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LANCASHIRE COUNTY COUNCIL

REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1950

(Presented to the County Council, May 1st, 1952)



LANCASHIRE COUNTY COUNCIL

F. Taylor & Co. (Blackpool) Ltd., Back Regent Road, Blackpool



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 3-8-50)
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(* County Aldermen)

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The Chairman of the School Health Sub-Committee :

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R. WEBSTER, Esq.

H. WELSBY, Esq.

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J. WILKINSON, Esq., J.P. (resigned 10-5-50)

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J. SEDDON, Esq.

E. MANN, Esq. (resigned 4-11-50)

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A. OWEN, Esq., M.B., Ch.B.

H. W. TOWNLEY, Esq., O.B.E.

Lancashire County Local Medical and Panel Committee :

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S. A. WINSTANLEY, Esq., M.B., Ch.B.

Manchester Regional Hospital Board :

FIVE MEMBERS — NOT APPOINTED.

Liverpool Regional Hospital Board :

D. PLINSTON, Esq., J.P.

J. TAYLOR, Esq., J.P.

Voluntary Organisations for the Care of Old People :

County Old People's Welfare Committee :

Alderman Mrs. G. KEMBALL, J.P.

Lancashire County Citizens' Advice Bureau and Family Casework Committee :

Mrs. F. D. WEEKS, M.B.E.

Lancashire Councils of Social Service Committee :

Miss D. C. KEELING, O.B.E., M.A., J.P. (resigned 19-7-50).

(* County Aldermen)

COUNTY HEALTH STAFF (As at 31st December, 1950)
(Jointly with School Health Service)

County Medical Officer of Health and School Medical Officer :

S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

Deputy County Medical Officer and Deputy School Medical Officer :

Vacant.

Chief Assistant County Medical Officers :

R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

T. S. HALL, M.B.E., T.D., B.Sc., M.D., B.Ch., B.A.O., D.Obst.R.C.O.G., D.P.H.

Divisional Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
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2	J. A. TOMB, M.B., Ch.B., D.P.H.	ROBERTA T. RANKIN, M.B., Ch.B., D.P.H. MARY TOWNEND, M.B., Ch.B., D.P.H. *W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H.
3	A. DODD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	N. BROUGHTON, M.B., Ch.B. G. D. PARK, M.C., M.B., Ch.B., D.P.H.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	MARGUERITE E. CLIFF, M.D., Ch.B., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. R. C. GUBBINS, M.B., Ch.B., D.P.H. IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H.
5	R. C. WEBSTER, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H. J. KATZ, M.D., D.P.H. JANE O. MILLAR, M.D., Ch.B., D.Obst.R.C.O.G., D.P.H. *C. ROYLE, M.B., Ch.B., D.C.H.
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* Part-time.

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
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16	E. H. WALKER, M.B., Ch.B., D.P.H.	MARJORIE T. DARE, M.B., Ch.B. J. N. DOBSON, M.B., Ch.B., D.P.H. BARBARA M. KNIGHT, M.B., Ch.B., D.P.H.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H. MARY EVANS, M.B., Ch.B., D.P.H. * MARY L. GILCHRIST, M.B., Ch.B.

* Part-time.

† Also engaged in Division 8.

Senior Dental Officer :

I. F. McASH, L.R.C.P., L.R.C.S., L.R.F.P.S., H.D.D., L.D.S.

Dental Officers :

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H. J. APPELYARD, L.R.C.P. & S., L.R.F.P.S., L.D.S.	W. A. LINNELL, L.D.S.
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* A. E. BUTLER, L.D.S.	B. H. REID, L.D.S.
MARGARET E. CALDWELL, L.D.S.	G. C. ROYLEY, L.D.S.
* R. V. CLARKE, L.R.C.P. & S., L.D.S.	* J. W. SIDEBOTTOM, L.D.S.
G. H. CRAINE, B.D.S.	H. O. SILCOCK, L.D.S.
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D. DAVIES, M.B., Ch.B., B.D.S.	L. E. STIRZAKER, L.D.S.
F. J. W. DEWHURST, L.D.S.	* A. D. TORREY, L.D.S.
A. P. FINLAY, L.D.S.	H. V. O. TRENBATH, L.D.S.
LOLA C. HALL, L.D.S.	A. C. WALKER, L.D.S.
* R. HAWKSWORTH, L.D.S.	* T. K. WHITAKER, L.D.S.
J. S. HIGHAM, B.D.S.	T. H. WIGNALL, L.D.S.
R. E. HODGSON, B.D.S.	FRANCES I. WILSON, L.D.S.
V. HOWORTH, L.D.S.	L. C. WINSTANLEY, L.D.S.
D. JACKSON, L.D.S.	* W. A. WOLFENDALE, L.D.S.
L. A. JONES, L.D.S.	BERTHA D. WORSWICK, B.D.S.
	* W. WRIGHT, L.D.S.

* Part-time.

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	H. V. WHITE, M.C., M.D., Ch.B., L.M.S.S.A.

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S. B. HERD, M.D., Ch.B., F.R.C.O.G.	J. H. YOUNG, M.D., Ch.B., D.T.M. & H., D.Obst.R.C.O.G.
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T. E. LENNON, M.D., Ch.B., M.R.C.O.G.	
P. MALPAS, M.B., Ch.M., F.R.C.S., L.R.C.P., F.R.C.O.G.	

Welfare Services Organiser :

J. H. TYRRELL

Ambulance Service Organiser :

T. PEARSON

County Sanitary Officers :

J. C. ALMOND J. ECKERSLEY T. PICKERING D. B. SOUTHWORTH

AND 4 ASSISTANT COUNTY SANITARY OFFICERS

Supervisor of Midwives :

MISS V. R. SHAND

AND 1 ASSISTANT SUPERVISOR

Superintendent School Nurse and Health Visitor :

MISS E. ROBINSON

AND 1 DEPUTY SUPERINTENDENT

Superintendent of Home Nurses :

MISS L. JONES

AND 3 ASSISTANT SUPERINTENDENTS

* 235 Health Visitors/School Nurses.
 37 Tuberculosis Health Visitors.
 201 Midwives.
 214 Home Nurses.
 80 Nurse/Midwives.
 3 Superintendents of Nurses' Homes.
 54 Matrons of Nurseries.

17 Divisional Ambulance Superintendents.
 26 Duly Authorised Officers.
 9 Female Mental Health Workers.
 16 Home Help and Welfare Organisers.
 40 Home Teachers of the Blind.
 6 Supervisors of Occupation Centres.

* Includes 20 engaged in school nursing only.

County Analyst :

G. H. WALKER, Ph.D., B.Sc., F.R.I.C.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1950.

To the Chairman and Members of the Lancashire County Council.

I have the honour of presenting for your consideration the sixty-second annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1950, together with the vital statistics relative to that period.

The 30,818 live births credited to the Administrative County in 1950 were 1,489 less than in the previous year and constituted the lowest number recorded since 1945. The corresponding crude birth-rate, which at 15.06 per thousand of the estimated population was 0.81 below that for 1949, was in fact the lowest rate recorded since 1941. The number of stillbirths continues to decline although the rate per thousand total births has remained static at 25 for the past four years; little more than a decade ago, of every thousand births 48 were registered as still-born. In all, 801 stillbirths were assigned to the Administrative County during 1950—a decrease of 35 as compared with the previous year.

At 12.84 per thousand estimated population, the crude death-rate produced by the 26,285 deaths assigned to the County area showed an increase of 0.12 per thousand on the figure for the previous year. The Registrar-General has now reverted to his pre-war practice of including in mortality statistics deaths of members of H.M. Forces. Nevertheless, the decline in the number of deaths of persons aged less than 45 years continued. Deaths of persons of 65 years and over, however, again showed an increase and constituted some 64 per cent. of the total mortality.

The maternal mortality rate at 0.98 per thousand total births showed a fractional increase of 0.01 over the rate for the previous year and was 0.12 greater than that for the country as a whole. It is satisfactory to note that for the third successive year there has been a significant decrease in the number of deaths of infants under one year of age. Such deaths in 1950 numbered 1,004—235 less than in 1949—and resulted in a record low infant death-rate of 33 per thousand live births.

For the twelfth successive year the Administrative County was entirely free from smallpox. Cases of diphtheria for the ninth year in succession showed a considerable reduction, only 43 cases being notified as against 84 in 1949. There were six deaths, one more than in the previous year. In a period of only 12 years, cases of and deaths from diphtheria have been reduced by over 99 and 97 per cent. respectively. Notifications of acute poliomyelitis fell from 235 in 1949 to 160 in 1950. Similarly the deaths, which numbered 34 in 1949, fell to 18. Although of late years this disease has been more prevalent with a consequent increased mortality, the proportion of deaths to cases has tended to be less than in previous years when the disease was not nearly so prevalent.

It is pleasing to report that the death-rate for respiratory tuberculosis showed a further decrease. The number of deaths during the year was 573, which is 105 fewer than in the previous year, giving a death-rate per thousand population of 0.28—the lowest ever recorded in the County statistics and 0.04 below the provisional rate for the country as a whole. Notifications of non-respiratory tuberculosis at 401 were 65 less than in 1949 and were fewer than ever before recorded. Deaths numbered 93—a decrease of 29 compared with the previous year—and were equivalent to a death-rate of 0.05 per thousand population, the lowest rate ever recorded for the County area.

In 1949 it was necessary to comment on the slight rise in the number of notifications of tuberculosis. The notifications in 1950, however, showed a substantial fall—1,898 cases being notified against 2,079 in 1949, a reduction of 8.7 per cent. This is most pleasing in itself but there is unfortunately one rather unsatisfactory feature which requires comment, namely, an increase in the number of cases of tuberculosis which escaped notification. In no less than 18 per cent. of the total deaths from tuberculosis during the year, the circumstances were that the disease had not been notified during the patient's life-time. In 1949 and 1948, corresponding figures were 13.25 and 12.75 per cent. respectively. It may be that in most instances adequate preventive measures were actually taken but, if the control of tuberculosis is to be accomplished, there must be a complete integration of the services provided by the several responsible administrative bodies, and the authority responsible for the provision of the important service of prevention, care and after-care must be assured of full information concerning patients suffering from infection.

Preventive measures include the tracing of the source of infection in every notified case, the following up and examination of contacts, the training of patients in a mode of life and habits which will render them "safe" to the community and the instruction of the family in practical steps to guard against infection. The County Council's arrangements with the Regional Hospital Boards for the part-time services of Chest Physicians were made for the very purpose of ensuring that this most essential preventive work shall receive due emphasis. These Physicians, and the Council's tuberculosis health visitors with whom they work in close association, have many duties to perform involving domiciliary supervision which

are at least as important as the clinical work with which they are concerned at the dispensaries and elsewhere, and the remarkable advances which have been made in the hospital treatment of established disease should not be allowed to lead to any lessening of effort in measures directed towards prevention.

The divisional health services have operated smoothly and well throughout the year and tribute is due to the members of the seventeen Divisional Health Committees, the Divisional Medical Officers and the Divisional staffs, who have all contributed much to the successful development of the various services. Difficulties of recruiting sufficient suitable medical, dental, health visiting and nursing staffs continue seriously to hamper development of the several branches of the health and welfare services. Nevertheless considerable development did, in fact, take place during the year and, in particular, progress was made as regards the acquisition and adaptation of premises for use as hostels for the aged and infirm, the opening of child welfare centres and the expansion of the home help services.

The report reveals that the domiciliary staffs of the County Council have been busily engaged throughout the year. The amount of assistance provided to households in the way of home help continues to increase, the most marked feature being the increase in help given to the aged and infirm. The service has contributed materially in improving the lot of the sick and incapacitated in their own homes and, whilst nothing should be done which would tend to weaken the sense of family responsibility or to discourage members of the family from tending their own sick and aged at home, it is important to bear in mind that lack of help in the home is a factor in the creation of a demand upon hospital beds. With the limited accommodation available in hospitals, there can be no doubt that the nursing and auxiliary personnel of the local health authority will be increasingly called upon to provide assistance in the home to aid the family doctor in his important work there.

Apart from action taken by local authorities with regard to the examination of milk samples for *B. coli*, *B. tuberculosis*, etc., the County Council's officers were active as regards tracing tubercle infection in milk supplied to school children and day nurseries. With regard to the former, 1.2 per cent. of 250 samples obtained were found to contain tubercle bacilli, whilst of milk supplied to day nurseries 3 or 2.1 per cent. of the 143 samples submitted to the appropriate test were found to be infected with tuberculosis.

The adulteration rate of samples of food and drugs examined showed a distinct improvement at 4.5 per cent. as compared with 5.3 per cent. in 1949. Although lower than for any year since the war the adulteration rate has not yet fallen to pre-war levels. The adulteration rate for milk (5.3 per cent.) also showed an improvement on the 1949 figure and was, in fact, the lowest rate recorded during the past ten years.

During the year considerable thought and attention were devoted to the question of the prevention of atmospheric pollution and, in particular, to the prevention of smoke nuisance arising from industrial development and action for the removal or prevention of spoil heaps. This subject is dealt with at some length on page 82 of the Report.

The pages following give some indication of the amount of work which has been undertaken by the personnel of the health services. I gratefully acknowledge the help received from the staff of the department and would here like to pay tribute to the able and conscientious way in which they have carried out their duties.

In conclusion, I would once again like to express my sincere thanks to the members of the Public Health and Housing Committee and the Health Committee for their encouragement and support, which have been most warmly appreciated by the department.

I am, Ladies and Gentlemen,

Your obedient Servant.

S. C. GAWNE.

County Medical Officer of Health.

Health Department,
East Cliff County Offices,
Preston.

January, 1952.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Physical features and general character of the County.—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County, the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts to some 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistone Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to over 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leck, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistone (the third largest lake in England) and Esthwaite. Two-thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas—the latter naturally being almost coterminous with the Lancashire coalfield. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred around textile works, mining and quarrying.

Area of Administrative County.—The area of the Administrative County as constituted on the 31st December, 1950, was 1,037,662 statute acres. No change of boundary affecting the County area took place during the year.

The acreage of each County district, compiled in accordance with the Registrar-General's Census of England and Wales, 1931—County of Lancaster (Part II), incorporating alterations of boundary effected by the first general review of districts under section 46 of the Local Government Act, 1929, and subsequent alterations, is given in Table 2, pages 114 to 121.

In the preparation of tables and statistics for this report, all adjustments necessary on account of the alteration of districts have been made, unless otherwise stated.

Population of Administrative County.—The issue of estimates of civilian population by the Registrar-General, commenced in 1939, has now been discontinued, none being made for 1950. The Registrar-General's estimate of the home population of the Administrative County as at the 30th June, 1950, was 2,047,010, an increase of 11,630 over the estimate of 2,035,380 for the previous year. The total home population of the urban districts was estimated to be 1,743,282 and that of the rural districts, 303,728.

Estimates of home population include members of the armed forces stationed in the area and merchant seamen whether at home or overseas, but exclude members of the armed forces stationed outside England and Wales and non-civilians of foreign countries, Dominions, etc., temporarily in this country.

The *natural* increase in the population of the Administrative County, i.e., the excess of births over deaths, was 4,533, compared with 6,605 in 1949.

The Census, 1931, population of the Administrative County in terms of its geographical constitution at the 31st December, 1950, i.e., adjusted in accordance with alterations of boundaries since the census, was 1,779,809 (urban districts 1,564,210, rural districts 215,599). The mid-1950 estimate of home population therefore represents an increase of 15.0 per cent.—267,201 of population—over the census figure, the percentage increases for the urban and the rural districts being 11.4 and 40.9 respectively.

The tabular statement below shows the population of the Administrative County and of the urban and rural districts at the date of the Census, 1931, together with the estimates for the succeeding years:—

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1931	1,795,073	—	1,531,112	—	263,961	—
1932	1,802,700	+ 7,627	1,536,200	+ 5,088	266,500	+ 2,539
1933	1,802,730	+ 30	1,570,232	+ 34,032	232,498	— 34,002
1934	1,807,090	+ 4,360	1,580,659	+ 10,427	226,431	— 6,067
1935	1,821,100	+ 14,010	1,591,510	+ 10,851	229,590	+ 3,159
1936	1,842,900	+ 21,800	1,606,500	+ 14,990	236,400	+ 6,810
1937	1,859,200	+ 16,300	1,616,700	+ 10,200	242,500	+ 6,100
1938	1,880,600	+ 21,400	1,631,900	+ 15,200	248,700	+ 6,200
1939	1,904,100	+ 23,500	1,643,500	+ 11,600	260,600	+ 11,900
1940	1,900,870	— 3,230	1,632,840	— 10,660	268,030	+ 7,430
1941	1,918,320	+ 17,450	1,641,020	+ 8,180	277,300	+ 9,270
1942	1,885,600	— 32,720	1,611,300	— 29,720	274,300	— 3,000
1943	1,848,650	— 36,950	1,580,760	— 30,540	267,890	— 6,410
1944	1,837,800	— 10,850	1,575,900	— 4,860	261,900	— 5,990
1945	1,832,420	— 5,380	1,575,200	— 610	257,130	— 4,770
1946	1,924,880	+ 92,460	1,655,920	+ 80,630	268,960	+ 11,830
1947	1,959,160	+ 34,280	1,684,130	+ 28,210	275,030	+ 6,070
1948	2,007,150	+ 47,990	1,719,667	+ 35,537	287,483	+ 12,453
1949	2,035,380	+ 28,230	1,734,877	+ 15,210	300,503	+ 13,020
1950	2,047,010	+ 11,630	1,743,282	+ 8,405	303,728	+ 3,225

Notes : During the years 1939-48 non-civilians are excluded.

Estimates for 1949 and 1950 are of home population. For explanation see page 11.

Table 2, pages 114 to 121, shows the estimated home population of each County district as at the 30th June, 1950, together with the Census, 1931, enumerations adjusted in accordance with the alterations of districts since the latter date.

The following table gives the area, population, persons per acre, and acres per person of the Administrative County as constituted on the 31st December, 1950, distributed among the non-county boroughs, urban and rural districts:—

	Area in acres, 31/12/1950	Population		Persons per acre	Acres per person
		Census, 1931 (adjusted)	Estimated home population, mid-1950		
		Calculated on estimated home population			
Municipal Boroughs (26)	123,684	840,676	889,210	7.19	0.14
Urban Districts (68)	248,956	723,534	854,072	3.43	0.29
Rural Districts (15)	665,022	215,599	303,728	0.46	2.19
Administrative County (109)	1,037,662	1,779,809	2,047,010	1.97	0.51

VITAL STATISTICS

Summary of Vital Statistics, 1889-1950.—The following table compares the County birth and death rates for the year 1950 with the previous year, and with the 61 years, 1889-1949, grouped in quinquennial periods:—

	Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Mean of 5 years—							
1889-1894 (6 years)	30.42	18.70	*1.36	—	—	—	155
1895-1899	28.34	17.64	1.19	—	—	—	167
1900-1904	26.51	15.89	0.94	*0.61	—	—	151
1905-1909	24.54	14.35	0.88	0.70	—	—	128
1910-1914	22.26	13.90	0.84	0.86	†5.01	—	120
1915-1919	17.45	14.98	0.97	1.05	5.10	—	101
1920-1924	19.13	12.61	0.72	1.15	4.85	—	85
1925-1929	14.94	12.65	0.62	1.33	5.56	—	77
1930-1934	13.50	12.43	0.53	1.47	5.30	5.03	66
1935-1939	13.82	12.81	0.44	1.59	4.62	4.40	58
1940-1944	16.22	13.16	0.42	1.73	2.93	2.82	54
1945-1949	17.75	12.63	0.37	1.85	1.45	1.41	45
Year—							
1949	15.99	12.72	0.34	1.81	0.99	0.97	38
1950	15.06	12.84	0.28	† 1.97	1.01	0.98	33
Increase or decrease in 1950 on—							
Mean of 5 years, 1945-49	—2.69	+0.21	—0.09	+0.12	—0.44	—0.43	—12
Previous year	—0.93	+0.12	—0.06	+0.16	+0.02	+0.01	—5

* Five years. † Four years. ‡ Includes, for first time, deaths from Hodgkin's disease, leukaemia and aleukaemia.

Note: The death-rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, i.e., they are neither "standardised" nor "corrected".

Births and Birth-rates.—**LIVE BIRTHS.**—The number of live births registered during the year ended 31st December, 1950, and belonging to the Administrative County—i.e., after accounting for inward and outward transfers—was 30,818, a decrease of 1,489 compared with the figure of 32,307 in 1949. In 1948, the live births numbered 34,561 or 3,743 more than in the year under report.

The sex distribution of the children born alive during 1950 is shown below. For comparative purposes, the figures for each of the previous post-war years are also given:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1946	15,899	14,966	30,865	2,374	2,225	4,599	18,273	17,191	35,464
1947	18,083	17,068	35,151	2,564	2,422	4,986	20,647	19,490	40,137
1948	15,446	14,617	30,063	2,302	2,196	4,498	17,748	16,813	34,561
1949	14,297	13,686	27,983	2,232	2,092	4,324	16,529	15,778	32,307
1950	13,685	12,852	26,537	2,184	2,097	4,281	15,869	14,949	30,818

The excess of births over deaths in the Administrative County in each of the 10 years, 1941-50, is shown below:—

Excess of births over deaths:

Year 1941	—	—	3,207	Year 1946	—	—	11,179
„ 1942	—	—	6,898	„ 1947	—	—	14,623
„ 1943	—	—	7,508	„ 1948	—	—	10,992
„ 1944	—	—	10,655	„ 1949	—	—	6,605
„ 1945	—	—	6,411	„ 1950	—	—	4,533

The number of births in each municipal borough, urban and rural district, together with the corresponding birth-rates, is given in Table 2, pages 114 to 121. On pages 162 to 183 the live birth-rate for each County district is compared with that for the previous year and with the average rate for the preceding five years, 1945-49.

The 30,818 live births credited to the Administrative County represent a birth-rate of 15.06 per 1,000 of the estimated home population, the lowest rate recorded since 1941. The rate for the total urban districts in 1950 was 15.22 of the estimated home population and that for the rural districts 14.09, the latter being the lowest recorded since 1937.

As a matter of interest the live birth-rates of the Administrative County, the total urban districts and the total rural districts for each of the last 62 years and for the quinquennial periods are given in Table 1 on page 113.

The movement of the County, urban and rural live-birth rates during the 10 years, 1941 to 1950, is shown in the table below. The rates for England and Wales are also given, but it will be appreciated that the figures for the local areas represent crude rates which are not strictly comparable with each other or with the rates for the whole country. Further, the basis of the population estimates upon which the rates are calculated was changed by the Registrar-General during the period, the estimates for the years 1941 to 1948 inclusive referring to civilians only and that for 1950 to the home population (for definition see page 11). In 1949, estimates of both civilian and home populations were issued. All rates in the following table are calculated per 1,000 of the estimated civilian population except where otherwise indicated.

	Live birth-rate per 1,000 of the estimated population									
	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Urban Districts	14.76	16.07	17.38	18.65	16.63	18.63	20.87	17.48	{ 16.18 *16.13	*15.22
Rural Districts	14.55	15.42	16.98	18.61	16.50	17.09	18.12	15.64	{ 14.85 *14.39	*14.09
Administrative County	14.73	15.97	17.32	18.64	16.62	18.42	20.48	17.21	{ 15.99 *15.87	*15.06
England and Wales	14.9	17.0	18.1	19.8	17.8	20.2	21.1	18.1	{ 17.0 *16.7	†15.8

* Per 1,000 estimated home population.

† Provisional figure.

As will be seen from the above table, it is usual for the crude rate for the Administrative County to be below the rate for England and Wales, that for 1950 being 0.7 less than the provisional rate of 15.8 for the whole country. However, the County adjusted rate, the institution of which is mentioned in the following paragraph, reduces the difference to 0.4 per thousand and it seems probable that a like allowance in previous years for age and sex weighting of the population would also have produced a more favourable comparison of the local with the national rates.

ADJUSTED BIRTH-RATES.—Local birth-rates are normally expressed in terms of proportions of populations. These populations which are estimated by the Registrar-General, comprise persons of all ages, including many who quite obviously have no influence on the reproductive process. These latter do, however, affect the birth-rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. It is therefore apparent that the elimination or standardisation of such a factor enables a truer comparison, between areas, of those influences having a direct bearing upon reproductivity.

A result on these lines was for the first time obtained in 1950 by the issue by the Registrar-General of a comparability factor for each area for use with birth-rates, though unfortunately there is as yet no indication from the Registrar-General as to the basis on which the factors are computed. The adjusted birth-rate resulting from the multiplication of the crude birth-rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales, inasmuch as such a comparison reflects differences only in the intensity of the influences operating on the reproductive process.

The factor for the Administrative County is 1.02, for the aggregate of urban districts 1.01 and for the rural districts 1.08. The effect of these factors on the 1950 crude live birth-rates is shown below:—

	Administrative County	Urban Districts	Rural Districts
Per 1,000 of estimated home population			
Crude rates	15.06	15.22	14.09
Adjusted rates	15.36	15.37	15.22

The comparability factor for each County district is given on pages 162 to 183.

ILLEGITIMATE LIVE BIRTHS.—The number of births of illegitimate children belonging to the Administrative County and registered during 1950, compared with that for each of the previous post-war years, is shown below:—

Year	No. of illegitimate live births	Decrease on previous year	Percentage decrease on previous year	Percentage of total live births
1946	1,872	310	14.2	5.27
1947	1,616	256	13.6	4.02
1948	1,473	143	8.8	4.26
1949	1,291	182	12.4	4.00
1950	1,154	137	10.6	3.74

The proportion of illegitimate to total live births was, at 3.74 per cent., the lowest recorded since 1940 and 1.04 below the average of 4.78 per cent. for the war years, 1940-45. The gradual decline in this proportion, which has been apparent since the end of the war, was therefore continued during the year under report, the figure for 1950 being only 0.53 above the average of 3.21 per cent. for the five pre-war years, 1934-38.

STILLBIRTHS.—The number of registered stillbirths assigned to the Administrative County during 1950 was 801, or 35 less than in the previous year. The resultant rate was, for the fourth successive year, 25 per 1,000 (live and still) births, the lowest figure ever recorded in the County. The provisional stillbirth rate for England and Wales was 22.6 per 1,000 total births, a reduction of 0.1 compared with the final rate of 22.7 for 1949. Expressed per 1,000 of the estimated home population, the Administrative County rate was 0.39 compared with a provisional rate of 0.37 for the whole country.

The following statement shows the number of stillbirths and the equivalent rate per 1,000 total births for each of the five post-war years:—

Year	Total No. of live and stillbirths registered	No. of stillbirths registered	Rate per 1,000 total births
1946	36,601	1,137	31
1947	41,203	1,066	25
1948	35,481	920	25
1949	33,143	836	25
1950	31,619	801	25

The local variation in the stillbirth rates in the area of the Administrative County is shown in Table 2, pages 114 to 121.

Deaths and Death-rates.—For the purpose of mortality statistics relative to the year 1950, the Registrar-General reverted to the pre-war practice of including therein deaths of members of H.M. Forces. The statistics published in this and earlier reports for the years 1940 to 1949 inclusive relate to civilians only, and this should be borne in mind in perusing the following tables.

The total number of registered deaths assignable to the Administrative County during 1950—i.e., after correction for inward and outward transfers—was 26,285, an increase of 583 over the figure of 25,702 for the previous year.

The sex distribution of the persons dying during 1950 is shown below, together with that for each of the previous four years:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1946	10,636	10,603	21,239	1,551	1,495	3,046	12,187	12,098	24,285
1947	11,491	10,835	22,326	1,653	1,535	3,188	13,144	12,370	25,514
1948	10,642	9,999	20,641	1,551	1,377	2,928	12,193	11,376	23,569
1949	11,360	11,202	22,562	1,601	1,539	3,140	12,961	12,741	25,702
1950	11,462	11,518	22,980	1,700	1,605	3,305	13,162	13,123	26,285

The following table shows, in age periods, the deaths in 1950 and in each of the previous ten years:—

Year	Deaths in age periods								Total
	0—	1—	5—	15—	25—	45—	65—	75—	
1940	1,636	533	431	2,976		7,722	13,969		27,267
1941	1,754	584	477	2,868		6,720	12,653		25,056
1942	1,593	386	350	2,427		6,365	12,108		23,229
1943	1,735	409	304	2,308		6,429	13,341		24,526
1944	1,594	337	338	2,118		6,223	13,003		23,613
1945	1,525	324	293	2,007		6,241	13,654		24,044
1946	1,664	250	210	2,047		6,206	13,908		24,285
1947	1,891	285	213	1,990		6,216	14,919		25,514
1948	1,387	257	189	1,761		6,018	13,957		23,569
1949	1,239	253	169	1,737		6,392	15,912		25,702
1950	1,004	218	158	271	1,357	6,465	7,637	9,175	26,285

It will be noted from the above that, despite the inclusion in 1950 of deaths of non-civilians, the decline in the number of deaths of persons aged less than 45 years was continued. The increase in the total

number of deaths as compared with the previous year was due, in the main, to the continued rise in the number of persons dying at ages of 65 years or more. Such deaths represented in 1950 some 64.0 per cent. of the total deaths. No less than 34.9 per cent. of the total deaths were of persons of 75 years of age and over.

Deaths of children under 15 years of age represented 5.3 per cent. of the total deaths and those of persons aged 15 to 44 years inclusive 6.2 per cent.

The increasing preponderance of deaths in the age-group 65 years and over is, of course, directly connected with the continued ageing of the population and, for this reason, a rise in the crude death-rate of the County is not unexpected.

A classified statement of the causes of death in 1950, by age-group and sex, for the County and the aggregates of the urban and rural districts is given in Table 4, page 127.

The following table shows the crude death-rates of the County for the ten years 1941 to 1950, together with those for the urban and rural areas and for England and Wales. All the rates except that for 1950 are calculated on civilian deaths and estimated civilian populations. The 1950 rates, as stated above, are calculated on estimated home populations and take account of deaths of members of H.M. Forces stationed in the area.

	Crude death-rate per 1,000 of the estimated population									
	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Urban Districts	13.40	12.59	13.51	13.02	13.39	12.82	13.25	12.00	13.05	13.18
Rural Districts	11.03	10.68	11.79	11.64	11.45	11.32	11.59	10.18	10.78	10.88
Administrative County	13.06	12.31	13.26	12.84	13.12	12.61	13.02	11.74	12.72	12.84
England and Wales	13.5	12.3	13.0	12.7	12.6	12.0	12.3	11.0	11.8	*11.6

* Provisional figure.

The annual death-rates and quinquennial averages since the year 1889 for the County and the aggregated urban and rural districts are given in Table 1 on page 113. The crude death-rate and certain specific mortality rates in 1950 for each County district are compared on pages 162 to 183 with those of the preceding year and with the averages of the preceding five years.

"Adjusted" death-rates.—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death-rates fail as true comparative mortality indexes in that their variations are not due to mortality alone but arise also from differences in population constitution, the two elements being combined in indistinguishable proportions. In order to compare the mortality factors operating in one area with those of other areas, it is first necessary to identify and remove the population variable in each case, and this is achieved by multiplying the crude death-rate of each locality concerned by the appropriate area comparability factor. The resultant adjusted death-rates may be regarded as comparable with each other or with the crude death-rate for England and Wales, inasmuch as they reflect differences only in the intensity of the mortality factors operating.

The factor for the Administrative County for 1950 is 1.02, for the aggregate of urban districts 1.01 and for the rural districts 1.03. The effect of these factors on the 1950 death-rates is shown below:—

	Administrative County	Urban Districts	Rural Districts
Per 1,000 of estimated home population			
Crude rates.....	12.84	13.18	10.88
Adjusted rates	13.10	13.31	11.21

The provisional 1950 death-rate for the whole of England and Wales, at 11.6, was 1.2 per 1,000 less than the crude rate for the County but 1.5 below the adjusted rate.

The comparability factor for each County district is shown on pages 162 to 183.

MANUAL OF THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, INJURIES AND CAUSES OF DEATH.—"Classification is fundamental to the quantitative study of any phenomenon. It is recognised as the basis of all scientific generalisation and is therefore an essential element in statistical methodology. Uniform definitions and uniform systems of classification are prerequisites in the advancement of scientific knowledge. In the study of illness and death, therefore, a standard classification of disease and injury for statistical purposes is essential".

This observation begins the introduction to Volume 1 of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (Sixth Revision of the International Lists of Diseases and Causes of Death) which was adopted by the World Health Organisation in 1948. The list was compiled so that, for the first time, it might embrace not only causes of death but also non-fatal illnesses and injuries. Such a list must necessarily differ in content from that of previous International Lists designed primarily for coding causes of death. Whilst, therefore, every effort was made to permit comparability of certain categories with important titles of the Fifth Revision, this could not be attained in all cases. In order, however, to preserve, as much as possible, continuity of mortality rates, it was recommended that deaths for the country as a whole in the year 1949 or 1950 should be coded according to the Detailed List of 1948 and also according to the Fifth Revision of the International List of 1938, and that dual tabulations of these data should be published in such a way as to indicate the changes resulting from the application of the new List.

So far as local authorities in England and Wales are concerned, however, no such dual codings are available for their areas. The use of the new classification was introduced in 1950 and the Short List of 36 groups of causes, in accordance with which the annual death statistics were issued to local authorities by the Registrar-General, differed considerably from the Short List based on the Fifth Revision which had been used for the death statistics of previous years. Dual coding of the deaths for 1950 would therefore have been of value in assessing the changes of classification involved. A request to the Registrar-General for guidance on this matter has failed to elicit any information other than that the World Health Organisation have under discussion at present a booklet dealing with the question of comparability, publication of which is expected in due course. Until such authoritative guidance is available the validity of comparison between the rates for 1950 and those of previous years for certain causes of death must be considered suspect. Mention of this difficulty is made later in this section of the Report under the appropriate cause headings.

For purposes of easy reference and record the two Short Lists used by the Registrar-General in the distribution of death statistics to local authorities are reproduced below:—

Short List of 36 Causes of Death based on
Fifth Revision of International List (*used from
1940 to 1949 incl.*)

1. Typhoid and paratyphoid fevers
2. Cerebro-spinal fever
3. Scarlet fever
4. Whooping cough
5. Diphtheria
6. Tuberculosis of respiratory system
7. Other forms of tuberculosis
8. Syphilitic diseases
9. Influenza.
10. Measles
11. Acute poliomyelitis and polio-encephalitis
12. Acute infectious encephalitis
13. Cancer of buccal cavity and oesophagus (m),
cancer of uterus (f)
14. Cancer of stomach and duodenum
15. Cancer of breast
16. Cancer of all other sites
17. Diabetes
18. Intra-cranial vascular lesions
19. Heart disease
20. Other diseases of the circulatory system
21. Bronchitis
22. Pneumonia
23. Other respiratory diseases
24. Ulcer of stomach or duodenum
25. Diarrhoea (under 2 years of age)
26. Appendicitis
27. Other digestive diseases
28. Nephritis
29. Puerperal and post-abortive sepsis
30. Other maternal causes
31. Premature birth
32. Congenital malformations, birth injury, infantile
disease
33. Suicide
34. Road traffic accidents
35. Other violent causes
36. All other causes

Short List of 36 Causes of Death based on
Sixth Revision of International Lists (*intro-
duced 1950*).

1. Tuberculosis, respiratory
2. Tuberculosis, other
3. Syphilitic disease
4. Diphtheria
5. Whooping cough
6. Meningococcal infections
7. Acute poliomyelitis
8. Measles
9. Other infective and parasitic diseases
10. Malignant neoplasm, stomach
11. Malignant neoplasm, lung, bronchus
12. Malignant neoplasm, breast
13. Malignant neoplasm, uterus
14. Other malignant and lymphatic neoplasms
15. Leukaemia, aleukaemia
16. Diabetes
17. Vascular lesions of nervous system
18. Coronary disease, angina
19. Hypertension with heart disease
20. Other heart disease
21. Other circulatory disease
22. Influenza
23. Pneumonia
24. Bronchitis
25. Other diseases of respiratory system
26. Ulcer of stomach and duodenum
27. Gastritis, enteritis and diarrhoea
28. Nephritis and nephrosis
29. Hyperplasia of prostate
30. Pregnancy, childbirth, abortion
31. Congenital malformations
32. Other defined and ill-defined diseases
33. Motor vehicle accidents
34. All other accidents
35. Suicide
36. Homicide and operations of war

Details of the deaths in the various sanitary areas, classified under the headings of the new Short List based on the Sixth Revision of the International Lists, are given in Table 3, pages 122 to 126, and total deaths by sex are shown for each district in Table 2, pages 114 to 121.

PRINCIPAL CAUSES OF DEATH.—The relative importance of the principal causes of death is shown in the following table:—

Cause of death	1950	
	No. of deaths	Percentage of total deaths
Heart disease (all forms)	9,145	34.8
Cancer (including Hodgkin's disease, leukaemia and aleukaemia)	4,034	15.3
Vascular lesions of nervous system	3,481	13.2
Bronchitis	1,689	6.4
Violence (including all accidents, suicide and homicide)	927	3.5
Other circulatory diseases	884	3.4
Pneumonia (excluding pneumonia of newborn)	718	2.7
Tuberculosis (all forms)	666	2.5
Nephritis and nephrosis	400	1.5

An examination of the age-grouping of the four major causes of death reveals that, of the 9,145 deaths ascribed to heart disease, 6,978 or 76.3 per cent. were of persons aged 65 years and over; of the 4,034 cancer deaths, 2,213 or 54.9 per cent.; of the 3,481 due to vascular lesions of the nervous system, 2,702 or 77.6 per cent.; whilst of the 1,689 deaths classified to bronchitis there were 1,202 or 71.2 per cent.

In the paragraphs following reference is made to the direct contribution to mortality of the chief causes of death. As mentioned in the note on page 13, the death-rates, unless otherwise stated, are "crude" rates, and in considering the statistics the ageing of the population should be borne in mind. The "crude" death-rates of diseases mainly affecting elderly people, such as heart disease, cancer, vascular lesions of the nervous system, etc., overstate the real mortality average.

HEART DISEASES.—In accordance with the new Short List introduced by the Registrar-General deaths from the various forms of heart disease, previously given as a single total under the general heading "heart disease", were sub-divided in 1950 into the three groups—"coronary disease, angina", "hypertension with heart disease" and "other heart disease". The deaths classified to these causes and assigned to the Administrative County in 1950, together with the equivalent mortality rates, are set out below:—

Classification	No. of deaths	Death-rate per 1,000 estimated home population
Coronary disease, angina	2,691	1.31
Hypertension with heart disease	720	0.35
Other heart disease	5,734	2.80
Heart disease—all forms	9,145	4.47

The 9,145 fatalities from heart disease represented an increase of 817 over the total for the previous year, the resultant rate of 4.47 being 0.35 per 1,000 of population above that for 1949. A comparison between the heart disease mortality for 1950 with that of earlier years cannot be made, however, without reserve, since a possible two extra factors operated on the crude mortality figures for the year under report. In the first place, whilst the rates for the years 1940 to 1949 inclusive relate to civilian deaths and are calculated on estimates of civilian population, that for 1950 relates to total deaths (i.e., civilian and non-civilian) and is calculated on the estimated home population. On the reasonably safe assumption that deaths from heart disease amongst members of H.M. Forces were relatively few, the use of the home population, which includes all members of H.M. Forces stationed in the area, will have a tendency to lower the mortality rate. Secondly, as stated earlier in this section of the Report, in view of the adoption for the 1950 classification of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (Sixth Revision) it is quite possible that minor variations exist in the content of the new heart disease groups as compared with those of the earlier list. The net effect of these factors may possibly be small, but they still remain to be considered as obstacles to a strict comparison of the true mortality factors operating.

With the above observations in mind the following tabular statement, showing the number of registered deaths from heart disease and the equivalent mortality rate for 1950 and each of the previous ten years, serves merely to indicate the crude mortality trend:—

Year	No. of deaths	Crude death-rate per 1,000 population
1940	6,571	3.45
1941	5,960	3.10
1942	5,884	3.12
1943	6,150	3.32
1944	6,311	3.43
1945	6,641	3.62
1946	6,873	3.57
1947	7,420	3.78
1948	7,148	3.56
1949	8,328	4.12
1950	9,145	4.47

The numbers of deaths classified to the three groups of heart diseases and assigned to each County district in 1950 are shown in Table 3, pages 122 to 126. Table 4, page 127, shows the totals by age-group and sex assigned to the aggregate urban districts, the aggregate rural districts and the Administrative County.

MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.—This title embraces items 10-15 inclusive of the new Short List of 36 Causes of Death as set out on page 17. It is not strictly comparable with the general title of "cancer", used in previous Reports, by virtue of the inclusion in it of deaths from Hodgkin's disease, leukaemia and aleukaemia which were excluded from the latter title.

There were 4,034 deaths classifiable to malignant neoplasms and assignable to the Administrative County area during 1950, this figure representing 15.3 per cent. of the total deaths from all causes. The resultant mortality rate per 1,000 of the estimated home population was 1.97, or 0.02 above the provisional rate of 1.95 for England and Wales. The rates for the total urban districts and total rural districts were 2.03 and 1.65 respectively.

The numbers of deaths assigned to each County district in 1950 and classified to the six groups of causes comprising the above heading, are shown in Table 3, pages 122 to 126. The totals classified to the same groups for the aggregate urban districts, aggregate rural districts and the Administrative County are analysed by sex and age group in Table 4, page 127.

VASCULAR LESIONS OF NERVOUS SYSTEM.—This title in the new Short List of 36 Causes of Death replaces the heading "intra-cranial vascular lesions" of the superseded Short List. As stated on page 17, no authoritative guidance has been received as to the comparability of the two groups of causes, but a consideration of the detailed lists of the Fifth and Sixth Revisions indicates that several other and ill-defined lesions affecting the central nervous system, excluded from the earlier title, have been included in "vascular lesions of the nervous system". The latter title would therefore appear to be wider in scope than that used during the previous decade.

This assumption is supported by the not inconsiderable increase of the mortality rate in 1950 above any recorded under the old classification during the previous period, the 3,481 deaths classified to vascular lesions of the nervous system producing a rate of 1.70 per 1,000 of the estimated home population. Direct comparison of this with rates relating to intra-cranial vascular lesions during the previous decade would therefore appear to be valueless in the absence of adjustment in the nature of a conversion ratio.

This condition, like heart disease and cancer, is one which principally affects older people. Of the 3,481 deaths classified to vascular lesions of the nervous system in 1950, 2,702 or 77.6 per cent. were of persons aged 65 years or more.

The total deaths from vascular lesions of the nervous system assignable to each County district during 1950 are shown in Table 3, pages 122 to 126, and the totals for the aggregate urban districts, the aggregate rural districts and the Administrative County are given by sex and age-group in Table 4, page 127.

BRONCHITIS.—There were 1,689 deaths assigned to this cause in the Administrative County during 1950, a decrease of 70 as compared with the figure for the previous year. These were equivalent to a mortality rate of 0.83 per 1,000 estimated home population, the rates for the total urban and total rural districts being 0.88 and 0.50 per 1,000 respectively. Of the 1,689 deaths, which represented 6.4 per cent. of the total deaths from all causes, 1,202 or 71.2 per cent. were of persons aged 65 years and over.

VIOLENCE.—Deaths from violence were represented by four items in the new Short List of 36 Causes of Death introduced in 1950 by the Registrar-General—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. Suicide is therefore the only classification in the group relating to deaths from violence which is common to both the new and the superseded Short Lists, as a reference to page 17 will show. However, in total, mortality from all forms of violence as classified according to the new list would appear to be on a basis comparable with the old.

The deaths thus classified and assigned to the Administrative County during 1950 were as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Motor vehicle accidents	160	48	208
All other accidents	275	197	472
Suicide	143	90	233
Homicide and operations of war	8	6	14
Total	586	341	927

The 927 deaths from all forms of violence represented an increase of 13 as compared with the previous year. It should be pointed out, however, that the figure for 1950 includes deaths of non-civilians, not previously included since 1939. The equivalent death-rate for the Administrative County was 0.45 per 1,000 of the estimated home population. Of the total deaths from all causes, the group of causes relating to violence accounted for 3.5 per cent.

PNEUMONIA.—The essential difference between the classification of pneumonia deaths under the new Short List and that used during the previous decade appears to be the exclusion from the former of deaths under 4 weeks of age. These are now included in "other defined and ill-defined diseases".

The fatalities classified to pneumonia and assigned to the Administrative County during 1950 numbered 718, producing a mortality rate of 0.35 per 1,000 home population. Of the total deaths from all causes, they accounted for 2.7 per cent.

TUBERCULOSIS.—Respiratory.—The deaths assigned to the Administrative County in 1950 as due to tuberculosis of the respiratory system numbered 573, or 105 less than in the previous year, and were equivalent to a death-rate of 0.28 per 1,000 of the estimated home population, the lowest ever recorded in the County. The previous lowest was the rate of 0.34 recorded in 1948 and 1949, calculated in each case on civilian deaths and population.

Whilst a perusal of the detailed lists of the Fifth and Sixth Revisions of the International List indicates minor differences between the corresponding Short Lists so far as their classification to respiratory tuberculosis is concerned, it seems highly improbable that the considerable reduction in the number of deaths is due in the main to such differences. Nor can the inclusion in 1950 of a relatively healthy section of the community—all members of H.M. Forces—have had an appreciable effect in lowering the mortality rate. Indeed, assuming their number to be roughly the same as in 1949, their exclusion from the calculation would not in this instance affect the rate at all. In the absence of guidance from the Registrar-General as to the effect of the adoption of the new classification, the degree of error in comparing the 1950 rate with those of earlier years is a matter of conjecture, but it would nevertheless seem apparent that 1950 brought an appreciable reduction in respiratory tuberculosis mortality in the Administrative County.

The rate for the total urban districts in the year under report was 0.29 per 1,000 of the estimated home population and that for the total rural districts 0.21.

A more detailed consideration of the notifications of, and deaths from, tuberculosis of the respiratory system is given on pages 104 to 109 in the section relating to "Prevalence of, and Control over, Infectious Diseases". The death-rate from respiratory tuberculosis for each urban and rural district in the County area for 1950 is given in Table 28, pages 157 to 159, and the deaths classified to this disease in each district are shown in Table 3, pages 122 to 126. Table 4, page 127, analyses by sex and age-group the deaths from this cause in the aggregate urban districts, the aggregate rural districts and the Administrative County.

Non-respiratory.—The 93 deaths from non-respiratory tuberculosis assigned to the Administrative County in 1950 and the resultant death-rate of 0.05 per 1,000 of the estimated population were each the lowest figure recorded in the County in respect of this cause. As in the case of respiratory tuberculosis mortality, however, direct comparison of the 1950 mortality with that of earlier years is probably subject to some slight degree of error.

Further reference to the mortality from, and incidence of, non-respiratory tuberculosis is made on pages 105 to 109.

TRANSFERABLE DEATHS.—During the year under report the following "transfers" were made:—7,591 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided, and these (known as inward transfers) were allocated to their proper districts; 6,626 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

Maternal Mortality.—Whilst, in the Registrar-General's Short List based on the Fifth Revision of the International List, deaths due to maternal causes were given in two sub-groups, puerperal and post-abortive sepsis and other maternal causes, these are now combined in the new Short List based on the Sixth Revision to provide a single total of deaths classified to "pregnancy, childbirth, abortion".

