[Report 1954] / Medical Officer of Health, Haydock Local Board / U.D.C.

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Haydock
Urban District Council

Annual Report
of the
Medical Officer of Health
1954.

GOLBORNE PRINTING CO. LTD.,
Heath Street, Golborne.

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HAYDOCK URBAN DISTRICT COUNCIL
1954

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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 have pleasure in submitting for your consideration and approval my Annual Report for the year 1954 which, following the precedent established in 1948, when the National Health Service Act of 1946 became operative, includes also an account of the functions and services provided locally by the Lancashire County Council, under its Divisional Health Administration Scheme, in compliance with the provisions of that Act. As year succeeds year the importance of the full integration of "environmental" and "personal" health services becomes ever clearer, each the natural sociological complement of the other.

In general, the trend of those vital Statistics which have now come to be regarded as indices of community health has been favourable, with the exceptions of an increased death rate of 12.5/1000 population (as compared with 10.7 in 1953), an increase in the Still Births of 2, and in the Still Birth rate of 9, making the current year's figure 30/ 1000 total births, and an unfortunate break in the excellent "maternal mortality" record which for many years past has been "nil," but which this year shows one "maternal death," a rate of 4.95 per 1000 total births.

In none of these indices however, does careful and valid analysis give any justification for pessimism. At the commencement of the year the Registrar General introduced a new system whereby the deaths of long term residents in hospitals and institutions are now allocated to the district in which these are situate; and as one result of this course, the deaths of patients in Haydock Lodge must now be accepted in our statistics, irrespective of the usual place of residence of the deceased person.

Moreover, this new procedure seems likely to result in an apparent increase, both in the mortality and the morbidity figures for the area, of pulmonary tuberculosis. Again, although the "maternal death" must be accepted as such, it should also be made clear that this death resulted from a toxaemia of pregnancy which occurred over twenty years ago, but which set up pathological processes which finally caused the woman's death. Finally the still birth rate of 30 results from an increase of but two still births over last year's figure, and one above the number recorded for each of the four years prior to 1952.

On the credit side of the balance sheet there is a slight increase in the live-birth rate to 16.5/1000 population (as compared with 15.7/ 1000 in 1953, 15.1 in 1952, and a "quinquennial mean" figure of 17.0), and a record low figure for infant deaths, 5 in number, with a rate of 26/1000 live births, the lowest ever recorded for Haydock, and equal to the record low rate for the whole of England and Wales. We must also note on the credit side the illegitimate birth-rate of just over 2%, which

compares very favourably indeed with the corresponding rates for surrounding County Districts.

Examination of the infant deaths shows that all were in very young babies, the eldest being but three days old; that four out of the five were associated with prematurity and immaturity, one infant being only of 26 weeks gestation; and that the remaining death, due to severe congenital heart disease, occurred within thirty minutes of birth. Thus it becomes clear once again that any further reduction in infant mortality, particularly in neo-natal deaths (within the first four weeks of life), can only be achieved when the factors which affect prematurity and still-birth come to be more clearly recognised and evaluated.

The great majority of these are, of course, concerned with maternal health, especially during early pregnancy, but these influences are many and complex, being not only physical but psychological, social, educational and economic. Nor must the health of the father be ignored, nor the quality of the marriage relationship however imponderable these things may be, and difficult of evaluation, the part which they play should clearly be taken into consideration.

Turning to the general death rate, and the principal causes of death, analysis reveals a picture very similar to that in previous years, in that the great majority of deaths are attributable to diseases of the heart and circulation, which if we include "strokes," (vascular conditions of the central nervous system), have accounted for no fewer than 87 deaths out of the total 148, a proportion of 59%, of which 39 were the result of strokes, 36 to "other diseases of the heart and circulation" (excluding angina pectoris and coronary disease) and 12 to that condition. Next in order of frequency comes Cancer, with 14 deaths (of which 13 were males), then the respiratory group of diseases. Bronchitis, pneumonia and influenza with 10 deaths, and 9 deaths from violence, 8 of which were accidental (but none due to traffic accidents)—and one to suicide. Respiratory tuberculosis resulted in 4 deaths, the same total as the quinquennial mean figure for the years 1949-53, whilst the heterogeneous group classified as "other defined and ill-defined diseases" was responsible for 17 deaths, 4 male and 13 females. The one maternal death, as noted above, was the delayed result of toxaemia in a pregnancy which occurred more than 20 years' previously.

But for the outbreak of Sonne type dysentery which occurred in mid-summer, and which accounted for no fewer than 198 notifications, the record of notifiable diseases would have been the lowest for many years, the incidence of both Measles (63 cases) and of Whooping Cough (9 cases) being very considerably less than both the figures for 1953 and the respective quinquennial means, but this dysenteric infection spread very rapidly throughout the district from west to east.

