchester supply, as the pipe lines to that city traverse the area on their way from Thirlmere. The water is soft (being upland surface water), and is of an excellent domestic quality, again excepting the Manchester supply, which, though pure, contains a suspension of solid peaty matter which detracts from its domestic usefulness.

Analyses.

Weekly bacteriological, and periodical chemical analyses, are carried out by the Liverpool Corporation, who forward copies of their analyses. Since these copies were requested in 1941, the results have proved invariably satisfactory.

Since the National Emergency the water supply has been chlorinated.

Unsatisfactory Supply.

Practically all the houses within the Borough receive a mains water supply, the only exceptions being the outlying farms and cottages, and the one exception among these where the quality of supply (from wells or springs) is unsatisfactory is the group of three cottages known as Temple Fields. Here the drinking water is drawn from an open stream running past the dwellings. This stream takes the overflow from the reservoir that supplied the Heapey Bleachworks and collects some drainage from tilled land en route. The occupiers have been warned to boil their water.

Pressure.

The pressure of water in some parts of the town is not good and leads to consequent neglect of all those main cleansing functions for which water is used—from flushing of closets to flushing of yards, etc.

The onus for this lies not upon the Water Authority but upon the owners of property, for almost invariably the fault lies in there being several properties receiving water by branches from one "service" pipe, which often enough is in itself of insufficient calibre and corroded with age. There is ample pressure in the mains.

When labour becomes once more available these unsatisfactory localities will have to receive the attention of the Council.

In 1938 a water tower, erected at the higher part of Preston Road, came into operation to "boost" the pressure in the neighbouring mains.

**Consumption
per head.**

The average daily consumption of water per head of population is about 27·8 gallons. (This figure includes the town's use of water for industrial purposes, as well as domestic.)

(b) DRAINAGE AND SEWERAGE.

**Change of
System.**

The outlying farms and cottages in the Borough are the only parts not served by the water carriage system. This, till 1936, was of the "combined system," whereby the surface water drainage and foul sewerage was carried away in the same sewers. In 1936 the Council approved a scheme to provide separate drainage for these, and up till the end of 1939, 4,522 yards of sewer and 7,052 yards of surface water drains were laid. The war has held up further extension of this policy.

**Sewage Disposal
Works.**

The sewage disposal provision for the Borough consists of a Main Works at "Common Bank" at the extreme western boundary of the town, and three subsidiary works at Cowling, Heapey and Botany, serving areas where it would be impossible, without tunnelling or pumping, to convey the sewerage to the Main Works, which serve more than three-quarters of the Borough.

Main Works.

The Common Bank Works consist of detritus tanks, sedimentation tanks, storm-water tanks, percolating bacterial filters, humus and sludge digestion tanks, and sludge drying beds. The effluent is discharged into the river Yarrow. These works were largely extended and re-organised between 1927-30, and again extended in 1937-8 to take the sewerage from the Parish of Euxton and its large factory. The average daily flow through this works is about 2,000,000 or more gallons, varying between a dry weather flow of about 1,000,000 to a wet weather flow of 6—7,000,000 gallons. Hitherto, the calls on the works have been well within its capacity, and a satisfactory effluent is maintained.

**Subsidiary
Works.**

The three subsidiary works are managed on the principles of chemical precipitation, filtration and land irrigation. These works are obsolete and ineffective for their purpose, the effluent being wholly unsatisfactory, and as soon as is possible after the war, discontinuance of these works is strongly advised. Any scheme for the drainage and sewerage of the eastern valley and Duxbury areas should provide the opportunity for this, as the extension of a main sewer (which would be inherent in such a scheme) "round the back" of the town, would serve to drain those areas now serviced by these subsidiary works.

2. RIVERS AND STREAMS.

The rivers and streams in the Borough are inspected regularly by the Inspectors of the Ribble Joint Committee.

It would be correct, but misleading, to repeat the statement in the annual reports of this department for the past 20 years or so, and say that "no complaint of pollution has been brought to the notice of the department," as such complaints do not reach this department. The complaints have been made, but the Rivers Inspectors are as aware as the Local Authority that nothing can be done at the present time. Having come to Chorley from an area where pollution of a stream by unsatisfactory sewage effluent involved the local Council in a law suit entailing compensation amounting to "five figures," I feel it my duty to draw the attention of the Council to the present state of affairs.

3. (a) CLOSET ACCOMMODATION.

Closet accommodation in the Borough at the end of the year 1943 was as follows :—

16	Privy middens.
21	Closets attached to above middens.
81	Pail closets.
798	Waste-water closets.
9,142	Fresh-water closets.

The privy middens and pail closets are located amongst the farms and outlying properties near the Borough boundary, and none exist where sewers are available. They are mostly emptied by the owners, but the Corporation undertakes the emptying of privy middens and 59 pail closets. This work is done during the daytime, and the contents are either buried in land or conveyed to the main sewerage works. By agreement, the Chorley Rural District Council undertakes the emptying of pail closets at Birkacre.

All new houses are fitted with fresh-water closets.

Conversions.

No conversions from conservancy systems were made during the year

Since 1931 the following conversions have been made :—

Privy closets to pail closets	...	...	...	8
Pail closets to fresh-water closets	...	...	...	2
Waste-water closets to fresh-water closets				143

After the war it will be the duty of this Department to hasten the conversions to fresh-water closets—not because there is anything inherently insanitary in some conservancy systems, but because such systems need more human effort in their management

than water closets. Although the satisfactory disposal of excreta in all types of closet is dependant on the human factor, lack of intelligent manipulation is more prone to occur in conservancy systems, and the dangers from such neglect and the creation of statutory nuisances more readily arise.

Although a fresh-water closet, the "trough" closet is much to be condemned, and there are far too many of these scattered throughout the Borough in factories and schools.

(b) PUBLIC CLEANSING.

Streets.

The cleansing of streets and clearance of snow is carried out by the Borough Engineer's Department.

Houses and Trade Refuse.

The collection of house and trade refuse is carried out under the supervision of the Chief Sanitary Inspector.

The refuse is removed in approved motor vehicles—of which the Council possess three and hire two—and is collected from 9,402 covered ash bins, which are emptied weekly.

Controlled Tipping.

Th refuse, with the exception of condemned meat and offal and those articles recovered under war-time salvage schemes, is disposed of by controlled tipping at the Yarrow House site. This policy, commenced in 1937, was wholly resorted to in 1938, after the closure of the destructor works and a Ministry of Health enquiry into proposals of the Council concerning refuse disposal.

Condemned meat and offal is disposed of by removal to Gallagher's (Offal Works), of Wigan.

The war years have seen increased work and difficulties for the staff of the Sanitary Department. This has been due partly to the shortage of labour, and in large measure to the initiation and extension of salvage schemes. These schemes necessitate a considerable increase in haulage and time and wages of men, with a reduction of income due to much salvage being of the nature of trade refuse, the removal of which was previously incumbent on the trader, either privately or on charge by this Department.

During the year the principal articles salvaged were rags, ferrous metals, non-ferrous metals, bones, paper, bottles and jars, rubber, and pig food.

(c) CLEANSING OF DRAINS AND CLOSETS.

This work, which previously employed two whole-time men, has suffered much from the man-power shortage, the Sanitary Department having to do their best with one part-time man. Some

of this repair and cleansing work, where excavation is necessary, involves the Surveyor's Department, and they, also, suffer from the labour problem. The unavoidable delay in dealing with flooded yards, etc., is particularly regrettable, as the nuisance caused is such a grave one from a public health point of view.

(d) LAVATORIES AND URINALS.

There are 23 public lavatories and 5 urinals in the town, and the supervision of these is under the control of the Chief Sanitary Inspector. They are cleaned and maintained by a staff of one male (full-time) and two females (part-time). Owing to the obsolete character of many of these conveniences and to their misuse on several occasions, accentuated by their general lack of repair (no painters available), and the degradations of individuals who break open locks and cash boxes, etc., their present state is anything but desirable.

The modernisation of these conveniences and the provision of more such accommodation is urgently necessary, and both from the point of view of public health and the self-respect of the Council, this should be undertaken as soon as possible after the war.

These improvements have been urged annually by your Medical Officers of Health since 1934, and I fail to understand the procrastination of the Council in this matter during the five pre-war years.

Further details referring to these matters are included in extracts from the Sanitary Inspector's Report.

4. SHOPS AND OFFICES.

During the year frequent visits were made in regard to the provisions of the Shops Acts. Verbal notices were given for the contravention of the Shops Acts, and Public Health Act (1936) (in regard to sanitary conveniences). Many notices were so served in connection with the display in shops of notices containing the provisions of the Shops Acts—the failure to do this continuously constitutes one of the most frequent contraventions.

There are some inherent difficulties in supervising the practical application of the Shops Acts provisions—such as in obtaining the maintenance of requisite shop temperatures, where shops insist on street doors being kept open for the easy access of customers; and although most shops employing female labour provide the requisite number of chairs, whoever saw a female assistant daring to utilise one ?!

There is a general deficiency in the facilities for consuming meals on shop premises; other provision than a packing-case for a chair and the window-sill for a table should be enforced.

5. CAMPING SITES — TENTS, VANS, SHEDS, &c.

1 caravan is situated within the Borough and used for human habitation, with the consent of the Corporation.

Under the Chorley Corporation Act, 1936 (section 92-3), no tent, caravan, or similar structure is permitted to remain within the Borough, nor is it permitted for any land to be used to provide accommodation for such, without the consent of the Council.

More stringent powers are necessary to enable the Department to deal with these dwellings immediately on their discovery, as much damage is often done to private property within 24—48 hours before the whereabouts of these mobile dwellings are ascertained.

6. SMOKE ABATEMENT.

Very little work has been undertaken with regard to smoke abatement since the commencement of hostilities—this is, of course, completely understandable.

I have no personal knowledge of the conditions in this industrial town during years of peace, but if in future they are to be at all paralleled by conditions at present existing, the Local Authority would, if they diligently pursued their duty of enforcing the law, spend most of their time in Courts of Summary Jurisdiction endeavouring to abate smoke nuisances!

