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URBAN DISTRICT COUNCIL  
OF NEWTON-LE-WILLOWS



# ANNUAL REPORT

of the

## Medical Officer of Health

for the Year ended  
31st December, 1952







# NEWTON-LE-WILLOWS URBAN DISTRICT COUNCIL.

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Chairman of the Council :

COUNCILLOR MRS. C. CARR, J.P.

Vice-Chairman :

COUNCILLOR J. S. JONES, J.P., C.C.

Clerk and Chief Financial Officer :

L. J. SHIELDS, A.S.A.A.

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## **Health Committee :**

Chairman :

COUNCILLOR L. KENT.

Vice-Chairman :

COUNCILLOR C. L. TYRER.

Members :

Councillor A. E. BARNETT

„ MRS. C. CARR

„ MRS. E. CROUCHLEY, J.P.

„ E. J. GILLESPIE

„ C. S. JONES

„ E. J. THOMPSON



## PUBLIC HEALTH DEPARTMENT :

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### Staff :

Medical Officer of Health :

A. C. CRAWFORD, T.D., M.B., Ch.B., D.P.H., D.T.M.

\* Chief Sanitary Inspector :

L. M. BOOTH, M.R. San.I., M.S.I.A.

\* Additional Sanitary Inspector :

G. DAVIES, M.S.I.A.

Clerk :

MRS. B. M. LIGHTFOOT.

\* Qualified Meat and Other Foods Inspectors (R.S.I.).

**The Chairman, and Members of the  
Newton-le-Willows Urban District Council.**

MR. CHAIRMAN, LADIES & GENTLEMEN,

I have pleasure in presenting to you my Annual Report on matters relating to the sanitary circumstances of the Urban District, and the state of health of its inhabitants during the year 1952.

The estimated mid-year population of 21,950 shows an increase of approximately one per cent on that of 21,760 for 1951, and compares closely with the actual 1951 census figure of 21,862. The number of live births assignable to the district was 358, of which only 10 were illegitimate, whilst the number of comparable deaths was 249 showing a "natural increase" of births over deaths of 109. Both the "crude birth rate" (of 16.3) and the "adjusted birth rate" (of 16.1) are higher than a year ago, when the rates were 15.9 and 15.7 respectively, and were also above the comparable rate for England and Wales as a whole, which is 15.3 per 1000 population. On the other hand, there has been a slight fall in the general death rate: whereas in 1951 the "crude death rate" was 11.6 and the "adjusted rate" 12.5, in the current year these rates are 11.3 and 12.2 per 1000, which latter figure is, however, still slightly above the comparable rate for England and Wales of 11.3 per 1000. Still births totalled only 6 giving a rate of 16 per 1000 total births, as against 8, with a rate of 23 per 1000 in 1951.

These variations in the ratios for live births and for deaths although of minor degree, are satisfactory in trend; but a much less satisfactory picture is presented when the infant mortality for the year is considered. No fewer than 16 babies died before attaining their first birthday, of which 9 deaths occurred during the first month (28 days), of life: these actual figures have infant mortality and neo-natal mortality rates for the year of 45 per 1000 live births and of 25 per 1000 respectively, a contrast to the 1951 figures of 26 per 1000 and 14 per 1000. Although the 1951 rate was a low record the fact that in 1952 the infant mortality was almost doubled and is also almost twice that for the country as a whole (28 per 1000) must be a matter of the most serious concern, and one which merits the closest possible scrutiny, despite the fact that the mean annual rate of the district for the quinquennial period 1947-51 was 47 per 1000, i.e. 2 per 1000 **greater** than that for the current year.

A detailed analysis shows that, of the 9 neo-natal deaths, 6 were due to prematurity, 1 to prematurity associated with severe, congenital heart disease, and 2 to intracranial haemorrhage and birth injury. Of these 9, 8 were delivered in hospital, 7 died in less than 1 week, and only 1 baby was born, and died, at home. The causes of prematurity are, unfortunately, many and varied and often obscure; but it can be said with confidence that all these mothers had had fully adequate ante-natal care and advice, and that 8 of the 9



enjoyed full specialist and hospital facilities both before and during delivery, their babies also being under specialist pediatric supervision from the times of their births.

Of the remaining 7 infants, who died between the ages of one and twelve months, 2 died from broncho pneumonia, whilst the remaining deaths were due to gastro enteritis, acute encephalitis, cerebral tumour, spina bifida (a congenital defect of the spinal canal) and miliary tuberculosis. Speaking generally, therefore, those deaths due to the infections—broncho pneumonia, gastro enteritis, encephalitis and miliary tuberculosis,—**should** have been preventible **in theory** but in practice the difficulties encountered in cramped and overcrowded homes are such that some infant deaths from infective causes seem almost inevitable. Bad housing conditions, (including overcrowding) ignorance of elementary hygienic measures, indifference to advice and sometimes even antipathy towards those seeking to assist—all contribute to this deplorable loss of infant life: and all must be overcome by the steady but persistent efforts of doctors, midwives, health visitors, nurses, sanitary inspectors and, not least, by all members of the Committee placed in authority by the community, whose decisions on health, housing and similar matters have such very far reaching consequences. Ignorance, indifference, apathy, these three may well constitute the perilous shallows of the parental mind in which so many baby lives are lost, almost before their launching on life's journey.

Turning next to the subject of maternal deaths, or deaths due to or associated with pregnancy and parturition, a brighter picture is presented, as once again one is happy to record the fact that no lives were lost. Of a total of 194 mothers confined at home 193 gave birth to living children, and 1 only to a stillborn child: 3 cases of puerperal pyrexia were notified but all made full and complete recoveries. The maternal death rate is therefore nil (for the fifth year in succession) and compares then very favourably with the rate for the whole country of 00.7 per 1000 total births.

An analysis of the causes of death shows that once again the principal causes of death, as stated on death certificates are the great groups of Diseases of the Heart-circulation (excluding strokes) (94), cancer (49), respiratory diseases (excluding respiratory tuberculosis) (30), vascular lesions of the nervous system (strokes) (23), tuberculosis (10) (of which 7 were of the respiratory type), and deaths due to violence (8), of which 6 were assigned to accidents, (1 road accident only), one to suicide, and one to homicide. Taking approximate fractions, (for the sake of clarity and simplification), we find that rather more than one third (37%) of the total deaths result from diseases of the heart and circulation (exclusive of strokes) almost exactly one fifth (20%) from cancer, rather more than one eighth (12%) from respiratory diseases (exclusive of tuberculosis), and rather less than one tenth (9%) from vascular lesions of the nervous system, the strokes. So that out of every five persons belonging to the district who die, four do so from one or other of these great disease groups.



The number of deaths resulting from tuberculosis (10), although not unusually high for the district, is yet somewhat unusual in that 3 of these deaths were due to non respiratory tuberculosis. This tuberculosis mortality rate of 0.32 per 1000 population, although slightly lower than in 1951, when the figure was 0.41 per 1000 is yet appreciably higher than that for England and Wales, where the comparable rate is 0.24 per 1000. In view of the industrial character of the area, however, and the nature of its industries, this is hardly surprising.

The year showed a very welcome reduction in the number of notifications received of the notifiable diseases (excluding tuberculosis) which was 364, less than half last year's total of 772, and comparing very favourably indeed with the low figure of 350 in 1950 and 372 in 1947. This reduction has been very largely accounted for by a fall in the number of measles cases from 586 to 98, of pneumonia from 97 to 44, and of scarlet fever from 34 to 17, which more than offset an increase in the whooping cough incidence from 31 to 195—a six-fold increase, but precisely the same figure as was recorded in 1948. Reference to the comparative table on infectious disease incidence will show clearly the two-year periodicity of this disease which, besides being unpleasant in character, may also be highly dangerous to life as the result of complications, and in any event is very liable to induce changes in the structure of the lungs and bronchial passages which may cripple the child in later years, and predispose to other illness. It is, I feel, a matter greatly to be deplored that no step has yet been taken to formulate any official Ministry policy on the active immunisation of infants and small children against this disease, in the same manner as against diphtheria which disease has now been deposed by Whooping Cough as the notifiable disease having the greatest mortality incidence—an unenviable reputation. A courageous decision by the Ministry to lend full support to Local Health Authorities in schemes for Whooping Cough Immunisation, and to provide the necessary antigenic materials free of cost, as in the case of the diphtheria antigens, would be whole-heartedly welcomed by every Medical Officer of Health, and would, I am confident, save much suffering and incapacity in children and much unnecessary worry, inconvenience, and loss of sleep and work for mothers.