Starting as a condition thought at first to be a simple diarrhoea amongst infant school children, it spread rapidly to other scholars and

to adult members of their families, and although causing little in the way of serious illness it did result in considerable inconvenience, and in loss of school attendance. The germ responsible for Sonne dysstentery is very widely spread throughout the country, and has been particularly prevalent of late throughout the County of Lancashire, and in many of the County and Municipal boroughs situated therein; but a full and valid assessment of the incidence and location is virtually impracticable because of the general mildness of the illness, its short duration, and the fact that notification by doctors is so frequently incomplete, many patients being in fact not ill enough to call for consultation.

Moreover, the conclusive diagnosis rests of course on bacteriological proof, which is quite often not obtained without the help of the Public Health Department and the Laboratory Service, plus the full co-operation of the patient and doctor. In general, then, it is fair to assume that the magnitude of many local epidemics probably goes unrecognised unless positive steps are taken to secure comprehensive notification of each case to the M.O.H.

In this epidemic, however, the appropriate contacts with the practitioners in the district were made at an early stage, and with complete success, to ensure comprehensive notification on the one hand, and interchange of information on the other; so that it may justly be claimed that the number of notifications received truly reflects the extent of the outbreak with considerable accuracy.

As would be expected, visits paid for the purpose of obtaining specimens for bacteriological examination, the delivery of such specimens to the Public Health Laboratory at Liverpool, and the interchange of information regarding diagnosis and treatment (with the doctors) took up a very considerable amount of the Sanitary Inspector's time and energy, and in making reference here to this epidemic I would like to record my special thanks to Mr. Watkin, and to my medical colleagues practising in the district, for the energy, perseverance and co-operative spirit displayed in dealing with it.

Of the 12 notifications of Tuberculosis, 11 were of the respiratory and 1 of the non-respiratory type, as compared with 8 and 4 respectively in 1953, and quinquennial means of 11 and 4, so that in regard to this disease the position has remained virtually unchanged. Scarlet Fever (20 cases) has shown a lower incidence by half than in 1953 (44 cases), and there has been no case of diphtheria, meningitis, poliomyelitis, ophthalmia neonatorum, erysipelas or food-poisoning There were, however, two confirmed cases of paratyphoid B Fever in the same household (a mother and child)—and 1 case of puerperal pyrexia.

The use of the "personal" health services provided by the "Local Health Authority" under the National Health Service Acts has remained at much the same level as last year, although a rather larger number of patients have been conveyed by the ambulance service

(2,904 journeys as compared with 2,618) and a substantially greater number of children have attended the Child Welfare Centre Sessions, 483 individual children having made 5,485 attendances as compared with 4,354 made by 367 children during 1953. The work of the domiciliary midwives has also increased, 91 home confinements having been conducted as compared with 71 last year, and there has been an appreciable increase too in the home-help services provided for Haydock residents.

The actual number of children who received primary immunisation against diphtheria was increased slightly, but this has been offset unfortunately by a reduction in the number of "booster" injections given to school children in order to maintain and re-inforce their immunity. But despite this the percentage of all children under 15 years of age who have received some measure of protection is approximately 84%, as compared with 79% at the end of 1953, and a current figure of 65% for No. 10 Health Division as a whole. Although this measure of protection is sufficient to obviate the danger of *epedemic* diphtheria, and lessens thereby the probability of infection in the district, it would be no consolation to the parents of any individual unprotected child who might contract the disease and probably die as the result of it.

Thus there is no room at all for complacency, and one cannot feel entirely satisfied until *every* baby has been satisfactorily immunised by the time it is 12 months old: that must continue to be the target. Similarly in respect of vaccination: although some 63% of the newborn babies were successfully vaccinated, and so virtually have been safeguarded from the lethal effect of possible smallpox, surely *every* small baby has the right, in equity, to expect its parents to honour their trust in this respect.

From the aspect of "environmental" health also it must be admitted that considerable room for improvement exists, particularly in the matters of housing; improvements in the standards of school premises, both structurally and in maintenance; the prevention of pollution of streams, particularly Ellams Brook (by imperfectly treated sewage from the now obsolescent East End Sewage Works) and Clipsley Brook (obstructed by the general household scrap from neighbouring houses); and the paving and drainage of back streets and passages.

Housing improvements may certainly be expected to continue, and accelerate, as the result of the implementation of the Housing Repairs and Rents Act 1954, a piece of legislation which provides exceptional opportunity for every Housing Authority to improve the overall standard of the dwellings in its district to a degree never possible since 1939—if only these opportunities are appreciated and taken "at the flood." The modernisation of school buildings is a matter more difficult of complete solution, but the initiation of a comprehensive scheme to improve the sanitary standards of the older schools should not present any material obstacles.

Improvement in the state of Ellams Brook should be obviated almost completely when the Sankey Valley Sewerage Scheme comes into operation, enabling the closure of the East End Works: whilst the clearance of Clipsley Brook, once accomplished, would be dependent only on the good sense and citizenship of our local inhabitants in making other and more profitable arrangements for the disposal of the light household metal scrap which at present obstructs the flow of the water and offends the eye.

