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**Haydock
Urban District Council**



**Annual Report
of the
Medical Officer of Health
1956.**



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HAYDOCK URBAN DISTRICT COUNCIL
1956

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Vice-Chairman of the Council:
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HEALTH DEPARTMENT:

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

Public Health Inspector:
R. V. WATKIN, Cert.S.I.B., M.A.P.H.I.
Qualified Meat and Other Foods Inspector (R.S.I.)

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**To the Chairman and Members of
the Haydock Public Health Committee**

Madam Chairman and Gentlemen,

I have the honour to submit for your perusal my Annual Health Report for the year 1956, which closely follows the pattern of my previous reports in recent years in that it includes within its pages not only information of a general and statistical character relating to the environmental aspects of communal health, but also similarly covers matter of a more "personal service" aspect which fall within the province of the Lancashire County Council, and are dealt with, under powers of delegation, by No. 10 Divisional Health Committee, under the approved Divisional Administrative Scheme of the County Council. This course is adopted because despite the dichotomy of administrative responsibility between the "Local Sanitary Authority" on the one hand, and the "Local Health Authority" on the other, it is so clearly logical and evident that so far as the maintenance of health and the prevention of illness is concerned the work of both authorities is complementary. No Report of a Medical Officer of Health to his Authority can thus, in my view, be regarded as a properly comprehensive account of the health of the district he covers if it fails to include an account of the operation within the Authority's district of these personal health and welfare services, provided in pursuance of Part III of the National Health Service Act, 1946, the National Assistance Acts of 1947 to 1951, the Children Act of 1948 and other legislation.

Considering firstly those vital statistics for the year which are now generally accepted as indices of the public well-being, i.e. the Live and Still-Birth Rates, the Infant, Neonatal and Maternal Death Rates, and the General Death Rate, it will be seen by reference to the following tables of statistics that on balance it has been a good average year. The live-birth rate of 15·8 per 1,000 population has remained much the same as in 1955, and is but slightly lower, in conformity with the national trend, than the quinquennial mean rate of 16·2 for the previous five years: this crude or actual rate, when adjusted for age and sex distribution in accordance with the Registrar General's Comparability Factor, becomes 15·2/1000, and compares very well with the rate of 15·7/1000 for England and Wales as a whole. Of the 187 live-births registered, only 1 was illegitimate—a proportion of only slightly more than one half per cent, which in my view is a very satisfactory figure: in many Boroughs and County Districts in Lancashire this percentage is often very much higher, of the order of 2%, 3%, 5%, and even approaching 10% of the total live births. Still-born babies were 7 in number, giving a still-birth rate of 36/1000 total births: this is a distinct improvement on the 1955 rate of 55/1000, but is still above the quinquennial mean rate of 32/1000, and that of England and Wales as a whole, which is 23/1000. The number of infant deaths—of children under 1 year of age—was 5, and the rate per 1000 related births 27; not quite so satisfactory as last year (21), or as the national rate for the

current year (24), but equal to the quinquennial mean for the district. Neo-natal deaths—(in the first four weeks of life)—were 3 in number, constituted exactly 60% of the total infant deaths, and a rate of 16/1000 live births: there is little noteworthy in these figures. One maternal death took place in hospital, which means a rate of five maternal deaths for every 1000 children born: but with the actual figure of only one, the corresponding rate is of course statistically unreliable in comparison with the national maternal death-rate of 0.54 per 1000 total births. The total general or crude death-rate of 11.4 per 1000 population, although rather better than that for the two previous years, is still slightly higher than the mean for the five previous years: and when “adjusted” to 14.6/1000 does not compare too well with the England and Wales rate of 11.7/1000. The appropriate factor supplied by the Registrar General of 1.29, which determines the adjusted rates, and which has remained the same for the last 3 years, although it must be accepted without question, does seem a little high; it has risen slightly in regard to Haydock since this system of “weighting” was first introduced.