A new comparative table showing both the morbidity and mortality incidence of notifiable diseases, together with the mean figures for the previous quinquennium, has been introduced this year in the appropriate section of this Report, because it was felt that such table would (1) enable more reliable statistical comparisons to be drawn, and (2) indicate more clearly the periodicity of epidemics of the commoner diseases. In addition, there would appear to be no sound reason for excluding Tuberculosis from statistical tables dealing with notifiable diseases, of which it is one, and the table will also enable one to assess the relative importance of this disease as compared, for instance, with such diseases as pneumonia, meningitis, or poliomyelitis. While dealing with this subject it may perhaps



be noted that the number of notifications of tuberculosis have fallen sharply this year to a total of 21, 15 of which are respiratory and 6 non-respiratory in type, as compared with 38 in 1951—a year of unusually high incidence.

There were during the year, no cases of diphtheria, poliomyelitis, ophthalmia neonatorum, meningitis, typhoid (or enteric group) fever, or of dysentery: whilst only 1 case of food poisoning and 3 of puerperal pyrexia were notified.

As in previous years this Report includes a separate section dealing with the complementary personal health services of the Local Health Authority,, (administered under the County Council's Health Administration Scheme through No. 10 Divisional Health Committee) and also with the hospital and laboratory school health and Children Act facilities which inevitably have the most profound influence on the health and welfare of the community, might properly be included in this Report, although not in themselves coming within the administrative sphere of the County District Authority.

To my mind the most urgent and imperative public health need still remains the provision of suitable and adequate housing accommodation for the inhabitants of the district. From this provision, both physical, mental and psychological health—one and indivisible trinity—would undoubtedly show material improvement. Next, I would put the improvement of school buildings, and of the sanitary provision made therein, including the provision of really adequate artificial lighting in all schools: the prevention of pollution of streams and watercourses, and the mitigation of atmospheric pollution from all sources.

More than ever am I convinced that the damage wrought by such pollution is considerably greater than is generally realised by the public, and the efforts of all, individually and collectively, should unstintingly support those engaged in combating this great menace to health and happiness. The atmospheric poison is no less deadly because of its slowness in action, and the insidious nature of its persistent attack over the years. The improper and inefficient use of fuel, and of coal particularly, is wasteful of time and of money, of health, of energy,, and of the very lives of those who win the raw material from the bowels of the earth, at no little risk to life and limb.

Taking a careful and comprehensive survey, the year 1952 has, from the standpoint of the preventive medical and sanitary services, been relatively uneventful. No major outbreaks of serious illness have threatened the community, no serious shortages of food, drink, or employment have marred its progress: the health of the people has remained very satisfactory, the only disquieting feature being the unsatisfactory figure for infant mortality, to which this preface has made more extensive reference above, but which it is confidently hoped will prove to be an isolated retrogression, and should not therefore, cause undue alarm or despondency, but rather inspire a watch-



ful determination in all concerned with the problem to use every effort to secure the desired reduction in this index of the public well being.

Following on the Report submitted to the Committee in September, 1951, on the pollution of Newton Lake through that of the tributary streams, especially Millingford Brook, and the recommendations made therein, the suggestion that the Lake should be drained by opening the retaining sluices was implemented in the early spring of the current year. The resulting bed of ooze was carefully watched as the summer progressed: no appreciable nuisances from smell or otherwise arose, and towards the end of the year evidence of consolidation and weed growth appeared. Work was also undertaken by the Mersey Rivers Board in order to deepen and straighten the bed of the stream from the junction of its tributaries to the sluice outfall.

Before concluding this Report I would like to express my thanks to you, Madam Chairman, and to all members of the Health Committee and of the Council, for the confidence and trust which you have placed in the officers of your Health Department, and for the understanding manner in which you have dealt with its problems: and I would like,, too, to convey my gratitude to the Heads of Staff of all other Departments of the Authority for their help and co-operation in problems calling for liaison between us. Finally, I would, most sincerely, thank Mr. Booth, the Senior Sanitary Inspector, Mr. Davies, the additional Sanitary Inspector, and Mrs. Lightfoot, the departmental Clerk, for their very efficient, willing and loyal support during the year.

I am,

Madam Chairman, Ladies and Gentlemen,

Yours obediently,

A. C. CRAWFORD,

Medical Officer of Health.



## 1. ENVIRONMENTAL CONDITIONS AND GENERAL INFORMATION.

The major portion of the district is truly urban in character, with a relatively small acreage of a rural character. It is "built up" with the homes of the people, with Shops, Offices, Workshops, Factories, Churches, Mission Halls, Clubs, Hotels and all the usual ancillary buildings which serve a civilised community. The main industries are Light and Heavy Engineering, Sugar Refining, Printing and Stationery manufacture, Bleaching, Dyeing and Calico Printing and Raincoat manufacture. As would be expected from the urban character of the district, agriculture plays only a very minor role in its activities.

## 2. STATISTICS—GENERAL.

Area in acres : 3,103.      Population (Census, 1951): 21, 862.  
(Estimated mid-1952) : 21,950.

Inhabited Houses : (Census, 1931) : 4,862.  
Rate Books (end 1952): 6,508.

Rateable Value	....	....	....	£109,614
Sum represented by a penny rate	....			£457
Births assignable to District	....			358
Deaths assignable to District	....			249
"Natural Increase"	....	....		109

## 3. VITAL STATISTICS.

### Births :

<b>Live Births</b>	358.	Legitimate	348	Illegitimate	10
		Male	170	Male	4
		Female	178	Female	6

Live Birth Rate "Crude"—16.3      "Adjusted" 16.1

**Still Births** 6      Male 4      Female 2.

Still Birth Rate 16 per 1,000 total Live and Still Births.

### Deaths.

General	Male	Female	Death Rates	
249	140	109	"Crude" 11.3	"Adjusted" 12.2

The "adjusted" death rate is the "Crude" death rate after adjustment by a "comparability factor" supplied by the Registrar General.

**Infant Deaths** (Deaths of Infants under 1 year of age).

Total, 16. Male, 7. Female, 9 Infant Mortality Rate of  
Legitimate Infants, 43  
Infant Mortality Rate of  
Illegitimate Infants, 100

Total Infant Mortality Rate, 45.

**Neo-Natal Mortality.** Deaths of infants under 4 weeks of age, 9  
Mortality rate per 1,000 live births, 25

**Maternal Deaths.**

Nil. Maternal Mortality Rate, Nil.

**COMPARATIVE STATISTICAL TABLES.**

Year	Live Births		Deaths (All Causes)		Stillbirths		Maternal Mortality		Infant Mortality			
									Total		Neo-natal	
	No. Regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 popu- lation	No. regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 live births	No. of deaths regis- tered	Rate per 1000 live births
1952	358	*16.3	249	*11.3	6	16	nil	nil	16	45	9	25
1951	346	15.9	252	11.6	8	23	nil	nil	9	26	5	14
1950	343	15.6	261	11.9	7	20	nil	nil	14	41	9	26
1949	357	16.5	234	10.8	9	25	nil	nil	20	56	—	—
1948	346	16.1	213	9.9	6	17	nil	nil	20	57	—	—
1947	399	18.7	264	12.4	16	38	1	2.40	23	57	—	—
Avg. 5 years 1947-51	358	16.6	245	11.3	9	24.6	—	0.54	17	47	—	—

\* Adjusted live birth rate (comparability factor 0.99) = 16.1 per 1,000.  
Adjusted death rate (comparability factor 1.08) = 12.2 per 1,000.