In concluding this brief analytical preface may I take the opportunity of expressing to you Mr. Chairman, and to each Member of the Health Committee and of the Council, my thanks and gratitude for the close interest and attention which you have paid to all matters coming within the province of your Health Department, for the confidence reposed in your Officers, and for the support you have afforded us in our work at all times.

To my colleagues in other Departments of the Council's administration my thanks are also due for their very willing and cordial co-operation, assistance and advice: whilst to Mr. Watkin, your Sanitary Inspector, I offer my sincere appreciation and gratitude for his cheerful efficiency in his own technical duties, and his very loyal and willing assistance in dealing with the day-to-day administrative detail which falls officially on the shoulders of every Medical Officer of Health, but the brunt of which burden, in the case of a part-time Medical Office of Health, must necessarily be dealt with on the spot by his highly-trained technical friend and assistant, the Sanitary Inspector.

I have the honour to be,
Mr. Chairman, Madam and Gentlemen,
A. C. CRAWFORD,
Medical Officer of Health

SECTION 1

GENERAL STATISTICS AND SOCIAL CONDITIONS

Area (acres)	2,395
Population (Census 1951)	11,838
Population (Registrar-General's estimate for mid-1954)	11,870
Number of inhabitated houses (Census 1931)	2,029
Number of inhabitated houses at end of 1954, according to Rate Books	3,290
Rateable Value	£51,854
Sum represented by 1d. rate	£195

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 3¾ 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 san d 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.

SECTION 2

VITAL STATISTICS

Summary

Live Births

Legitimate—88 Male, 104 Female	Total 192
Illegitimate—2 Male, 2 Female	Total 4
Total Live Births	196
Crude Birth Rate per 1,000 population	**16.5**
Adjusted Birth Rate per 1,000 population	**15.8**

Stillbirths

3 Male, 3 Female	Total 6
Rate per 1,000 total (live and still) births	**30**

Deaths

73 Male, 75 Female	Total 148
Crude Death Rate per 1,000 population	**12.5**
Adjusted Death Rate per 1,000 population	**16.1**
Maternal Mortality	**4.95**

Rate per 1,000 total births

Deaths of Infants under one year of age	**5**
Rate per 1,000 live births	**26**

Neo-Mortality

Deaths of Infants under 4 weeks of age	**5**
Mortality rate per 1,000 live births	**26**

Population : At the Census in 1951 the population enumerated was 11,838. The Registrar-General's estimate for mid-1954 was 11,870 and this figure has been used in calculations of statistics in this report.

Births : During the year there were registered 196 births, being 90 males and 106 females, to Haydock parents, representing a crude birth rate of 16.5 per 1,000 of the population ; the birth rate for England and Wales was 15.2.

There were 6 stillbirths giving a rate per thousand (live and still) births of 30.

Deaths : The total number of deaths of Haydock residents whether within or without the district was 148, comprising 73 males and 75 females. The crude death-rate for 1954 was therefore 12.5 per 1,000 of the population and the adjusted rate 16.1 as compared with a death-rate of 11.3 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 48.

Infant Mortality : Deaths of infants under one year of age numbered 5, giving a rate per 1,000 live births of 26. The rate for England and Wales was 25.5.

There were no deaths from Measles or Whooping Cough or other notifiable infectious disease with the exception of Pulmonary Tuberculosis, which caused 4 deaths.

Maternal Mortality: There was one "Maternal death," i.e. death due to or associated with pregnancy or parturition.

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 0.96 and the adjusted Live Birth-rate becomes 15.8 per 1000. The Death-rate comparability factor is 1.29 and the adjusted Death-rate is therefore 16.1 per 1000.

Comparisons of Births, Deaths, etc. : The tables on the following pages give comparisons of the Births, Deaths, etc., for the year 1954 and for the preceding 5 years ; also the causes of death in the Haydock Urban District for the year 1954.

VITAL STATISTICS—COMPARATIVE TABLE

HAYDOCK U.D.	Live Births		Deaths (all causes)		Stillbirths		Maternal Mortality		Infant Mortality			
									Total		Neo-Natal	
	No. registered	Rate per 1,000 pop'n	No. registered	Rate per 1,000 pop'n	No. registered	Rate per 1,000 total births	No. of deaths registered	Rate per 1,000 total births	No. of deaths registered	Rate per 1,000 live births	No. of deaths registered	Rate per 1,000 live births
Year 1954....	196	*16·5	148	*12·5	6	30	1	4.95	5	26	5	26
1953....	186	15·7	126	10·7	4	21	Nil	Nil	6	32	5	27
1952....	182	15·1	104	8·6	6	32	Nil	Nil	5	27	4	22
1951....	209	17·8	122	10·4	5	23	Nil	Nil	6	29	5	24
1950....	211	17·6	138	11·5	5	23	Nil	Nil	12	57	7	33
1949....	225	18·9	121	10·2	5	22	Nil	Nil	8	36	—	—
Average 5 years 1949-1953	—	17·0	—	10·3	—	24	—	—	—	36	—	—

* Adjusted (live-birth rate comparability factor, 0·96) = 15·8 per 1,000.
(death-rate comparability factor, 1·29) = 16·1 per 1,000.