Chorley may well be a “better place” after the war, but it won't be a “brighter” one unless the tons of soot that are annually deposited upon its streets and buildings are considerably reduced.

I feel sure the majority of the Council's members have no idea of the soot tonnage deposited, and neither have I any exact information, but I hope to be able to put such before the Council in my next report. However, some idea may be given by reference to the soot deposited annually in other industrial areas, viz.:—

						Tons per sq. mile.
Manchester	...	...	...	...	...	514
Glasgow...	...	...	...	...	...	360
Liverpool	...	...	...	...	...	367
Birmingham	...	...	...	...	...	548
London (E.)	...	...	...	...	...	488

May I appeal to the Council to take the oft-repeated advice of their former Medical Officers and make a bye-law, under Section 104 of the Public Health Act, 1936, such as :—

“ That the emission of black smoke for a period of two
“ minutes in the aggregate within any continuous period of
“ 30 minutes from any one chimney in a building other than
“ a private dwelling-house shall, until the contrary is proved,
“ be presumed to be a nuisance.”

This is in accordance with the Ministry's model bye-law on the matter.

The emission of much smoke can be ascribed to one or both of two factors—inefficient plant and/or inefficient stoking. Both these factors involve waste of fuel.

Surely the advocacy of a combination of economy with public benefit should appeal to all concerned.

I would like to make one further suggestions on this subject. Most towns leave their smoke abatement work to their Sanitary Inspectors. The disability from which these officials suffer is not lack of knowledge, but lack of sufficient time in which to make that individual approach to the industrialists, whose co-operation is the essential factor in this matter.

Surely in such an area as Lancashire there is sufficient industrial plant within quite a small compass to make it worth the while of neighbouring authorities to combine in the formation of a statutory joint committee for smoke abatement purposes. Such a body would employ and supervise an inspector or inspectors, whose whole-time activities would indisputably result in much benefit to the constituent authorities.

7. SWIMMING BATHS AND POOLS.

There is one privately-owned open-air swimming pool in the town, in addition to the Corporation Swimming Bath. Both are inspected and tested by the staff of this Department. The samples of water sent for analysis during the year were reported as satisfactory.

The Corporation's Public Baths were opened in 1938. They comprise “ slipper ” baths and swimming “ plunge,” with a modern plant for the filtration, chlorination, de-chlorination and heating of water, and efficient laundry facilities. The dressing cubicles are of sheet metal, and the whole premises arranged to facilitate “ hosing ” down.

These baths are much appreciated and utilised by the public, including the schools, and although the premises are up to date in almost every way, there are occasions when the entrance of solid matters into the "plunge" transforms its normally clear and limpid water to the likeness of our coastal seas !

This is due to the lack of provision for the *unavoidable* passage of bathers through a foot-bath which they ought to navigate before entering the plunge, and of a separate passage way for Staff to traverse the building.

8. ERADICATION OF BED BUGS.

No. of Council houses found infested	...	0
" " " " disinfested	... ..	0
" " other " found infested	... ..	38
" " " " disinfested	... ..	38

Disinfection of premises is performed by the use of Cimex, or spraying with Zaldecide or other vermicide. Bedding and other suitable material is treated by steam disinfection.

This work is carried out by the Local Authority unless circumstances necessitate the use of cyanide gas, when a contractor is employed ; as when the belongings of certain people who are about to occupy a Council house need disinfestation.

These pests are sometimes exceedingly difficult to eradicate, particularly from temporary buildings constructed of "breeze" with plywood lining. In such conditions the only satisfactory method is fumigation by cyanide or else destruction of the building by burning.

A method of fumigation by heavy Naphtha vapour is probably as effective as cyanide, without the attached risks of the latter method, but it requires a specially trained staff.

9. SCHOOLS.

The following table gives details of the sanitary accommodation of the schools in the Borough.

	School Popula- tion. (Average on Roll.)	Water Closets.			Urinals.		No. of Children to each W.C.
		No. of Pedestal W.C.s flushed with separate cisterns.	No. of Pedestal W.C.s flushed with automatic cisterns.	No. of Trough Closets flushed autonomati- cally.	No. with Sparge Pipes.	No. without Sparge Pipes.	
Duke Street, Mixed ... B.	147	4	...	...	...	1	36
„ „ Infants ... G.	222	12	...	...	...	...	18
„ „ Infants ... B.	73	2	...	...	...	1	36
Highfield Mixed ... B.	85	4	...	...	2	...	21
„ „ Infants ... G.	115	8	...	...	...	...	14
„ „ Infants ... B.	68	2	...	...	1	...	34
„ „ Infants ... G.	52	5	...	...	...	...	10
All Saints' ... B.	67	...	3	...	...	1	22
„ „ Infants ... G.	65	...	6	...	...	...	10
Weld Bank ... B.	149	...	...	4	...	2	37
„ „ Infants ... G.	172	...	...	8	...	...	21
Sacred Heart Infants ... B.	63	...	...	3	...	1	21
„ „ Infants ... G.	53	...	...	3	...	...	17
„ „ Mixed ... B.	147	...	...	5	...	1	29
„ „ Mixed ... G.	132	...	...	5	...	...	26
St. James' Infants ... B.	125	...	...	7	...	1	17
„ „ Mixed ... G.	107	...	...	4	...	1	26
„ „ Mixed ... B.	84	...	...	6	...	...	14
St. Mark's ... B.	16	...	...	2	...	1	8
„ „ Infants ... G.	21	...	...	3	...	...	7
St Peter's Infants ... B.	55	...	...	4	...	1	13
„ „ Infants ... G.	46	...	...	5	...	...	9
„ „ Mixed ... B.	90	...	3	...	1	...	30
„ „ Mixed ... G.	84	...	8	...	...	...	10
St. Joseph's ... B.	50	1	...	...	...	1	50
„ „ Infants ... G.	64	2	...	...	...	...	32
St. George's Infants and ... G.	292	...	...	10	...	1	29
„ „ Infants ... B.	150	...	...	4	...	1	37
Hollinshead Street... B.	97	1	...	4	2	...	19
„ „ Infants ... G.	78	...	5	5	...	...	7
Parochial Infants ... B.	27	...	...	4	...	1	6
„ „ Infants ... G.	121	...	...	6	...	...	20
Parochial ... B.	97	1	...	4	...	3	19
St. Mary's Infants ... B.	58	2	...	...	...	1	29
„ „ Infants ... G.	67	5	...	...	...	...	13
„ „ Mixed ... B.	114	3	...	...	...	1	38
„ „ Mixed ... G.	131	5	...	...	...	...	26

Most of these schools are "Church schools," and most of these (not all) suffer from the usual defects of Church schools of ancient lineage. I would particularly draw attention to the hopelessness of trying to educate children in health matters when they have to spend their schooling hours in premises often deficient in lighting, often deficient in ventilation, when washing facilities are of the most meagre, and where they must suffer the horrors of trough closets.

I know that these considerations seriously disturb the minds of the members of the Education Committee, and that the war has postponed reorganisation of schools, but their recital is appropriate to a survey report.

10. SANITARY INSPECTIONS OF THE AREA.

(Incorporating extracts from the Chief Sanitary Inspector's Report).

Total No. of sanitary inspections by Inspectors ...	9,729
No. of premises showing defects or nuisances ...	670
Informal notices served... ..	670
Informal notices complied with	475
Informal notices not complied with	264
Statutory notices served under :—	
(a) Housing Acts	4
(b) Public Health Acts	12
(c) Chorley Corporation Act	11
Statutory notices not complied with	12

Much of the work of the Sanitary Inspectors is dealt with in other sections of this Report, and the following sub-heads mostly comprise extracts from the report of the Chief Sanitary Inspector. These extracts are either not applicable to the above-mentioned sections or give such detailed amplification of them as would obscure their salient points.

Refuse Collection— Details of

"Engaged on this service are three vehicles owned by the Corporation (2 'S.D. Freighters' and 1 'Karrier') and two vehicles supplied by a contractor (1 whole, 1 part-time).

"The two S.D. Freighters, which have given constant good service, each collect an average of 5 loads per day—approximately 12 tons of refuse in the colder weather—and are used on the longer hauls. They are manned by the younger and more active men. The 'Karrier' works more centrally and in the shopping area, and is manned by the older and less active men. The refuse collected by this vehicle is lighter and more bulky.

"The part-time vehicle has had to be engaged for $3\frac{1}{2}$ days per week to cope with salvage and pig food."

Ashbins.

"These have been very difficult to purchase, and a large number of cheaper bins have been purchased by property owners which became worn out in 6—7 months (the bins, not the owners!). A few of these bins lasted two years, and, their owners expecting much longer life from them, the refuse men were much blamed for rough handling of these flimsy containers. It was easy to vindicate the workmen by showing complainants the condition of neighbouring Corporation bins which had withstood the rigours of emptying for 15 years!

"This Department continues to buy ashbins of the 'Chorley' type, and supplies the public on receipt of an order.

"355 bins were sold during the year by the Department; but the bins obtainable are not of the quality of the pre-war models, and I anticipate a 'life' of only about 4 years instead of 10 years or more, as previously."

Salvage—Pig Food.

"The salvage of pig food is an ever-growing service. It was commenced at the Government's request to economise all animal foodstuffs. Many months after the Chorley scheme was in operation it became obligatory on every Local Authority to salvage all kitchen waste.

"In August, 1941, 20 receptacles were placed in the streets, and by the end of 1942 their number had increased over 10 times. By the end of 1943 there was a monthly collection of nearly 600 binsful, weighing approximately 15 tons.

"The stealing and damage of bins that occurred during the first years working of this scheme appears to have ceased.

"The collection of pig food is not a monopoly of this Corporation, as in some neighbouring Local Authorities. Collectors operate in the town and considerably reduce the potential amount that could be salvaged by the Corporation. I have estimated that 10 tons per month is collected privately."

OFFENSIVE TRADES.

There are 5 premises registered for the purpose of carrying on trades classified as "offensive," namely:—Tripe dressing, 4, and gut scraping, 1.

