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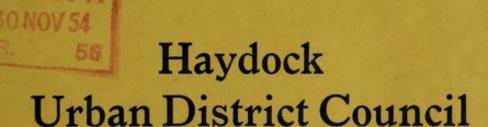
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Annual Report of the Medical Officer of Health 1953.

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Haydock Urban District Council

Annual Report

of the

Medical Officer of Health 1953. Haydock Urban District Council

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of the

Medical Officer of Health

HAYDOCK URBAN DISTRICT COUNCIL 1953

Chairman of the Council: Councillor J. PARR, J.P.

Vice-Chairman of the Council: Councillor A. LLOYD

Clerk of the Council: C. LEDGER, F.C.C.S.

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Vice-Chairman:
Councillor Mrs. S. PIMBLETT C.C.,

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Councillor W. Tickle
Councillor H. T. Wilcock

HEALTH DEPARTMENT:

Medical Officer of Health:
A. C. CRAWFORD, T.D., M.B., Ch.B., D.P.H., D.T.M.

Sanitary Inspector:

R. V. WATKIN, Cert.S.I.B., M.S.I.A.

Qualified Meat and Other Foods Inspector (R.S.I.)

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To the Chairman, and Members of the Health Committee, Haydock Urban District Council.

Mr. Chairman, Madam, and Gentlemen,

I present for your perusal and consideration my Annual Report for the year 1953, which also embodies, as in former years, information relating to the various personal health services which are a function of the County Council under the provisions of the National Health Service Act, 1946, as well as the vital statistics and detailed morbidity records (which reflect the general state of health and wellbeing of the people of the Urban District) and records of the work carried out during the year by your Health Department. Only by the integration of both these main groups of public health services with the work of other Departments, as for example those of cleansing, and of housing, can a full measure of success be achieved in promoting health, mental as well as physical, and the happiness of the inhabitants of the district.

Commenting first of all on the Vital Statistics, there have been no really significant changes since last year except perhaps in regard to the general death rate (10.7/1000), which has been somewhat higher than in 1952, (8.6/1000) but much the same as the mean rate over the last five years (10.0/1000). Live births totalled 186, as against 182, giving a "crude birth rate" of 15.7/1000 live births as compared with 15.1/1000 last year, and an "adjusted" live birth rate of 15.9/1000, as against 15.3/1000 in 1952. Of this total, only 3 of the births were illegitimate—(the same number as a year ago)—giving an illegitimate birth rate of 16/1000 total births, considerably more satisfactory than in many neighbouring towns and districts.

Still-births were 4 in number, 2 less than last year, and the lowest recorded during the past 10 years, giving a still-birth rate of 21/1000 total births, or put in another way, 0.34/1000 of the population—a rate identical with that of the grouped smaller towns of the country, and slightly below the rate for England and Wales as a whole.

The excess of live births over the total deaths—the "natural increase" was 60—, which is 18 less than in 1952, the slightly greater number of live births being more than offset by the increase in the number of deaths, which rose from 104 to 126, and gives a "crude death rate" of 10.7/1000, as compared with 8.6 last year. That year's rate, however, was unusually low—(the lowest since 1946, when it stood at 7.8/1000): the current rate is only 0.7/1000 below the mean figure for the previous quinquennial period. When adjusted by the comparability factor of 1.21, the adjusted death rate becomes 12.9/1000, and is still somewhat higher than for England and Wales, at 11.4/1000.

The year's infant deaths—of babies dying in the first year of life—were 6 in number, (as compared with 5 in 1952), and give an infant mortality rate of 32/1000 live births, and a neonatal mortality rate of 27/1000 live births—that is to say, of the six babies who died before their first birthday, no fewer than 5 died within the first 4 weeks of life. The infant death rate in Haydock is thus very slighty above that for England and Wales (27/1000), but remains at the generally satisfactory levels which have been maintained for the last two years, when they were 27/1000 and 29/1000 respectively.

For the fifth year in succession the "maternal mortality" was nil i.e. no woman died as the result of illness associated with pregnancy, abortion, or childbirth.

An analysis of the causes of death reveals, as in previous years, the numerical preponderance of heart and circulatory diseases as the principal mortality factor, with 37 deaths: next comes the group "vascular diseases of the nervous system" (the so called "strokes"), with 28: then cancer, with its many manifestations, with 25: "other defined and ill-defined diseases," a very heterogeneous group, with 17: bronchitis and pneumonia, with 10, and accidents with 4, 2 of which involved motor vehicles. Of the total 126 deaths, therefore, the above groups account for no fewer than 121.

Notifiable diseases, inclusive of tuberculosis, have shewn a rather heavier incidence than in 1952, with a total of 287 notifications received, as compared with 198. Measles was the disease mainly responsible for the increase, with 192 notifications as contrasted with 82, whilst notifications of respiratory tuberculosis were 14, as against 8 last year, and a quinquenial mean of 10 for the years 1948-1952. Apart from these two conditions and from puerperal pyrexia, of which there was 1 case, all other notifiable diseases were fewer than last year. Reference to the chronological table of incidences in the text of the Report will show the position quite clearly.

In considering the morbidity and mortality incidences of tuberculosis it should be remembered, firstly, that the facilities for diagnosis have been greatly improved since the introduction of Mass Miniature Radiography (M.M.R.); secondly, that by the provisions of the Public Health (Tuberculosis) Regulations 1952, the notifications of these cases is assigned to the district in which the patient is ascertained as suffering from the disease, and not to the district in which he resides; and finally, as the result of a change in the policy of the Registrar General, that any deaths of patients in mental hospitals (or licensed houses for the care of mental patients) must now be accepted by the authority in whose area the establishment is situated, and not by the district in which the diseased person actually resided. As is well known, the incidence of tuberculosis in such establishments is generally considerably higher than in the population at large.

No cases of diphtheria, typhoid or enteric group fever, dysentery, food poisoning or poliomyelitis occurred during the year. There was, however, one case of puerperal pyrexia—the first since 1946, a remarkably long period of immunity.

Reference to the section of the Report dealing with the "Local Health Authority"—the County Council—health services, (and other social services for which the L.H.A. is responsible), will shew the way in which these have been maintained and extended; except for a very slight reduction in the number of cases dealt with by the Ambulance Service, principally accounted for by a reduction in the "General" and "Emergency" cases conveyed, the figures shew a moderate increase generally, with quite appreciative increases in the number of attendances

at the Child Welfare Sessions, particularly by the "toddler" group of infants.