The frequency distribution of the grouped causes of death is again very similar to that of previous years. Diseases of the heart and circulation, including vascular diseases of the central nervous system, were the registered causes of death in 72 out of the total death roll of 134: of these 72, 24 were due to strokes, 16 to disease of the coronary arteries, and 32 to other diseases of the heart and circulatory system. Next in the fatality frequencies comes cancer, causing 21 deaths, in almost equal proportion of males to females, and with a relatively small number (2) of lung cancer, both of which were in males: the total of 21 is rather higher than for some years, and appreciably above the quinquennial mean figure of 17 for the years 1950 to 1955. In third place comes the heterogeneous group of “Other defined and ill-defined diseases”—(a most unsatisfying collection of doubtful causes)—which gave rise to 12 deaths, followed by the respiratory group of diseases, especially bronchitis and pneumonia, which caused 11, of which 6 were due to bronchitis, and 4 to pneumonia. Finally we come to the deaths from violence, 7 in number, all accidental, 4 in connection with motor vehicles, and 3 others. Other conditions resulting in death were kidney affections (3), congenital malformations (2) and the (1) “maternal death” previously noted. None was due to tuberculosis.

With a total of 231 notifications of infectious illnesses the year has shown a relatively low incidence—actually the lowest since 1952—and more than 100 cases less than the quinquennial mean number of 339 for the five years 1951-55 inclusive. As compared with a year ago, when the total was 307, the principal reductions have been in the lowered incidence of dysentery, (only 1 case, as against 35), scarlet fever, (21 cases to 37), and whooping cough, (23 cases as compared with 43): the measles incidence has remained virtually the same, with 171 cases as against 167. The incidence of pneumonia (primary and in-

fluenzal) has been reduced from 10 in 1955 to 5 in 1956: but on the other hand tuberculosis (all forms) has increased from 6 last year to 13—12 of which were of the respiratory form—in 1956. No notifications were received in respect of any of the following diseases:—Diphtheria, Enteric and Enteric group fevers, food-poisoning, poliomyelitis, encephalitis, meningococcal infection, ophthalmic neonatorum or puerperal pyrexia.

Consideration of the County Council's personal health services under the requirements of the National Health Service Act, 1946, the National Assistance Acts 1948 and 1951, the Children Act 1948, and other statutes shows a slight general increase in the work undertaken. The Ambulance Service, for instance, dealt with a total of 2741 calls during the year, as compared with 2478 last year: attendances at the ante-natal clinics, although slightly less during the current year (313 as compared with 325), were related to a slightly larger number of individual mothers (73 to 66): total attendances at infant welfare centres were higher (8808 as against 8492), although the number of individual children attending was slightly lower, (624 as compared with 687 in 1955). The scope of health-visiting has continued to expand as it assumes more welfare responsibilities, and the provision of home-helps has also increased. Our local midwives attended the births of 69 live and 1 still-born babies, a proportion of 36% of the total births officially allocated, a figure which shows that the trend towards hospital confinement is continuing. Vaccination against smallpox and immunisation against diphtheria, whooping cough and tetanus (lock jaw) has of course continued, although the proportion of infants under one year of age who underwent vaccination declined appreciably, to 65% as compared with 77% for 1955. Even so, this is almost double the comparable vaccination acceptance rate for the County as a whole (36%), whilst the proportion of children under 15 years of age protected by at least one full course of injections against diphtheria is now 89%, as against the official "target figure" of 75% advocated by the Ministry of Health.

One of the more important preventive measures of the year was the introduction by the Ministry of Health of the immunisation—or vaccination—scheme to protect the more vulnerable age-groups of children against poliomyelitis, using a British modification of the American "Salk" Vaccine as the protecting agent. Briefly, the scheme provided for the "registration" by their parents of children born during the period 1947-1954, as desiring protection for such children, the final date for "registration" being 31st March: for the issue—to Local Health Authorities only—of such supplies of vaccine as could be made available, in proportion to the numbers of children registered; and for the actual "vaccination" of priority age-groups of those registered, in accordance with specific Ministry directions, from the time that supplies of vaccine became available in May until the end of June—and again during the month of December, omitting the intervening months as those constituting the "polio epidemic season." On the whole the

response by the public to this scheme was fairly satisfactory, in the region of 55% to 60% of the parents of eligible children agreeing to their registration; but not unnaturally perhaps quite a number of parents, somewhat dubious as to the safety of the vaccine consequent on alarming press reports of the unfortunate American experience with a faulty batch of Salk vaccine, adopted a "wait and see" policy. However, the number of children in Haydock who received the complete protective course (of two injections at an interval of one month) during the year was 36.