These premises are all inspected to see that they conform to the bye-laws.

The gut-scraping premises adjoin the abattoirs, and are owned by the Corporation and rented from them.

The floor of these premises was relaid and the ceiling extensively repaired during the year.

DISEASES OF ANIMALS.—Acts and Orders.

No outbreaks of disease have occurred during the year.
No licences were issued under the Order for movement.
28 licences were checked.
Anthrax Order : No action.

IMPORTATION OF ANIMALS ACTS.

Four licences were issued for movement, and 126 licences were checked to see that the Acts were not being ignored.

Many contraventions were found under the above Acts, particularly in relation to the conveyance of animals. Verbal and written warnings were given, and it was not found necessary to report any offences to the Diseases of Animals Acts Committee for legal action.

RATS AND MICE DESTRUCTION.

74 premises were dealt with during the year, necessitating 491 visits by the part-time rat-catcher.

It is only when the country's stocks of food assume the importance that they do in war-time that people begin to show concern over the depredations of these vermin, which annually amounts to millions of pounds (sterling) throughout the country as a whole.

During the year the Ministry of Food has taken action, under the Emergency Defence Regulations, to promote—in conjunction with Local Authorities—a campaign for the strict control of rodents. * It has been suggested that Local Authorities enrol whole-time "rat officers" to undertake this work (under the supervision of the Chief Sanitary Inspector), and that their first functions should be to make a survey of the area.

Many Local Authorities have hitherto dealt with this matter in a piece-meal fashion, by action only on the receipt of complaints by tenants or owners of individual premises. This method mostly fails to take cognisance of the major sources of infestation, such as drains and sewers, and it is to these possible sources that the Ministry suggest that Local Authorities should turn their attention.

* A "rat officer" was appointed in April, 1944, and has already undertaken valuable work.

RAG FLOCK ACT.

Premises where rag flock is used or sold have been reduced from 5 (in 1939) to 1. Five visits were made during the year. No sample was taken for analysis.

COMMON LODGING HOUSES.

There are two common lodging-houses in the Borough - Standish House, for men only, and No. 1, King Street (known as Top Model), which accommodates men, women and children. These premises are satisfactorily managed and frequently inspected. Any notices following these inspections are acted upon at once. Bugs are annually found on these premises, and as frequently exterminated.

PART D.

Housing.

PART D.**HOUSING.****1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR.**

1. (a)	Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts) ...	1,115
(b)	No. of inspections made for the purpose	1,135
2. (a)	No. of dwelling-houses included under sub-head (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925	201
(b)	No. of inspections made for the purpose	250
3.	No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	193
4.	No. of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation	0

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICE.

No. of dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	475
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR.**A. Proceedings under Sections 9, 10 & 16 of Housing Act, 1936.**

(1)	No. of dwelling-houses in respect of which notices were served requiring repairs	4
(2)	No. of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	by Owners	Nil
(b)	by Local Authority in default of owners	Nil

B. Proceedings under Public Health Act.

(1)	No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	12
(2)	No. of dwelling-houses in which defects were remedied after serving of formal notices :—	
(a)	by Owners... ..	4
(b)	by Local Authority in default of owners	Nil

No proceedings were taken under Sections 11, 12 or 13 of the Housing Act, 1936, but many houses await the application of those sections or their completion, both houses already represented and houses still awaiting representation.

Overcrowding.

Due chiefly to the influx of war workers and their families, innumerable cases of overcrowding continue to be brought to the notice of the Department. There are many cases where a tenant, paying anything from 20/- to 30/- per week, will sub-let several rooms in his house, each to a separate family, and each room let at £1 per week. Some of these families consist of six or more members. They enter the town and find these cramped quarters, and then come to this department for their state to be alleviated—expecting manna from a clear sky!

Exploitation of Workers.

When a working member of a family is drafted into the town and his family follow him, one cannot proceed to draft the family out of the town; and as there is simply no alternative accommodation in the Borough, the horrors of war, as they affect housing, must persist till peace returns.

Such exploiters of the public's housing difficulties are found in other places than Chorley, of course. They merit severe condemnation, but without condoning their parasitical actions one iota, I would point out that they are in no wise to be condemned more than property-owners who are content, in peace time, to exploit the poorer classes of tenant by allowing their premises to be overcrowded.

One of the difficulties in dealing with these people lies in the lack of legal control of "furnished" accommodation. Bye-laws under Section 6 of the Housing Act, 1936, as recommended over several years by previous Medical Officers of Health, would have enabled the Council to have dealt with much of the problem.

SPECIAL REPORT ON HOUSING.

I append to this part of the Report a copy of a * Special Report on housing needs which was prepared for your Housing and Town Planning Committee, and which embodies most of the essential material necessary to a survey of latter years and recommendations for the future.

In the Special Report I briefly mention the "implications" of building small property with "two bedrooms and a 'box' room." The chief implication is that such property will tend to become progressively overcrowded, and it is when property becomes overcrowded that it begins to deteriorate and slum conditions become reproduced.

* Although this Report was produced in 1944, I deem it appropriate to this Survey Report.

Relation of Small Property to Birth Rate.

Let us face the facts boldly.

1.—Unless a higher birth-rate is produced and *maintained*, the population of this island will decline to such extent that we will become a second or third-class nation, numerically.

2.—This is a national problem, to be solved democratically, by local effort with "Central" aid.

3.—There will be a considerable raising of the general standard of education after the war, particularly marked amongst the poorer classes. People who have been trained to think will not rear children in overcrowded and unhygienic conditions.

4.—**Small property which is to be properly maintained is not an economical proposition, from the point of view of interest or capital.**

Therefore it behoves Local Authorities not only to provide and maintain small property (as they will be doing), but to see that such property is not too small to provide accommodation for children on a larger scale than was customary between the two wars.

(Houses with two bedrooms and a "boxroom" should be provided solely for middle-aged couples and such like, and in numbers relative only to such needs.)

Size of Rooms.

Another point I would like to make concerns the *size* of rooms. In the majority of pre-war Council houses one can scarcely swing round the proverbial cat, and all the arguments relating to the production and upbringing of children apply also to the necessity for an increase in room size.

Research and subsequent statistics have proved that there is ample justification for the generality that "the smaller the house, the smaller the children."

As a further addendum to the Report I would remind the Council that they will not only have to build houses, but will, at the same time, have to apply their attention to repairs on a large scale before much property becomes totally "unfit for human habitation." The question of repairs applies to Council houses as well as other property, and in view of the fact that when the new building programmes are "well on the way," the Council will have become a very large owner of property, I would advise the consideration of the appointment of trained property managers, as typified by the trainees of the Octavia Hill system. This would obviate what would otherwise be necessary for housing alone—an increase in sanitary staff.

Particulars on the following page epitomise the type of property already built by the Corporation.

MUNICIPAL HOUSING SCHEMES. *

SITE.	Nature of Scheme	Date completed	No. of houses provided	General Type of houses in total Scheme		Completed house — accommodation		
				Non-Parlour	Parlour	No. of houses containing rooms as in Cols. 8 & 9.	Parlour	No. of Bedrooms
Columns 1	2	3	4	5	6	7	8	9
The Crescent	1919	1921	53	6	47	6 41 6	— 1 1	3 3 4
Harrison Road	1919	1923	38	26	12	26 12	— 1	3 3
Brindle Street No. 1	1919	1925	24	24	—	24	—	3
Brindle Street No. 2	1923	1925	23	23	—	23	—	3
Highfield	1924	1926	60	50	10	50 10	— 1	3 3
Marlborough Street	1924	1928	51	50	1	12 38 1	— — 1	2 3 3
Springs Road No. 1	1924	1931	92	92	—	34 58	— —	2 3
Ashby Street	1930	1935	62	62	—	16 29 14 3	— — — —	1 (flats) 2 3 4
Springs Road No. 2	1930	1937	62	62	—	12 18 24 8	— — — —	1 (flats) 2 3 4
Brown Street	1930	1939	92	92	—	16 36 29 11	— — — —	1 (flats) 2 3 4

* Does not include 68 houses erected and bought under H.P. Schemes.

MUNICIPAL HOUSING SCHEMES

Scheme Name	Year of Completion	No. of Houses	Total Cost	
			£	s
The Orchard	1931	33	1	6
Leicester Road	1933	39	2	6
Leicester Road No. 1	1933	24	1	4
Leicester Road No. 2	1933	23	1	3
Highfield	1934	100	3	0
Marlborough Street	1934	21	1	0
Spring Road No. 1	1934	32	1	0
Abbey Street	1935	65	2	0
St. George's Road No. 1	1937	43	1	6
St. George's Road No. 2	1938	101	2	0

Total 65 houses erected and bought under

SUMMARY OF COUNCIL'S HOUSING SCHEMES

Public Health Department,

2/4, St. Thomas's Square,

Chorley.

Mr. Chairman, Ladies and Gentlemen,

In accordance with your wish, expressed at your meeting in February, I herewith submit my report containing observations on the future housing requirements of the Borough.

HISTORY.

Population
Increase 100
years.

National and
Local.

To any successful planning of the future an appreciation of the past is surely pre-requisite, so I make no apology for briefly surveying the history of housing since the last war. During these 25 years more attention has been devoted to housing and town planning than in any other period of the country's history. How much more fortunate we would be if such attention had been so devoted in the period of England's industrial revolution, when so much of our housing was erected—erected to cope not only with the tremendous transformation of rural into urban communities, but with the astonishing increase in the population from nearly 9 millions in 1801 to 32½ millions in 1901. In the same period Chorley's population rose from 4,513 to 26,837.

The history of the housing effort since the last war consists of the varied measures adopted by successive Governments to promote, in co-operation with Local Authorities, the erection of the required number of houses at reasonable rents.

1919 ACT.

The first of these measures, sponsored by Dr. Addison as Minister of Health in the Coalition Government, was the Act of 1919, in which year your Council estimated that 600 houses would be required in Chorley.