The number of deaths thus classified and assigned to the Administrative County in 1950 was 31, or one less than in the previous year. Although this constituted the lowest number of maternal deaths ever recorded in the County, the resultant mortality rate, at 0.98 per 1,000 total (live and still) births, was very slightly above the low record rate of 0.97 attained in 1949.

The remarkable decline of maternal mortality during the recent war and post-war years is clearly shown in the following table, which compares the rates for the Administrative County with those for the country as a whole:—

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1939	*28,406	107	3.76	3.13
1940	*28,784	98	3.40	2.68
1941	*29,861	97	3.24	2.80
1942	31,314	83	2.65	2.48
1943	33,272	88	2.64	2.29
1944	35,319	77	2.18	1.92
1945	31,426	73	2.32	1.79
1946	36,601	52	1.42	1.43
1947	41,203	56	1.35	1.17
1948	35,481	38	1.07	1.02
1949	33,143	32	0.97	0.98
1950	31,619	31	0.98	†0.86

* Specially compiled figures for the calculation of maternal mortality rates.

† Provisional figure.

It will be observed from the above table that, in the relatively short period under consideration, maternal mortality in both the Administrative County and the whole country has declined to little more than one-quarter of its level in 1939.

The maternal mortality rate for the urban districts of the County in 1950 was 0.88 per 1,000 total births—an increase of 0.04 per 1,000 over that for the previous year. The rate of 1.59 per 1,000 total births for the rural districts was 0.21 lower than that for 1949.

The maternal mortality rate for each County district for the year 1950 is given in Table 2, pages 114 to 121, and on pages 162 to 183, where it is compared with the rate for the previous year and the average rate for the preceding five years.

Investigation of Maternal Deaths.—The Minister of Health considers that it is still necessary to investigate each maternal death as a matter of routine and, in the County area, such investigations are carried out by the Divisional Medical Staffs. A confidential report prepared on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

Infant Mortality.—During 1950 there were 1,004 deaths of infants under 1 year of age assigned to the Administrative County—a decrease of 235 compared with the figure for the previous year. The resultant mortality rate of 33 per 1,000 live births was the lowest ever recorded, this being the third successive year in which a low level record in infant mortality was achieved. The previous lowest, in 1949, was 38 per 1,000 live births. Compared with the average rate for the five years, 1945-49, the rate for the year under report showed an improvement of 12 per 1,000.

Of the total deaths at all ages, infant deaths in 1950 formed 3.82 per cent.

Towards this continued reduction in infant mortality during the last decade the extension of ante-natal and other maternity services, together with a more intelligent interest taken by parents in the care and management of young children fostered by instruction given at child welfare centres and by home visits of health officers, has played no small part.

An analysis of the causes to which the 1,004 infant deaths were classified, according to the Registrar-General's Short List of 36 Causes, is given below:—

<i>Cause of death</i>	<i>No. of infant deaths</i>
Tuberculosis, respiratory	1
Tuberculosis, other	5
Whooping cough	13
Meningococcal infections	5
Acute poliomyelitis	2
Measles	3
Other infective and parasitic diseases	5
Influenza	3
Pneumonia (excluding pneumonia of the newborn)	117
Bronchitis	20
Other diseases of respiratory system	5
Gastritis, enteritis and diarrhoea	66
Congenital malformations	136
All other causes	623

It will be observed from the above that the use of the new Short List does not provide a very satisfactory classification of infant deaths. Of the 1,004 deaths, 573 or more than 57 per cent. were classified to "other defined and ill-defined diseases", the remaining 50 included in the category "all other causes" being due to syphilitic disease (2), other malignant and lymphatic neoplasms (3), leukaemia and aleuk-aemia (2), other circulatory diseases (1) and all accidents (42).

It is apparent that a satisfactory analysis requires a more detailed break-down of the group "other defined and ill-defined diseases" and, to a certain extent, departmental records of infant deaths are able to provide this. Three factors, however, militate against an exact coincidence of the departmental analysis with that of the Registrar-General—(i) the local analysis relates to deaths *occurring* during the calendar year, the latter to deaths *registered*; (ii) the former analysis is probably deficient of isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back by the County Authority to the certifying practitioner can rarely be made in cases of inadequate certification.

Nevertheless, the County analysis approximates so closely to that of the Registrar-General that conclusions drawn from the former should apply to the latter with a reasonable degree of accuracy. Of a total of 992 infant deaths classified in the County records 608 or 61.3 per cent. fell within the category headed "all other causes" in the above tabular statement, as compared with 623 out of a total of 1,004, or 62.1 per cent., in the analysis of the Registrar-General. Of the 608 deaths thus classified, 71 or 11.7 per cent. were due to birth injuries, 98 or 16.1 per cent. to post-natal asphyxia and atelectasis, 42 or 6.9 per cent. to infections of the newborn, 286 or 47.0 per cent. to other diseases peculiar to early infancy and 111 or 18.3 per cent. to the residue of causes which might more satisfactorily be grouped as "all other causes".

Reverting to consideration of mortality based on the official figures of the Registrar-General, the following table gives the County, urban and rural infant death-rates per 1,000 live births for 1950 and the preceding 10 years. The rates for England and Wales per 1,000 *related* live births are also given:—

	Rate of deaths of children under 1 year per 1,000 live births										
	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Urban Districts	60	62	54	55	47	51	46	47	40	39	33
Rural Districts	50	51	44	47	41	43	48	45	35	32	31
Administrative County	59	61	52	54	46	50	46	47	40	38	33
England and Wales	56	60	50	49	45	46	43	41	34	32	*30

* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available is shown in Table 1, page 113. The decline from a rate of 177 per 1,000 live births in that year to 33 per 1,000 in the year under report represents a reduction of 81 per cent.

MORTALITY OF ILLEGITIMATE INFANTS.—The table below shows the differential incidence of mortality during 1950 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County:—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1944	45	78	47	40	42	41	45	74	46
1945	49	70	51	41	71	43	48	71	50
1946	45	74	46	48	50	48	45	72	46
1947	46	68	47	43	101	45	46	71	47
1948	40	53	40	35	48	35	39	52	40
1949	38	63	39	31	65	32	37	63	38
1950	32	58	33	29	76	31	32	60	33

NEO-NATAL MORTALITY.—In 1950, for the first time, the Registrar-General supplied to local authorities particulars of neo-natal mortality (deaths of infants under 4 weeks of age) assignable to their areas. Classification according to cause or group of causes was not, however, provided.

The number of deaths of infants occurring under the age of four weeks and assigned to the Administrative County in 1950 was 613, amounting to 61 per cent. of all infant deaths. The resultant rate was 20 per 1,000 total births.

The neo-natal and total infant mortality rates for each County district for the year 1950 are given in Table 2, pages 114 to 121, and in pages 162 to 183 the latter rate is compared with that for the previous year and with the average rate for the preceding five years.

Despite the lack of information from the Registrar-General as to the principal causes of neo-natal mortality in 1950, a fairly accurate statement can be provided from County records, with regard to which the observations made earlier under the heading "Infant Mortality" should be noted. Neo-natal deaths belonging to the Administrative County and recorded as having occurred in 1950 numbered 603, or 61 per cent. of the total infant deaths recorded—the same proportion as that noted above in relation to the neo-natal mortality figures supplied by the Registrar-General. Of the 603 deaths under 4 weeks of age, 42 or 7.0 per cent. were classified to infections of the newborn, 70 or 11.6 per cent. to birth injuries, 90 or 14.9 per cent. to congenital malformations, 95 or 15.8 per cent. to post-natal asphyxia and atelectasis, and 275 or 45.6 per cent. to other diseases peculiar to early infancy.

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

Divisional Health Administration.—Under the terms of the National Health Service Act, 1946, the County Council, as a Local Health Authority, were charged with the duty of providing the undermentioned services:—

- (a) Health Centres;
- (b) Care of Mothers and Young Children;
- (c) Midwifery and Maternity Nursing;
- (d) Health Visiting;
- (e) Home Nursing;
- (f) Vaccination and Immunisation;
- (g) Ambulance Services;
- (h) Prevention of Illness, Care and After-Care;
- (i) Domestic Help;
- (j) Mental Health.

In addition, under the National Assistance Act, 1948, the County Council were assigned the duties of providing for:—

- (i) Residential Accommodation for the Aged and Infirm;
- (ii) Welfare of Handicapped Persons.

The responsibility for the administration of the various functions set out above was laid upon the Health Committee appointed in accordance with the provisions of the 1946 Act and consisting of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Executive Council, the Manchester Regional Hospital Board (representatives not yet appointed) and the Liverpool Regional Hospital Board.

The day-to-day administration of the bulk of the services is undertaken by 17 Divisional Health Committees, the constitution of each of which embraces members of the County Council, representatives appointed by (a) the Councils of County districts within the Division, (b) Management Committees of Hospitals serving the Division, (c) the Education Divisional Executives within the Division, and persons co-opted at the discretion of the Divisional Committee with the approval of the Health Committee.

The health divisions into which the Administrative County is sub-divided for the purposes of the Divisional Health Administration Scheme are shown on the map inserted opposite, and, in the following statement, the constituent sanitary authorities of such divisions are set forth, together with particulars of acreages and the Registrar-General's estimated mid-1950 populations.

HEALTH DIVISIONS



Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Non-County Boroughs indicated *

Scale : 8 miles to 1 inch.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1950	Estimated population as at 30th June, 1950
1	Dalton-in-Furness U.D.	8,022	10,560
	Grange U.D.	1,883	2,742
	Ulverston U.D.	3,196	9,925
	Ulverston R.D.	127,448	16,730
		140,549	39,957
2	Lancaster M.B.	4,873	51,750
	Morecambe and Heysham M.B.	3,794	37,110
	Carnforth U.D.	1,504	3,445
	Lancaster R.D.	53,212	12,080
	Lunesdale R.D.	76,267	7,505
		139,650	111,890
3	Fleetwood M.B.	2,565	27,390
	Lytham St. Annes M.B.	5,802	30,170
	Kirkham U.D.	939	6,513
	Poulton-le-Fylde U.D.	2,408	7,680
	Preesall U.D.	3,277	2,209
	Thornton Cleveleys U.D.	3,358	15,650
	Fylde R.D.	33,264	15,350
	Garstang R.D. (part)	14,535	3,531
		66,148	108,493
4	Chorley M.B.	4,283	32,430
	Adlington U.D.	1,062	4,020
	Fulwood U.D.	3,273	13,190
	Leyland U.D.	3,804	14,740
	Longridge U.D.	3,285	4,300
	Walton-le-Dale U.D.	4,733	14,900
	Withnell U.D.	4,186	2,870
	Chorley R.D.	41,114	27,510
	Clitheroe R.D. (part)	19,803	2,587
	Garstang R.D. (part)	42,956	9,059
	Preston R.D.	50,318	38,660
		178,817	164,266
5	Accrington M.B.	4,418	40,420
	Clitheroe M.B.	2,386	12,530
	Darwen M.B.	5,959	31,030
	Church U.D.	528	5,187
	Clayton-le-Moors U.D.	1,060	6,742
	Great Harwood U.D.	2,868	11,030
	Oswaldtwistle U.D.	4,885	12,450
	Rishton U.D.	2,879	5,926
	Blackburn R.D.	19,469	13,330
	Clitheroe R.D. (part)	12,367	6,113
		56,819	144,758
6	Colne M.B.	5,939	20,810
	Nelson M.B.	3,445	34,670
	Barrowford U.D.	1,387	4,590
	Brierfield U.D.	807	7,120
	Padiham U.D.	975	10,090
	Trawden U.D.	6,815	2,160
	Burnley R.D.	39,849	17,060
		59,217	96,500

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1950	Estimated population as at 30th June, 1950
7	Crosby M.B.	4,772	59,720
	Formby U.D.	5,613	10,386
	Litherland U.D.	818	22,870
	Ormskirk U.D.	15,608	20,110
	Skelmersdale U.D.	1,942	6,227
	West Lancashire R.D.	67,131	44,870
		95,884	164,183
8	Abram U.D.	1,984	6,205
	Ashton-in-Makerfield U.D.	6,267	18,940
	Aspull U.D.	1,906	6,570
	Billinge and Winstanley U.D.	4,596	6,055
	Hindley U.D.	2,612	19,500
	Ince-in-Makerfield U.D.	2,320	20,420
	Orrell U.D.	1,617	9,140
	Standish-with-Langtree U.D.	3,266	8,985
	Upholland U.D.	4,686	6,147
	Wigan R.D.	11,696	8,073
		40,950	110,035
9	Widnes M.B.	5,760	48,800
	Huyton-with-Roby U.D.	3,053	55,620
	Prescot U.D.	870	12,520
	Rainford U.D.	5,877	4,042
	Whiston R.D.	29,446	39,390
		45,006	160,372
10	Golborne U.D.	7,563	16,880
	Haydock U.D.	2,395	12,000
	Newton-le-Willows U.D.	3,105	21,920
	Warrington R.D.	22,457	32,900
		35,520	83,700
11	Farnworth M.B.	1,504	28,290
	Leigh M.B.	6,359	48,900
	Atherton U.D.	2,264	20,810
	Blackrod U.D.	2,392	3,144
	Horwich U.D.	3,257	15,510
	Kearsley U.D.	1,728	10,720
	Little Lever U.D.	808	4,791
	Turton U.D.	17,334	10,990
	Tyldesley U.D.	5,175	18,120
	Westhoughton U.D.	5,560	15,000
		46,381	176,275
12	Haslingden M.B.	8,203	14,670
	Prestwich M.B.	2,421	34,730
	Radcliffe M.B.	4,957	27,660
	Rawtenstall M.B.	9,528	25,350
	Ramsbottom U.D.	9,562	14,440
	Tottington U.D.	2,542	6,030
	Whitefield U.D.	3,388	13,030
		40,601	135,910

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1950	Estimated population as at 30th June, 1950
13	Bacup M.B.	6,121	18,560
	Heywood M.B.	8,508	25,360
	Littleborough U.D.	7,855	11,050
	Milnrow U.D.	5,194	8,596
	Wardle U.D.	3,192	4,439
	Whitworth U.D.	4,483	7,379
		35,353	75,384
14	Middleton M.B.	5,172	32,870
	Chadderton U.D.	3,013	31,140
	Crompton U.D.	2,865	12,560
	Failsworth U.D.	1,073	18,280
	Lees U.D.	288	4,247
	Royton U.D.	2,149	14,810
	Limehurst R.D. (part)	628	1,230
		15,188	115,137
15	Eccles M.B.	3,417	44,370
	Swinton and Pendlebury M.B.	3,363	41,340
	Irlam U.D.	4,717	15,140
	Worsley U.D.	7,242	27,220
		18,739	128,070
16	Stretford M.B.	3,530	62,450
	Urmston U.D.	4,799	39,000
		8,329	101,450
17	Ashton-under-Lyne M.B.	2,981	47,300
	Mossley M.B.	3,624	10,530
	Audenshaw U.D.	1,241	12,620
	Denton U.D.	2,593	25,710
	Droylsden U.D.	1,010	26,720
	Limehurst R.D. (part)	3,062	7,750
		14,511	130,630

NOTE.—In the case of parts of sanitary districts, the populations are computed from the Registrar-General's estimates on the basis of information supplied by local Medical Officers of Health.

The year 1950 has seen the further development of the several branches of the health and welfare services—although such has continued to be seriously hampered by the difficulties of recruiting sufficient suitable medical, dental, health visiting and nursing staffs. Considerable progress was made with regard to the acquisition and adaptation of premises for use as hostels for the aged and infirm, the opening of day nurseries and the expansion of the home help service—this latter service being one which is undoubtedly appreciated by those who have need to avail themselves of it. Far greater use, too, is now being made of the ambulance service than hitherto, and the facilities available are a great improvement on conditions obtaining before the reorganisation of the Health Services.

Generally speaking, the system of divisional administration of the health and welfare services has functioned smoothly and efficiently during the year. In the following pages, the various services largely administered as regards their day-to-day management by Divisional Committees are dealt with at length but it is not inappropriate here to refer to some of the comments of Divisional Medical Officers on the system of divisional administration and the services generally during 1950.

Health Division No. 2.—Administration of the various services has continued satisfactorily. Health visiting staff is still below establishment. There is an urgent need for a new child welfare centre in the Heysham district, but so far it has been impossible to obtain even temporary accommodation.

Health Division No. 3.—Taking into consideration changes in medical staff and difficulty in coping with the volume of work, there was a satisfactory development of the services generally. Particularly desirable are further developments of the mental health service, care of premature infants, prevention of tuberculosis and increased equipment for the sick and for care and after-care.

Health Division No. 4.—The various services functioned satisfactorily on the whole during the year.

Health Division No. 5.—Throughout a large part of the year the division has been short of medical and dental staff, but under existing conditions it is indeed remarkable that the shortage has not been greater. Expansion of services is impossible, maintenance of those existing difficult.

Health Division No. 6.—Generally, the services are working more smoothly than was anticipated. There is still room for closer liaison with the Regional Hospital Board, for so many problems arise through the lack of experienced officers in socialwork.

Health Division No. 7.—Divisional administration is running reasonably smoothly. The position of tuberculosis health visitors is equivocal; I am not satisfied that the T.B. clinics are making efforts to relieve health visitors of clerical and routine work which need not be done by a highly trained health visitor. The result is that the time available for health visiting is inadequate and not being utilised as I should like it. The whole position needs reviewing with the Regional Hospital Board.

Health Division No. 8.—Divisional administration is working smoothly.

Health Division No. 10.—In general I feel very satisfied with the position and with the functioning of the services provided under sections 22 to 29 inclusive of the National Health Service Act, 1946, but there are some exceptions. Co-operation with general practitioners in regard to midwifery has not in all districts been as close as could be desired and, in fact, active opposition to the health services of the local health authority has been met in places. Care of premature infants could be improved. More health visiting staff is required to at least the full establishment of 10 health visitors. The position with regard to immunisation and vaccination is still unsatisfactory; intensive health education and propaganda are necessary. Facilities for full County and Divisional operation of the ambulance service are required, thus enabling agency arrangements to be terminated. Only the fringe of the problem of care and after-care can be dealt with—additional welfare staff and equipment should be provided to form the link between the almoner of the hospital, the general practitioner and the after-care service in the home; preventive propaganda should be intensified.

Health Division No. 11.—The efficient application and development of the health services are still seriously hindered by the shortage of suitably qualified medical officers. As additional medical commitments continue to be added, serious curtailment in other directions—especially the school health service—has been inevitable.

Health Division No. 12.—An occupation centre, day nursery, and hostel for the aged and infirm were opened during the year and have been most successful. Other services continue to fulfil their respective functions.

Health Division No. 13.—There has been a steady growth in the amount of work done by the ambulance service and by the home help service. One new day nursery was opened during the year. Shortage of health visiting staff and of the necessary transport continues to be a serious problem.

Health Division No. 14.—The health services in the division appear to be generally satisfactory. The position with regard to the recruitment of health visitors is as difficult as ever. Day nursery attendances have been adversely affected by sickness of children; the staffing position has also restricted the number of children who could be admitted. More hostel accommodation is required for the aged and every effort is being made to find premises suitable for conversion.

Health Division No. 15.—The chief difficulties encountered are the shortage of staff in the health visiting service and of suitable staff for day nurseries; lack of suitable premises for child welfare work in certain areas; and lack of an occupation centre for mental defectives. Otherwise, the health services are being satisfactorily maintained.

Health Division No. 17.—In general I feel happy that the scheme as a whole is functioning satisfactorily in the division. Shortage of medical, health visiting and district nursing staff make further expansion of the service impossible and maintaining an efficient service, at times, very difficult.

Co-ordination of Health Services.—Following the passing of the National Health Service Act, 1946, the original arrangements of the County Council under section 111 of the Local Government Act, 1933, for securing that every Medical Officer of Health subsequently appointed for a district should be restricted by the terms of his appointment from engaging in private practice as a medical practitioner, were, in effect, superseded by the provisions of the scheme of Divisional Health Administration. This scheme provides that the Divisional Medical Officer appointed in each health division shall undertake the duties of Medical Officer of Health for the County districts within the Division, should the Councils of such districts so desire.

By this arrangement, the intention of section 111 of the Local Government Act, 1933, is fully met. Furthermore, as the Divisional Medical Officer is also the Divisional School Medical Officer, such an arrangement has the advantage of affording complete co-ordination of the medical services of the County Council and the public health work of the District Councils, and the risk of overlapping and loss of efficiency is reduced to a minimum.

Again, as in each division the Divisional Medical Officer has at his disposal the services of a number of Assistant Divisional Medical Officers, it follows that in the event of need (e.g., a serious outbreak of infectious disease) in any particular district the Divisional Medical Officer, as local Medical Officer of Health, can have readily available to him such additional medical assistance as may be necessary.

Following the introduction of the scheme of divisional health administration, many County District Councils took advantage of the provision thus made and by the 31st December, 1950, no less than seventy-one districts had as Medical Officer of Health the Divisional Medical Officer of the health division in which the district is situate. In addition, four districts had as Medical Officer of Health an Assistant Divisional Medical Officer who had been appointed to act in a temporary capacity under the arrangements made under section 111 of the Local Government Act, 1933, and who has been allowed to continue to act in that capacity until such time as the District Councils concerned themselves desire the appointment of the Divisional Medical Officer. In four other districts the Medical Officer of Health was an officer statutorily transferred to the County Council's medical staff on the operation of the National Health Service Act, 1946, but allowed to continue to carry out the duties of Medical Officer of Health.

Four districts had as Medical Officer of Health whole-time officers who, by arrangement with the District Councils concerned, undertake duties on behalf of the County Council under the direction of the Divisional Medical Officer, whilst in two districts a retired Divisional Medical Officer has been appointed as local Medical Officer of Health.

In the remaining twenty-four County Districts, the duties of Medical Officer of Health were, at the 31st December, 1950, still being undertaken by medical practitioners engaged in private practice.

HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, required local health authorities to provide, equip and maintain, to the satisfaction of the Minister, premises which should be called "health centres" at which facilities should be available for all or any of the following—

- (a) general medical services;
- (b) general dental services;
- (c) pharmaceutical services;
- (d) services which the local health authority are required or empowered to provide;
- (e) hospital out-patient services;
- (f) health education.

Further, local health authorities were required to staff any health centre established by them with the proviso that they should not employ medical or dental practitioners at health centres for the purpose of providing general medical services or general dental services under Part IV of the Act.

As in the case of other services devolving on local health authorities under the Act, the County Council were required to submit to the Minister by the 31st December, 1947, their proposals for carrying out their duties under section 21.

On the 17th December, 1947, however, the Minister cancelled the above-mentioned date for the submission of local health authorities' proposals under section 21, and on the 14th January, 1948, indicated that by reason of the sheer practical impossibility of a new building programme and the need for intensive research and thought about design before the new development is launched, he did not expect local health authorities normally to submit any proposals to him yet for the immediate provision of health centres, but that, at the appropriate time, he would specify another date for this purpose.

The Minister further intimated that, as soon as the Central Health Services Council was in being, he proposed to set up a special committee with the task of gathering all useful existing information and formulating expert guidance on the best kinds and purposes of health centres at which development should aim.

He pointed out, however, that the deferment of the date for submission of local health authorities' proposals was not meant entirely to rule out of consideration proposals which, despite the building stringency, the local health authority, after consultation with the Executive Council and other interests concerned, regard as particularly urgent, or conversions which they may find to be both practicable and attractive without need for delay.

No further directions have, as yet, been issued by the Minister but, pending such, steps have been taken in conjunction with local sanitary authorities in the Administrative County to ensure that suitable sites are earmarked for future health centre purposes, and the assistance of the Town Planning authorities has been sought in this connection.

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children include the provision of child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. Further details of these services are given in the following pages under their respective headings.

In addition, facilities are provided for the attendance of pre-school children at the various school clinics. The following are details of such attendances during the year:—

<i>Type of session</i>	<i>No. of attendances</i>
Minor ailments	6,216
Ophthalmic	2,940
Ear, nose and throat	239
Orthopaedic	7,647
Artificial light	10,069
Speech therapy	178
Orthoptic	1,078
Skin diseases	69
Asthma	10
Total	28,446

Convalescent home care is also provided for pre-school children, where necessary, and details of admissions to convalescent homes are given on page 57.

Where desirable, arrangements are made for the admission of mothers to suitable homes to be trained in mothercraft. The County Council assist in the payment of the fees where the persons involved are unable to meet the full cost.

Where there are medical reasons why a patient should receive instruction and advice in family planning, arrangements have been made with voluntary associations and other authorities for the attendance of such patients at family planning clinics, financial responsibility in connection therewith being accepted by the County Council.

Child Welfare Centres.—At the end of 1950 there were 186 child welfare centres provided by the County Council. Of these, the following were opened during the year:—

Health Division No. 7	—	Fire Station, Tarleton (25th October).
" " No. 12	—	Rainsough, Prestwich (20th April).
" " No. 14	—	Thorham, Royton (4th December).
" " No. 15	—	Chorley Road, Swinton (12th January).
" " No. 16	—	Humphrey Park, Flixton (19th July).
" " No. 17	—	Red Hall, Audenshaw (20th January).
		Hurst Nook, Ashton-under-Lyne (30th October).

The following statement gives details of attendances of children during the year, together with comparative figures for 1949, and Table 6 on page 134 gives similar information on a divisional basis:—

	1949	1950
Number of half-day sessions	10,235	10,514
Number of attendances at ages (in years)		
0—	366,683	347,214
1—	67,294	68,358
2—4 (inclusive)	41,404	48,619
TOTAL	475,381	464,191
Average attendance per session	46	44

The above figures show that there was a decline in the number of attendances by children aged less than one year, but this is understandable in view of the reduced number of live births occurring during the year. There was a considerable increase, however, in the attendances of children aged 2 years and over.

At individual centres the average attendance per session varied from 7 in the sparsely populated districts to almost 100 in the built-up areas. In general the sessional average fell as compared with 1949 but the decrease was slight, having in mind the increase in the number of sessions during the year.

In most divisions the centre facilities appear to have been fairly adequate but this was not the case in the rural areas. Any extension of the service in rural districts is, however, generally restricted at the moment by the numbers of medical and nursing staff available.

In addition to the facilities provided by the County Council, arrangements have been made for the attendance at centres in St. Helens of County children from the surrounding districts. A payment of 1s. per attendance is made by the County Council to the Corporation and the following table gives details of attendances of County children at the St. Helens centres during the year:—

Address of centre	No. of sessions during year	No. of individual children attending —at ages—			No. of attendances by children —at ages—			No. of individual expectant mothers attending	No. of attendances by expectant mothers
		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)		
Jubits Lane, Sutton Manor	52	42	8	6	132	14	10	10	12
Town Hall	52	12	1	4	33	1	4	—	—
Derwent Road, Haresfinch	51	50	6	13	110	8	17	—	—
TOTAL	155	104	15	23	275	23	31	10	12

Antenatal and Post-natal Care.—There is a comprehensive service for antenatal and post-natal care in the Administrative County area. So far as the local health authority arrangements are concerned, antenatal and post-natal examinations are carried out and advice is given at clinics administered by the County Council and, in addition, midwives provide antenatal and post-natal care for their own patients either in the home or at special midwives' sessions in clinic premises. Clinics are also administered by Regional Hospital Boards (e.g., at hospitals) and most of the examinations at these clinics are of patients who have booked for their confinements at the various hospitals.

At the end of 1950 there were 77 antenatal and 6 post-natal County Council clinics in operation. During the year one antenatal clinic (Lostock, Stretford) and three post-natal clinics (two at Ashton-under-Lyne and one at Audenshaw) were discontinued, and three new antenatal clinics (Shevington, Crompton and Lees) and four post-natal clinics (Hindley, Ince, Failsworth and Ashton-under-Lyne) were established. Particulars relating to three clinics conducted solely by midwives and health visitors in Health Division No. 6, included in the Report for 1949, have been excluded for 1950. Post-natal examinations are undertaken at some of the antenatal clinics and in addition antenatal and post-natal examinations are carried out at many child welfare centres.

The following statement gives details of attendances, etc., at County Council clinics during 1950:—

	Antenatal clinics	Post-natal clinics
Number of half-day sessions	3,663	51
Number of individual women attending	14,914	280
Number of attendances	60,898	329
Average attendances per session	16.6	6.5
Average attendances per individual	4.1	1.2
Number of post-natal attendances at antenatal clinics	2,104	—

Details of attendances, etc., at the respective post-natal clinics, i.e., where separate post-natal sessions are held, are as follows:—

Health Division No.	Address of post-natal clinic	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual
3	Fleetwood	12	49	56	4.7	1.1
8	Hindley	6	67	88	14.7	1.3
8	Ince-in-Makerfield	7	48	53	7.6	1.1
14	Failsworth	1	7	7	7	1
17	*Enville House, Ashton-under-Lyne	2	6	6	3	1
17	*Richmond House, Ashton-under-Lyne	2	12	12	6	1
17	Denton	12	45	59	4.9	1.3
17	Droylsden	8	43	45	5.6	1
17	*Audenshaw	1	3	3	3	1
TOTAL—1950		51	280	329	6.5	1.2
1949		24	153	161	6.7	1.1

* Discontinued during year.

Table 7 on page 135 gives details of the number of antenatal clinics in the respective Health Divisions and the numbers of attendances, etc., during the year.

It is significant that there was an increase in 1950 in the number of post-natal attendances at antenatal clinics and the number of attendances at post-natal clinics. An investigation was carried out into the number of women who were confined during the second half of the year and who had post-natal examinations (which included intra-vaginal examinations) and the following table sets out details of the results:—

	Confined in hospital	Confined in private nursing homes	Confined at home	
			Doctor engaged	No doctor engaged
Number of mothers seen by a health visitor since the sixth week after confinement	7,281	1,323	2,115	2,278
Number of mothers who had a post-natal examination, which included an intra-vaginal examination:—				
(a) At a hospital post-natal clinic	3,689	163	64	26
(b) At a County Council antenatal or post-natal clinic	681	54	92	348
(c) By a general practitioner obstetrician	1,259	798	1,450	473
Total number examined	5,629	1,015	1,606	847
Percentage of those visited who had a post-natal examination	77.3	76.7	75.9	37.2

Whilst there is room for improvement, the figures indicate that a high percentage of women presented themselves for and obtained an adequate post-natal examination. As might be expected, the lowest percentage was of home confinements where no doctor was engaged, these normally being straightforward confinements.

General propaganda and, in particular, the encouragement given to mothers when interviewed by health visitors would appear to have resulted in the increase in post-natal attendances at County Council clinics.

CHILDREN UNDER 5 YEARS OF AGE AND NOT ATTENDING SCHOOL.—It has been possible to augment the service for children of pre-school age to a certain degree, but expansion is still limited.

The main source of contact with parents is through child welfare centres and health visitors. Once a child has attended a clinic a reminder card is sent as the time approaches for re-inspection.

Wherever possible, dental inspection of children attending day nurseries is carried out at regular intervals.

The following table refers to the work carried out for children under 5 years of age and not attending school; for information the figures for 1949 are also given:—

	1949	1950
Number inspected	2,497	3,091
Number treated	2,021	2,506
Number of attendances	3,469	3,915
Number of extractions	3,238	3,506
Number of general anaesthetics	1,157	1,414
Number of other operations	1,531	1,229
Number of scalings	14	36
Number of fillings	621	1,055

Care of Premature Infants.—A premature infant is defined as one whose birth weight is $5\frac{1}{2}$ lb. or less, the term of pregnancy being ignored. Special care is taken to ensure that the health visitor pays her first visit as early as possible, bearing in mind the probable need for the services of a home help, special advice and, when the baby is being nursed at home, the provision of suitable equipment, i.e., a separate cot, hot-water bottles, etc. A number of these articles is held in each division for loan where they are needed.

The following table shows the number of premature births notified during the year:—

	Premature babies whose mothers were normally resident in the County area (i.e., after inward and outward transfers of births)				Premature babies born in the County area (including those whose mothers were normally resident in the areas of other authorities)			
	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to $5\frac{1}{2}$ lb.	Total	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to $5\frac{1}{2}$ lb.	Total
Number born—								
(i) at home	47	73	457	577	48	69	461	578
(ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby homes	2	7	55	64	—	8	53	61
(iii) in hospitals, including maternity homes in the National Health Service	126	179	1,160	1,465	137	170	1,058	1,365
TOTAL—1950	175	259	1,672	2,106	185	247	1,572	2,004
1949	183	273	1,675	2,131	181	242	1,559	1,982

Particulars of notified live births occurring in and belonging to (i.e., after inward and outward transfers) the Administrative County area are given on pages 38 and 39. A comparison of these with the totals given above shows that the 2,004 premature births occurring in the area amounted to 7.1 per cent. of the total live births occurring, and the 2,106 premature births finally belonging to the area represented 6.8 per cent. of the 30,873 notified live births assignable to the area.

Reference to Table 8, page 136, shows that, of the premature births finally assignable to the Administrative County area, removals to hospital amongst the 577 infants born at home (as in (i) in the table above) numbered 97 or 16.8 per cent. There were no infants transferred to hospital from private nursing homes.

Relating the removals to hospital to the birth weight groups in the above table it will be observed that they amounted to 51.1 per cent. of the infants born at weights below 3 lb., 39.7 per cent. of those weighing 3 lb. and under 4 lb. at birth and 9.6 per cent. of the remainder with birth weights from 4 to 5½ lb. inclusive. Of the 97 children transferred to hospital, 24.7 per cent. weighed under 3 lb. at birth, 29.9 per cent. weighed 3 lb. and under 4 lb. and 45.4 per cent. weighed from 4 lb. to 5½ lb. inclusive. The proportion of removals to hospital remains very similar to that of 1949.

The following table shows, in respect of premature babies whose mothers were normally resident in the County area, the proportions surviving 24 hours, 28 days and three months respectively:—

	Proportion (per cent.) of infants surviving—																	
	24 hours						28 days						3 months					
	Under 3 lb.		3 lb. & under 4 lb.		4 lb. to 5½ lb.		Under 3 lb.		3 lb. & under 4 lb.		4 lb. to 5½ lb.		Under 3 lb.		3 lb. & under 4 lb.		4 lb. to 5½ lb.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Of those born—																		
* (i) at home	26	55.3	59	80.8	447	97.8	10	21.3	45	61.6	421	92.1	9	19.1	45	61.6	413	90.4
* (ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby homes	nil	nil	6	85.7	54	98.2	nil	nil	3	42.9	53	96.4	nil	nil	3	42.9	53	96.4
(iii) in hospitals including maternity homes in the National Health Service	56	44.4	154	86.0	1125	97.0	19	15.1	124	69.3	1080	93.1	18	14.3	121	67.6	1069	92.2
All births—1950	82	46.9	219	84.6	1626	97.2	29	16.6	172	66.4	1554	92.9	27	15.4	169	65.3	1535	91.8
1949	87	47.5	209	76.6	1614	96.4	42	23.0	148	54.2	1535	91.6	39	21.3	140	51.3	1510	90.1

* These include any born at home or in a private nursing home who were transferred to hospital.

As might be expected, the lowest survival rate was of children weighing under 3 lb. at birth, in which weight group the rate was lower amongst hospital births than amongst domiciliary. This is understandable in view of the fact that arrangements are made for the more difficult confinements to be admitted to hospitals. It will also be observed that, compared with 1949, the proportion surviving 3 months at birth weights under 3 lb. is less, i.e., 15.4 per cent. as against 21.3 per cent., whilst those 3 lb. and over show an increase.

Analyses of deaths, survivals, etc., of premature infants belonging to the respective Health Divisions are given in Tables 8 to 10 on pages 136 to 138.

Ophthalmia Neonatorum, Pemphigus Neonatorum and Puerperal Pyrexia.—The following table sets out the numbers of cases of ophthalmia neonatorum, pemphigus neonatorum and puerperal pyrexia notified during the year and particulars of action taken. The numbers of notifications are uncorrected for subsequent changes of diagnosis:—

	Ophthalmia neonatorum		Pemphigus neonatorum		Puerperal pyrexia	
	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements
No. of cases notified	17	7	—	1	25	67
No. of cases visited by officers of County Council	15	5	—	—	11	31
No. of cases for whom home nursing was provided	1	—	—	—	4	—
No. of cases removed to hospital	6	2	—	—	9	6

Table 11 on page 139 gives this information for each of the Health Divisions.

In 22 of the cases of ophthalmia neonatorum notified, vision was unimpaired. Of the remaining two cases, one died, the other still being under treatment at the end of the year. At the time of writing this child is still having treatment but the vision appears to be unimpaired. Should this be confirmed there will be a record of no cases of blindness due to ophthalmia neonatorum in the County Council midwifery area since 1936.

Care of Unmarried Mothers and their Children.—The Health Committee make provision for the care of illegitimate children whilst they remain with the mother, but in other cases, i.e., where the child is deprived of a normal home life, the Children's Committee undertake the work.

A close watch is maintained on these children by the health visitors who work in co-operation with the officers of the Children's Department and the moral welfare workers employed by voluntary organisations. If an unmarried mother retains her child every opportunity is given for the child to be admitted to a day nursery, if there is one situated in the locality, to enable the mother to work and so support herself and her child.

Most of the various religious denominations have Moral Welfare Societies who, through outdoor workers, help unmarried mothers in many ways. The majority of this help is not of a financial nature, but consists of advice as to claiming National Insurance and National Assistance Benefits, tracing of the putative father, finding employment, seeking foster-parents, etc., in addition to finding accommodation during the later months of pregnancy and for a period after the confinement. As the County Council are responsible for the well-being of the unmarried mother and her child, consideration is being given to the possibility of granting financial assistance to these voluntary bodies for their work in this direction.

In most instances it is necessary and desirable for unmarried expectant mothers to be admitted to mother and baby homes for periods prior to, and after, the confinement. The County Council do not administer such homes, but either make annual grants or pay on a case basis for all women from the County area who are admitted. The homes are administered by the various religious bodies, who carry out the outdoor work to which reference is made above.

Grants on an annual basis were made to three homes, i.e., Ennismore Home, Eccles; Simpson Hill Maternity Home, Heywood; and St. Monica's, Kendal. During 1950, 29 cases were admitted to these homes, and 83 expectant mothers and 11 post-natal cases were admitted to various other homes.

As most moral welfare homes will not admit patients suffering from venereal diseases, arrangements have been made for the admission of such cases to Laurel House, Liverpool, where the Regional Hospital Boards meet that proportion of the cost relating to treatment of the disease. Three cases were admitted to this home during the year, the figures being included in those given in the previous paragraph.

Particulars of unmarried expectant mothers and post-natal cases admitted from each Health Division to the various homes during 1950 are given in Table 12 on page 140.

Day Nurseries.—Every effort has been made to prevent the County Council day nurseries from becoming places where children are merely "minded" whilst mothers go out to work. The physical, emotional and mental development of the children is fully catered for.

The aim in every nursery is to provide, as far as possible, a home-like atmosphere, and the non-domestic staff are especially trained to deal with young children and their problems. Carefully planned diets, adequate fresh air, organised games, etc., and educational toys and play equipment contribute to this aim.

Medical inspection of the children is carried out by Assistant Divisional Medical Officers and, wherever possible, arrangements are made for dental inspections by the County dental officers, though this work is seriously handicapped by the general shortage of dental officers. The Superintendent Health Visitor and her deputy regularly visit the nurseries to advise matrons in management, care of children, new types of play equipment, etc.

The demand for trained staff exceeds the supply in most areas. The majority of the County Council nurseries are approved for training, but, as "factory" nurseries are not approved in this way, there is a constant drain of staff to this type of nursery, very often on account of the higher salaries offered.

There are two nursery training schools administered by the Lancashire Education Committee situated at Newton-le-Willows and Penwortham. The staff of these schools is provided by the Education Committee but there is a health visitor seconded to each school as health tutor. Most of the students at the County Council nurseries attend these schools, though a certain number attend other authorities' courses. A certain amount of interchange of students takes place between nurseries and nursery schools, as the latter have no facilities for training in the care of children under 2 years of age.

At the beginning of the year there were 53 day nurseries. On the 10th March, the nursery at Clarence Street, Morecambe, was closed owing to lack of demand. During the year, the following new nurseries were opened on the dates indicated:—

Health Division No.	Nursery	Date opened
4	Leyland No. 2 (Yewlands Drive)	9th January.
5	Rishton (The Turrets)	24th April.
12	Radcliffe (Victoria Street)	30th October.
13	Heywood No. 2 (Queen Street)	6th November.
14	Royton No. 2 (Radcliffe Street)	30th January.
17	Ashton-under-Lyne (New West End)	23rd September.
	Audenshaw (Shepley Wood)	21st October.
	Denton (Russell Scott)	30th September.

With the exception of Rishton (39 places) each of these nurseries provides accommodation for 50 children. All the nurseries have been newly erected on model lines except that at Rishton, which is a converted residence.

The new nurseries at Ashton-under-Lyne and Denton replaced existing premises. The premises at Denton were considered unsuitable and those at Ashton-under-Lyne were required by the Education Committee.

In addition, an extension to the Atherton Nursery (Health Division No. 11) was completed which increased the number of child places from 40 to 60.

Most of the nurseries were erected or adapted during the war years and many improvements have been effected in regard to appearance and amenities. Requisitioned properties remain a problem, owing to the uncertainty as to how long requisitioning powers will be continued.

The following information is given regarding attendances, etc., at the nurseries during the year, with comparative figures for 1949. Tables 13 and 14 on pages 141 and 142 give similar details by Health Divisions:—

	1949	1950
Number of nurseries open at end of year	53	58
Accommodation for children at end of year	2,482	2,707
Number of children on registers at end of year	2,476	2,734
Number of children on waiting lists at end of year	3,268	2,410
Total number of attendances (Monday to Friday)	444,078	510,567
Mothers released for full-time employment at end of year	2,188	2,432
Mothers released for part-time employment at end of year	70	56
† Full-time equivalent of staff employed at end of year	627	693
Ratio of one member of staff to mothers released for full-time employment at end of year	3.49	3.51

† Including domestics and counting three students as one member.

A reference to Table 13 shows that the percentages of attendances to places available varied amongst Divisions, in the main, from 71 to 92, the average for the County being 79. These are reasonable, but efforts are being made to improve attendances. In two Divisions, each having only one nursery, the figures were considerably lower than those mentioned above. One nursery was not used to full capacity but the number of staff has been reduced commensurately; the other was only opened in the autumn and it is not possible to use a nursery to full capacity for some time after the opening date.

There has been a considerable decrease in the number of children on the waiting lists. This decrease was far greater than the increase in accommodation and is accounted for by a revision of waiting lists towards the latter part of the year. Bearing in mind the additional nurseries which were opened, the number of mothers released for full-time employment remained at a proportionate level and, for the County as a whole, the ratio of staff to mothers released for full-time employment shows little variation as compared with 1949.

At the 31st December, 1950, six new nurseries and an extension to the Prescott Nursery were under erection. This extension and the six nurseries will provide 303 additional child places. In addition, four other nurseries had been approved and were at the "drawings" stage. Each, when completed, will accommodate fifty children.

Night accommodation continued to be provided at the Stocks House Nursery, Urmston (Health Division No. 16), but no night cases were admitted on a twenty-four hour basis after October, 1950. The accommodation for night cases is still available but there appears to be little or no demand for it.

The following statement sets out the attendances, etc., on a twenty-four hour basis at the Stocks House Nursery during the year:—

No. of approved places	Mondays to Fridays		
	No. of nights open	Total nightly attendances	Average nightly attendances
16	198	450	2.3

Nurseries and Child Minders Regulation Act, 1948.—Applications for registration under the above Act are considered by the appropriate Divisional Health Committee. All premises used as nurseries or by child minders must comply with standards adopted by the County Health Committee. These standards are intended to prevent overcrowding, ensure adequate toilet facilities and in general provide for the health and safety of the children. Periodical inspections are carried out by the County Council's medical officers to ensure that the conditions of registration are observed. Infringement of registration conditions was found in only one case during the year. As this was a case of overcrowding and the millowners found other premises to accommodate the surplus children, it was decided not to prosecute.

At the end of the year there were 49 nurseries registered to accommodate 1,937 children, and two child minders authorised to take in 13 children. The majority of the nurseries are situated in the cotton areas in the south-east portion of the Administrative County area and the following table shows the Health Divisions in which the nurseries and child-minders are located:—

Health Division No.	No. registered at end of year		No. of children provided for	
	Nurseries	Child Minders	Nurseries	Child Minders
4	1	—	47	—
6	1	—	50	—
9	—	1	—	8
11	3	—	111	—
12	3	—	171	—
13	5	—	153	—
14	31	1	1,201	5
15	2	—	99	—
17	3	—	105	—
TOTAL— 1950	49	2	1,937	13
1949	41	1	1,425	8

Notified Births.—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the Medical Officer of Health of the Welfare Authority for the area in which the birth takes place. The County Council, since the coming into operation of the National Health Service Act, 1946, has been the Welfare Authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the Divisional Medical Officer of the Health Division in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors in the division is greatly facilitated.

The numbers of notified births occurring in each Health Division during the year 1950 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Division No.	In hospitals, maternity homes, etc.										In the home										Total									
	Live births								Still-births	Live births								Still-births	Live births								Still-births			
	Premature		Mature		Total					Premature		Mature		Total					Premature		Mature		Total							
	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.						
1	2	9	119	99	121	108	—	1	7	4	119	117	126	121	2	3	9	13	238	216	247	229	2	4						
2	43	62	536	542	579	604	17	14	13	11	219	217	232	228	3	6	56	73	755	759	811	832	20	20						
3	26	29	391	403	417	432	14	13	14	11	187	174	201	185	4	5	40	40	578	577	618	617	18	18						
4	85	78	905	842	900	920	24	34	25	16	335	323	360	330	9	7	110	94	1,240	1,165	1,350	1,259	33	41						
5	18	12	302	286	316	298	4	4	25	19	356	336	381	355	9	5	39	31	638	622	697	653	13	9						
6	18	9	302	294	320	303	3	5	17	14	287	245	304	259	3	5	35	23	589	539	624	562	6	10						
7	36	38	585	523	621	561	11	14	12	24	313	317	325	341	5	6	48	62	898	840	946	902	16	20						
8	56	81	555	464	611	545	17	27	34	41	447	413	481	454	10	11	90	122	1,002	877	1,002	999	27	38						
9	79	65	670	587	749	652	31	17	36	27	675	668	711	695	16	21	115	92	1,345	1,255	1,460	1,347	47	38						
10	3	4	74	69	77	73	1	2	17	14	208	255	315	269	9	3	20	18	372	324	392	342	10	5						
11	108	120	1,136	1,011	1,244	1,131	47	37	18	39	407	431	515	461	11	10	126	150	1,633	1,442	1,759	1,592	58	47						
12	19	23	405	332	424	355	10	8	13	9	280	243	293	252	3	2	32	32	685	575	717	607	13	10						
13	46	49	498	413	544	462	20	17	13	9	270	275	283	284	3	6	59	58	768	688	827	746	23	23						
14	—	—	—	—	—	—	—	—	13	13	305	293	318	306	5	2	13	13	305	293	318	306	5	2						
15	10	12	203	204	213	216	2	—	13	14	208	326	311	340	8	6	23	26	501	530	524	556	10	6						
16	75	92	953	882	1,028	974	25	23	9	10	166	171	175	181	0	1	84	102	1,119	1,053	1,203	1,155	31	24						
17	53	70	607	554	660	624	19	17	11	22	383	391	394	413	11	5	64	92	990	945	1,034	1,037	30	22						
Administrative County	673	753	8,241	7,505	8,914	8,258	245	233	290	288	5,435	5,195	5,725	5,483	117	104	963	1,041	13,676	12,700	14,639	13,741	362	337						

Note: A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

An examination of the above shows that, of the total births notified during the year, 17,650 or 60·7 per cent. occurred in hospitals or maternity homes in the Administrative County area, the remaining 11,429 or 39·3 per cent. taking place in the home of the mother or her relatives. The corresponding proportions of domiciliary births in 1949 and in the latter half of 1948 were 42·2 per cent. and 46·7 per cent. respectively. A decline in the proportion of mothers remaining at home for their confinement is therefore apparent since the coming into of operation of the National Health Service Act, 1946.