# **Comparison of Birth Rates, Death Rates and Analysis of Morbidity and Mortality with those for England and Wales.**

	Newton-le-Willows		England and Wales
	1951	1952	1952
	Rate per 1,000 Population		
<b>Births—Live</b> ... ..	15.7	16.1	15.3
<b>Still</b> ... ..	0.36	0.27	0.35
<b>Deaths—All causes</b> ... ..	12.5	12.2	11.3
Typhoid and Paratyphoid Fevers...	0.00	0.00	0.00
Whooping Cough ... ..	0.00	0.00	0.00
Diphtheria ... ..	0.00	0.00	0.00
Tuberculosis ... ..	0.41	0.32	0.24
Influenza ... ..	0.50	0.00	0.04
Small Pox ... ..	0.00	0.00	0.00
Ac. Poliomyelitis and Encephalitis...	0.00	0.00	0.01
Pneumonia ... ..	0.82	0.72	0.47
<b>Notifications—</b>			
Typhoid Fever ... ..	0.00	0.00	0.00
Paratyphoid Fever ... ..	0.00	0.00	0.00
Meningococcal Infection ... ..	0.04	0.00	0.03
Scarlet Fever ... ..	1.50	0.77	1.53
Whooping Cough ... ..	1.42	8.86	2.61
Diphtheria ... ..	0.00	0.00	0.01
Erysipelas ... ..	0.73	0.27	0.14
Small Pox ... ..	0.00	0.00	0.00
Measles ... ..	27.39	4.45	8.86
Pneumonia ... ..	1.42	2.00	0.72
Ac. Poliomyelitis (Paralytic) ... ..	0.00	0.00	0.06
(Non-Paralytic) ... ..	0.00	0.00	0.03
Food Poisoning ... ..	0.00	0.04	0.13
	Rate per 1,000 Live Births		
<b>Deaths—All causes under 1 year of age</b> ...	26.	45.	27.6
Enteritis and Diarrhoea ...	0.00	0.00	1.1
Under 2 years of age ...			
	Rate per 1,000 Live & Still Births		
<b>Maternal Mortality—</b>			
Abortion with Sepsis ... ..	0.00	0.00	0.07
Abortion without Sepsis ... ..	0.00	0.00	0.04
Hæmorrhage of pregnancy ... ..	0.00	0.00	0.09
and delivery ... ..			
Sepsis of Childbirth and the ... ..	0.00	0.00	0.09
puerperium ... ..			
Toxæmias of pregnancy and ... ..	0.00	0.00	0.21
the puerperium ... ..			
Other complications of the ... ..	0.00	0.00	0.20
puerperium ... ..			
<b>Notifications—</b>			
Puerperal Fever and Pyrexia ...	0.00	8.24	17.87

The ward distribution of the live births was :—

Wards.	Males.	Females.	Total.
Town Hall	15	20	35
Viaduct	14	12	26
Crow Lane	31	32	63
Newton	20	14	34
Wargrave	18	14	32
Born in and belonging to the District...	98	92	190
Born outside but belonging to the District	76	92	168
	<u>174</u>	<u>184</u>	<u>358</u>

**Deaths.**—The total number of deaths registered in the District was 157. Two of these were non-residents, and have been transferred to the districts in which they usually resided. 94 residents of this area died in other districts.

The distribution of the deaths was :—

Wards.	Males.	Females.	Total.
Town Hall	27	20	47
Viaduct	31	18	49
Crow Lane	21	18	39
Newton	22	19	41
Wargrave	39	34	73
	<u>140</u>	<u>109</u>	<u>249</u>



An analysis of the causes of death is shown below :—

Causes of Death.					Male.	Female.	Total.
Respiratory Tuberculosis	....	....	4	...	3	....	7
Other Tuberculosis	....	....	3	....	—	....	3
Malignant Neoplasm—Stomach	....		7	....	4	....	11
		Lung, Bronchus	5	...	1	....	6
		Breast	—	....	8	....	8
		All other sites	12	....	11	....	23
Leukemia	....	...	1	....	—	....	1
Infective and Parasitic Diseases	....		—	....	1	....	1
Diabetes	....	....	—	....	3	....	3
Vas. Lesions of Nervous System			14	...	9	....	23
Coronary disease, angina	....	....	15	....	14	....	29
Hypertension with heart disease	....		2	....	3	....	5
Other heart disease	...	....	30	....	25	....	55
Other circulatory diseases	....	....	3	....	2	....	5
Influenza	...	....	1	...	—	...	1
Pneumonia	....	....	8	....	8	...	16
Bronchitis	....	....	8	....	5	....	13
Other respiratory diseases	...	....	1	....	—	....	1
Ulcer stomach and duodenum	...		2	....	—	....	2
Gastritis, enteritis	....	....	1	....	—	....	1
Nephritis and nephrosis	....	....	1	....	—	....	1
Hyperplasia of prostate	....	...	2	....	—	....	2
Congenital malformations	...	....	1	....	2	....	3
Other defined or ill defined diseases			12	....	7	....	19
Motor vehicle accidents	....	....	1	....	—	....	1
All other accidents	....	...	4	....	1	....	5
Suicide	....	....	2	....	1	....	3
Homicide	....	....	—	....	1	....	1
All causes					140	109	249



#### 4. SANITARY CIRCUMSTANCES OF THE AREA.

##### Water Supplies.

The District's water supply continued to be obtained chiefly from the deep wells at the Council's Southworth Road Works, and Makerfield Borehole.

The borehole has been completed by lining, but the holding tanks to ensure sufficiency of contact time for chlorination purposes have not yet been provided.

The water is of a high degree of purity and, though very hard, is otherwise very satisfactory chemically.

17 bacteriological examinations of the raw water, and 20 of the water going into supply after treatment, were made and were all highly satisfactory. The same applied to 2 chemical analyses of the raw water.

6,506 dwelling houses, housing a population of 21,947 persons, are supplied with water from public mains, 1 house with 3 occupants, draws supplies from a spring.

All new houses have been connected to the town's water mains.

##### Food—Inspection and Supervision of Supplies.

###### (a) Milk Supply.

Supervision of the distribution of Milk was continued and the following action was taken in relation to :—

	No. of samples	No. satisfactory	No. unsatisfactory
(a) Raw Milk.			
(i) Tuberculosis— biological tests	... 13	... 12 (T.B. neg.)	... 1 (T.B. pos.)
(ii) Methylene Blue reduction tests	... 21	... 17	... 4
(b) "Heat Treated" Milk.			
(i) Phosphatase test	... 43	... 40	... 3
(ii) Turbidity test	... 7	... 7	... Nil.
(iii) Methylene Blue reduction test	... 49	... 48	... 1
(iv) Tuberculosis	... 3	... 3 (T.B. neg.)	... Nil

###### (b) Meat and Other Foods.

All meat retailed in the district continued to be supplied by the Ministry of Food from the Leigh distribution centre.

Except for occasional slaughter by pig-keepers of their own pigs for home consumption no slaughtering took place within the district.

All premises used for food preparation, butchers, grocers, ice cream manufacturers and vendors, bakehouses, etc., were kept under observation and inspected regularly.

No case of food poisoning was notified.

(c) **Adulteration.**

The Council is a Food and Drugs Authority and your Sanitary Inspectors are Sampling Officers.

21 informal and 23 formal samples were taken and submitted to the Public Analyst, County Offices, Preston.