The "Immunisation state" of the "under 15" population has remained reasonably satisfactory, and considerably higher than in some adjoining districts: whilst in regard to vaccination, here again, the situation must be considered highly satisfactory in the light of modern trends, which are definitely against acceptance of the early vaccination of the infant—in my view a deplorable development. (The highest "acceptance rate" for the County for the last generation, since 1930, was 28%, in 1952). Undoubtedly the family doctors' attitude towards vaccination carries very great weight with parents, and it is without question, in my view, the support of vaccination by the doctors practising in the Urban District which is largely responsible for the relatively high acceptance rate of 58%, which is very much better than in the great majority of County Districts, and than in the County generally, as shewn above. It is to be hoped, most sincerely, that this position will not only be maintained, but improved.

The principal sanitary and health needs of the Urban District remain substantially the same as indicated in my Report for 1952, i.e.—the provision of more houses "in all respects fit for human habitation," both by new building and by the repair and improvement of existing properties, which will then have, when renovated, a reasonable "expectation of life" of some fifteen years at least; the modernisation of washing facilities and sanitary accommodation in schools; the paving and drainage of back streets and passages: and the prevention of pollution of streams and watercourses, particularly Ellams Brook, a problem which is largely dependent on the full implimentation of the Sankey Valley Sewer Scheme, and the closure of the obsolescent East End Sewage Works. It is a most satisfactory thought that positive practical steps are now being taken to bring into being alternative methods of dealing with sewage from the eastern part of the district, (via the Sankey Valley Scheme), and from the Central and Western sections, via the construction of new disposal works at Blackbrook.

Before concluding this preface I should like to express to you, Mr. Chairman, and to all the individual members of the Health Committee and of the Council, my sincere thanks for your support, and for the interest you have displayed in the work of your Officers in the Health Department, also my gratitude for the happy relationship which exists between members and Officers of the Department. Similarly I would like to thank the Clerk, Deputy Clerk, Surveyor, and in fact all my colleagues on the staff of the Authority for their ever-willing assistance and cordial co-operation in handling problems of mutual interest: finally of course, come my thanks to Mr. Watkin, your Sanitary Inspector, for his very loyal, willing and ever efficient co-operation in supporting the day-to-day administrative responsibilities and for his unobtrusive yet firm and tactful handling of problems arising in his own particular sphere of duty.

I have the honour to be, Mr. Chairman, Madam and Gentlemen, Yours obediently, A. C. CRAWFORD

GENERAL STATISTICS AND SOCIAL CONDITIONS

Area (acres)	 2,395
Population (Census 1951)	 11,838
Population (Registrar-General's estimate for mid-1953)	 11,830
Number of inhabitated houses (Census 1931)	 2,029
Number of inhabitated houses at end of 1953, according Rate Books	
Rateable Value	
Sum represented by 1d. rate	 £190

The Township of Haydock extends from St. Helens C.B. in the West to the Urban District of Golborne in the East, a distance of approximately 3\frac{3}{4} miles. It is bounded on the North side by the Urban District of Ashton-in-Makerfield and on the South side by the Urban District of Newton-le-Willows.

The district is without any marked undulation of surface, the height above mean sea-level varying from 65 feet at the bottom of West End Road to 200 feet at the top of Millfield Lane.

The sub-soil consists of clay and marl with occasional beds of sand. Surface water gravitates via the various brooks and streams in the district to Sankey Brook.

The occupations of the working population are principally coal mining, engineering in connection with the Collieries and general light engineering.

VITAL STATISTICS

Summary

Live Births			
Legitimate—88 Male, 95 Female			Total 183
Illegitimate—2 Male, 1 Female			Total 3
Total Live Births			186
Crude Birth Rate per 1,000 population			15.7
Adjusted Birth Rate per 1,000 population			15.9
induced and a control for a co			-4-11
Stillbirths			
1 Male, 3 Female			Total 4
Rate per 1,000 total (live and still) births		****	21
Rate per 1,000 total (live and still) bittlis	****	****	41
Deaths			
			Total 126
			10.7
Crude Death Rate per 1,000 population			
Adjusted Death Rate per 1,000 population			12.9
Maternal Mortality			Nil
Deaths of Infants under one year of age			6
Rate per 1,000 live births	1111	****	32
Rate per 1,000 live births		****	32
Neo-Mortality			
Deaths of Infants under 4 weeks of age			5
Mortality rate per 1,000 live births			27

Population: At the Census in 1951 the population enumerated was 11,838. The Registrar-General's estimate for mid-1953 was 11,830 and this figure has been used in calculations of statistics in this report.

Births: During the year there were registered 186 births, being 90 males and 96 females, to Haydock parents, representing a crude birth rate of 15.7 per 1,000 of the population; the birth rate for England and Wales was 15.5.

There were 4 stillbirths giving a rate per thousand (live and still) births of 21.

Deaths: The total number of deaths of Haydock residents whether within or without the district was 126, comprising 57 males and 69 females. The crude death-rate for 1953 was therefore 10.7 per 1,000 of the population and the adjusted rate 12.9 as compared with a death-rate of 11.4 per 1,000 for England and Wales as a whole.

It will be noticed that the increase of births over deaths—the "natural increase"—for Haydock during the year was 60.

Infant Mortality: Deaths of infants under one year of age numbered 6, giving a rate per 1,000 live births of 32. The rate for England and Wales was 26.8.

There were no deaths from Measles or Whooping Cough.

Maternal Mortality: There were no "Maternal deaths," i.e. deaths due to or associated with pregnancy or parturition during the year.

Comparability of Crude Live Birth and Death Rates: If the populations of all areas were similarly constituted as regards the proportions of their sex and age groups, their crude rates for live births and deaths (per 1000 population) could be accepted as valid for purposes of comparison with other areas and with the country as a whole.

As the populations of the areas are not thus similarly constituted the Registrar-General supplies "comparability factors" to each area, by which the crude live birth and death rates of the area are weighted to give the "adjusted" rates, which are truly comparable with the adjusted rates of other areas.

For this area the live birth rate comparability factor is 1.01 and the adjusted Live Birth-rate becomes 15.9 per 1000. The Death-rate comparability factor is 1.21 and the adjusted Death-rate is therefore 12.9 per 1000.

Comparisons of Births, Deaths, etc.: The tables on the following pages give comparisons of the Births, Deaths, etc., for the year 1953 and for the preceding 5 years; also the causes of death in the Haydock Urban District for the year 1953.