In general review, the principal sanitary needs of the Urban District related to the sphere of environmental health I would place in the undermentioned order of priority. Firstly, the implementation of the scheme approved under the provisions of the Housing Repairs & Rents Act 1954, by pressing on with the demolition and clearance of unfit houses, the construction of new dwellings, and the repair and renovation of those which at reasonable expense can be brought to acceptable standards of fitness: secondly, an improvement in the sanitary standards of school premises, by the renovation and renewals of sanitary fittings, including the provision of sufficient washbasins, hot water, and hand-washing facilities generally: thirdly, the clearance and cleansing of watercourses, especially Ellams Brook and Clipsley Brook, which entail completion of the Haydock connections to the Sankey Valley Sewerage Scheme and the closure of the East End Sewage Works: and fourthly, more stringent enforcement action to avert the nuisance arising from excessive domestic and industrial smoke, including that from tip fires.

In conclusion, Madam Chairman, may I express to you, to my previous Chairman of Health, Councillor Parr, and to all members of the Health Committee and the Council my thanks for the support and encouragement you have given to me, and to your Public Health Inspector, during the year under review and in previous years.

I would also tender thanks to my colleagues in other departments of the Council's Service, who at all times have been so helpful and so co-operative in matters of mutual concern. In your Public Health Inspector, Mr. Watkin, I have, as you well know, a most knowledgeable, competent, and loyal supporter, who perforce must undertake the day-to-day routine administration of the Health Department, in addition to the highly skilled technical duties of his chosen profession, and interviews with members of the public, all too often ripe with complaint against their material environment, whether it be a matter of housing defects and deficiencies, defective drains, rodents, unfit food, insect pests or other anxiety. No-one could have a better or more capable first-lieutenant, and I would here record my appreciation of, and my sincere thanks for the excellence of his public service in our mutual field of endeavour.

I have the honour to be,
 Madam Chairman and Gentlemen,
 Your obedient Servant,
 A. C. CRAWFORD.

SECTION 1

GENERAL STATISTICS AND SOCIAL CONDITIONS

Area (acres)	2,395
Population (Census 1951)	11,838
Population (Registrar-General's estimate for mid-1956)	11,800
Number of inhabited houses (Census 1931)	2,029
Number of inhabited houses at end of 1956 according to Rate Books	3,356
Rateable Value	£84,778
Sum represented by 1d. rate	£310

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.

SECTION 2

VITAL STATISTICS

Summary

Live Births

Legitimate—98 Male, 88 Female	.....	Total	186
Illegitimate—0 Male, 1 Female	.....	Total	1
Total Live Births	.....		187
Crude Birth Rate per 1,000 population	.....		15.8
Adjusted Birth Rate per 1,000 population	.....		15.2

Stillbirths

4 Male, 3 Female	.....	Total	7
Rate per 1,000 total (live and still) births	.....		36

Deaths

73 Male, 61 Female	.....	Total	134
Crude Death Rate per 1,000 population	.....		11.4
Adjusted Death Rate per 1,000 population	.....		14.6
Maternal Mortality	.....		5.15
Deaths of Infants under one year of age	.....		5
Rate per 1,000 live births	.....		27
Neo-Mortality			
Deaths of Infants under 4 weeks of age	.....		3
Mortality rate per 1,000 live births	.....		16

Population : At the Census in 1951 the population enumerated was 11,838. The Registrar-General's estimate for mid-1956 was 11,800 and this figure has been used in calculations of statistics in this report.

Births : During the year there were registered 187 births, being 98 males and 89 females, to Haydock parents, representing a crude birth rate of 15.8 per 1,000 of the population and an adjusted birth rate of 15.2; the birth rate for England and Wales was 15.7.

There were 7 stillbirths giving a rate per thousand (live and still) births of 36.

Deaths : The total number of deaths of Haydock residents whether within or without the district was 134, comprising 73 males and 61 females. The crude death-rate for 1956 was therefore 11.4 per 1,000 of the population and the adjusted rate 14.6 as compared with a death-rate of 11.7 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 53.