A start was made on two sites—at Preston Road (53 houses) and Pilling Lane (proposed 242 houses). This latter scheme was held up and reduced to 62 houses after the discovery of H.M. Government that Dr. Addison's method of leaving the execution of the work to the Local Authority, while the Exchequer bore any cost of that Local Authority's 1d. rate, was not conducive to economy, and was becoming a severe drain on Exchequer funds. Apart from this, building material was scarce and prices high—conditions which were aggravated by "pushing" a building programme.

Thereafter subsequent schemes took the form of fixed contributions that left the Local Authorities with an incentive to keep down costs.

**1923 ACT.
Incentive to
Private Enter-
prise.**

The first of these was Mr. Chamberlain's Act of 1923, in which a subsidy of £6 annually was given for every house built. This was the measure which gave the fillip to building by private enterprise, and in Chorley 400 houses were so built before the repeal of the Act in 1939.

**Council's
Instalment
Schemes.**

The Council itself built 100 houses under this Act at "Rangleetts" and "Brindle Street No. 2" sites. Many of these were bought by their occupiers under instalment purchase schemes.

But neither before this Act (under Dr. Addison's scheme), nor subsequently as a result of it, were the housing needs of the poorer working classes provided for.

1924 ACT.

In 1924 Mr. Wheatley, the first Labour Minister of Health, made an effort to start the provision of houses "to let" at a low enough rental to supply this need. He gave a substantial subsidy to Local Authorities of £9 per annum, for 40 years, for each erected house, the Local Authority adding £4 10s. 0d. per annum towards the rent.

Throughout the country nearly $\frac{3}{4}$ million houses were built under this Act up to its repeal in 1932.

**In Chorley.
False Hopes.**

In Chorley 203 houses were built, under the same Act, on sites at "Highfield," Marlborough Street, and "Springs Road No. 1."

Still the needs of the lower-paid workers were not met. Mr. Wheatley's hope of houses to let at 9/- per week did not materialise, the average rent of houses built under his Act being 13/- to 15/- per week. Building costs at the time of the repeal of the Act had fallen so low that continuance of the subsidy would probably have allowed houses to be built at the rent originally desired, or even at one or two shillings less. It has been authoritatively stated that houses could have been erected at this period **without subsidy**, to be let at a weekly rental of 12/-, without incurring loss.

**1930 ACT.
Slum Clearance.**

In 1930, Mr. Greenwood, then Minister of Health, sponsored an Act which, while not furthering more building, provided the means for slum clearance, whenever the time was deemed propitious. In 1933, the National Government (Minister of Health, Sir Hilton Young), considered this time had arrived, and produced their renowned Circular 1331, asking Local Authorities to produce a five-year programme for the abolition of slum areas.

**Census and
Housing
Shortage, 1931.**

Whether or not wisdom was displayed, following the revelations of the 1931 Census, in ceasing to promote further building and giving precedence to slum clearance is perhaps a subject for debate. The 1931 Census revealed that, throughout the country as a whole, the housing shortage, based on the only reliable measure of housing needs—i.e., the standard of one house per one family—was worse than in 1921.

Whatever view one takes of the precedence given, there can be no doubt of the stimulus given to slum clearance—a matter which, with one excuse and another, had surely been postponed far too long.

Details of Slum Clearance in Chorley.

Under the 1930 Act the Council built 216 houses on sites at Ashby Street (62 houses, completed in 1935), "Springs Road, No. 2," (62 houses, completed in 1937), and Brown Street (92 houses, completed in 1939).

This programme was undertaken to rehouse the 490 tenants of 145 houses in those nine "clearance areas" which were confirmed by the Ministry of Health out of 10 represented to you (8 in 1933 and 2 in 1937). An unconfirmed "area" of seven houses in Alfred's Court was dealt with by "closing orders" in 1935.

The Ashby Street and Springs Road houses were built to rehouse the tenants of 72 houses in the seven "areas" confirmed in 1933, and the Brown Street estate to rehouse the tenants of the 73 houses in the two "areas" confirmed in 1937.

(In this connection it is of interest to note that in 1930 the Chorley Council submitted that only 40 new houses would be required for the ensuing five years, for the purposes of the 1930 Act!).

REVIEW OF POST-WAR BUILDING PROGRAMME

To 1931.

By 1931 this Local Authority had built 465 houses and private enterprise had built about a similar number, over 400 of them with the help of subsidies.

Over 900 Houses Locally.

What effect had the erection of over 900 houses on the housing shortage in the 12 post-war years?

Throughout the country nearly two million houses had been built by 1931, and yet—according to the 1931 Census—the housing shortage was still acute, and even worse than in 1921.

Why was this, and was Chorley affected in the same way?

Reason for Shortage.

The **reason** for the continued shortage is that the demand for houses is influenced, not so much by the growth in population as by the **growth** in the **number of families**.

In the post-war years, through various factors, this reached a maximum.

In Chorley, although the total population increased by only 214 to 30,795 in 1931, the number of individual families increased by **over one thousand**.

Shortage in Chorley.

So, taking the basis of computation the only satisfactory standard—that of housing each family in a separate dwelling—the number of houses built in Chorley did not keep pace with the growth of families, apart from any original shortage.

**Class of
Shortage.**

But this simple statement needs amplifying. The prevailing "general impression," about 1930-31, was that the acute shortage had been overcome, and popular agitation had diminished. This mistaken sense of satisfaction was probably due to the fact that, although the building programme had, of course, relieved a shortage, the relief had been distributed through the various sections of the population in degrees that varied in direct ratio to the varying financial status. The more "well-to-do," better educated, and consequently *more clamant* sections had had their demands satisfied in greater degree than others; hence the diminution of agitation. The shortage that the Census revealed was to be found still amongst the poorest classes—the classes where overcrowding and poor living conditions cried loudest for redress.

AFTER 1931.

Reference has already been made to the fact that the indications of the 1931 Census did bestir the Government of the day to make a start with slum clearance.

**Chorley—Over
1,200 More
Houses.**

In Chorley, during the post-census period to 1939, your Council built the 216 houses previously referred to as accommodation for the tenants of "clearance areas." During this period, private enterprise built nearly 1,000 houses.

What, then, was the position towards the end of this second period?

In 1937 it became illegal to overcrowd houses beyond a "permitted number," and a housing survey had to be made to enable the law to be executed. This survey revealed that at the end of that year 418 families (comprising 1,897 persons) were known to be overcrowded. This figure did not indicate an even worse state of affairs, due to the influx of temporary lodges, coincident with the expansion of the Royal Ordnance Factory at Euxton. During 1938-39 much effort was spent by your Sanitary staff on relieving overcrowding, and at the end of 1939 the number of overcrowded families had been reduced to 61, comprising 325 persons.

**FINAL
ANALYSIS
at 1939.**

So, a summary of the position at the end of 20 years, during which approximately 2,000 houses had been erected, reveals that there was still an insufficiency of houses to provide a separate dwelling for each family.

This statement does not, moreover, take cognisance of the fact that some hundreds of dwellings housed families in conditions unsuitable for human habitation.

ESTIMATE OF FUTURE REQUIREMENTS.

The factors influencing this estimate are as follow:—

1. Increase in the number of families.
2. The current state of overcrowding.
3. The number of houses to be scheduled for demolition or closing.

1. Increase in Families.

Reference has already been made to the increase in the number of families in Chorley by over 1,000 at the 1931 Census. In the preceding 10 years the number of families throughout England and Wales increased by $1\frac{1}{2}$ million (i.e., by 17%), and the estimated increase for the ensuing 10 years (to 1941) was by about half that number. No Census took place in 1941 to enable a check to be made on that estimate, but if we allow only a 40% increase (taking into consideration the "years of depression") the total number of families in Chorley would have risen in 20-odd years by over 1,400.

This seems a reasonable estimate if we add the (approx.) 200 houses demolished or closed, and the 400-odd cases of overcrowding that were almost all liquidated, and say that the 2,000 houses built in that period nearly overcame the shortage.

The estimated family increase for England and Wales for the 10 years between 1941 and 1951 was approximately a quarter of the 1921-31 rate, but this was a peace-time estimate, and I feel sure that, as after the last war, the rate will rise again to a maximum. It is Nature's way of replacing the losses due to war. How quickly after the last war the rate rose to its maximum, or how high it rose during the war, I do not know, but undoubtedly the marriage rate rises during, as well as after, wars. In fact, the marriage-rate rose to a new high peak in 1940.

There must also be taken into consideration the social tendency of the times to show concern over the birth-rate, and to encourage the establishment and growth of families by such means as family allowances, free education and "social security" measures.

I do not feel that we will be far out of an estimate if we are guided by the experience after the last war, and, starting with the year 1941, allow for a family increase in Chorley of 100 families per annum. This will amount to an increase of 300 by the end of this year, and 400 by the end of 1945. One does not know how long this war will last, or how soon after it building materials and labour will become available, but I suggest a total of 300 houses on the family increase factor alone, as an estimate for the requirements for the first two post-war years.

2. Over-crowding.

I cannot attempt any estimate of the extent of this. Obviously the 40 cases of overcrowding on the register as remaining unabated applies to the original 400-odd cases, and bears no relation to the patently overcrowded state of the Borough at the present time. This is largely the result of accommodation required by "importees" engaged in war-time occupation: but with the return from the Services of the young manhood and womanhood of the town, it must not be supposed that the cessation of hostilities will see anything but a very gradual alleviation of the situation. Various industrial considerations, not predictable at the moment, will also influence the matter.

My only suggestion is that a survey, similar to that of 1937, will have to be made as soon as possible after the war ; but—and this does have an important bearing on the question—I would draw the attention of the Committee to the fact that the 1937 survey was made on one standard of overcrowding, whereas a future survey may be made on a much different standard. This consideration is appropriate, as the 1937 survey was made on a standard that was entirely inadequate, and which, in the opinion of many, legalised rather than abated overcrowding. If a new and better standard becomes operative, it will, of course, considerably enlarge the number of cases of overcrowding.

