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URBAN DISTRICT COUNCIL
OF NEWTON-LE-WILLOWS

ANNUAL REPORT

of the

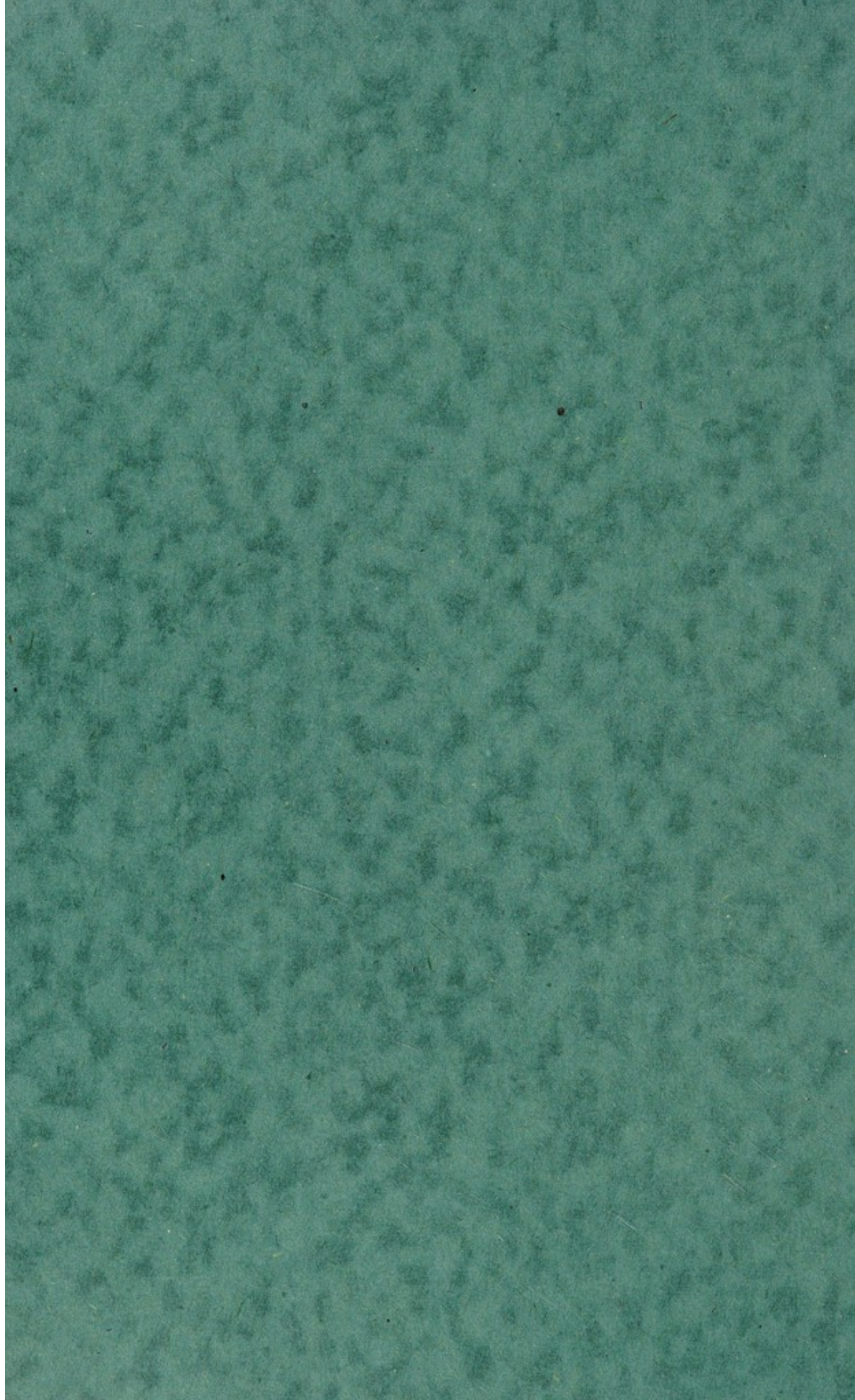
Public Health Department

for the Year ended

31st December, 1956



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NEWTON-LE-WILLOWS URBAN DISTRICT COUNCIL

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Medical Officer of Health:

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

* Chief Public Health Inspector:

L. M. BOOTH, M.R.S.H., M.A.P.H.I.

* Additional Sanitary Inspector:

T. SUTTON, M.R.S.H., M.S.I.A.
(to 29th February)

Clerk:

MRS. B. M. LIGHTFOOT

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

NEWTON-LE-WILLOWS U. D. C.
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
1956

PREFACE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is with pleasure that I submit for your consideration my Annual Report for the year 1956, with which is incorporated information relating to the general health services of the County Council—the Local Health Authority—under the provisions of the National Health Service Act, 1946, the National Assistance Act, 1948, the Children Act, 1948, and other legislation. An account is also included of the ancillary health responsibilities of other bodies, such as the Regional Hospital Board, Hospital Management Committees and the Public Health Laboratory Service.

As in previous years, the Report is presented as a combined account of the work of all the officers of your Health Department, albeit nominally that of your Medical Officer of Health, who, in addition to his responsibilities in that office, as Divisional Medical Officer, is also concerned with the administration of those personal socio-medical services which are complementary to the material ecology of those residing in the Urban District.

Considering in the first place the vital statistics for the year it is found that with one or two noteworthy exceptions there has been no significant change from those of a year ago. The live-births registered and assigned (308), and the live birth-rate (14.1/1000) are virtually the same as in 1955, when the figures were 306 and 14.0/1000 respectively. Similarly, the actual number of deaths allocated by place of residence (223), and the crude death rate (10.2/1000), are almost identical with the previous years' figures of 221 and 10.1/1000. The total infant death rate at 33 per 1000 live births, and the neo-natal death rate, at 29/1000 live births, are both somewhat higher than last year, when the corresponding rates were 30/1000 and 20/1000 respectively. But the most striking, (and disturbing), finding is the increase in the number of still-births, and in the still-birth rate, from 4 to 18, and from 13 to 55 (per 1000 total births) respectively.