Infant Mortality : Deaths of infants under one year of age numbered 5, giving a rate per 1,000 live births of 27. The rate for England and Wales was 23.8.

There were no deaths from Measles or Whooping Cough, or other notifiable infectious disease.

Maternal Mortality : There was one "Maternal death" i.e. a death due to or associated with pregnancy or parturition. This was the result of severe internal haemorrhage following toxæmia.

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 population of the areas are not thus similarly constituted the Registrar-General supplied "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 15.2 per 1000. The Death-rate comparability factor is 1.29 and the adjusted Death-rate is therefore 14.6 per 1000.

Comparisons of Births, Deaths, etc. : The tables on the following pages give comparisons of the Births, Deaths, etc., for the year 1956 and for the preceding 5 years; also the causes of death in the Haydock Urban District for the year 1956.

VITAL STATISTICS—COMPARATIVE TABLE

	Live Births		Deaths (all causes)		Stillbirths		Maternal Mortality		Infant Mortality		
	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	Total		Neo-Natal
									No. of deaths regis- tered	Rate per 1,000 live births	
HAYDOCK U.D.											
Year 1956....	187	*15.8	134	*11.4	7	36	1	5.15	5	27	16
1955....	189	15.9	151	12.7	11	55	Nil	Nil	4	21	21
1954....	196	16.5	148	12.5	6	30	1	4.95	5	26	26
1953....	186	15.7	126	10.7	4	21	Nil	Nil	6	32	27
1952....	182	15.1	104	8.6	6	32	Nil	Nil	5	27	22
1951....	209	17.8	122	10.4	5	23	Nil	Nil	6	29	24
Average 5 years 1951-1955	—	16.2	—	11.0	—	32	—	—	—	27	24

* Adjusted (live-birth rate comparability factor, 0.96) = 15.2 per 1,000.
(death-rate comparability factor, 1.29) = 14.6 per 1,000.

COMPARATIVE TABLES
GENERAL VITAL STATISTICS

Rates per 1,000 Population

	Haydock U.D.	Municipal Boroughs and Urban Districts of Lancashire	England and Wales
Live Births Rate adjusted	15.2	15.49	15.7
Still Births Rate.....	36	26	23.0 (a)
Neo-natal Deaths	16	19	16.9 (b)
Total Infant Deaths	27	27	23.8 (b)
Maternal Mortality	5.15	0.62	0.56
Total Death Rate adjusted	14.6	13.86	11.7

(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	
	Notifica- tions	Deaths	Notifica- tions	Deaths	Notifica- tions	Deaths
Typhoid and Para- typhoid Fever	0·00	—	0·00	—	0·01	—
Dysentery	0·08	—	1·28	—	1·10	—
Food Poisoning	0·00	—	0·22	—	0·25	—
Diphtheria	0·00	—	0·00	—	0·00	—
Scarlet Fever	1·78	—	0·80	—	0·74	—
Whooping Cough	1·93	—	2·66	—	2·07	—
Measles	14·15	—	4·03	—	3·59	—
Meningococcal Infection	0·00	—	0·03	—	0·03	—
Acute Poliomyelitis Paralytic	0·00	—	0·05	—	0·04	—
Acute Encephalitis Infective	0·00	—	0·00	—	0·00	—
Pneumonia (Primary)	0·42	—	0·45	—	0·57	—
Tuberculosis (Respiratory)	1·02	0·00	0·56	—	0·77	0·11
(Non-respiratory)	0·08	0·00	0·09	—	0·10	0·01
Total	1·10	0·00	0·65	—	0·87	0·12
Diseases of Heart and Circulation:						
Coronary Disease						
Angina		1·33				
Strokes		2·03				
Hypertension		0·25				
Other		2·42				
Total—All Forms		6·03				
Cancer:						
Stomach		0·34				—
Lungs and Bronchus		0·17				0·41
Other		2·88				1·67
Total—All Forms		3·39				2·08
Violence:						
Accidents (motor vehicle)		0·34				
(Other)		0·25				
Total		0·59				
Suicide and Homicide		0·00				
Total due to Violence		0·59				