VITAL STATISTICS—COMPARATIVE TABLE

			11					
Vatal	Rate per 1,000 live births	27	22	24	33	1	1	1
Neo-1	No. of deaths regis- tered	5	4	5	7	1	1	
tal	Rate per 1,000 live births	32	27	29	57	36	38	37
To	No. of deaths regis- tered	9	5	9	12	00	∞	1
ality	Rate per 1,000 total births	Nil	Nil	Nil	Nil	Nil	Nil	1
Mort	No. of deaths regis- tered	IIN	Nil	IN	Nil	Nil	IN	1
	Rate per 1,000 total births	21	32	23	23	22	23	25
	No. regis- tered	4	9	5	5	5	5	1
(ses)	Rate per 1,000 pop'n	*10.7	9.8	10.4	11.5	10.2	9.3	10.0
(all ca	No. regis- tered	126	104	122	138	121	111	1
	Rate per 1,000 pop'n	*15.7	15.1	17.8	17.6	18.9	17.4	17.4
	No. regis- tered	186	182	209	211	225	207	
			1		-	1	1	
	U.U	1	1	-	-	1	1	ço .
	CK	1	1	-	:		-	year 952
	Науро	Year 1953.	1952.	1951.	1950.	1949	1948.	Average 5 years 1948-1952
	(all causes) Mortality Total Neo-Natal	Rate No. per 1,000 regis- 1,000 regis- pop'n tered pop'n tered births tered births tered births regis- pop'n tered births	No. regis- teredRate pop'nNo. teredRate pop'nNo. teredRate pop'nNo. of teredRate pop'nNo. of teredRate pop'nNo. of teredRate pop'nNo. of teredRate pop'nNo. of teredRate total total birthsNo. of regis- total teredNo. of total birthsRate per total teredNo. of deaths teredRate per hor. total birthsNo. of tered birthsRate per total birthsNo. of tered birthsNo. of deaths tered births186*15.7421Nil6325	t. U.D. No. Per No. Per Per No. Per P	t U.D. No. Rate No. per regis- 1,000 regis- 1,000 deaths tered pop'n tered pop	t U.D. No. Rate No. per regis- 1,000 regis-	C.D. No. Rate No. Per regis- 1,000 regis-	Cu.D. Rate Rate Rate No. of regis- 1,000 regis- 1,000

* Adjusted (live-birth rate comparability factor, 1.01) = 15.9 per 1,000. (death-rate comparability factor, 1.21) = 12.9 per 1,000.

COMPARATIVE BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1953

	Haydock Urban District	England and Wales	160 County Boro's and Great Towns including London	(Resident population 25,000 to	London adminis- trative County
Births—	Rate	s per 1,00	0 Home P	opulation	
Live Births	15.9	15.5	17.0	15.7	17.5
Still Births	0.34	0.35	0.43	0.34	0.38
All Causes	12.9	11-4	12.2	11.3	12.5
Typhoid and Parar-					
typhoid	0.00	0.00	0.00	-	-
Whooping Cough	0.00	0.01	0.01	0.00	0.00
Diphtheria		0.00	0.00	0.00	-
Tuberculosis	0.08	0.20	0.24	0.19	0.24
Influenza	0.08	0.16	0.15	0.17	0.15
Smallpox	0.00	0.00	0-00	0.00	-
Acute poliomyelitis and		0.04			
polio-encephalitis	0.00	0.01	0.01	0.01	0.01
Pneumonia	0.34	0.55	0.59	0.52	0.64
Notifications (corrected)	0 00	0.00	0.00	0.00	0.01
Typhoid Fever		0.00	0.00	0.00	0.01
Para-typhoid Fever	0.00	0.01	0.01	0.01	0.01
Meningococcal Infection Scarlet Fever	2.79	1.39	1.50	0.03	0.03
1177 ' (7 1	3.38	3.58	3.72	3.38	3.30
D' Ld	0.00	0.01	0.01	0.01	0.00
The state of the s	0.68	0.14	0.14	0.13	0.12
Smallpox	0.00	0.00	0.00	0.00	0 12
Measles	16 - 23	12.36	11.27	12.32	8.09
Pneumonia	0.68	0.84	0.92	0.76	0.73
Acute poliomyelitis (in-					
cluding polio-enceph					
alitis)		and the	The second		
Paralytic	0.00	0.07	0.06	0.06	0.07
Non-paralytic	0.00	0.04	0.03	0.04	0.03
Food Poisoning	0.00	0.24	0.25	0.24	0.38
Deaths—	Rate	per 1,000	Live Birt	ths	
18 13 31					-
All causes under 1 year					
of age	32	26.8	30.8	24 - 3	24.8
Enteritis and Diarrhoea	1000		274		
under 2 years of age	0.00	1.1	1.3	0.9	1.1
	101				-
Notifications (corrected)	Rate	s per 1,000	Live and	Still Birtl	ns
Puerperal fever and pyrexia	0.08	18-23	24 - 33	12.46	28-61
a despetar te tet and pytema		10 20	2, 33	.2 .0	

Puerperium	Rates per 1,000 Live and Still Births				
bortion with Toxaemia ther Toxaemias of Pregnancy and the Puerperium	Haydock	England and Wales			
Sepsis of Pregnancy, Childbirth and the	Name of the same	1970			
	0.00	0.10			
Abortion with Toxaemia	0.00	0.01			
Other Toxaemias of Pregnancy and the Puerperium	0.00	0:24			
	0.00	0.13			
Abortion without mention of Sepsis or		0.10			
Toxaemia	- 0.00	0.04			
Abortion with Sepsis	0.00	0.06			
Other Complications of Pregnancy,	000	0 00			
Childbirth and the Puerperium	0.00	0.18			

CAUSES OF DEATH—HAYDOCK U.D. 1953

Causes of Death	Males	Females	Total
All Causes	57	69	126
Tuberculosis, respiratory	1		1
Tuberculosis, other forms	_		_
Syphilitic disease	-		
Diphtheria	_		1000
Whooping Cough	-	_	_
Meningococcal Infections	-	_	_
Acute Poliomyelitis	-	_	_
Measles	_	_	
Other infective and parasitic diseases	-	_	_
Malignant Neoplasms—	To the last of	all the same of th	No. of London
Stomach	2 2	4	6
Lung, Bronchus	2	1	3
Breast	_	1	1
Uterus	_	1	1
Other malignant and lymphatic neoplasms	2	7	9
Leukaemia, alukaemia	_	_	-
Diabetes	9	2	2
Vascular lesions of nervous system	9	19	28
Corony disease, angina	9	6	15
Hypertension with heart disease	-	-	-
Other heart disease	8	11	19
Other circulatory disease	1	1	3
Influenza	2	_	-
Pneumonia	1	2 2	4
Bronchitis	7	2	6
Other diseases of respiratory system	2	-	1
Ulcer of stomach and duodenum	-	-	2
Gastritis, enteritis and diarrhoea	1	-	-
Nephritis and nephrosis	1	-	1
Hyperplasia of prostrate	-	-	1
Pregnancy, childbirth, abortion	2	-	_
Congenital malformations	6	11	17
Other defined and ill-defined diseases	0	11	1/
Motor vehicle accidents	2	1	2
All other accidents	1	1	-
Suicide	-		
Homicide and operations of war	-		