COMPARATIVE TABLES

GENERAL VITAL STATISTICS

Rates per 1,000 Population

	Haydock U.D.	Municipal Boroughs and Urban Districts of Lancashire	Engaland and Wales
Live Births Rate adjusted	15·8	14·8	15·2
Still Births Rate....	30	28	23·4 (a)
Neo-natal Deaths	26	21	17·7 (b)
Total Infant Deaths	26	29	25·5 (b)
Maternal Mortality	4·95	0·93	0·69
Total Death Rate adjusted	16·1	13·1	11·3

(a) Per 1,000 total (live and still) births

(b) Per 1,000 related births

NOTIFICATION RATES AND DEATH RATES OF THE PRINCIPAL NOTIFIABLE—AND OTHER IMPORTANT DISEASES AND CONDITIONS

All rates are shewn per 1,000 population

Disease	Haydock U.D.		Municipal Boros and Urban Districts of Lancashire		England and Wales	
	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
Typhoid and Paratyphoid Fever	0·17	0·00	0·01	0·00	0·01	0·00
Dysentery	16·6	0·00	1·5	0·00	0·72	0·00
Food Poisoning	0·00	0·00	0·16	0·00	0·20	0·00
Diphtheria	0·00	0·00	0·00	0·00	0·00	0·00
Scarlet Fever	1·68	0·00	1·20	0·00	0·96	0·00
Whooping Cough	0·76	0·00	2·63	0·00	2·39	0·00
Measles	5·29	0·00	6·50	0·00	3·32	0·00
Meningococcal Infection	0·00	0·00	0·03	0·00	0·03	0·00
~~Infection~~						
Poliomyelitis and Encephalitis	0·00	0·00	0·03	0·00	0·04	0·00
Pneumonia (Primary)	0·34	0·00	0·50	0·40	0·60	—
Tuberculosis (Respiratory)	0·92	0·34	0·82	0·13	0·87	0·16
(Non-respiratory)	0·08	0·00	0·14	0·00	0·13	0·00
Total	1·00	0·34	0·96	0·13	1·00	0·16
Diseases of Heart and Circulation:						
Coronery Disease & Angina		1·01		1·64		
Strokes		3·28		1·97		
Hypertension		0·58		0·29		
Other		2·10		2·35		
Total—All Forms		6·77		4·28		
Cancer:						
Stomach		0·34		0·37		—
Lungs and Bronchus		0·42		0·36		0·37
Other		0·42		1·4		1·67
Total—All Forms		1·18		2·08		2·04
Violence:						
Accidents (motor vehicle)		0·00		0·09		
(Other)		0·67		0·31		
Total		0·67		0·40		
Suicide and Homicide		0·08		0·12		
Total due to Violence		0·76		0·54		

CAUSES OF DEATH—HAYDOCK U.D. 1954

Causes of Death	Males	Females	Total
All Causes	73	75	148
Tuberculosis, respiratory	3	1	4
Tuberculosis, other forms	—	—	—
Syphilitic disease	—	—	—
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal Infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases	—	—	—
Malignant Neoplasms—			
Stomach	3	1	4
Lung, Bronchus	5	—	5
Breast	—	—	—
Uterus	—	—	—
Other malignant and lymphatic neoplasms	4	—	4
Leukaemia, alukaemia	1	—	1
Diabetes	1	—	1
Vascular lesions of nervous system	15	24	39
Corony disease, angina	10	2	12
Hypertension with heart disease	2	5	7
Other heart disease	12	13	25
Other circulatory disease	1	3	4
Influenza	1	—	1
Pneumonia	1	1	2
Bronchitis	2	4	6
Other diseases of respiratory system	—	1	1
Ulcer of stomach and duodenum	—	—	—
Gastritis, enteritis and diarrhoea	—	2	2
Nephritis and nephrosis	—	1	1
Hyperplasia of prostrate	—	—	—
Pregnancy, childbirth, abortion	—	1	1
Congenital malformations	2	—	2
Other defined and ill-defined diseases	4	13	17
Motor vehicle accidents	—	—	—
All other accidents	6	2	8
Suicide	—	1	1
Homicide and operations of war	—	—	—

SECTION 3

Infectious Diseases—Prevention and Control

As indicated in the preface to this Report, and set out in tabular form in the following tables, the current year's incidence of notifiable diseases would have been a new low record had it not been for the unfortunate outbreak of Sonne type dysentery which occurred in the months of May, June and July. Of the grand total of 309 notifications received, no fewer than 198 were of dysentery, leaving a balance of 111, of which more than one half, 63, were notifications of measles, 20 of scarlet fever, 11 of Pulmonary Tuberculosis, 4 of pneumonia, 2 of paratyphoid fever, and 1 each of puerperal pyrexia and of non-respiratory tuberculosis.