Accepting, as indeed one must, that the relatively small actual numbers involved affect the rate per 1000 very considerably, and are comparatively unreliable as regards statistical comparison and inference, the unpleasant fact must still be faced that more than one in every twenty babies was stillborn: and that despite the fact that in 1947, when there were 399 live births, the number of still-births was 16, in 1956, with a much diminished number of live births (308), the actual number of still-births is the highest recorded for many years, despite every effort of the local authority ante-natal and mid-

wifery services. Admittedly 15 out of these 18 still-births took place in hospital, as one would be entitled to expect, given adequate ante-natal supervision of the expectant mother; and admittedly, many of these cases were different: nevertheless, the trend during the last quinquennium has been an unfavourable one, with a mean rate of 34/1000 total births, as compared with the previous quinquennial mean (1947-1951) of 25/1000. At the time of writing preliminary enquiry reveals that the principal causes of foetal death have been toxæmia of pregnancy, placental insufficiency, and haemolytic disease due to Rhesus incompatibility, but a more detailed and comprehensive analysis is being undertaken.

There was one "maternal death" during the year, giving a maternal death rate of 3.1 per 1000 total births: this was the first such death recorded since 1953.

In regard to the general causes of death the pattern is very similar to that found last year, and for a number of years previously. Heading the list of group causes come the diseases of the heart and circulation, which if we include "strokes," or vascular diseases of the nervous system, caused 117 deaths, of which 31 were due to coronary disease or angina, 26 to strokes, and no fewer than 55 to other types of cardiac and circulatory diseases. In second place comes the cancer group, with a total of 34 deaths, fairly even divided as to sex, with a slight female preponderance (19 to 15), and including 4 of cancer of the lungs or bronchi, all in males. Next we have diseases of the respiratory group, which if we include 2 deaths due to influenza, has a total of 19 deaths to account for, of which 10 were due to bronchitis, and 5 to pneumonia: and following this, in fourth place, comes rather a mixed collection of illnesses designated "other defined and ill-defined diseases," with a total of 14. Deaths due to violence, of various kinds, rather unusually, totalled 13, of which 6 were due to accidents other than traffic accidents, no less than 5 to suicide, and 2 to accidents involving motor vehicles. Diseases of the genito-urinary system caused 5 deaths, prostatic disease 3, and pulmonary tuberculosis 3.

The year has shown an unusually heavy incidence of notifiable disease, with a total of 709 notifications—the highest total since 1951, when there were 813 cases. The principal increases were in measles, with 395 cases, (as compared with 228 last year, the highest incidence since 1951, when there were 586 cases), scarlet fever, 139 cases, (as compared with 121 in 1955, and a quinquennial mean figure of 55), whooping cough, 102 cases (as against 67 last year, and a quinquennial mean of 93), and 42 notifications of primary and influenzal pneumonia, as compared with 21 in 1955, and a quinquennial mean of 44. The measles epidemic seems to have been a partial "carry over" of the 1955 cases: following the very heavy incidence of 1951, mentioned above, there was the expected remission in 1952 with only 98 cases, a heavier incidence again in 1953, with 383 cases, a further remission in 1954, 131 cases, and again the heavier incidences of 1955 (228) and 1956 (395). One is justified therefore, in forecasting much lower figures for 1957 so far as measles is concerned. Scarlet fever—fortunately of a mild type—occurred

almost entirely among children of infant and junior school age groups, the majority of the cases coming in fact from one of the larger central schools in an epidemic which almost certainly resulted from the return to school perhaps rather early, of a convalescent carrier. As has been said, this illness has lost much of its severity and many of its more serious complications in the last decade or two, principally perhaps as the result of the more recent therapeutic advances: but nevertheless it retains a high nuisance value, is as infectious as ever, and results in a considerable loss, in the aggregate, of time spent in school.

Of the remaining infectious illnesses there were 11 cases of erysipelas—(a disease related aetiologically to scarlet fever)—9 of respiratory tuberculosis, 3 of meningococcal meningitis, 2 of encephalitis, and 1 of paralytic poliomyelitis. Three deaths resulted from tuberculosis, and one each from meningococcal meningitis and encephalitis respectively. Once again there were no cases of diphtheria, enteric group fevers, dysentery, food poisoning or ophthalmia neonatorum: and one case only of puerperal pyrexia.

The principal public health needs of the District, so far as the material environment is concerned, are additional houses, both by new construction, and by renovation and repair of those which can be brought up to reasonable sanitary standards: improved toilet and washing facilities in a number of the older schools, with improved standards of lighting: furtherance of the Sankey Valley Sewerage Scheme, and the ultimate closure of the Central Sewage Works: a strict control of smoke, (both domestic and industrial), and other atmospheric pollution: more effective methods of refuse disposal, by the provision of further mechanical aids on the tipping sites; and determined efforts to overcome the periodic contamination of otherwise pure and satisfactory water supplies by the growth of "iron organisms" and other minute fungi in the older portions of the mains system, particularly in the relatively stagnant "dead-end" sections of pipelines. On the "personal health service" side one could wish for a more enlightened public demand for the protection afforded by immunisation and vaccination, and a better response to propaganda related thereto: better co-operation by all concerned with ante-natal care and supervision; and the implementation of a comprehensive scheme for the assistance of aged and handicapped persons within their own homes and family circles, if any.

My thanks are indeed due to you, Mr. Chairman, and to all members of the Health Committee and of the Council, for your active interest and support during the year, and for your deep knowledge and understanding of local conditions and outlook. Similarly, I am sincerely appreciative of, and thankful for, the ever-willing and able assistance given by my fellow-officers in other Departments of the Councils' service, particularly by Mr. Roberts, Mr. Lennox, Mr. Unsworth and Mr. Roscoe. To my colleagues in the Health Department, of course, I am greatly indebted for the loyal and very

competent manner in which they have undertaken their respective duties, especially to Mr. Booth, the Chief public Health Inspector, whose long experience, detailed local knowledge of the District, and loyal support have been so invaluable to me.

I am,

Mr. 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 rural character. It is built up with dwelling houses, 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, including rolling-stock maintenance and repair, 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: 3103.