Of the total live births notified, 2,004 or 7.1 per cent. were classified as premature, the corresponding proportions amongst institutional and domiciliary live births being 8.3 per cent. and 5.2 per cent. respectively. The fact that prematurity is seen to be considerably greater amongst hospital and nursing home births than in domiciliary births is understandable when it is borne in mind that complicated pregnancies and other conditions often requiring early induction of labour are usually referred to hospitals, the figures for which are, therefore, unduly weighted.

Prematurity continued to be greater amongst the female than amongst the male births, the respective percentages of premature births to total live births of the appropriate sex being 5.3 and 5.1 in respect of domiciliary births and 9.1 and 7.5 in respect of those occurring in hospitals, maternity homes, etc.

Stillbirths represented 2.4 per cent. of the total notified births occurring during 1950, as compared with 2.5 per cent. in the previous year.

In contrast to the above table, the statement inserted below provides, for the year 1950, details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after re-assignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter figures relate to *notified* births and therefore, although corrected for transfers, differ in some small degree from the numbers of *registered* births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								Total							
	Live births								Live births								Live births							
	Premature				Mature				Premature				Mature				Premature				Mature			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total No. occurring in Administrative County	673	753	8,241	7,505	8,914	8,258	245	233	290	288	5,435	5,195	5,725	5,483	117	104	963	1,041	13,676	12,700	14,639	13,741	362	337
transferred out of the Administrative County to areas of other L.H. authorities	248	244	2,471	2,188	2,719	2,432	82	82	1	1	36	42	37	43	1	—	249	245	2,507	2,230	2,756	2,475	83	82
occurring in and belonging to Administrative County	425	509	5,770	5,317	6,195	5,826	163	151	289	287	5,399	5,153	5,688	5,440	116	104	714	796	11,169	10,470	11,883	11,266	279	255
transferred into Administrative County from areas of other L.H. authorities	265	330	3,716	3,390	3,981	3,720	109	139	1	—	8	14	9	14	—	1	266	330	3,724	3,404	3,990	3,734	109	140
Total No. belonging to Administrative County	690	839	9,486	8,707	10,176	9,546	272	290	290	287	5,407	5,167	5,697	5,454	116	105	980	1,126	14,893	13,874	15,873	15,000	388	395

Note: A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

A perusal of the above table discloses that of the 29,079 births which occurred in the Administrative County, 5,396 were transferable to the areas of other local health authorities, i.e., County Boroughs and other Counties. At the same time, no less than 7,973 births of babies born in the areas of other local health authorities were transferred to the Administrative County. The criterion for transfer is the normal or usual residence of the mother.

MIDWIFERY

The midwifery service is provided by the direct employment of whole-time district midwives and district nurse-midwives.

The numbers employed at the beginning and end of the year were as follows:—

	1st January, 1950	31st December, 1950
Whole-time midwives	217	201
Nurse-midwives	88	80

The number of domiciliary cases attended by County Council midwives and nurse-midwives still continues to decline, as the following figures show:—

Year	No. of cases attended (including miscarriages)
1948	15,475
1949	13,063
1950	11,763

Although there has been a large decline in the number of domiciliary births occurring each year since the post-war peak year of 1947 this decline is not apparent in the figures of births occurring in hospital. Whilst in 1950 there was a slight decrease in the number of infants born in hospital to women normally resident in the County area, the percentage of births occurring in hospital to total births still continued to rise. In 1938 the percentage was only 39.6; in 1948, 1949 and 1950 it was respectively 55.1, 61.5 and 64.1.

Despite the fact that the trend towards hospitalisation continues, it appears probable that, unless there is a substantial increase in the number of hospital beds available, the trend must by now be approaching its peak.

Gas/Air Analgesia.—On the 31st December, 1950, 196 midwives and 76 nurse-midwives employed by the County Council were qualified to administer gas/air analgesia and had been issued with Minnitt gas/air machines.

During the year, gas/air analgesia was administered in 62 per cent. of the total births attended as compared with 55 per cent. during 1949.

District Training of Pupil Midwives.—Twenty-one of the County Council's domiciliary midwives are approved by the Central Midwives' Board as district teachers of pupil midwives. Instruction on the district is not only an important part of the curriculum of the student midwife but has the effect of stimulating the interest of the teachers themselves in improved methods of midwifery technique and this is reflected to a degree in the domiciliary service to the benefit of all concerned.

Post-Graduate Training.—As in previous years full advantage was taken of post-graduate training schemes and 33 midwives and six midwife teachers attended the following summer schools organised by the Royal College of Midwives:—

March 26th to April 1st, 1950	—	A resident school at Leeds University.
April 16th to 22nd, 1950	—	A resident school at Birmingham University.
July 2nd to 8th, 1950	—	A resident school at Cardiff University.
July 16th to 22nd, 1950	—	A resident school at Bristol University.
September 14th to 21st, 1950	—	A resident school for midwife teachers and midwives engaged in teaching held at Keble College, Oxford.
October 23rd to 28th, 1950	—	A non-resident school held at the Central Hall, Westminster.

In addition, midwives in the areas adjacent to Manchester were invited to attend six lectures at the Manchester Town Hall organised by the Medical Officer of Health of the City.

A one-day intensive course organised by the Liverpool and District Group Teachers of Midwifery of the Royal College of Midwives was held on the 11th October, 1950, at the Liverpool Maternity Hospital, and midwives in the areas adjacent to Liverpool were given the opportunity to attend.

A number of midwives in the Preston area attended Sharoe Green Hospital, Preston, on the 21st November, 1950, to see a film on Eclampsia.

First Aid in Midwifery.—The County Supervisor of Midwives gave a number of lectures on "First Aid in Midwifery" during the year to police force personnel at the County Police Training School, Stanley Grange, Hoghton, and at the County Police Headquarters, Hutton.

Motor Transport.—County Council midwives are encouraged to use motor cars for their official duties. Under a Ministry of Health scheme, car manufacturers will grant priority to midwives provided they are assured that the midwives need new cars for the efficient discharge of their duties. Under this scheme 10 midwives obtained cars during 1950 and five applications were under consideration at the end of the year.

The number of whole-time midwives using cars at the end of the year was 147. In three instances the cars were provided by the County Council, the remainder being the property of the individual midwife.

Particulars of vehicles used by nurse-midwives are referred to in the Home Nursing section of this report.

Driving Courses.—By arrangement with the Chief Constable of the Lancashire County Constabulary driving courses for nurses and midwives were again held at the Police Driving School, Hutton. During the year nine such courses were each attended by two midwives or nurses and the results are given and compared with those of the previous year in the following statement:—

	1949	1950
No. of nurses and midwives receiving instruction	22	18
Passed first test	10	6
Passed a subsequent test	6	3
Failed	6	9
No. of tests	28	21
No. of passes	16	9
Percentage of passes to tests	57	43

Housing of County Council Midwives.—Prior to 1950 six houses had been completed under the joint scheme for building houses for midwives and police personnel. During 1950 seven more houses were completed and occupied. Details are as follows:—

	<i>No. of houses</i>
135, Northern Road, Great Crosby	1
1a, Brooke Road West, Waterloo	1
82, Station Road, Banks	1
13 and 15, Byron Avenue, Radcliffe	2
51, Prospect Street, Heywood	1
1, Laurel Avenue, Chadderton	1
	—
TOTAL	7
	—

At the end of the year a further five houses were under construction and six sites had been obtained on which building had not been commenced.

A house in Ramsbottom, No. 89, Eden Avenue, Edenfield, was purchased for occupation by a County Council midwife.

Two midwives are accommodated in a house in Tyldesley which was purchased some time ago and converted into self-contained flats, and a house in Colne, owned by the County Council, is to be converted into two self-contained flats for a midwife and a district nurse. One midwife lives in rooms at the Mill Brow School Clinic, Widnes.

Twenty houses belonging to County District Councils and two houses which are privately owned were tenanted by the County Council and sub-let to midwives.

Two midwives at Darwen, one at Prestwich and one at Ashton-under-Lyne were resident in nurses' homes purchased from District Nursing Associations.

The remaining County Council midwives made their own arrangements for accommodation.

STATISTICS

INFORMATION RELATING TO ALL THE MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA.

Roll of Midwives.—The following table shows the distribution of all midwives on the County roll on the 31st December, 1950, in the various types of service:—

Type of service	Maternity nurses only	Midwives	
		Total No.	No. qualified to administer gas/air analgesia
(a) Local Health Authority Services—			
County Council midwives	—	201	196
County Council district nurse-midwives	—	80	76
(b) Hospital services—			
In State hospitals	—	243	203
In voluntary hospitals	—	—	—
(c) In private practice—			
Domiciliary	9	36	17
Nursing homes, etc.	14	34	16
TOTAL—All services	23	594	508

Cases attended.—The number of cases attended during the year 1950 by the midwives in all districts of the Administrative County are given below:—

Type of service	Live and still births attended as—		Miscarriages	Total cases	Births at which gas/air analgesia was given
	Midwife	Maternity nurse			
(a) Local Health Authority services—					
County Council midwives	7,954	2,089	486	10,529	6,253
County Council district nurse-midwives	623	528	83	1,234	705
(b) Hospital services—					
In State hospitals	13,337	2,738	674	16,749	9,423
In voluntary hospitals	—	—	—	—	—
(c) In private practice—					
Domiciliary	121	121	2	244	9
Nursing homes, etc.	162	1,111	3	1,276	748
TOTAL—All services	22,197	6,587	1,248	30,032	17,138

Notifications.—MEDICAL AID, STILLBIRTHS AND DEATHS.—The following is a statement of the notifications, required to be sent by midwives to the County Council as Local Health Authority, which were received during 1950:—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
(a) Local Health Authority services—				
County Council midwives	1,880	134	4	53
County Council district nurse-midwives	180	7	—	5
(b) Hospital services—				
In State hospitals	263	67	5	50
In voluntary hospitals	—	—	—	—
(c) In private practice—				
Domiciliary	7	—	—	—
Nursing homes, etc.	6	3	—	4
TOTAL—All services	2,336	211	9	112

In the following table the numbers of notifications received from all midwives on the County roll during 1950 are compared with those for each of the two previous years. It must be noted, however, that the figures for 1948 do not include notifications received by the Municipal Boroughs of Darwen, Eccles, Leigh and Stretford during the first six months of 1948 as these districts were autonomous for midwifery purposes during that period:—

Year	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
1948	5,440	186	4	112
1949	3,416	241	11	141
1950	2,336	211	9	112

A similar comparison is given below in respect of medical practitioners' claims for fees for emergency calls made by midwives during 1950 and the two previous years. Claims paid by the four areas autonomous for midwifery purposes during the first six months of 1948 are not included:—

Year	No. of medical aid forms received	No. of claims made by medical practitioners	Total amount of claims paid	Average amount per claim
1948	5,440	4,141	£ 11,125 s. 5 d. 7	£ 2 s. 13 d. 6
1949	3,416	2,212	7,163 5 0	3 4 9
1950	2,336	1,286	4,009 2 6	3 2 4

INFORMATION RELATING TO THE COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives particulars of cases attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during the year under report and the two previous years:—

Cases attended	1948		1949		1950	
	Midwives	Nurse-midwives	Midwives	Nurse-midwives	Midwives	Nurse-midwives
Live and still births:—						
As midwife	10,625	1,061	8,517	726	7,954	623
As maternity nurse	2,515	602	2,499	633	2,089	528
Miscarriages	551	121	570	118	486	83
TOTAL	13,691	1,784	11,586	1,477	10,529	1,234
	15,475		13,063		11,763	

The numbers and proportions to total cases of live births, stillbirths and miscarriages attended by salaried midwives and nurse-midwives during 1950 were 10,994 or 93.5 per cent., 200 or 1.7 per cent., and 569 or 4.8 per cent. respectively.

The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births is shown in the statement below:—

	1948 (5th July-31st Dec.)	1949	1950
(a) Total No. of live and still births occurring in the Administrative County	14,356	30,327	29,079
(b) No. of (a) which were domiciliary	6,691	12,801	11,429
(c) No. of (b) which were attended by County Council midwives and nurse-midwives	6,469	12,375	11,194
(d) Percentage of (c) to (a)	45	41	38
(e) Percentage of (c) to (b)	96	97	98

In the following three tables particulars are given of administrations of gas/air analgesia and deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives, and of total visits paid:—

Administration of gas/air analgesia—

	1948 5th July-31st Dec.	1949	1950
Live and still births attended	6,469	12,375	11,194
Cases in which gas/air administered	2,605	6,844	6,958
Proportion (per cent.) of gas/air administrations to total cases	40	55	62

Deaths of mother or child (including deaths after removal to hospital)—

	1948 5th July- 31st Dec.	1949	1950
No. of live and still births attended	6,469	12,375	11,194
No. of deaths of mother	6	9	4
Deaths of mother per 1,000 births attended	0.93	0.73	0.36
No. of deaths of child	80	146	89
Deaths of child per 1,000 births attended	12.4	11.8	8.0

Visits paid—

	1948 5th July- 31st Dec.	1949	1950
Whole-time midwives—			
As midwife	93,518	221,249	210,210
As maternity nurse	19,406	55,756	52,665
TOTAL	112,924	277,005	262,875
Nurse-midwives—			
As midwife	12,555	23,550	19,967
As maternity nurse	8,638	19,666	17,343
TOTAL	21,193	43,216	37,310
GRAND TOTAL	134,117	320,221	300,185

HEALTH VISITING

The health visitor may be described as the vital link in the team of health workers in the "field".

Whilst the health visitor specialises in the care of mothers and children, her role in the health services is now one of adviser and helper to the whole family in matters of health and in this connection more and more emphasis is being placed on the care of old people.

Much of her work is carried out in the home, and she is thus able to assist considerably in ensuring that the necessary statutory and voluntary services (social and welfare) are brought into play.

The staff establishment of health visitors is based upon the child population and, whilst the health visitor advises the whole family in healthy living, there are many visits to homes where there are no children, e.g., to elderly persons living alone, to patients discharged from hospital, and for the ascertainment of the environment and social conditions of those seeking hospital or convalescent treatment. The growth of the work, however, is limited by the present number of health visitors.

Post-graduate courses are essential in view of modern developments, and selected members of the staff are sent to such courses arranged by other authorities or voluntary bodies. In addition, an annual conference, in the nature of a refresher course, at which addresses are given by specialists, is held at the County Hall for all health visitors and/or school nurses.

During the war years there was an acute shortage of health visitors, but every effort has been made subsequently to build up an adequate staff. At the end of 1948 there were 185 health visitors and/or school nurses employed, this figure being progressively increased during 1949 and 1950 until, at the end of the year under report, the number employed was 235. This is, however, still considerably below the authorised establishment of 299.

In addition to the health visitor and/or school nurses, there were two nurses employed on the generalised duties of health visitor/school nurse/nurse-midwife against a new establishment of nine such posts authorised during the year to cover the rural areas in Health Divisions Nos. 1 and 2. For such posts it was arranged that the nurses should have comparatively small areas but carry out all the nursing and health visiting duties therein, thereby reducing the amount of travelling involved and assuring a more effective employment of the nurses. So far as could be ascertained, at the end of the year the scheme appeared to be working quite satisfactorily.

Towards the end of 1948 concern was being experienced that the essentials of the health visiting service were not being adequately fulfilled. An effort was made to remedy this by two methods; firstly, by the recruitment of more staff and secondly, by the employment of non-specialised staff to relieve the health visitors of routine and clerical work.

In September, 1948, a scheme for making grants to nurses undertaking student health visitors' courses was inaugurated. Twenty-five nurses had completed such courses by the end of the year under report, 23 being successful. In addition, more trained staff have been recruited.

More clerical staff have been appointed and these are proving of assistance in enabling the health visitors to carry out as many of their professional duties as possible. The employment of lay health assistants for the purpose of weighing babies, cleaning heads, etc., has been of assistance, but whether they are to remain a permanent feature of the service will depend upon the number of health visitors available.

The above steps have resulted in a considerable increase in the number of "home" visits, and this is particularly noticeable in the case of "follow-up" visits to children under 5 years of age. Further, the health visitors are now able to pay more attention to the visiting of old people living alone, and assist them with their problems.

The following table shows the numbers of visits paid by health visitors during the year:—

Health Division No.	No. of visits paid by health visitors during 1950 to:—							
	Expectant mothers		Children aged under 1 year		Children aged 1 to 4 years		Other classes	
	First visits	Total visits	First visits	Total visits	First visits	Total visits	First visits	Total visits
1	94	221	500	2,839	177	2,712	61	239
2	441	687	1,520	10,599	475	13,824	68	114
3	468	1,228	1,519	14,552	14	13,673	709	982
4	528	912	2,619	11,136	501	11,641	185	589
5	776	1,119	2,000	11,793	477	14,366	268	367
6	444	755	1,350	10,949	39	11,617	693	693
7	471	876	2,739	13,984	2,738	14,284	306	463
8	277	615	1,831	9,556	570	8,585	62	172
9	667	1,114	3,302	22,707	426	16,562	215	308
10	347	910	1,288	10,498	65	9,880	135	450
11	481	887	2,663	13,411	2,622	10,548	346	596
12	268	364	1,803	6,413	1,204	6,304	305	1,029
13	113	140	1,255	6,124	266	5,127	265	439
14	173	325	1,910	6,804	199	4,630	264	275
15	243	342	1,996	7,885	37	7,669	260	304
16	290	525	2,040	6,179	521	5,744	296	719
17	318	656	1,949	10,763	1,022	10,151	491	586
TOTAL—								
Administrative								
County—1950	6,399	11,676	32,284	176,192	11,353	167,317	4,929	8,325
1949	6,628	11,424	31,756	151,505	*	129,808	*	14,003

* Not available.

HOME NURSING

The home nursing service is provided by the direct employment of whole-time district nurses. During 1950 it was extensively used and the demands made on it were heavier than those made in the previous year. Additional nurses were appointed to meet the increased demands and in general it can be said that the service was adequate.

Staffing.—The number of full-time nurses employed at the 31st December, 1950, was 297—an increase of five during the year. An additional Assistant Superintendent was also appointed, giving a total supervisory staff of one Superintendent and three Assistant Superintendents at the 31st December, 1950. During the year it was decided to provide a central office pool of seventeen relief nurses who would be available for duty in any part of the County area. By the end of the year eight of these nurses had been appointed. As in the previous year it was necessary to employ some part-time staff, but with the setting up of the central office relief pool it is hoped that the number of part-time nurses employed will be considerably reduced and that ultimately it will not be necessary to employ any such nurses.

Of the 294 nurses carrying out nursing duties (i.e., excluding three Superintendents of Nurses' Homes) on the 31st December, 1950, 233 or 79 per cent. were district-trained and 80 or 27 per cent. undertook combined duties as midwives and nurses. Two of the 80 nurse-midwives also carried out health visiting and school nursing duties.

The following table shows details of staff employed full-time by the County Council:—

Category	Number employed	
	31st December, 1949	31st December, 1950
<i>Whole-time employees—</i>		
Superintendent and Assistant Superintendents (Administrative)	3	4
Superintendents and Assistant Superintendents of District Nurses' Homes	6	3
District nurses (general nursing only)	207	214
District nurses (general nursing and midwifery)	79	78
District nurses (general nursing, midwifery and health visiting)	—	2
	295	301

Cases attended.—The numbers of cases attended and visits paid are summarised below:—

	1949	1950
Cases attended	36,428	40,074
Visits made (excluding casual advisory visits)	760,919	837,874
Average number of visits per case (excluding casual advisory visits)	20.9	20.9
Casual advisory visits	19,955	21,916

There was an increase of 10 per cent. in the number of cases attended during 1950 as compared with that for 1949 and, excluding casual advisory visits, this increase was reflected in the number of visits paid.

Of the 837,874 visits made, 419,263 or 50 per cent. were to medical cases, 238,545 or 28 per cent. to surgical cases, 26,303 or 3 per cent. to infectious disease cases and 153,763 or 18 per cent. were made in order to give injections.

A summary of the general nursing work carried out in 1950 is given in Table 15 on page 143.

Transport.—There was again an increase in the number of nurses using motor cars for their official duties, and of the 301 nurses and superintendents employed at the end of the year, 155 or 51 per cent. used a car—an improvement of 4 per cent. on the previous year's figures.

The supply position of new cars remains acute and, although it is anticipated that some new cars will be purchased for the district nursing service, it is doubtful if the actual number of cars available for the service will increase to any extent on account of the fact that many of the cars purchased from district nursing associations on the transfer of the service to the County Council are by now becoming excessively expensive to maintain, and are likely to be withdrawn for disposal.

As there does not appear to be any possibility of an improvement in the supply of motor cars to the home market, it seems that the allocation of district nursing service cars must in the main be restricted to those nurses who work in scattered rural areas.

Details of cars used by district nurses are given in the following statement:—

Ownership of vehicles	Motor vehicles in use			
	At 31st December, 1949		At 31st December, 1950	
	Motor cars	Auto-cycles	Motor cars	Auto-cycles
District Nursing Associations	1	—	—	—
District nurses & Superintendents	57	7	70	7
County Council	80	4	85	6
TOTAL	138	11	155	13

Driving Courses.—Instruction in motor car driving was given to nurses and nurse-midwives at the County Police School, Hutton, near Preston. Details are set out in the domiciliary midwifery section on page 40.

Housing.—During the year, 16 houses were purchased from district nursing associations. The County Council now own 42 houses which were the property of associations prior to the transfer of the service in 1948; of these 40 have been purchased and two were gifts. Negotiations were in progress for the purchase of two other houses owned by associations and two houses were held on lease from associations.

At the end of the year the 301 full-time nurses and superintendents employed by the County Council were housed as follows:—

<i>Accommodation</i>	<i>Nurses</i>
Owned by the County Council	64
Rented by the County Council from District Councils	15
Rented by the County Council from private owners	32
Rented by the County Council from district nursing associations	4
Rented by nurses from district councils	13
Owned by nurses or rented by them from private owners	173

Post-Graduate Training.—The following courses were attended by selected district nurses during 1950:—

March 20th to 25th	—	Roffey Park, Horsham, Sussex.
		Study course for senior nursing administrators on human relations and social medicine, arranged by the Queen's Institute of District Nursing.
		One assistant superintendent attended.
April 14th to 21st	—	University College of North Wales, Bangor.
		Spring school organised by the Association of Queen's Nurses.
		Eight nurses attended.

The Manchester and Salford District Nursing Institution organised a Queen's Nurses' Refresher Course and lectures and discussions were held at the Milton Hall, Manchester, on the 23rd and 30th November and the 7th December, 1950. District nurses in the areas adjacent to Manchester were invited to attend.

In addition the supervisory staff continued to give lecture demonstrations to district nurses to bring to their notice improved techniques of nursing in the home.

VACCINATION AGAINST SMALLPOX

The law relating to vaccination against smallpox was fundamentally changed as a result of the passing of the National Health Service Act, 1946, in that the Vaccination Acts providing for compulsory vaccination in infancy ceased to have effect from the 5th July, 1948, and vaccination was placed on the same footing as immunisation against diphtheria.

The removal of the compulsory element regarding vaccination must not, however, be taken as an indication that its value as a preventive measure is uncertain. There is, in fact, overwhelming evidence that successful vaccination confers a high degree of individual protection against smallpox.

The Health Committee are responsible for the implementation of a scheme, the intention of which is to make vaccination available, free of charge, to all persons desiring it. A copy of the scheme was reproduced in the Annual Report for 1947.

Vaccinations performed.—Since the scheme of voluntary vaccination came into being on the 5th July, 1948, detailed records have been maintained by Divisional Medical Officers, and the table overleaf shows for each Health Division and for the Administrative County as a whole the numbers of primary vaccinations and re-vaccinations undertaken during the year ended 31st December, 1950. For purposes of comparison, the corresponding figures for the Administrative County for the years ended 31st December, 1948 (from 5th July), and 31st December, 1949, are also given. Considerable difficulty has been experienced in producing accurate statistics of vaccinations performed by reason of the delay on the part of general practitioners in returning completed record cards to Divisional Medical Officers. Since, however, agreement was reached early in 1950 between the medical profession and the Ministry of Health as to the payment to be made to medical practitioners for each record card submitted, the position has improved considerably. In the following tables, the necessary adjustments have been made so as to take into account all record cards in respect of vaccinations and re-vaccinations performed since the 5th July, 1948, to the 31st December, 1950, received up to and including the 30th June, 1951.

Health Division No.	PRIMARY VACCINATIONS										RE-VACCINATIONS									
	Age in years										Age in years									
	Under 1		1—		5—		15—		Total		Under 1		1—		5—		15—		Total	
	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful
1	279	269	17	17	10	10	28	28	334	324	1	1	8	6	13	13	70	60	92	80
2	545	480	49	47	23	23	44	44	661	594	—	—	5	4	30	21	232	200	267	225
3	326	313	96	96	39	39	57	56	518	504	4	4	1	1	9	9	114	103	128	117
4	526	511	93	93	50	50	57	56	726	710	—	—	4	4	30	30	186	173	220	207
5	265	235	61	58	44	41	73	71	443	405	1	1	4	4	16	15	97	79	118	99
6	130	126	38	38	22	21	56	53	246	238	—	—	2	2	6	5	124	103	132	110
7	1294	1194	165	158	91	89	69	66	1619	1507	77	58	17	16	84	83	366	348	544	505
8	188	181	30	30	10	9	32	29	260	249	1	—	1	1	7	7	58	50	67	58
9	1349	1218	76	75	77	77	72	71	1574	1441	46	33	10	8	31	30	164	158	251	229
10	273	266	37	36	31	30	40	40	381	372	—	—	5	5	10	9	138	126	153	140
11	310	302	119	117	43	43	101	91	573	553	—	—	2	2	10	9	169	138	181	149
12	372	340	98	94	111	108	81	80	662	622	—	—	5	5	34	27	201	182	240	214
13	106	101	63	62	24	24	63	56	256	243	3	1	2	2	2	2	61	49	68	54
14	424	384	95	91	88	87	141	129	748	691	—	—	3	2	14	14	150	135	167	151
15	498	463	144	135	101	97	95	94	838	789	—	—	8	7	38	33	234	215	280	255
16	688	640	169	167	146	144	97	94	1100	1045	—	—	13	11	49	37	226	197	288	245
17	255	250	105	104	132	129	84	79	576	562	—	—	—	—	7	4	85	72	92	76
Total—Admin. County																				
Year 1950	7828	7273	1455	1418	1042	1021	1190	1137	11515	10849	133	98	90	80	390	348	2675	2388	3288	2914
1949	6209	5895	424	413	237	230	434	420	7304	6958	120	92	36	30	115	90	1218	1140	1489	1352
1948	2663	2519	114	108	66	60	210	199	3053	2886	15	13	19	15	41	36	501	462	576	526
(From 5th July)																				

From the above it will be seen that in 1950 there was a very considerable increase in the numbers of both primary vaccinations and re-vaccinations compared with those for 1949. The numbers who underwent primary vaccination rose by almost 58 per cent. and those who were re-vaccinated by over 120 per cent.

A detailed study of the figures for the Administrative County reveals, however, that whilst there was an increase in the number of primary vaccinations of children under 1 year of age, the largest proportionate increases were to be found at ages greater than one year. Particularly so were the figures relating to school children which rose from 237 performed (230 successful) in 1949 to 1,042 performed (1,021 successful) in 1950.

As is to be expected, the increased re-vaccinations were mainly reflected in the older age groups and, here again, those of school children showed a considerable improvement over the figures for 1949.

Whilst propaganda, both by means of literature and personal contact, no doubt did much to enlighten the public as to the advantages of vaccination, it is probably true to say that the outbreaks of smallpox at Glasgow and Brighton did more to awaken public conscience and dispel much of the apathy towards vaccination than anything else.

No instances were reported in any Division of vaccination with which there occurred, or was alleged to have occurred, generalised vaccinia, post-vaccinal encephalomyelitis or death from other complications of vaccination.

By the end of the year, 857 general practitioners were participating in the arrangements for vaccination made under section 26 of the National Health Service Act, 1946. This figure represented an increase of 67 over that for the previous year and 112 over the corresponding figure for 1948.

The following tables analyse by age groups the numbers of primary vaccinations and re-vaccinations performed during the year ended 31st December, 1950, as to those undertaken at (a) special clinics, either by general practitioners or the County Council's own medical officers, and (b) by general practitioners in the course of their private practice. For comparative purposes, the corresponding figures for the Administrative County for 1949 are also given.

Primary Vaccinations

Health vision No.	No. of primary vaccinations performed during the year ended 31st December, 1950																							
	At special clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on seasonal basis																	
	0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over	
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S
1	81	79	2	2	1	1	—	—	—	—	—	—	215	207	8	8	27	27	296	286	10	10	28	28
2	—	—	—	—	—	—	—	—	—	—	—	—	594	527	23	23	44	44	594	527	23	23	44	44
3	223	214	18	18	2	2	—	—	—	—	—	—	199	195	21	21	55	54	422	409	39	39	57	56
4	90	87	5	5	—	—	—	—	—	—	—	—	529	517	45	45	57	56	619	604	50	50	57	56
5	—	—	2	1	1	—	—	—	—	—	—	—	326	293	42	40	72	71	326	293	44	41	73	71
6	57	56	2	2	22	20	—	—	—	—	—	—	111	108	20	19	34	33	168	164	22	21	56	53
7	737	650	28	26	19	18	—	—	—	—	—	—	722	702	63	63	50	48	1,459	1,352	91	89	69	66
8	16	16	—	—	—	—	—	—	—	—	—	—	202	195	10	9	32	29	218	211	10	9	32	29
9	913	803	9	9	11	10	—	—	—	—	—	—	512	490	68	68	61	61	1,425	1,293	77	77	72	71
10	4	3	1	1	3	3	—	—	—	—	—	—	306	299	30	29	37	37	310	302	31	30	40	40
11	18	18	1	1	—	—	—	—	—	—	—	—	411	401	42	42	101	91	429	419	43	43	101	91
12	—	—	—	—	—	—	—	—	—	—	—	—	470	434	111	108	81	80	470	434	111	108	81	80
13	100	94	19	19	45	38	—	—	—	—	—	—	69	69	5	5	18	18	169	163	24	24	63	56
14	166	150	12	11	22	17	—	—	—	—	—	—	353	325	76	76	119	112	519	475	88	87	141	129
15	190	167	5	5	4	4	—	—	—	—	—	—	452	431	96	92	91	90	642	598	101	97	95	94
16	103	97	4	4	5	5	—	—	—	—	—	—	754	710	142	140	92	89	857	807	146	144	97	94
17	167	162	31	31	11	11	—	—	—	—	—	—	193	192	101	98	73	68	360	354	132	129	84	79
Intra-County 1950	2,865	2,596	139	135	146	129	—	—	—	—	—	—	6,418	6,095	903	886	1,044	1,008	9,283	8,691	1,042	1,021	1,190	1,137
1949	1,877	1,767	35	35	10	9	164	145	1	1	—	—	4,592	4,396	201	194	424	411	6,633	6,308	237	230	434	420

P—Performed. S—Successful.

Re-vaccinations

Health vision No.	No. of re-vaccinations performed during the year ended 31st December, 1950																							
	At special clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over	
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S
1	—	—	—	—	10	10	—	—	—	—	—	—	9	7	13	13	60	50	9	7	13	13	70	60
2	—	—	—	—	—	—	—	—	—	—	—	—	5	4	30	21	232	200	5	4	30	21	232	200
3	1	1	—	—	1	1	—	—	—	—	—	—	4	4	9	9	113	102	5	5	9	9	114	103
4	—	—	—	—	—	—	—	—	—	—	—	—	4	4	30	30	186	173	4	4	30	30	186	173
5	—	—	—	—	—	—	—	—	—	—	—	—	5	5	16	15	97	79	5	5	16	15	97	79
6	1	1	—	—	55	37	—	—	—	—	—	—	1	1	6	5	69	66	2	2	6	5	124	103
7	86	66	17	16	21	18	—	—	—	—	—	—	8	8	67	67	345	330	94	74	84	83	366	348
8	—	—	—	—	—	—	—	—	—	—	—	—	2	1	7	7	58	50	2	1	7	7	58	50
9	46	32	—	—	1	1	—	—	—	—	—	—	10	9	31	30	163	157	56	41	31	30	164	158
10	—	—	—	—	4	4	—	—	—	—	—	—	5	5	10	9	134	122	5	5	10	9	138	126
11	—	—	—	—	—	—	—	—	—	—	—	—	2	2	10	9	169	138	2	2	10	9	169	138
12	—	—	—	—	—	—	—	—	—	—	—	—	5	5	34	27	201	182	5	5	34	27	201	182
13	5	3	2	2	39	35	—	—	—	—	—	—	—	—	—	—	22	14	5	3	2	2	61	49
14	1	1	—	—	45	37	—	—	—	—	—	—	2	1	14	14	105	98	3	2	14	14	150	135
15	—	—	1	—	47	46	—	—	—	—	—	—	8	7	37	33	187	169	8	7	38	33	234	215
16	—	—	—	—	28	27	—	—	—	—	—	—	13	11	49	37	198	170	13	11	49	37	226	197
17	—	—	—	—	1	1	—	—	—	—	—	—	—	—	7	4	84	71	—	—	7	4	85	72
Intra-County 1950	140	104	20	18	252	217	—	—	—	—	—	—	83	74	370	330	2,423	2,171	223	178	390	348	2,675	2,388
1949	51	40	1	1	29	28	14	11	—	—	—	—	91	71	114	89	1,189	1,112	156	122	115	90	1,218	1,140

P—Performed. S—Successful.

From the foregoing tables it is apparent that as regards both primary vaccinations and re-vaccinations the greater part of the work was undertaken by medical practitioners in the course of private practice. Of an overall total of 11,515 primary vaccinations and 3,288 re-vaccinations performed during 1950 only 27.4 and 12.5 per cent. respectively took place at special clinics. The corresponding proportions in 1949 were 28.6 and 6.4 per cent. respectively. On consideration of the number of general practitioners taking part in the arrangements for vaccination, however, the average number of vaccinations and re-vaccinations per private practitioner is seen to be relatively small.

As will be seen by a reference to the table on page 52, this relationship between numbers performed at special clinics and those performed by general practitioners in the course of private practice is the reverse of that experienced in connection with diphtheria immunisation, where considerably larger numbers are involved.

ACCEPTANCE RATE.—If the number of infants under 1 year of age who are vaccinated in a given year is expressed as a percentage of the live births in the year in question, the resultant figure may be regarded as the "acceptance rate" of infant vaccination and used as a measure of the immunity of the child population to smallpox.

The following table shows the "acceptance rate" of infant vaccination for the years 1949 and 1950 in each of the 17 Health Divisions. The rates have been based on the numbers of successful primary vaccinations expressed as percentages of the notified live births (after correction for inward and outward transfers).

Health Division No.	No. of notified live births		No. of children under 1 year successfully vaccinated		Infant vaccination "acceptance rate"	
	1949	1950	1949	1950	1949	1950
1	649	565	292	269	45.0	47.6
2	1,655	1,539	501	480	30.3	31.2
3	1,539	1,595	180	313	11.7	19.6
4	2,501	2,439	339	511	13.6	21.0
5	2,165	2,007	210	235	9.7	11.7
6	1,347	1,311	81	126	6.0	9.6
7	2,561	2,464	1,082	1,194	42.2	48.5
8	1,826	1,718	126	181	6.9	10.5
9	3,026	3,038	1,209	1,218	40.0	40.1
10	1,236	1,258	212	266	17.2	21.1
11	2,778	2,669	205	302	7.4	11.3
12	1,901	1,839	257	340	13.5	18.5
13	1,318	1,235	91	101	6.9	8.2
14	1,834	1,754	269	384	14.7	21.9
15	2,084	1,870	252	463	12.1	24.8
16	1,843	1,708	482	640	26.2	37.5
17	2,083	1,864	107	250	5.1	13.4
Administrative County	32,346	30,873	5,895	7,273	18.2	23.6

It will be observed from the above that the improvement in the "acceptance rate" for the County area as a whole is reflected, to a greater or less degree, in every Health Division. As suggested in an earlier paragraph, however, it is likely that this general improvement results in no small measure from the reaction of the public to the smallpox outbreaks at Glasgow and Brighton. If this assumption is correct, it would appear that, even to maintain the above "acceptance rates" in 1951, there must be an intensification of effort to encourage parents to take advantage of the facilities offered and seek for their children the protection against smallpox afforded by vaccination.

It is difficult to say why there should be such considerable fluctuations in the "acceptance rates" between Health Divisions as are shown above. Propaganda methods utilised in the different divisions are fairly uniform in character, but the energy and persistence with which the most personal method—verbal advice by medical officers, health visitors, etc.—was prosecuted during 1950 may possibly be reflected to a certain degree in the rates. On the other hand, a factor whose influence is much more difficult to assess and much more likely to possess wider limits of variation amongst the divisions is the proportion of general medical practitioners taking part in the scheme within each Health Division and their active influence upon the parents in the community.

There can be little doubt that the absence of smallpox in the County over the last decade has done much to inculcate in the minds of many parents an apathy towards the need for vaccination. Whilst this is perhaps a natural psychological reaction it is, to say the least, a most unfortunate one, especially as the increasing use of air transport renders infinitely greater the risk of infected persons entering this country undetected, with the consequent probability of outbreaks of the disease.

It must be emphasised that the routine vaccination of infants is not only of importance as a protection against smallpox during the first few years of life, but also by reason of the fact that, even after the initial immunity has waned, it has the effect of lessening the risk of death from smallpox. Furthermore, the possibility of complications arising from vaccination, such as post-vaccinal encephalomyelitis, is very much less during early childhood than in later years of life, and this point has assumed especial importance at the present time because of compulsory service of the youth of the country in H.M. Forces.

DIPHTHERIA IMMUNISATION

The scheme of the County Council in relation to immunisation was reproduced in the Annual Report for 1947. This scheme lays upon health visitors the duty of securing that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age. During the period of school life, arrangements exist whereby systematic provision is made for administering reinforcing injections at a suitable age.

Arrangements have been made in each Health Division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools, etc., and, in addition, medical practitioners take part in the scheme either by conducting sessions or in the course of their private practice.

Little more than a decade has elapsed since diphtheria was the most common single cause of death amongst school children and the third most common between the ages of 1 and 5 years. A reference to the table on page 100 will show how, as a result of the artificial immunisation of a considerable proportion of the child population, both the notifications of and deaths from diphtheria have rapidly declined to a relatively insignificant level. However, that diphtheria does still exist as a potential danger is a fact the appreciation of which must continue to be brought home to the public, and herein lies an important duty of local health authorities.

Immunisations performed.—The table below gives particulars of the numbers of children who (i) completed a full course of primary immunisation, and (ii) were given a reinforcement injection during the year ended 31st December, 1950, in each Health Division and the Administrative County as a whole. The corresponding totals for the Administrative County for the years ended 31st December, 1948 (from 5th July), and 31st December, 1949, are also shown. The necessary adjustments have been made to all totals so as to take into account all record cards in respect of primary immunisations and reinforcement injections performed since the 5th July, 1948, to the 31st December, 1950, received up to and including the 30th June, 1951.

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1950									No. of children who were given a reinforcement injection (i.e., subsequent to complete course) during the year ended 31st Dec., 1950			
	Age at date of final injection									Age group			
	0—	1—	2—	3—	4—	Total under 5 years	5—	10—	Total aged 5—14 yrs. incl.	0—	5—	10—	Total 0—14 yrs. incl.
1	291	111	22	10	13	447	45	8	53	4	69	14	87
2	432	505	61	36	19	1,053	77	21	98	146	709	662	1,517
3	181	548	94	30	10	863	114	3	117	2	368	44	414
4	580	811	83	43	36	1,553	233	53	286	13	1,292	463	1,768
5	484	635	104	46	33	1,302	161	92	253	9	247	75	331
6	461	367	51	23	19	921	47	27	74	39	221	77	337
7	846	668	111	79	58	1,762	464	213	677	50	1,813	1,062	2,925
8	810	316	53	51	43	1,273	283	59	342	100	819	388	1,307
9	1,405	595	101	77	30	2,208	334	68	402	17	1,888	231	2,136
10	427	343	32	25	25	852	68	97	165	42	448	20	510
11	487	1,035	178	87	99	1,886	446	71	517	171	962	206	1,339
12	854	527	67	54	52	1,554	172	52	224	103	684	121	908
13	358	366	81	42	33	880	138	75	213	58	426	210	694
14	632	413	71	43	36	1,195	53	13	66	122	429	177	728
15	619	420	57	44	31	1,171	99	18	117	193	754	280	1,227
16	623	489	75	28	19	1,234	37	9	46	71	158	12	241
17	486	482	90	56	32	1,146	133	31	164	66	648	182	896
Admin. County—													
1950	9,976	8,631	1,331	774	588	21,300	2,904	910	3,814	1,206	11,935	4,224	17,365
1949	10,885	11,270	2,031	884	846	25,916	4,491	1,501	5,992	1,901	17,269	5,783	24,953
1948 (from 5th July)	4,556	7,452	952	391	425	13,776	1,363	410	1,773	606	4,394	1,442	6,442

It will be noted from the above that, in all age groups, there was an appreciable fall in numbers receiving artificial immunisation during 1950. At ages under 5 years the total primary immunisations declined by nearly 18 per cent. as compared with those for 1949, whilst at ages 5 to 14 years inclusive the reduction amounted to more than 36 per cent. The 17,365 reinforcement injections represented a reduction of more than 30 per cent. on the figure for the previous year. Compared with the average numbers for the five years 1945-49 (four years 1946-49 in the case of reinforcement injections), the proportionate reductions in 1950 were respectively 10 per cent., 36 per cent. and 13 per cent.

A noteworthy feature of this disturbing trend is the fact that it was particularly marked in the second half of the year, as is shown by the following analysis into six-monthly periods of the above figures for 1949 and 1950.

		No. of completed primary immunisations at ages—		No. of reinforcement injections	
		0—	5-14 incl.		
Six months ended 30th June	—1949	12,783	2,064	10,169	
	1950	12,507	2,501	9,714	
Six months ended 31st December	—1949	13,133	3,928	14,784	
	1950	8,793	1,313	7,651	

In previous years it has been usual for the greater number of immunisations to be performed in the second six months and the confinement of the decline to this period of 1950 is therefore all the more striking.

This, together with the fact that the main incidence of acute poliomyelitis is normally confined to the second half of each year, suggests that the probable cause of the decline lies in the publicity given to the problem of the ill-defined relationship between paralytic forms of poliomyelitis and recently performed inoculations. This difficult problem is the subject of inquiry by a special committee appointed by the Medical Research Council and investigations are proceeding.

Unfortunately, the fear engendered in the public mind of the risk of poliomyelitis following inoculation, together with the apathy towards protection which seems to be a natural reaction to the near-elimination of a disease, may well cause a set-back to the immunisation campaign of a more extensive and more permanent nature and thus provide an opportunity for a recrudescence of epidemic diphtheria. It is imperative that the public should be made aware of the distinct advantages of immunisation as compared with the very slight risk of poliomyelitis following inoculation and made to appreciate the effects of a possible return of outbreaks of virulent diphtheria. Increased efforts are therefore called for, particularly in the field of personal propaganda by divisional health staffs, in order to maintain the great success of the immunisation campaign in the face of what is hoped may prove to be only a transient difficulty.

Reverting to a consideration of the work done during 1950, the following table analyses by age groups the number of immunisations performed, as to those undertaken (a) at special clinics, either by general practitioners or the County Council's own Medical Officers, and (b) by general practitioners in the course of their private practice. For purposes of comparison the Administrative County totals for the previous year are also given.

Health Division No.	At special clinics												By general practitioners in course of private practice												Total					
	By Divisional medical staff						By general practitioners on sessional basis																		0—years		5—years		15 years and over	
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	291	4	51	80	—	—	—	—	—	—	—	—	156	—	2	3	—	—	447	4	53	83	—	—	—	—	—	—	—	—
2	578	128	87	1,323	—	1	—	—	—	—	—	—	475	18	11	48	1	1	1,053	146	98	1,871	1	—	—	—	—	—	—	—
3	524	1	94	375	—	—	—	—	—	—	—	—	339	1	23	37	—	—	863	2	117	412	—	—	—	—	—	—	—	—
4	837	8	197	1,550	—	—	—	—	—	—	—	—	716	5	89	205	1	—	1,553	13	286	1,755	1	—	—	—	—	—	—	—
5	832	5	220	262	—	—	70	—	3	10	—	—	409	4	21	50	—	—	1,302	9	253	322	—	—	—	—	—	—	—	—
6	552	31	65	266	—	—	—	—	—	—	—	—	369	8	9	32	—	—	921	39	74	298	—	—	—	—	—	—	—	—
7	1,151	30	578	2,746	14	89	—	—	—	—	—	—	611	20	99	129	6	9	1,762	50	677	2,875	20	—	—	—	—	—	—	—
8	1,069	89	292	1,024	—	—	84	7	41	74	—	—	120	4	9	109	10	20	1,273	100	342	1,207	10	—	—	—	—	—	—	—
9	1,863	8	378	2,083	—	—	—	—	—	—	—	—	345	9	24	36	5	2	2,208	17	402	2,119	5	—	—	—	—	—	—	—
10	492	26	54	334	—	—	160	11	15	112	—	—	200	5	96	22	53	1	852	42	165	468	53	—	—	—	—	—	—	—
11	1,074	127	449	715	—	—	350	42	40	414	—	—	462	2	28	39	7	8	1,886	171	517	1,168	7	—	—	—	—	—	—	—
12	325	6	30	246	—	29	806	72	135	465	—	2	423	25	59	94	4	3	1,554	103	224	805	4	—	—	—	—	—	—	—
13	722	52	201	590	—	—	—	—	—	—	—	—	158	6	12	46	—	—	880	58	213	636	—	—	—	—	—	—	—	—
14	925	105	53	522	—	—	—	—	—	—	—	—	270	17	13	84	2	—	1,195	122	66	606	2	—	—	—	—	—	—	—
15	547	100	74	715	—	—	432	29	37	294	—	—	192	4	6	25	3	—	1,171	193	117	1,034	3	—	—	—	—	—	—	—
16	705	58	12	105	—	—	—	—	—	—	—	—	529	13	34	65	5	—	1,234	71	46	170	5	—	—	—	—	—	—	—
17	750	44	150	769	—	—	—	—	—	—	—	—	396	22	14	61	—	—	1,146	66	164	830	—	—	—	—	—	—	—	—
Totals—Administrative County—1950	13,237	882	2,994	13,705	14	119	1,902	161	271	1,369	—	2	6,161	163	549	1,085	97	44	21,300	1,206	3,814	16,159	111	—	—	—	—	—	—	—
1949	16,480	1,654	5,023	20,792	6	15	2,909	164	440	1,496	—	—	6,527	83	529	764	190	15	25,916	1,901	5,992	23,652	196	—	—	—	—	—	—	—

P—Primary immunisation (complete course). R—Reinforcement injection subsequent to complete course.