**Informal.**

Article.	Number taken
Milk	10
Whisky	2
Jelly	1
Marmalade	1
Ground Almonds	1
Olive Oil	1
White Pepper	1
Mixed Pickles	1
Coffee and Chicory Essence	1
Shredded Beef Suet	1
Self Raising Flour	1
	<hr/> 21

**Formal.**

Article.	Number taken
Milk	21
Pork Sausages	2
	<hr/> 23

**Rivers and Streams.**—Pollution of the several main streams running through the district from Ashton, Golborne, Haydock and St. Helens continues to varying degrees. Measures taken to deal with such pollution must of necessity be extemporary pending the completion of the Sankey Valley Sewerage Scheme, which should ease the position materially.

**Drainage and Sewerage.**—Extensions have been made to all new houses. Construction of the Sankey Valley trunk sewer proceeded and it now extends to its northerly limit, although connections to this district will be delayed until completion of the lower end of the sewer and the sewage works.



## 5. HOUSING.

1,868 houses are owned by the Council, of which 622 have been built in the post-war period.

During the year 68 traditional permanent houses have been erected by the local authority and 4 by other bodies or persons.

One scheme of 12 and one of 22 houses were in hand at the end of the year. Approval to the erection of 40 flats in Borron Road has been obtained, and levelling of a 10 acre site to the east of Common Road has commenced.

The number of houses needed to relieve the shortage, can only be estimated. Approximately 200 houses are needed to replace unfit dwellings; 30 for overcrowded families; and 350 for families living in other unsatisfactory conditions.

The types of house built between 60 to 120 years ago, are generally of sound construction but lacking amenities such as food stores, hot water, coal and other storage accommodation, as well as being below bye law standard in varying degrees.

There is also a number of cottages, with ages ranging from 150 to 300 years, which have nothing to recommend them except that they are picturesque and kept in reasonable repair.

Back to back houses are 2 in number ; back to earth houses 1 ; and single type (blank rear wall) number 3.

### **Housing Act, 1936—Part IV—Overcrowding.**

(a)	(i)	Number of dwellings overcrowded at end of year	....	30
	(ii)	Number of families dwelling therein	....	39
	(iii)	Number of persons dwelling therein	....	249
(b)		Number of new cases of overcrowding discovered during year	....	6
(c)		Number of cases of overcrowding relieved during year	....	10
		Number of persons concerned in such cases	....	94

**Closet Accommodation.**—Every privy and pail in the district has been converted to the water carriage system, except the few which are beyond reach of a sewer, are below sewer level, or are isolated by streams, railway lines, or the canal.

Number of privy middens	....	27
Number of closets attached to these middens....	....	32
Number of pail closets	....	45
Number of chemical closets	....	5
Number of houses on water carriage system	....	6,424

There are no waste water closets and no dry ashpits in the district.

**Public Cleansing.**—A weekly collection of house refuse and salvage by motor vehicles, and disposal of the former by controlled tipping are supervised by the Sanitary Inspector.

No regular cleansing of cesspools is undertaken.

Scavenging, snow removal, gully emptying, etc., are carried out by the Surveyor's department.



## SECTION 6.

### PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

#### Hospital Admissions.

Hospital facilities for the treatment of cases of infectious disease are provided at the Infectious Disease Hospital, Warrington, where isolation and treatment was provided for 22 cases, principally of Scarlet Fever.

#### General Incidence.

The year has shown a notable and welcome reduction in the general incidence of notifiable diseases, particularly in the case of measles, where the notifications (98) were only one sixth of those in 1951 (586). Scarlet Fever also showed a welcome reduction, from 34 to 17 cases, as also did Erysipelas, from 16 to 6. Pneumonia notifications were expectedly lower (44) than in the previous year (97) when the incidence was naturally high as the result of the Influenza epidemic, in January of that year.

On the debit side, however, must be recorded a six fold increase in the Whooping Cough cases, which rose from 31 in 1951 to 195 this year—almost exactly the reciprocal fraction of the change in Measles incidence. My comment on the policy of immunisation against this incapacitating, worrying and often dangerous illness is made in the preface of this Report, in the hope that it will more readily claim the attention of those responsible for advising on such matters.

As will be seen from the relevant tables there is also this year a reduction in the total notified cases of tuberculosis, a nett reduction due wholly to a decrease in the respiratory type of this disease, the numbers of which fell from 38 to 15 whereas the non respiratory type notifications rose from 3 to 6. The deaths from respiratory type of this disease were also fewer (8) than in 1951 (9), although the **total** deaths attributed to this infection was 1 greater than last year, the result of 2 deaths being certified as due to non-respiratory tuberculosis. Such deaths are almost invariably due either to tuberculosis of the meninges or to generalised dissemination of the infection throughout the body—miliary tuberculosis.

From the aspects of the prevention and control of this disease the year 1952 has been remarkable for the introduction of the Public Health (Tuberculosis) Regulations 1952, which repealed in toto the Public Health (Tuberculosis) Regulation of 1930, and inter alia made the maintenance of a Tuberculosis Register no longer a statutory duty, but so useful have these Registers been found in the past that a request has been received from the County Medical Officer of Health, to each Medical Officer of Health of the Lancashire County Districts, that they should continue to be maintained on a voluntary basis: and our District Register is therefore being retained as requested.



Notifiable Diseases	Total cases Notified											Hospitals	
	Age Groups											Total cases removed to Hospital	Deaths in hospital of persons belonging to district
	Total cases at all ages	Under 1	1 +	3 +	5 +	10 +	15 +	25 +	45 +	65 and over	Age un-known	Total deaths	
Scarlet Fever ...	17	—	2	7	3	4	1	—	—	—	—	—	—
Measles ...	98	3	34	33	21	4	2	1	—	—	—	—	—
Whooping Cough...	195	19	62	64	48	2	—	—	—	—	—	—	—
Ac. Pneumonia ...	44	6	7	3	5	—	2	4	9	8	—	17	9
Erysipelas ...	6	—	—	—	—	—	—	2	3	1	—	—	—
Puerperal Pyrexia ...	3	—	—	—	—	—	2	1	—	—	—	—	—
Food Poisoning ...	1	—	—	—	—	—	—	—	1	—	—	—	—
Totals ...	364	78	105	107	77	10	7	8	13	9	—	17	9

Notifiable Diseases. Comparative Table of Incidence.

Disease	1947		1948		1949		1950		1951		1952		1947-51 (Mean)	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever ..	34	—	67	—	89	—	20	—	34	—	17	—	48.8	—
Diphtheria ..	2	1	—	—	—	—	—	—	—	—	—	—	0.4	0.2
Measles ..	231	—	219	—	314	—	63	—	586	—	98	—	282.6	—
Whooping Cough ..	54	—	195	3	67	—	221	—	31	1	195	—	113.6	0.8
Enteric Group Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	2	—	4	—	—	—	—	—	7	—	—	—	2.6	—
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	1	—	0.2	—
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	0.2	—
Puerperal Pyrexia ..	—	—	—	—	—	—	—	—	—	—	3	—	0.6	—
Poliomyelitis ..	5	—	—	—	2	—	2	—	—	—	—	—	1.8	—
Meningococcal Infection	2	—	—	—	—	—	—	—	1	—	—	—	0.6	—
Primary & Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ..	51	12	50	7	23	11	30	14	97	18	44	17	50.2	12.4
Erysipelas ..	10	—	7	—	12	—	14	—	16	1	6	—	11.8	0.2
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory ..	13	13	10	6	14	9	21	5	38	9	15	8	19.2	8.4
Non-respiratory ..	5	2	3	1	6	—	3	1	3	—	6	2	4.0	0.8
TOTALS ..	410	28	555	17	527	20	374	20	813	29	385	27	535.8	22.8



Distribution of Infectious Diseases	Town Hall	Viaduct	Crow Lane	Newton	Wargrave	Total
Measles ... ..	14	18	22	22	22	98
Whooping Cough ...	48	26	51	44	26	195
Erysipelas ... ..	3	2	—	—	1	6
Scarlet Fever ... ..	3	—	7	4	3	17
T.B. Lungs ... ..	2	4	4	1	4	15
T.B., other forms ...	1	1	3	—	1	6
Pneumonia, Primary	13	9	7	6	9	44
Food Poisoning ... ..	—	—	—	1	—	1
Puerperal Pyrexia ...	1	1	—	1	—	3
Totals ... ..	85	61	94	79	66	385