This sharp outbreak of Sonne dysentery was unfortunately not recognised as an epedemic illness until some time after the initial cases had occurred among pupils attending an Infants' School at the western end of the district. Early in May—during the first week of the month—one or two children were absent from school with diarrhoea, slight vomiting, and "tummy-ache"—not uncommon complaints in children of such an age: the dates of absence were 3rd, 5th and 10th of May. Then on 11th May 5 children were absent with similar symtoms, on 12th May 26, on 13th May 13, and so on throughout the remainder of the month, fresh absences occurring as some of the children initially affected returned to school following remission of their symtoms. Both sexes were equally affected, and absences occurred amongst scholars at all four classes of the school from 12th May, the date which can (retrospectively) be regarded as the onset of the epidemic proper. During June also the children at this school continued to present cases; by this time older children in the Junior School, and adult cases in their family circles, were obviously infected, so it was clear that the spread of the disease was eastwards towards the centre of the district. Notifications continued to come in steadily throughout the whole of June and July, and not until the last week of that month was there any significant drop in the numbers notified. During August it became evident that the epidemic was definitely on the wane: but sporadic notifications, (many confirmed bacteriologically), continued to be received until the end of the year.

Control of an epidemic of this disease is difficult enough in a "closed" community, such as a nursery or residential school, even when the condition is identified early: and is even more so in an "open" community where the infecting organism has had an opportunity to take hold before it is recognised. In this particular outbreak the early cases of diarrhoea and gastro-enteritis were not brought to the notice of either the School Health Authority or the Health Department, so that it was not until a report of the School Attendance Officer for the week ending 22nd May came to hand that any investigation could be undertaken, and combative measures initiated. Immediate action was then

taken, however, both in the school and outside it, to verify suspected cases, to advise and warn parents and teachers, to alert the local medical practitioners as to the probable occurrence of further cases, and to ask for their co-operation and help in the counter measures instituted, particularly through the early notification of any suspected cases. Contact was established with Professor Robinson, Director of the Public Health Laboratory at Liverpool, to whose laboratory all specimens taken from suspects, patients and contacts were submitted for investigation.

It was not until 28th May that specimens submitted the previous day were found to contain the specific organism in 9 out of 11 samples confirming the presumption that one was in fact dealing with Sonne dysentery and the first notifications were received during the week ending 5th June, when 22 cases were reported, following which the weekly numbers, until the end of July, were as follows: 44, 53, and 18 (June) and 19, 11, 8, 9 and 2 in July. In August only 4 cases were notified, with 1 in September, 4 in October, 1 in November and 2 in December.

The number of specimens submitted for examination, from cases, suspected cases and contacts, totalled over 300, of which more than one half were positive for Shigella Sonne, whilst the number of home visits paid by the Sanitary Inspector for the purposes of investigation of cases, delivery and collection of specimen outfits and similar purposes totalled over 800. In addition he also made 24 visits to the Public Health Laboratory to contact the staff to discuss details of specimens submitted.

The lessons to be learnt from this outbreak are clear enough, and serve to emphasize previous experiences in similar school outbreaks. In the first place, if the condition is to be tackled early, parents, teachers, school attendance officers, nurses and of course doctors should bear the possibility of dysentery of this type in mind whenever a few children or persons in a community suffer from diarrhoea within a few days of each other. The outbreak is never fulminating as in the case of food poisoning, and not usually sporadic in isolated children in school or home. On becoming aware of any undue incidence of such a diarrhoea condition it is of course essential to successful control that the School Health Authorities, the Medical Officer of Health or the Sanitary Inspector should be advised *immediately*, in order to initiate appropriate measures.

Secondly, the actual chronology of the outbreak cannot be synchronised with the notifications received, which are often very delayed as the result of unwillingness to diagnose the illness as dysentery until this disease has been confirmed in the neighbourhood by bacteriological investigations. Thirdly, although it is clear that in quite a number of instances even intensive antibiotic treatment does not eradicate the

organism from the stools, it seems very probable that treatment reduces their numbers very considerably, and thereby lessens the likelihood of the transmission of infection. Finally, consequent on the difficulties encountered in eliminating the continuing "carrier" state, it is quite imperative to lay the utmost possible emphasis on the importance of general cleanliness and hygiene, particularly of the hands, thereby denying the enemy its portal of entry to the potential victims through contaminated food or drink.

The two cases of paratyphoid "B" fever occurred in a young mother and her daughter aged 4 years, at the latter end of August, the mother being affected first and the child a few days later, suggesting a common source of infection. The two other members of this household, the child's father and paternal grandmother, were not infected at all, nor was the organism isolated from specimens obtained from them. Enquiries revealed that the adult patient had been in the habit of visiting, with the child, the maternal grandmother in a neighbouring district (from which several cases of paratyphoid fever had been notified during the weeks previous to the onset of their own illness) and had taken meals in the grandmother's house during the course of weekly visits.