Population: (Census, 1951)	21,862
(Estimated mid-1956)	21,880
Inhabited Houses: Rate Books (end 1956)	6,859
Rateable Value	£163,746
Sum represented by a penny rate	£445
Births assignable to District	308
Deaths assignable to District	220
"Natural Increase"	88

3. VITAL STATISTICS

Births:

Live Births	308	Legitimate	298	Illegitimate	10
		Male	144	Male	3
		Female	154	Female	7

Live Birth Rate "Crude"—14.1. "Adjusted"—13.8.

Still Births 18 Male 6 Female 12

Still Birth Rate 55 per 1,000 total Live and Still Births.

Deaths:

General: 223 Male 119 Female 104

Death Rates "Crude"—10.2 "Adjusted"—11.8

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	10	Male	5	Female	5
Infant Mortality Rate of Legitimate Infants	33				
Infant Mortality Rate of Illegitimate Infants	0				
Total Infant Mortality Rate	32				

Neo-Natal Mortality

Deaths of infants under 4 weeks of age 9

Mortality rate per 1,000 live births 29

Maternal Deaths 1

Maternal Mortality Rate 3.07

COMPARATIVE STATISTICAL TABLES

Year	Live Births		Deaths (All causes)		Stillbirths		Maternal Mortality		Infant Mortality			
									Total		Neo-natal	
	No. regist.	Rate per 1000 popn.	No. regist.	Rate per 1000 popn.	No. regist.	Rate per 1000 total births	No. of deaths regist.	Rate per 1000 total births	No of deaths regist.	Rate per 1000 live births	No of deaths regist.	Rate per 1000 live births
1956	308	*14.1	223	*10.2	18	55	1	3.07	10	32	9	29
1955	306	14.0	221	10.1	4	13	nil	nil	9	29	6	20
1954	292	13.4	236	10.8	16	52	nil	nil	9	31	6	21
1953	366	16.7	253	11.5	13	34	1	2.64	18	49	14	38
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
Avg 5 years												
1951	333	15.3	242	11.1	10	28	0.4	0.53	12	36	8	24
1955												

* Adjusted live birth rate (comparability factor 0.98) = 13.8 per 1000.

Adjusted death rate (comparability factor 1.16) = 11.8 per 1000.

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

	Newton-le-W.		Lancs. Municipal Boroughs & Urban Dist.	England & Wales
	1955	1956	1956	1956
Rate per 1,000 Population				
Births—				
Live	13.7	13.8	15.49	15.7
Still	0.18	0.82	0.40	0.36
Deaths—				
All causes	10.8	11.8	13.86	11.7
Tuberculosis (all forms)	0.18	0.14	0.12	0.12
Respiratory	0.18	0.14	0.11	0.11
Non respiratory	0.00	0.00	0.01	0.01
Cancer (all forms)	1.60	1.55	2.15	2.08
Lungs & Bronchus	0.04	0.18	0.40	0.41
Other cancer	1.55	1.37	1.75	1.67
Rate per 1,000 total births				
Maternal Mortality (total)	nil	3.07	0.62	0.56
Maternal causes (excluding abortion)	nil	3.07	0.62	0.46
Due to abortion	nil	nil	0.62	0.10
Rate per 1,000 live births				
Infant Mortality	29	32	27	23.8
Neo-natal mortality	20	29	19	16.9
Rate per 1,000 Population				
Notifications—				
Typhoid Fever	nil	nil	0.0016	0.00
Paratyphoid Fever	nil	nil	0.0028	0.01
Meningococcal Infection	0.00	0.14	0.0290	0.03
Scarlet Fever	5.54	6.34	0.8591	0.74
Whooping Cough	3.07	4.67	2.6628	2.07
Diphtheria	nil	nil	0.0016	0.00
Erysipelas	0.41	0.50	0.0967	0.10
Small Pox	nil	nil	nil	nil
Measles	10.44	18.05	4.0361	3.59
Ac. Pneumonia	0.95	1.92	0.4502	0.57
Ac. Poliomyelitis (Paralytic) (Non Paralytic)	nil	0.04	0.0192	0.04
Food Poisoning	nil	nil	0.0407	0.03
Tuberculosis. Respiratory	0.55	0.41	0.2149	0.25
Meninges & C.N.S.	0.00	nil	0.56	0.71
Other	0.18	0.18	0.09	0.08
Puerperal Pyrexia	0.00	0.04	0.1182	0.26

Deaths. The total number of deaths registered in the District was 172. Eight of these were non-residents, and have been transferred to the districts in which they usually resided. 59 residents of this area died in other districts.

An analysis of the causes of death is shown below:

Cause of Death	Male	Female	Total
Malignant Neoplasm— Stomach	2	5	7
Lungs, Bronchus	4	—	4
Breast	—	7	7
Uterus	—	1	1
All other sites	9	6	15
Diabetes	1	2	3
Vas. Lesions of Nervous System	13	13	26
Coronary disease, angina	20	11	31
Hypertension with heart disease	4	1	5
Other Heart disease	26	29	55
Other circulatory diseases	3	4	7
Influenza	2	—	2
Pneumonia	2	3	5
Bronchitis	7	3	10
Other respiratory diseases	1	1	2
Gastritis, enteritis and diarrhoea	1	—	1
Congenital malformations	1	2	3
Other defined or ill defined diseases	8	6	14
Motor vehicle accidents	1	1	2
All other accidents	3	3	6
Suicide	4	1	5
Tuberculosis (Respiratory)	2	1	3
Nephritis & Nephrosis	1	1	2
Hyperplasia of Prostate	3	—	3
Syphilitic Disease	1	—	1
Meningococcal Infection	—	1	1
Other Infective or Parasitic Diseases	—	1	1
Pregnancy, Childbirth	—	1	1
All causes	119	104	223

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

23 bacteriological examinations of the raw water, and 12 of the water going into supply after treatment, were made. All highly satisfactory.

6858 dwelling houses, housing a population of 21,877 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. satis- factory	No. unsatis- factory
(a)	Raw Milk			
(i)	Tuberculosis— biological tests	14	13 (T.B. neg)	Nil (1 no result)
(ii)	Methylene Blue reduction test	14	13	1
(b)	"Heat Treated" Milk			
(i)	Phosphatase test	42	42	Nil
(ii)	Turbidity test	20	20	Nil
(iii)	Methylene Blue reduction test	42	42	Nil
(iv)	Tuberculosis	Nil	Nil	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 Public Health Inspectors are sampling Officers.