CAUSES OF DEATH—HAYDOCK U.D. 1956

Causes of Death	Males	Females	Total
All Causes	73	61	134
Tuberculosis, respiratory	—	—	—
Tuberculosis, other forms	—	—	—
Syphilitic disease	—	—	—
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal Infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases	—	1	1
Malignant Neoplasms—			
Stomach	2	2	4
Lung, Bronchus.....	2	—	2
Breast	—	1	1
Uterus	—	2	2
Other malignant and lymphatic neoplasms	6	5	11
Leukaemia, alukaemia	—	1	1
Diabetes	—	2	2
Vascular lesions of nervous system	8	16	24
Coronary disease, angina	12	4	16
Hypertension with heart disease	1	2	3
Other heart disease	10	17	27
Other circulatory disease	2	—	2
Influenza.....	—	—	—
Pneumonia	4	—	4
Bronchitis	4	2	6
Other diseases of respiratory system	1	—	1
Ulcers of stomach and duodenum	1	—	1
Gastritis, enteritis and diarrhoea.....	—	—	—
Nephritis and nephrosis	1	2	3
Hyperplasia of prostate	1	—	1
Pregnancy, childbirth, abortion	—	1	1
Congenital malformations	—	2	2
Other defined and ill-defined diseases	12	—	12
Motor vehicle accidents	4	—	4
All other accidents	2	1	3
Suicide	—	—	—
Homicide and operations of war	—	—	—

SECTION 3

Infectious Diseases — Prevention and Control

In the preface to this Report I have made comment on the general incidence of notifiable disease in the Urban District throughout the current year, and have also indicated the variations in the statistics which relate to specific types of infectious illness.

Isolation and Disinfection

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

16 cases from Haydock were admitted during 1956.

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

NOTIFIABLE DISEASES DURING 1956
 NOTIFICATIONS IN RESPECT OF NOTIFIABLE DISEASES NUMBERED 231. THE SUB-JOINED TABLE GIVES THE
 CORRECTED FIGURES AND THE TOTAL DEATHS

Disease	Total cases at all ages	Cases Notified Age Periods—Years											T total Deaths
		Age Periods—Years											
		0—	1—	2—	3—	4—	5—	10—	15—	25 and over	Age Un- k'wn		
Scarlet Fever	21	—	—	1	1	4	14	1	—	—	—	—	
Whooping Cough	23	1	4	2	7	3	6	—	—	—	—	—	
Acute Poliomyelitis—Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Poliomyelitis—Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	167	1	13	20	18	34	80	1	—	—	—	—	
Dysentery	1	—	—	—	—	—	—	1	—	—	—	—	
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	
		0—	5—	15—	45—	65 and over	Age Unknown						
Acute Pneumonia	5	—	1	3	1	—	—	—	—	—	—	—	
Erysipelas	1	—	—	1	—	—	—	—	—	—	—	—	
Tuberculosis—Respiratory	12	—	—	—	8	3	1	—	—	—	—	—	
Tuberculosis—Other	1	—	—	—	1	—	—	—	—	—	—	—	

HAYDOCK URBAN DISTRICT NOTIFIABLE DISEASES—COMPARATIVE TABLES

Disease	1956		1955		1954		1953		1952		1951		Quinquennial Mean 1951-1955	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
Scarlet Fever	21	—	37	—	20	—	33	—	38	—	28	—	31	—
Diphtheria	—	—	—	—	—	—	—	—	1	—	3	—	0.8	—
Measles	167	—	171	—	63	—	192	—	82	—	407	—	183	—
Whooping Cough	23	—	43	—	9	—	40	—	48	—	58	—	39	—
Enteric Group Fevers	—	—	—	—	2	—	—	—	—	—	3	—	1	—
Dysentery	1	—	35	—	198	—	—	—	1	—	—	—	47	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	1	—	1	—	—	—	—	—	0.4	—
Acute poliomyelitis and polio- encephalitis	—	—	2	—	—	—	—	—	—	—	—	—	0.4	—
Acute Encephalitis—infective	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	2	—	—	—	1	—	1	1	—	—	0.8	0.2
Primary and Influenzal Pneumonia	5	—	10	—	4	—	2	—	12	1	74	15	20	3.2
Erysipelas	1	—	—	—	—	—	2	—	2	—	5	—	2	—
Tuberculosis, Respiratory	12	—	6	—	11	4	14	2	8	6	16	3	11	3
Tuberculosis, Non- Respiratory	1	—	—	1	1	—	2	—	5	—	5	—	2.6	0.2
Total	231	—	307	1	309	4	287	2	198	8	599	18	339	6.6

SECTION 4

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

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

Two reservoirs situated at the top of Millfield Lane, with a storage capacity of approximately 2,000,000 gallons, are in use.