## Tuberculosis.

New cases and Mortality during 1952 :—

Age Periods				New Cases				Deaths			
				Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
Years				M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	...	1	—	—	—	1	—	—	—
1	...	...	...	—	—	—	—	—	—	—	—
5	...	...	...	—	—	2	—	—	—	1	—
10	...	...	...	—	—	1	—	—	—	1	—
15	...	...	...	—	1	1	—	—	—	—	—
20	...	...	...	1	1	—	1	—	1	—	—
25	...	...	...	1	3	1	—	1	—	—	—
35	...	...	...	2	1	—	—	1	—	—	—
45	...	...	...	3	—	—	—	1	1	—	—
55	...	...	...	1	—	—	—	—	—	—	—
65 and upwards	...	...	...	—	—	—	—	1	1	—	—
				9	6	5	1	5	3	2	—
Totals	...	...	...	15		6		8		2	

## SECTION 7.

### FACTORIES ACTS, 1937 AND 1948.

#### Part 1 of the Act.

- (1) Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors) :

Premises (1)	Number on Register (3)	Number of		
		Inspections (4)	Written notices (5)	Occupiers prosecuted (6)
(1) Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	6	23	—	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	49	55	—	—
(3) Other premises in which section 7 is enforced by the Local Authority (excluding out-workers premises) ...	3	8	—	—
Totals ... ..	58	86	—	—

(2) **Cases in which Defects were found.**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more " cases " ).

Particulars  (1)	No. of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
	Found (3)	remedied (4)	Referred :		
			To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1)	3	3	—	1	—
Unreasonable temperature (S.3) ...	1	1	—	—	—
Sanitary conveniences (S.7) unsuitable or defective ... ..	4	4	—	2	—
Total ... ..	8	8	—	3	—



## **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 for bacteriological analysis may now be dealt with by the Public Health Laboratory Service at its Monsall Laboratory, Monsall Green, Near Manchester, or alternatively at the Public Health Laboratory, Mount Pleasant, Liverpool. Samples of food and drugs for analysis are submitted to the County Analyst's Department at Preston, whilst as regards water supplies, the arrangements previously in force with Messrs. Melling & Arden, Manchester, have been continued.

#### **(2) Hospital Arrangements.**

##### **(Liverpool Regional Hospital Board : Warrington & District Hospital Management Committee).**

As regards hospitals the District lies within the boundaries of the Liverpool Regional Hospital Board, which administers Newton-le-Willows War Memorial (General) Hospital in Bradlegh Road, Wargrave, with a nominal establishment of 10 beds. The former Isolation Hospital, closed since its transfer to the Ministry and the Regional Hospital Board, has now been re-opened and has undergone alterations and re-equipment, whereby out patient facilities have been materially extended, including the provision of an X ray and physio therapeutic department. A Chest Clinic, under the control of Dr. Black, Consultant Chest Physician, Warrington Area, is now operating in these premises.

The great majority of persons requiring both general out-patient and in-patient investigation and treatment are dealt with by the Warrington Infirmary and by the General Hospital, Warrington, whilst cases of infectious disease requiring isolation are admitted to the Isolation Hospital, Aiken Street, Warrington.

Expectant mothers requiring to be confined otherwise than in their own homes, whether on medical, obstetrical or environmental grounds, are normally admitted either to the maternity wards of the General Hospital, Warrington (if obstetrical complications are likely) or to the Victoria Park, Maternity Home, Latchford, Warrington.

Child patients requiring attention in Children's Hospitals are admitted to the Royal Liverpool Children's Hospital, Myrtle Street, Liverpool, and to the Royal Manchester Children's Hospital, Pendlebury, Manchester: and to the Leasowe Children's Hospital, Leasowe, Wirral, and the Biddulph Grange Orthopaedic Hospital, Biddulph, Near Congleton, when specialised Orthopaedic care is indicated.



### (3) Ambulance Arrangements.

#### Local Health Authority Services (No. 10 Health Division, Lancashire County Council).

Full responsibility for the management and operation of the Ambulance Service was assumed by the County Ambulance Service as from 1st February, 1949, and the district is fortunately placed in containing a County Ambulance Station, sited, in conjunction with the Fire Station, in Gas Street, Earlestown (Telephone Newton-le-Willows 3134), from which three "stretcher" ambulances and three "sitting-case" cars have operated on behalf of all types of cases, i.e., emergency, infectious disease, and general.

There has been a very considerable increase in the public demand for ambulance transport, as is shown by the subjoined summary of cases conveyed from the Urban District. The Earlestown Ambulance Station, of course, also serves other parts of No. 10 County Health Division.

#### Summary of Cases Conveyed.

Emergency Cases, 830; General Cases, 3,404;  
Infectious Cases, 32; Total, 4,266.

### (4) Treatment Centres and Clinics.

Maternity and Child Welfare Clinics are held weekly at Latham House, Cross Lane, on Monday and Tuesday afternoons, and an Ante-Natal Clinic each Wednesday morning. Attendances at these sessions have been well maintained throughout the year, as is shown by the following figures :—

#### Child Welfare Centre, Latham House.

Assistant Divisional Medical Officer—Dr. D. MacTaggart  
(Tuesday afternoon session).

Health Visitor in Charge —Miss I. Heap.

			No. of children in attendance.		No. of attendances.
Age under 1	...	....	546	....	6,931
1—2 years	...	....	105	....	1,364
2—4 years	...	....	95	....	700
			<hr/>		<hr/>
			746	....	8,995
			<hr/>		<hr/>



No. of individual expectant mothers

attendance C.W.C. .... Nil.

No of attendances Nil.

### **Ante-Natal Clinic, Latham House.**

Consultant Obstetrician—Mr. Gordon Millington.

Visiting Medical Officer—Dr. D. MacTaggart.

Health Vistors—Miss I. Heap,

Miss A. Forshaw.

Miss M. Williams.

No. of individual women attending, 177; No. of attendances, 474.

### **School Clinic, The Gables, Crow Lane West.**

**General.** The work at this Clinic has continued, although not perhaps to quite the same extent as formerly, owing to the changes brought about by the National Health Service Act, whereby the general medical care and treatment of the school child becomes the responsibility of the family practitioner who has accepted the child on his list. Such advice and treatment by the practitioner is of course now given without cost to the parent, as was not formerly the case.

Both general medical and specialist sessions are held, as detailed below :—

Assist. Divisional School Medical Officer—Dr. D. MacTaggart.

School Nurse and Health Visitor—Miss Forshaw.

Assist. Divisional Medical Officer's Session each Friday morning during school term.

Nurse's re-dressing, etc., session each Wednesday morning during school term.

### **Dental.**

It is good to be able to record the return to duty at the School Clinic, of Mr. A. E. Shaw, who previously practised there, and of Miss Entwistle, his Dental Attendant. The restoration of these facilities for dental advice and treatment, both for school children and for expectant and nursing mothers. will be greatly welcomed in this district.

### **Ophthalmic.**

Ophthalmologist—Mr. Barker.

School Nurse in attendance—Miss A. Forshaw.

Sessions held weekly each Monday morning.

The Ophthalmic Surgeon may only be consulted by appointment.



## **Orthopaedic.**

Orthopaedic Surgeon—Mr. Almond.

Orthopaedic Nurse—Miss Garrett.

The Orthopaedic Surgeon attends one half day session monthly, seeing both new and old cases by appointment: the Nurse attends one whole day weekly, for the purpose of supervising the treatment prescribed, for adjustment of splints, etc., and for the tuition of remedial exercises to improve defects and deformities in posture, stance, feet, etc.