3. Houses for Demolition, &c.

Within the last few weeks I have undertaken a personal survey of most of the “dubious” property existing in the Borough, with a view to ascertaining the total number of houses that should, within reasonable time after the war, be scheduled for demolition.

This total is approximately 350. I can assure the Committee that the standard I set myself in this survey was dictated by no exaggerated æsthetic sense, but—on the contrary—by a sense of balance between what was necessitous for bearable conditions and what was practicable to undertake within reasonable time.

In that event, the total is likely to be more, rather than less, and does not include a number of houses suitable for closing orders.

ESTIMATE.

I suggest to the Members of the Committee that the above consideration might lead them to deem it expedient to estimate for four hundred (400) houses as soon as practicable after the cessation of hostilities. This number would include the activities of private enterprise. I also suggest a yearly programme of at least 200 houses to follow this initial effort.

Mr. Chairman, Ladies and Gentlemen, I beg to be excused for introducing one matter somewhat irrelevant to the strict confines of this Report, but a matter upon which I have for long held a rather strong opinion.

Nearly all families who produce a son and daughter will, at some time, require three bedrooms—not two bedrooms and a “box room.”

I beg permission to ask the Committee, when considering the type of property that they propose to erect, to bear in mind this fact, and its implications.

I would like to take this opportunity, Mr. Chairman, Ladies and Gentlemen, of thanking Mr. Lund, my Chief Sanitary Inspector, and his staff for their help in surveying insanitary property in the town, preparatory to my own survey.

I am,

Your obedient Servant,

ROBERT C. GUBBINS,

Medical Officer of Health.

PART E. INSPECTION AND SUPERVISION OF FOOD.

Retail purveyors and purveyors	21
Wholesale purveyors	136
Retail purveyors	136

PART E.

Inspection and Supervision of Food.

PART E.

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

The following number of milk traders were on the register at 31st December, 1943.

Retail purveyors and producers	21
Retail purveyors	136
Wholesale producers	3
Retail purveyors from outside districts ...	28

The war has seen the rationing and control of milk distribution. This has created many almost insuperable difficulties in controlling the *quality* of the milk entering an area.

Chorley is no exception to the generalisation I would make—that the quality of milk production throughout the country has, during the war, gone from bad to worse. In fact, I have often felt tempted, like my colleagues in other areas, to take such drastic measures as stopping, for instance, the milk supply to the schools. The chief danger to children from this source is tuberculosis, but as I have had no evidence of any increased T.B. content of the milk and am also keeping stricter watch, by sampling, on the school milk, this measure has not been adopted. Moreover, although the school milk is pasteurised, this process will not convert a dirty to a clean milk.

However, although much of the dirt in milk may be innocuous, the familiar slogan of “Where’s there’s dirt there’s danger” applies to milk as much as anything else, if not more so.

Perhaps the chief “bug-bear” to the Medical Officer who cares for his milk supply, is the question of “accommodation milk,” i.e., the milk that a producer must often take in to supplement his own inadequate supply. This “accommodation milk” is generally received in bulk, originating from several sources. Some of these sources are good, many are bad, and most indifferent, and when the milk is mixed with good milk, the bad supply contaminates the whole.

As these unsatisfactory sources are mostly outside this Local Authority’s area, one can only rely on the co-operation of neighbouring authorities, and many of these are suffering—perhaps even more so than Chorley—from shortage of inspectorial staff.

There is no doubt that the standard of milk inspection (and consequently milk production) varies widely in different areas, but I do not propose to enter into a controversy as to whether this state of affairs is better remedied by central control or not.

Apart from herds that supply milk under the Special Designations Orders, it is not conceivable that the milk from all herds could be kept and delivered separately, and, in practice, milk must often be collected and delivered mixed and in bulk. However high the average standard of milk production—and it must be many years before the average standard is satisfactory, there must exist the danger that, to misquote the Scriptures, a little poison poisoneth the whole, and the only way of ensuring a safe supply is for all milk not coming within the Special Designation Order to be heat treated.

I would, in fairness to milk producers, add that they also suffer from shortage of labour, and, not merely labour, but shortage of *intelligent* labour. The intricacies of careful milk production cannot be imparted to temporary “hands” in a week or two.

The inspection of cowsheds, dairies and premises of retail purveyors was continued by your Sanitary Inspectors throughout 1943. 104 visits were made and 214 vehicles inspected.

These inspections showed considerable variations in the state of cleanliness and repair of premises, and there is room for much improvement in some cases.

Re Clean Milk.

Education of milk producers in modern methods of clean milk production is often a slow and thankless process, as is also the endeavour to convince retailers of the necessity for the “niceties” that should be exercised in the handling and distribution of milk. There is still too much milk being distributed in the town by the old unhygienic method of churn to jug or milk-can.

No producer can consistently obtain clean milk without a piped water supply (i.e., under pressure) to his premises, but this avails naught if it be not utilised to ensure scrupulous cleanliness of premises, implements and receptacles, and—most neglected—of persons engaged in milking and handling milk. Perhaps the most difficult task is to overcome the average producer’s passion for “bedding” for his cows, a task comparable with that of convincing him that “clean” milk is not necessarily “safe” milk.

Many notices were served during the year concerning the cleansing, lime-washing and structural repair of premises, but the war, again, interferes with the ability to get structural work done.

Licences.

Milk (Special Designation) Orders.

The following licences (for distribution) were issued by the Corporation :—

Pasteurized	Tuberculin-tested.	Accredited.
2	1	2

There is only 1 pasteurisation plant licenced to produce pasteurized milk in the Borough. (The other firm is licenced to distribute pasteurised milk.) Inspections (confirmed by myself) revealed grave defects in the above plant, but by informal action the plant has been almost completely renewed, with a corresponding alteration in the laboratory reports on the treated milk—from mostly “unsatisfactory” to “satisfactory.”

Bacteriological Examinations.

During the year 36 samples were sent for laboratory examination, with the following results :—

	T. B.		Bacterial Content.		Phosphatase Test.		Methylene Blue Test.	
	Satis.	Unsatis.	Satis	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised	—	—	2	2	2	5	—	—
T. T.	1	—	1	2	—	—	—	1
Accredited	1	—	2	2	—	—	1	—
Ordinary... ..	12	—	15	6	—	—	5	—

On receipt of unsatisfactory reports the offending tradesmen are informed by the sanitary staff, as and when they “follow up” the case—i.e., as soon as possible.

From the above results it would appear that the ungraded milk is better than might be expected, but the results of the graded milks are disappointing.

Tuberculosis Order, 1938.

During the year three notices requiring detention of suspected animals were issued, and the animals subsequently examined and slaughtered. The farm premises were subsequently visited to supervise disinfection and cleansing of premises.

b. MEAT AND OTHER FOODS.

1. MEAT.

(1) ABATTOIRS.

There are no private slaughter-houses in the Borough, the Corporation providing a public abattoir, which consists of :—

Description.

MAIN BUILDINGS, comprising cooling hall, complete with overhead track runners, etc., 3 killing halls, and steam-heated hot water tank.

Adjoining the killing hall are pounds where cattle and sheep await immediate slaughter.

PIG SLAUGHTER-HOUSE, comprising stunning pen, bleeding passage, and main hall with overhead track leading to the beef cooling hall, where pigs are weighed and stored. There are 3 scalding tubs (2 of slate and 1 of concrete).

Adjacent to the slaughter-house are the covered pens for pigs, calves and beasts, and at the rear are open pens for sheep and cattle.

All animals are mechanically stunned ; bovines and sheep by Cash captive bolt pistols, and pigs by electro-lether. The former instruments are provided by the slaughter-house contractors.

Extensive renovations were carried out in 1939 (walls rendered in cement to 6ft., etc.), and again, though not so extensively, in 1942, when also the installation of 3 electrically-driven fans and additional natural ventilation ensured such better ventilation as has materially increased the keeping qualities of stored meat.

Requirements.

Future requirements of the abattoir include painting, which is urgently required to combat rust ; repairs to roof, which leaks in several places ; the provision of a large gas geyser to supplement the steam boiler, when that is out of use for cleaning and repairs ; repaving of pens, unless something can be done with the present sets ; provision of a water hydrant, from which the pens and all adjacent floors can be thoroughly swilled down.

The killing and handling of meat, as with other foods, calls for the closest supervision and highest standard of cleanliness, and a primary necessity is a sufficient and easily available supply of water, with floors and pavings presenting a comparatively smooth (though non-skid) surface for swilling purposes.

2. MEAT INSPECTION.

All meat entering the abattoir is examined by your Sanitary Inspectors, acting under bye-laws made in 1939, under Section 104 of the Chorley Corporation Act, 1926.

Every animal and carcase, including frozen meat and all packaged and canned meats, are kept under close supervision.

The population of Chorley and surrounding districts now supplied from the abattoir number some 80,000 persons.

"A higher grade of beef now passes through the slaughter-house, whilst low-grade carcasses that previously often found their way into retail butchers' shops are now sent for manufacturing purposes. This is a result of the Ministry of Food's scheme for distributing high-grade carcasses to all classes of the public."—Chief Sanitary Inspector's Report.

"Under the Public Health (Meat) Regulation, 1924, all vehicles carrying meat are inspected and, if necessary, ordered to be brought up to the requirements of the regulations.

"In January, 1940, the Ministry of Food took over the control of the abattoir and the responsibility for the killing and distribution of meat, the Borough Council remaining responsible for the maintenance of the premises and their Sanitary Inspectors for the inspection of the carcasses.

"The following table shows the meat inspection results for the year :—

Carcases Inspected and Condemned.

	Cattle	Calves	Sheep and Lambs	Pigs
Number Killed	2413	3571	14,303	2015
Number Inspected	2483	3571	14,303	2015
All Diseases except Tuberculosis.				
Whole carcasses condemned	16	9	14	4
Carcasses of which some part or organ was condemned	768	1	230	15
Percentage of number inspected affected with disease other than T.B. ...	31.57%	.28%	1.71%	.95%
Tuberculosis only.				
Whole carcasses condemned	73	3	Nil	2
Carcasses of which some part or organ was condemned	458	Nil	Nil	125
Percentage of number inspected affected with Tuberculosis	21.39%	.08%	Nil	6.30%

In addition to the above the following imported meat was inspected at the Public Abattoir :—

Sheep and Lambs ... 44,764.