Infectious Diseases-Prevention, Control and Incidence

As indicated in the preface to this Report the year has shown only a moderate incidence of notifiable disease, with a total of 287 cases, inclusive of tuberculosis. Although higher than in 1949, 1950, and 1952, this total is considerably less than half that in 1951, when the figure was 599, and is substantially less than the quinquennial mean for the years 1948-1952 (349). The main points of interest really lie in the moderate epidemic of measles, which produced 192 cases, as compared with 82 last year; the fact that scarlet fever cases continue to maintain quite a high relative incidence level, year after year, being 33 in number this year, and having a quinquennial mean figure of 35; and the relatively high incidence of pulmonary tuberculosis cases coupled with a relatively low mortality rate—a situation very similar to the country-wide trends, resulting from improved diagnostic measures, the increase in the number of chest physicians and chest clinics, coupled with the increased use of "mass miniature radiography," and the improved efficacy of treatment by the discovery and use of the newer drugs and antibiotics. It should, however, be remembered that a change in the policy of notification procedure resulting from the interpretation of the Public Health (Tuberculosis) Regulations 1952 is likely to result, in this district, in a reduced morbidity incidence which is apparent rather than real, in that the number of formal notifications received do not reflect the true incidence of this disease. In my view a much more valid representation lies in the number of "active" cases contained in the (now unofficial) Tuberculosis Register. Further comments on other changes in statistical record procedures, and other effects on incidence rates, will be found in the preface.

Isolation and Disinfection

The Infectious Diseases Hospital at Peasley Cross, St. Helens, is available for the treatment of Haydock cases.

35 cases from Haydock were admitted during 1953.

The use of the steam disinfector at the hospital is also available for the disinfection of bedding and clothing as and when required.

In all cases of diphtheria and scarlet fever, disinfection of rooms, bedding and other articles is effected by means of Formic Aldehyde fumigation after the removal of the patient to hospital, or, if nursed at home, when the patient is certified free from infection.

NOTIFIABLE DISEASES DURING 1953

EXCLUDING TUBERCULOSIS, NOTIFICATIONS IN RESPECT OF NOTIFIABLE DISEASES NUMBERED 271. THE SUB-JOINED TABLE GIVES THE CORRECTED FIGURES AND THE NUMBER OF CASES REMOVED TO HOSPITAL.

Total cases	hospital	30	1	1	2	1	1	1	1	1	1	35
Total		1	-	1	1	1	1	1	1	1	1	-
	65 and over	1	1	1	1	1	1	1	1	1	1	1
	45—	1	1	1	1	1	1	1	1	1	2	2
	25—	1	1	1	1	1	L	1	1	1		1
fied Years	15—	1	1	1	1	1	1	1	1	1		1
Cases Notified Age Periods—Years	10	2	1	1	1	1	1	I	1	1	1	3
Cas Age Per	5	15	1	1	87	8	1	1	1	11	1	110
	3-	12	1	1	48	15	1	1	1	1	1	75
	1	2	1	1	47	14	1	+	1	1	1	63
	0	1	1	1	6	3	2	1	1	1	1	16
E	cases at	33	1	1	192	40	2	1	1	1	2	271
	Disease	Scarlet Fever	Diphtheria	Dysentery	Measles	Whooping Cough	Acute pneumonia (primary and influenzal)	Puerpeyal Pyrexia	Meningococcal infection	Acute poliomyelitis	Erysipelas	Totals

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HAYDOCK URBAN DISTRICT
NOTIFIABLE DISEASES—COMPARATIVE TABLES

Quinquennial Mean 1948-1952	Deaths	1	0.5	1	1	1	1	1	1	1	4.0	0.2	4	1	2	0.4	10.2
Quind M 1948	Cases	35	3	182	81	1	9.0	1	1	1	0.4	1	26	4	10	5	349
48	Deaths	1	-	1	1	1	1	1	1	1	1	1	2	1	9	1	6
1948	Cases	44	2	354	108	1	1	1	1	1	1	1	16	4	00	4	545
49	Deaths	1	1		1	1	1	1	1	1	1	1	1	1	4	1	9
1949	Cases	24	2	32	51	1	1	1	1	1	1	1	13	9	10	3	144
20	Deaths	1	1	1	1	1	1	1	1	1	1	1	2	-	9	1	11
1950	Cases	4	5	37	140	1	1	1	1	1	7	2	17	3	∞	4	262
51	Deaths	1	1	1	1	1	1	1	1	1	1	1	15	1	3		18
1951	Cases	28	3	404	58	3	1	1	1	1.	1	1	74	5	16	5	299
1952	Deaths	1	.1	T	1	1	1	1	1	1	1	1	1	1	9	1	00
19	Cases	38	1	82	48	1.	1	1	1	1	1	1	12	2	8	5	198
1953	Deaths	1	1	1	1	1	1	1	1	1	L	1.		1	2	1	2
19	Cases	33	1	192	40	1	1	1	I	1	1	1	2	2	14	2	287
1				-			****				-0						
	Disease	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Enteric Group Fevers	Dysentery	Food Poisoning	Opthalmia Neonatorum	Puerperal Pyrexia	Acute poliomyeletis and polio- encephalitis	Meningococcal Infection	Primary and Influenzal Pneumonia	Erysipelas	Tuberculosis, Respiratory	Tuberculosis, Non- Respiaratory	Total

Tuberculosis

Under the Public Health (Tuberculosis) Regulations, 1952 16 new cases of respiratory and other forms of tuberculosis were notified.

There was deaths from tuberculosis of the respiratory system.

A Desireda		New	Cases			Dea	ths	
Age Periods	Respi	ratory	No Respir	n- ratory	Respi	ratory	Non- Respirator	
	M	F	M	F	M	F	M	F
Years 0-2	_	-	_	/	_	_	_	_
2	-	_		-	_	_	-	-
5	1	1	-	-	-	-	-	_
10	2	-	-	-	-	-	-	_
15	1	1	1	-	_	-	-	-
20	-	-	-	-	-	-	-	-
25	2	4	-	-	-	-	-	-
35	-	-	-	-	_	_	-	-
45	1	-	-	-	1	-	-	-
55	1	-	1	_	4	_	-	-
65	-	-	-	-		-	-	
75 and upwards		-	-	-	_		-	-
Totals	8	6	2	2	81	<u> </u>	15	

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

The district is supplied with water from the Rivington reservoirs belonging to the Liverpool Corporation.