### **(5) Midwifery Arrangements.**

Following on the resignation of Mrs. Stead, of 9, Heald Street, Newton-le-Willows at the end of March, it was found impossible to cover adequately the local midwifery commitments, and arrangements were therefore made through the County Medical Officer for the services of two midwives from the Central County Relief Pool, Misses Houlston and Owen. At the end of the year, therefore, the Midwives practising in the district were:—

Mrs. S. E. Butler, 46, Kingsway, Wargrave, Newton-le-Willows ;

Miss Houlston, c/o Mrs. Ratcliffe, 39, Old Wargrave Road,  
Newton-le-Willows.

Miss Owen, c/o Mrs. Ratcliffe, 39, Old Wargrave Road,  
Newton-le-Willows.

As neither of the relief midwives was a car driver, recourse to bicycles was necessary as a temporary expedient; neither a very satisfactory nor permanent arrangement. It is, however, confidently expected that a new permanent appointment will be made in the near future, and that the midwife appointed will have the use of a car, the only really satisfactory form of transport for those carrying out this most important service where speed and mobility may well be vital.

No private midwife practises in the District, so that these ladies were responsible for attendance on the 193 domiciliary confinements which took place during the year. The fact that only three cases of puerperal pyrexia occurred, and that there were no maternal deaths associated with child birth, is surely the highest tribute to the skill and care bestowed on the parturient mothers.

### **(6) Health Visiting Arrangements.**

This work has been carried out by three whole-time and fully trained Health Visitors (who combine with Health Visiting duties those of School Nurse), and by one part-time Health Visitor: these domiciliary visits, so necessary from the standpoint both of the supervision



of the children and the health education of the families, are of course, complementary to the work carried out at the Child Welfare Centre, as described above. The names and addresses of the Health Visitors engaged are :—

Miss I. Heap, Maynard, Belvedere Road, Earlestown ;  
Miss A. Forshaw, Shotley Mount, Newton Road, Lowton :  
Miss M. Williams, 16, Ruskin Avenue, Newton-le-Willows.  
Mrs. M. Parker (Part-time), Higher Astley, Vitriol Square,  
Earlestown.

#### **(7) Home Nursing Arrangements.**

Home nursing is undertaken by four whole-time nurses two of whom formerly practised as "District Nurses" and who continue their beneficent roles in the homes of the sick. The demand for nursing services has grown very considerably during the year, and although part-time relief nurses have also assisted from time to time, a further extension of the staff was found to be necessary during the year.

The names and addresses of the Nurses are :—

Mrs. M. M. Charnley, 3, Park Avenue North, Newton-le-Willows ;  
Miss H. Tench, 38, High Street, Newton-le-Willows.  
Miss D. Johnson, 158, Park Road South, Newton-le-Willows.  
Miss M. Littler, 69, Oak Avenue, Newton-le-Willows.

#### **(8) Home Help Arrangements.**

This is a " permissory " service provided by the County Council through the No. 10 Divisional Health Committee, and is one which is not necessarily provided free of cost to the public. Its aim is to provide domestic help when required by reason of the presence in a household of sickness, maternity, mental deficiency, or to assist in the care of a child or children. The service has expanded during the year in question, as the public have become more fully aware of the facilities provided.

The Home Helps engaged are all part-time " helps "; no whole-time workers are employed. The Home Help Organiser and Welfare Worker, Miss P. Butler, is responsible for the immediate day to day operation of the scheme and is of course one of the Divisional Medical Officer's Staff. She also has considerable responsibilities for Welfare Services under the National Assistance Act, 1948, which will become more and more pressing as the full provisions of the approved scheme, formulated by the County Council under the National Assistance Act 1948, and given Ministerial approval during the current year, become implemented.



#### **(9) Mental Health Arrangements.**

The district is covered for this purpose by the Duly Authorised Officer of No. 10 Health Division and by a lady Mental Health Worker, who deal with the various aspects of mental health, including all cases in 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, 12, Kenyon Lane, Lowton, Near Warrington ;  
Mrs. M. Cooper, Divisional Health Offices, The Old Rectory,  
Winwick.

#### **(10) Arrangements for the Prevention of Illness, Care and After-Care, (including Tuberculosis), and the provision of Convalescent Accommodation.**

Responsibility for the above rests with the Local Health Authority partly on an obligatory and partly on a permissive basis : “ illness ” 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 nursing and ancillary equipment, the after-care of patients who have suffered from illness either at home or in hospital, and the provision of convalescent accommodation and rehabilitation where this is required, to enable those recently sick to regain full health and strength.

The Tuberculosis Health Visitor for the District is Miss Webster, who maintains supervision of patients in their homes, and arranges for their examination or re-examination, and for that of contacts (including X-ray investigation) at the Chest Clinic newly opened at the Bradlegh Road Hospital, administered by the Liverpool Regional Hospital Board, and attended by Dr. Black, the Consultant Chest Physician, Warrington Area.

As regards Health Education—(a very important and essential factor in the prevention of illness)—it is pertinent here to emphasize that although some responsibility for this section of preventive medicine may be accepted (as has been the case) by the Local Health Authority, the permissive power of the Council as a Local Sanitary Authority to carry out measures of health education under Section 179 of the Public Health Act, 1936, is still extant, and should, in my view, continue to be exercised.

#### **(11) Vaccination and Immunisation Arrangements.**

Vaccination and Immunisation against Diphtheria are available to all who desire it, either through the family doctor, who carries it out



as part of his duties to the patient, or by attendance at the monthly immunisation sessions held at the Child Welfare Centre, Latham House, where this work is carried out by the Assistant Divisional Medical Officer.

As regards the immunisation position, there are no grounds for complacency, whilst the vaccination state is, to my mind, deplorable and potentially dangerous.

During the year a total of 308 children under 15 years of age, completed a full course of immunisation, of which 252 were under the age of 5 years, and 156 were infants under 12 months old. In addition to the above, 13 persons over the age of 15 years also completed a full course of immunisation, making a grand total of 321.

The percentage proportion of the estimated child population under the age of 15 in an immunised state at 31st December, 1952, was 59% as against a figure of 60% for the child population in Health Division 10 as a whole.

In contrast to the above, only 162 persons, of whom 122 were infants under 1 year of age, underwent primary vaccination (all but ten successfully) whilst 61 adults were re vaccinated. If one deducts from the total of 346 live births belonging to the District in 1951, the 16 infant deaths, this means that out of the 330 survivors, 122 were vaccinated; or approximately one in every 3 children born.

This is a considerable improvement on the ratio last year, when the proportion was 1 in every 8 and has no doubt been influenced by the small pox outbreaks which have occurred during the year in East Lancashire. It is sincerely to be hoped that this improvement will not turn out to be merely a "flash in the pan" as the result of the fear of imminent small pox; but unfortunately this will probably prove to be the case.

## **9. THE CHILDREN ACT, 1948.**

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

The County Council, which is the Local Authority for the purposes of the 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 or area basis.

The Newton Urban District lies administratively within the purview of the Area Children's Officer of the Huyton Area, who is assisted by Children's Social Workers, the latter being responsible for all matters relating to "deprived" children, e.g., the provision of accommodation, the inspection and report on prospective foster homes, infant life protection, supervision of adopted children during the probationary period, 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 Officers and their 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 Huyton Area Children's Officer is:—

Mr. S. H. Pitt, Nutgrove Villa, 76 Derby Road, Huyton,  
Liverpool ;

and the children's Visitor for the Urban District is :—

Miss J. W. Cole, Nutgrove Villa, 76 Derby Road, Huyton,  
Liverpool.

## **10. NATIONAL ASSISTANCE ACT, 1948.**

So far as the Urban District is concerned, 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 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.

The scheme of the County Council in regard to welfare services utilises very fully the various voluntary agencies already in existence prior to this legislation. Receiving Ministerial approval during the current year, it is widely comprehensive of the needs of all aged and handicapped persons, including social welfare, home and workshop employment, occupational therapy, the disposal of the products of employment, training facilities in arts and crafts, and the need for holiday homes and hostels. It appears likely in view of the present stringent economy, that some considerable time must elapse before these excellent proposals can possibly be fully implemented.