The total consumption for the year under review was 111,665,555 gallons, 25.75 gallons per head per day for all purposes. Of this quantity 90,000,000 gallons approx. was Liverpool water and 20,000,000 gallons approx. St. Helens water.

The total estimated consumption for trade purposes was 9,910,000 gallons. 24.28 gallons per head per day was used for domestic purposes.

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 5 samples of the public supply were taken and submitted for examination to the Liverpool City Bacteriologist. All proved satisfactory.

INSPECTION AND SUPERVISION OF FOOD SUPPLIES

Milk

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

Distributors operating from:—

Dairies in the district	1
Shops in the district other than dairies	36
Premises outside the district	4

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	10
Pasteurised	14
Sterilised	42
	—
Total	66
	—

The Haydock Urban District forms part of a "Specified Area" under the Milk (Special Designations) (Specified Areas) (No. 3) Order, 1953 and all milk 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.

"Heat Treated" Milk

Methylene Blue reduction test. No. of samples	....	....	11
No. satisfactory	11.	No. unsatisfactory	Nil.
Phosphatase test. No. of samples	....	....	11
Turbidity test. " " "	....	....	10
No. satisfactory	21.	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.

5 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 1955 were as hereunder:—

Grocers and Provision Dealers	....	....	46
Greengrocers and Fruiterers	....	....	6
Meat Shops	....	....	8
Bakers and/or Confectioners	....	....	4
Fried Fish Shops	....	....	11
Shops, selling mainly Sweets, Minerals, Ice-Cream etc.	....	....	15
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
Beef	166 lbs.
Tinned Meat	155 lbs.
Tinned Fish	36 lbs.
Tinned Fruit	27 lbs.
Miscellaneous Tinned Goods	14 lbs.
Margarine	4 lbs.

No cases of food poisoning have occurred.

25 shops in the district are registered under the Lancashire County Council (Rivers Board and General Powers) Act, 1938, for the sale of ice-cream. 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	30
Butter	1
Cake Mix (sweetened)	2
Cocoa	2
Epsom Salts.....	1
Baking Powder	1
Golden Raising Powder	1
Cheese	1
Fish (canned)	2
Meat Paste	2
Mustard Compound	1
Camphorated Oil	1
Tapioca	1
Cream (canned)	1
Barley	2
Blancmange Powder	1
Cornflour	1
Bacon	1
Flour confectionery	4
Flour	1
Cooking Fat.....	3
Lard	1
Salt	1
Rice	1
Oatmeal	1

All were reported by the County Analyst to be genuine.

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 1955 are as follows:—

Privy Middins	.....	5
Pail Closets	.....	1
Trough Closets	.....	Nil
Waste-water Closets	.....	Nil
Fresh-water Closets	.....	3735
Dry Ashpits	.....	Nil
Ashbins	.....	3535

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 tips 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 disinfection 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	484	68
Business Premises	381	11
Local Authority Premises	24	15
Agricultural, etc.	19	—

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 were as follows:—

Cockroaches	18 houses
Ants	36
Flies	12
Bugs	5
Earwigs	9
Silverfish	6
Woodbeetles	2
Fleas	1 house

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 2 individual movable dwellings to station and use their caravans on the site.

SHOPS ACT, 1950

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

There are 139 shops in the district and inspections during the year numbered 280.

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 15 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 £10 5s. 0d.

SECTION 5

HOUSING

At then end of 1956, according to the Rate books, the total number of houses in the area was 3,356.

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

During 1956, 32 traditional permanent houses were erected by the local authority and 13 by private enterprise.

At the end of the year 93 houses were in process of building on the Church Road site.

It is estimated that relatively few houses in the district are overcrowded, mainly due to natural increase in families and to members of families getting married and continuing to live at home.