The Haydock reservoir situated at the top of Millfield Lane has a capacity of 1,000,000 gallons, equal to approximately 5 days normal consumption.

The total consumption for the year was 95,848,540 gallons, or 22.05 gallons per head per day for all purposes.

The total estimated consumption for trade purposes was 10,307,984 gallons. 19.35 gallons per head per day was used for domestic purposes.

The reservoir is emptied and cleansed periodically.

With the exception of one out-lying farm, which is served by a well in the farm yard, all houses in the area are connected to the public water mains. During the year 6 samples of the public supply and 6 of the well water were taken and submitted for examination to the Liverpool City Bacteriologist. All were reported to be Class 1 or "Highly Satisfactory."

INSPECTION AND SUPERVISION OF FOOD SUPPLIES

Milk

Under the Milk and Dairies Regulations, 1949, the number of Registered distrubutors were as follows:—

Distributors operating from :-					
Dairies in the district			****		2
Shops in the district other than dairies					28
Premises outside the district					7
Licences issued by the local authority	und	der t	he N	Milk	(Specia

Licences issued by the local authority under the Milk (Special Designation) Regulations, 1949 in respect of the several designated milks were as follows:—

Tuberculin						 		 10
Pasteurised Sterilised								 14
Stermsed	****	****	 *****	***	****	 	****	 -
Tota	1			1				 55

Samples of milk as under were taken periodically from all milk producers and retailers in the area and tested by the Public Health Laboratory Service for keeping quality and for the presence of the tubercle bacillus.

Raw Milk

Tuberculosis biological tests. No. of samples No. negative 14. No. positive Nil.	 	14
Methylene Blue reduction test. No. of samples No. satisfactory 14. No. unsatisfactory Nil.		14
'Heat Treated' Milk Phosphatase test. No. of samples Turbidity test. ,, ,, No. satisfactory 7. No. unsatisfactory Nil.		

Meat and Other Foods

There are no slaughter-houses in operation in the area. Six persons are licenced by the local authority to slaughter animals under the slaughter of Animals Act, 1933. One licence to slaughter was granted in 1953 and 4 were renewed for a further period of 3 years.

10 pigs were slaughtered on behalf of pig-keepers in the district for their own consumption. All were inspected after slaughter and found to be fit for human consumption.

The number and types of food premises in the area at the end of 1953 were as hereunder:—

ie as nereunaer.				
Grocery	 	 	 	 32
Greengrocery .	 	 	 	 - 7
Butchery	 	 	 	
Confectionery .	 	 	 	 4
Fish and chips	 	 	 	 11
General Shops .	 	 	 	 17
Cafe/Snack Bars		 	 	 3
Tripe Dresser	 	 	 	 1

All were inspected systematically during the year, in addition to special visits.

The following foodstuffs were condemned as unfit for human consumption and destroyed by means of incineration or burial.

Foodstu			Package	Quantity		
Milk		 	 	32 tins	 	58 pints
Meat .		 	 	34 tins	 	88-lbs.,
Fruit .		 	 	120 tins	 	121-lbs.,
Vegetables		 	 	23 tins	 	17-lbs.,
				6 tins	 	3-lbs.,
Bacon		 	 	_	 	3½-lbs.,
				_	 	6 doz.

No cases of food poisoning have occurred.

Two shops were registered under the Lancashire County Council (Rivers Board and General Powers) Act, 1938, for the sale of ice-cream, making a total of twentyone shops on the register at the end of the year. In each case a refrigerator is installed in the shop and the ice-cream is sold wrapped as delivered to the shop.

There are no ice-cream manufacturers in the district.

The local authority is not a Food and Drugs Authority and sampling of food (under the Food and Drugs Act, 1938), for adulteration etc., is carried out by County Council inspectors.

Samples taken in the district during the year and submitted for analysis were :-

31	Milk	1	Golden Raising Powder
1	Butter	5	Flour
1	Margarine	1	Lemonade Powder
1	Cooking Fat	3	Rolled Oats
1	Sugar	3	Fish, Canned
1	Malt Vinegar	1	Lemon Cheese
1	Mustard Compound	3	Marmalade
1	Aspirin Tablets	1	Malted Milk
7	Tea	1	Salad Cream
2	Custard Powder	1	Oatmeal
1	Baking Powder	1	Tapioca
1	Compound Syrup of Figs	1	Dried Peas

All the above were reported by the County Analyst to be genuine with the exception of the following:—

Sample	Result of Analysis	Action taken
1 formal milk	Deficient 6.6% fat	Vendor notified
1 formal milk	Deficient 6.6.% fat and low in solids-not-fat	Vendor notified
1 formal milk	Deficient 8.3% fat and	
	slightly low in solids-not-fat	Vendor notified.

Rivers and Streams

Some pollution of the streams running through the district occurs from the Sewage Works effluent. The extent of the pollution is kept under observation and the streams cleansed when necessary of accumulations of silt and debris.

Drainage and Sewerage

With the exception of a few out-lying premises all property is drained and sewered by gravitation to 4 sewage disposal works, maintenance of which is under the direction of the Council's Surveyor.

Having regard to the fact that the disposal works were constructed in the days of dry conservancy, and consequently now tend to become overloaded, the standard of effluent is reasonable. This is checked periodically by Inspectors of the Mersey Rivers Board.

Some pollution of the brooks to which the effluent is discharged is unavoidable in the circumstances and it is expected that new schemes of sewage disposal now envisaged will take effect in the near future. These are linked with the progressive development of the Sankey Valley Sewerage Scheme.

Sanitary Accommodation (Houses and Schools)

The numbers of the various types of conservancy measures in the district at the end of 1952 are as follows:—

Privy Middens	 		 		5
Pail Closets	 	****	 	****	1
Trough Closets	 		 		Nil
T 1 TTT OI	****				Nil 3534
Fresh Water Closets Dry Ashpits					Nil
Ashbins					2224

All the schools in the district now have reasonably satisfactory sanitary accommodation and are connected to the public mains for water supply and to the public sewers for sewage disposal.

Washing and drinking facilities however are generally inadequate, and require modernisation.

Public Cleansing and Salvage

The collection of refuse is carried out under the control of the Council's Surveyor. Two motor vehicles are in operation and all dustbins are emptied weekly. Refuse is disposed of by means of controlled tipping; paper, cardboard etc., is collected separately, baled at the Council's Depot and sold as salvage.

Rodent Control

Although infestations of rats and mice in the district are generally of a minor nature, the sewers, sewage works and refuse tip are subject to constant observation. Regular treatments in accordance with the methods recommended by the Ministry of Agriculture and Fisheries Infestation Control Division are carried out.