43 samples were taken and submitted to the Public Analyst, County Offices, Preston. One sample of milk was reported to be "genuine but slightly low in solids-not-fat." One sample of cream stated on the bottle cap "Minimum contents 18 fl. ozs.," but actually contained 5½ fl. ozs. Both dealers were warned.

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 be 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. The connections from this District to the Sankey Valley trunk sewer have not yet been made.

5. HOUSING

2,206 houses and flats are owned by the Council, of which 963 have been built in the post-war period.

During the year 94 houses have been erected by the local authority and 28 houses by other bodies or persons.

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

Number of privy middens	....	....	....	....	....	14
Number of closets attached to these middens	....					15
Number of pail closets	....	....	....	....	....	42
Number of chemical closets	....	....	....	....	....	5
Number of houses on water carriage system	....					6817

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 Public Health Inspector.

No regular cleansing of cesspools is undertaken.

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

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

Hospital Admissions

Hospital facilities for the treatment of cases of infectious diseases are provided at the Infectious Disease Hospital, Warrington, where isolation and treatment were provided for 86 cases, 65 of these being of Scarlet Fever.

Notifiable Diseases	Total cases Notified											
	Age Groups											
	Total cases at all ages	Under 1	1	2	3	4	5	10	15	25 and over	Age unknown	Total deaths
Scarlet Fever	139	—	1	7	8	12	81	29	—	1	—	nil
Measles	395	13	31	43	55	72	173	3	2	—	1	nil
Whooping Cough	102	9	7	8	12	26	39	1	—	—	—	nil
Meningococcal Infection	3	—	—	—	—	—	3	—	—	—	—	1
		0	5	15	45	65 and over	Age Unknown	Total Deaths				
Acute Pneumonia.....	42	5	5	12	14	6	—	2				
Puerperal Pyrexia	1	—	—	1	—	—	—	—				
Erysipelas	11	—	1	1	5	4	—	—				
Tuberculosis—												
Respiratory	9	1	—	4	3	1	—	3				
Other.....	4	—	—	2	2	—	—	—				
Ac. Encephalitis Infective	2	—	1	1	—	—	—	1				

NOTIFIABLE DISEASES—Comparative Table of Incidence

Disease	1951 Cases Deaths	1952 Cases Deaths	1953 Cases Deaths	1954 Cases Deaths	1955 Cases Deaths	1951-55 Cases Deaths	1956 Cases Deaths
Scarlet Fever	34 —	17 —	79 —	25 —	121 —	55 —	139 —
Diphtheria	— —	— —	— —	— —	— —	— —	— —
Measles	586 —	98 —	383 1	131 —	228 —	285 0.2	395 —
Whooping Cough	31 1	195 —	155 —	19 —	67 —	93 0.2	102 —
Enteric Group Fevers	— —	— —	— —	— —	— —	— —	— —
Dysentery	7 —	— —	1 —	— —	— —	1.6 —	— —
Food Poisoning	— —	1 —	— —	— —	— —	0.2 —	— —
Ophthalmia Neonatorum	— —	— —	— —	— —	— —	— —	— —
Puerperal Pyrexia	— —	3 —	3 —	2 —	1 —	1.8 —	1 —
Poliomyelitis	— —	— —	— —	— —	— —	0.6 —	1 —
Meningococcal Infection	1 —	— —	1 —	— —	1 —	0.4 —	3 1
Acute Encephalitis Infective Post Infectious	— —	— —	— —	— —	1 —	— 0.2	2 1
Primary & Influenzal Pneumonia	97 18	44 17	33 4	24 2	21 1	44 8.4	42 2
Erysipelas	16 1	6 —	13 —	9 —	9 —	11 0.2	11 —
Tuberculosis Respiratory	38 9	15 8	23 3	18 —	12 4	21 5	9 3
Non-respiratory	3 —	6 2	3 1	2 —	4 —	3.6 0.6	4 —
TOTAL	813 29	385 27	693 10	230 2	465 5	517 14.6	709 7

7. FACTORIES ACTS, 1937 and 1948

Part 1 of the Act

- (1) Inspections for purposes of provisions as to health (including inspections made by Public Health 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.	4	8	1	—
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	54	37	2	—
(3) Other premises in which section 7 is enforced by the Local Authority (excluding out-workers premises	7	7	—	—
Totals	65	52	3	—

- (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 prosecutions which were instituted (7)
	Found (3)	remedied (4)	Referred:		
			To H.M. Inspector (5)	By H.M. Inspector	
Want of cleanliness (s.1.)	1	1	—	—	—
Sanitary conveniences (s.7.) Unsuitable of defective 	2	2	—	1	—
Totals	3	3	—	1	—

8. PROVISIONS 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 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 has undergone alterations and re-equipment, whereby out-patient facilities have been materially extended, including the provision of an X-ray and physiotherapy department. A Chest Clinic, under the control of Dr. Black, Consultant Chest Physician, Warrington Area, is now held 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, Aikin 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 paediatric wards of the General Hospital, Warrington; to the Royal Liverpool Children's Hospital, Myrtle Street, Liverpool, and to the Royal Manchester Children's Hospital, Pendlebury, Manchester; also 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 rests with the County Council as the Local Health Authority, and the district is fortunately placed in containing a County Ambulance Station, sited in conjunction with the Fire Station in Borron Road, Earlestown (Telephone Newton-le-Willows 2013), from which three "Stretcher" ambulances and four "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 Health Division.

Summary of Cases Conveyed

Non Urgent Cases	....	4,020
Emergency Cases	....	688
		<hr/>
		5,708
		<hr/>

(4) Treatment Centres and Clinics

Child Welfare Clinics are held twice weekly at The Gables, Crow Lane West, on Monday and Thursday afternoons: and an Ante-Natal Clinic each Wednesday morning. Attendances at the welfare sessions have been very satisfactory throughout the year, as is shown by the following figures.

Child Welfare Centre, "The Gables," Crow Lane West

Assistant Divisional Medical Officer: Dr. E. T. Smiddy (Thursday afternoon session)

Health Visitors: Miss Heap, Miss Forshaw and Miss Williams.