No one in the maternal grandmother's home was affected however, detailed bacteriological investigations finally revealed a difference in the identity of the organisms responsible for the cases in the neighbouring district and our own two cases, as assessed by "phage typing." Bacteriological investigation of cream cakes and ice-cream consumed was negative; and despite every endeavour the precise source of these two infections remained undiscovered. Needless to say both patients were effectively isolated in hospital; they made uneventful recovery. No further cases occurred.

Isolation and Disinfection

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

27 cases from Haydock were admitted during 1954.

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 1954

NOTIFICATIONS IN RESPECT OF NOTIFIABLE DISEASES NUMBERED 309. THE SUB-JOINED TABLE GIVES THE CORRECTED FIGURES AND THE TOTAL DEATHS

Disease	Total cases at	Cases Notified Age Periods—Years									Total Deaths
		0—	1—	3—	5—	10—	15—	25—	45—	65 and over	
Scarlet Fever	20	—	1	3	13	2	1	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Dysentery	198	2	36	20	77	15	8	26	11	3	—
Paratyphoid Fever	2	—	—	1	—	—	—	1	—	—	—
Measles	63	5	14	14	30	—	—	—	—	—	—
Whooping Cough	9	1	1	2	5	—	—	—	—	—	—
Acute Pneumonia (primary and influenzal)	4	—	1	—	—	—	1	1	—	1	—
Puerpeyal Pyrexia	1	—	—	—	—	—	—	1	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis (Respiratory)	11	—	—	—	—	—	7	2	2	—	4
Tuberculosis (Other)	1	—	—	—	—	1	—	—	—	—	—
Totals	309	8	53	40	125	18	17	31	13	4	4

HAYDOCK URBAN DISTRICT

NOTIFIABLE DISEASES—COMPARATIVE TABLES

	1954		1953		1952		1951		1950		1949		Quinquennial Mean 1949-1953	
Disease	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	20	—	33	—	38	—	28	—	44	—	24	—	32	—
Diphtheria	—	—	—	—	1	—	3	—	5	1	2	—	2	0·2
Measles	63	—	192	—	82	—	407	—	37	—	32	—	150	—
Whooping Cough	9	—	40	—	48	—	58	—	140	—	51	—	67	—
Enteric Group Fevers	2	—	—	—	—	—	3	—	—	—	1	—	1	—
Dysentery	198	—	—	—	1	—	—	—	1	—	—	—	0.4	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Opthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	1	—	—	—	—	—	—	—	—	—	0.2	—
Acute poliomyeletis and polio-encephalitis	—	—	—	—	—	—	—	—	1	1	1	1	0.4	0·4
Meningococcal Infection	—	—	1	—	1	1	—	—	2	—	1	—	1	0.2
Primary and Influenzal Pneumonia	4	—	2	—	12	1	74	15	17	2	13	1	24	4
Erysipelas	—	—	2	—	2	—	5	—	3	—	6	—	4	—
Tuberculosis, Respiratory	11	4	14	2	8	6	16	3	8	6	10	4	11	4
Tuberculosis, Non-Respiaratory	1	—	2	—	5	—	5	—	4	1	3	—	4	0·2
Total	309	4	287	2	198	8	599	18	262	11	144	6	296	9

SECTION 4

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 97,316,436 gallons, or 22.37 gallons per head per day for all purposes.

The total estimated consumption for trade purposes was 10,904,000 gallons. 20.44 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. The public supply was reported to be Class 1, or "Highly Satisfactory," in each case but the samples of well water proved to be Class 3, or "Suspicious." As a result, the farmer was advised re chlorination of supply and cleansing of storage tank.

INSPECTION AND SUPERVISION OF FOOD SUPPLIES

Milk

Under the Milk and Dairies Regulations, 1949, to 1954, the number of Registered distrubutors were as follows :—

Distributors operating from :—	
Dairies in the district	1
Shops in the district other than dairies	30
Premises outside the district	6

Licences issued by the local authority under the Milk (Special Designation) Regulations, 1949 to 1953 in respect of the several designated milks were as follows:—

Tuberculin Tested	13
Pasteurised	20
Sterilised	38
Total	71

On the 1st January, 1954, the Haydock Urban District became part of a "Specified Area" under the Milk (Special Designations) (Specified Areas) (No. 3) Order, 1953 and from that date it became illegal for any person to sell by retail for human consumption any milk other than milk sold in accordance with the Milk (Special Designation) Regulations. All milk now sold by retail in Haydock is either "Tuberculin Tested (Pasteurised)," "Pasteurised" or "Sterilised."

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 9
No. negative 8. No. positive 1.

'Heat Treated" Milk

Methylene Blue reduction test. No. of samples 12
No. satisfactory 11. No. unsatisfactory 1.
Phosphatase test. No. of samples 6
Turbidity test. ,, ,, ,, ... 11
No. satisfactory 17. No. unsatisfactory Nil.