4 such cases of overcrowding were relieved by the Local Authority during 1956.

Efforts to secure adequate repairs to older houses were impeded by the reluctance of owners to incur 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)	499
(b)	Number of inspections made for the purpose	1363
(2)	Number of dwelling-houses in the area considered to be so dangerous or injurious to health as to be unfit for human habitation	74
(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 but capable of being rendered fit	421

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	406
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3. Action under Statutory powers during the year:—

(a)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936	Nil
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(b) Proceedings under the Public Health Acts:—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	16
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) by owners	40
(b) by local authority in default of owners	4
(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	1
(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.

Part I of the Act required every local Housing Authority to submit for the approval of the Minister of Housing and Local Government within one year of the commencement of the Act, proposals for dealing in one way or another with the houses in their area which appear to them to be unfit for human habitation and liable to demolition.

In this regard the Council proposed to deal with a total of 75 houses within a period of 5 years. 19 of these houses were being dealt with at the end of the year, by clearance and demolition procedure.

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."

During the year, only two applications for Certificates of disrepair under the Act were received and granted, making a total of 11 since the Act came into force.

SECTION 6

Industrial and Commercial Hygiene

There are 22 registered factories in the district comprising 13 factories in which mechanical power is used, and 9 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
Hinge-making and Electro-plating	....	....	....	....	....	....	....	1
Scrap-yard	....	....	....	....	....	....	....	1
Cycle and Radio Repairs	....	....	....	....	....	....	....	1

38 visits of inspection were made during the year.

SECTION 7

SANITARY INSPECTION

SUMMARY OF INSPECTIONS, VISITS, Etc.

Dwelling-houses (under Public Health and Housing Acts)	499
Re-inspections and re-visits to above	864
Housing conditions and overcrowding	50
Water supply (inspections and re-inspections)	67
Drainage (inspections and re-inspections)	106
Conversions of Privy-middens (inspections and re-inspections)	—
Ditches and Water Courses (inspections and re-inspections)	12
Accumulations of refuse	9
Piggeries and keeping of animals	17
Tents, vans and sheds	15
Schools	6
Cinemas	3
Offensive Trades	2
Rodent Control	293
Disinfestation of dwelling houses	111
Infectious disease enquiries and disinfections	23
Daries	2
Food shops and premises	214
Other shops	112
Factories	38
Interviews with Owners and Contractors	24
Pigs inspected after slaughter	5
Milk samples	21
Water samples	8
Petroleum	15
Miscellaneous	77
Total	2593

Number of Nuisances or Defects discovered	610
Number of Informal Notices served	191
Verbal Notices and/or letters	196
Number of Statutory Notices served	16
Number of Notices complied with, (including Verbal notices)	428
Number of Nuisances or defects abated	627

ANALYSIS OF DEFECTS

Type of Defect	No. discovered	No. remedied
Water Closets	89	101
Drains	36	35
Water Supply	22	23
Sinks	2	5
Waste Pipes	5	10
Dustbins	208	207
Washboilers	—	—
Roofs	42	40
Chimneys and Flues	3	4
Eavesgutters	39	61
Downspouts	11	9
Brickwork and/or Pointing	16	13
Plastering	17	13
Floors	14	10
Windows	33	34
Doors	11	17
Firegrates	4	5
Dampness	18	14
Yard Paving	2	3
Miscellaneous	38	23
Total	610	627

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 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, other 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 four "Sitting case" cars are stationed at the Newton-le-Willows Depot, and manned by an appropriate staff, all qualified in First Aid. During 1956 the following numbers of calls were dealt with from this district:—

Emergency 386. Non-urgent 2,355. Total 2,741.

(4) Treatment Centres and Clinics

- (i) **School Health**—School Clinic, Station Road, Haydock.
Assistant Divisional Medical Officer, Dr. E. I. Smiddy.
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. Garrett.

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, the treatment 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—Mrs. B. Green.

Sessions: Fortnightly—alternate Thursday 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 or social grounds, the necessary arrangements are made for admission.

During the current year a total of 73 expectant mothers made 313 attendances at the Clinic.

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

Assistant Divisional Medical Officer—Dr. E. I. Smiddy.