<i>No. of sessions during the year</i>	<i>No. of individual children who attended and were born in</i>			<i>No. of attendances by children at ages</i>		
	1956	1955	1954-51	0—	1—	2-4 <i>incl.</i>
102	193	174	249	4,862	877	949

Ante-Natal Clinic, "The Gables," Crow Lane West

Consultant Obstetrician	....	....	....	Mr. Gordon Millington
Medical Officer	....	....	....	Dr. E. T. Smiddy
Health Visitor	....	....	....	Miss I. Heap
No. of individual women attending				107
No. of attendances	....	....	....	467

School Clinic, "The Gables," Crow Lane West

General

The work at this Clinic has continued, although on a considerably reduced scale, owing to 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 now given without cost to the parent. Despite this, the Education Authority still retains a duty to provide a comprehensive scheme of treatment for children of school age.

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

Assistant Divisional School Medical Officer—Dr. E. T. Smiddy.
School Nurses and Health Visitors in attendance—Miss Forshaw and Mrs. Burrows.

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

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

Dental

The School Dental Officer, Mr. A. E. Shaw, ably assisted by his Dental Assistant, Miss Entwistle, has continued the dental inspection of all school children in the district during periodic visits to schools, and afforded both conservative and radical treatment to those requiring it. Expectant and nursing mothers, and children of pre-school age are also eligible for advice and treatment.

Ophthalmic

Ophthalmologist—Mr. Barker.

School Nurse in attendance—Miss A. Forshaw (Part year), Mrs. Burrows (Part year).

Sessions held weekly each Monday morning.

The Ophthalmic Surgeon may only be consulted by appointment.

Orthopaedic

Orthopaedic Surgeon—Mr. Almond.

Orthopaedic Nurse—Mrs. 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. She also attends with suitable cases at the St. Helens Baths, to instruct in remedial exercises carried out in the water.

Speech Therapy

Therapist—Miss Ireland.

Sessions held each Thursday a.m. and Friday p.m.

(5) Midwifery Arrangements

The district has been covered by three fully trained whole-time domiciliary midwives, details of whom are shown below, each of which has a car available for her duties, each of which has undergone a course of instruction in gas-air analgesia, and has available the necessary apparatus to enable a mother to secure at all events very considerable relief from the pains of labour. The trend towards hospital confinement has also continued, and as a result of these factors the number of babies actually born at home has been considerably reduced.

Mrs. S. E. Butler, 46 Kingsway, Wargrave.

Telephone: Newton-le-Willows 3210.

Miss G. J. McGuiness, 16 Ruskin Avenue.

Telephone: Newton-le-Willows 3778.

Miss Cunliffe, 13 Bodden Street, Lowton.

Telephone: Leigh 50.

(6) Health Visiting Arrangements

This work has been carried out by three whole-time and fully trained Health Visitors (whom combined 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. (Resigned November, 1956).

Miss M. Williams, 16 Ruskin Avenue, Newton-le-Willows. (Resigned September, 1956).

Mrs. M. Parker (Part time), Higher Astley, Vitriol Square, Earlestown.

Mrs. E. Burrows, 33 Regal Drive, Windle, St. Helens. (Appointed September, 1956).

(7) Home Nursing Arrangements.

Home nursing is now undertaken by four whole-time nurses, assisted by a state enrolled Assistant Nurse in suitable cases. The demand for nursing services has continued to grow, and although part-time relief nurses have also assisted from time to time, the staff have been kept very fully occupied throughout the year.

The names, addresses and telephone numbers of the Nurses are:-

Mrs. M.M. Charnley, 3 Park Avenue North, Newton-le-Willows.
Telephone: Newton-le-Willows 2069.

Mrs. O. Falcon, 60 Grosvenor Gardens, Newton-le-Willows.
Telephone: Newton-le-Willows 2419.

Miss D. Johnson, 158 Park Road South, Newton-le-Willows.
Telephone: Newton-le-Willows 3539.

Miss M. Littler, 69 Oak Avenue, Newton-le-Willows.
Telephone: Newton-le-Willows 3521.

Miss Ainsworth, 576 East Prescott Road, Liverpool 14.

Nursing Equipment—Provision for Loans.

A wide variety of ancillary nursing equipment which may be required in the home—ranging from hospital type beds, wheel-chairs, dunlopillo mattresses and similar large items, down to smaller but none-the-less essential articles such as feeding cups, air rings, bed pans etc., is available on loan on the recommendation of the Nurse having charge of the case, at no cost to the patient except for damage not occasioned by reasonable “wear and tear”. Some of the larger items are available from small central stocks held at the Divisional Health Offices, whilst each nurse holds a small local supply of the less bulky and more frequently required articles.

(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, mental deficiency, an expectant mother, or to assist in the care of a child or children. The service has expanded very greatly during the year in question as the public have become more fully aware of the facilities provided, and in certain urgent cases “evening help” and night help have been made available.

The Home Helps engaged are all part-time “helps”; no whole time workers are employed. The Home Help Organiser and Welfare Workers, Miss P. Butler, who is responsible for the immediate day to day operation of the scheme and is one of the Divisional Medical Officer’s Staff, now has the help of Miss M. M. McClean as Assistant Organiser. Responsibilities for Welfare Service 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 in 1953, became implemented.

(9) Mental Health Arrangements.

The Urban District, being part of the Health Division, is covered for this purpose by two Duly Authorised Officers of No. 10 Health Division, and by a lady Mental Worker, who deal with all the 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, Nr. Warrington.
Telephone: Leigh 377.

Mr. Griffin, Divisional Health Office, The Old Rectory Winwick.
Telephone: Warrington 33144.

Miss M. V. Phillips, Divisional Health Office, The Old Rectory, Winwick
Telephone: Warrington 33144.

Any request for the services of the Duly Authorised Officer outside of normal office hours should be made through the Ambulance Station—Newton-le-Willows 2013.

(10) Arrangements for the Prevention of Illness, Care and after Care, (including Tuberculosis), and the provision of Convalescent Accommodation.

Responsibility for such arrangements rest 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 ancillary nursing 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 Monks, 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 at 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, whooping cough and tetanus, 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 immunisation sessions held at the Child Welfare Centre, The Gables Crow Lane West, where this work is carried out by the Assistant Divisional Medical Officer.