In addition to the annual 10% test of all the sewers in the area and to two treatments of infested portions of the sewers, the numbers of infestations found and treated were as follows:—

	Ins	pecte	Treated			
Dwelling Houses		167				41
Business Premises	 	127				4
Local Authority Premises	 	20			****	6
Agricultural, etc	 	9				-

Disinfestation

Infestations of houses with insect pests were dealt with by the use of insecticide containing D.D.T. and/or Gammexane dust, with good results.

The main source of infestation in the area is the refuse tip and this was treated twice with tip dressing to reduce the incidence of crickets, cockroaches and flies.

The number and types of infestations of houses dealt with during the year are as follows:—

Cockroaches	 			 	 	22 houses
Crickets	 			 	 	17
Ants	 			 	 	33
Flies						10
Silverfish	 		****	 	 	2
Wood-beetles	 	****	****	 	 	4

Offensive Trades

Only one eastablishment, used for tripe dressing, falls into this category.

Periodical inspections showed that the premises are clean and well maintained.

HOUSING

At the end of 1953, according to the Rate books, the total number of houses in the area was 3,149.

More than half of this number are of the two-bedroom type, the majority of the remainder having three bedrooms.

During 1953, 71 traditional permanent houses were erected by the local authority and 13 by private enterprise.

At the end of the year 107 houses were in process of building on the Church Road site.

The number of dwellings in the district which are overcrowded, though not accurately known, constitutes a problem for which there appears to be no immediate solution. It is estimated that the main causes of the overcrowding are the natural increase of families, and members of families getting married and continuing to live at home.

Efforts to secure adequate repairs to older houses are impeded by shortage of labour and materials, and the high cost of repairs compared with existing low rentals.

1.	Inspection of dwelling-houses during the year :-
	(1) (a) Total number of houses inspected formally or informally for housing defects (under Public Health or Housing Acts)
	(b) Number of inspections made for the purpose 1040
	(2) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation
	(3) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation
2.	Remedy of defects during the year without service of formal notices :—
	Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers
3.	Action under Statutory powers during the year :-
	(a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 Nil

(b)	Proceedings under the Public Health Acts :-	
	(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	36
	(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(a) by owners	35
	(b) by local authority in default of owners	1
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936	Nil
(d)	Proceedings under Section 12 of the Housing Act, 1936	Nil

Industrial and Commercial Hygiene

There are 19 registered factories in the district comprising 11 factories in which mechanical power is used, and 8 without mechanical power.

The types of factory are :-

0 0			 				7
			 				6
0			 				1
Boot and Shoe R			 	****			2
Joinery		1.	 	****		****	1
Pre-cast concrete	-						1
Laundry		****	 		****	****	1

30 visits of inspection were made during the year.

Defects found and remedied were as follows :-

Unsuitable or defective sanitary conveniences 4

Conditions generally were good and in one case only was it found necessary to resort to written notice.

SANITARY INSPECTION

SUMMARY OF INSPECTIONS, VISITS, Etc.

Dwelling-houses	(under	Pub	olic F	Iealt	h and	d Ho	usin	g Ac	ts)		438
Re-inspections an											602
Housing conditio											23
Water supply (ins											137
Drainage (inspect											147
Conversions of Pa									ection	is)	4
Ditches and Wate											11
Accumulations of	refus	e									33
Piggeries and kee	ping o	f ani	mals								35
Tents, vans and s	sheds										32
Schools											6
Cinemas											1
Offensive Trades											2
Rodent Control											397
Disinfestation of											100
Infectious disease					fecti	ons					38
Dairies and Milk			****								61
Food shops and I											169
Other Shops											109
Ice-cream premis	ses										42
											30
Interviews with				itrac	ctors						47
Pigs inspected aft		ughte	er		****						10
Milk samples	****					****					21
											12
Petroleum											19
Miscellaneous	****	****			****				*****	****	106
							Tot	al			2632
Number of Nuisa											606
Number of Infor											227
Verbal Notices as	nd/or	lette	rs								109
Number of Statu											45
Number of Notic											310
Number of Nuisa								1953			535
Legal Proceeding	S	****									Nil

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ANALYSIS OF DEFECTS

Type of Defect					No discovered	No remedied
Water Closets					95	99
D .				****	39	41
TTT . C 1					40	18
CU 1					5	7
TIT . D'					11	12
Dustbins					113	101
Washboilers		****				1
Roofs					40	44
Chimneys and Flues					17	23
Eavesgutters					59	45
Downspouts			****		11	8
Brickwork and/or Po				****	42	18
Plastering					12	14
Floors					5	3
Windows	****		****		37	43
	****				7	12
Firegrates	****				8	7
	****				12	11
					7	3
Miscellaneous		****	****		46	25
Total					606	535

PROVISION OF GENERAL HEALTH AND ANCILLARY SERVICES IN THE DISTRICT

(1) Laboratory Arrangements

(Public Health Laboratory Service, and County Analyst's Department)

Pathological specimens, samples of milk, foodstuffs, "swabs," etc., for bacteriological investigation are dealt with by the Public Health Laboratory Service either at the Public Health Laboratory, Mount Pleasant, Liverpool, or at the Public Health Laboratory, Monsall Green, Monsall, Manchester. The chemical analysis of water samples, and of samples of food and drugs, is undertaken at the County Analyst's Department, County Offices, Preston.

(2) Hospital Arrangements

(Liverpool Regional Hospital Board, St. Helens and District Hospital Management Committee, and Warrington and District Hospital Management Committee)

The Haydock Cottage Hospital is the only hospital situated in the district; it is a General Hospital with a nominal establishment of 13 beds, but in view of its small size it is not equipped to deal with major surgical cases. The district is mainly served, for general cases, by the St. Helens Hospital, and also by the Providence Hospital, St. Helens. Maternity cases requiring hospital treatment are admitted either to the County Hospital, Whiston, the St. Helens Maternity and Welfare Hospital, the General Hospital, Warrington, or to the Warrington Maternity Home, Victoria Park, Latchford, Warrington. Cases requiring isolation on account of Infectious Disease are normally admitted to the Peasley Cross Isolation Hospital, St. Helens.

In addition to the above, cases requiring highly specialised treatment for pediatric, orthopaedic, ophthalmic, ear, nose, throat and gynaecological disabilities may be admitted, by arrangements, to any of the 'teaching hospitals' attached to the Universities of Liverpool or Manchester, and situated within, or in close proximity to those cities.