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 at cost price to those regularly attending, and Ministry of Health "Welfare Foods," i.e., cod liver oil, orange juice and vitamin 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	1956	....	....	143	4486
„	„	1955	....	140	2206
„	„	1951/1954	....	341	2116
				—	—
Total				624	8808

The number of attendances made shows a substantial improvement on that for 1955.

(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-nurse, (when assisting at delivery in conjunction with a 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.

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 70 domiciliary confinements which took place during the year. The fact that there were no cases of puerperal pyrexia and no maternal deaths," following home confinements, is a high tribute to the skill and care bestowed on those mothers whose babies were born in their own homes.

(6) **Health Visiting Arrangements**

The scope of this work is steadily expanding; the responsibility now rests on Health visitors to advise on general health matters relating to the family as a whole, also on the welfare of the aged and handicapped, and not solely in relation to infants, young children and school children. Furthermore they have a specific responsibility to advise on immunisation against Diphtheria and Whooping Cough, and on the importance of vaccination.

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

Two Health Visitors, Miss M. Luckett and Mrs. B. Green, share the Health-visiting and School-Health responsibilities of the district, the former covering mainly the western half, and the latter the eastern portion of the township.

(7) **Mental Health Arrangements**

The District is covered for this purpose by the two 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 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, a parturient woman, children under compulsory school age 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" are made available to meet the urgent need for night attendance of people seriously ill.

The "Home Helps" engaged are all part-time workers; none is full time, but all must undertake a minimum of 22 hours per week if 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, who is assisted by Miss M. McLean.

(9) Home Nursing Arrangements

Nursing help in the home is now provided by the Local Health Authority, which employs fully trained and registered Home nurses for this purpose. The public demand for this onerous work has grown considerably, and the assistance of part-time relief nurses 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), 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 Mrs. Evans. She maintains supervision of patients in their homes, and arranges for their examination and re-examination, also for that of "contacts" (including X-ray investigation), at the Chest Clinic 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 emphasised that although some responsibility for this side of preventive medicine is accepted, 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, particularly in respect of the dissemination of information relating to the control of infectious diseases.

(11) Vaccination and Immunisation Arrangements

Vaccination, and immunisation against Diphtheria, Whooping Cough and Tetanus, are available free of cost 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, 1956, the proportion was 89%, as compared with 67% 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 189 births notified in 1955 the 6 infant deaths recorded in 1956, out of the 183 survivors, 119 were vaccinated, all but 7, successfully; a proportion of 65% of the newly born babies. (The rate of the County as a whole—in 1955)—was 35.92.

(12) The Children Act, 1948. The Children and Young Persons Act, 1953. The Adoption Act, 1950.

In the main the Children Act of 1948 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 Children's Visitors, 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.

During the course of the year a number of case conferences have been held at regular meetings, under the Chairmanship of the Divisional Medical Officer, of a co-ordinating Committee of Officers whose spheres of work are concerned in some measure with the welfare of children, and which includes representatives not only of local government and of statutory bodies, but also of voluntary organisations, such as the National Society for the Prevention of Cruelty to Children—the N.S.P.C.C. The principal aim of this Committee is really two-fold; firstly, following discussion, to decide on the most appropriate measures to relieve a specific case of child neglect or cruelty, and secondly, to agree as to the officer most appropriate and most likely to succeed in any given case. As an indication of the comprehensive nature of the discussion, it may be mentioned that the following persons have regularly attended these meetings, which have been held at two-monthly intervals: The Divisional Medical Officer (as Chairman), the Divisional Education Officer or his representatives, Assistant Divisional Medical Officers, School Attendance Officers, Health Visitors, Duly authorised officer, Mental Health Worker, Home Help Organiser, the Area Children's Officer and her Children's Visitors, Probation Officers, Public Health Inspectors, Inspectors of the N.S.P.C.C., and the Area Officer of the National Assistance Board.

The Area Children's Officer and her visitors work in close liaison 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 co-operation is excellent.

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 M. Wardle-Harpur, 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 residential 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 infirmities such as blindness, deafness, dumbness, crippling physical defects and other disabilities of a permanently handicapping character.

The approved scheme of the County Council in regard to Welfare utilises very fully the services rendered by 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 circumstances 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 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.