As regards the immunisation position, while there are no grounds for complacency, the position has improved as the result of the general desire of parents to obtain for their children protection against whooping cough.

The percentage proportion of the estimated child population under the age of 15 in an immunised state at 31st. December, 1956, was 66% as against a figure of 67% for the child population in Health Division 10 as a whole.

In contrast to the above, only 146 persons, of whom 111 were infants under 1 year of age, underwent primary vaccination (all but 8 successfully) whilst 44 adults were re-vaccinated. If one deducts from the total of 306 live

births belonging to the District in 1955, the 10 infant deaths, this means that out of the 267 survivors, 111 were vaccinated; or approximately one in every 3 children born.

During the course of the year the several types of "antigen" (i.e. inoculation material) continued to be available: in addition to the old established diphtheria toxoids, which protect against diphtheria only, inoculations against whooping cough also, using the "combined" antigen, and additionally against "lock jaw" (tetanus) using the "triple" antigen, were carried out in conformity with the parents' wishes.

The number of children protected by these various means were as follows:-

(a) Against Diphtheria (Primary Inoculations) only.

Under 1 year of age	15
Under 5 years of age	6
From 5 to 14 years of age	44
Over 14 years of age	7
Total Primary Inoculations	72

Re-inforcement (Booster) Inoculations

Under 5 years of age	21
From 5 to 14 years of age	64
Over 14 years of age	0
Total	85

(b) Against Diphtheria and Whooping Cough (Combined antigen)

Under 1 year of age	26
Under 5 years of age	36
From 5 to 14 years of age	5
Total	67

(c) Against Diphtheria, Whooping Cough and Tetanus (Triple antigen)

Under 1 year of age	121
Under 5 years of age	36
From 5 to 14 years of age	2
Over 14 years of age	1
Total	160

The grand totals of children protected by primary inoculations against diphtheria during the year are thus 299 (of which 240 were under 5 years of age), against whooping cough 277 (of which 219 were under 5 years of age), and against tetanus 160, (of which 157 were under the age of 5 years).

(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 Leigh 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 Officer and her Visitors work in close co-operation with the Divisional Medical Officer and his staff, and I am happy to say that in this District (included in No. 10 Health Division), the relationship is most effective and cordial.

The Leigh Area Children's Officer is:-

Miss J. W. Cole, 89/91, Railway Road, Leigh.
Telephone: Leigh 1658.

10. CHILDREN AND YOUNG PERSONS ACT, 1933.

NEGLECTED CHILDREN—PROBLEM FAMILIES

Very deep consideration has been given in recent years in an effort to improve the lot of children neglected or ill-treated in their own homes—a problem formerly left almost exclusively to the good offices and unflagging zeal of the National Society for the Prevention of Cruelty to Children—the N.S.P.C.C.. So often, however, is it found that such children come from poor stock, both mentally and physically, from such poor homes, structurally and socially, and that their whole environment is so complex, that much more team work is required if the desired end is to be achieved: housing conditions, unemployment and financial stringency, marital disharmony, mental and emotional illness, improvidence and general social inadequacy are in various combinations and degrees at the root of parental neglect. Following an advisory memorandum issued jointly by the Home Office, Ministry of Health

and Ministry of Education, which suggested the appointment by each Local Health Authority of a Co-ordinating Officer, (whose primary function should be to convene regular conferences of all persons and parties having responsibilities in these various fields) the County Council appointed the County Medical Officer of Health as its Co-ordinating Officer: and his responsibility has in turn been delegated to Divisional Medical Officers, within their respective Health Divisions.

Regular conferences have consequently been convened throughout the year, at three-monthly intervals, and have been well attended by members of our "Co-ordinating Committee" of Officers, Assistant Divisional Medical Officers, Health Visitors, Mental Health Workers, School Attendance Officers (representing the Divisional Education Officer), N.S.P.C.C. Inspectors, Public Health Inspectors, the Probation Officers, the Area Children's Officer and teachers, the Area Officer of the National Assistance Board, and others, have each contributed in no small measure towards the elucidation of the numerous difficulties encountered by such families and such children, and the institution of the remedial measures required. One of the primary functions of the Committee is, of course, to reach agreement, not only as to the most promising line or lines of action, but as to the person or persons most likely to succeed in any particular case by taking appropriate action within his or her particular sphere of influence.

11. 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 those requiring it, 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 last 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.

The County Council's policy in regard to aged persons is, of course, to assist them in every way to remain in their own homes as long as possible: thereafter, to provide supervision and help in specially designed old persons bungalows, where the Housing Authority are willing to accept this scheme and only finally to admit them to hostel care, or to other welfare accommodation. As a first step, the formation in every County District of a District Old Peoples' Welfare Committee, representative of all corporation bodies, both statutory and voluntary, concerned with the welfare of old people, is strongly advocated.

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 the District Council 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 CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1956

LADIES AND GENTLEMEN,

I have the honour to present for your consideration my Annual Report for the year ending 31st December, 1956.

Mr. Thomas Sutton resigned his appointment as Additional Sanitary Inspector with effect from 29th February, and despite several advertisements of the vacancy the post remained unfilled at the end of the year.

With a full establishment of two inspectors it is almost impossible to pay due attention to the many duties of the Department, and the frequent resignations, four in eleven years, with an average interval of seven months between resignation and the commencement of duties by a successor, should be a matter of concern. In effect two inspectors have been employed for only two years in every three, which is quite inadequate to cope with the duties of a local authority of the type, size, and population of Newton-le-Willows, which besides the normal duties of a Sanitary Authority is also an autonomous authority for food and drugs and Shops Act purposes.

With a view to providing some assistance and to minimise the effect of a similar disorganisation of the department in the future, it was decided to appoint a pupil public health inspector. The experiment was not successful, partly because the time of appointment, when there was a 50% depletion of trained staff, was inopportune, but mainly that the appointee's interests lay elsewhere.

New legislation during the year included the Clean Air Act, making provision for abating pollution of the air, and the Sanitary Inspectors (Change of Designation) Act, changing the designation to Public Health Inspectors.

Regulations as to Food Hygiene were made under section 13, Food and Drugs Act, 1955.

1. General Sanitation.

(a) Water Supply.