It will be seen from the above table that, of a total of 42,755 primary immunisations and reinforcement injections carried out in 1950, only 8,099 or 18.9 per cent. were performed by general practitioners in the course of private practice, the remainder being carried out at special clinics. The corresponding proportion in 1949 was 14.2 per cent. A reference to the table on page 49 will show that this is the opposite of the position applying to vaccination against smallpox, where only 24.1 per cent. of the total vaccinations and re-vaccinations were performed at clinics, the remainder being effected by general practitioners in the course of private practice. A number of the sessions at the special immunisation clinics were conducted by private practitioners but the majority of the 18,418 primary immunisations performed at these clinics, i.e., 16,245 or 88.2 per cent., were carried out by Divisional medical staffs. Of the over-all total of 25,225 primary immunisations effected during the year, therefore, 64.4 per cent. were performed by Divisional medical staffs. The 17,530 reinforcement injections were given in the following proportions—83.9 per cent. by Divisional medical staffs, 8.7 per cent. by general practitioners at special clinics and 7.4 per cent. by general practitioners in the course of private practice.

The type of prophylactic used was in almost every case A.P.T. (alum precipitated toxoid) or T.A.F. (toxoid antitoxin floccules), the former being used mainly for the lower age groups and the latter for the older children and for reinforcement injections. The use, on a limited scale, of combined diphtheria and whooping cough prophylactic was reported from several Health Divisions.

No post-Schick tests were reported to have been undertaken in any Health Division during the year.

The number of general practitioners who, at the 31st December, 1950, were taking part in the arrangements for immunisation under the County Council's scheme under section 26 of the National Health Service Act, 1946, was 810, a decrease of seven as compared with the number at the end of the previous year. Of these, 493 were supplied through Divisional Medical Officers with the necessary prophylactics. Practitioners are also able to obtain prophylactics themselves by individual prescriptions through chemists (i.e., under Part IV of the National Health Service Act) and it is known that some 126 obtained supplies in this way.

Propaganda.—Methods of publicising the arrangements for, and the value of, immunisation against diphtheria follow roughly the same pattern in all Health Divisions. It is the duty of health visitors to advise parents in this matter during the early months of the child's life and to secure, if possible, consent for the immunisation of the child. To supplement this valuable personal propaganda, many Divisions send letters or first birthday cards reminding parents of the importance of immunisation at this stage. At child welfare centres further personal advice is given by the medical and nursing staffs. At the commencement of school life, a further attempt is made to secure the protection of non-immunised children, and throughout school life the reinforcement of the protection of those immunised in infancy is arranged at intervals. During the period under review, the personal approach by health officers was reinforced in practically every Health Division by the distribution of leaflets and display of posters and, in several Divisions, by newspaper announcements and talks to Parents' Associations and similar bodies.

Immunisation State of Child Population.—Table 16, page 144, shows the immunisation state of the child population by age groups as at the 31st December, 1950, in each Health Division and the Administrative County as a whole. For comparative purposes, the figures for the County for the five preceding years are also given.

It will be seen from the table that, by the end of 1950, of the children under 15 years of age, 66.6 per cent. enjoyed protection—1.9 per cent. more than in the previous year and the highest proportion so far recorded. This increase is reflected in the percentages of both pre-school children and those of school age, the figures of 51.1 and 76.2 showing improvements of 0.4 and 2.7 respectively over those for 1949.

It has long been appreciated that, to provide a reasonable assurance of protection against epidemic diphtheria, the proportion of immunised population must be maintained around a level of 75 per cent. The proportion of 51.1 per cent. recorded above in respect of the pre-school population, whilst showing a slight increase over that for the previous year, is therefore still far from satisfactory. If the protection afforded by immunisation is to be thoroughly effective it is essential that efforts be concentrated upon the raising of this proportion.

Diphtheria notifications and deaths in relation to immunisation.—The remarkable decline in the incidence of and mortality from diphtheria which has taken place during recent years as a result of the immunisation campaign is clearly shown in the table on page 100. The best evidence of the effect of immunisation is, however, provided by a comparison of the behaviour of diphtheria amongst those immunised and those not so protected. Table 17, page 145, shows by age groups the number of notifications of, and deaths from, diphtheria amongst children under 15 years of age in relation to immunisation during the year ended 31st December, 1950, in respect of each Health Division and the Administrative County. For comparative purposes, the corresponding figures for the County as a whole for the previous two years are also given.

From this table it will be seen that the total number of children under 15 years of age who contracted diphtheria during 1950 was 26—a reduction of 33 on the number for the previous year. Of the 26 cases, 12 had, at some time previously, completed a full course of immunisation, but it is generally recognised that diphtheria amongst immunised children is of a milder character than that amongst those not so protected. Again, of the 12 immunised children who contracted diphtheria, 8 were of school age, and it is possible that in some instances artificial immunisation had been given as long ago as infancy and, in the absence of reinforcement injections, had lost much of its effectiveness. A regrettable feature of the table is the increase, by one, in the number of deaths in 1950 as compared with the previous year. It may be added, however, that, whilst the death of the immunised child was classified to diphtheria, this had not been confirmed by bacteriological examination.

INCIDENCE OF, AND MORTALITY FROM, DIPHTHERIA AMONGST THE CHILD POPULATION.—A study of Table 18, page 146, will show the variations between the notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1950 and the preceding five years, together with the corresponding attack and case fatality rates in respect of those immunised and those not so protected. The outstanding feature to be noted is that as the notifications and deaths have decreased so has the case fatality rate increased. This is particularly evident amongst the non-immunised children. In this connection, however, it will be borne in mind that, when dealing with small numbers as is now the case, one death can cause considerable variation in the rates.

AMBULANCE SERVICE

General Observations.—The year 1950 did not produce any major changes of policy governing the ambulance service. It was largely devoted to the stabilizing of contentious points of interpretation which had arisen from section 27 of the National Health Service Act, 1946, and section 24 of the amending Act of 1949.

The words "where necessary" in the principal Act, formerly subject to varying interpretations, have now been clarified by the Ministry of Health in Circular 30/51, which more precisely defines the responsibilities of Local Health Authorities relating to chargeability between authorities under section 24 of the amendment Act.

In consequence of the recommendations made by the Ministry of Health to Regional Hospital Boards to review their arrangements to ensure the most economic use of the ambulance service, consultations were held during the year 1950 with Hospital Management Committees and improvements were subsequently effected at a number of hospitals in the geographical County.

Conference of Local Health Authorities on the Ambulance Service.—National policy has been considerably influenced by recommendations emanating from the conferences of the Associations of the County Councils and Municipal Corporations and the London County Council. In October, 1950, a further meeting of the conference representatives was held and their recommendations, principally with regard to the financial aspects of the ambulance service, have been accepted by the County Council.

Agency Arrangements.—In accordance with the policy of the County Council to terminate agency arrangements as and when expedient, with the object of providing a uniform standard of service throughout the County area, the following agency services were terminated during the year 1950:—

<i>Agency</i>	<i>Services provided</i>	<i>Date terminated</i>
Liverpool C.B.C.	Infectious diseases service—Health Divisions Nos. 7 and 9	31st January, 1950
Burnley C.B.C.	Infectious diseases service—Health Division No. 6	31st January, 1950
Manchester C.B.C.	Infectious diseases service—Health Divisions Nos. 12, 14, 15, 16 and 17	1st April, 1950
Salford C.B.C.	Infectious diseases service—Health Divisions Nos. 11, 15 and 16	1st May, 1950
Lancaster and Kendal Hospital Management Committee	Infectious diseases service—Health Division No. 2	1st April, 1950
Morecambe St. John Ambulance Brigade	General service—Health Division No. 2	1st May, 1950
Bury C.B.C.	Infectious diseases service—Health Division No. 12	1st July, 1950

As from the 1st July, 1950, all County ambulance stations were providing general service and, with the exception of the headquarters ambulances designed specially for long distance journeys, no vehicles were earmarked for particular purposes.

Reciprocal arrangements with other Ambulance Authorities.—A policy of reciprocal aid in emergency has been agreed with all the County Borough Authorities in Lancashire and the adjoining County Councils. This mutual aid system has worked smoothly throughout the year and a number of major incidents, including train and omnibus accidents arising at or near a common boundary, was handled expeditiously by the ambulance staffs of all the authorities concerned.

Personnel.—The County Council's policy has been for operational staff to be interchangeable, alternating the duties of driver, attendant and telephonist, and to be paid at the rate appropriate for the duty. In March, 1950, the County Council agreed that all qualified drivers in the ambulance service should be paid as drivers, irrespective of the nature of the duties performed.

In November, 1950, the National Joint Industrial Council awarded an increase in rate of pay of 1½d. per hour. The effect of this increase was to remove virtually all the anomalies previously existing in regard to rates of pay of the operational staff.

The revised scale of salaries laid down by the National Joint Council for Local Authorities' A.P.T. Services, provided for amended Miscellaneous Grades which were considered appropriate to the duties of ambulance superintendents. The County Council have, therefore, applied Grades V and VI of the Miscellaneous Division in accordance with the relative extent of divisional responsibilities.

During the year it was found desirable to appoint superintendents for Health Division No. 1 and for the headquarters station, both stations formerly being in the immediate charge of a station leader. The following statement shows the number of full-time staff employed by the County Council at the 31st December, 1950:—

Divisional superintendents	17
Station leaders	43
Driver-attendants	649
TOTAL	709

Training.—**FIRST AID.**—At the end of the training year, 626 or 88·3 per cent. of the total staff were qualified in First Aid.

Whilst the Whitley Council provides for a proficiency payment to members of the staff holding a valid first-aid certificate, the County Council have adopted a training programme providing for instruction in additional matters considered desirable in relation to the duties of the ambulance staff. This extended training included the undermentioned items.

Emergency Midwifery.—A lecture of approximately two hours duration, given by the County Supervisor of Midwives, dealing with the action to be taken by ambulance staff in the care of patients during child-birth. (During the year 1950 ambulance staff had to deal with 56 such births, compared with 95 during the previous year.)

Infectious Diseases.—A lecture on infectious diseases as applicable to the ambulance service—protective measures against infection, disinfection of vehicles and clothing.

Resuscitation.—Specialised training and examination of the Royal Life Saving Society, the administration of oxygen, resuscitation outfits, rocking stretcher, etc.

Police Liaison.—Lectures given by police officers on Road Traffic Acts and Regulations and general liaison with the police.

Civil Defence.—Instruction in accordance with Civil Defence training manuals.

ST. JOHN AMBULANCE BRIGADE.—To facilitate training of personnel in first aid, the ambulance staff of the County Council were embodied as a Corps of the St. John Ambulance Brigade and, following the annual inspection of all divisions, the report of the inspecting officer congratulated officers and members on the commendable results achieved.

NATIONAL SAFE DRIVING COMPETITION.—All eligible drivers were again entered in the National Safe Driving Competition and of the 554 drivers entered 450 received awards.

EFFICIENCY COMPETITION.—With the object of encouraging and maintaining a high standard of efficiency and creating a spirit of competition amongst the ambulance service staffs, the Chairman of the Health Committee (County Alderman Harry Lord, M.B.E., J.P.) presented a trophy known as the "Lancashire County Council Ambulance Trophy" to be competed for annually by the Health Divisions of the County. The competition was completed by the 31st March, 1951, and was based on the normal day-to-day duties of the service, the assessment of marks being designed to take into account all aspects of the service of a routine nature. The competition unquestionably achieved its purpose, there having been a notable increase in enthusiasm as it proceeded, and this enthusiasm was reflected in the spirit shown on the occasion of the formal presentation of the Trophy by the Chairman to the winners (Health Division No. 3) at Squires Gate (Blackpool Airport) on the 26th May, 1951.

All Health Divisions were represented in the parade of 18 ambulances and 18 sitting-case cars, whilst the personnel taking part in the parade included many volunteers.

Premises.—Good progress was made during the year in the adaptation of existing premises, work being completed at 11 stations and proceeding at a further four. At the end of the year there were 52 ambulance stations in operation throughout the County area.

Service Statistics.—The steady increase in the demand on the ambulance service, which prevailed throughout 1949, continued during the year under report. In view of the fact that the County ambulance service record system only operated as from the 27th February, 1949, it is not possible directly to compare the numbers of patients conveyed, mileage run, etc., in 1949 with those recorded in 1950. However, making an adjustment to allow as nearly as possible for the shorter period in 1949, it would appear that there was an increase in 1950 of some 40 per cent. in the number of patients conveyed, with a corresponding increase of approximately 35 per cent. in mileage involved.

The numbers of patients conveyed and mileage covered by the directly provided service (including the long distance section) during 1950 are given in the statement below:—

Vehicle	No. of patients conveyed				Mileage involved
	Emergency	General (including out-patients)	Infectious disease	Total (all types)	
Ambulance	26,660	188,644	2,896	218,200	1,979,443
Sitting Case Car	6,091	84,429	—	90,520	1,320,757
TOTAL	32,751	273,073	2,896	308,720	3,300,200

In addition to the above, 17,466 journeys, involving a mileage of 308,894, were made during the year under agency arrangements. The number of patients carried was 27,276.

Vehicles.—The following classified statement shows the total number of vehicles under the control of the ambulance service on the 31st December, 1950, in relation to the position at the end of the previous year:—

Total vehicles in service at 31st December

	1949	1950
New ambulances purchased by the County Council	91	112
Transferred ambulances	50	44
Ambulances operated under agency arrangements	7	—
Total ambulances	148	156
New sitting-case cars purchased by the County Council	48	80
Transferred and other cars	5	5
Total cars	53	85
	201	241

The above figures relate to vehicles serving areas under the direct control of the County ambulance service and do not include vehicles owned by other local health authorities and certain private hire firms covering portions of the County area under agency arrangements.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Prevention of Illness.—**HEALTH EDUCATION AND PROPAGANDA.**—*Exhibitions.*—In view of the previous year's successful experiment at an agricultural show where an exhibit dealing with food handling was shown, it was decided to make further use in 1950 of this valuable method of health education. A special exhibit was designed with the theme "Focus on Food Handling". The unit consisted of a tubular aluminium framework covered with canvas, wooden floorboards, flats and facias. A rear projection screen was fitted to the centre panel for the showing of films. This exhibit was displayed at 17 agricultural shows with an overall attendance of about 230,000 and the films "Another Case of Poisoning" and "Fly about the House" were each shown 273 times to an aggregate audience of over 43,000 people.

Nine portable display stands were in constant use throughout the year at clinics, child welfare centres, libraries, cinema foyers and other places. The topics were changed at regular intervals and no stand was left in any one location for more than two weeks.

A number of exhibition pieces were designed to form the nucleus of a larger exhibition and these were loaned to several County District Councils for use at exhibitions which they had arranged in their districts in co-operation with the County Council Health Department.

Lectures and Public Meetings.—Courses of lectures were arranged for food handlers, for example, canteen workers, food-shop assistants and clean food guilds. At each of these specialist lectures were employed. Films or film-strips were exhibited, and also a selection of culture plates showing growths of different types of bacteria.

Lectures on sex were given by medical experts to selected audiences at youth clubs, Parent Teacher Associations and grammar schools.

The value of health education is increasingly appreciated in youth clubs and many requests were received from the organisers of these clubs for health topics to be included in their syllabus of lectures. The popularity of these lectures can be judged by the fact that, wherever they have been given, requests have been received for an increased number of lectures to be arranged in the subsequent season. Appropriate literature was distributed to the audience at each lecture or film show.

Three very successful public meetings were held, each in the form of a "Health Quiz". Great interest is aroused by this kind of propaganda and it is intended in the future to arrange more of these meetings, where a representative team of public health experts, hospital administrators and others engaged in the health services will undertake the answering of questions from the public.

Films.—Visual aids in the form of films and filmstrips must again be mentioned as one of the most important and interesting methods of health education. During the year, in addition to those at the above-mentioned agricultural shows, 227 film shows were given throughout the Administrative County area, at each of which either a medical officer, health visitor or other qualified person attended to talk about the film.

The film "Poliomyelitis—Diagnosis and Management" produced by the Central Office of Information for the Ministry of Health was shown on 33 occasions to approximately 1,600 doctors.

A comprehensive film catalogue was compiled and supplied to all Divisional Medical Officers and details of the latest films on medical and other health subjects are periodically supplied to them for inclusion in the catalogue.

Strip-films are becoming more and more popular. They are either self-explanatory or may be accompanied by detailed lecture notes which make it possible for a lay assistant to explain a topic successfully. They have been used to illustrate a variety of topics to different types of audiences, for example, the rudiments of first aid to a youth group or food hygiene to an audience of sanitary officers.

Publicity.—Apart from general publicity two subjects were given special prominence. During the early winter months, the Ministry of Health's "Coughs and Sneezes" campaign was again publicised and the Ministry's picture sets were displayed at more than 100 places in mills, workshops, libraries and clinics. In addition, approximately 16,000 pamphlets on this subject were distributed to the public. In connection with the Ministry of Health Venereal Diseases educational campaign 6,800 posters were distributed, and arrangements were made for the overprinting of clinic times on other posters for display in each of the 17 Health Divisions.

Care and After-care.—**CONVALESCENT HOME CARE.**—The scheme for convalescence for general cases is becoming more widely used, 405 persons being sent to convalescent homes of the holiday-home type in 1950, compared with 270 in 1949. The scheme also includes facilities for young children who require to be sent away from home owing to the presence there of a person suffering from tuberculosis.

Applications for convalescent home care come from hospital almoners, voluntary social workers and from general medical practitioners. Since it is necessary to co-ordinate the applications with the limited number of beds available in the various convalescent homes, the arrangements for convalescence are made through the central office. Wherever practicable, beds are booked for the "season"—usually from May to September.

The following statements give particulars of the 405 individuals admitted to convalescent homes during the year:—

Adults admitted to Convalescent Homes

Name and address of home	Adults	
	Male	Female
Barrow War Memorial Convalescent Home	25	13
Blackburn and District Convalescent Home, St. Annes	20	18
Brentwood Recuperative Centre, Marple	—	1
Brockholes, Windermere	—	1
Claremont Convalescent Home, Matlock	—	2
Convent of Our Lady of Lourdes, Grange	4	12
Cotton Industries' Convalescent Home, Poulton-le-Fylde	—	1
Grange Convalescent Home	1	—
Grey Court Fellowship, Hest Bank	7	6
Heath Memorial Convalescent Home, Llanfairfechan	21	—
John Reynold's Convalescent Home, Lytham	—	2
Knole Lodge, Bournemouth	—	1
Lear Home of Recovery, West Kirby	—	15
Llandudno Convalescent Home for Women	—	39
Morfa Hall, Rhyl	—	3
Park Hall, Park Road, Buxton	1	1
Parkside, Arnsdale	1	20
Queen's Lodge, Colwyn Bay	1	—
Semon Convalescent Home, Ilkley	1	3
S.S. and A.F.A. Rest Home, St. Fillans, Heswall	—	2
Sydney House, Pensarn	—	1
West Hill Convalescent Home, Southport	14	68
Kelsale Court, Saxmundham, Suffolk	—	1
TOTAL	96	210

Children admitted to Convalescent Homes

Name and address of home	Unaccompanied children under school age
Blundellsands Convalescent Home	1
Ellen Gonner Convalescent Home, Hoylake	7
Harewood Nurseries, Prestatyn	1
Hilbre Nursing Home, Prestatyn	3
Minster Lodge Children's Home, Ormskirk	2
St. Joseph's Convalescent Home, Freshfield	3
Sefton Home, Birkenhead	15
Swanscoe Home, Macclesfield	1
West Kirby Convalescent Home	3
TOTAL	36

Mothers accompanied by children admitted to Convalescent Homes

Name and address of home	Mothers accompanied by children		
	Mother with one child	Mother with two children	Mother with three children
Brentwood Recuperative Centre, Marple	1	3	1
S.S. and A.F.A. Rest Home, St. Fillans, Heswall.....	—	1	—
Sydney House, Pensarn	18	3	—
TOTAL	19	7	1

The service fulfils a real need, and many persons now have an opportunity for recuperation in a convalescent home which they could not otherwise have obtained. The cost of convalescence may be recovered from the applicant, and the basis of assessment is on the same scale as is used in the home help service. The amount recovered never exceeds the actual cost of the convalescent home care, and the charges for the maintenance of a child of pre-school age are two-thirds of the amount assessed for an adult. If it is necessary for an applicant's family to have both home help and convalescent home care at the same time, the higher contribution for one service is deemed to cover both services.

Under the School Health Service children of school age are provided with convalescence free of charge. The Health Committee therefore considered that children of pre-school age should be treated in the same way when provided with convalescence under the care and after-care scheme but to this proposal the Minister of Health would not agree.

LOAN OF NURSING EQUIPMENT.—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment are generally made by hospitals, general practitioners or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in many areas mutual arrangements have been made with these organisations.

A preliminary survey has been completed to determine total requirements of nursing equipment in each Health Division. In addition it has been decided to establish a central control to handle equipment which is expensive or of a specialised kind and therefore of limited use (for example, postural beds, special cots, stair chairs, etc.). Suitable types of equipment have been selected with due regard to the heavy service they will have to withstand and manufacturers have been asked to submit tenders for supplies in 1951. Stocks of equipment will be held by selected nurses, midwives, tuberculosis dispensaries, clinics and ambulance stations as determined by local needs. Altogether approximately 200 such stores will be set up.

TUBERCULOSIS.—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies.

Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Councils; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

For the latter purpose, the County Council employ a staff of 37 health visitors specially trained in the domiciliary care and nursing of tuberculous patients. Primarily engaged in domiciliary visiting, the health visitors, who work in close co-operation with the chest physicians, also devote part of their time to duties in the chest clinics of the Regional Boards—an arrangement which adds to the effectiveness of their work and that of the chest clinic.

Although the chest physicians of the Regional Hospital Boards devote a major portion of their time to work for the Regional Boards in the clinics and hospitals, they spend a part of their time in duties on behalf of the local health authority advising on the important problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's health visiting staff.

The following statements summarise the work carried out during the year 1950 on behalf of the local health authority by the chest physicians and tuberculosis health visitors:—

(a) *Chest Physicians.*

Patients visited at their homes:—

New persons and contacts examined for diagnosis or expert opinion	318
Revisits to old cases and old contacts—	
For special forms of treatment or diagnosis	115
Respecting continued general supervision or dispensary treatment	1,022
Contacts respecting diagnosis	11
Ordinary cases respecting diagnosis	55

(b) *Tuberculosis Health Visitors.*

Number of attendances at Care Committee meetings	40
Number of lectures or addresses given	39
Home visits—	
Routine visits—	
(i) New cases and contacts	3,412
(ii) Old cases and contacts	34,273
Visits for special purposes—	
(i) Surgical dressings	388
(ii) Orthopaedic attention	528
(iii) Other actual nursing	832
Initial visits regarding Tuberculosis Regulations	113

In addition, the tuberculosis health visitors attended a total of 7,086 dispensary sessions during the year.

A summary of the work of the tuberculosis health visitors in the respective Health Divisions is given in Table 19, page 147.

In tuberculosis the action and supervision of the hospital and clinic can seldom suffice to secure the social and physical welfare of patients and their families which is vital to the effective treatment and control of the disease. A care and after-care organisation is required which will co-operate with, but not overlap, the treatment services and whose basic function will be to help solve the special problems of the tuberculous household and so relieve domestic difficulties and worry. To this end, the County Council, in conjunction with other bodies, have made available the facilities summarised below:—

Extra nourishment.—The National Assistance Board may make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Board, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge.

Extra beds and bedding.—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

Nursing equipment.—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

Medical requisites.—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks and cups with wax refills, and pillow cases.

Shelters.—Garden shelters are loaned to suitable cases and are transported, erected and maintained free of charge.

Home help.—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder but greater allowances are made where a person has suffered loss of income in order to undergo treatment for respiratory tuberculosis. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination.

Rehabilitation.—One of the greatest problems facing a patient who has undergone lengthy treatment is the return to employment. He must be guarded against the risk of a relapse, light work in good surroundings and preferably under medical supervision often providing the answer. In other cases, arrangements have been made with voluntary organisations, who maintain village settlements where industrial training is provided, to take suitable cases from the County area. The whole or part of the cost may be recovered from the patient according to his family circumstances. As a rule the patient has no earned income and so far no charge has been made to a patient for his maintenance.

The cost of rehabilitation is highest while the patient is learning his trade and on his transfer to the workshops the cost decreases over a period of about three years. The County Council accept responsibility for the case up to five years after which the patient is deemed to be resident in the colony.

Arrangements have been made with the following units:—

East Lancashire Tuberculosis Colony, Barrowmore Hall, Nr. Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.

Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.

British Legion Village, Preston Hall, Maidstone, Kent.

Several voluntary Care Committees are still functioning in the County area and carrying out valuable work by assisting patients suffering from tuberculosis and also their families. Health visitors carry out liaison with these Committees and attended 40 meetings during the year.

Non-notified fatal cases.—Reference is made in the section of the Report on the "Prevalence of, and Control over, Infectious Diseases" to deaths from tuberculosis in persons not notified before death and to the regrettable fact that the proportion of non-notified fatal cases to total fatalities from tuberculosis rose sharply in 1950 to almost one death in every five.

Unfortunately, as these cases only come to light on receipt by the Medical Officer of Health of a copy of the death certificate, it is obvious that no steps can have been taken in such instances to control the spread of infection and this is, without doubt, a serious matter, particularly as regards members of the family of the deceased who must have been in close contact with the case during life and who often appear comparatively healthy.

It is, therefore, essential for the prevention of tuberculosis that such cases should not escape notification. To overcome this, however, is far from easy as there is a natural reluctance on the part of many persons infected with tubercle to disclose the fact or, if doubtful, to ascertain the truth by medical examination and thus place themselves in the hands of the authorities for treatment or the application of measures designed to ensure the protection of other members of the community.

Mass radiography has, to some extent, assisted in ascertaining additional and perhaps unsuspected cases, but there is undoubtedly a real need for an extension of health education activities in this direction to get over to the public a full appreciation of their moral responsibilities. Additionally, of course, there must run parallel with such teaching increased facilities for the isolation and treatment of infective cases—facilities which, unfortunately, owing to staffing difficulties, at present fall far short of the desired optimum.

Mass Radiography.—The Liverpool and Manchester Regional Hospital Boards who cover between them the Administrative County area, have mass radiography units which are set up at different centres.

(a) In 1950 Liverpool Regional Hospital Board carried out a survey in Widnes during which 4,200 persons were examined. The number of miniatures taken is classified below. As a result of the survey 80 persons were referred to their own doctor or to a chest clinic for further investigation. Fifteen cases of active respiratory tuberculosis were found, representing a rate of 3.6 cases per 1,000 persons examined. No active cases were found in 495 persons examined who were less than 15 years of age.

Number of miniatures taken—	Male	Female	Total
(a) Factories, etc. — — — —	2,167	842	3,009
(b) General public — — — —	162	223	385
(c) Schools — — — —	236	570	806
	2,565	1,635	4,200
Number of cases recalled for large film —	114	72	186

(b) Manchester Regional Hospital Board carried out surveys during the year in Morecambe and Heysham M.B., Walton-le-Dale U.D., Rawtenstall M.B., Radcliffe M.B., and Bacup M.B. In addition, the units X-rayed the employees of industrial establishments in Euxton (Chorley R.D.), Stretford M.B., Chadderton U.D. and Failsworth U.D.

In accordance with the scheme for mass radiography the place of employment is taken as the criterion for the surveys and not the place of residence.

The following statement shows the number of persons who were examined during the above-mentioned surveys:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employees in factories, works, etc., and members of the general public	24,175	14,486	38,661
School children (14 years and over)	1,237	1,104	2,341
TOTAL	25,412	15,590	41,002

The medical director of the unit forwards to the divisional medical officer a preliminary report on the conclusion of a survey, and a final report as soon as the results are known. Owing to the doubtful nature of many of the abnormalities found and the consequent need for a period of observation, there is an unavoidable time-lag between the termination of a survey and the ascertainment of the results.

Reports so far completed show that the number of cases of active respiratory tuberculosis discovered were equal to a rate of 1.4 per 1,000 persons examined in Morecambe, 3.2 per 1,000 in Walton-le-Dale, 2.5 per 1,000 in Rawtenstall, and 1.6 per 1,000 in Radcliffe. For the surveys carried out in the industrial establishments the rate varied from 0.8 to 2.7 per 1,000 examinees.

Of the 2,341 scholars X-rayed during the year, two were found to be suffering from active respiratory tuberculosis and were admitted to sanatorium; 45 cases of inactive tuberculosis and 38 non-tuberculous conditions were also discovered, all of which were regarded as requiring no action with the exception of six cases which were either referred to the chest physician for observation or to their own doctor.

Vaccination against tuberculosis.—In December, 1949, the Minister of Health approved the County Council's proposals to provide for B.C.G. vaccination by and at the instance of a physician with specialist knowledge and experience of tuberculosis in approved cases where the patient is known to be in contact with tuberculous infection. Chest physicians in clinics dealing with patients from the County area have been elected to undertake B.C.G. vaccinations under the care and after-care scheme. Few cases, however, were dealt with in 1950.

HOME HELP SERVICE

There is no doubt that during the year 1950 the Home Help Service consolidated its position both in its own right as one of the welfare services and as an auxiliary to the hospital services. The service became more widely known and the amount of assistance provided steadily increased. The most marked feature was the increase in help given to the aged and infirm, and repeated expressions of satisfaction have been received from this class of case. The problems of the aged and infirm have received close attention and home help has been provided in many cases as a result of co-operation with Voluntary Old People's Welfare Committees. Also, Welfare Officers have given talks to Old Age Pensioners' Associations and other similar organisations with a view to explaining the facilities provided by the Home Help Service and how the service can most advantageously and economically be used.

The staff of home helps has further increased but there has been some adjustment in that less helps are now employed on a retaining fee and more use is being made of casual helps. The rapid expansion of the staff experienced last year has come to an end. The reasons vary from district to district but mainly it can be said that some areas now have sufficient staff to cope with all demands for service but in other areas, especially in East Lancashire, recruitment has ceased because there is more remunerative employment readily available in other occupations, and in these areas there is still need for additional helps.

Changes in the composition of the home help staff can be seen from the following table:—

	No. of home helps employed at 31st December		
	1948	1949	1950
Whole-time helps	20	19	15
Helps on retaining fee	127	298	278
Casual helps	213	406	565
TOTAL	360	723	858

The following table shows, by Health Divisions, the number of home helps employed on the 31st December, 1950, together with the number of cases for which home help was provided during 1950 and the comparative totals for 1949.

Health Division No.	No. of home helps employed at 31st December, 1950			No. of cases for which a home help was provided during year for—				
	Whole-time	Part-time		Confinements		Sickness (including tuberculosis)	Old age and infirmity	Total
		On retaining fee	Casual	At home	Away from home			
1	—	2	21	26	3	44	32	105
2	—	1	42	52	1	129	96	278
3	2	14	13	85	29	74	60	248
4	—	20	32	101	22	168	79	370
5	—	18	14	92	8	78	45	223
6	6	11	10	138	18	111	100	367
7	1	24	53	140	55	396	60	651
8	—	16	19	58	7	59	28	152
9	1	60	101	213	42	340	243	838
10	—	—	57	34	7	69	78	188
11	1	16	106	67	7	254	232	560
12	1	24	31	97	65	330	90	582
13	—	13	7	49	11	74	46	180
14	1	14	7	82	34	85	112	313
15	—	25	12	98	3	117	68	286
16	2	11	4	44	27	81	24	176
17	—	9	36	92	8	54	216	370
Total—Administrative County—1950	15	278	565	1,468	347	2,463	1,609	5,887
1949	19	298	406	1,303	279	1,759	1,021	4,362

Under section 29 (2) of the National Health Service Act, 1946, a local health authority may, with the approval of the Minister of Health, recover from persons availing themselves of the home help service such charges, if any, as the authority consider reasonable having regard to the means of these persons. For these charges, the County Council have adopted a scale of allowances, comparable with the National Assistance Board's grants, in order to assess the net income from which recovery could be made. The charge made to the applicant, calculated according to the scale, does not in any case exceed the actual cost of the service. The actual cost of the service is calculated on the wage paid to the help plus an amount of 5d. per hour for administrative charges, e.g., insurance, travelling expenses, printing, stationery and postages, etc. If the circumstances justify it the charges are reduced after the third week of service.

Conferences of Home Help Organisers were held at the County Hall from time to time and these have proved most valuable in bringing out the difficulties experienced by organisers in their day-to-day work on the district.

The Association of Home Help Organisers held a two-day refresher course for organisers at the County Hall on the 16th and 17th May, 1950, when the delegates were welcomed by the Chairman of the Health Committee. Each lecture was followed by a period for questions and discussion on the subject matter of the lecture and it was most interesting to hear experiences of other authorities in the organisation of their Home Help Services.

MENTAL HEALTH

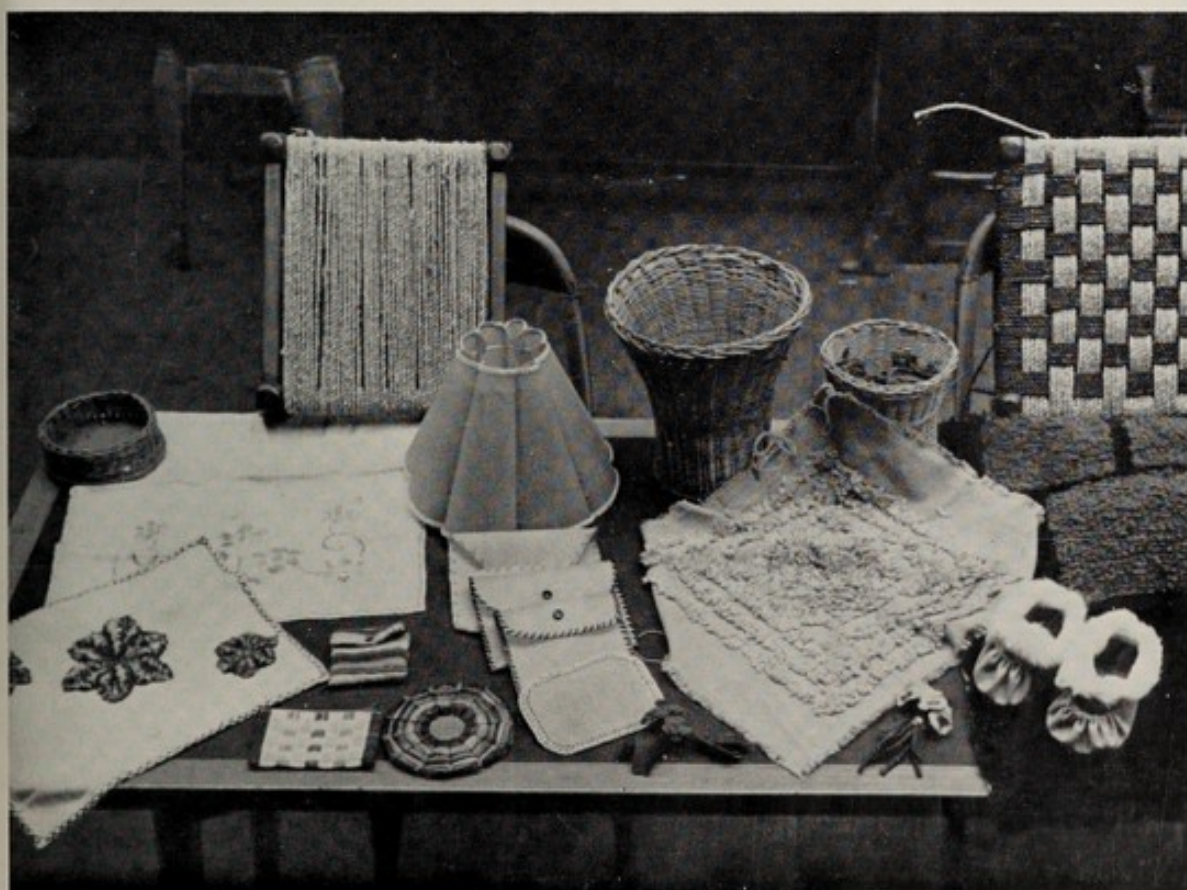
Administration.—The following duties relating to Mental Health were assigned to the County Council, as the local health authority, under the provisions of the National Health Service Act, 1946, which came into operation on the 5th July, 1948:—

- The power and, to the extent the Minister of Health directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness;
- The ascertainment and (where necessary) removal to institutions of mental defectives, and the supervision, guardianship, training and occupation of those in the community.

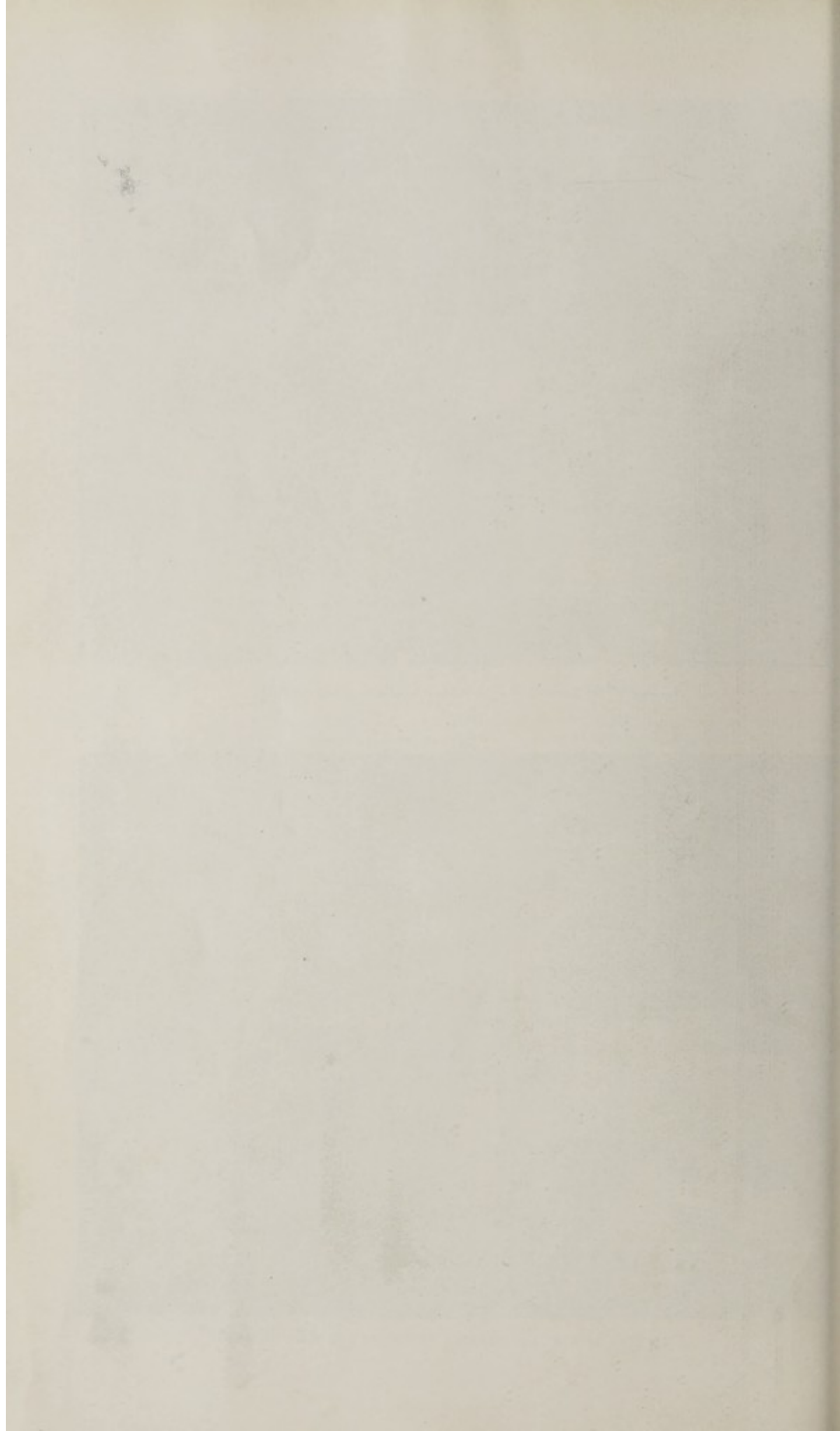
The proposals of the County Council for the provision of a mental health service for the Administrative County, which were duly approved by the Minister of Health on the 6th April, 1948, were reproduced in the Annual Report for 1947.



OCCUPATION CENTRE FOR THE MENTALLY HANDICAPPED



EXAMPLES OF ARTICLES MADE BY THE MENTALLY HANDICAPPED



In order to carry out their duties in regard to mental health, the Health Committee, to whom were referred all matters relating to the discharge of the functions of the local health authority, set up a Mental Health Sub-Committee consisting of 20 members of the County Council, together with representatives of the Lancashire Non-County Boroughs Association, the Lancashire Branch of the Rural District Councils Association, the Lancashire Executive Council, the Lancashire Local Medical and Panel Committee and the Liverpool Regional Hospital Board. This Sub-Committee, which was re-appointed for the year 1950, meets as is found necessary.

As from the 1st April, 1949, the Health Committee decided that the functions of the County Council under the National Health Service Act, 1946, relating to Mental Health, should be delegated as far as practicable to the 17 Divisional Health Committees in accordance with the County Council's Divisional Health Administration Scheme, the Third Schedule to which provides for the delegation of such additional duties as may, from time to time, be referred to Divisional Health Committees by the Health Committee. Each Divisional Health Committee is constituted of members of the County Council, together with representatives of the Councils of County Districts within the Division, the Management Committees of the hospitals serving the Division, the Education Divisional Executives within the Division, and persons co-opted at the discretion of the Divisional Committee with the approval of the Health Committee. Divisional Health Committees meet at regular monthly intervals.

STAFF EMPLOYED.—The County Medical Officer is responsible for the control of the Mental Health Service whilst the Divisional Medical Officer and his Assistant Divisional Medical Officers in each of the 17 Health Divisions set up in the County by the local health authority are responsible for the routine work.

Twenty-six duly authorised officers and nine female mental health workers are allocated to the Health Divisions.

Staffs at the six occupation centres in the Administrative County area consist of—

Lancaster	—	—	Supervisor and assistant supervisor.
Crosby	—	—	Supervisor; assistant supervisor; guide.
Huyton	—	—	Supervisor; two assistant supervisors; guide.
Ramsbottom	—	—	Supervisor; assistant supervisor; meals assistant; guide.
Chadderton	—	—	Supervisor; assistant supervisor; guide.
Stretford	—	—	Supervisor and assistant supervisor.

The qualifications and experience of the staff engaged in the Mental Health Service were set out in the Annual Report for 1948.

HOSPITAL SERVICES.—The local health authority has representation on the Liverpool and Manchester Regional Hospital Boards, and Hospital Management Committees have representation on the various Divisional Health Committees.

On behalf of Hospital Management Committees, the local health authority undertake the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives. In addition, case histories in respect of newly admitted patients to mental hospitals and reports on (a) the home conditions of patients under consideration for licence or discharge from hospitals and institutions and (b) the home conditions of patients in institutions whose cases were due for consideration under section 11 of the Mental Deficiency Act, 1913, have been obtained on request. The number of visits paid in these cases totalled 2,605, as follows:—

<i>Mental illness—</i>	<i>No. of visits</i>
Case histories	567
Reports on home conditions for licence on trial or discharge	241
<i>Mental deficiency—</i>	
Progress reports on cases on licence	607
Reports on home conditions for :	
(a) licence or discharge	620
(b) the purpose of section 11 of the Mental Deficiency Act, 1913	570
	2,605

DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.—The local health authority have not delegated to voluntary associations any of their duties under the Lunacy and Mental Treatment Acts, 1890 to 1930, the Mental Deficiency Acts, 1913 to 1938, and section 28 of the National Health Service Act, 1946, relating to persons suffering from mental illness or mental defectiveness or the after-care of such persons.

TRAINING OF MENTAL HEALTH WORKERS.—During the year, two supervisors and one assistant supervisor attended a refresher course for occupation centre staffs held in London from the 12th to the 20th April.

Work Undertaken in the Community.—UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.—*Prevention, care and after-care (persons suffering from mental illness or mental defectiveness).*—Psychiatric out-patient clinics were attended by duly authorised officers and female mental health workers as required. One hundred and eleven attendances were made at clinics in Burnley, Blackburn, Macclesfield, Manchester, Oldham, Ormskirk, Salford and Warrington.

Care and after-care home visits were made as follows:—

	<i>No. of visits</i>
In respect of patients attending out-patient clinics	109
In respect of persons under observation, requiring advice, etc.	2,190
In respect of patients discharged from mental hospitals, including ex-service personnel	2,192
In respect of patients discharged from mental deficiency institutions or guardianship	52

UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930, BY DULY AUTHORISED OFFICERS.—The following is a summary of the work undertaken by duly authorised officers under the above Acts:—

	<i>No. of cases</i>
(1) Admitted to an establishment designated for the purpose by the Minister of Health:—	
(a) On a three-days order under section 20 of the Lunacy Act, 1890	483
(b) On a 14-days order of a Justice under section 21 of the Lunacy Act, 1890	542
(2) Summary reception orders made:—	
(a) Patient conveyed to a mental hospital from another hospital or establishment :	
(i) Following detention on an order under section 20 or 21 of the Lunacy Act, 1890	316
(ii) Not following detention on an order made under section 20 or 21 of the Lunacy Act, 1890	18
(b) Patient admitted direct to mental hospital	196
(c) In respect of a patient already in the same mental hospital:	
(i) As a voluntary patient	40
(ii) Under the provisions of section 20 or 21 of the Lunacy Act, 1890	364
(3) Notified as an alleged person of unsound mind or suffering from mental illness and :—	
(a) Dealt with as :	
(i) a voluntary patient	467
(ii) a temporary patient	26
(b) No order made. (Excludes cases already shown under (3) (a))	391
(4) Transfers from one mental hospital to another	90

UNDER THE MENTAL DEFICIENCY ACTS, 1913 TO 1938.—*Ascertainment.*—The total number of cases reported to be mentally defective was 221 (129 males and 92 females). Of this number 115 (75 males and 40 females) were reported under section 57 of the Education Act, 1944.

The cases were disposed of as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Placed under statutory supervision	81	51	132
Placed under voluntary supervision	5	9	14
Admitted to institutions	12	9	21
In a place of safety under section 15 of the 1913 Act	1	1	2
Died or removed from area	2	2	4
Action not yet taken	28	20	48
	129	92	221

The number of cases awaiting institutional care at the end of the year was 145 (63 males and 82 females).