Packages ... 13,411.

2. OTHER FOODS.

(i) SHOPS, STABLES, &c.

On the 1st October, 1939, the Corporation became a Foods and Drugs Authority for the purposes of the Foods and Drugs Act, 1938.

This enables the Corporation to exercise a more immediate control over the preparation and distribution of food.

Registration of Premises.

A regular inspection is made of shops, market stalls, vehicles, and other premises used in the manufacture or preparation of food-stuffs, many of which—such as premises used in preparing ice cream, potted and preserved meats, etc.—have to be registered under either the Food and Drugs Act, 1938, the Chorley Corporation Act, or the Lancashire County Council Rivers Board and General Powers Act, 1938.

Potted Meats, &c.

Premises used for the preparation of potted and preserved meat, fish, etc., number 24.

Fish Fryers.

There are 32 fried fish shops on the register, and bye-laws governing these were made in 1939.

Bakehouses.

There are 91 bakehouses in the Borough, of which two or three are basement bakehouses, having been certified as suitable under previous acts to the Factory Act of 1937.

Many bakehouses are adapted from dwelling-houses and are not very suitable for the purposes of storage of foodstuffs or for easy cleaning. After the service of notices, many proprietors complain that they cannot obtain labour to lime-wash their premises. Except in rare instances, I fail to understand why proprietors cannot do this work themselves, and I have instructed the Sanitary Inspectors not to accept such excuses.

Re Bread Wrapping.

As the Council now has power to make bye-laws for the hygienic control of food distribution, one of the first of these that I should like to see presented for approval after war would be for the purpose of insisting on the *wrapping of bread*.

It is an extraordinary paradox that whilst we, as a nation, are so fussy over some of our foods, we tolerate this national proclivity for having our staple article of diet delivered unwrapped. Who has not, at some time or other, seen a baker's boy drop a loaf on the ground, pick it up and wipe it on his sleeve (if wiped at all), and return it to his basket? Personally, I have witnessed this phenomenon on several occasions in Chorley.

How we must horrify our American visitors!

(ii) OTHER INSPECTIONS.

"Much time has been spent by the Sanitary Inspectors examining foods, mostly of the tinned variety, at places used to store large quantities.

"Relationship with the Ministry of Food officials and others has been most cordial. It is customary for the stores manager to set aside any doubtful cases for inspection, and a certificate is issued stating which is probably fit for use and to be opened under supervision, and which should be condemned as unfit for human consumption.

"The judgment of the Council's Sanitary Inspector has met with approval at all times.

"Much of the condemned food has been salvaged either by the Corporation or the Ministry of Food and used for fat extraction or as animal feeding stuffs.

"A portion of the foods salvaged by the Ministry of Food is sent into the Borough, and the Department receives notification of its arrival, in order that it may be re-inspected by the Sanitary Inspector.

"Other foods sent from Chorley to other localities are also notified to the Department."—Chief Sanitary Inspector's Report.

c. ADULTERATION OF FOODS.

No legal action has been taken during the year under the Food and Drugs (Adulteration) Act, 1928, or other similar acts.

d. CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOODS.

1.—Chemical analyses are undertaken by the County Analyst to the Lancashire County Council.

During the year 109 samples were sent for analyses, of which 6 were found unsatisfactory. These 6 cases were dealt with by informal action.

2.—The bacteriological analyses of milk and other foods is undertaken at the laboratories of the Preston Royal Infirmary. (See "Milk.")

e. NUTRITION.

No special propaganda has been undertaken other than that at clinics, to educate the public in the matter of nutrition. H.M. Government, through various media, has undertaken this work on a national scale and in a very thorough manner.

To assess what effect war-time conditions have upon the nutrition of the population is difficult, where there is a lack of staff and time for special investigation, but our war-time dieting is generally adequate, if not of that variety that is the "spice of life."

Adults generally show little change, except for the better—a result of less over-eating. School children are being given the benefit of school dinners in ever-increasing numbers, though there is ample room for a large extension of this service.

Nevertheless, the fact that so many wives and mothers have undertaken war work, and are therefore unable to attend to home meals as satisfactorily as hitherto, must affect at least some section of the population, in spite of canteens, school dinners, etc., and the most readily susceptible are the children under five years of age. These children are often left in the case of friends and relations who are not "at work," because they already have children of their own, and the presence of additional children often implies temporary overcrowding, hasty meals, etc. Those children would fare much better if left at the War-time Nurseries and Nursery Schools.

Although the existing three war-time nurseries in Chorley can cater for only a small cross-section of the town's child population, the experience at these nurseries is that there does appear to be a diminution in the nutritional standards of those children newly admitted. With correct feeding and attention these children frequently show a rapid initial improvement in a comparatively short time, the pace of improvement slowing down later, as is natural.

f. SHELL FISH (Molluscan).

There are no beds or laying in the area.

PART F.
PREVALENCE OF, AND CONTROL OVER, INFECTIONS AND OTHER DISEASES.

PART F.

Prevalence of, and Control over
Infectious and other Diseases.

The above table shows the quarterly incidence of infectious diseases during the year. A similar table for 1941 will be found at the end of the Report.

Apart from Measles, which was prevalent in the first two quarters, continuing from the last two quarters in 1941, there was no other notification of any of the acute notifiable diseases.

It is gratifying to note a further reduction in the incidence of this disease from 25 in 1940 to 23 in 1941; with no deaths during the year, compared to 2 in 1941.

PART F.

PREVALENCE OF, AND CONTROL OVER, INFECTIONS AND OTHER DISEASES.

A. NOTIFIABLE INFECTIOUS DISEASES (except T.B.).

1. PREVALENCE OF :—

Disease	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total Cases	Cases admitted to Hospital	Total Deaths
Measles... ..	87	114	4	2	207	—	—
Scarlet Fever	16	13	10	15	54	46	—
Pneumonia	8	5	3	17	33	—	—
Puerperal Pyrexia	1	4	—	—	5	—	—
Diphtheria	5	6	5	6	22	22	—
Whooping Cough	4	18	20	4	46	—	—
Erysipelas	5	3	2	2	12	3	—
Cerebro-Spinal Fever	1	2	—	2	5	5	—
Pemphigus Neonatorum	—	5	—	—	5	—	—
Dysentery	—	1	—	—	1	1	—
Totals	127	171	44	48	390	76	—

The above table shows the quarterly incidence of infectious diseases during the year. A similar table for 1942 will be found at the end of the Report.

Apart from Measles, which was prevalent in the first two quarters, continuing from the last two quarters in 1942, there was no acute exacerbation of any of the acute notifiable diseases.

Diphtheria.

It is gratifying to note a further reduction in the incidence of this disease, from 35 in 1942 to 22 in 1943 ; with no deaths during the year, compared to 2 in 1942.

The incidence of diphtheria, since it assumed epidemic proportion during the latter part of 1938 and the first half of 1939, is as follows :—

	1938.	1939.	1940.	1941.	1942.	1943.
Incidence	79	107	48	68	35	22
Deaths	5	7	5	3	2	0

Scarlet Fever.

This disease remains of a mild type, and the 46 cases during the year have been spread fairly evenly over the quarters, as with the 45 cases in 1942. Both years show a considerable reduction on the 76 cases in 1941 and 108 cases in 1940.

Pemphigus Neonatorum.

In April and May there was an outbreak of this extremely infectious type of "sore" amongst the babies at the Eaves Lane Public Assistance Institution. Controlled disposal of the cases and subsequent disinfection of the ward abated the incidence.

2. CONTROL OF :—

DIPHTHERIA.

The weekly immunisation clinics continue to be held at the Clinic in St. Thomas's Square, and though attended mostly by children of pre-school age, receive a few school children and an occasional adult. As a whole, the weekly attendances are well maintained. During the latter part of the year the Health Visitors made a special effort to visit all the homes in their respective districts where there were young children, to impress upon parents the advisability of immunisation. To do this they had to temporarily neglect much of their routine work.

A scheme was also initiated for the sending of birthday cards to every child in the Borough on the attainment of its first birthday. This is an attractive card which, in addition to birthday greetings, recommends the advisability of immunisation against diphtheria.

Another intensive campaign, as undertaken early in 1942, should be inaugurated soon, in order to maintain the percentage of children immunised.

The following table illustrates the present position :—

DIPHTHERIA IMMUNISATION.**Persons Inoculated each year from 1937—1943.**

Age at date of inoculation	1937	1938	1939	1940	1941	1942	1943	
0—						6	2	Total inoculated aged under five years on 31st December, 1943 † 519
1—						155	128	
2—						59	41	
3—						75	27	
4—						104	26	
5—				*40	*244	159	16	Total inoculated aged 5—14 years on 31st December, 1943 † 1811
6—						147	9	
7—						171	3	
8—						164	1	
9—						139	3	
10—						164	3	
11—						162	2	
12—						154	1	
13—						155	7	Total inoculated aged 15 years and over on 31st December, 1943 † 31—29
14—				†26	†384	22	3	
15 and over						5	2	
Total each year	19	34	764	66	628	1841	239	Grand Total 1937—43 3591

(In calculating the totals at the end of 1943 no account is taken of deaths which may have occurred since immunisation).

* Aged 5 and under.

† Aged 5—14.

Due to the absence of detailed age dates prior to 1942 it is difficult to ascertain the exact percentage of children (of and under school age) who are immunised. At a rough computation I should estimate that 70% or more of school children are immunised.

It might be opportune if I here recounted some of the facts regarding diphtheria immunisation.