Section 47 of the Act places on the Local County District Council responsibility for making application to a Court of Summary Jurisdiction for an Order to secure the removal to a suitable hospital or other institution of any aged and infirm person who is unable to devote to himself proper care and attention, and is not receiving such from other persons. The application is made following certification by the Medical Officer of Health that such removal is necessary. No action under this Section was required during the current year.

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



# URBAN DISTRICT COUNCIL OF NEWTON-LE-WILLOWS.

## REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1952.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year ending 31st December, 1952.

Early in the year the Public Health office was transferred from Latham House, where it had been situated since November 1934, to the Town Hall, Market Street. So many advantages and disadvantages were apparent in the move that it was difficult to assess whether the efficiency of the department was affected.

Despite the gales of November and December which caused widespread damage to roofs, chimney pots, and eaves gutters, the number of complaints of nuisances received was 15 per cent less than in 1951. On the other hand the total number of inspections and visits increased by 26 per cent., although the main factor in this was your recognition that the use of a car is an essential of efficiency.

### **1. General Sanitation.**

#### **(a) Water Supply.**

Samples of water before chlorination were taken each month at each of the Council's waterworks, and samples were also obtained of the chlorinated supply on reaching the taps of different consumers.

#### **(b) Closet Accommodation.**

Privy middens and pail closets exist in the unsewered areas of the district mainly in and around Vitriol Square. During the year owners voluntarily converted 14 privy closets to pail closets and provided 14 portable dustbins. 7 privy middens were abolished in these conversions.

#### **(c) Refuse Collection and Disposal.**

The regularity of refuse collection was disturbed by an abnormal sickness rate amongst the collectors towards the end of the year. At one period seven of the fifteen men were absent and substitutes could not be found, resulting in a minor confusion in the collection arrangements which took several weeks to straighten out. The cause seemed to be the prolonged cold and wet period which lasted from September until well into 1953.

It is not often appreciated that the staff of the refuse collection and disposal service must keep working as far as possible to a time



table,, away from shelter, and in all kinds of weather, and although some protective clothing is provided it is not adaptable to meet all the vagaries of our climate. Despite these and other difficulties the men carry out a not very pleasant job in a very satisfactory way though their efforts seem to be appreciated only in a negative manner —by complaints, and sometimes even abuse, should the weekly collection fail to take place.

The fluctuation in prices payable for waste paper was again the main feature of salvage operations. From the record high prices obtained in 1951, prices fell to the minimum guaranteed by the mills. In addition a quota on quantities was imposed during the year which precluded the fall in prices being offset by increased collections. The local quota was fixed by the mills at 6 tons per month with the average monthly tonnage sold in 1951 as 10 tons. The quota had the effect of bringing to an end purchase of waste paper by local dealers, and businesses which formerly sold their waste paper looked to the department to collect it. It was decided to continue collections in a modified form though this meant that excessive amounts of paper reached the refuse tip with other rubbish.

Experiments in the salvaging of tins from the refuse at the tip were discontinued as uneconomical.

A Bristol Reid angle dozer was purchased with a view to reducing the manual work of handling refuse at the tip and to achieve better control. It has been very successful in reducing the manual labour employed at the tip; in achieving better consolidation of tip contents; and in better covering. Unfortunately it was not able to make much headway in digging and spreading the soil required for the final covering to the large area which was otherwise completed.

### Materials Salvaged during Year.

Material.	Weight.			Income.		
	Tons	cwts.	qrs.	£	s.	d.
Paper ....	95	13	0	963	13	6
Ferrous Metals ....	—	10	0	2	0	0
Non-ferrous metals ....	—	13	2	9	12	6
Tins ....	1	2	2	2	16	3
Cullet ....	2	7	0	2	18	9
Rags ....	—	15	0	10	12	6
Totals ....	101	1	0	991	13	6

### (d) Factories and Workshops.

Routine inspections of Factories and Workshops were maintained throughout the year and only minor matters required attention.

Alterations necessary to provide adequate means of escape in case of fire were completed at two factories and certificates were issued.



(e) **Workplaces.**

Workplaces, such as offices, are not subject to special legislation as are factories, workshops, and shops,, although certain matters in connection with them may be dealt with as statutory nuisances. The work places of this area were visited occasionally and were kept free from nuisance though in some cases facilities were not of the standard of those enforceable in shops and factories.

(f) **Rodent Control.**

The Ministry of Agriculture's requirements for rodent control were observed and all types of premises were inspected and treatments carried out where necessary.

The aim of this work is to discover infestations quickly either by reports from the occupiers of properties affected or by inspections, and to deal with them promptly. The ideal is to become, and keep, vermin free. Though there is a long way to go before the ideal is achieved, the number of surface infestations is decreasing slightly, as are the sewer infestations. The treatment of sewers is becoming confined to the older portion of the sewerage system, although ten per cent. of the manholes of the remaining portions are tested annually to discover new infestations or reinfestations.

(7) **Statistics.**

Number of properties inspected ....	....	....	....	6,864
Number of infestations found and treated:—				
(a) business premises ....	....	....	....	19
(b) dwellings ....	....	....	....	24
(c) Local authority's property ....	....	....	....	10
(d) agricultural ....	....	....	....	4

(2)

The sewers of the district were treated twice and the Council's sewage disposal works and refuse tip were baited regularly.

Treatment of Sewers.		Treatment No. 14	Treatment No. 15
Total number of manholes ....	....	600	600
Dates of treatment ....	....	28th April to 30th April	27th Oct. to 30th Oct.
Bait base used		Bread Mash	Sausage Rusk
Poison used ....	....	Arsenic.	Zinc. Phosphide
Number of manholes baited* ....	....	81	77
Number of manholes showing take of bait ....	....	25	34
Number of manholes showing com- plete take ....	....	24	16
Number of manholes test baited and not included at* ....	....	69	Nil.
Scheme of baiting ....	....	Consecutive days.	



## **2. Housing.**

### **(a) Nuisances and Defects.**

There is still a considerable loss of time between the service of notices and their compliance in some instances, although considerable improvement was noted in this respect. 17 more informal notices were served than in 1951, and informal notices complied with numbered 72 more. Statutory notices served increased by 12, and compliances by 11.

### **(b) Unfit Houses.**

Demolition Orders were made on 15 houses, and undertakings were accepted to keep 3 houses closed for habitation on vacation. The houses remained occupied at the end of the year.

A survey of the district is necessary before the actual number of unfit houses can be ascertained but a reasonable estimate is 200.

### **(c) Overcrowding.**

Overcrowding is not the problem locally that it is in other districts, as all cases then existing were abated in the period between 1935 and 1939. It has therefore been possible to check new cases as they have arisen whether the overcrowding has been due to growth of the occupiers family or to the admission of lodgers.

At the end of the year 30 dwellings were overcrowded, 6 new cases having been discovered and 10 abated.

## **3. Food and Food Hygiene.**

Premises at which food was handled, prepared, stored, or sold, were visited at intervals and generally were of a satisfactory standard.

Food stalls on the market were inspected regularly and the condition of food hawkers' vehicles were checked frequently.

The Ministry of Food exhibited a unit indicating a comparison between hygienic and unhygienic food premises and food-handling at a Divisional Health Exhibition held in the Town Hall. The opportunity to explain the exhibit and stress the importance of food hygiene to parties of children from schools in the Divisional Area, and to the public, was taken, and as a result I was invited to give talks on Food Hygiene at two schools and to two adult organisations.

### **(a) Milk Supply.**

Routine and special visits were made and registration and licences were granted as follows :—



Number of Distributors of Milk registered and operating from :—

(i) Dairies in the district ....	6
(ii) Dairy farms in the district ....	7
(iii) Shops in the district other than dairies ....	49
(iv) Premises outside the district ....	8

### Milk (Special Designation) (Raw Milk) Regulations 1949.

No. of dealers' licences (including supplementary licences) issued during 1952, in respect of Tuberculin Tested Milk

(i) Tuberculin Tested Milk ....	7
(ii) Accredited Milk ....	Nil.