The total number of cases on the "Register of Defectives in the Community" at the end of the year, excluding those on licence from institutions and discharged from institutional care or guardianship, was 1,363, as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases "subject to be dealt with":—			
Under guardianship (by order) —	17	16	33
Under statutory supervision —	505	493	998
Action not yet taken —	37	28	65
In places of safety —	4	9	13
Cases "not subject to be dealt with":—			
Under voluntary supervision or in which some form of contact is maintained....	127	127	254
	<u>690</u>	<u>673</u>	<u>1,363</u>

The total number of defectives admitted to institutions during the year, including new cases reported during the year, was 76 (49 males and 27 females).

Of the number admitted to institutions, 11 (8 males and 3 females) were committed from the Courts and 3 (1 male and 2 females) were transferred from Home Office Approved Schools and H.M. Prisons.

The total number of cases in institutions at the end of the year was 1,320 (776 males and 544 females).

Guardianship and Supervision.—No new cases were placed under guardianship during the year. Since the 31st December, 1949, the number of cases under guardianship has decreased by four, due to deaths (2), removal to institution (1) and discharge of order (1). Maintenance grants, ranging from 15s. to 40s. per week, were being made in 27 of the 33 cases under guardianship at the end of the year.

The number of home visits by duly authorised officers and female mental health workers to cases in the community, excluding those on licence from institutions and discharged from institutional care or guardianship, totalled 5,375, as follows:—

	<i>No. of visits</i>
Cases "subject to be dealt with":—	
Under guardianship —	301
Under statutory supervision —	4,207
Cases "not subject to be dealt with":—	
Under voluntary supervision or in which contact is maintained —	867
	<u>5,375</u>

Training.—During the year two occupation centres were opened in rented premises, one at Ramsbottom and the other at Chadderton. There are now six occupation centres functioning in the area of the Administrative County.

The total number of cases attending occupation centres at the end of the year was 252 (109 males and 143 females). Of this number, 171 (75 males and 96 females) attended County centres in Lancaster, Crosby, Huyton, Ramsbottom, Chadderton and Stretford, and 81 (34 males and 47 females) County Borough centres in Blackburn, Burnley, Manchester, Oldham, Preston, Salford, St. Helens, Warrington and Wigan.

Ambulance Service.—The ambulance facilities provided by the local health authority are available for the removal of persons suffering from mental illness or mental defectiveness.

OTHER SERVICES

Medical Examinations carried out by Divisional Medical Staff.—The medical staff employed in the health divisions have the responsibility of carrying out medical examinations for a variety of County Council purposes. Chief among these are examinations to determine the fitness of employees to enter the County Council's Superannuation and Sickness Pay Schemes and the examination of children in the care of the Children's Committee. In addition, Divisional Medical Officers holding appointments as Medical Officers of Health of County districts within their divisions also arrange the medical examination for superannuation purposes of employees of the Councils of those County districts.

The total number of medical examinations carried out for the above and other purposes is very large and in consequence the time spent by medical officers in this work is considerable. An indication of the extent of the work during 1950 is given in the following table which, though not an exhaustive statement, includes the major groups of examinations undertaken:—

Health Division No.	Type of medical examination							Total examinations
	Employees— for fitness to enter County Council's superannuation scheme	Employees— for fitness to enter other authority superannuation schemes	Employees— for fitness to enter County Council's sickness pay scheme	County Council employees— for fitness to return to duty	Children in the care of the Children's Committee	Under Mental Deficiency Acts	Others	
1	64	6	77	4	33	3	*2	189
2	95	33	164	1	293	27	—	613
3	68	5	82	10	296	17	—	478
4	132	2	266	37	276	19	—	732
5	122	108	155	31	137	15	—	568
6	105	33	101	7	111	8	—	365
7	118	63	214	18	103	12	*144	672
8	68	24	89	—	101	6	—	288
9	114	38	110	2	202	5	—	471
10	32	14	63	1	76	12	—	198
11	121	1	218	—	109	10	†17	476
12	102	101	131	—	174	—	—	508
13	46	30	46	—	35	12	—	169
14	61	20	141	—	27	10	†54	313
15	84	20	117	—	81	53	—	355
16	64	112	34	—	23	—	—	233
17	118	37	132	1	61	10	—	359
Administrative County	1,514	647	2,140	112	2,138	219	217	6,987

† Children proceeding to Camp Schools—undertaken at request of Lancashire Education Committee.

* Examination of students for entrance to training colleges.

Nursing Homes.—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936.

At the end of 1950, there were 41 registered nursing homes in the County area, all of which were re-inspected periodically by the Divisional medical staffs.

The 41 nursing homes were situated in the following districts:—

Health Division No. 1—

Grange U.D. 1
Ulverston U.D. 1

Health Division No. 2—

Carnforth U.D. 1
Lancaster M.B. 1
Morecambe & Heysham M.B. 1
Lunesdale R.D. 1

Health Division No. 3—

Fleetwood M.B. 2
Lytham St. Annes M.B. 6
Poulton-le-Fylde U.D. 2
Thornton Cleveleys U.D. 3

Health Division No. 4—

Longridge U.D. 1

Health Division No. 5—

Blackburn R.D. 1

Health Division No. 6—

Burnley R.D. 1

Health Division No. 7—

Crosby M.B. 4
Formby U.D. 4
West Lancashire R.D. 1

Health Division No. 8—

Orrell U.D. 1

Health Division No. 9—

Huyton-with-Roby U.D. 1

Health Division No. 10—

Golborne U.D. 1
Warrington R.D. 2

Health Division No. 12—

Whitefield U.D. 1

Health Division No. 15—

Eccles M.B. 1

Health Division No. 16—

Urmston U.D. 1

Health Division No. 17—

Ashton-under-Lyne M.B. 1
Denton U.D. 1

The following is a summary of the action taken with regard to the registration of nursing homes during 1950:—

Applications for registration under consideration at 31st December, 1949	5
Applications for registration received	6
Certificates of registration issued	10
Applications withdrawn	nil
Applications refused	nil
Applications under consideration at 31st December, 1950	1
Certificates of registration cancelled	1
Re-inspections carried out	53

Particulars of the cases admitted to and treated in the nursing homes during 1950 are given in the following statement:—

No. of patients admitted to the nursing homes—

Maternity	1,175
Medical	871
Surgical	490
No. of confinements	1,173
No. of confinements in which Minnitt's apparatus was used	701
No. of live births	1,170
No. of stillbirths	21
No. of deaths of infants within 14 days of birth	11
No. of operations	470
No. of deaths (all causes)	222

Agencies for the Supply of Nurses.—Part 2 of the Nurses Act, 1943, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him so to do on those premises. The County Council are the licensing authority in the Administrative County for this part of the Act.

At the end of 1950, two agencies—both at Lytham St. Annes M.B.—had been licensed.

Compulsory Removal of Persons in need of Care and Attention.—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

According to local reports, action under this section of the Act was found necessary by three district councils during 1950, in each case in respect of persons found to be living in insanitary conditions and incapable of devoting to themselves proper care and attention. At Chorley M.B. an order covering a period of three months was made in respect of a female, aged 70 years, who was removed to hospital, where she was still accommodated at the end of the year. A similar order was secured at Clayton-le-Moors U.D. to enable the removal of a 65-years-old female to accommodation provided under Part III of the Act where she subsequently continued to reside by choice. At Darwen M.B. a three-months order was obtained in respect of a female, aged 72 years, securing her removal to Part III Accommodation. The period of the order was subsequently extended and the woman died on the 3rd February, 1951.

WELFARE SERVICES

THE NATIONAL ASSISTANCE ACT, 1948

Section 21 (1) of the above Act provides that it shall be the duty of every local authority, subject to and in accordance with the provisions of Part III of the Act, to provide—

(a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them ;

(b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.

Section 21 (2) provides that in the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different descriptions of such persons as are mentioned in sub-section (1).

These functions of the County Council are carried out in accordance with a scheme made by the County Council and approved by the Minister of Health. The approved scheme was printed in full on pages 85 to 94 of the Annual Report for 1948.

Accommodation provided.—Accommodation is provided in premises managed by the County Council, other local authorities and voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with accommodation during 1950:—

	<i>Males</i>	<i>Females</i>	<i>Children</i>
Hostels managed by County Council.....	92	76	—
Hostels managed by other local authorities.....	8	14	1
Former public assistance institutions managed by the County Council	1,007	836	891
Former public assistance institutions, etc., managed by other local authorities	467	447	54
Establishments managed by voluntary organisations—			
Homes for the Blind	21	48	—
Other than Homes for the Blind	46	155	—
TOTALS	1,641	1,576	946

Of this total of 4,163 County residents, 2,059 (647 males, 596 females and 816 children) were discharged during the year and 20 males and 41 females died, leaving 2,043 (974 males, 939 females and 130 children) still in residence at the 31st December, 1950, as compared with 1,960 (921 males, 894 females and 145 children) at the 31st December, 1949, and 1,749 (843 males, 773 females and 133 children) at the 31st December, 1948.

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities, mainly those authorities with whom "user" agreements existed prior to the 5th July, 1948. There were 290 (149 males, 126 females and 15 children) such cases still in residence at the 31st December, 1950, as compared with 293 at the 31st December, 1949.

A more detailed statement of the numbers of persons provided with residential and temporary accommodation in the various establishments during the year 1950 is set out in Tables 20 to 25 on pages 148 to 154. The few minor discrepancies which may be revealed by a comparison of the figures given under the column headings "Residents at 31st December, 1949" in these tables with those shown under the headings "Number accommodated at 31st December, 1949" in the corresponding tables of the Report for 1949 are due to the inclusion in the former of information not available when the latter were published.

The accommodation managed by the County Council is provided either in hostels or in parts of former County public assistance institutions and the following is a list of such premises in use during the year:—

HOSTELS

<i>Health Division No.</i>	<i>Hostel</i>	<i>Accommodation</i>	<i>Remarks</i>
5	"Hill Top", Manchester Road, Accrington	16	—
8	"The Limes", Chorley Road, Standish	24	—
	"Burtholme", Chorley Road, Worthington	19	—
12	"Hazelhurst", Bolton Road West, Ramsbottom	16	Opened 19th May, 1950
13	"Oaklands", Rochdale Road, Milnrow	12	—
	"Olive House", New Line, Bacup	13	—
	"Brooklyn", Rochdale Road East, Heywood	20	—
14	"Claremont", 78 Windsor Road, Oldham	18	—

FORMER COUNTY PUBLIC ASSISTANCE INSTITUTIONS

<i>Health Division No.</i>	<i>Premises</i>	<i>Health Division No.</i>	<i>Premises</i>
1	27 Stanley Street, Ulverston.	9	"Delphside", 1 Warrington Road, Whiston.
2	"Bay View House", 2 Quernmore Road, Lancaster.	11	"Atherleigh Grange", Leigh Road, Leigh.
3	"The Highlands", Wesham, Kirkham.	12	"Valley View", Haslingden Road, Rawtenstall.
4	"Moorlands", 152 Eaves Lane, Chorley.	12	380 Rochdale Old Road, Bury.
4	"The Beeches", Garstang.	15	"Bridgewater House", Patricroft, Eccles.
5	"Penmoor", Chatburn Road, Clitheroe.	17	"Lakeside", Ashton-under-Lyne.
7	74 Wigan Road, Ormskirk.		

Further Accommodation.—The following premises had been acquired by the County Council for use as hostels for aged persons and each of these will be brought into use as soon as the work of adaptation is completed:—

<i>Health Division No.</i>	<i>Premises</i>	<i>Probable accommodation</i>
3	"Norcross", Norcross Lane, Carleton, Thornton Cleveleys	25
	"The Woodlands", St. Andrew's Road South, St. Annes-on-Sea	24
5	"Glendene", Knowsley Road, Clayton-le-Dale, Wilpshire	16
6	"Stanley Villas", 63 Albert Road, Colne	15
	Marles Hill, Barrowford	12
		(to be extended)
7	"Marbenthe", Marine Terrace, Waterloo	22
	Sefton House, Junction Lane, Burscough	28
12	"Redcliffe", Hilton Lane, Prestwich	32
16	98 and 100 Talbot Road, Stretford	25
17	"Holme Lea", Astley Road, Stalybridge	20

During the year 29 properties were inspected but only two were found to be suitable for use as hostels. At the end of the year one of these properties had been acquired and negotiations for the purchase of the other were still in progress.

BUILDING OF NEW HOSTELS.—The Minister of Health approved, with modifications, the County Council's plan for the new hostels proposed to be erected and working drawings, specifications, etc., were in course of preparation with a view to tenders being invited early in 1951. The first four hostels to be erected will be located as follows:—

Health Division No. 6	—	Marsden Hall Road North, Nelson.
" " " 8	—	Atherton Road, Hindley.
" " " 9	—	St. John's Road East, Huyton.
" " " 14	—	Hollins Estate, Middleton.

Adaptation of Premises.—Schemes have been prepared of the work considered necessary to improve the accommodation provided for residents in the former County public assistance institutions, but little advance has been possible. The amount of work required to bring the accommodation into line with present-day standards will be costly and as the County Council have no certain security of tenure of such premises, which were transferred to the Minister of Health on the operation of the National Assistance Act, 1948, the financial commitments likely to be entered into by the County Council require careful consideration. At the end of the year progress was being made with the Regional Hospital Boards concerned in the formulation of satisfactory arrangements regarding the carrying out of the necessary work and as to the financial implications.

Difficulties also arise in view of the overcrowded nature of some of the accommodation, but improvements have continued to be made to the extent possible in the amenities at these premises.

Voluntary Organisations.—Advantage has continued to be taken of accommodation in premises provided by voluntary organisations and arrangements have been made for the admission of aged or handicapped persons for whom the County Council have the responsibility of providing accommodation under the National Assistance Act, and financial responsibility has been accepted for other residents in appropriate circumstances.

The continued interest in and work carried out among old people by members of voluntary organisations is much appreciated. The County Council make a grant of £500 to the Community Council of Lancashire in connection with the organisation of old people's welfare work under the direction of the County Old People's Welfare Committee, who act as a central body co-ordinating the formation of local voluntary committees in areas where these do not at present exist and stimulating the work of existing local Old People's Welfare Committees.

Temporary Accommodation.—The Act places a duty on the local authority to provide temporary accommodation for persons who are in urgent need thereof in certain circumstances and, apart from individual cases which arise from time to time, the provision is made to cover persons who may be temporarily in need of accommodation in consequence of such circumstances as flood, fire or eviction. No special provision had to be made during the year regarding cases affected by flood or fire but several evicted families were provided with accommodation, in some cases for extended periods owing to their inability to obtain permanent housing accommodation in view of the reasons for eviction from their previous homes.

Accommodation provided under the National Assistance Act is not to be used for ordinary housing purposes.

Close contact is maintained with the appropriate housing authorities with the object of getting such families re-housed and, further, with a view to implementing the recommendations of the Joint Conference of Local Authorities' Associations held on the 25th July, 1950, on the question of accommodation for homeless families.

WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister.

The arrangements made by the County Council for promoting the welfare of persons referred to in the previous paragraph are carried into effect in accordance with a scheme approved by the Minister of Health. The scheme, which is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", was reproduced on pages 95 to 101 of the Annual Report for 1948.

Blind Persons.—During the year under report, the main effort of the County Council was directed towards the registration of blind persons, and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special workshops for the blind or at home, arrangements for the marketing of their produce, the provision of hostel accommodation for certain blind persons, and the promotion of the general social welfare of all registered blind persons.



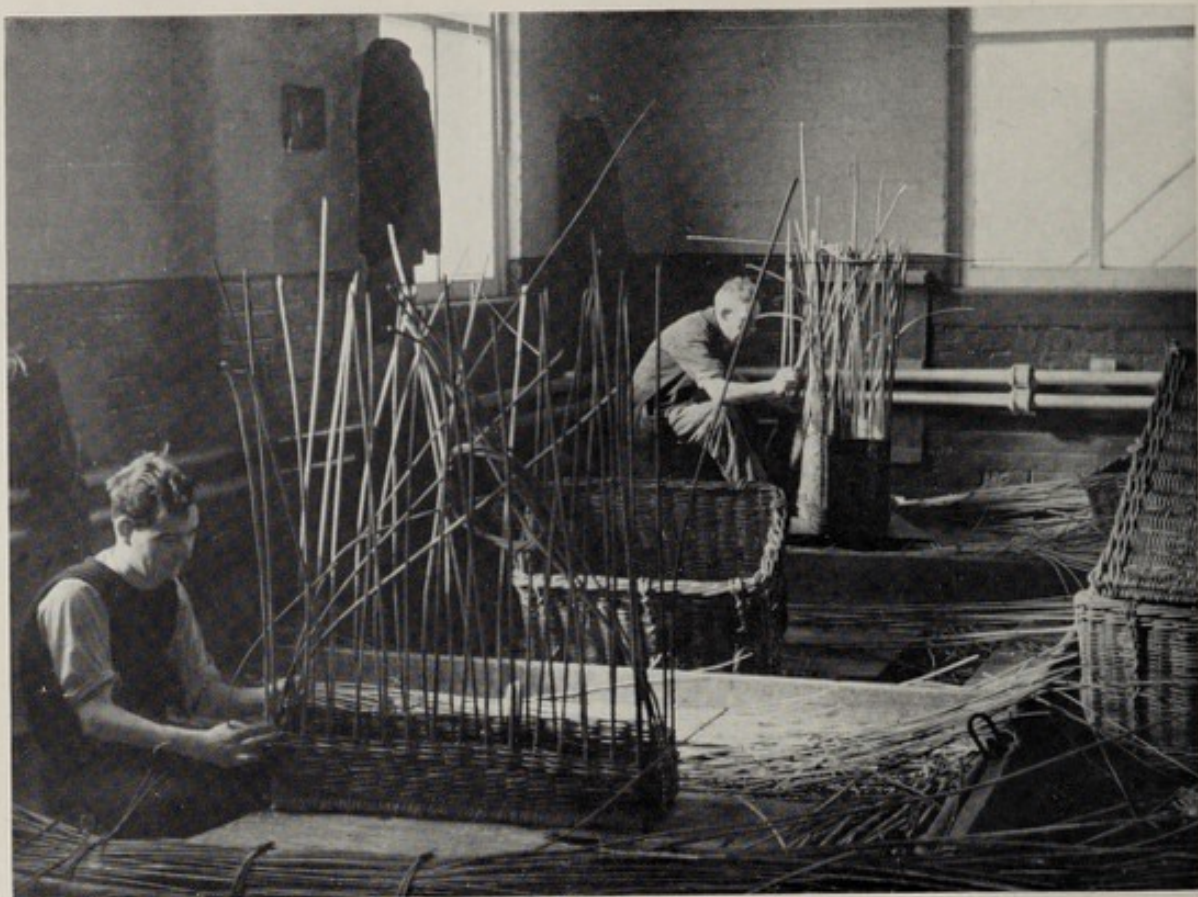
(By courtesy of Waverley (Liverpool) School for the Blind)

CLASSWORK IN SPECIAL SCHOOL FOR THE BLIND



(By courtesy of Waverley (Liverpool) School for the Blind)

ARITHMETIC BY BRAILLE



(By courtesy of Fulwood (Preston) Institute for Blind Welfare)

WORKSHOP FOR THE BLIND—SKIP MAKING



(By courtesy of Fulwood (Preston) Institute for Blind Welfare)

WORKSHOP FOR THE BLIND—CHAIR CANING

REGISTRATION OF BLINDNESS.—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology, and the medical portion of the form which is completed is identical with form B.D.8 referred to in the Ministry of Health Circular 1353, dated 5th October, 1933.

During the year 1950, 757 examinations or re-examinations were arranged with the following results:—

	No.	Percentage of total number examined
Persons certified as blind	500	66.05
Persons certified as <i>not</i> blind	257	33.95

At the end of 1950 there were 4,152 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the corresponding figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1949	6	63	45	367	911	2,744	4,136
1950	14	58	49	348	873	2,810	4,152

WORKSHOP EMPLOYMENT.—During the year 1950 the following 15 workshops for the blind employed a total of 197 blind persons under arrangements with the County Council:—

<i>Controlling Body</i>	<i>Address of Workshops for the Blind</i>
Accrington and District Institution for the Blind.	32, Bank Street, Accrington.
Blackburn County Borough Council.	Thornber Street, Havelock, Blackburn.
Blackpool and Fylde Society for the Blind.	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council.	Marsden Road, Bolton.
Burnley County Borough Council.	Brunswick Street, Todmorden Road, Burnley.
Fulwood (Preston) Institute for Blind Welfare.	Lytham Road, Fulwood, Near Preston.
Liverpool Cornwallis Street Workshops for the Blind.	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Asylum.	Brunswick Road, Liverpool.
Liverpool Hardman Street Workshops for the Blind.	Hardman Street, Liverpool.
Manchester Henshaw's Institution for the Blind.	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind.	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries.	Werneth, Oldham.
St. Helens and District Workshops for the Blind.	Boundary Road, St. Helens.
Warrington, Widnes and District Workshops for the Blind.	4, Museum Street, Warrington.
Wigan, Leigh and District Workshops for the Blind.	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below:—

Occupation	Men	Women	Total
Brush maker	53	3	56
Machine knitter	—	40	40
Basket maker	26	3	29
Skip maker	26	—	26
Mat maker	23	—	23
Boot and shoe repairer	10	—	10
Chair caner	1	5	6
Upholsterer	1	1	2
Mattress maker	—	2	2
Furniture maker	2	—	2
Porter	1	—	1
TOTAL	143	54	197

Remuneration.—Money payments were made to the blind persons employed in workshops on such basis as the Council decided in consultation with the authorities or the registered Voluntary Organisations managing the workshops.

All the blind persons employed at workshops for the blind were registered under the Disabled Persons (Employment) Act, 1944, and were approved as blind workers by the Ministry of Labour and National Service.

HOME EMPLOYMENT.—The County Council continued to carry out the existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the Council, to carry out such work in their homes, occupational centres or elsewhere, i.e., other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff, or by arrangements with the registered Voluntary Organisations. In this scheme, blind persons in this class are referred to as home workers. A blind person is not admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may from time to time approve.

The following Agencies for the Blind supervised on behalf of the County Council the blind persons included in home workers' schemes:—

- Accrington and District Institution for the Blind.
- Barrow, Furness and Westmorland Society for the Blind.
- Bolton Workshops for the Blind.
- Burnley and District Society for the Blind.
- Colne and District Society for the Blind.
- Fulwood (Preston) Institute for Blind Welfare.
- Liverpool Cornwallis Street Workshops for the Blind.
- Manchester Henshaw's Institution for the Blind.
- Manchester National Library for the Blind.
- Rochdale and District Blind Welfare Society.
- Rossendale Society for the Blind.
- St. Helens and District Workshops for the Blind.
- Warrington, Widnes and District Workshops for the Blind.
- Wigan, Leigh and District Workshops for the Blind.

The occupations in which the home workers were employed were as follows:—

Occupation	Men	Women	Total
Piano tuner	12	—	12
Machine knitter	—	9	9
Braille copyist and proof-reader	3	3	6
Tea agent	3	—	3
Basket maker	3	—	3
Firewood dealer	1	—	1
Newsvendor	5	—	5
Musician	1	—	1
Hand knitter	—	1	1
Skip maker	1	—	1
Boot and shoe repairer	2	—	2
Labourer	1	—	1
Poultry farmer	1	—	1
Nurseryman	1	—	1
Battery charger	1	—	1
Produce merchant	1	—	1
TOTAL	36	13	49

Remuneration.—Money payments were made by the County Council to the approved blind home workers, provided they were not in receipt of National Assistance grants.

EMPLOYMENT IN OPEN INDUSTRY.—The County Council, in consultation with the Ministry of Labour and National Service, continued to take steps in appropriate cases to ensure that suitable work was found for blind persons in open industry, that is to say, under contracts of service, or otherwise, in places elsewhere than special workshops. The following table shows the occupations in which blind persons were employed in open industry:—

Occupation	No. employed
Engineering operative	21
Factory operative	19
Labourer in various industries	24
Telephone switchboard operator	11
Canteen worker	2
Dealer : tea, tobacco, newspapers	7
Masseur	1
Domestic worker	5
Poultry farmer	2
Piano tuner	2
Shorthand typist	3
Storekeeper	3
Minister of religion	3
Rag merchant	2
Refuse collector	2
Skip maker	3
Solicitor	3
Music teacher	1
Builder (master)	1
Boot repairer	1
Home teacher of the blind	1
School teacher	1
Lime and cement merchant	1
	119

HOME TEACHERS OF THE BLIND.—The County Council employed 40 home teachers of the blind, whose duties included—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching blind persons wherever practicable to read embossed literature;
- (iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) generally assisting in promoting the welfare of blind persons;
- (vi) advising blind persons of all available social services;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness;
- (viii) organising social centres and classes.

SOCIAL AND HANDICRAFT CENTRES.—There were 46 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were supplied.

The following table shows the districts in which social and handicraft centres have been established:—

Accrington	Failsworth	*Oldham
Ashton-in-Makerfield	Farnworth	Ormskirk
Ashton-under-Lyne	Heywood	Padiham
Atherton	Horwich	Radcliffe
Bacup	Huyton	Ramsbottom (2)
*Barrow-in-Furness	Ince-in-Makerfield	*Rochdale
*Blackpool	Kearsley	Royton
*Burnley	Lancaster	*St. Helens
Chadderton	Leigh	Stretford
Chorley	Litherland	Swinton and Pendlebury
Clitheroe	Middleton	Westhoughton
Colne	Morecambe	Widnes
Crompton	Mossley	*Wigan (2)
Droylsden	Nelson	Worsley
Eccles	Newton-le-Willows	

* Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

WIRELESS TELEGRAPHY (BLIND PERSONS FACILITIES) ACT, 1926.—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate issued by or under the authority of the Council of the County, or of the County Borough, in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough, may receive a wireless licence without the payment of any fee.

All applications for certificates of blindness for blind persons resident in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmic surgeons acting on behalf of the County Council, the required certificate is issued.

During the year 1950, 403 certificates were issued.

CERTIFICATES OF BLINDNESS FOR THE NATIONAL ASSISTANCE BOARD.—To enable blind persons to have the benefit of the higher scale of National Assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, a certificate of blindness, in respect of each of the 493 persons over 16 years of age who were registered as blind during the year 1950, was forwarded to the National Assistance Board.

DISABLED PERSONS (EMPLOYMENT) ACT, 1944.—Records are maintained by the County Council of blind persons who are registered under the Disabled Persons (Employment) Act, 1944.

Partially Sighted Persons.—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

A register of partially sighted persons resident in the Administrative County area has been established and maintained, and the services and facilities provided in respect of blind persons are made available to them.

Deaf or Dumb Persons.—At a conference of representatives of the County Council and County Borough Councils in Lancashire, agreement was reached for the financial year 1950-51 on the following lines:—

REGISTRATION.—Deaf persons whose names were then included on the register of an agency for the deaf were accepted without examination by local authorities for inclusion on their register of deaf persons.

New cases making application to be included on the register of deaf persons maintained by local authorities were, for the time being, only to be regarded as deaf if after any necessary correction they had a hearing loss of 60 or more decibels as measured by the pure tone audiometer.

LOCAL AUTHORITY REPRESENTATION.—Provision was made for local authority minority representation on the committees of the various agencies for the deaf.

READJUSTMENT OF AREAS.—Arrangements were made for the retention for the time being by the Deaf and Dumb Societies of the areas for which they have been responsible over a period of years.

FINANCIAL ARRANGEMENTS.—The contributions to the several Deaf and Dumb Societies were, with two exceptions, arrived at on the basis of £3 for each deaf and dumb person over 16 years of age on their registers at that time, and for new cases added to the register during the course of the financial year 1950-51 a proportionate fraction of £3 was payable according to the date of registration. In respect of Societies whose funds were low it was agreed that immediate payments on account at the rate of £3 per case should be made.

For the financial year 1950-51 the County Council made payments to the Deaf and Dumb Societies as follows:—

<i>Deaf and Dumb Society</i>	<i>No. of deaf and dumb persons</i>	<i>Amount payable on the basis of £3 in respect of each deaf and dumb person</i>
		£
Blackpool	41	123
Bolton, Leigh and District	123	369
North and East Lancashire	187	561
Carlisle (Barrow)	14	75*
Liverpool	58	174
Manchester	192	576
Oldham	47	141
Rochdale	32	96
Southport	16	48
St. Helens	38	114
Warrington	24	72
Wigan	78	429*
	850	£2,778

* The basis of payment to these two Societies was increased to meet additional expenditure.

The amount paid to the North Regional Association for the Deaf for the financial year 1950-51 was £256. 0s. 7d.

Handicapped Classes, other than the Deaf and Dumb, the Blind and the Partially Sighted.—A survey by the County Council, commenced in 1948, of the needs of the County area in relation to the provision of appropriate welfare services for classes of handicapped persons other than the deaf and dumb, the blind and the partially sighted, was continued during the year.

Provision of handicraft teaching for handicapped persons in their own homes was provided for 32 persons under sections 29 and 30 of the National Assistance Act, 1948.

Registration of Homes for Disabled and/or Old Persons.—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the Councils of Counties and County Boroughs of disabled persons' and old persons' homes.

The sections mentioned (except sub-section (1) of section 37) came into operation on the 1st November, 1949.

Sub-section (1) of section 37 which renders liable to penalties any person who carries on a home in respect of which he is not registered did not come into force until the 1st July, 1950. The purpose of the deferment was to enable the managers of existing homes to apply for registration and to afford the registration authority sufficient time for dealing with the applications before the provisions of the sub-section came into effect.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the Divisional Health Committees and 25 such homes were registered during the year 1950. The homes are situated in the following Health Divisions:—

Health Division No.	District	No. of registered homes
1	Grange U.D.	1
2	Lancaster M.B.	1
	Morecambe and Heysham M.B.	1
3	Fleetwood M.B.	1
	Lytham St. Annes M.B.	1
4	Fulwood U.D.	1
6	Nelson M.B.	1
7	Crosby M.B.	3
	West Lancashire R.D.	2
9	Huyton-with-Roby U.D.	1
	Widnes M.B.	1
10	Warrington R.D.	1
11	Turton U.D.	1
12	Prestwich M.B.	1
	Tottington U.D.	1
15	Eccles M.B.	2
	Swinton and Pendlebury M.B.	1
16	Stretford M.B.	1
	Urmston U.D.	2
17	Ashton-under-Lyne M.B.	1
TOTAL—Administrative County		25

RECEPTION CENTRES

In accordance with section 17 of the National Assistance Act (Part II) the County Council provide and maintain on behalf of the National Assistance Board reception centres at Chorley and Lancaster for the provision of temporary board and lodging for persons without a settled way of living, and the expenditure incurred with the approval of the Board is recoverable from the Board.

The numbers of persons accommodated during the year were as follows:—

Lancaster : 4,936 men; 354 women; 8 children;

Chorley : 3,981 men; 234 women; 16 children;

giving an average accommodated per night of 14.5 at Lancaster and 11.6 at Chorley.

Eighteen men and two women who were admitted to the reception centres were later transferred to residential or temporary accommodation provided by the Council under Part III of the Act.

SANITARY CIRCUMSTANCES OF THE COUNTY

Water Supply.—The populous portions of the Administrative County are well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1950 together with the supplying authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated:—

LOCAL WATER SUPPLIES

Urban Districts	Authority from which supply is obtained	Source of supply
Abram	Liverpool C.B.	Rivington reservoir.
Accrington (B.)	Accrington District Gas and Water Board	Moorland and deep wells.
Adlington	Manchester C.B.; Blackrod U.D.	Thirlmere; upland surface water and springs.
Ashton-in-Makerfield	Own supply; Liverpool C.B.	Upland surface water; Rivington reservoir.
Ashton-under-Lyne (B.)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield valley.
Aspull	Bolton C.B.; Wigan R.D.	Upland surface water; deep wells.
Atherton	Manchester C.B.; Bolton C.B.	Thirlmere; upland surface water.
Audenshaw	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield valley.
Bacup (B.)	Own supply	Cowpe and Sheephouse reservoirs.
Barrowford	Nelson (B.)	Moorland—Ogden and Coldwell.
Billinge and Winstanley	Own supply; Wigan C.B.	Deep wells, disused colliery shafts and quarry workings.
Blackrod	Own supply	Upland surface water and springs.
Brierfield	Nelson (B.)	Moorland—Ogden and Coldwell.
Carnforth	Carnforth Water Company	Moorland—reservoir at Withnets.
Chadderton	Oldham C.B.; Manchester C.B.; Heywood and Middleton Water Board	Piethorne reservoir; Thirlmere; Ashworth Moor, Knoll Moor and Rooley Moor; all upland surface water.
Chorley (B.)	Liverpool C.B.; Manchester C.B.	Rivington reservoir; Thirlmere.
Church	Accrington District Gas and Water Board; Oswaldtwistle U.D.	Moorland and deep wells.
Clayton-le-Moors	Accrington District Gas and Water Board	Moorland and deep wells.
Clitheroe (B.)	Own supply	Grindleton Fell.
Colne (B.)	Own supply	Moorland and springs—Laneshaw reservoir.
Crompton	Oldham C.B.	Various upland sources.
Crosby (B.)	Liverpool C.B.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness	Barrow-in-Furness C.B.	Upland gathering grounds on adjacent moorlands.
Darwen (B.)	Own supply; Bolton C.B.	Upland surface water.
Denton	Manchester C.B.	Thirlmere.
Droylsden	Manchester C.B.	Thirlmere.
Eccles (B.)	Manchester C.B.	Thirlmere.
Failssworth	Oldham C.B.; Manchester C.B.	Piethorne reservoir; Thirlmere.
Farnworth (B.)	Bolton C.B.	Upland surface water.
Fleetwood (B.)	Fylde Water Board	Moorland water—Grizedale and Stocks.
Formby	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood	Own supply; Fylde Water Board	Beacon Fell and Saddle Fell; Grizedale and Stocks valleys.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority from which supply is obtained	Source of supply
Golborne	(a) Ince-in-Makerfield U.D.; (b) Newton-le-Willows U.D.; (c) Liverpool C.B.; (d) Warrington C.B.	(a) Deep wells; (b) Deep wells; (c) Rivington reservoir; (d) Deep wells.
Grange	Own supply	Upland surface water and spring.
Great Harwood	Accrington District Gas and Water Board	Moorland and deep wells.
Haslingden (B.)	Irwell Valley Water Board; Accrington District Gas and Water Board	Various upland sources and deep wells.
Haydock	Liverpool C.B.	Rivington reservoir.
Heywood (B.)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley	Liverpool C.B.	Rivington reservoir.
Horwich	Own supply	Moorland, disused mine shaft and springs.
Huyton-with-Roby	Liverpool C.B.	Lake Vyrnwy.
Ince-in-Makerfield	Own supply; Liverpool C.B.	Deep artesian wells; Rivington reservoir.
Irlam	Manchester C.B.	Thirlmere.
Kearsley	Bolton C.B.; Irwell Valley Water Board	Various upland sources and deep well.
Kirkham	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B.)	Own supply; Manchester C.B. (emergency only)	Moorland surface water—Upper Wyresdale; Thirlmere.
Lees	Oldham C.B.	Upland surface water.
Leigh (B.)	Liverpool C.B.; Manchester C.B. (emergency only)	Rivington reservoir; Thirlmere.
Leyland	Own supply; Manchester C.B.	Boreholes at Clayton-le-Woods; Thirlmere.
Litherland	Liverpool C.B.	Lake Vyrnwy.
Littleborough	Rochdale C.B.	Moorland reservoirs.
Little Lever	Irwell Valley Water Board	Various upland sources and deep well.
Longridge	Preston C.B.	Upland surface water.
Lytham St. Annes (B.)	Fylde Water Board	Moorland water—Grizedale and Stocks.
Middleton (B.)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow	Rochdale C.B.; Oldham C.B.	Various upland sources.
Morecambe & Heysham (B.)	Lancaster (B.)	Moorland surface water—Upper Wyresdale.
Mossley (B.)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Moorland reservoirs at Swineshaw and Yeoman Hey.
Nelson (B.)	Own supply	Moorland—Ogden and Coldwell.
Newton-le-Willows	Own supply; British Railways	Deep wells; upland surface water and deep wells.
Ormskirk	Own supply; Southport and District Water Board	Deep wells.
Orrell	Own supply; Wigan C.B.	Deep wells.
Oswaldtwistle	Own supply	Upland surface water and disused mine workings.
Padiham	Own supply	Moorland surface water—Churn Clough.
Poulton-le-Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot	Liverpool C.B.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B.)	(a) Manchester C.B.; (b) Heywood and Middleton Water Board; (c) Irwell Valley Water Board	(a) Thirlmere; (b) Ashworth Moor, Knoll Moor and Rooley Moor; (c) Various upland sources and deep well.
Radcliffe (B.)	Irwell Valley Water Board; Bolton C.B.	Various upland sources and deep well.
Rainford	St. Helens C.B.	Deep wells.
Ramsbottom	Irwell Valley Water Board	Various upland sources and deep well.
Rawtenstall (B.)	Irwell Valley Water Board; Bacup (B.)	Various upland sources and deep well.
Rishton	Accrington District Gas and Water Board	Moorland and deep wells.
Royton	Oldham C.B.	Various upland sources.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority from which supply is obtained	Source of supply
Skelmersdale	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Standish-with-Langtree	Liverpool C.B.; Manchester C.B.	Rivington reservoir; Thirlmere.
Stretford (B.)	Manchester C.B.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury (B.)	Bolton C.B.; Manchester C.B.	Upland surface water; Thirlmere.
Thornton Cleveleys	Fylde Water Board	Moorland water—Stocks and Grizedale.
Tottington	Irwell Valley Water Board	Various upland sources and deep well.
Trawden	Own supply	Springs—Boulsworth Hill.
Turton	Bolton C.B.; Irwell Valley Water Board; private wells, etc.	Upland surface water.
Tyldesley	Manchester C.B.	Thirlmere.
Ulverston	Barrow-in-Furness C.B.	Upland surface water—Pennington reservoir.
Upholland	Own supply	Two deep wells at Tontine and Roby Mill.
Urmston	Manchester C.B.	Thirlmere and Longdendale.
Walton-le-Dale	Manchester C.B.; Preston C.B.	Thirlmere; upland surface water.
Wardle	Rochdale C.B.	Moorland sources.
Westhoughton	Bolton C.B.	Upland surface water.
Whitefield	Irwell Valley Water Board	Various upland sources and deep well.
Whitworth	Rochdale C.B.	Various upland sources.
Widnes (B.)	Own supply; Liverpool C.B.	Three deep wells in sandstone; Lake Vyrnwy.
Withnell	Liverpool C.B.	Withnell reservoir.
Worsley	Bolton C.B.; Manchester C.B.	Upland surface water; Thirlmere.
RURAL DISTRICTS		
Blackburn	(a) Blackburn C.B.; (b) Manchester C.B.; (c) Darwen (B.); (d) Oswaldtwistle U.D.; (e) Mellor Water Company	(a) Brennand; (b) Thirlmere; (c) & (d) upland surface water; (e) boreholes.
Burnley	Own supply; Burnley C.B.; Nelson (B.); Accrington (B.); Padiham U.D.	Chiefly upland surface water and springs.
Chorley	Manchester C.B.	Thirlmere.
Clitheroe	Own supply; Blackburn C.B.; Accrington (B.); Clitheroe (B.)	Moorland and springs.
Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang	Fylde Water Board	Moorland water—Grizedale and Stocks.
Lancaster	(a) Manchester C.B.; (b) Lancaster (B.); (c) Fylde Water Board; (d) Carnforth and District Water Company	(a) Thirlmere; (b) Wyresdale Fells; (c) Grizedale and Stocks; (d) Withnells.
Limehurst	Ashton-under-Lyne, etc., Waterworks Joint Committee; Oldham C.B.	Chew Valley; various upland sources.
Lunesdale	Own supply; Manchester C.B.	Caton and Hornby Castle; Thirlmere.
Preston	(a) Preston C.B.; (b) Manchester C.B.; (c) Fylde Water Board; (d) Fulwood U.D.	(a) Langden Valley; (b) Thirlmere; (c) Grizedale and Stocks; (d) Beacon Fell and Saddle Fell.
Ulverston	Barrow-in-Furness C.B.; Dalton-in-Furness U.D.; Ulverston U.D.	Upland surface water—Seathwaite and Pennington.
Warrington	Liverpool C.B.; Warrington C.B.; St. Helens C.B.	Rivington reservoir; deep wells and upland surface water; Lake Vyrnwy.
West Lancashire	Liverpool C.B.; Southport and District Water Board; St. Helens C.B.; Preston C.B.; Ormskirk U.D.; Upholland U.D.; Chorley R.D.; Wigan R.D.	Rivington reservoir; deep wells and upland surface water.
Whiston	Liverpool C.B.; St. Helens C.B.; Warrington C.B.; Widnes (B.)	Rivington reservoir; deep wells and upland surface water.
Wigan	(a) Own supply; (b) Standish-with-Langtree U.D.; (c) Blackrod U.D.	(a) Deep wells; (b) Rivington reservoir; (c) upland surface water and springs.

PUBLIC MAINS SUPPLIES.—The following table, compiled from the local health reports, shows the approximate number of houses and population receiving water from the public mains (a) direct and (b) by means of stand-pipes:—

Water supplied from public mains

	Direct to houses		By means of stand-pipes	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts	527,101	1,724,577	131	550
Total Rural Districts	77,148	282,238	96	308
Administrative County	604,249	2,006,815	227	858

The district reports indicate that, generally speaking, the public supplies were satisfactory in quality throughout the year under report. Frequent sampling of piped supplies was undertaken in most districts both of the raw water and of the water going into supply after treatment. As regards districts receiving supplies from outside sources, sampling was usually undertaken by the supplying authority. The quantity of public water supplies was on the whole satisfactory, very few districts reporting a shortage. In this respect, the wet summer of 1950 undoubtedly had a beneficial effect.

The local authorities appear to have taken appropriate action in all cases where contamination of supplies has been in evidence. Chlorination remained the most widely adopted method of ensuring wholesome supplies, whilst in several districts the liability of the water to plumbo-solvent action required such preventive measures as the use of tin-lined service pipes and treatment of the water before going into supply.

The extensions and improvements to water supplies which were carried out in many districts during 1950 were mainly effected to keep pace with housing developments, but in several instances they related to areas, groups of dwellings or farms previously dependent on private supplies.

PRIVATE SUPPLIES.—According to the local reports some 12,500 dwellings housing a population of approximately 39,350, were still dependent upon supplies from wells, springs, etc., at the end of 1950. Of these, rather more than 5,900 with a population of 21,100 were in the rural districts of the County. In certain instances sources of private supply were reported to have been liable to dry up during prolonged dry periods, although with the wet summer of 1950 this tendency was not nearly so apparent as in previous years. Frequent chemical and bacteriological examinations of private supplies appear to be carried out in areas where such are to be found and, in several instances during 1950, unsatisfactory results were recorded. In cases where such results indicated anything other than a temporary deterioration of quality, it is apparent that every effort was made by the authorities concerned to provide a link with the public mains or, failing this, an alternative wholesome supply.

THE RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.—This Act extended the duties of local authorities by placing on them an obligation to provide a supply of wholesome water *in pipes* to every rural locality in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act, the Minister of Health is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.

During the year 1950 seven schemes, involving a capital expenditure of £133,435 were approved by the County Council for submission to the Minister of Health. Of these, three were in respect of the provision or extension of water supplies and four were for works of sewerage and sewage disposal.

In connection with one of the sewerage schemes the Minister of Health made a provisional lump sum grant of £3,000, and a provisional grant of £200 in respect of one of the water supply schemes, but his decisions concerning the remainder have not been received.

Eight schemes were approved in 1949 for submission to the Minister, seven of which were outstanding at the end of that year. Of these, two relating to water supplies received his approval, one of water supply and three of sewerage and sewage disposal were not approved, whilst the remaining scheme is still outstanding.

Ministerial approval of two water supply and two sewerage and sewage disposal schemes outstanding from those submitted in 1948 was still awaited at the end of the year under report.

THE PUBLIC HEALTH ACT, 1936—SECTION 307.—During 1950 fifteen applications for financial assistance under section 307 were received, involving a capital expenditure of £649,711. Of these applications, seven were in respect of water supplies and eight of works of sewerage and sewage disposal. All were approved for grant in accordance with the County Council formula.

One of the sewerage schemes submitted during 1949 was subsequently deferred for further consideration and no decision had been reached by the end of 1950.

Drainage and Sewerage.—It is apparent from a study of district reports that there was increased activity in 1950 in connection with the initiation of new, and the extension of existing, drainage and sewerage schemes. Reconditioning of existing plants and renewals of defective drains, the necessity for which is, to a large extent, a legacy of the long period of enforced inactivity during the war, also continued to occupy the attention of many local authorities.

Under the heading of "Water Supply" above, reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Act, 1944, and section 307 of the Public Health Act, 1936, in connection with works of sewerage and sewage disposal.

The majority of areas or townships in the Administrative County which are still without a proper drainage or sewerage system are to be found in the rural districts and are usually so isolated or remote as to make the provision of sewers very difficult and costly.

Rivers and Streams.—Under the provisions of the Lancashire County Council (Rivers Board and General Powers) Act, 1938, a joint board, known as the Lancashire Rivers Board and consisting of representatives of the County Councils of the Counties of Lancaster, Chester and Derby and the Councils of several County Boroughs, was constituted, as from the 1st April, 1939, with jurisdiction extending over the whole of the geographical County of Lancaster, excepting the areas comprised within the City of Liverpool and the County Boroughs of Barrow-in-Furness and Bootle. Upon the Board were conferred powers with regard to the prevention of the pollution and obstruction of the rivers, streams and watercourses under its jurisdiction.

The public health aspect of this matter is of special importance because of the potentialities of many rivers and streams as sources of water supply and also their possibilities as sources of pollution of water supplies. Polluting effluents frequently discharge into streams in industrial areas, and in rural areas ditches often receive the overflow from cesspools and septic tanks and the direct discharges from house drains.

The co-operation of local sanitary authorities with the Board has always been of great importance and a perusal of the reports of Medical Officers of Health for 1950 indicates that this fact has continued to be keenly appreciated. In 68 instances reference is made to the action taken locally during the year to prevent or minimise the pollution of rivers, streams, ditches, etc.

Closet Accommodation.—The statement below, compiled from the local health reports, gives some indication of the numbers of the various types of closet accommodation in the Administrative County area at the end of 1950. The number of houses on the water carriage system is approximately 573,896.

Closet Accommodation at end of 1950

	Urban districts	Rural districts	Administrative County
Privy middens.....	3,040	6,751	9,791
Privy closets.....	4,364	8,605	12,969
Pail closets.....	11,333	10,361	21,694
Fresh-water closets.....	500,894	62,350	563,244
Waste-water closets.....	67,076	3,213	70,289
Dry ashpits (excluding middens).....	5,855	963	6,818
Movable ashbins.....	547,484	71,384	618,868

A summary of the action taken in the County districts during 1950 to provide the more sanitary types of closet accommodation is given below:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets.....	309	188	497
Privy closets to pail closets.....	26	45	71
Pail closets to fresh-water closets.....	314	239	553
Waste-water closets to fresh-water closets.....	1,215	35	1,250

The above figures show a considerable increase over those for the previous year in all forms of conversion. Progress must be considered as much more satisfactory than at any time since the end of hostilities, the pre-war rate of conversion being near attainment despite serious obstacles of labour and material shortages and expense. Generally speaking, privy and pail closets only exist where no sewers are available.