- (a) Diphtheria is a disease which *can* be controlled, and there is no reason why extensive immunisation cannot produce in British communities the results it has achieved in the "New World," where, in many Canadian and American cities, the occurrence of a case of diphtheria is a rarity.
- (b) To have any permanently marked effect on a community at least two-thirds of the school population, and half the pre-school population should be immunised, and these percentages maintained. For this purpose continued propaganda must be undertaken to make the public "diphtheria conscious."
- (c) Immunisation does not produce a 100% protection against acquiring the disease, but it should produce approximately a 90% protection; and in the remainder the disease is much modified with considerably less chance of ill after-effects, such as paralysis, and the number of deaths is so small as to be negligible.
- (d) During 1939, 1940 and 1941, 202 children under 16 years of age contracted diphtheria. There were 16 deaths. Only seven of these cases were from 1,334 totally or partly immunised children (discounting those who contracted the disease within 2—3 months of their final immunising injection), and there were no deaths among these seven.

During 1942, 21 children under 15 years of age contracted the disease, of whom 2 died. None of these children had been immunised.

During 1943 the corresponding figures were 9, of whom 1 had been immunised. There were no deaths.

Diphtheria anti-toxin (for immediate treatment) is obtainable by local practitioners at the Public Health Department, the Police Station, and the two First-aid Posts.

WHOOPING COUGH.

This disease was made notifiable (in addition to Measles) in November, 1939.

In November, 1941, the Council agreed to provide, free of charge, whooping cough vaccine for the children of the Borough (for both treatment and prophylactic purposes). This vaccine was to be administered via the local medical practitioners, who were

to be encouraged to use it freely. Although I hope to do so at some future date, it has been impracticable to arrange for a mass immunisation of children (on diphtheria immunisation lines) owing to accumulation of war-time duties

This disease frequently results in chronic bronchitic conditions in children. and the Council's attention was drawn to the uneconomical proposition of maintaining several children in special schools when the cost of one year's maintenance would almost pay for the immunisation of the whole school population.

The general practitioners are availing themselves of these facilities for free vaccine.

SCARLET FEVER.

Scarlet fever ante-toxin is used in treatment of this disease, but no attempt has been made to undertake any large scale immunisation. Children *can* be immunised, but the process demands a series of injections with a fair percentage of reactions, and with Scarlet Fever persisting in its present mild form, there is some question as to whether or not prevention wouldn't be worse than the disease!

B. TUBERCULOSIS.

New Cases and Mortality during the Year 1943.

Age Periods Years.	New Cases.						Deaths.					
	Resp.			Non-Resp.			Resp.			Non-Resp.		
	M.	F.	...	M.	F.	...	M.	F.	...	M.	F.	...
0	—	—	...	—	—	...	—	—	...	—	—	...
1	—	—	...	3	—	...	—	—	...	—	—	...
5	—	1	...	3	1	...	—	—	...	—	—	...
10	—	—	...	—	1	...	—	—	...	—	—	...
15	2	2	...	1	—	...	—	2	...	—	—	...
20	—	1	...	—	1	...	1	—	...	—	—	...
25	1	2	...	1	—	...	2	—	...	—	—	...
35	2	1	...	—	—	...	1	1	...	—	—	...
45	5	—	...	1	—	...	—	—	...	—	—	1
55	3	—	...	—	—	...	1	—	...	—	—	...
65 & over	—	—	...	—	1	...	—	—	...	—	—	...
Totals ...	13	7	...	9	4	...	4	3	...	—	1	...

At the end of the year there were 64 cases of pulmonary and 88 cases of non-pulmonary tuberculosis on the register.

The average death-rate for pulmonary tuberculosis per 1,000 of the population during the last four 5-yearly periods is as follows :—

1924-28	...	...	...	...	.56
1929-33	...	...	...	...	.44
1934-38	...	...	...	...	.37
1939-43	...	...	...	...	.33

The average notification rate has varied very little in the same periods, remaining between .85 and .88 per 1,000.

These figures compare favourably with those of England and Wales. The death-rate shows the persisting decline in this rate, which, nationally, has been reduced to approximately a quarter of the rate existing about 80 years ago. But tuberculosis still accounts for more deaths than any other single disease between the age of 10 and 40 years, and in females in the "early twenties" accounts for nearly half the total deaths. This state of affairs should not persist, as the prevalence of this disease is very much affected by environmental factors—poverty, overcrowding, bad housing, unsafe milk supply, etc.—and these are factors which Local Authorities can do much to modify.

For the years in which I can find, readily available, the occupational statistics for the Borough, it is apparent that over half the cases of non-pulmonary tuberculosis occurs in infants and school children. This obviously calls for a safer milk supply.

I do not wish, though I give the figures, that any approximate fatality rate for the disease be construed from the death rate and notification rate, as the notifications include cases which are later found to be free from the disease, and the deaths include those who have never been notified.

C. OTHER INFECTIOUS DISEASES.

SCABIES.

Increase.

There has been a large increase in the incidence of Scabies (or "The Itch") throughout the country since the war started, and this has been reflected in the increased number of local cases. Whether this is a direct effect of the war is less certain, as the disease showed a definite increase *before* the outbreak of hostilities.

As this disease is not notifiable, one cannot give comprehensive figures of the number of cases, except from amongst special groups, such as school children, where the figures for the past five years are as follow :—

1939.	1940.	1941.	1942.	1943.
13	15	47	89	60

As the disease is a "family" one, propagated only by close contact of individuals, there must naturally be an increase in all ages.

Arrangements for Treatment.

As the extent of Scabies was interfering with war production, most Local Authorities, including Chorley, have had to make special efforts for the control of this disease, and they have been assisted by the Ministry of Health with their Scabies Order, 1939, which gives Medical Officers of Health power to demand examination and treatment of suspected cases. Locally, arrangements were made to bath and treat cases at the Cleansing Station, Back Street, and both the Sanitary staff (for male cases) and the Nursing staff (Health Visitors, School Nurses and the staff of the First-aid Posts) have assisted at this work.

The Department's Nursing staff have also treated many cases at the School Clinic.

Much research has been done on the treatment of this disease, and good results are almost invariably obtained from treatment with Benzyl Benzoate Emulsion.

Efforts at Control.

Early in 1942 I endeavoured, in concert with the Medical Officer of Health of the Rural area, and the Chief Medical Officer to the large factory at Euxton, to arrange with the general practitioners in the area to voluntarily notify to me all cases of Scabies, so that this Department might undertake their treatment (where home circumstances were not suitable). Although the idea was originally sanctioned, and notification books and other written material produced and distributed, the scheme was soon abandoned by the local practitioners on the grounds that, as Scabies was not a compulsorily notifiable disease, its disclosure to this Department would be a breach of medical etiquette and of the inviolability of the "doctor's surgery"! Medical practitioners are at the present time overwhelmed with "forms" of all descriptions, and I can well understand their reluctance to "fill in" any non-compulsory ones—especially as I made the error of not asking the Council to countenance the usual pecuniary compensation. However, the Medical Officer of the aforementioned factory—where most of the cases occurred—co-operated fully.

The past year has shown a decline in the incidence of this disease locally. This has not only been the experience of the Department, but has been corroborated by the experience of the local practitioners and of the factory Medical Officers.

INFLUENZA.

Towards the end of the year there occurred—as throughout the country—an outbreak of Influenza. This imposed a great strain upon the already overworked general practitioners in the area. Emergency arrangements were made to assist the local doctors, and consisted of :—

- (a) Arrangements with the Military Authorities for the part-time services of Army doctors, when available. (This offer was not utilised).
- (b) Nursing assistance by members of the female C.D. Casualty Service.
- (c) Home helps for domestic work and for shopping, etc.—arrangements made with the W.V.S. and Youth Organisations.
- (d) Arrangements for the supply of dinners from the British Restaurants, with delivery, if necessary, at the patient's home.

Fortunately the epidemic was short-lived and the above facilities were not called upon.

ACUTE INFECTIVE HEPATITIS.

During 1942 there were 65 cases of this disease amongst the school children. This is a usually mild disease, chiefly characterised, as its name implies, by an attack of Jaundice. It is quite similar to the usual sporadic case of Acute Catarrhal Jaundice, and, like it, attacks children preponderantly, though adults are not immune. The age incidence lay mostly between the ages of 6 and 12. The main differentiation in this disease is in its tendency to assume epidemic proportions, and indeed, many authorities consider the same organism to be the casual factor in both forms of Jaundice. The organism has never been isolated, but observations mostly point to the conclusion that the usual method of spread is by droplet infection from the nose and mouth. The disease has a long incubation period, varying from 3—5 weeks, but here again one cannot dogmatise, as its effects are so mild that many cases may be missed, and this is what I consider to have happened in Chorley. It is, for instance, rather inconceivable that no cases occurred in April, or that the prevalence of the disease ceased abruptly at the end of November.

I bring this short description of this disease and its local incidence to the notice of the Council, as the disease *can* assume a serious nature. There have been very many cases throughout the area during the year, nearly all of a mild nature; some few patients were exceedingly ill, and the disease proved fatal in one patient in a nearby town.

D. DISINFECTION.

The steam disinfector is situated in Back Street, and is supervised by the Sanitary staff, who treat bedding, clothing, etc., from infectious and verminous cases. The homes of these cases are visited and disinfected with sulphur or formalin. Whether there is much to be gained by this wholesale disinfection of premises is a "moot point," but as yet some concession must be made to the popular preconceptions.

E. CANCER.

There were 57 deaths from Cancer during the year. This gives a death rate from the disease of 1.46 per 1,000 population.

The death-rate for the past 10 years is as follows:—

1934	...	...	1.38	1939	...	...	1.65
1935	...	..	1.33	1940	...	...	1.51
1936	...	...	1.38	1941	...	...	1.38
1937	...	...	2.04	1942	...	...	1.4
1938	...	...	2.12	1943	...	...	1.46

Facilities are available in the district for the diagnosis and treatment of Cancer; also at Preston Royal Infirmary and the Christie Hospital and Holt Radium Institute at Manchester.

CHORLEY & DISTRICT HOSPITAL.

TIMES OF ATTENDANCES OF CONSULTANTS.

Mr. SYKES, Eye, Ear, Nose and Throat Department Tuesday, 2-0 p.m.

Mr. ARNOTT, Surgeon Monday, 9-30 a.m.