The water supply continued to be highly satisfactory in quality. Samples of the raw water from each of the Council's Waterworks, and of the chlorinated water from the taps of different consumers, were taken each month and submitted for bacteriological examination.

(b) Sanitary Accommodation.

Eleven pail closets, and four privy middens with seven privy closets, were abolished by demolition of them and the houses which they served.

Fresh water closets number 7,873 and movable dustbins 7,250.

(c) Refuse Collection and Disposal.

Refuse collection was carried on with very few complaints, and enquiry into these revealed that, in most cases, householders and traders were completely unaware of their own responsibilities and of the Council's duties. Locked back gates resulted in non-collection of the refuse; trade and "other" refuse for collection without prior arrangements, and holidays, both interfered with routine weekly collections, and modern planning of housing estates involving, in some instances, as much as 30 yards between the vehicle and the front gate, the walk round the back of the house through a covered passage with doors at each end (often used for storage of cycles, perambulators, etc.) all help to slow down the rate of collection.

There were 7,873 bins to empty each week.

The capacity of the refuse tip at Southworth Road was almost exhausted, and negotiations for a new tip site were commenced.

The character of refuse has changed considerably since 1939, there now being more paper, glass bottles and jars as well as all kinds of containers, utensils, and items of clothing made of plastic materials. All bring their different problems of disposal. Paper blows off the face of the tip; glass is liable to damage the tyres of the vehicles as well as being indestructible by normal bacterial action; and plastics also seem to be indestructible.

The paper and board mills requested a voluntary restriction on the amounts of waste paper being sent to them, and the amount sold during the year was 147 tons 13 cwt., producing an income of £1,124.

(d) Shops and Offices.

61 shops were inspected regarding temperature, ventilation and sanitary conveniences, and 6 inspections of offices were made.

All were satisfactory.

(e) Factories and Workshops.

Routine inspections were maintained throughout the year but on a reduced scale. Only minor matters required attention.

(f) Rodent Control.

Number of infestations found and treated at:—

(a)	business premises	....	....	....	....	....	20
(b)	dwellings	....	....	....	....	....	74
(c)	Local Authority's property	....	....	....	....	....	4
(d)	agricultural	....	....	....	....	....	0

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.22	Treatment No.23
Total number of manholes	606	606
Dates of treatment	23rd April to 24th April	22nd Oct. to 24th Oct.
Bait base used	Bread Mash	Sausage Rusk
Poison used	Arsenic	Zinc. Phosphide
Number of manholes baited*	125	88
Number of manholes showing take of bait	40	46
Number of manholes showing complete take	27	32
Number of manholes test baited and not included at *	56	Nil
Scheme of baiting	Consecutive days.	

(g) **Atmospheric Pollution.**

Observations of factory chimneys were made when possible.

The colliery spoil bank has been kept under observation and, though it has continued smouldering, the control efforts commenced last year and continued throughout the year under review, has effected a considerable improvement.

The Chief Public Health Inspector voluntarily enrolled in the Post Graduate course in Atmospheric Pollution which commenced at the College of Technology, Manchester, in November.

2. HOUSING

(a) **Unfit Houses.**

Houses reported to Committee as unfit for habitation and incapable of repair at reasonable expense	27
Demolition Orders made (includes 23 on which decisions were pending at end of 1955)	48
Decisions pending	2
Families re-housed	31
Persons re-housed	86
Houses demolished as a result of formal action	9
Houses demolished voluntary	3

(b) **Certificates of Disrepair.**

Increase of Rent & Mortgage (Restrictions) Act 1920	
No. of applications for Certificates	2
No. of Certificates granted	2
No. of applications rejected	—
No. of certificates revoked	1

Housing Repairs & Rents Act 1954:

No. of applications for Certificates	1
No. of Certificates granted	1
No. of applications for revocation of Certificates	19
No. of certificates revoked	—

(d) Improvement Grants.

The local arrangements to deal with applications for improvement grants involve close co-operation between the Clerk of the Council, the Surveyor, the Housing Director, and the Chief Public Health Inspector.

Each house concerned is inspected before the application reaches the Finance Committee, and after the completion of the improvements.

The initial inspection reveals the existing condition of the house and its probable life; indicates whether necessary repairs or improvements have been omitted from the proposals; and assists in the separation of repair from improvement costs.

(e) Overcrowding.

No. of dwellings overcrowded at end of year	7
No. of families dwelling therein	8
No. of persons dwelling therein	66
No. of new cases discovered during year	4
No. of cases relieved during year	6
No. of persons concerned in such cases	54

3. FOOD AND FOOD HYGIENE

Summaries of the provisions of the Food Hygiene Regulations were purchased and delivered to all premises at which food is handled, prepared, stored, or sold. Follow up visits of inspection were made when possible and the premises, generally, are in satisfactory condition.

Food stalls on the market were inspected regularly.

(a) No. of food premises at end of year.

Type of business	No.
General grocers and provision dealers	88
Greengrocers and fruiterers (including those selling wet fish)	17
Fishmongers	3
Meat Shops (butchers, cooked and preserved meat, tripe etc.)	20
Bakers and/or confectioners	10
Fried fish shops	14
Shops selling mainly sugar confectionery, minerals, ice cream, etc.	30
Licensed premises, clubs, canteens, restaurants, cafes, etc.	48
Total	230

(b) No. of registered food premises at end of year.

Type of business	No. registered	No. of inspections
Preservation of food	8	12
Sale, manufacture and storage of ice cream....	72	31
Storage accommodation for hawkers	18	35

(c) **Milk Supply**

Registration and licences were granted as follows:—

Number of Distributors of Milk registered and operating from:—

(i) Dairies in the district	8
(ii) Shops in the district other than dairies	63
(iii) Premises outside the district	9

Milk (Special Designation) (Raw Milk) Regulations 1949:

No. of dealers' licences (including supplementary licences) issued during 1956 in respect of:—

(i) Tuberculin Tested Milk	15
----------------------------------	----

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

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

Retail Distributors:

Pasteurised	24
Sterilised	69

(d) **Meat and Other Foods.**

The following items were inspected and found to be unfit for human consumption:—

Nature	No.	Quantity Weight in lbs.
Canned Fruit....	285	115
Canned Vegetables	47	36
Canned Fish	25	11
Canned Meat....	102	249
Canned Milk and Cream	47	26
Canned Tomatoes....	45	20
Miscellaneous Canned and Potted Food	19	17
Packed Goods		486
Fresh Meat		225
Cheese		24
Fruit		44
Fish		140
Vegetables		216
Chickens		108
Totals	570 tins	15cwts. 1qr. 9 lbs.