Sanitary Inspection.—The following table gives the numbers of premises visited during 1950 by local sanitary officials, the defects or nuisances discovered and the action taken in all County districts. Legal proceedings were instituted in 142 cases with the following results—in 135 cases abatement orders were made; proceedings were withdrawn on abatement in two cases, and a further two cases were heard in court and costs were ordered to be paid by each defendant, the necessary abatement work having by that time been completed. The remaining three cases were dismissed.

Sanitary Inspections during 1950

	No. of premises visited	Defects or nuisances		No. of notices served	
		No. discovered	No. abated	Informal	Statutory
Urban districts	236,310	71,798	66,304	32,161	4,946
Rural districts	35,579	5,481	4,774	2,562	316
Administrative County	271,889	77,279	71,078	34,723	5,262

Prevention of Atmospheric Pollution.—During the year considerable thought has been given to the question of the prevention of atmospheric pollution and, in particular, to the prevention of smoke nuisance arising from industrial development and action for the removal or prevention of spoil heaps.

In this latter connection, the County Planning Committee were asked to consider the extent to which their powers under the Town and Country Planning Act, 1947, could be exercised, and it was ascertained that it is the practice of that Committee to attach conditions to planning permissions for industrial development likely to result in considerable smoke. In normal cases these conditions require applicants to take all reasonable steps to prevent injury to the amenities of the neighbourhood by the emission of smoke, dust or fumes. In cases where special consideration is warranted, such as generating stations or special industrial undertakings, this aspect has been considered in detail with a view to ensuring that apparatus is used which will prevent injury from smoke, dust or fumes.

When permission is given for the creation of additional tips for collieries, or the extension of existing tips, a condition is normally attached requiring all reasonably practicable steps to be taken to prevent combustion. The actual precautions necessarily depend upon the nature of the spoil, but if combustion does occur the County Council have power to seek enforcement of their condition.

It is not considered practicable at the present time, largely on account of the substantial expenditure involved, for the County Council to exercise their planning powers and require the removal of existing tips or works to be carried out on existing tips to extinguish fires or to prevent combustion.

Negotiations in connection with colliery tips continue with the National Coal Board, and the County Planning Committee are hopeful that a scheme can be worked out for controlled tipping throughout the Administrative County area.

In their capacity as Planning Authority, the County Council are concerned with the individual effect of a particular project and its use on land on the locality as a whole, and the Planning Committee were of the opinion that no further control, other than that referred to above, can properly be exercised under their powers.

The imposition of conditions applies only, of course, to new projects and there is, therefore, a very wide field where planning does not normally come into the picture except so far as has been indicated earlier. County District Councils, however, as sanitary authorities, have the power to take proceedings where a nuisance is caused by smoke and they have a further power to make byelaws relating to the emission of smoke of such colour, density or condition as may be prescribed by such byelaws. Building byelaws may require the provision in new buildings, other than private houses, of such arrangements for heating or cooking as are calculated to prevent or reduce the amount of smoke.

It would appear, therefore, that so far as new development is concerned the powers of the County Council as Planning Authority will be an effective supplement to those already available to local sanitary authorities under the Public Health Act, 1936. The control of existing nuisances must, however, largely remain the function of the local sanitary authority. Many sanitary authorities have, with advantage, adopted byelaws which prescribe certain definite limits beyond which the emission of smoke constitutes a nuisance.

At the end of 1950 there were reported to be some 2,600 factory and works chimneys in the County area and in those districts where a time limit for the emission of black smoke was in force such limit varied from 2 to 6 minutes in the half-hour to 2 to 12 minutes in the hour. The local reports show that, in all, 1,894 observations were taken, an increase of 167 over the previous year. The necessity for industrial concerns periodically to use inferior or unsuitable qualities of fuel has greatly increased the difficulties of local authorities in the suppression of nuisances but, at the same time, it has served in some instances to impress upon managements the importance of utilising more efficient plants and fuelling procedures.

No legal proceedings were found necessary during the year. Nearly all medical officers of health report that managements of firms actively co-operated with the health officials in order to abate any excessive emission of black smoke. Measures taken included the attendance of firemen at classes on boiler-house practice, personal advice to stokers and boilermen, and interviews with works managers which often resulted, as indicated above, in improvements to existing plant or the installation of up-to-date plant.

A burning colliery spoil heap is not a "smoke nuisance" as defined by the Public Health Act, but can be dealt with summarily by the local authority as a "statutory nuisance" under the Act, as extended by the Public Health (Coal Mine Refuse) Act, 1939.

The attention of the National Coal Board to the gradual increase in the number of spoil heaps on fire had been drawn by the Ministry of Health as far back as 1948. This increase has been particularly apparent as during the war the number had been reduced practically to zero. As a result the National Coal Board emphasised to their Divisional Officers the need to minimise the nuisances caused by burning spoil heaps and asked that action should be taken to this end. It is known, however, that some of the difficulties with which the National Coal Board have been confronted have been concerned with shortages of steel tubing for the installation of water spraying plant, which so successfully reduced fires during the war, and labour difficulties too have impeded the carrying out of precautionary measures. To a limited extent these difficulties are being overcome, and it is known that contact between local sanitary authorities, area general managers of the National Coal Board, and their colliery managers, is being maintained with a view to improving conditions at spoil heaps.

In relation to atmospheric pollution in general, one line of development which is taking place in the County, and which is likely to lead to a practical and satisfactory approach to the problems is the setting up of District Atmospheric Pollution Committees. These Committees are constituted of representatives of local sanitary authorities, industrialists, the National Coal Board, Gas and Electricity Executives, Ministry of Fuel and Power, together with the Alkali Inspector of the Ministry of Health who has been co-opted on the Committees. A number of meetings have already been held and the initial results hold out much promise for the future amelioration of nuisances from industrial causes.

Camping Sites.—Local authorities are empowered, by section 269 of the Public Health Act, 1936, to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. The section is directed to the control of holiday camping but could prove useful in dealing with encampments of a more permanent kind sometimes to be found on the outskirts of towns. Structures to which the building byelaws of the local authority apply are, however, excluded from the scope of the section.

Reference is made in the local reports of 37 districts in the Administrative County to the use of sites for camping purposes during 1950, but certain of these sites were used mainly for short periods, such as week-ends. In no district was the number of campers at any one time during the summer season estimated to be more than 2,000. Licences issued by the several local authorities during 1950 in respect of camping sites totalled 67.

Swimming Baths and Pools.—Public swimming baths are available in 32 of the County districts and privately owned swimming baths or pools, open to the public, exist in three districts. In nearly all instances filtration and chlorination plants are installed and regular samples of water taken and submitted for bacteriological examination. The public swimming baths in two districts are stated to be old and totally inadequate. Plans made for the erection of new baths in one of these districts have been submitted to the Minister of Health who has, however, withheld consent to the commencement of the work.

Disinfestation.—From information supplied by all local medical officers of health it would appear that during 1950 approximately 430 council houses and 1,480 other houses were found to be infested. No infestation was discovered in 17 County districts.

The methods of disinfestation varied considerably. Fumigation by means of hydrogen cyanide gas was used to some extent, particularly in cases of bad infestation. Other methods employed included fumigation by sulphur candles and spraying with various liquid insecticides and special germicidal preparations. The use of D.D.T. in both liquid and powder form has increased year by year since its commercial preparation began, and is now widespread. Generally speaking, all methods are reported to be efficient.

To ensure that the belongings of tenants were free from vermin before removal to council houses, the local health officials in most instances made thorough examinations of the houses and belongings of tenants, and, in cases where infestation was in evidence, the houses, furniture, bedding, clothing, etc., were suitably disinfested.

Disinfestation entailing the use of hydrogen cyanide gas was invariably carried out by contractors employed by the local authorities, but fumigations with sulphur, spraying with insecticides and treatment of clothing and bedding by steam were usually undertaken by the local authorities' staffs.

The local reports indicate that, in order to prevent infestation or re-infestation after cleansing, the health officers of many districts made periodic inspections and gave personal advice to the tenants. In a few districts, free issues of insecticides were made.

Premises and Occupations which can be controlled by Byelaws or Regulations.—OFFENSIVE TRADES.—Offensive trades were reported in 54 County Districts, the premises numbering 167. These were chiefly tripe boilers, gut scrapers, tanners or leather dressers, fat melters, soap boilers, glue manufacturers and rag-and-bone dealers. All premises were reported to have been inspected periodically and conditions were generally satisfactory.

RAG FLOCK ACTS, 1911 AND 1928.—According to local reports there were in the Administrative County area 29 premises in which rag flock was manufactured, used or sold, the districts concerned being Atherton U.D., Chorley M.B., Colne M.B., Crosby M.B., Farnworth M.B., Great Harwood U.D., Lancaster M.B., Leigh M.B., Middleton M.B., Whitefield U.D. and Lancaster R.D. A total of 48 inspections were made during 1950 by the local health officials in these districts and two samples were taken in Lancaster M.B. Both were found to be satisfactory.

FACTORIES ACT, 1937.—The following tables are a summary of the action taken during 1950 in all County Districts in connection with the administration of Parts I and VIII of the Factories Act, 1937.

PART I OF THE ACT

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

(including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities	2,399	2,455	78	2
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority	8,761	7,652	385	3
(iii) Other Premises in which Section 7 enforced by the Local Authority †(excluding out-workers' premises)	289	349	19	—
TOTAL	11,449	10,456	482	5

† I.e., Electrical Stations, Institutions, and sites of Building Operations and Works of Engineering Construction.

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	326	311	1	54	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	6	5	—	2	—
Inadequate ventilation (S.4)	29	24	—	2	—
Ineffective drainage of floors (S.6)	39	36	—	—	—
Sanitary Conveniences (S.7)—					
(a) insufficient	115	93	2	44	—
(b) unsuitable or defective	510	457	1	187	—
(c) not separate for sexes	26	21	2	12	—
Other offences against the Act (not including offences relating to Outwork)	74	59	6	7	—
TOTAL	1,125	1,006	12	308	—

PART VIII OF THE ACT
OUTWORK
(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Sect. 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc.	683	2	—	—	—	—
Household linen	1	—	—	—	—	—
Umbrellas, etc.	1	—	—	—	—	—
Nets, other than wire nets	39	—	—	—	—	—
Brush making	1	—	—	—	—	—
Carding, etc., of buttons	2	—	—	—	—	—
Stuffed toys	28	—	—	—	—	—
Basket making	3	—	—	—	—	—
Textile weaving	8	—	—	—	—	—
TOTAL	766	2	—	—	—	—

COMMON LODGING HOUSES.—According to local reports there were, at the end of 1950, 26 common lodging houses in 17 districts in the Administrative County. Only one is reported upon adversely, its condition being described as "sub-standard".

HOUSES LET IN LODGINGS.—Reference to this class of accommodation is made in 12 district reports although, in view of the present severe shortage of houses and the prevailing economic conditions, it is probable that dwellings falling within this category exist in many other districts. However, in the absence of complete up-to-date housing surveys of all districts, it is impossible to assess their number.

TENTS, VANS AND SHEDS.—Where these exist, regular supervision appears to take place, and in a number of districts steps were taken during the year to remove caravans, etc. In two districts legal proceedings were instituted. Several authorities have arrangements for the licensing of such structures for definite periods.

UNDERGROUND SLEEPING ROOMS.—No action is recorded in the local reports with regard to this type of accommodation.

CANAL BOATS.—Inspections of canal boats—51 in number—are reported in five districts; three infringements of legislation were noted.

Inspection of County Districts.—In continuation of the policy of undertaking from time to time sanitary surveys of the districts in the Administrative County, special reports on five districts surveyed by the County Sanitary Officers were submitted to the Public Health and Housing Committee during 1950. A résumé of the main conclusions arrived at and the principal recommendations made in respect of each district so inspected is given below:—

BRIERFIELD URBAN DISTRICT.—The Urban District Council appear to have shown very considerable and sustained interest in sanitation during the period since the first inspection was made in 1922 and are to be commended for the progress which has been made.

It is pleasing to record the abolition of all dry ash pits and also of privy middens with the exception of one. Progress has also been made with the conversion of pail closets. The organisation of the refuse collection service and the salvage of materials is worthy of special praise.

The general standard of housing in the district is good and a large percentage of the houses are owner-occupied. A considerable amount of work in connection with the demolition of unfit houses has been carried out with a very limited staff.

The Council appear to have taken a keen interest in the provision at factories of means of escape in case of fire and much has been achieved in providing suitable means of egress from the factory buildings.

Principal recommendations.—The Urban District Council are recommended to—

- (a) obtain regular samples of the public water supply for bacteriological examination;
- (b) abolish the use of waste water closets and install the modern type wherever possible, especially at food preparing and shop premises;
- (c) consider the making up of rear passages of Coal Pit Road and Junction Street;
- (d) continue with the work of repair or demolition of unfit houses and give special consideration to specified housing defects;
- (e) obtain samples of all milk supplied to the district regularly and systematically, and submit same for bacteriological examination;
- (f) undertake regular and systematic inspections of all premises where food is prepared;
- (g) obtain regularly for bacteriological examination samples of the ice-cream manufactured in the district and of ice-cream from retailers.

HEYWOOD MUNICIPAL BOROUGH.—From the survey of the sanitary circumstances of the Borough it is evident that many improvements have been effected during the past 25 years. In particular, the conversion of privy closets to water closets, the clearing of insanitary houses and the provision of new housing accommodation has received much attention.

With regard to the important duties of routine sanitary inspection, however, it is apparent that the officers have been handicapped by the limited time at their disposal for this work owing to their numerous additional appointments involving many other responsibilities.

Principal recommendations.—The Town Council are recommended to—

- (a) make arrangements for a regular routine of sanitary inspection of the Borough and appoint any additional staff which this may require;
- (b) continue the work of providing piped water supplies to the dwelling houses now supplied from uncontrolled wells and springs and arrange for these latter sources to be regularly sampled for analysis and bacteriological examination;
- (c) consider the practicability of increasing the present rate of conversion of pail closets and waste water closets to fresh water closets;
- (d) consider the closing of the refuse tip at Simpson Clough and the disposal of all refuse at the destructor as soon as may be practicable;
- (e) continue the work of clearing or reconditioning insanitary houses as soon as this becomes practicable;
- (f) continue the improvement in the hygienic standard of premises used for the preparation, storage and sale of food;
- (g) arrange, as the Authority for the administration of the Shops Acts, 1912-36, within the Borough, for the shops to be inspected and appropriate records kept.

LEYLAND URBAN DISTRICT.—It is very pleasing to record the many improvements which have been effected in the environmental conditions of the Urban District since the first Special Report was issued in 1915.

The most noticeable of these improvements have been—

- (1) the conversion of the old insanitary conservancy type of closet accommodation to the water carriage system, the number of privies having been reduced from 841 to 70 and the pail closets from 495 to 170;
- (2) the provision of standard metal ashbins to all premises in the area;
- (3) the modernisation of the public cleansing and salvage service;
- (4) the repair of insanitary property and the demolition of houses unfit for human habitation;
- (5) the reconstruction of the sewage disposal works and extension of the sewerage system;
- (6) the provision of recreation grounds and playing fields.

There is, however, a need for further activity in certain directions, as outlined below.

Principal recommendations :—

- (a) The proposed 18in. trunk main from the service reservoir to the town should be laid as soon as possible. Regular bacteriological examinations should be made of the water obtained from the bore holes at Clayton-le-Woods and suitable apparatus for the chlorination of the water should be installed.
- (b) Wherever a public water supply and sewer are available the remaining privy middens and pail closets should be converted to the water carriage system. The general condition of the properties, however, should be fully considered and unfit houses dealt with under the Housing Acts.
- (c) Additional public conveniences should be provided for both sexes in certain areas.
- (d) The proposed housing survey should be carried out at the earliest opportunity, and such action as may be necessary under the Housing Acts or the Public Health Act to secure the repair, reconstruction, closure or demolition of dwelling houses "not in all respects fit for human habitation" should be taken. The erection of new houses should be proceeded with as quickly as possible in order to provide accommodation for persons working in the district, to obviate overcrowding, and to provide accommodation for families displaced from clearance areas and individual unfit houses. The paving and making up of streets and back passages should be continued as soon as approval can be obtained.
- (e) The regular inspection of all premises where food is prepared or stored should be continued and every effort made to raise the general standard to conform to present-day requirements.

ORMSKIRK URBAN DISTRICT.—From the survey of the district it is apparent that the water supply is good and of satisfactory quality. Furthermore, it is estimated that only 0.5 per cent. of the houses in the district do not have a piped water supply.

Since the area was last inspected in 1920-21 much has been accomplished in relation to the provision of water closets and dustbins and reduction of the numbers of privy middens and ashpits, whilst waste water closets have been completely abolished. Few privy closets and middens have, however, been abolished since 1939.

Inspection of tips reveals that an attempt at land reclamation by the system of controlled tipping is being made.

The Authority were active in securing the demolition of insanitary and unfit houses in the years prior to 1939. Since then, however, the effects of the war have materially interfered with the resumption of this work. A preliminary survey of houses in the whole district is being made and the work is to be commended as a first step towards the removal of unsatisfactory housing conditions.

Dairies inspected were found to be very clean with adequate facilities for the proper cleansing and sterilising of containers, measures and other equipment.

Principal recommendations :—

(a) Immediate steps should be taken to ensure the provision of wholesome water supplies to such houses as at present have unsatisfactory supplies (the condition of the property being taken into account and unfit houses dealt with accordingly). In cases where it is considered impracticable to provide water from the public main, measures should be adopted to secure a pure and adequate supply of water from existing sources.

(b) Arrangements should be made for all private supplies of water to be sampled quarterly.

(c) Consideration should be given to the resumption of chlorination of all water pumped from the Council's own wells. The abolition of the present unsatisfactory septic tank and prevention of the pollution of the ditch at the Dark Lane Pumping Station should be effected by connecting all the property at present draining to cesspools and septic tanks to a sewer or other approved means of disposal.

(d) Wherever practicable, the abolition of privy middens and closets attached thereto and of dry ashpits should be secured; meanwhile, these should receive more regular attention. A weekly collection of refuse from dwelling houses is most desirable.

(e) The sewerage of unsewered areas should be expedited and improvements to the Ormskirk and Westhead Treatment Works carried out.

(f) The necessary action to secure the demolition of unfit houses, particularly those not having a satisfactory piped water supply, should be taken.

PREESALL URBAN DISTRICT.—The provision of a piped supply of pure water through the mains of the Fylde Water Board to practically every house in the area is a gratifying feature of this small urban district—only nine outlying houses not being connected to the mains.

The conversion of the sanitary accommodation from the conservancy system to the water carriage system and the provision of metal ashbins for the storage of house refuse have been great sanitary improvements, but the arrangements for the sewerage of the area are still unsatisfactory, resulting in the pollution of ditches by overflows from cesspools and septic tanks.

The Council have been active with regard to the provision of houses and this is reflected in the complete absence of overcrowding in the district. It is of interest to note that more than 50 per cent. of the houses in the urban district are owned by the occupiers.

Principal recommendations :—

(a) The arrangements for the sewerage of the area should be completely overhauled and a scheme prepared for the efficient collection and disposal of sewage from the various parts of the district. It is understood that various schemes for the sewerage of parts of the district have been considered from time to time, but it is most important that the drainage of the area be put into a satisfactory condition without further delay.

(b) Efforts should be made to control the tips in accordance with the recommendations of the Ministry of Health—the disposal of house refuse by the present method of tipping leaves much to be desired.

(c) Samples of milk as delivered to the customers in the district should be taken regularly for examination at the appropriate Public Health Laboratory for the presence of tubercle bacilli and for cleanliness.

HOUSING

According to local authorities' rate-books there were some 618,600 inhabited houses in the Administrative County area at the end of 1950. During the year, as a reference to Table 5 on page 133 shows, 7,000 houses, including 16 temporary and 187 permanent prefabricated houses and 121 flats, were built. All, with the exception of 953 traditional permanent houses and 25 flats, were erected by local authorities. The total of 7,000 houses of all types represents a decrease of 647, as compared with the figure for the previous year, this being largely due to the considerable reduction in the number of permanent prefabricated houses erected.

Whilst suitable sites for new houses appear to be available in most districts, certain difficulties are reported in this connection. Apart from the more congested areas, where sites are almost non-existent, several districts are greatly limited in their choice of suitable building sites by mining subsidence, or, to a less degree, by the difficulties involved in the necessary provision of a water supply and sewage disposal system to such sites. Further limitation of choice is involved by reason of the authorities' natural desire to avoid using valuable agricultural land.

In the absence of an up-to-date survey, records of overcrowding—although such is amply apparent—are very incomplete in many districts and consequently no accurate estimate of overcrowding conditions in the Administrative County is possible. A certain amount of overcrowding has, of course, already been relieved by the resumption of building since the war, but there is still a very considerable amount of work to be done in this connection. Almost without exception, local Medical Officers of Health have reported a housing shortage, which, in some areas, presents a social problem of considerable magnitude.

Of the housing conditions generally, these, according to the local reports, except as regards clearance areas, can be considered on the whole as of a fairly good standard. To some extent, however, houses are falling into disrepair owing to the difficulties of obtaining labour and materials and, in certain districts, there are large numbers of houses which, were it not for the acute shortage, would be demolished as unfit for human habitation. The prevailing defects in most districts are chiefly dampness and lack of repair work, whilst in areas embraced by the Lancashire coalfield mining subsidence is responsible for much structural damage.

Back-to-back houses number some 9,000 to 10,000 and there are reported to be more than 1,000 back-to-earth houses, but here again, with the acute housing shortage, programmes of conversion or clearance, which were being speedily dealt with prior to the war, are at the moment out of the question. The greater part of the Administrative County is relatively free from this type of house, more than half the total number being situated in four or five County districts.

As nearly as can be ascertained from a summary of the local reports, some 5,000 to 6,000 houses are without adequate internal water supply and approximately 14,000 have no separate water closet or other adequate sanitary accommodation.

Table 5, pages 128 to 133, compiled from information supplied by local Medical Officers of Health, gives some indication of housing activities in the various urban and rural districts of the County during 1950, together with the steps taken to remedy such property as was found to be not in all respects reasonably fit for human habitation. In all, 54,314 houses were inspected under the Public Health or Housing Acts for housing defects, 116,530 inspections being made for the purpose. A total of 1,232 houses were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, whilst in addition 27,860 houses were found not to be in all respects reasonably fit. Of the latter, 20,987 were rendered fit during the year in consequence of informal action by the local authorities or their officers.

Action under the Public Health and Housing Acts with respect to defective dwellings continues to be difficult, chiefly on account of the shortage of labour and materials and the fact that, owing to the high cost of repair work and the control of rents at a low level, property owners in many instances are reluctant to do more than a minimum of repair work. Formal notices served in 1950 under sections 9, 10 and 16 of the Housing Act, 1936, requiring repairs to be effected, were reported to number 791. As a result 549 houses were rendered fit by the owners and a further 64 were repaired by the local authorities in default of the owners. In addition, 6,340 notices were served under the Public Health Acts requiring defects to be remedied, as a result of which 2,998 houses were brought up to standard by the owners and a further 141 by the local authorities in default of the owners.

Proceedings under sections 11 and 13 of the Housing Act, 1936, during the year involved the making of demolition orders in respect of 148 houses and the demolition of 153 houses in pursuance of orders made.

HOUSING ACTS, 1936-46.—The Housing (Financial Provisions) Act, 1938, provided for County Councils to make annual contributions to County District Councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers.

This was followed by the Housing (Financial and Miscellaneous Provisions) Act, 1946, which provides that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25. 10s. as against the "general standard" amount of £16. 10s., the payment of annual contributions by County Councils to County District Councils shall be at the rate of £1. 10s. per house for 60 years from the date of completion, in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939.

Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

During the financial year ended the 31st March, 1951, the total annual contributions (including arrears) paid by the County Council to District Councils under the above Acts amounted to £1,180 whilst the number of houses notified as completed during the year ended 31st March, 1951, and ranking for grant was as follows:—

	<i>District</i>	<i>No. of houses</i>
URBAN :		
Walton-le-Dale		4
RURAL :		
Fylde		4
Garstang		6
Lancaster		9
Lunesdale		4
Preston		22
West Lancashire		7
TOTAL		56

HOUSING ACT, 1949.—One of the principal aims of this Act is that of promoting, through financial assistance, the improvement of housing accommodation. Under Part II of the Act a local authority may, subject to certain provisions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

During 1950 schemes submitted to local authorities numbered 70 and, by the end of the year, 19 of these had received local authority and Ministerial approval. Only two local authority schemes were submitted to the Minister of Local Government and Planning, one receiving approval by the end of the year. The number of houses or other buildings affected by the 72 schemes submitted was 86 and, by the 20 schemes approved, 23.

The actual number of separate dwellings provided under this part of the Act during the year was six.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.—As a result of the considerable legislative changes occurring in 1949, the major functions of the County Council throughout 1950 in connection with milk supply related to the inspection and licensing of heat-treatment plants and premises within their area as a Food and Drugs authority. In addition, the County Council were concerned with the administration of the Milk and Dairies Regulations, 1949, insofar as they apply to the general sanitation of dairies or plant licensed by the Council, continued to be responsible for the supervision of the Milk in Schools Scheme and also to discharge the functions of a County Council under section 25 of the Food and Drugs Act, 1938, in regard to the sale of tuberculous milk or milk of cows suffering from tuberculosis or any of the diseases set out in Part I of Schedule I of the Act.

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.—During the year 1950, the County Council granted 26 dealer's (pasteuriser's) licences and one dealer's (steriliser's) licence in connection with premises and plant for the heat treatment of milk in their area. Two of these licences were subsequently surrendered voluntarily.

The number of samples obtained from these plants and submitted to the prescribed tests was 570, of which 20 failed to pass the phosphatase test and 12 the methylene blue test. The conditions at the premises from which the unsatisfactory samples were obtained were investigated, and subsequent samples proved satisfactory.

In the 15 County districts autonomous for Food and Drugs purposes the local authorities granted nine dealer's (pasteuriser's) licences in respect of premises and plant used for the heat-treatment of milk. No dealer's (steriliser's) licences were issued.

The number of licences issued by all local authorities in the Administrative County area for the retail distribution of pasteurised milk was 1,239 and of sterilised milk 3,178.

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.—The numbers of dealer's licences, including supplementary licences, issued under these regulations during 1950 by all local authorities within the Administrative County area were 861 in respect of "Tuberculin Tested" milk and 45 in respect of "Accredited" milk.

THE MILK AND DAIRIES REGULATIONS, 1949.—According to reports of local medical officers of health regarding the registration of milk distributors, there were registered during 1950 a total of 1,181 operating from their own dairies and 958 operating from dairy farms (excluding producer-retailers) in the County area. In addition, 682 registrations are reported by medical officers of health in respect of distributors operating from premises outside their individual districts. The total of registrations reported does not, of course, represent the actual number of distributors operating during the year by virtue of the registration of some distributors in more than one district.

PROVISION OF MILK TO SCHOOL CHILDREN.—The number of samples of milk obtained on behalf of the County Council from school supplies and examined for the presence of tubercle bacilli was 250 and, of these, three or 1·2 per cent. were reported to be positive.

In each case the Minister of Agriculture and Fisheries was notified and a veterinary inspection of the herds concerned was carried out. This resulted in two animals being slaughtered under the provisions of the Tuberculosis Order, 1938.

In co-operation with the Area Milk Officer of the Ministry of Food the policy of providing Heat Treated or Tuberculin Tested milk to schools, where neither of these types of milk was previously available, continued to be pursued. As a result of this policy a further seven schools are now supplied with approved types of milk, leaving only 22 schools in the County area being supplied with raw or undesignated milk at the end of the year.

PROVISION OF MILK TO DAY NURSERIES.—The regular sampling of milk supplies to day nurseries resulted in 449 samples being obtained. Of these, 306 samples of heat treated or pasteurised milk were submitted to the phosphatase and methylene blue tests. Six samples failed to pass these tests. Of the 143 samples of milk submitted to the inoculation test, three or 2·1 per cent. were found to contain tubercle bacilli. Two animals in the herds producing the infected milk were slaughtered under the provisions of the Tuberculosis Order, 1938.

The source of supply to the day nurseries from which the infected samples were obtained was changed to milk of an approved type.

SAMPLING BY LOCAL AUTHORITIES.—The numbers of milk samples reported to have been taken during 1950 by officers of local authorities within the Administrative County area and submitted to various tests are set out below, together with the results of such tests:—

<i>Heat-treated milk—</i>	<i>No. of samples</i>	<i>No. unsatisfactory</i>
Phosphatase test	1,402	63
Turbidity test	170	nil
Methylene blue reduction test	1,490	60
Tuberculosis—biological test	337	nil
<i>Raw milk—</i>		
Tuberculosis—biological test	2,853	143 (positive)
Bacteriological (B. Coli.) examination	3,047	598
Sediment test	145	10

In accordance with the provisions of Part IV of the Agriculture Act, 1937, particulars of the positive results indicated on the previous page in connection with tests for tuberculosis were forwarded by the local medical officers of health to the Divisional Inspector of the Ministry of Agriculture and Fisheries, who arranged for veterinary inspections to be carried out at the farms concerned to eliminate any affected cattle. The results of such inspections were as follows:—

Cases where animals were seized under the Tuberculosis Order, 1938	90
Number of animals seized	99
Cases reported negative where animals had been sold prior to the investigation.....	38
Cases reported negative; no animals seized	15

Meat and Other Foods.—Mention is made in most of the local reports of the action taken during the year with regard to the inspection of meat and other foods, including inspection of food shops, stalls and vehicles, places where food is prepared, and slaughter-houses where such are still in use. Generally speaking, informal action was sufficient to remedy any short-comings and co-operation by shopkeepers with the local inspectors was good, but in two districts it was found necessary to institute legal proceedings against single offenders and convictions were secured.

As a result of legislation for the control of meat and livestock, and the consequent centralisation of slaughtering, such few slaughter-houses as do exist independently in the County area are normally used only for the slaughter, under licence, of pigs for human consumption but not for sale, or of horses for human consumption.

Every endeavour appears to be made to inspect all such animals after slaughter, and in certain districts arrangements exist with the local office of the Ministry of Food whereby the latter informs the local authority of the issue of all licences for slaughter in order that the authority's inspecting officer may attend, whether the slaughter occurs at the slaughter-house or at the farm. In those districts where no such arrangement exists, inspections of pigs slaughtered under licence for home consumption and not for sale are largely confined to those carried out at the request of the owner.

Ante-mortem inspections appear to be carried out in comparatively few districts but, here again, this is partially due to the fact that in many districts the inspector, in the absence of an arrangement with the local Ministry of Food office, is not aware of the slaughtering of a pig until requested by the owner to inspect the carcass.

In addition to such inspections within their area as are outlined above, many district inspectors take their part, on a rota system, in the inspections which are made at the central slaughter-houses.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1950, together with the numbers and results of inspections carried out. The number of pigs killed includes "self-suppliers" pigs known to have been slaughtered, but there were, no doubt, many in addition which were not brought to the notice of the local authorities. It is, unfortunately, not possible to give separately the particulars relating to cows and to cattle excluding cows.

Carcasses Inspected and Condemned, 1950

	Cattle including cows	Calves	Sheep and lambs	Pigs
Number killed	35,806	19,140	119,176	38,063
Number inspected	35,806	19,140	119,176	37,091
<i>All diseases except tuberculosis—</i>				
Whole carcasses condemned	230	1,049	342	133
Carcasses of which some part or organ was condemned	11,978	412	8,125	1,799
Percentage of the number inspected affected with disease other than tuberculosis	34.1	7.6	7.1	5.2
<i>Tuberculosis only—</i>				
Whole carcasses condemned	843	36	—	218
Carcasses of which some part or organ was condemned	7,428	5	—	1,935
Percentage of the number inspected affected with tuberculosis	23.1	0.2	nil	5.8

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947-48.—Action during 1950 in the form of regular sampling, temperature recording, inspection of premises and equipment and explanation of the regulations is reported by the medical officers of health of almost every County district. No directly adverse comment is made with regard to premises and equipment, and only a few minor improvements thereto were required during the year. In this respect the standard throughout the County area appears to be very satisfactory. Despite this, not inconsiderable numbers of ice-cream samples produced unsatisfactory results in bacteriological tests.

THE LANCASHIRE COUNTY COUNCIL (RIVERS BOARD AND GENERAL POWERS) ACT, 1938—SECTIONS 115 AND 116.—Action by District Councils during 1950 with regard to the registration of hawkers of meat, fish, fruit and vegetables and their premises and of premises used in connection with the sale of ice-cream or preserved food is reported in some 70 districts. Registration of appropriate persons and premises was stated to be complete and up-to-date at the end of the year and regular inspections were carried out in nearly all districts during the year. In only one or two instances was registration refused because of the unsuitability of the premises concerned.

CLEAN FOOD.—Arising out of the increased interest in matters relating to the standards of hygiene in the preparation, handling and sale of food generally, the Ministry of Food appointed a working party of officers of the Ministry of Health and the Ministry of Food to consider and recommend model byelaws on the handling, wrapping, delivery and sale of food in the open air, for the guidance of local authorities in making byelaws under the Food and Drugs Act, 1938.

The model byelaws were issued to local authorities towards the end of 1949.

The byelaws were designed to apply generally to all branches of the food trade and no attempt was made to lay down a detailed code of hygienic practice for any particular trade. The shortage of materials and equipment, e.g., wrapping paper, prevented the inclusion in the byelaws of provisions considered desirable, but it is intended that they will be reviewed when sufficient experience has been gained of their operation.

The main purpose of the provisions is to secure that every person who handles, wraps, or delivers any food, shall observe cleanliness both in regard to himself and his clothing, and that he will also take reasonable measures necessary to protect the food from contamination. An important provision relating to the handling of food by carriers of disease is that "no person knowingly suffering from or knowingly being a carrier of any disease shall handle, wrap or deliver any food so as to give rise to any risk of the spread of the disease. A person shall be deemed to have known that he was suffering from or was a carrier of the disease if he could with ordinary care have ascertained the fact."

In issuing the byelaws the Minister of Food stated that he was most anxious to see a rapid improvement in hygienic conditions in the food trades, and hoped that the model byelaws would prove a useful instrument for the purpose.

Byelaws based on the model are reported by local medical officers of health to have been adopted and in operation in 73 County districts by the end of 1950. In addition, byelaws for a further six districts were in process of adoption by the council or consideration by the Minister.

In order to assist in publicising the need for proper handling in preparation of food, steps were taken by the County Health Department for propaganda material on the subject to be made available in the Administrative County area. A photographic display was exhibited, illustrating many of the every-day faults which can give rise to food poisoning, and the preventive measures which can be taken. Special literature was also distributed to housewives, shops, stores, factories, etc., where food is prepared. In addition, posters were supplied for use in connection with the formation of Clean Food Associations, and assistance has been made available to County District Councils in arranging Food Handling Exhibitions.

Food Poisoning.—In addition to 138 apparently isolated and unrelated cases, there were 22 outbreaks of food poisoning reported in the Administrative County during 1950, the number of cases involved being 373. Brief particulars of each outbreak, including such information on the organisms or other agents responsible and the foods involved as is available, are given in the following statement:—

District	No. of outbreaks	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved
Chorley M.B.	1	2	1	Salmonella typhi-murium	Tinned meat.
Darwen M.B.	1	†42	—	Staphylococcus aureus	Potato salad.
Eccles M.B.	1	4	—	Salmonella typhi-murium	Not ascertained (hen eggs suspected).
Fairworth U.D.	3	5	—	Salmonella typhi-murium	Meat.
		4	—	Salmonella typhi-murium	Not ascertained (meat suspected).
		5	—	Not ascertained	Not ascertained.
Farnworth M.B.	1	3	—	Salmonella organisms	Not ascertained.
Formby U.D.	1	62	—	Shigella sonnei	School meal prepared at school kitchen.
Fulwood U.D.	1	5	—	Not ascertained	Dried egg.
Grange U.D.	1	3	—	Not ascertained	Not ascertained.
Heywood M.B.	1	32	—	Salmonella typhi-murium	Not ascertained (tinned tongue and brined brisket suspected).
Lees U.D.	1	2	—	Salmonella organisms	Not ascertained.
Leyland U.D.	1	50	—	Not ascertained (probably staphylococcal infection)	Not ascertained (roast lamb suspected).
Lytham St. Annes M.B.	1	112	—	Not ascertained	Not ascertained.
Prestwich M.B.	4	13	—	Clostridium welchii	Minced meat pie.
		8	—	Staphylococcus aureus	Cream, cream cheese, and sour cream.
		†1	—	Staphylococcus aureus	Potato salad.
		2	—	Atropine (1%)	Cold cooked veal.
Tyldesley U.D.	1	2	—	Not ascertained	Not ascertained (re-heated rabbit suspected).
Walton-le-Dale U.D.	1	6	—	Not ascertained	Not ascertained (sausage suspected).
Blackburn R.D.	1	†1	—	Staphylococcus aureus	Potato salad.
Clitheroe R.D.	1	3	—	Staphylococcus aureus	Tinned Australian corned beef.
Preston R.D.	2	2	—	Salmonella typhi-murium	Not ascertained (beef sausage suspected).
		4	—	Salmonella typhi-murium	Not ascertained.

* Including non-notified cases ascertained during investigations.

† Residents of Prestwich M.B. and Blackburn R.D. involved in outbreak at Darwen M.B.

Of the 138 isolated cases, amongst which no death occurred, the responsible agent in 24 cases was salmonella typhi-murium, in one case salmonella aertrycke (duck eggs involved), in one case a staphylococcal toxin and in one case shigella sonnei. In the remaining 111 cases the responsible agent was not ascertained.

The occurrence of food poisoning in 1950, with 511 notified and ascertained cases and one death, was therefore considerably less than in 1949, when there were 838 notified and ascertained cases with four deaths.

Food and Drugs Act, 1938, etc.—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C.:

The Food and Drugs Act, 1938, came into operation on the 1st October, 1939. Most of its provisions are still in force although it has, to some extent, been amended directly or indirectly by the Pharmacy and Medicines Act, 1941, and by the long list of food regulations made by the Minister of Food during and subsequent to the war.

During the year under review further alterations in legislation occurred. The following are the more important Acts or Regulations having a special bearing on the work of the Public Analyst made during 1950. The list is, however, by no means exhaustive as many other Regulations concerning food were made during the year.

Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.

The Soft Drinks (Amendment) Order, 1950.

The Food Substitutes (Revocation) Order, 1950.

The Food Standards (Fish Cakes) Order, 1950.

The Food Standards (Preserves) (Amendment) Order, 1950.

The Labelling of Food Order, 1950.

The Cream Order, 1950.

The Mineral Oil in Food (Amendment Order), 1950.

The Meat Products and Canned Meat (Amendment) Order, 1950.

The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, came into operation on the 1st January, 1951, and it consolidates legislation appertaining to milk, dairies and artificial cream under one Act which may be cited with the principal Act as the Food and Drugs Acts, 1938 to 1950. As a result of the coming into force of this Act, the whole of the Milk (Special Designations) Act, 1949, certain sections of the Food and Drugs Act, 1938, and of the Food and Drugs (Milk and Dairies) Act, 1944, have been repealed.

The Act is divided into four parts. Part I deals with milk and dairies and provides for the making of Milk and Dairies Regulations and regulations to secure the purity of milk, the registration of dairymen and dairy farms, prohibits the sale of milk of cows suffering from tuberculosis, etc., prohibits the addition of water, colouring matter, separated milk, etc., to milk intended for sale for human consumption and empowers the Minister of Health, the Minister of Food and the Minister of Agriculture and Fisheries jointly to make regulations as to presumptive evidence of adulteration of milk. Part II deals with the making of Milk (Special Designation) Regulations and provides for the control of the use of such designations. The power to make Special Designation Regulations relating to raw milk will be exercised by the Minister of Health, the Minister of Food and the Minister of Agriculture and Fisheries acting jointly, whereas regulations with regard to other types of milk will be made by the Minister of Health and the Minister of Food. This part of the Act also provides for the making of "specified areas" within which it will be obligatory for retail sales of milk to be made under a special designation, but after the 1st October, 1954, the use of the special designation "Accredited" will no longer satisfy this requirement. Part III of the Act relates to artificial cream and reproduces the sections of the 1938 Act which relate to the sale, labelling and registration of premises on which artificial cream is manufactured or sold. "Artificial Cream" is defined as a substance which is prepared solely from ingredients derived from milk, and it is, therefore, to all intents and purposes reconstituted cream. The name Artificial Cream, therefore, cannot be applied to synthetic cream made from edible fats other than butter fat. Part IV covers general matters including interpretation, repeals, extent, short title and date of commencement. Finally, it should be mentioned that the special provisions with regard to the sampling of milk contained in section 68 and in the Third Schedule of the principal Act have not been affected in any way by the framing of the new Act.

FOOD AND DRUGS SAMPLES.—Section 68 (1) of the Food and Drugs Act, 1938, authorises arrangements to be made for the taking of samples for analysis by the Public Analyst. It reads:—

"An authorised officer of a Food and Drugs Authority . . . may exercise such powers of procuring samples of food and drugs for analysis . . . as are conferred upon him by this section, and any such officer is in this Act referred to as a 'Sampling Officer'."

In the County of Lancaster this work is now carried out by four Assistant County Sanitary Officers, each of whom procures samples in his own area of the County.

The number of food and drugs samples submitted by the County sanitary officers during the year 1950 was 8,104, as against 7,700 during the previous year and 6,958 in the year 1948; this is an appreciable increase, and is reflected in the rate of samples per 1,000 of the population, which was 5.66 in the year under review, 5.46 in 1949 and 5.04 in 1948. The number of County food and drugs samples for 1950 was much higher than the corresponding figure for any previous year in the history of the County Laboratory.

Total Adulteration.

During the year under review, of the 8,104 samples of food and drugs submitted for examination under the Act, 363 were reported upon adversely; the total adulteration was, therefore, 4.5 per cent. This represents an appreciable decrease compared with the percentage of adulteration for the previous year (1949) when the figure was 5.3 per cent.

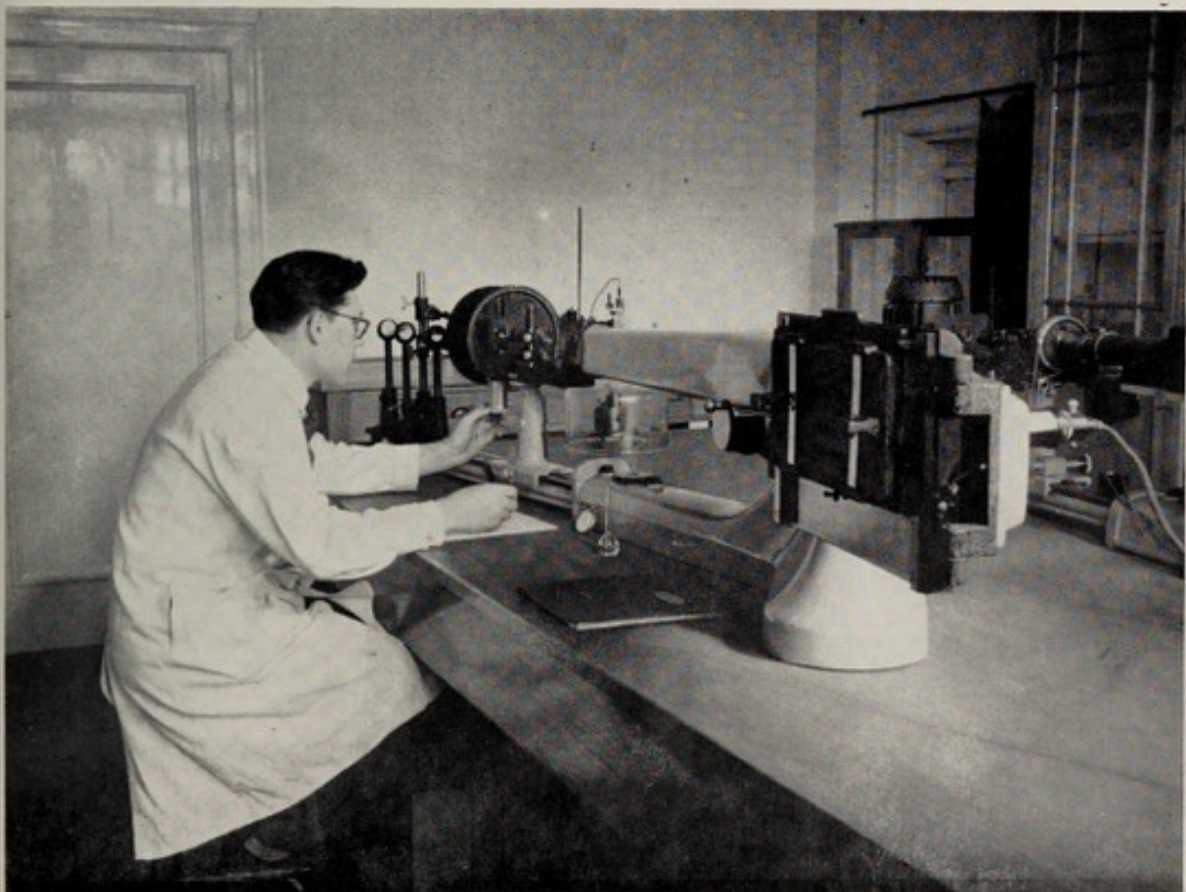
In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during this period the lowest figure was 4.5 which was reached during the year under review, and that the average figure is 6.4 per cent., so that the percentage of adulteration for the year 1950 was considerably lower than that of the average for the past 10 years and was also the lowest since the year 1941. In general, the adulteration during and subsequent to the war has been considerably greater than that found in the preceding years; while the figure for the year under review cannot be regarded as unsatisfactory when compared with the figures for the last 10 years, it is, however, still slightly higher than the adulteration rate for the 10 years 1929-38, which preceded the war, when the percentage adulteration varied from 2.6 to 4.2.

Percentage of Adulteration of County Samples of Food and Drugs, 1941-50

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1941	2,583	239	9.3
1942	2,088	142	6.8
1943	2,058	172	8.4
1944	1,816	163	9.0
1945	1,731	138	8.0
1946	4,122	815	7.6
1947	6,819	477	7.0
1948	6,958	399	5.7
1949	7,700	408	5.3
1950	8,104	363	4.5
1941-50	43,979	2,816	6.4



COUNTY LABORATORY—GENERAL VIEW OF MAIN LABORATORY



COUNTY LABORATORY—SPECTROGRAPHIC DETERMINATION OF
VITAMIN 'A' CONTENT OF COD LIVER OIL

Dr. H. H. H.

Analysis

The point raised in the preceding paragraph is perhaps brought out more clearly in the table below where the percentage of adulteration over the last 10 years is given side by side with the various types of samples and with the number of samples taken per 100,000 of the population. Throughout the war years the rate of sampling dropped very considerably; in fact for the years 1942-45 inclusive, it was only half of that for the years immediately prior to the war. The total number of samples and the number of samples per 100,000 of the population for the year under review again showed an improvement and the figures for the last four years are much higher than the corresponding figures for any previous year in the history of the County Laboratory.