(3) Ambulance Arrangements

Full responsibility for the Ambulance Service (provided under Section 27 of the National Health Service Act, 1946) rests with the Lancashire County Council—the "Local Health Authority"—under the Act, and the Urban District is serviced by staff and vehicles maintained at the County Ambulance Station, Borren Road, Earlestown, Telephone No. Newton-le-Willows 2013 (for emergency calls 3233).

This Service deals with all types of case where such transport is required by reason of illness (including mental illness), or mental defectiveness, whether accident or emergency, general illness or infectious disease. In cases of emergency any person having reason to do so may summon an ambulance: in other cases the calls for this service are made either by a doctor, dentist, midwife, nurse or other duly qualified person.

Three Stretcher-carrying ambulance vehicles and three "Sitting case" cars are stationed at the Newton-le-Willows Depot, manned by an appropriate staff, all qualified in First Aid. During 1953 the following numbers of calls were dealt with from this district:—

Emergency 377, General 2201, Infectious 40, Total 2,618.

(4) Treatment Centres and Clinics

(i) School Health—School Clinic, Station Road, Haydock-Assistant Divisional Medical Officer, Dr. D. K. McTaggert. School Nurse/Health Visitor, Miss M. Luckett.

Sessions "Minor Ailments" and Medical Inspection.

Doctors Sessions: Weekly—Tuesday a.m. during School term.

Nurses Re-Dressing Sessions: Weekly—Friday a.m. during School term.

Ophthalmic

Ophthalmic Surgeon—Mr. E. Allan. Health Nurse in Charge—Miss M. Luckett Sessions: Fortnightly—Thursday a.m. (by appointment only)

Orthopaedic

Orthopaedic Surgeon—Mr. Almond.
Orthopaedic Physiotherapist—Mrs. Garratt
Sessions: Surgeon's sessions—monthly, morning of the
first Monday (by appointment only).
Physiotherapist—Weekly (by appointment only).

Dental

Mr. A. E. Shaw, ably assisted as in the past by Miss Entwistle, the Dental Attendant, has continued the periodic inspection and treatment of school children, and the treatment also of expectant and nursing mothers and of children of "pre-school" ages.

(ii) Ante-Natal Clinic (Held at School Clinic, Station Road, Haydock),

Obstetrician-Mr. V. Corbett.

Health Visitor in Charge-Miss M. Luckett.

Sessions: Fortnightly—alternate Tuesday afternoons. These sessions are attended whenever possible by the local County Midwives, who assist at the examination of their patients. Where hospital confinement is advisable, either on obstetrical on socialogical grounds, the necessary arrangements are made for admission.

During the current year a total of 83 expectant mothers made 292 attendances.

(iii) Maternity and Child Welfare Clinic (Held at the School Clinic, Station Road, Haydock).

Assistant Divisional Medical Officer-Dr. D. K. McTaggart.

Health Visitor in Charge-Miss M. Luckett.

Sessions: Weekly—each Wednesday-morningand afternoon The purpose of these Clinics is to facilitate the medical examination and general supervision of infants and small children up to the age of 5 years, and to advise the mothers regarding their nurture and welfare. As an ancillary service, in order to help the parent to implement the advice received regarding feeding methods, a number of artificial infant foods, and of vitamin preparations etc., are available to those regularly attending, at cost price. In addition, expectant mothers who attend with infants or other young children are advised regarding the maintenance of their general health, and on other problems connected with their pregnancy: and are of course referred for special obstetrical advice to the Ante-Natal Clinic.

The following figures show the use made of the Child Welfare Centre during the year:

No. of individual children in attendance					No. of attendances	
Born	in	1953	****		166	2,809
		1050			99	1084
,,	,,	1948/1951			102	461
otal					367	4354

(5) Midwifery Arrangements

Two whole-time salaried Midwives are employed by the County Council—the "Local Health Authority" and "Local Supervising Authority"—for the purpose of conducting domiciliary confinements, either as midwives (when assuming sole responsibility for the delivery, etc.), or as maternity-nurses (when assisting at delivery in conjunction with the Doctor). Each midwife possesses a car, in order to enable her to respond speedily to urgent calls, and to transport analgesia apparatus.

The names and addresses of these midwives are: Miss W. Stirrup, 2, Folds Road, Haydock. Telephone St. Helens 7135 Mrs. E. J. Pye, 57, Kenyons Lane, Haydock. Telephone, Ashton-in-Makerfield 7376. (Retired November, 1953).

No private midwife practises within the district, nor is there any private Maternity Home so situated. These ladies were therefore responsible, either as midwives or maternity-nurses, for the 71 domiciliary confinements which took place during the year. The fact that there was but one case of puerperal pyrexia and no "maternal deaths", is surely a high tribute to the skill and care bestowed on those mothers whose babies are born in their own homes.

(6) Health Visiting Arrangements

This work has in Haydock been carried out for many years by one Health Visitor, who combines with her Health Visiting duties those of School Nurse. The scope of her work has been considerably increased by the responsibility which now rests on Health Visitors to advise on general health matters relating to the family as a whole, and not solely in relation to infants, young children and school children. Further—more she has a specific responsibility in relation to advice on immunisation against Diphtheria, and on the need for vaccination.

These domiciliary visits, so necessary as regards not only supervision, but also health education, are of course complementary so far as pre-school scholdren are concerned to the work carried out at the Child Welfare Centre.

The name of the present School Nurse/Health Visitor for the District is Miss M. Luckett, with whom contact may be established at the School Clinic, Station Road, Haydock. Miss Luckett succeeded in March Miss S. N. Hodgson, who retired after a period of nearly 30 years sterling service in this district, during which she became a familiar and trusted friend of a whole generation of mothers and babies. All will wish her long life, and happiness in her retirement.

(7) Mental Health Arrangements

The District is covered for this purpose by the 2 Authorised Officers (one full time, one part time) of the Local Health Authority attached to No. 10 Health Division, assisted by a lady mental welfare worker. These workers deal with all aspects of mental health, including cases for which investigation, supervision and appropriate action is required under the Lunacy Acts, Mental Deficiency Acts and the Mental Treatment Act.

The names and addresses of these officers are:

Mr. P. D. Parker

No. 10 Divisional Health Offices,
The Old Rectory, Winwick,

Nr. Warrington

Mr. F. L. S. Griffin Miss M. V. Phillips ditto ditto

(8) Home Help Arrangements

This is a permissory service provided by the County Council through its Divisional Health Scheme, (No. 10 Divisional Health

Committee), and is one which is not necessarily provided free of cost to the public. It aims to provide domestic help where required by reason of the presence in a household of sickness, pregnancy, maternity, young children or a mentally defective person. This service has been used during the present year to a moderate degree only, probably because the public, not having full knowledge of the recently instituted scheme, have yet to experience its full benefits.