(e) **Adulteration of Food.**

The Council is a Food and Drugs Authority and its Public Health 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.

Articles	No. taken
Milk	27
Pork Sausage	1
Fresh Cream	1
Margarine	1
Butter	1
Coffee	1
Cheese	1
Vinegar	1
Flour	1
Saccharine	1
Baking Powder	1
Dried Sage.....	1
Bicarbonate of Soda	1
Soda Water	1
Orange Drink	2
Total	42

One sample of milk was reported to be genuine but low in solids not fat. The sample of cream stated on the bottle cap "Minimum contents 18 fluid ounces" but the actual contents were only 5.1 fluid ounces. The vendors of both these samples were cautioned.

4. VERMIN CONTROL

No. of houses found to be infested:—

(a) Council Houses	Nil
(b) Other Houses (Cockroaches)	2
(Bugs)	3
(Fleas)	1
No. of visits to verminous premises	12
No. of verminous premises treated	6

STATISTICAL SUMMARY OF INSPECTIONS MADE, NOTICES SERVED, ETC.

Complaints received and investigated:—

Defects and Nuisances	216
Rats and Mice	81

(A) Analysis of Visits made by Inspectors.

(a) General Sanitation.

Water Supply	60
Drainage	89
Stables and Piggeries	3
Fried Fish Shops	12
Common Lodging House	2
Factories	45
Workplaces	18
Bakehouses	6
Refuse Collection and Disposal	106
Licensed Houses	9
Shops	61
Rats and Mice	46
Schools	13
Smoke Observations	8
Tents, Vans, Sheds	8
Miscellaneous	28
Total	513

(b) Housing

Under Public Health Acts

No. of houses inspected 191

Visits to above 571

Under Housing Acts

No. of houses inspected 49

Visits paid to above 145

Overcrowding

No. of houses inspected 7

Visits paid to above 12

Verminous Premises

No. of houses inspected 5

Visits paid to above 7

Miscellaneous Housing Visits 48

Total 1035

(c) Infectious Diseases

Inquiries in cases of I.D. 136

Visits re disinfections 1

Miscellaneous I.D. visits 16

Total 153

(d) **Meat and Food Inspection**

Inspection of meat: Shops and stalls	....	....	....	12
Other premises	....	....	....	2
Visits to butchers	....	....	....	26
Fishmongers etc.	....	....	....	28
Grocers	....	....	....	112
Greengrocers and fruiterers	....	....	....	65
Dairies and milk distributors	....	....	....	174
Ice-cream premises	....	....	....	31
Food preparing premises	....	....	....	12
Market Stalls	....	....	....	772
Street vendors and hawkers' carts	....	....	....	30
Restaurants	....	....	....	16
Canteens	....	....	....	3
Sugar Confectionery	....	....	....	23

Visits in connection with sampling

Milk—bacteriological	....	....	....	56
Food and Drugs Samples	....	....	....	21
Water Sampling	....	....	....	35
Miscellaneous Food Visits	....	....	....	1
Total	....	....	....	1419
Total inspections and visits	....	....	....	3120

(B) **Notices Served and Complied with**

No. of informal notices served	....	....	....	197
No. of informal notices complied with	....	....	....	106
No. of statutory notices served	....	....	....	41
No. of statutory notices complied with	....	....	....	30

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

Type of Defect	Recorded	Remedied
Chimney stacks, pots, flues	25	18
Brickwork and/or pointing	41	27
Damp courses	3	3
Doors and frames	9	8
Drain stoppages	35	30
Drains repaired or renewed	9	4
Dustbins	30	6
Firegrates	2	2
Floors	17	16
Gutters	51	32
Paving	2	3
Rainwater pipes	20	9
Roofs	56	32
Sinks	11	9

Plaster	44	34
Waste Pipes	12	8
Water Pipes	28	19
W.C. Structures	37	22
W.C. basins, cisterns etc.	28	17
Window frames, sashes, cords	33	19
Miscellaneous	24	13
Totals	517	331

6. Additional Duties

(a) Petroleum Acts and Orders

There were 26 licensed storage premises for petroleum spirit, 19 of them for private use and 7 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 is made. Pensioners bringing animals are exempted from payment.

61 dogs and 40 cats were destroyed in the electric chamber.

Income amounted to £4-3s.-0d.

(c) Shops Acts

The Council is a Shops Acts Authority and the Public Health Inspectors are appointed Inspectors under the Shops Acts.

As with all the work of the department the absence of a second inspector for practically the whole year affected the amount of work performed, and the evening and week-end visits were on a much reduced scale.

Many shop keepers take advantage of the exemption clauses of the Act to remain open after the general closing hours and on Sundays, hence there is always the suspicion that non-exempted goods might also be sold during prohibited hours.

No complaint was received of any particular shop keeper, and routine observations failed to reveal any evidence of an offence.

(d) Factories Act. Means of Escape in Case of Fire

It was possible to inspect only one factory for the purpose of section 37 of the act. The old certificate for this factory was cancelled and a new one issued.

(e) Pet Animals Act 1951

This Act provides for the licensing and inspection of all premises used for the sale of pets, and requires that accommodation used for the purpose shall be suitable as regards size, temperature, lighting, ventilation and cleanliness; that there is an adequate supply of suitable food and drink; and that the animals shall not be sold at too early an age.

Two licences were issued during the year.

It is to be regretted that so much important work had to be shelved through the shortage of trained staff, and my thanks are due to the Chairman and Members of the Health Committee, and to my fellow officers in all departments of the Council, for the assistance and encouragement they have given in what has been a most trying year.

I am particularly grateful to Dr. Crawford whose advice, based on a wide knowledge and experience of Public Health work, has been freely given and has helped to minimise many of the difficulties; and to Mrs. Lightfoot whose efficiency has permitted the devotion of much more time to inspection work than would have been possible with a less capable and experienced assistant.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

L. M. BOOTH,

Chief Public Health Inspector.