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Percentage of adulteration	9.3	6.8	8.4	9.0	8.0	7.6	7.0	5.7	5.3	4.5
Total samples	2,583	2,088	2,058	1,816	1,731	4,122	6,819	6,958	7,700	8,104
Formal samples	1,525	1,236	1,234	912	870	1,648	2,318	2,478	3,011	2,798
Informal samples	1,058	852	824	904	861	2,046	3,821	3,953	4,254	4,858
Private samples	—	—	—	—	—	428	680	527	435	448
Number of samples per 100,000 of the population	193	161	156	136	135	321	505	504	546	566

MILK.—Adulteration.—The number of milk samples submitted under the Food and Drugs Act during the year was 5,324, and of these, 285 were reported against; the amount of adulteration was, therefore, 5.3 per cent. This figure, as will be seen from the following table, is lower than the average for the last 10 years and is lower than the percentage adulteration for any previous year included in the table.

Percentage of Adulteration of Milk Samples, 1941-50

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1941	1,861	222	11.9
1942	1,506	132	8.8
1943	1,459	157	10.8
1944	1,197	135	11.3
1945	1,096	111	10.1
1946	2,669	272	10.2
1947	4,515	393	8.7
1948	4,464	293	6.6
1949	5,157	301	5.8
1950	5,324	285	5.3
TOTALS	29,248	2,301	7.9

Average Composition

Genuine milk has not always the same composition. There are variations which are natural in the amount both of fat and solids-not-fat in milk as drawn from the cow, and therefore it becomes a matter not only of interest, but also of importance and significance, to know the average values for these two constituents. This information is given for the year 1950 in the following table, where it will be seen that the average figures for fat are 3.68 per cent., for solids-not-fat 8.67 per cent., and for total solids 12.35 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all the samples of milk received; that is to say, there are included all adulterated samples and further, all appeal-to-cow samples, whether they were above or below the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. The figures for average composition calculated on this basis will, therefore, tend to be somewhat lower than those for genuine milk sold in the County.

Average Composition of Milk, 1950

Month	No. of samples*	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
January	1,265	3.54	8.62	12.16
February				
March				
April	1,274	3.54	8.65	12.19
May				
June				
July	1,374	3.71	8.68	12.39
August				
September				
October	1,449	3.92	8.71	12.63
November				
December				
Whole year	5,362	3.68	8.67	12.35

* Includes Appeal-to-Cow samples.

The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that March has the lowest figure, 3.44 per cent., and October the highest, 4.02 per cent. In respect of solids-not-fat, the lowest figure was also obtained in March, 8.60 per cent., the highest figure for solids-not-fat, like that for fat, was similarly obtained in October, the figure being 8.76 per cent. These variations, particularly in respect of fat content, have been the general experience for many years, the fat content usually being at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the early months of the year.

In the following table the average composition of all the milk samples examined is set out for the period 1910-50. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8.55 per cent. being obtained in the year 1943. The average for solids-not-fat for the year under review was 8.67 per cent. Comparison of the table below with that on page 95 brings out the fact that seven of the ten years during which the average solids-not-fat have been lower than formerly were years which showed an increased rate of adulteration. Since the year 1943 there has been a slight but steady increase in solids-not-fat.

Average Composition of Milk Samples, 1910-50

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-1930	56,028	3.67	8.90	12.57
1931	3,090	3.84	8.81	12.65
1932	3,205	3.77	8.85	12.62
1933	3,060	3.76	8.82	12.58
1934	3,310	3.74	8.81	12.55
1935	3,422	3.75	8.84	12.59
1936	3,098	3.73	8.88	12.61
1937	3,278	3.74	8.84	12.58
1938	3,398	3.70	8.78	12.48
1939	3,128	3.67	8.78	12.45
1940	2,144	3.70	8.79	12.49
1941	1,866	3.70	8.64	12.34
1942	1,516	3.75	8.66	12.41
1943	1,489	3.70	8.55	12.25
1944	1,197	3.69	8.57	12.26
1945	1,096	3.72	8.57	12.29
1946	2,776	3.75	8.58	12.33
1947	4,625	3.75	8.63	12.38
1948	4,523	3.67	8.64	12.31
1949	5,210	3.66	8.65	12.31
1950	5,362	3.68	8.67	12.35
1910-50	116,821	3.70	8.81	12.51

ARTICLES OTHER THAN MILK.—Adulteration.—During the year under review 2,780 samples other than milk were examined on behalf of the County Council. Of these, 78 were reported against, which corresponds to an adulteration rate of 2·8 per cent.—a figure considerably lower than that obtained for the year 1949, when it was 4·2 per cent. The percentage of adulteration in articles other than milk was, therefore, much lower than that for milk. The relatively high figure for adulteration of articles other than milk obtained in the previous year (1949) was due to a high incidence of adulterated sausage samples which has dropped very considerably in the year under review.

PROSECUTIONS.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration due to long storage or adulteration obviously may be due to some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples the vendors are sometimes cautioned and further samples then frequently prove to be genuine; in other instances farms are visited by the County Sanitary Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year, a total of 363 County food and drugs samples were reported upon adversely and in respect of 43 of these prosecutions were instituted, 39 in respect of milk samples, 1 in respect of rum, 2 in respect of whisky and 1 in respect of sausage. There were 42 convictions, and in the remaining instance the case was adjourned *sine die*. The total fines and costs during the year amounted to £405. 8s. 7d. This amount is lower than the corresponding figures for the last four years but it is to be expected in view of the decrease in the percentage of adulteration.

ICE-CREAM.—There has been a steady improvement in the fat content of ice-cream over the last four years, this being particularly noticeable during the year under review. A perusal of the table overleaf shows that the average fat content in 1946 was only 2·3 per cent., whereas in 1950 it was 8·5 per cent. Furthermore, the lowest fat content during 1950 was 2·2 per cent. whereas in each of the four previous years fats as low as 0·3 and even 0·1 per cent. were found.

Although the average fat content of ice-cream has risen steadily since 1946, the big increases noted during the last two years were probably, to a great extent, due to the action of the Ministry of Food in allocating, from November, 1948, additional supplies of sugar and in certain cases fats to those ice-cream manufacturers who undertook to include at least 2·5 per cent. of fat in their ice-cream. Nearly all ice-cream manufacturers gave this undertaking with the result that samples of ice-cream of very poor or negligible fat content are now rarely examined in the laboratory; of samples examined during the year 1950 only four had fat contents below 2·5 per cent., and as already indicated, the lowest fat content of these was 2·2 per cent., as compared with minimum figures of the order of 0·1 to 0·3 per cent. obtained in previous years.

The figure of 2·5 per cent. fat must not be interpreted as meaning that this was regarded by the Ministry as a proper minimum standard for ice-cream. It had no statutory significance and was simply an agreed figure based on the conditions mentioned above. The Ministry of Food asked local authorities to co-operate in securing the observance of the agreement by forwarding to the Ministry copies of all analyses showing fat contents of ice-cream together with the name and address of the manufacturers of each sample. Although the action of the Ministry has resulted in a decided increase in the average fat content of ice-cream, the minimum figure, viz., 2·5 per cent., specified in the agreement was very low having regard to the average figures obtained during the last two years in this laboratory.

It will be remembered that in September, 1945, the Minister of Food stated that he was not then prepared to set up a minimum standard for the composition of ice-cream which, due to the exigencies of the times, would impose hardship on many members of the trade and which might prejudice agreement on a really good standard when supplies of the necessary ingredients became more normal. Since that date, however, further proposals have from time to time been made to the Ministry by various interested parties that a statutory standard of composition should be prescribed for ice-cream. These were considered by the Foods Standards Committee appointed by the Minister of Food. On the 17th November, 1949, however, a Ministry of Food Press Notice was issued in which it was stated that while the Committee was of opinion that a standard was in principle desirable for ice-cream, they recommended that action should be deferred because of the scarcity of ingredients, particularly fats and milk solids. This scarcity would only have permitted a satisfactory standard to be prescribed at that time at the expense of a reduction in supplies. On the 3rd July, 1950, however, the Minister of Food authorised the publication of a recommendation of the Foods Standards Committee that an interim standard should be set up for ice-cream of 5 per cent. fat, 10 per cent. sugar and 7½ per cent. milk solids-not-fat. In order that this proposed standard would not reduce the total supplies of ice-cream available, the Ministry arranged for increased allocations of fats and of milk powder to be made to the trade. While the Committee considered that this was the highest standard they could then recommend, they felt that it should be progressively improved as supplies of ingredients became more plentiful; furthermore, they considered that the description "ice-cream" should eventually be restricted to a dairy product containing a high portion of milk solids. While the average fat content of the ice-cream samples examined in the County Laboratory during the year 1950 was 8·5 per cent., it should be remembered that this and the proposed interim standard refer to total edible fat content, whereas a really good standard for fat in ice-cream should be based on butter-fat content.

The Food Standards (Ice-cream) Order, 1951, was made on the 1st January, 1951, but in order to allow existing stocks of ice-cream powder mix to be disposed of, it did not come into operation until the 1st March, 1951. In common with other Food Standards Orders, proceedings for an infringement of the Order may be brought by a Food and Drugs Authority without the consent of the Minister. The standard for ice-cream laid down in the Schedule to the Order is as follows:—

"1.—Ice-cream shall contain not less than 5 per cent. fat, 10 per cent. sugar and $7\frac{1}{2}$ per cent. milk solids other than fat :

Provided that—

(i) ice-cream containing any fruit, fruit pulp or fruit puree shall either conform to the standard set forth above or, alternatively, the total content of fat, sugar and milk solids other than fat shall be not less than 25 per cent. of the ice-cream including the fruit, fruit pulp or fruit puree, as the case may be, and such total content of fat, sugar and milk solids other than fat shall include not less than $7\frac{1}{2}$ per cent. fat, 10 per cent. sugar and 2 per cent. milk solids other than fat ;

(ii) 'Parev' (kosher) ice sold, offered or exposed for sale under that description shall contain not less than 10 per cent. fat and not less than 14 per cent. sugar, and the standard for ice-cream set forth above shall not apply to this product.

"2.—For the purpose of the standards prescribed above, 'sugar' means sucrose, invert sugar or the solids of any sweetening material derived from starch so, however, that no ice-cream shall contain less than $7\frac{1}{2}$ per cent. sucrose.

"3.—Each reference in this Schedule to any proportion or percentage means that proportion or percentage by weight."

A standard of the above complexity will clearly entail far more analytical work to ensure its enforcement than that necessary to supervise the previous relatively simple requirement of a minimum of 2.5 per cent. fat. This difficulty has been recognised by the Ministry of Food (Circular M.F.1/51, 5/1/51) and the Government Chemist's Department has devised a method which can be used to distinguish samples which are obviously satisfactory from the unsatisfactory ones. A detailed analysis is, of course, necessary in respect of all samples which, on preliminary examination, do not prove to be satisfactory.

During the year 1950, 186 samples of ice-cream were submitted for chemical analysis, 123 by the Assistant County Sanitary Officers and 63 by autonomous Food and Drugs Authorities. Although no harmful ingredients were found in any of the samples, four (one County and three from autonomous authorities) contained less than 2.5 per cent. fat, and the Ministry of Food was notified accordingly. In addition, one sample submitted on behalf of the County Council was sour when received in the laboratory. The average figures found for the 186 samples were:—total solids, 32.1 per cent. (maximum, 43.0; minimum, 20.1) and for fat content, 8.5 per cent. (maximum, 14.7; minimum, 2.2). The above averages, as will be seen from the following table which includes figures for the last five years, again show a big improvement over the corresponding figures for the previous year. It will be remembered that prior to the war a figure of 8 per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review, notwithstanding the relative shortage of fats, 111 samples out of the total of 186 showed fat contents varying from 8.1 per cent. to 14.7 per cent.

Ice-cream

Year	No. of samples	Fat content average %	Total solids average %	Highest fat %	Lowest fat %	Highest total solids %	Lowest total solids %
1946	45	2.3	22.5	10.7	0.1	36.8	13.3
1947	59	3.0	23.6	10.6	0.1	39.2	14.1
1948	53	3.9	25.3	11.3	0.1	33.4	18.9
1949	171	6.4	29.3	13.3	0.3	45.9	14.7
1950	186	8.5	32.1	14.7	2.2	43.0	20.1

Prevention of Goitre.—In the early part of 1950 the Ministry of Health endorsed a recommendation of the Medical Research Council that prophylaxis against thyroid enlargement and goitre by the general use of iodized salt is desirable in Great Britain.

Simple goitre (an enlargement of the thyroid gland which is neither inflammatory nor malignant and not associated with toxic features) occurs both sporadically and as a local (endemic) disease. It is occasioned by iodine deficiency; its prevention may therefore be secured by ensuring an adequate dietary supply of iodine. The application of iodine through the iodization of salt is a preventive measure; it is not intended to alleviate (though it may have some beneficial effects upon) existing cases of goitre.

Iodized salt is now universally recognised by authorities on goitre as the most convenient and effective vehicle for the administration of supplemental iodine, and it is considered that if iodized salt were introduced everywhere for domestic use as a permanent measure in public health simple goitre would be a thing of the past.

Weighing all the evidence, the Medical Research Council were of opinion that the incidence of "goitre" seemed to be on the increase. They strongly urged preventive action on a national scale by the addition of a trace of iodine to salt used for domestic purposes. Their view was that if the iodine intake were raised "to an optimal level by the universal distribution of iodized salt it might be expected that goitre would eventually disappear even in the areas of present high endemicity".

The Medical Research Council's recommendation, first made in 1944, that a trace of iodine should be added to all table and cooking salt was approved by the Standing Committee on Medical and Nutritional Problems of the Ministry of Health, and the implications of the proposal were then examined in detail by the Ministry of Food. It was found, however, that difficulties in obtaining the new equipment required prevented any further progress at that time in iodizing salt supplies. But as an interim measure, iodine was added to the vitamin tablets supplied to expectant mothers at Welfare Centres in order to ensure a sufficiency of iodine to the coming generation and to serve as an effective prophylaxis against simple goitre.

There is no evidence on medical grounds that the minute amount it is proposed to add to salt would have any adverse effect upon general health. For years large numbers of people in countries like New Zealand, Switzerland, and parts of the United States have been taking in their salt, without any disturbance to health, a much larger quantity of iodine than is now proposed.

To give effect to this recommendation will require legislation for all salt supplied by retail sale to be treated with a trace of iodide before sale. Accordingly it is the intention of the Ministries of Food and Health that within one year from the date of the introduction of a Statutory Instrument all pre-packed "free-running" salt (i.e., table salt to which small quantities of suitable substances have been added) will be required to contain iodide in amounts equivalent to not less than 15 and not more than 30 parts of iodine per million parts of salt, and within two years from the date of the instrument a similar requirement will apply to all other pre-packed salt (e.g., packeted household cooking salt, which contains no added ingredients to render it free-running).

The iodization of all pre-packed salt will necessitate considerable re-equipment and reorganisation in the salt factories. Since the requisite machinery exists, within a year of the issue of an Order manufacturers could iodize pre-packed free-running salt but two years will be needed to iodize packeted household cooking salt.

If salt production as between pre-packed free-running and other salt used in the home remains substantially in the same proportion as in 1948, slightly more than half the population of Great Britain would benefit within the first year (from the iodization of pre-packed free-running salt) and the entire population would benefit by the end of two years.

Up to the end of 1950, however, the proposed Statutory Instrument referred to had not been introduced.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

General Observations.—From the 1st January, 1950, certain radical changes became effective in regard to the notification of infectious diseases. Firstly, the distinction hitherto made between civilian cases and those occurring in members of H.M. Forces was no longer required and secondly, by means of the Public Health (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection) Regulations, 1949, new nomenclatures consistent with the Sixth Revision of the International Standard Classification of Diseases, which was brought into use on the same date and to which reference is made on page 16, were introduced.

The effect of these changes has been to make, in some instances, strict comparisons of cases and deaths from infectious diseases with those of previous years impracticable. In such instances, the necessary explanations are made in the text relative to the particular disease.

Smallpox.—No case of smallpox occurred during 1950—the twelfth successive year for which the Administrative County has been entirely free from the disease.

Two suspected cases were reported in April, 1950, one in the Borough of Prestwich and one in the Urban District of Tyldesley. The County Medical Officer of Health saw the two patients concerned, but in neither instance was the case found to be smallpox.

Diphtheria.—The number of notifications of diphtheria in 1950 showed, for the ninth successive year, a considerable reduction. The 43 cases notified during the year constituted yet another low record in the County statistics and were little more than half the previous low record of 84 in 1949. Unfortunately, the number of deaths ascribed to this disease, viz., six, was one more than in the previous year. The six deaths were equivalent to a mortality rate of 0.003 per 1,000 of the estimated home population.

There can be little doubt that the phenomenal decline in the number of cases of, and deaths from, diphtheria over the last decade is attributable to the artificial immunisation of children. A reference to the state of immunisation of the child population at the end of 1950 is made on page 53. The table below gives, for the last pre-war year and each subsequent year, the number of cases of, and deaths from, diphtheria in the Administrative County:—

Year	No. of cases	No. of deaths	Case fatality rate per cent.
1938	4,571	208	4.5
1939	3,297	157	4.7
1940	2,772	137	4.9
1941	3,354	183	5.4
1942	2,169	105	4.8
1943	1,760	69	3.9
1944	1,468	68	4.6
1945	1,137	52	4.5
1946	654	25	3.8
1947	327	12	3.6
1948	202	11	5.4
1949	84	5	6.0
1950	43	6	14.0

That in a period of only 12 years the cases of and deaths from the disease which was, prior to the introduction of active immunisation, the most common single cause of death among children of school age should have been reduced by over 99 and 97 per cent. respectively is a most noteworthy achievement.

It will be noted, however, that until recent years the case fatality rate has varied comparatively little. The increase in the last two or three years which is, of course, a result of the difference in the rate of decline of the numbers of cases and deaths, would appear to indicate that the nature of the disease has not by any means become less virulent. It also serves to emphasise that the mortality risk to the population generally and to the under-fifteens in particular is reduced only by reason of the effect of immunisation on the incidence of the disease. Furthermore, it must be borne in mind that the fatalities from the disease are almost entirely confined to those individuals who have not been immunised.

Of the 43 cases of diphtheria notified during 1950, seven occurred amongst children under 5 years of age, 19 amongst those between the ages of 5 and 15 years, and 17 amongst those over 15 years of age. The respective case fatality rates were 42.86 per cent., 10.53 per cent. and 5.88 per cent. and that for all children under the age of 15 years was 19.23 per cent.

A division of these case fatality rates between the immunised and the non-immunised, as given in Table 18, page 146, clearly indicates, however, that they are mainly produced by the mortality amongst the non-immunised. It will be seen that over the last four years, despite the considerable reduction in the number of cases, the case fatality rate for non-immunised children under the age of 15 years has greatly increased. This increase is particularly reflected in the rate for non-immunised children under 5 years of age. It is obvious therefore that whilst there is to-day little difference in the absolute numbers of cases amongst immunised and non-immunised children, the mortality risk amongst the latter is very great and, in fact, is apparently increasing particularly in the case of pre-school children. It is imperative therefore that still greater efforts directed towards the protection of the under-fives must be made.

Cases of diphtheria removed to hospital during 1950 numbered 35 or 81.4 per cent. of the total notified.

Whooping cough.—There was a very substantial increase in the notifications of cases of whooping cough during 1950, but fortunately the mortality was less. The 8,295 cases notified were 3,100 in excess of the figure for the previous year, and constituted the highest incidence in any single year since the disease was made compulsorily notifiable in February, 1940. The deaths ascribed to this disease numbered 21 or nine less than in 1949, the resultant death-rate per 1,000 of the estimated home population being 0.01—the same as the provisional rate for England and Wales.

Measles (excluding rubella).—The number of cases of measles notified during the year 1950 was 17,636 or 1,951 more than in the previous year. The deaths registered as due to this cause, which were all of children under the age of 5 years, numbered six, or eight less than in 1949, and were equivalent to a mortality rate of 0.003 per 1,000 of the estimated home population.

Meningococcal infection.—This heading, which has been introduced for the first time in conformity with the Sixth Revision of the International List of Diseases, Injuries and Causes of Death, embraces not only cases of meningococcal meningitis formerly notified as cerebro-spinal fever, but also cases of illness due to fulminant and other forms of meningococcal infection without an initial meningitis. For this reason, therefore, no direct comparison can be made with data relative to cerebro-spinal fever for previous years.

The number of cases of meningococcal infection notified during 1950 was 44—41 in the urban areas and three in the rural areas. The 44 cases were equivalent to an attack rate of 0.02 per 1,000 of the estimated home population which was 0.01 less than the provisional rate for the country as a whole. Sixteen deaths were ascribed to this cause, representing a case fatality rate of 36.4 per cent., and a mortality rate per 1,000 estimated home population of 0.008.

Acute poliomyelitis (including polioencephalitis).—Whilst in the past acute poliomyelitis and acute polioencephalitis have been notifiable as separate and distinct conditions, they have for the purposes of recording and analysing the incidence of infantile paralysis in the Administrative County been grouped together. The Public Health (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection) Regulations, 1949, recognised that the distinction formerly made between the two conditions was a very difficult one, and accordingly as from 1st January, 1950, grouped them under the one heading of acute poliomyelitis. Further, following the practice which has obtained in Sweden and certain parts of the United States for some considerable time, opportunity was taken of requiring cases of acute poliomyelitis (including polioencephalitis) to be reported under the sub-headings "paralytic" and "non-paralytic", the former being those where there are or have been signs of weakness or paralysis of muscles, either permanent or transient, and the latter where there have been no such signs, i.e., where the diagnosis has been made on other clinical signs with or without examination of the cerebro-spinal fluid.

During 1950 the incidence of acute poliomyelitis in the Administrative County area was considerably less than in the previous year. In all, 160 cases were notified as compared with 235 in 1949. Of the 160 cases, 140 occurred in the urban and 20 in the rural districts. Forty-eight County districts were entirely free from the disease. The map inserted overleaf serves to give a clear indication of the geographical distribution of the cases and it will be noted that, as may be expected amongst concentrations of population, the incidence was greatest in the south-east portion of the County around Manchester.

As has been mentioned earlier, in 1950, for the first time, cases were required to be notified under the two sub-headings "paralytic" and "non-paralytic". Of the 160 cases notified, 125 were confirmed as paralytic and 35 as non-paralytic—a ratio of 3.6 : 1.

The deaths in 1950 numbered 18, or 16 less than in 1949, and were equivalent to a mortality rate of 0.009 per 1,000 of the estimated home population. The provisional rate for the country as a whole was 0.02.

During the year a procedure was adopted whereby, as a routine, details of each case of acute poliomyelitis were obtained with a view to an analysis being made of various aspects of the disease and its ultimate effect on the functional system of the individual. Unfortunately, of the 160 cases notified information supplied in respect of 21 was insufficiently complete to be of practical value. From the details, however, of the 139 cases remaining it would appear that 11 of the 108 cases notified as paralytic died giving a case fatality rate of 10.2 per cent. whereas only one of the 31 non-paralytic cases died, equivalent to a case fatality rate of 3.2 per cent. Thirty or 96.8 per cent. of the non-paralytic and 97 or 89.8 per cent. of the paralytic cases were returned as "recovered" but of the latter, only 29 or 29.9 per cent. had no residual paralysis, the remaining 68 cases having weakness or paralysis of muscles of varying degrees of severity—in the majority of cases, however, fortunately slight.

The table below classifies by sex and certain age groups, the case incidence of and mortality from the disease in 1950 and each of the three preceding years:—

Age group	Cases												Deaths											
	1947			1948			1949			1950			1947			1948			1949			1950		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	12	13	25	2	2	4	4	4	8	6	4	10	2	1	3	—	—	—	1	1	—	2	2	—
1—	95	70	165	12	11	23	41	37	78	33	34	67	5	5	10	1	—	1	2	3	5	1	—	1
5—	65	52	117	7	4	11	50	34	84	24	16	40	5	5	10	1	1	2	4	2	6	—	1	1
15—	36	32	68	9	12	21	38	27	65	29	14	43	9	4	13	4	3	7	13	9	22	8	6	14
All ages	208	167	375	30	29	59	133	102	235	92	68	160	21	15	36	6	4	10	19	15	34	9	9	18

It will be apparent from a perusal of the above table that as a whole the incidence of acute poliomyelitis was greater amongst males than females. In point of fact, the ratio of cases as between males and females has tended to rise during the four years for which the figures are given. In 1947, the ratio was 1·2 : 1; in 1948, 1·03 : 1; in 1949, 1·3 : 1; and in 1950, 1·4 : 1.

It will also be noted that whereas in 1947—the year of the biggest outbreak the Administrative County has experienced—some 50 per cent. of the cases were of children under the age of 5 years, in the succeeding years the majority of cases is to be found amongst children of school age and adults.

Amongst the 160 cases notified in 1950, a total of 18 deaths was recorded, giving a case fatality rate of 11·3 per cent. as compared with 14·5 per cent. in 1949. As has been the experience in previous years, mortality was highest amongst individuals over the age of 15 years, the 14 deaths in 1950 producing a case fatality rate of 32·6 per cent. compared with percentages of 33·8, 33·3 and 19·1 respectively in the three preceding years.

The subjoined table gives particulars of the incidence of, and mortality from, acute poliomyelitis (including acute poliomyelitis) in the Administrative County from the last pre-war year up to and including the year 1950:—

Year	Estimated population	No. of cases notified	Attack rate per 10,000 population	No. of deaths registered	Mortality rate per 10,000 population	Case fatality rate per cent.
1938	1,880,600	24	0·13	7	0·04	29·2
1939	1,904,100	34	0·18	7	0·04	20·6
1940	1,900,870	83	0·44	9	0·05	10·8
1941	1,918,320	27	0·14	8	0·04	29·6
1942	1,885,600	25	0·13	8	0·04	32
1943	1,848,650	22	0·12	6	0·03	27·3
1944	1,837,800	13	0·07	2	0·01	15·4
1945	1,832,420	13	0·07	4	0·02	30·8
1946	1,924,880	22	0·11	7	0·04	31·8
1947	1,959,160	375	1·91	36	0·18	9·6
1948	2,007,150	59	0·29	10	0·05	16·9
1949	2,020,720	235	1·16	34	0·17	14·5
1950	2,047,010	160	0·78	18	0·09	11·3

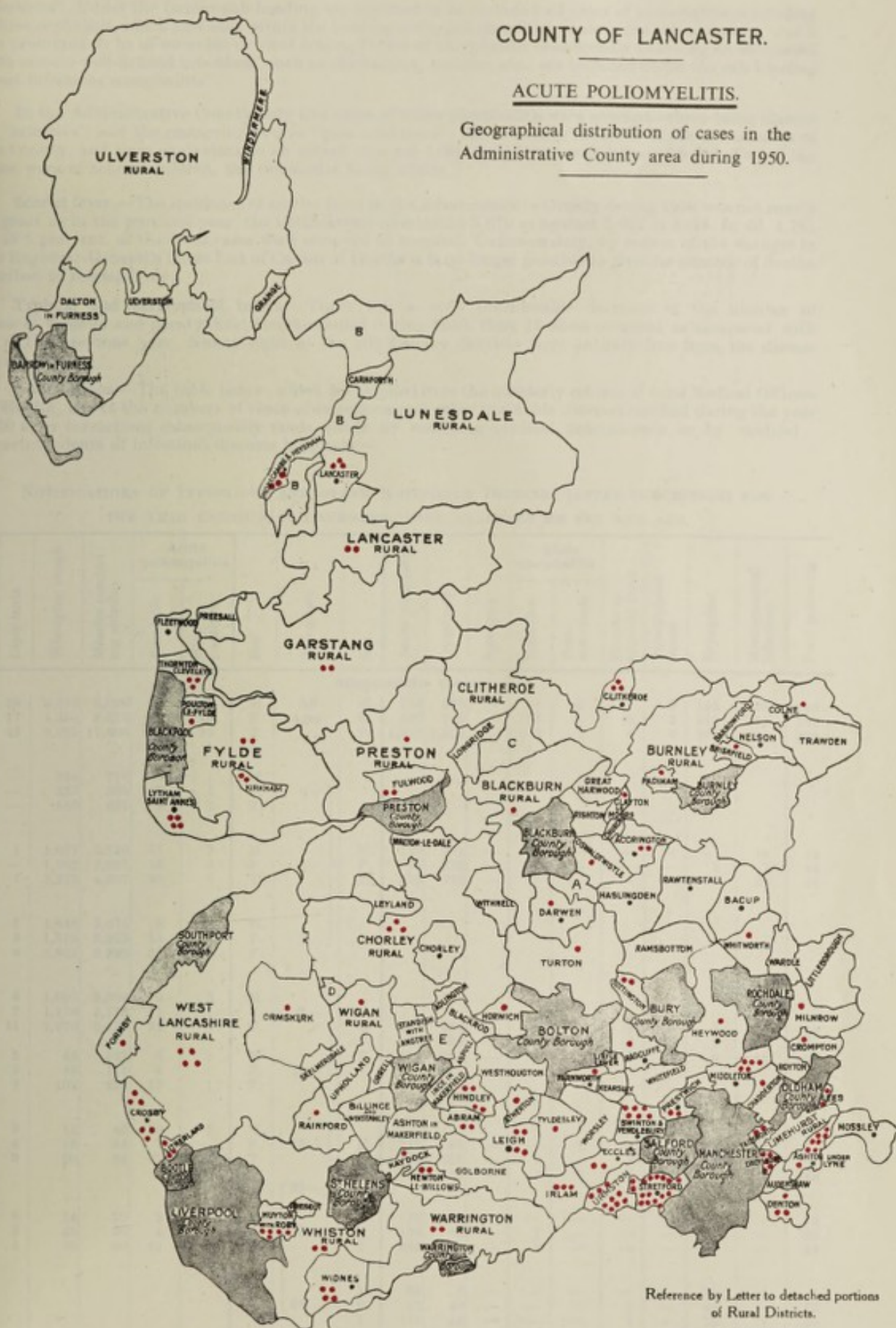
It will readily be seen that whilst there has, of late years, been a considerably increased incidence of the disease with a consequent higher mortality, the proportion of deaths to cases notified has, in fact, tended to be less than in previous years when the disease was not nearly so prevalent.

Acute encephalitis.—In accordance with the new international standard classification of diseases, this nomenclature was brought into general use as from the 1st January, 1950. In effect, it replaces the former heading of encephalitis lethargica but also extends the scope of the clinical conditions to be included under the head of acute encephalitis. It is now divided into the two categories—"infective" and "post-

COUNTY OF LANCASTER.

ACUTE POLIOMYELITIS.

Geographical distribution of cases in the Administrative County area during 1950.



Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Non-County Boroughs indicated *

Scale : 8 miles to 1 inch.

COUNTY OF LANCASTER

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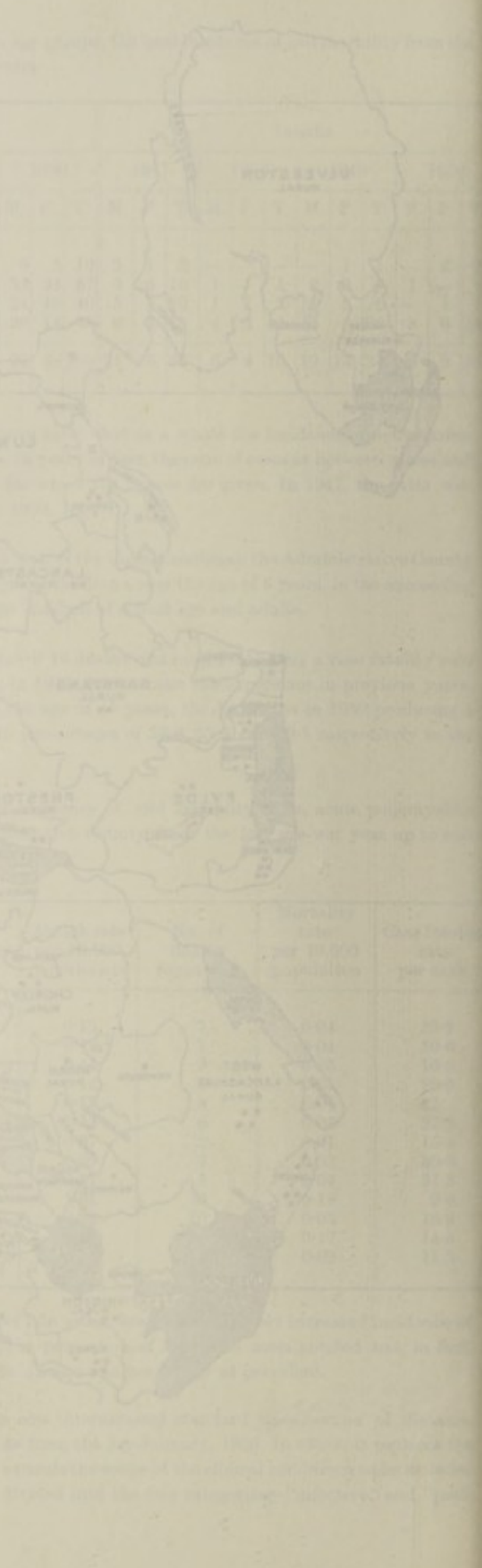
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"infectious". Under the former sub-heading are required to be included all cases of encephalitis (excluding poliomyelitis, which now falls within the heading acute poliomyelitis), some of obscure aetiology, which are presumed to be of microbial or viral origin. Forms of encephalitis occasionally following or associated with certain well-defined infections, such as chickenpox, measles, etc., are included under the sub-heading "post-infectious encephalitis".

In the Administrative County only five cases of acute encephalitis were notified—three being classed as "infective" and the remaining two as "post-infectious". All five cases occurred in the urban areas of the County, and were equivalent to an attack rate per 1,000 total home population of 0.002. Two of the cases were of school children, the remainder being adults.

Scarlet fever.—The incidence of scarlet fever in the Administrative County during 1950 was not nearly so great as in the previous year, the notifications numbering 3,670 as against 5,092 in 1949. In all, 1,781 or 48.5 per cent. of the total cases were removed to hospital. Unfortunately, by reason of the changes in the Registrar-General's Short List of Causes of Deaths it is no longer possible to give the number of deaths ascribed to scarlet fever.

Typhoid and paratyphoid fevers.—There was a very considerable decrease in the number of cases of typhoid and paratyphoid fevers notified during 1950. Only 12 cases occurred as compared with 71 in the previous year. Ninety-eight of the 109 County districts were entirely free from the disease during 1950.

Notifications.—The table below, which is compiled from the quarterly returns of local Medical Officers of Health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1950 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR
THE YEAR ENDED 31ST DECEMBER, 1950, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute poliomyelitis		Sex	Age group	Sex	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis		Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Meningococcal infection	Food poisoning
				Paralytic	Non-paralytic							Infective	Post-infectious					
Administrative County																		
1,931	26	3,939	9,020	67	25	M.	All ages	M.	726	595	—	—	2	1	3	148	28	149
1,739	17	4,356	8,616	58	10	F.		F.	487	708	—	3	—	5	3	215	16	160
3,670	43	8,295	17,636	125	35	T.		T.	1,213	1,303	—	3	2	6	6	363	44	309
8	—	354	316	5	1	M.	0—											
9	—	335	305	3	1	F.												
17	—	689	621	8	2	T.												
180	1	1,071	2,120	17	3	M.	1—	M.	130	394	—	—	—	—	—	—	16	18
148	—	1,202	2,087	16	2	F.		F.	90	325	—	—	—	—	—	1	7	19
328	1	2,273	4,207	33	5	T.		T.	220	719	—	—	—	—	—	1	23	37
511	3	1,346	3,074	8	5	M.	3—											
421	3	1,515	2,925	13	3	F.												
932	6	2,861	5,999	21	8	T.												
817	8	1,092	3,304	10	5	M.	5—											
820	3	1,178	3,113	11	1	F.												
1,637	11	2,270	6,417	21	6	T.		M.	112	104	—	—	1	1	—	2	5	56
185	3	45	127	8	1	M.	10—	F.	61	97	—	1	—	2	2	7	7	40
226	5	58	111	4	—	F.		T.	173	201	—	1	1	3	2	9	12	96
411	8	103	238	12	1	T.												
199	5	12	40	10	3	M.	15—											
67	4	18	44	7	—	F.		M.	216	63	—	—	1	—	3	36	6	47
266	9	30	84	17	3	T.		F.	136	150	—	1	—	2	1	59	2	61
							25—	T.	352	213	—	1	1	2	4	95	8	108
29	6	14	20	9	7	M.	45—											
42	2	45	26	4	3	F.		M.	176	26	—	—	—	—	—	75	—	19
71	8	59	46	13	10	T.		F.	109	94	—	1	—	—	—	101	—	25
							65—	T.	285	120	—	1	—	—	—	176	—	44
								M.	85	8	—	—	—	—	—	34	1	8
								F.	87	40	—	—	—	1	—	44	—	12
								T.	172	48	—	—	—	1	—	78	1	20
2	—	5	19	—	—	M.	Un-known											
6	—	5	5	—	—	F.		M.	7	—	—	—	—	—	—	1	—	1
8	—	10	24	—	—	T.		F.	4	2	—	—	—	—	—	3	—	3
								T.	11	2	—	—	—	—	—	4	—	4

Other Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			• Chickenpox		
	F.	M.	F.	T.	M.	F.	T.
Administrative County	93	10	15	25	300	282	582

* Notifiable in six districts only.

Below, comparison is made of the number of notifications of some of the principal infectious diseases during 1950 and the preceding 10 years:—

Infectious disease	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Typhoid and paratyphoid fevers	142	304	38	25	32	28	48	23	30	71	12
Scarlet fever	3,348	3,583	4,786	6,710	5,903	4,453	2,794	2,996	5,287	5,092	3,670
Whooping cough	3,802	7,927	2,334	5,386	3,897	2,874	4,348	3,716	6,404	5,195	8,295
Diphtheria	2,772	3,354	2,169	1,760	1,468	1,137	654	327	202	84	43
Erysipelas	608	574	589	515	521	475	408	349	437	398	363
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Measles (excluding rubella)	30,071	11,166	18,267	14,353	13,599	13,883	9,100	22,377	21,605	15,685	17,636
Acute pneumonia (primary and influenzal)	2,568	2,235	1,874	2,558	1,729	1,570	1,661	1,418	1,356	1,473	1,213
Puerperal pyrexia	279	246	284	248	217	139	168	163	123	83	93
Ac. poliomyelitis (including polio- encephalitis)	83	27	25	22	13	13	22	375	59	235	160

The most noteworthy features of a comparison of the above notifications over the whole period are the remarkable fall in the number of cases of diphtheria, the gradual reduction in the incidence of erysipelas and puerperal pyrexia, and the increase in cases of acute poliomyelitis and acute polio-encephalitis during the last four years.

Death-rates from certain infectious diseases.—The table below gives for the last 20 years the death-rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for the war years 1939-45 relate to civilians only:—

Year	Estimated population	Smallpox		Diphtheria		Whooping cough		Measles		Ac. poliomyelitis		*Meningococcal infection	
		No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n
1931	1,804,400	nil	nil	108	0.060	94	0.052	61	0.034	6	0.003	—	—
1932	1,802,800	nil	nil	115	0.064	113	0.063	136	0.075	8	0.004	—	—
1933	1,807,800	nil	nil	109	0.060	89	0.049	59	0.033	23	0.013	—	—
1934	1,809,597	nil	nil	160	0.088	57	0.031	123	0.068	7	0.004	—	—
1935	1,821,100	nil	nil	155	0.085	46	0.025	80	0.044	3	0.002	—	—
1936	1,842,900	nil	nil	179	0.097	81	0.044	93	0.050	2	0.001	—	—
1937	1,859,200	nil	nil	153	0.082	70	0.038	25	0.013	1	0.001	—	—
1938	1,880,600	nil	nil	208	0.111	39	0.021	100	0.053	7	0.004	—	—
1939	1,904,100	nil	nil	157	0.082	58	0.030	4	0.002	7	0.004	—	—
1940	1,900,870	nil	nil	137	0.072	45	0.024	49	0.026	9	0.005	—	—
1941	1,918,320	nil	nil	183	0.095	129	0.067	38	0.020	8	0.004	—	—
1942	1,885,600	nil	nil	105	0.056	20	0.011	27	0.014	8	0.004	—	—
1943	1,848,650	nil	nil	69	0.037	69	0.037	26	0.014	6	0.003	—	—
1944	1,837,800	nil	nil	68	0.037	35	0.019	22	0.012	2	0.001	—	—
1945	1,832,420	nil	nil	52	0.028	29	0.016	23	0.013	4	0.002	—	—
1946	1,924,880	nil	nil	25	0.013	43	0.022	9	0.005	7	0.004	—	—
1947	1,959,160	nil	nil	12	0.006	32	0.016	30	0.015	36	0.018	—	—
1948	2,007,150	nil	nil	11	0.005	39	0.019	26	0.013	10	0.005	—	—
1949	2,020,720	nil	nil	5	0.002	30	0.015	14	0.007	34	0.017	—	—
1950	2,047,010	nil	nil	6	0.003	21	0.010	6	0.003	18	0.009	16	0.008

* This nomenclature was first introduced in 1950 and comparative figures for previous years are not available.

Tuberculosis.—INCIDENCE.—Under the Public Health (Tuberculosis) Regulations, 1930, district Medical Officers of Health forward weekly returns of all notifications received, and these, after correction by the exclusion of duplicates, are classified both as regards the parts of the body affected and in age periods, the totals for the year ended 31st December, 1950, being analysed in Table 26, page 155, and Table 27, page 156.

The number of respiratory cases notified during 1950 was 1,497—a decrease of 116 or 7.2 per cent. from the figure for the previous year. The respiratory case-rate was 0.73 per 1,000 of the estimated population as compared with 0.80 for the year 1949.

Fortunately, the serious prevalence of respiratory tuberculosis amongst young female adults (between the ages of 15 and 35 years), which, as shown in the table of notifications on page 106, had continued for a number of years, was somewhat reduced in 1950.

Non-respiratory notifications during 1950 numbered 401—a decrease of 65 compared with those for the previous year. The case-rate per 1,000 of the estimated home population was 0.20. Both notifications and case-rate were the lowest ever recorded in the Administrative County area.

The number of notifications of all forms of tuberculosis in 1950 was 1,898, equivalent to a case-rate of 0.93 per 1,000 of the population—also the lowest on record.

The following table shows the new cases of tuberculosis notified in the Administrative County each year since 1913, when the official tuberculosis service began, together with the case-rates per 1,000 of the estimated population. It will be seen that the case-rate for respiratory tuberculosis has fallen from 1.54 in 1913 to 0.73 in 1950—a reduction of 52.6 per cent., whilst that for non-respiratory tuberculosis has been reduced by 0.70 or almost 78 per cent.:

Year	Notifications			Case-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1.54	0.90	2.45
1914	2,820	1,140	3,960	1.61	0.65	2.26
1915	2,872	1,128	4,000	1.64	0.64	2.28
1916	2,689	1,180	3,869	1.52	0.66	2.19
1917	2,375	1,062	3,437	1.35	0.60	1.96
1918	2,534	885	3,419	1.47	0.51	1.98
1919	2,105	847	2,952	1.21	0.48	1.70
1920	2,084	968	3,052	1.20	0.55	1.76
1921	2,044	899	2,943	1.16	0.51	1.67
1922	1,863	956	2,189	1.05	0.54	1.59
1923	1,937	1,188	3,125	1.09	0.66	1.75
1924	1,972	1,120	3,092	1.10	0.62	1.73
1925	1,846	1,027	2,873	1.03	0.57	1.60
1926	1,828	953	2,781	1.02	0.53	1.55
1927	1,794	1,045	2,839	0.99	0.58	1.57
1928	1,660	956	2,616	0.91	0.52	1.44
1929	1,517	913	2,430	0.83	0.50	1.34
1930	1,527	982	2,509	0.84	0.54	1.38
1931	1,460	862	2,322	0.80	0.47	1.28
1932	1,477	825	2,302	0.81	0.45	1.27
1933	1,453	780	2,233	0.80	0.43	1.23
1934	1,315	774	2,089	0.72	0.42	1.15
1935	1,305	672	1,977	0.71	0.36	1.08
1936	1,248	722	1,970	0.67	0.39	1.06
1937	1,314	745	2,059	0.70	0.40	1.10
1938	1,227	805	2,032	0.65	0.42	1.08
1939	1,252	757	2,009	0.65	0.39	1.05
1940	1,340	715	2,055	0.70	0.37	1.08
1941	1,414	732	2,146	0.73	0.38	1.11
1942	1,447	766	2,213	0.76	0.40	1.17
1943	1,456	778	2,234	0.78	0.42	1.20
1944	1,512	665	2,177	0.82	0.36	1.18
1945	1,511	641	2,152	0.82	0.34	1.17
1946	1,663	537	2,200	0.86	0.27	1.14
1947	1,394	519	1,913	0.71	0.26	0.97
1948	1,522	551	2,073	0.75	0.27	1.02
1949	1,613	466	2,079	0.80	0.23	1.03
1950	1,497	401	1,898	0.73	0.20	0.93

Notifications in age groups.—The following tables give in certain specified age groups, the male and female notified cases of respiratory and non-respiratory tuberculosis in the year 1950, after correction for subsequent changes in diagnosis. For comparative purposes the figures for the preceding ten years are given:—

YEAR	SEX	RESPIRATORY TUBERCULOSIS													Total M. & F.
		AGE GROUP—YEARS													
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages		
1940	M. F.	1 —	4 2	13 4	10 13	63 96	76 125	198 165	139 85	145 29	95 34	25 18	769 571	1,340	
1941	M. F.	— 3	5 7	8 5	9 14	74 111	93 140	200 166	178 75	132 51	83 20	25 15	807 607	1,414	
1942	M. F.	— —	5 2	5 2	14 16	68 105	95 131	178 176	200 80	147 38	103 39	31 12	846 601	1,447	
1943	M. F.	2 —	7 6	9 4	2 10	71 82	103 139	182 172	194 71	162 51	102 37	33 17	867 589	1,456	
1944	M. F.	2 1	5 10	17 7	19 12	71 83	108 174	175 200	164 79	156 51	106 17	40 15	863 649	1,512	
1945	M. F.	— 1	12 9	14 10	7 11	56 79	99 165	197 200	181 82	146 36	113 35	39 19	864 647	1,511	
1946	M. F.	1 1	9 9	16 10	16 14	57 91	141 163	243 201	168 99	172 48	121 28	36 19	980 683	1,663	
1947	M. F.	5 2	11 10	18 21	13 12	65 99	106 129	183 163	131 79	142 37	90 19	41 18	805 589	1,394	
1948	M. F.	2 4	17 14	19 8	11 31	59 102	85 131	190 198	136 90	150 49	116 40	49 21	834 688	1,522	
1949	M. F.	2 3	13 18	25 17	18 20	57 101	107 147	179 196	148 100	168 37	143 25	67 22	927 686	1,613	
1950	M. F.	4 —	28 19	16 21	26 26	53 79	84 138	181 191	126 82	162 49	116 31	46 19	842 655	1,497	

YEAR	SEX	NON-RESPIRATORY TUBERCULOSIS												Total M. & F.
		AGE GROUP—YEARS												
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages	
1940	M. F.	5 3	66 58	90 84	46 38	48 45	17 30	45 38	14 25	10 15	11 13	10 4	362 353	715
1941	M. F.	8 5	68 65	97 76	35 41	44 30	18 36	41 56	22 30	11 16	12 12	4 5	360 372	732
1942	M. F.	5 1	73 68	67 81	38 55	33 41	28 47	28 54	36 38	17 20	7 13	7 9	339 427	766
1943	M. F.	2 5	78 51	98 87	54 58	37 58	20 51	35 48	24 26	11 8	4 13	3 7	366 412	778
1944	M. F.	4 1	64 43	76 74	58 40	21 34	18 29	33 55	20 35	14 8	13 10	8 7	329 336	665
1945	M. F.	2 3	58 49	85 69	43 44	26 32	12 34	26 46	27 26	12 17	8 10	7 5	306 335	641
1946	M. F.	1 3	56 43	54 50	32 43	27 37	16 33	25 31	17 23	9 15	13 4	3 2	253 284	537
1947	M. F.	1 3	54 48	52 56	43 29	13 25	20 26	26 36	16 18	13 15	4 5	4 12	246 273	519
1948	M. F.	4 5	63 35	70 57	29 49	22 26	22 31	26 22	13 34	13 5	6 6	8 5	276 275	551
1949	M. F.	2 2	39 37	43 65	29 22	27 34	14 25	22 38	14 18	13 10	6 5	— 1	209 257	466
1950	M. F.	2 2	38 31	48 33	22 25	19 27	9 16	20 31	14 21	8 13	8 9	— 5	188 213	401

MORTALITY.—The number of deaths during 1950 ascribed to respiratory tuberculosis was 573 or 105 less than in the preceding year. The resultant death-rate per 1,000 of the estimated home population was 0·28—the lowest rate ever recorded in the County statistics. The rate for the previous year, based on civilian deaths and the estimated civilian population, was 0·34 or 0·06 greater than that for 1950. The comparative rate for England and Wales in 1950 was 0·32 per 1,000 of the estimated home population.