Meat and Other Foods

There are no slaughter-houses in operation in the area. Eight persons are licenced by the local authority to slaughter animals under the Slaughter of Animals Acts, 1933 to 1954. Two licences to slaughter were granted in 1954

7 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 1954 were as hereunder:—

Grocers and Provision Dealers	44
Greengrocers and Fruiterers	6
Meat Shops	8
Bakers and/or Confectioners	4
Fried Fish Shops	11
Shops, selling mainly Sweets, Minerals, Ice-Cream etc.	13
Licensed Premises, Clubs, Canteens, Restaurants, Snack-bars and similar Catering Establishments	21

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.

Foodstuff	Quantity
Tinned Meat	65 lbs
Miscellaneous Tinned Goods	34 lbs
Dried Fruit	27lbs
Frozen Rabbits	20lbs
Bacon	13lbs

No cases of food poisoning have occurred.

Three 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 24 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 :—

Milk	44
Butter	1
Margarine	2
Oranges	1
Camphorated Oil	1
Breakfast Cereals	8
Breakfast Oats	1
Ice-cream	1
Beef Sausages	1

All the above were reported by the County Analyst to be genuine with the exception of one informal sample of milk which was found upon analysis to contain 3.3% of extraneous water. The vendor was cautioned and further samples taken.

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 1954 are as follows :—

Privy Middens	5
Pail Closets	1
Trough Closets	Nil
Waste-water Closets	Nil
Fresh Water Closets	3670
Dry Ashpits	Nil
Ashbins	3470

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 and regular treatments in accordance with the methods recommended by the Ministry of Agriculture and Fisheries Infestation Control Division.

Occupiers of dwelling houses are encouraged to report infestations of rats and mice, no charge being made for disinfestation work carried out by the local authority at this type of property.

Total inspections (including reinspections) carried out, and number of infestations found and treated were as follows:—

	Inspected	Treated
Dwelling Houses	602	39
Business Premises	184	2
Local Authority Premises	53	15
Agricultural, etc.	11	—

Disinfestation

Infestations of houses with insect pests were dealt with by the use of D.D.T. insecticide and powder, with good results.

The main source of infestation in the area is the refuse tip and this was treated at regular intervals 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	28 houses
Crickets	10
Ants	36
Bugs	7
Silverfish	5
Wood-beetles	4

Offensive Trades

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

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

MOVABLE DWELLINGS

One site in the district was used for camping purposes. Licences were issued by the local authority under Section 269 of the Public Health Act, 1936, to the occupiers of 9 individual movable dwellings to station and use their caravans on the site.

Two applications for licences were refused on the grounds that the particular movable dwellings were unfit for habitation and it was only by resorting to legal proceedings that the local authority were able to secure the vacation of the dwellings and their removal from the site.

Fines totalling £10 were imposed on the occupier of the site and the owners and occupiers of the movable dwellings concerned.

Licences granted were subject to strict conditions to preserve amenity and secure sanitary conditions; frequent inspections were made to ensure that these conditions were observed.

SHOPS ACT, 1950

The Shops Authority in this area is the Lancashire County Council, but inspectorial duties are carried out by the Sanitary Inspector who, for that purpose, has been appointed Shops Inspector by the County Council.

There are 141 shops in the district and inspections during the year numbered 290.

The provisions of the Act relating to ventilation, temperature and sanitary accommodation are the concern of the local sanitary authority, and in this regard, several minor contraventions were noted and remedied by informal action.

PETROLEUM (REGULATION) ACTS, 1928 and 1936

Premises licenced to store petroleum spirit numbered 11; all licences were renewed and 14 visits of inspection were made during the year.

One licence to keep carbide of calcium was also renewed.

Income from renewal of licences amounted to £7 15s.

SECTION 5

HOUSING

At the end of 1954, according to the Rate books, the total number of houses in the area was 3,290.

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

During 1954, 125 traditional permanent houses were erected by the local authority and 15 by private enterprise.

At the end of the year 67 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)	59_1
	(*b*)	Number of inspections made for the purpose	1439
(2)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(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	410

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 347

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 76

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(*a*) by owners 50

(*b*) by local authority in default of owners.... 5

(*c*) Proceedings under Sections 11 and 13 of the Housing Act, 1936 .... Nil

Number of dwelling-houses in respect of which undertakings "not to occupy" were accepted by the local authority 2

(*d*) Proceedings under Section 12 of the Housing Act, 1936 Nil

HOUSING REPAIRS AND RENTS ACT, 1954

This Act came into force on the 30th August, 1954.

Briefly, the Act relates to the clearance and replacement of slum houses, the enforcement of essential repairs and the encouragement of improvements and conversions.

Under the provisions of Part II of the Act, the landlord of a controlled house can claim a rent increase subject to certain conditions, one of which is that the house is in a good state of repair and suitable for habitation.

If a tenant who has received a "notice of increase" from his landlord considers that the house is not in a good state of repair, he may apply to the local authority for a "Certificate of disrepair" and, if such a certificate is granted, he need not pay the increase until the landlord has rendered the house fit and obtained from the authority a "Revocation Certificate"

At the end of the year eight applications for "Certificates of disrepair" had been received and in each case a certificate granted.