The "Home Helps" engaged are all part-time workers, none are full time, but some do receive a "retaining fee" in recognition of their availability to undertake work when required. The Home Help Organiser and Welfare Worker, responsible for the day to day operation of the scheme in this District, is Miss P. Butler, No. 10 Divisional Health Office, The Old Rectory, Winwick, near Warrington.

(9) Home Nursing Arrangements

Nursing help in the home, formerly provided by the District Nursing Associations, is now afforded by the Local Health Authority, and the former District Nurse, as an Officer of that Authority, continues her beneficient work in the homes of the sick. The public demand for this onerous work has grown considerably during the year, and the assisance of a part-time relief nurse has been required from time to time.

The "Home Nurse" for the District is:— Miss V. M. Dunn, 99, Central Drive, Haydock. Tel. St. Helens 7302

(10) Arrangements for the Prevention of Illness, Care and After Care of Sick persons, (including those suffering from Tuberculosis), and the provision of convalescent accommodation, and of extra nourishment where recommended.

Responsibility for the above rests with the Local Health Authority, partly on an obligatory, and partly on a permissive basis: 'illness' also includes mental defectiveness. The scope of such arrangements is very wide, and includes all the methods of "Health Education" and propaganda relating to health matters, health visiting in the homes, including those of persons suffering from Tuberculosis, the provision of ancillary nursing equipment, the after-care of patients who have suffered from illness, whether at home or in hospital, and the provision of convalescent accommodation and rehabilitation measures where these are required to enable those recently sick to regain full health and strength. Extra nourishment may also be provided where necessary for cases of Pulmonary Tuberculosis, on the recommendation of the Chest Physician.

The Tuberculosis Health Visitor for the District is Miss Monks, She maintains supervision of patients in their homes, and arranges for their examination, re-examination, and for that of "contacts," (including X-ray investigation), at the Chest Clinic, (formerly the Tuberculosis Dispensary), at St. Helens, which is a branch of the principal Chest Clinic for the area situated at Waterloo, Liverpool, and is administered by the Liverpool Regional Hospital Board.

As regards Health Education—a very important and essential factor in the prevention of illness—it is pertinent here to emphasise that although some responsibility for this side of preventive medicine may be accepted, (as is the case), by the County Council as Local Health Authority, the permissive powers of the Urban District Council, (as a Local Sanitary Authority), to carry out measures of health education under Section 179 of the Public Health Act, 1936, are still extant, and should in my view continue to be exercised, particularly in respect of the dissemination of information relating to the spread of infectious diseases.

A most interesting and valuable Health and Handicraft Exhibition was held in the School Clinic on 12th November as part of Health Education measures: the proceedings were graced by the presence of the Chairman and Vice-Chairman of the Council, the Chairman presenting the prizes for the best exhibit in each section of the exhibition Talks were given by several lecturers, and were supported by the exhibition of films dealing with several subjects having a bearing on health maintenance, and the prevention of disease.

(11) Vaccination and Immunisation Arrangements

Vaccination, and immunisation against Diphtheria, are available to all who desire it, either through the family doctor, who carries it out as part of his duties to his patients, or by attendance at one of the Immunisation Sessions held at approximately monthly intervals at the School Clinic, Station Road, where the work is carried out either by one of the local doctors, or by the Assistant Divisional Medical Officer.

Whilst the immunisation position shows no gounds for complacency, the situation as regards the "immunisation state" of children under 15 years of age is more satisfactory than in most areas: on 31st December, 1953, the proportion was 79%, as compared with 60% for No. 10 Health Division as a whole. Fortunately the vaccination state has improved, and here again the Urban District is securing a higher proportion of infant vaccinations than is the majority of County Districts in the Health Division. If one deducts from the 185 births notified in 1952 the 6 infant deaths recorded in 1953, out of the 179 survivors, 108 were vaccinated, 100 successfully; a proportion of 58% of the newly born babies. (The rate for the County as a whole—in 1952)—was 28%).

(12) The Children Act, 1948

This Act became effective on 5th July, 1948.

In the main it provides for the care and welfare of children and young persons up to the age of 18 years who for one reason or another are deprived of normal home life, and it thus has an important bearing on the mental and physical health and development of such children.

The County Council, which is the Local Authority for the purposes of this Act, exercises its functions through its Children's Committee and the Children's Officer, who is responsible to the Committee for the efficient administration and day to day operation of the Service, which is carried out on a regional area basis.

The Haydock Urban District lies administratively within the purview of the Area Children's Officer of the Haydon Area, who is assisted by Childrens' Social Workers, the latter being responsible for all matters relating to "deprived" children, e.g. the provision of accommodation, the inspection of and report on prospective foster homes, infant life protection, supervision of adopted children during the probationary period, and the care and conveyance to suitable "places of safety" of children committed by the Courts to the care of the Authority as a "fit person," under the provisions of the Children and Young Persons Act, 1933, and so on.

The Area Children's Officer and her visitors work in close co-operation with the Divisional Medical Officers and their staffs, and I am happy to say that in this district (included in No. 10 Health Division) the relationship is most effective and cordial.

The Area Children's Officer is:-

Miss J. W. Cole, Area Office, 89/91, Railway Road, Leigh, and the Children's Visitor for the Urban District is:—

Miss Halls, Area Office, 89/91, Railway Road, Leigh.

(13) National Assistance Acts, 1948 (and 1951)

The Local Authority carrying responsibility for the implementation of Parts III and IV of this Act is the County Council, and the administrative machinery, in this case, is also on the divisional basis. The main provisions of Part III relate to accommodation for the disabled and aged, to temporary accommodation for persons who, by virtue of circumstances which could not reasonably have been foreseen, are without lodging, and to welfare services in general, for persons handicapped by infirmatives such as blindness, deafness, dumbness, crippling physical defects and other disabilities.

The approved scheme of the County Council in regard to welfare utilises very fully the services rendered by the various voluntary agencies already in existence prior to this legislation. The scheme opens up a tremendous field of activity for all, both voluntary and salaried workers.

Section 47 of this 1948 Act prescribes the procedure whereby aged or infirm persons, if not receiving adequate care and attention in their own homes may, by Court Order, be removed to a suitable hospital following a hearing by the Court of evidence in support of a certificate issued by the Medical Officer of Health, after due consideration of all the circum-

stances of the case: the 1951 Act prescribes emergency procedures on similar lines. No cases were admitted to hospital under this section during the year.

Section 50 of the Act is of importance in that it places on this County District Authority the duty of arranging for the burial or cremation of the body of any person who has died or been found dead within the district, when it appears to the Authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the Authority. No action under this section was required during the year.

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