Dr. MITCHELL, Radiologist Wednesday, 2-0 p.m.

Mr. DWYER, Orthopædic Department ... Monday—

Men 1-30 p.m.

Women and Children ... 2-30 p.m.

Mr. McKERROW, Surgeon Friday, 10-0 a.m.

Dr. FESSLER, Skin and Urological Department—

Tuesday 4-30 p.m.

Thursday 10-0 a.m.

Friday... .. 4-30 p.m.

CHORLEY & DISTRICT HOSPITAL

TABLE OF ATTENDANCES OF CONSULTANTS

DEPARTMENT OF MEDICINE	
Mr. STILES, F.R.C.S. and F.R.C.P. (London)	10.00 am
Mr. KNOTT, Surgeon	10.30 am
Mr. MITCHELL, Surgeon	10.30 am
Mr. DYER, Surgeon	10.30 am
DEPARTMENT OF SURGERY	
Mr. STILES, F.R.C.S. and F.R.C.P. (London)	10.00 am
Mr. KNOTT, Surgeon	10.30 am
Mr. MITCHELL, Surgeon	10.30 am
Mr. DYER, Surgeon	10.30 am
DEPARTMENT OF OBSTETRICS	
Mr. STILES, F.R.C.S. and F.R.C.P. (London)	10.00 am
Mr. KNOTT, Surgeon	10.30 am
Mr. MITCHELL, Surgeon	10.30 am
Mr. DYER, Surgeon	10.30 am
DEPARTMENT OF PATHOLOGY	
Mr. STILES, F.R.C.S. and F.R.C.P. (London)	10.00 am
Mr. KNOTT, Surgeon	10.30 am
Mr. MITCHELL, Surgeon	10.30 am
Mr. DYER, Surgeon	10.30 am

ANNUAL REPORT

FOR 1942.

MAINLY STATISTICS.

Members of the Council :

—See beginning of 1943 Report.

Staff :

—See beginning of 1943 Report.

Vital Statistics :

—Included in 1943 Report in the appropriate Sections.

CLINICS, ETC.

CLINICS, &c.

Orthopædic Clinic—

	1942.	1941.
Attendances (children under 5 years)	165	179
No. of individual children attended	19	27
Cases admitted to Hospital	3	3
Cases provided with Surgical Appliances	5	8

Artificial Sunlight Clinic—

No. of attendances	567	364
No. of children (under 5 years) received treatment (20 Chorley, 9 L.C.C.)	29	18

Dental Clinic—

No. of children (under 5 years) received treatment ...	25	45
No. requiring general anæsthetic	7	13

Eye, Ear, Nose and Throat—

No. of children (under 5 years) received consultations	14	16
No. of cases in which spectacles were prescribed ...	5	4
No. of cases admitted to Hospital for treatment of Ts and As.	8	12

Minor Ailment Clinic—

No. of children received treatment	37	19
No. of children received consultations	48	21

MATERNITY AND CHILD WELFARE.

For all other particulars than below see 1943 Report.

INFANT WELFARE CENTRE.

Name of Centre	Number of Meetings Held	Total Attendances	Number of Individual Babies Attending		Number of M.O.H. Consultations
			0 to 1 year	1 to 5 years	
St. George's Street (later Cunliffe Street)	93	3497	268	86	242
Eaves Lane ...	46	2602	214	47	261

During the year the St. George's Street Clinic had to be transferred to the Cunliffe Street Methodist Schoolrooms, with the kind co-operation of the Methodist Church Trustees.

The Clinic still operates on Tuesdays, but the Thursday Clinic has had to "give way" to a Friday session—not such a satisfactory afternoon for the mothers.

HEALTH VISITORS.

Summary of Work during the Year.

	1942.	1941.
First visits to babies	503	519
Visits to still-births	22	28
Re-visits, 0 to 1 year	746	1,292
Re-visits, 1 to 5 years	1,192	1,890
Special visits to infants	237	115
Visits to expectant mothers	41	34
Total Visits	<u>2,741</u>	<u>3,878</u>

Sanitary Inspector's Report.

SANITARY INSPECTION OF THE AREA.

	1942.
Total No. of Sanitary Inspections by Inspectors	4,896
No. of premises showing defects or nuisances	784
Informal notices served	784
Informal notices complied with (151 from 1941)	833
Informal notices not complied with	102
Statutory notices served under :—	
(a) Housing Acts	Nil
(b) Public Health Acts	3
(c) Chorley Corporation Act	7
Statutory notices not complied with	15
No. of nuisances abated (Details filed for post-war Report)	784

Shops and Offices—

Visits by Sanitary Inspectors under Shops Acts	284
Cases in which informal action taken under Shops Acts or Public Health Acts	Nil

Eradication of Bed Bugs, &c.

No. of Council Houses found infested and subsequently disinfested ...	3
No. of other houses found infested and subsequently disinfested ...	21
No. of houses treated for cockroaches, beetles, etc.	48

The same methods were used as previously.

Housing Statistics.

HOUSING.**Inspection of Dwelling-houses during the Year.**

1. (a) Total number of dwelling-houses inspected for housing defects (under the Public Health of Housing Acts)	1,520
(b) No. of inspections made for the purpose	2,134
2. (a) No. of dwelling-houses (included) under sub-head (1) above, which were inspected and recorded under the Housing Con- solidated Regulations, 1925	220
(b) No. of inspections made for the purpose	297
3. No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
4. No. of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation	784

Remedy of Defects during the Year Without Service of Formal Notice.

No. of dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	833
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Action under Statutory Powers during the Year.**(A) Proceedings under Sections 9, 10 & 16 of the Housing Act, 1936.**

1. No. of dwelling-houses in respect of which notices were served requiring repairs	Nil
2. No. of dwelling-houses which were rendered fit after service of formal notices	Nil
(a) By Owners	Nil
(b) By Local Authority in default of Owners	Nil

B. Proceedings under Public Health Act.

1. No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	3
2. No. of dwelling-houses in which defects were remedied after serving of formal notices :—	
(a) By Owners	3
(b) By Local Authority in default of Owners	Nil

No proceedings were taken under Sections 11, 12 & 13 of the Housing Act, 1936.

(4). Housing Act, 1936 — Part IV. Overcrowding.

Inspections made	71
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INSPECTION AND SUPERVISION OF FOOD

A. MEAT

The principal inspection of meat, poultry, and fish is made by the Bureau of Food Inspection, U. S. Department of Agriculture.

Under the Federal Meat Inspection Act, 1906, the Bureau of Food Inspection is authorized to inspect and supervise the production and distribution of meat and poultry.

B. MEAT INSPECTION

The following is a summary of the inspection and supervision of meat and poultry:

1. Inspection of meat and poultry at the point of production.

2. Inspection of meat and poultry at the point of distribution.

Supervision of Food.

Other food inspection.

The Bureau of Food Inspection is authorized to inspect and supervise the production and distribution of food.

C. INSPECTION OF FOODSTUFFS

Under the Food and Drug Act, 1906, the Bureau of Food Inspection is authorized to inspect and supervise the production and distribution of foodstuffs.

1. Inspection of foodstuffs at the point of production.

2. Inspection of foodstuffs at the point of distribution.

3. Inspection of foodstuffs at the point of consumption.

4. Inspection of foodstuffs at the point of storage.

INSPECTION AND SUPERVISION OF FOOD.

A.—MILK.

The periodical inspection of cowsheds, dairies and the premises of retail purveyors was continued throughout 1942.

Under the Tuberculosis Order, 1938, three notices were served in 1942, requiring the detention and isolation of suspected tuberculous animals.

B.—MEAT INSPECTION.

The following is a summary of the inspections carried out by your Sanitary Staff :—

Animals killed (cattle, sheep, pigs)	20,749
Carcases inspected	20,749
Condemned tuberculosis carcasses or parts thereof ...	Figures not available
Unsound meat (other than above)	Figures not available

Other Meat Inspection.

Nine carcasses were inspected at butchers' shops throughout the town.

C.—ADULTERATION OF FOODSTUFFS, &c.

Action under the Food & Drugs Act, 1938. Samples taken under this Act were :—

Milk	93
Other foodstuffs	34

Unsatisfactory Samples :—

Milk	11
Other foodstuffs	1

In 1942 two of the 11 unsatisfactory samples of milk led to successful prosecutions.

Infectious Diseases
Notifications
(including T.B.)

INFECTIOUS DISEASES, 1942.

Table of Notifications.

Disease.	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Hospital	Deaths.
Diphtheria ...	8	8	9	11	35	2
Scarlet Fever ...	20	11	14	15	45	nil
C.S. Meningitis ...	3	2	2	nil	6	nil
Pneumonia ...	14	6	15	9	nil	1
Erysipelas ...	6	6	4	4	4	nil
Ophthalmia Neonatorum	2	nil	1	1	1	nil
Whooping Cough ...	2	15	9	10	nil	nil
Measles ...	3	42	159	111	nil	nil
Puerperal Pyrexia ...	nil	3	nil	1	nil	nil
Typhoid ...	nil	1	nil	nil	1	nil
Total ...	58	94	213	162	92	3

The incidence of infectious disease throughout the year is chiefly notable for the advent of a Measles epidemic, starting towards the end of the 2nd quarter and continuing at the end of the year.

It is gratifying to note the decline in the number of cases of diphtheria—35, as compared with 68 in 1941.

TUBERCULOSIS. 1942.

New Cases and Mortality.

Age Periods	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Years 0 ...	—	—	—	—	—	—	—	—
1 ...	—	—	3	3	—	—	1	2
5 ...	—	—	2	3	—	—	3	1
10 ...	—	—	—	1	—	—	1	1
15 ...	—	2	1	2	1	—	1	—
20 ...	4	—	1	2	—	—	1	—
25 ...	1	2	—	1	1	1	—	—
35 ...	5	2	—	—	1	1	—	—
45 ...	2	—	—	3	1	—	—	—
55 ...	1	1	—	1	2	—	—	3
65 and over	—	1	1	—	—	—	1	—
Totals ...	13	8	8	16	6	2	8	7