### Milk (Special Designation) (Pasteurised and Sterilised) Regulations 1949.

No. of licences issued in respect of " Heat treated " milk.

Pasteurising plants ....	1
Retail Distributors :—	
(i) Pasteurised ....	23
(ii) Sterilised ....	51

### (b) Meat and Other Foods.

The following items were inspected and found to be unfit for human consumption. All were surrendered voluntarily for destruction :—

### Foodstuffs condemned :—

Nature.	Quantities.		
	Cwt.	qrs.	lbs.
Carcase and organs of 1 pig ....	2	1	2
Ham 22 tins. ....	2	2	7
Meat 41 tins. ....	—	2	7
Fish 21 tins ....	—	—	20
Vegetables 23 tins. ....	—	—	23
Milk, condensed, 122 tins ....	1	—	7
Fruit, 105 tins. ....	—	3	6
Mincemeat, 13 tins. ....	—	—	13
Marmalade and Jam, 5 tins or jars. ....	—	—	10
Liquid Egg, 2 tins. ....	—	2	—
Processed Cheese, 149 packets ....	—	1	—
Miscellaneous goods, 231 packets	—	1	—
	9	0	4



(c) **Adulteration of Food.**

The Council is a Food and Drugs Authority and its sanitary inspectors are appointed sampling officers under the Food and Drugs Acts. Dr. Walker, County Analyst, is appointed Public Analyst for this district, and we are grateful for the advice and assistance he so readily gives.

	No. of samples taken.				No. satisfactory.	
Milk (formal) ....	....	....	....	21	....	20
(informal) ....	....	....	....	10	....	9
Other foods (formal) ....	....	....	....	2	....	2
(informal) ....	....	....	....	11	....	11
				—		—
Totals ....				44		41

One informal sample of milk was 3.3% deficient in fat and formal check samples of morning's and evening's milk from the same herd were taken. The morning's sample was 13.3% deficient in fat and low in solids not fat, and the evening's was genuine but low in solids not fat.

The producer/retailer was interviewed and cautioned, and undertook to dispose of two old cows to which he ascribed the deficiencies, from his small herd. He has now ceased to produce milk.

Two formal samples of pork sausage were found to be genuine but contained preservative without declaration. The vendors in each case were interviewed and cautioned.

**4. Infectious Diseases—Control.**

Enquiries were made upon notification. Disinfection of rooms and bedding was carried out in all cases of removal of tuberculous patients. In other cases rooms were dealt with only on request.

Visits by Inspectors ....	....	....	....	39
Disinfections ....	....	....	....	32

**5. Vermin Control.**

No. of houses found to be infested :—

(a) Council houses ....	....	....	....	5
(b) Other houses ....	....	....	....	13
No. of visits to verminous premises ....	....	....	....	31
No. of verminous premises treated ....	....	....	....	18

**6. Statistical Summary of Inspections made, Notices served, etc.**

Complaints received and investigated ....	....	....	332
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(A) **Analysis of Visits made by Inspectors.**

(a) **General Sanitation.**

Water supply	....	....	....	....	52
Drainage	....	....	....	....	131
Stables and Piggeries	....	....	....	....	29
Fried Fish Shops	....	....	....	....	23
Common Lodging House	....	....	....	....	2
Factories	....	....	....	....	86
Workplaces	....	....	....	....	36
Bakehouses	....	....	....	....	23
Refuse Collection and Disposal	....	....	....	....	106
Licensed houses	....	....	....	....	6
Shops	....	....	....	....	67
Schools	....	....	....	....	16
Rats and Mice	....	....	....	....	78
Smoke Observations	....	....	....	....	11
Tents, Vans, Sheds	....	....	....	....	10
Public Conveniences	....	....	....	....	10
Miscellaneous	....	....	....	....	53
Total	....	....	....	....	739

(b) **Housing.**

**Under Public Health Acts.**

No. of houses inspected	....	....	....	379
Visits paid to above	....	....	....	1787

**Under Housing Acts.**

No. of houses inspected	....	....	....	17
Visits paid to above	....	....	....	26

**Overcrowding.**

No. of houses inspected	....	....	....	12
Visits paid to above	....	....	....	13

**Verminous Premises.**

No. of houses inspected	....	....	....	26
Visits paid to above	....	....	....	31



Miscellaneous Housing Visits	3
Total	2,294

(c) **Infectious Diseases.**

Inquiries in cases of I.D.	20
Visits re disinfections	14
Miscellaneous I.D. visits	5
Total	39

(d) **Meat and Food Inspection.**

Inspection of meat—shops and stalls	5
—other premises	7
Visits to butchers	21
Fishmongers, etc.	51
Grocers	135
Greengrocers and fruiterers	102
Dairies and milk distributors	106
Ice cream premises	93
Food preparing premises	20
Market Stalls	369
Street vendors and hawkers' carts	34
Restaurants	15
Canteens	8

**Visits in connection with Sampling.**

Milk—bacteriological	90
Ice Cream	14
Food and Drugs Samples	45
Water Sampling	43
Miscellaneous Food Visits	6
Total	1,164
Total inspections and visits	4,236

(B) **Notices Served.**

No. of informal notices served	338
No. of informal notices complied with	324
No. of statutory notices served	54
No. of statutory notices complied with	45



(C) **Analysis of Defects noted and remedied.**

Type of Defect.	Recorded.	Remedied.
Chimney Stacks, Pots and Flues	45	37
Brickwork and/or pointing	72	69
Damp courses	41	25
Doors and/or frames	34	20
Drain stoppages	56	62
Drains repaired or renewed	19	20
Dustbins	31	33
Firegrates	12	26
Floors	31	20
Gutters	114	98
Paving of yards and passages	10	9
Rainwater pipes	37	28
Roofs	111	93
Sinks, etc.	15	15
Plastering	110	102
Waste Pipes	20	14
Water pipes	24	24
W.C.'s, Basins, Cisterns, etc.	51	53
Windows, frames, sashcords, etc	120	103
Miscellaneous	32	31
Total	985	882

**7. Additional Duties.**

(a) **Petroleum Acts and Orders.**

There were 27 licensed storage premises for petroleum spirit, 19 of them for private use and 8 in connection with the supply of petrol to the public.

2 premises were licensed to store carbide of calcium.

Each of them was visited at least once during the year and was found to be satisfactory.

(b) **Lethal Chamber.**

The painless destruction of cats and dogs is undertaken by the department and a charge of 1/- per animal destroyed was operated



from May. Pensioners bringing animals were exempted from payment.

The old gas chamber was scrapped in June and the electric chamber operated fully from then.

69 dogs and 64 cats were destroyed in the gas chamber, and 137 dogs and 100 cats in the electric chamber.

Income amounted to £7 16s. od.

**(c) Shops Acts.**

A summary of the provisions of the Shops Act 1950 as applicable locally was prepared for circulation to each shop on the register.

An address on the subject of the Shops Act was given to the local Chamber of Trade.

Routine visits were made to the shops of the district and occasional observations regarding closing hours, Sunday trading etc., were kept.

**8. Acknowledgements.**

Whilst there has been no outstanding achievement to report, the year has been one of solid progress and continued effort. Without the willing services of Mr. Davies, a keen colleague, and Mrs. Lightfoot, an efficient typist and clerk, so much could not have been achieved, and their able assistance must be recorded with my appreciation.

I would also record my sincere thanks to Dr. Crawford for his help and support, and particularly for his practical expression of the principle that public health work in its widest sense, is team work. The help accorded, and the interest shown by all members of the Council and colleagues on the staff of other Departments has been very much appreciated, and it is with gratitude that this is recorded.

Yours faithfully,

L. M. BOOTH,

Chief Sanitary Inspector.