SECTION 6

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 :—

Engineering	7
Bakehouses	6
Brick-making	1
Boot and Shoe Repairs	2
Joinery	1
Pre-cast concrete goods	1
Laundry	1

30 visits of inspection were made during the year.

Defects found and remedied were as follows :—

insufficient sanitary conveniences	1

Conditions generally were good and in no case was it found necessary to resort to written notice.

SECTION 7

SANITARY INSPECTION

SUMMARY OF INSPECTIONS, VISITS, Etc.

Dwelling-houses (under Public Health and Housing Acts)	591
Re-inspections and re-visits to above	848
Housing conditions and overcrowding	57
Water supply (inspections and re-inspections)	155
Drainage (inspections and re-inspections)	144
Conversions of Privy-middens (inspections and re-inspections)	2
Ditches and Water Courses (inspections and re-inspections)	9
Accumulations of refuse	21
Piggeries and keeping of animals	53
Tents, vans and sheds	28
Schools	6
Cinemas	1
Offensive Trades	2
Rodent Control	341
Disinfestation of dwelling houses	101
Infectious disease enquiries and disinfections	915
Dairies	2
Food shops and premises	175
Other Shops	116
Factories	31
Interviews with Owners and Contractors	66
Pigs inspected after slaughter	7
Milk samples	32
Water samples	9
Petroleum	14
Miscellaneous	70
Total	3796

Number of Nuisances or Defects discovered	827
Number of Informal Notices served	351
Verbal Notices and/or letters	189
Number of Statutory Notices served	48
Number of Notices complied with at the end of 1954	507
Number of Nuisances or defects abated at end of 1954	693

ANALYSIS OF DEFECTS

Type of Defect	No discovered	No remedied
Water Closets	182	167
Drains	49	43
Water Supply	39	36
Sinks	9	2
Waste Pipes	10	5
Dustbins	170	168
Washboilers	—	—
Roofs	50	35
Chimneys and Flues	14	14
Eavesgutters	70	40
Downspouts	14	13
Brickwork and/or Pointing	16	32
Plastering	23	11
Floors	13	15
Windows	55	30
Doors	18	13
Firegrates	13	14
Dampness	23	18
Yard Paving	3	4
Miscellaneous	56	33
Total	827	693

SECTION 8

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, Borron 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 1954 the following numbers of calls were dealt with from this district :—

Emergency 583, General 2294, Infectious 27, Total 2,904.

(4) Treatment Centres and Clinics

(i) **School Health**—School Clinic, Station Road, Haydock. Assistant Divisional Medical Officer, Dr. W. F. Christian. School Nurse/Health Visitors, Miss M. Luckett and Mrs. B. Green.

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 Visitors—Miss M. Luckett and Mr.s B. Green.

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 75 expectant mothers made 330 attendances.

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

Assistant Divisional Medical Officer—Dr. W. F. Christian
Health Visitors—Miss M. Luckett and Mrs. B. Green.

Sessions : Weekly—each Wednesday-morning and 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 ("Welfare Foods," i.e., cod liver oil, orange juice and vitamin) regularly attending, at cost price, and Ministry of Health tablets are also dispensed at these sessions. 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 1954	168	3,051
,, ,, 1953	141	1351
,, ,, 1949/1952	174	1083
Total	483	5485

Both the number of individual children attending, and the number of attendances made, show a substantial improvement on the numbers for 1953.

(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. M. E. Brown, 31 Pimblett Road, Haydock. Telephone, Ashton-in-Makerfield 7477 (appointed July, 1954).

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 91 domiciliary confinements which took place during the year. The fact that there was but one case of puerperal pyrexia and one "maternal death", 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 the 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. Furthermore she has a specific responsibility to advise on immunisation against Diphtheria, and on the importance of 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 need for a second Health Visitor for Haydock has now been accepted by the County Health and Establishment Committees, with the result that Mrs. B. Green was appointed in December to share these duties with Miss Luckett, who relinquishes approximately the eastern half of the district to Mrs. Green, together with responsibility for the "Minor Ailments" section of the School Clinic.

(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	ditto
Miss M. V. Phillips	ditto

(8) **Home Help Arrangements**

This is a permissory service provided the by 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. A steadily increasing demand for such help has been satisfied during the current year, most of the help being given in the homes of the aged and disabled. In some cases also,"night helps" have been made available to meet urgent needs.

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 and re-examination, and for that of "contacts" (in-

cluding 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, 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.

(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 duty 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, Infants and young children may also be immunised at the normal Child Welfare sessions on Wednesdays.

Whilst the immunisation position shows no grounds 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, 1954, the proportion was 84%, as compared with 65% 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 184 births notified in 1953 the 5 infant deaths recorded in 1954, out of the 179 survivors, 113 were vaccinated, all successfully; a proportion of 63% of the newly born babies. (The rate for the County as a whole—in 1953)–was 35·6%

(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 a 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 Leigh Area, who is assisted by Childrens' Social Workers, and is 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 also, is 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 he 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 each 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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