Respiratory tuberculosis in the Administrative County in 1950 accounted for 2·2 per cent. of the total deaths from all causes, compared with 3·13 per cent. for the country as a whole.

Non-respiratory tuberculosis accounted for 93 deaths during 1950—a decrease of 29 as compared with the previous year—and equivalent to a death-rate of 0·05 per 1,000 of the estimated home population, the lowest rate ever recorded for the County area.

Below, comparison is made of the number of deaths from tuberculosis registered in 1950 and the equivalent death-rates, with the averages of those for the preceding five years, 1945-49:—

Period	Respiratory tuberculosis		Non-respiratory tuberculosis		All forms	
	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population
Mean of 5 years, 1945-49	717	0·37	140	0·07	857	0·44
Year 1950	573	0·28	93	0·05	666	0·33
Decrease in 1950	144	0·09	47	0·02	191	0·11

The table below gives the death-rates from respiratory tuberculosis in the urban and rural districts and the Administrative County as a whole for 1950 and each of the preceding 10 years and, for the purposes of comparison, the rates for England and Wales:—

Year	Administrative County			England & Wales
	Death-rate per 1,000 of population			Death-rate per 1,000 of population
	Urban	Rural	County	
1940	0·48	0·31	0·46	0·59
1941	0·46	0·27	0·43	0·60
1942	0·43	0·26	0·41	0·54
1943	0·43	0·29	0·41	0·56
1944	0·44	0·28	0·42	0·52
1945	0·40	0·28	0·38	0·52
1946	0·40	0·32	0·39	0·47
1947	0·40	0·28	0·38	0·47
1948	0·35	0·24	0·34	0·44
1949	0·35	0·25	0·34	0·40
1950	0·29	0·21	0·28	*0·32

* Provisional figure.

It will be noted that the rate for the Administrative County is consistently much lower than that for the country as a whole.

Non-notified fatal cases.—The total number of deaths from all forms of tuberculosis in 1950 (corrected for transfers), which escaped statutory notification as tuberculosis cases during life (i.e., non-notified fatal cases) was 120, or 18·02 per cent. of the total deaths from tuberculosis. In 1949, the figures were 106 and 13·25 per cent. respectively, whilst in 1948 they were only 104 and 12·75 per cent.

It will thus be seen that whilst there has been a considerable decrease in the mortality from tuberculosis, the proportion of non-notified fatal cases has increased and, whereas in 1948 about one death in eight occurred in persons not notified before death, the proportion in 1950 had risen to almost one death in every five. Reference to this unsatisfactory aspect and to the difficulties associated with it is made in the section "Prevention of Illness, Care and After-care" on page 60.

Of the 120 non-notified fatal cases belonging to the Administrative County in 1950, 85 were of respiratory tuberculosis and formed 14.83 per cent. of the total deaths from tuberculosis of the respiratory system—an increase of 10 and 3.77 per cent. respectively over the figures for the previous year.

Deaths from non-respiratory tuberculosis during 1950 which escaped notification during life numbered 35, or 37.63 per cent. of the total non-respiratory deaths. In 1949, the figures were 31 and 25.41 per cent. respectively.

The table below shows the number of deaths registered and the death-rates recorded during the years 1913 to 1950 in the Administrative County:—

Year	Deaths			Death-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0.82	0.30	1.12
1914	1,523	572	2,095	0.87	0.32	1.19
1915	1,614	555	2,169	0.96	0.34	1.30
1916	1,685	471	2,156	1.04	0.29	1.33
1917	1,584	466	2,050	1.00	0.30	1.30
1918	1,652	435	2,087	1.07	0.28	1.35
1919	1,339	358	1,697	0.80	0.22	1.02
1920	1,323	396	1,719	0.76	0.23	0.99
1921	1,301	376	1,677	0.73	0.21	0.95
1922	1,362	389	1,751	0.77	0.22	0.99
1923	1,250	412	1,662	0.70	0.23	0.93
1924	1,215	339	1,554	0.68	0.19	0.87
1925	1,205	361	1,566	0.67	0.20	0.87
1926	1,158	286	1,444	0.64	0.16	0.80
1927	1,105	296	1,401	0.61	0.16	0.77
1928	1,066	287	1,353	0.58	0.15	0.74
1929	1,102	279	1,381	0.60	0.15	0.76
1930	1,046	253	1,299	0.57	0.14	0.71
1931	1,021	266	1,287	0.56	0.14	0.71
1932	975	238	1,213	0.54	0.13	0.67
1933	1,010	232	1,242	0.55	0.12	0.68
1934	848	231	1,079	0.46	0.12	0.59
1935	855	189	1,044	0.46	0.10	0.57
1936	856	192	1,048	0.46	0.10	0.56
1937	865	198	1,063	0.46	0.10	0.57
1938	802	177	979	0.42	0.09	0.52
1939	814	195	1,009	0.42	0.10	0.52
1940	876	188	1,064	0.46	0.09	0.55
1941	838	221	1,059	0.43	0.11	0.55
1942	776	196	972	0.41	0.10	0.51
1943	765	177	942	0.41	0.09	0.50
1944	773	182	955	0.42	0.09	0.51
1945	709	161	870	0.38	0.08	0.47
1946	751	154	905	0.39	0.08	0.47
1947	761	136	897	0.38	0.06	0.45
1948	688	126	814	0.34	0.06	0.40
1949	678	122	800	0.34	0.06	0.40
1950	573	93	666	0.28	0.05	0.33

The following tables show the deaths from respiratory and non-respiratory tuberculosis assigned to the Administrative County during 1950 and the preceding ten years, analysed according to sex and age:—

Deaths from Respiratory Tuberculosis

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1940	503	373	1	2	4	3	6	9	251	286	197	52	44	21
1941	474	364	—	2	2	2	2	7	253	273	186	62	31	18
1942	442	334	1	—	1	4	1	4	242	241	167	72	30	13
1943	481	284	3	1	1	3	—	7	232	214	202	50	43	9
1944	459	314	1	1	3	3	1	3	203	249	208	41	43	17
1945	436	273	1	—	2	2	5	6	192	207	185	39	51	19
1946	462	289	—	3	3	—	4	5	211	220	192	46	52	15
1947	430	331	1	1	5	4	2	2	187	252	201	41	34	31
1948	394	294	1	3	3	2	4	5	162	214	174	43	50	27
1949	417	261	2	—	2	—	—	4	152	185	204	57	57	15
1950	350	223	—	1	1	1	—	1	116	147	186	51	47	22

Deaths from Non-respiratory Tuberculosis

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1940	102	86	10	5	19	18	16	10	42	39	9	11	6	3
1941	114	107	8	8	24	36	13	12	48	38	19	12	2	1
1942	94	102	7	3	22	29	15	10	36	45	12	15	2	—
1943	89	88	5	5	25	21	19	8	26	39	11	8	3	7
1944	106	76	11	1	31	23	12	10	34	31	13	5	5	6
1945	75	86	7	3	22	24	19	17	15	26	8	11	4	5
1946	82	72	1	3	32	14	10	14	22	25	11	12	6	4
1947	69	67	2	4	21	14	11	16	19	21	12	10	4	2
1948	57	69	2	7	11	21	12	7	15	20	11	7	6	7
1949	65	57	1	2	21	8	6	6	22	28	12	9	3	4
1950	51	42	3	2	12	12	4	3	15	16	12	7	5	2

Particulars of the mortality from respiratory tuberculosis and from other forms of tuberculosis assignable to each County district during 1950 are given in Table 28, pages 157 to 159.

Disinfection.—The following statement, showing the position of the County districts in regard to the provision of apparatus for disinfecting clothing, bedding, etc., is prepared from information supplied by local Medical Officers of Health:—

Districts using steam apparatus at hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24
„ provided with steam apparatus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29
„ using steam apparatus belonging to other districts (mainly County or Municipal Boroughs)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32
„ provided with dry heat apparatus or gas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
„ without proper appliances	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22

The number of houses or rooms disinfected during 1950 following the occurrence of infectious disease was 5,195, the method employed being chiefly the use of formaldehyde and formalin sprays and vapours.

SHOPS ACT, 1950

The Shops Act, 1950, which came into operation on the 1st October, 1950, is a consolidation Act and makes no change in the existing law, but its enactment is, however, a preliminary step towards the introduction in due course of amending legislation in the light of the Report of the Gowers Committee on Closing Hours of Shops.

The Act repealed and replaced the Shops Acts, 1912-36, the Retail Meat Dealers' Shops (Sunday Closing) Act, 1936, and certain related provisions, including sections 8, 11, 12 and 13 of the Young Persons (Employment) Act, 1938, and Defence Regulations 60 A.B.

The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act in the Administrative County area, except in the 26 municipal boroughs, and seven urban districts which had a population of over 20,000 at the time of the last published census.

The power to make closing, half-holiday, and other orders conferred on the County Council, has in 27 instances been delegated to Urban District Councils, the County Council retaining in these districts the right of enforcement.

Arrangements have been made with 71 District Councils in the Administrative County area, whereby certain of the inspectorial duties assigned to the County Council are undertaken by the Sanitary Inspectors of those Councils in their respective areas. These duties include the provisions of the Act relative to:—

- (a) The hours of employment of young persons.
- (b) Inspection of records and notices.
- (c) Means of lighting, washing facilities, and facilities for meals.
- (d) Seats for female shop assistants.

In the five remaining districts the duties are undertaken by the County Inspector of Shops.

In respect of the inspections so carried out by District Sanitary Inspectors, the County Council paid local authorities at the rate of 2s. 6d. per shop per annum (two inspections) with a minimum of £6 per annum for those districts with less than 48 shops.

During 1950, inspection reports received under this scheme numbered 10,768. In addition, 702 inspections were carried out by the County Inspector of Shops in the five remaining districts referred to, i.e., Brierfield, Carnforth and Denton urban districts and the Blackburn and Lancaster rural districts. As a result of complaints received from various Traders' Associations, 78 investigations were undertaken by the County Inspector in regard to such matters as alleged trading after hours both in shops and on the street, the enforcement of the weekly half-holiday and Sunday trading.

The County Council are empowered to extend, by Order, the general closing hours of shops during the winter months up to 8.0 p.m. on the "late day" and one other day, and 7.0 p.m. on other days of the week. The period of such winter closing hours begins on the first Sunday in November and ends on the day before the first Sunday in March.

As in previous years District Councils in the Administrative County Shops Act area were invited to state whether in their respective districts any variation in the general closing hours of shops during the winter months was required. As a result the County Council made winter closing hour orders relative to 53 districts and also in 11 districts in respect of the trade of barber or hairdresser.

At the request of the Aspull and Little Lever Urban District Councils Orders fixing Friday as the "late day" for the general closing hours of shops within the respective districts were made.

No legal proceedings were instituted during the year under report but 529 persons were cautioned in respect of minor offences under the Act.

TABLES, ETC.

ADMINISTRATIVE COUNTY OF LANCASTER
BIRTH AND DEATH RATES, 1889-1950

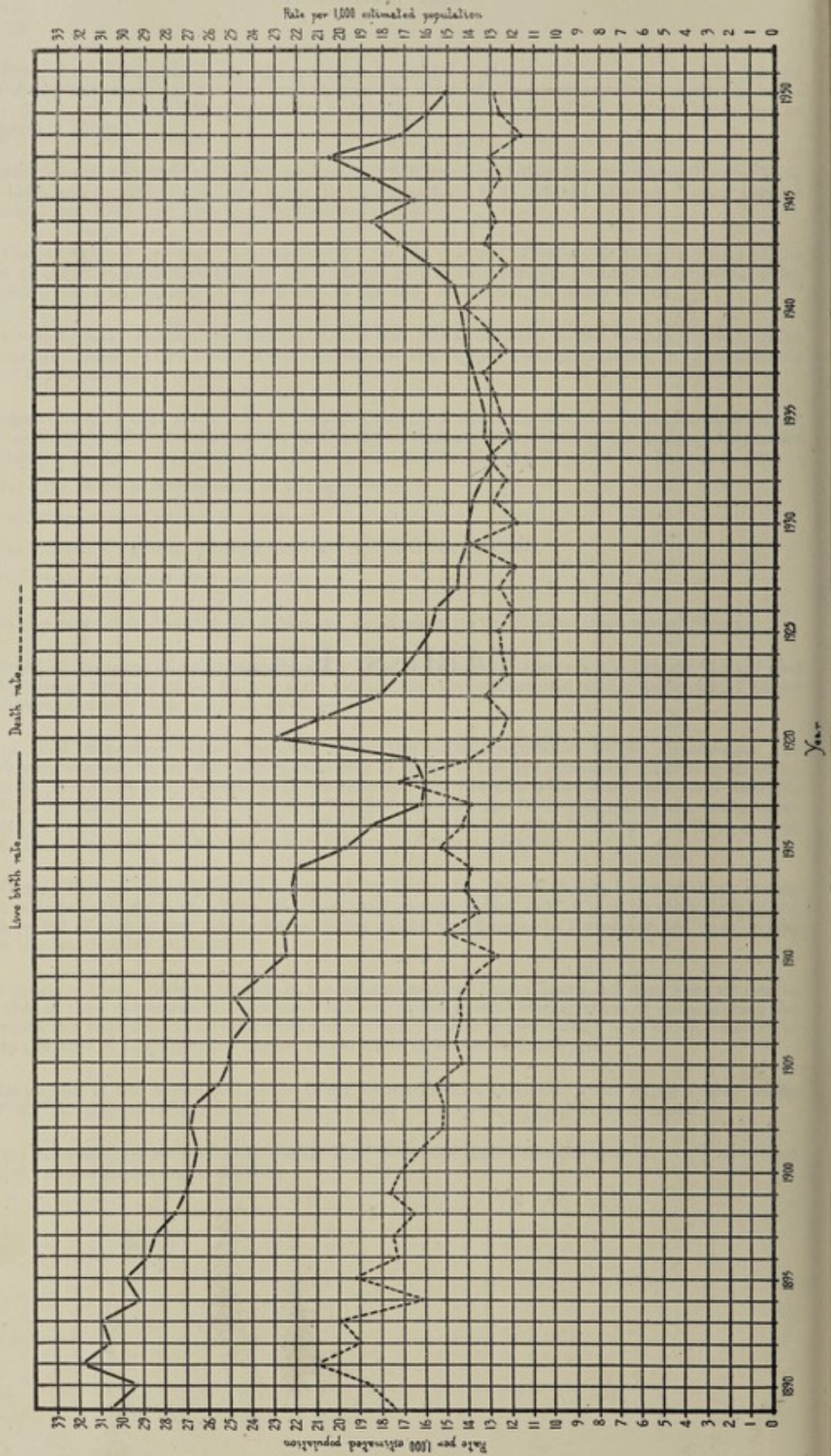


TABLE 1.—COUNTY BIRTH AND DEATH RATES FOR YEARS 1889-1950.

YEAR	CRUDE LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
1889	30.5	31.8	29.6	17.5	18.4	16.6	160	161	125
1890	29.3	29.7	28.1	18.5	18.9	16.6	152	158	126
1891	31.93	32.45	29.48	21.09	21.70	18.19	157	160	139
1892	30.70	31.11	28.01	19.00	19.34	17.31	150	155	124
1893	30.95	31.35	28.94	19.97	20.37	17.94	177	183	145
1894	29.19	29.49	27.70	16.16	16.42	14.87	134	138	109
Average 6 years, 1889-1894	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895	29.82	30.23	27.57	19.16	19.63	16.57	171	178	127
1896	28.73	29.11	26.62	17.38	17.76	15.25	155	161	121
1897	28.45	28.65	27.29	17.48	17.82	15.55	169	174	138
1898	27.62	27.89	25.80	16.58	16.80	15.09	168	173	130
1899	27.09	27.31	25.53	17.60	17.88	15.65	175	181	134
Average 5 years, 1895-1899	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900	26.80	26.96	25.72	17.19	17.46	15.26	162	167	123
1901	26.57	26.78	25.13	16.28	16.58	14.21	161	167	118
1902	26.85	26.95	26.14	15.26	15.43	14.08	139	143	116
1903	26.77	27.04	24.96	15.22	15.44	13.69	140	143	114
1904	25.56	25.66	24.90	15.54	15.78	13.81	157	162	124
Average 5 years, 1900-1904	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905	25.06	25.22	23.99	14.32	14.52	12.99	132	137	101
1906	24.99	25.11	24.22	14.62	14.81	13.33	139	143	109
1907	24.23	24.47	22.60	14.40	14.59	13.11	125	129	96
1908	24.86	25.05	23.60	14.45	14.61	13.31	131	136	97
1909	23.57	23.67	22.91	13.96	14.08	13.11	115	119	87
Average 5 years, 1905-1909	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910	22.48	22.47	22.52	12.73	12.83	12.09	117	121	93
1911	22.64	22.88	21.15	15.05	15.33	13.25	144	148	111
1912	22.00	22.09	21.42	13.61	13.76	12.60	104	106	89
1913	22.20	22.41	20.86	14.20	14.39	13.00	124	128	100
1914	22.02	22.19	20.95	13.95	14.17	12.53	112	115	96
Average 5 years, 1910-1914	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
Average 5 years, 1915-1919	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
Average 5 years, 1920-1924	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
Average 5 years, 1925-1929	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
Average 5 years, 1930-1934	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
Average 5 years, 1935-1939	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
Average 5 years, 1940-1944	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35
1949	15.99	16.18	14.85	12.72	13.05	10.78	38	39	32
Average 5 years, 1945-1949	17.75	17.97	16.42	12.63	12.90	11.05	45	45	41
1950	15.06	15.22	14.09	12.84	13.18	10.88	33	33	31

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1950.

(For Causes of Death, see Table 3, pp. 122-126)

Note.—The Census 1931 enumerations of population have been adjusted in accordance with alterations of boundary since the date of the Census.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
			L.—Legitimate		I.—Illegitimate		Number registered		Death-rate per 1,000 population		Deaths of infants under one year		Deaths of infants under four weeks		Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	LIVE BIRTHS		STILLBIRTHS		Total No. of deaths		Crude rate		Total leg. and illeg.		Total leg. and illeg.		Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Number registered		Number registered		Total No. of deaths		Crude rate		Total leg. and illeg.		Total leg. and illeg.		Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	M.	F.	Both sexes	Total No. of live births	*Adjusted rate	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes		M.	F.	Both sexes																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Abraham	1,084	6,660	6,205	61	46	107	112	18.0	17.3	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	60	9.7	11.6	27	33	6

* The adjusted rates are based on "comparability factors" supplied by the Registrar-General. For explanation see pages 14 and 16, and for the district "factors" see pages 102 to 184.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		L.—Legitimate				L.—Illegitimate				DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY				
			Area in statute acres at 31st Dec. 1950		LIVE BIRTHS		STILLBIRTHS		Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Rate per 1,000 total births											
					L.—Legitimate		L.—Illegitimate				L.—Legitimate						L.—Illegitimate									
	Census, 1951	Est. Home, 1950	M.	F.	Both sexes	Total No of live births	Live birth-rate per 1,000 pop'n	•Add. Crude rate	•Adj. rate	M.	F.	Total No of deaths	Crude rate	•Adj. rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Rate per 1,000 total births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Rate per 1,000 total births
	528	6,187	45	31	76	78	15.0	14.9	15.1	1	2	37	82	15.8	15.1	1	2	2	2	26	1	1	1	1	13	1	12.35
Church	6,187	45	31	76	78	15.0	14.9	15.1	1	2	37	45	13.9	13.7	1	—	1	1	10	1	—	—	—	10	—	nil
Clayton-le-Moors	7,909	47	45	92	99	14.7	14.7	13.7	—	—	20	44	13.9	13.7	1	—	1	1	10	1	—	—	—	10	—	nil
Clietheroe (B)	12,008	120	106	226	234	18.7	20.4	12.4	5	3	33	96	14.6	12.4	1	3	4	5	21	1	3	4	5	21	1	4.13
Colne (B)	23,918	140	132	272	288	13.8	14.4	13.9	3	2	17	151	15.3	13.9	5	2	7	10	35	2	2	4	5	17	—	nil
Crompton	14,764	96	82	178	185	14.7	14.7	15.8	1	2	16	107	16.0	15.8	3	1	3	4	22	1	1	1	2	11	—	nil
Crosby (B)	50,569	449	434	883	918	15.4	15.8	12.6	11	12	24	381	13.4	12.6	15	16	31	31	34	13	11	24	24	26	1	1.06
Dalton-in-Furness	10,489	72	78	150	155	14.7	15.8	13.1	2	2	25	71	13.5	13.1	2	4	6	6	39	1	2	3	3	19	—	nil
Darwen (B)	36,012	209	186	395	414	13.3	14.1	13.9	7	10	39	244	15.8	13.9	7	8	15	15	36	4	7	11	11	27	1	2.32
Denton	17,984	173	156	329	341	13.3	12.6	13.9	9	6	53	181	12.9	13.9	1	7	8	8	23	1	3	4	4	12	—	nil
Droylsden	13,340	208	173	381	397	14.9	13.4	14.0	7	3	27	159	11.3	14.0	8	5	13	13	33	6	3	9	9	23	—	nil
Eccles (B)	44,838	334	315	649	685	15.4	15.4	13.2	7	4	21	293	12.9	13.2	8	6	14	15	22	7	4	11	12	18	—	nil
Fallsworth	15,712	132	134	266	271	14.8	13.6	12.6	4	5	36	106	11.3	12.6	4	5	9	9	33	4	3	7	7	26	—	nil
Farnworth (B)	28,717	245	213	458	472	16.7	16.7	13.8	4	2	13	185	13.6	13.8	14	8	22	22	47	10	4	14	14	30	—	nil
Fleetwood (B)	23,001	241	253	494	518	18.9	20.2	15.3	10	6	32	177	12.4	15.3	13	8	21	22	42	12	5	17	18	35	—	nil
Fornby	7,965	59	53	112	114	11.0	12.4	11.8	2	1	26	56	12.8	11.8	—	1	1	1	9	1	—	1	1	9	—	nil
Fulwood	8,816	109	55	164	168	12.7	14.8	13.4	—	1	6	104	15.6	13.4	3	2	5	6	36	2	2	4	5	30	—	nil

* See note on page 114.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		L.—Legitimate				L.—Illegitimate				DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY								
			LIVE BIRTHS		Live birth-rate per 1,000 pop'n	STILLBIRTHS			Number registered		Death-rate per 1,000 population	Deaths of infants under one year L.—Legitimate I.—Illegitimate		Deaths of infants under four weeks L.—Legitimate I.—Illegitimate																
	M.	F.	Both sexes	Total No. of live births		Total No. of still-births	•Ad-justed rate	M.								F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births									
					M.				F.	Both sexes	Total No. of deaths	•Ad-justed rate	M.	F.	Both sexes								Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births				
Golborne	7,563	13,760	16,880	137	136	273	286	16.9	15.8	5	1	6	21	88	85	173	10.2	12.1	5	4	9	31	4	2	6	21	—	—	—	
Grange	1,883	2,648	2,742	8	16	24	25	9.1	12.2	—	—	—	—	21	23	44	16.0	9.6	—	1	1	40	—	1	1	1	40	—	—	—
Great Harwood	2,868	12,789	11,030	67	69	136	145	13.1	13.8	6	2	8	52	91	109	200	18.1	15.2	2	—	2	21	2	—	3	21	—	—	—	—
Haslingden (B)	8,203	16,039	14,670	111	83	194	202	13.8	14.9	3	2	5	24	132	128	260	17.7	15.4	6	2	8	40	4	2	6	30	—	—	—	—
Haydock	2,895	10,350	12,000	108	101	209	211	17.0	17.9	2	3	5	23	70	68	138	11.5	13.9	6	4	12	57	5	2	7	33	—	—	—	—
Heywood (B)	8,508	26,727	25,360	187	183	370	394	15.5	15.7	7	7	14	39	165	168	333	13.1	13.5	4	4	8	25	4	3	7	29	1	—	—	2.44
Hindley	2,612	21,632	19,500	152	142	294	304	15.6	15.3	2	4	6	23	142	127	269	13.8	15.2	8	7	15	59	4	4	8	33	—	—	—	—
Horwich	3,257	15,680	15,510	85	115	200	205	13.2	13.3	1	6	7	33	113	90	203	13.1	12.7	1	1	2	29	1	—	1	5	—	—	—	—
Huyton-with-Roby	3,053	5,199	55,620	539	473	1,012	1,051	18.9	18.3	19	15	34	31	237	219	456	8.2	12.9	18	17	35	33	8	4	12	11	1	—	—	0.92
Ince-in-Makerfield	2,320	21,761	20,420	195	170	365	371	18.2	18.3	3	5	8	21	152	105	257	12.6	15.6	12	4	16	46	7	2	9	27	—	—	—	—
Irlam	4,717	12,901	15,140	113	123	236	245	16.2	15.9	2	3	5	28	86	78	164	10.8	13.0	5	5	10	33	3	3	6	24	—	—	—	—
Kearsley	1,728	11,212	10,720	81	70	151	154	14.4	14.2	3	1	4	31	84	75	159	14.8	15.7	3	2	5	32	2	—	2	13	—	—	—	—
Kirkham	939	4,120	6,513	59	46	105	108	16.6	21.1	1	2	3	27	32	33	65	10.0	14.0	4	6	10	93	3	4	7	65	—	—	—	—
Lancaster (B)	4,873	43,649	51,750	371	358	729	770	14.9	17.0	5	5	10	15	326	285	611	11.8	11.7	26	11	37	49	15	9	24	31	1	—	—	1.28
Lea	288	4,738	4,247	36	19	55	59	13.9	14.2	—	—	—	17	21	34	55	13.0	11.8	1	1	1	17	1	—	1	17	—	—	—	—
Lelgh (B)	6,359	45,317	48,900	415	365	780	806	16.5	16.0	10	9	19	24	263	314	577	11.8	13.1	8	5	13	19	4	2	6	9	1	—	—	1.21

* See note on page 114.

TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1950	POPULATION AT ALL AGES		L.—Legitimate						BIRTHS						I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY	
				LIVE BIRTHS						STILLBIRTHS						Number registered		Death-rate per 1,000 population		Deaths of infants under one year L.—Legitimate I.—Illegitimate		Deaths of infants under four weeks L.—Legitimate I.—Illegitimate											
				Number registered			Live birthrate per 1,000 pop'n			Number registered			Still-birth rate per 1,000 births																				
		M.	F.	Both sexes	Total No. of live births	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	Total No. of deaths	*Ad-justed rate	M.	F.	Both sexes	Total No. of deaths	*Ad-justed rate	M.	F.	Both sexes	Total No. of deaths	*Ad-justed rate	M.	F.	Both sexes	Total No. of deaths	*Ad-justed rate			
		Rate per 1,000 total births	Rate per 1,000 live births	Rate per 1,000 still-births	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	Rate per 1,000 live deaths	Rate per 1,000 still-deaths	Rate per 1,000 total deaths	
Leyland	3,804	10,573	14,740	114	120	234	239	16.2	15.7	15.7	15.7	3	4	7	8	32	88	106	194	13.2	15.0	1	1	2	8	1	4	5	9	13	1	4.05	
Litherland	818	15,959	22,870	213	197	410	421	18.4	10.0	10.0	11.7	4	6	10	10	23	114	103	217	9.5	11.7	2	5	7	8	19	1	1	2	3	7	—	nil
Littleborough	7,855	12,028	11,050	78	84	162	174	15.7	15.7	15.7	14.4	3	4	7	7	39	79	85	164	14.8	14.4	4	3	7	8	46	3	2	5	5	29	—	nil
Little Lever	808	4,944	4,791	30	29	59	60	12.5	12.6	12.6	17.4	2	2	4	—	nil	42	39	81	16.9	17.4	1	—	—	4	67	1	—	1	1	17	—	nil
Longridge	3,285	4,158	4,300	35	41	76	76	17.7	19.3	19.3	10.2	1	1	2	2	26	26	21	47	10.9	10.2	1	—	1	1	13	1	—	1	1	13	—	nil
Lytham St. Anne (B)	5,862	25,704	30,170	164	181	345	360	11.9	12.6	12.6	12.1	5	5	10	10	27	221	301	522	17.3	12.1	7	4	11	11	31	7	3	10	10	28	1	2.70
Middleton (B)	5,172	29,183	32,870	260	255	515	537	16.3	16.0	16.0	12.4	6	10	16	17	31	200	201	401	12.2	12.4	9	12	21	21	39	2	9	11	11	20	1	1.81
Milnrow	5,194	8,623	8,590	69	59	128	134	15.6	15.3	15.3	13.8	1	1	2	2	15	63	63	126	14.7	13.8	1	—	2	3	22	1	1	1	2	15	—	nil
Morcombe and Heysham (B)	3,794	24,542	37,110	178	196	374	404	10.9	11.9	11.9	13.7	5	5	10	10	24	316	381	697	18.8	13.7	10	4	14	16	40	5	3	8	10	25	—	nil
Mossley (B)	3,624	12,042	10,530	70	76	146	152	14.4	14.3	14.3	13.4	2	2	4	4	26	75	74	149	14.2	13.4	2	3	5	5	33	1	1	2	2	13	—	nil
Nelson (B)	3,445	38,277	34,670	240	229	469	490	14.1	15.0	15.0	14.3	2	3	5	5	10	261	303	564	16.3	14.3	5	1	6	6	12	4	1	5	5	10	2	4.04
Newton-le-Willows	3,105	20,152	21,920	175	157	332	343	15.6	15.5	15.5	12.9	3	4	7	7	20	142	119	261	11.9	12.9	6	8	14	14	41	4	5	9	9	26	—	nil
Ormskirk	15,608	17,118	20,110	143	132	275	291	14.5	14.5	14.5	13.1	—	4	4	8	17	146	122	268	13.3	13.1	4	3	7	8	27	1	2	3	4	14	—	nil
Orrill	1,617	6,949	9,140	65	74	139	145	15.9	15.9	15.9	14.0	2	3	5	5	33	62	45	107	11.7	14.0	1	2	3	3	21	1	2	3	3	21	—	nil
Oswaldtwistle	4,885	14,218	12,450	94	83	177	185	14.9	15.3	15.3	14.5	—	4	4	8	21	83	113	196	15.7	14.5	2	—	2	2	11	1	—	1	1	5	—	nil
Padiham	975	11,636	10,090	84	66	150	155	15.4	16.0	16.0	12.9	2	2	4	4	25	75	71	146	14.5	12.9	2	—	4	4	26	1	—	1	4	26	—	nil

* See note on page 114.

TABLE 2—continued.

URBAN DISTRICTS	Area in square statute miles at 31st Dec. 1950	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY				
				L.—Legitimate				I.—Illegitimate				Deaths of infants under one year				Deaths of infants under four weeks								
				LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year					Deaths of infants under four weeks			
				LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year					Deaths of infants under four weeks			
				LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year					Deaths of infants under four weeks			
LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year				Deaths of infants under four weeks								
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LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year				Deaths of infants under four weeks								
LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year												

TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1950	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY													
				L.—Legitimate				I.—Illegitimate				Deaths of infants under one year				Deaths of infants under four weeks																	
				LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year						Deaths of infants under four weeks											
				Number registered				Live birth rate per 1,000 pop'n				Number registered				Total No. of deaths						Rate per 1,000 live births				Total leg. and illeg.				Rate per 1,000 live births			
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad- justed rate	M.	F.	Both sexes	Total No. of still- births	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad- justed rate			M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	% of deaths to illeg.						
Trawden	6,815	2,549	2,160	15	1	16	15.7	34	33	1	29	11	18	29	13.4	11.8	—	—	—	—	—	—	—	—									
Turton	17,334	11,847	10,980	66	72	138	13.3	146	138	8	20	88	90	178	16.2	14.2	—	—	—	—	—	—	—	—									
Tyldesley	5,175	19,430	18,120	142	122	264	15.0	271	264	7	29	129	105	234	12.9	13.9	—	—	—	—	—	—	—	—									
Ulverston	3,196	9,234	9,925	86	69	155	15.9	158	155	3	19	72	75	147	14.8	13.0	—	—	—	—	—	—	—	—									
Upholland	4,686	5,605	6,147	49	45	94	15.5	95	94	1	21	31	35	66	10.7	11.7	—	—	—	—	—	—	—	—									
Urmston	4,799	21,875	20,000	208	203	411	16.0	623	601	22	24	205	196	401	10.3	11.3	—	—	—	—	—	—	—	—									
Walton-le-Dale	4,733	12,733	14,000	128	100	228	15.6	233	228	5	9	77	73	150	10.1	11.0	—	—	—	—	—	—	—	—									
Wardle	3,192	4,793	4,439	39	32	71	17.1	76	71	5	13	28	28	56	12.6	9.7	—	—	—	—	—	—	—	—									
Westboughton	5,500	10,018	15,000	98	86	184	12.6	189	184	5	45	109	88	197	13.1	13.8	—	—	—	—	—	—	—	—									
Whitefield	3,388	9,496	13,030	97	81	178	13.9	181	178	3	22	91	75	166	12.7	13.6	—	—	—	—	—	—	—	—									
Whitworth	4,483	8,360	7,379	55	56	111	16.8	124	111	13	nil	55	54	109	14.8	14.6	—	—	—	—	—	—	—	—									
Wilmsley (B)	5,760	40,619	48,800	519	482	1,001	21.5	217	203	12	27	305	246	549	11.3	14.2	—	—	—	—	—	—	—	—									
Withnell	4,186	3,151	2,870	31	28	59	17.1	51	49	2	19	22	19	41	14.3	13.7	—	—	—	—	—	—	—	—									
Worsley	7,242	22,121	27,220	185	170	355	13.4	365	355	10	42	166	170	336	12.3	12.7	—	—	—	—	—	—	—	—									
Total Urban Districts	372,640	1,564,210	1,743,282	13,151	12,363	25,514	15.22	26,537	25,514	684	25	11,402	11,518	22,980	13.18	13.31	—	—	—	—	—	—	—	—									
				534	489	1,023				38																							

* See note on page 114.

TABLE 2—continued.

RURAL DISTRICTS	POPULATION AT ALL AGES		L.—Legitimate				BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY		
			LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year L.—Legitimate I.—Illegitimate		Deaths of infants under four weeks L.—Legitimate I.—Illegitimate		Rate per 1,000 live births		Rate per 1,000 total births				
			LIVE BIRTHS		STILLBIRTHS																				
	Census, 1931	Est. Home, at non June, 1950	M.	F.	Both sexes	Total No. of live births	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	Total No. of deaths	*Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total illeg.	Rate per 1,000 live births		Rate per 1,000 total births	
Blackburn	19,469	11,186	13,330	47	53	100	104	7.8	9.1	3	1	4	37	71	154	11.6	11.4	1	1	2	—	19	—	1	9.26
Burnley	39,849	17,418	17,060	106	99	205	210	12.3	13.7	—	5	5	23	142	139	281	16.5	14.0	2	2	4	4	19	—	nil
Chorley	41,114	23,709	27,510	208	190	398	416	15.1	14.8	4	6	10	23	184	156	340	12.4	12.8	3	10	13	11	38	—	nil
Clltheroe	32,170	8,644	8,700	71	52	123	129	14.8	19.4	—	3	3	23	40	35	75	8.6	9.4	1	1	1	—	8	—	nil
Fylde	33,264	9,217	15,350	109	101	210	221	14.4	19.6	3	3	6	26	80	78	158	10.3	12.1	6	3	9	7	45	—	nil
Garstang	57,491	11,562	12,590	91	94	185	186	14.8	15.8	3	3	6	31	84	66	150	11.9	11.6	1	3	4	1	22	1	5.21
Lancaster	55,212	9,437	12,080	89	82	171	178	14.7	17.2	4	—	4	22	73	81	154	12.7	10.6	2	5	7	6	45	—	nil
Linehurst	3,690	8,156	8,980	75	69	144	149	16.6	17.6	—	—	—	nil	58	69	127	14.1	13.2	5	2	7	2	47	1	6.71
Luzendale	76,267	6,575	7,505	57	58	115	117	15.6	17.3	3	2	5	41	41	44	85	11.3	10.4	—	2	2	2	17	—	nil
Preston	50,318	27,626	38,660	271	288	559	567	14.7	16.9	7	10	17	31	217	244	461	11.9	11.3	10	5	15	12	26	3	1.71
Ulverston	127,448	16,569	16,730	122	103	225	232	13.9	15.1	1	6	7	29	121	107	228	13.6	11.0	2	1	3	2	17	2	nil
Warrington	22,457	14,099	32,900	217	195	412	429	13.0	16.2	11	9	20	45	120	105	225	6.8	9.6	8	4	12	5	28	—	nil
West Lancashire	67,131	24,653	44,870	314	298	612	627	14.0	13.3	8	9	17	28	215	216	431	9.6	10.2	13	6	19	13	32	3	1.55
Whitton	29,446	19,812	39,390	289	301	590	613	15.6	15.6	2	5	7	14	182	151	333	8.5	9.6	13	11	23	16	42	2	3.22

* See note on page 114.

TABLE 2—continued.

RURAL DISTRICTS	Area in statute acres at 31st Dec. 1950	POPULATION AT ALL AGES		L.—Legitimate				BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY					
				LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year				Deaths of infants under four weeks													
				Number registered				Live birthrate per 1,000 pop'n				Number registered				Total No. of deaths				Rate per 1,000 live births				Rate per 1,000 live births									
				Total No. of live births				*Ad-justed rate				Total No. of still-births				Total No. of deaths				Rate per 1,000 live births				Rate per 1,000 live births									
				M.	F.	Both sexes	Total	M.	F.	Both sexes	Total	M.	F.	Both sexes	Total	M.	F.	Both sexes	Total	M.	F.	Both sexes	Total	M.	F.	Both sexes	Total		M.	F.	Both sexes	Total	
Wigan	11,696	6,126	8,073	51 1/2	50 —	101 1/2	103	12.8	12.8	12.8	1 1/2	2 —	19	60	43	103	12.9	1 1/2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Rural Districts	665,032	215,509	303,728	2,117 67	2,033 64	4,150 131	4,281	14.09	15.22	14.65	62 2	112 5	27	1,700	1,605	3,305	11.21	1 1/2	72 5	49 5	121 10	131	31	48 3	27 3	75 6	81	19	7	1.59			
Total Urban Districts	372,640	1,564,210	1,743,282	13,151 334	12,363 489	25,514 1,023	26,537	15.22	15.37	15.29	335 22	311 16	646 38	25	11,462	11,518	22,980	13.31	1 1/2	450 36	364 23	814 59	873	33	281 21	219 11	500 32	532	20	24	0.88		
Total Administrative County	(a) 1,037,662	(b) 1,779,809	(c) 2,047,010	15,268 601	14,396 553	29,664 1,154	30,818	15.06	15.36	15.27	385 24	373 19	758 43	25	13,162	13,123	26,285	13.10	1 1/2	522 41	413 28	935 69	1,004	33	329 24	246 14	575 38	613	20	31	0.98		

(a) Area and estimated population of Administrative County as constituted at 31st December, 1950. (b) Census, 1931, enumeration of population, adjusted in accordance with boundary alterations. * See note on page 114.

TABLE 3—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1950.

URBAN DISTRICTS	Total No of deaths from all causes	MORTALITY FROM SURVEINED CAUSES																										Suicide	All other accidents	Motor vehicle accidents	Other defined and ill-defined diseases	Hemiplegia and operations of war					
		Tuberculosis, respiratory, other	Tuberculous, syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm,				Other malignant neoplasms and lymphatic neoplasms	Leukaemia, leukemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea						Nephritis and nephrosis	Hypertrophy of prostate	Pregnancy, childbirth, abortion	Congenital malformations	
										Stomach	Lung, bronchitis	Breast	Uterus																								
Abram	60	3	—	—	—	—	—	—	—	—	—	2	1	5	—	2	8	5	1	12	4	—	—	—	2	1	—	—	—	—	—	—	—	—	1	1	
Accrington (B)	614	12	—	—	—	—	—	—	—	—	—	18	7	52	3	5	81	55	12	171	21	3	19	30	2	5	3	5	1	6	48	4	16	5	—		
Addington	50	—	—	—	—	—	—	—	—	—	—	4	—	4	1	—	5	1	5	14	—	—	—	2	5	2	—	—	—	—	—	—	—	—	—	—	
Ashton-in-Makerfield	243	10	—	—	1	—	—	—	—	—	—	5	1	16	—	2	30	27	6	43	5	3	6	12	—	4	1	3	2	—	—	—	—	—	—	—	
Ashton-under-Lyne (B)	693	23	4	—	2	—	1	1	1	1	1	23	13	5	51	1	4	93	66	15	167	20	5	15	53	6	5	6	9	5	—	6	62	3	9	4	1
Aspull	90	1	—	—	—	—	1	—	—	—	—	1	1	8	1	—	13	10	—	25	1	1	3	5	2	2	—	—	—	—	—	—	—	—	—	—	
Atherton	240	7	3	—	—	—	1	1	2	1	1	6	4	2	18	—	6	26	28	7	35	10	4	8	17	3	4	1	1	2	1	—	35	2	1	2	—
Audenshaw	158	5	1	—	—	—	—	—	1	—	—	4	5	—	22	2	17	12	6	23	4	—	4	12	1	1	1	2	1	—	—	1	16	1	6	3	—
Bacup (B)	289	4	—	1	—	—	—	—	—	—	—	13	5	2	30	—	2	34	16	3	90	11	3	7	19	1	2	3	1	1	—	2	22	1	8	4	1
Barrowford	86	4	—	—	—	1	—	—	—	—	—	3	—	5	—	—	16	15	1	17	1	—	1	3	1	—	—	5	—	—	—	—	2	3	2	1	—
Billinge and Winstanley	65	4	—	—	—	—	—	—	—	—	—	2	1	4	—	—	11	4	—	11	2	2	3	2	1	—	—	1	—	—	—	14	1	1	—	—	—
Blackrod	42	1	—	—	—	—	—	—	—	—	—	2	1	—	6	—	1	3	2	1	13	2	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Brierfield	104	2	—	—	—	—	—	—	—	—	—	2	1	—	9	—	1	15	18	6	17	6	1	1	3	—	1	1	1	—	—	—	9	—	5	5	—
Carnforth	32	1	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	1	6	4	3	2	—	—	2	—	1	—	—	—	—	—	4	—	1	1	—
Chadderton	386	5	—	—	—	—	—	—	—	—	1	16	4	9	25	1	7	44	31	14	78	22	4	13	36	—	4	2	7	3	—	—	37	4	8	5	—
Chorley (B)	456	4	2	—	1	—	—	—	—	—	6	19	5	6	40	—	1	50	43	8	89	15	19	12	32	5	1	—	—	—	—	56	4	9	2	—	
Church	82	3	—	—	—	—	—	—	—	—	—	2	1	—	6	—	15	10	4	15	1	—	1	1	—	—	—	—	—	—	—	—	9	2	2	—	—
Clayton-le-Moors	94	1	1	—	—	—	—	—	—	—	—	3	3	—	10	1	2	12	8	4	22	3	2	4	8	1	—	—	—	—	—	6	1	1	—	—	—
Clietheroe (B)	183	2	1	1	—	—	1	—	—	—	1	2	2	4	10	—	1	33	20	4	49	5	—	2	6	—	—	3	4	1	1	15	—	7	3	2	—
Colne (B)	319	1	1	—	—	—	—	—	—	—	1	7	6	3	30	1	3	43	32	4	67	12	1	14	23	2	2	3	4	1	—	2	36	2	7	8	1
Crompton	201	2	2	—	—	—	—	—	—	—	1	13	3	2	9	—	1	18	16	10	49	12	5	10	21	—	4	—	3	—	—	1	17	1	1	—	—
Crosby (B)	798	25	3	2	—	—	—	—	—	—	1	29	20	14	75	2	9	105	80	28	142	18	3	33	61	8	5	7	14	4	1	6	72	5	13	5	1
Dalton-in-Furness	143	3	2	—	—	—	—	—	—	—	—	4	1	—	10	—	—	24	20	1	23	4	—	5	6	—	1	—	3	2	—	—	1	27	—	2	1
Darwen (B)	489	7	3	1	—	—	—	—	—	—	1	24	12	3	33	—	3	79	39	5	136	20	5	8	28	4	5	1	11	3	2	—	1	33	4	12	3

* See note on page 126.

TABLE 3—continued.

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUPPOSED CAUSES																																				
		Tuberculosis, respiratory	Tuberculosis, other	Gyphulitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm,				Other malignant and lymphatic neoplasms	Leukaemia, leukemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Liver of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
											Stomach	Lung, bronchus	Breast	Uterus																								
Leyland	194	2	1	1	—	—	—	—	—	1	5	2	4	2	15	1	3	31	14	4	38	11	5	4	15	1	—	1	4	4	1	1	20	—	2	1	—	
Litherland	217	15	1	—	—	—	1	—	—	—	9	7	3	1	14	1	2	36	22	7	46	6	2	7	7	1	—	2	4	2	—	2	12	1	5	1	—	
Littleborough	164	—	—	2	—	2	—	—	—	—	2	1	1	2	9	1	2	9	13	3	48	4	2	5	27	2	1	2	1	—	1	17	—	3	2	—		
Little Lever	81	—	—	—	—	—	—	—	—	1	4	3	1	1	4	—	2	8	11	1	19	4	—	4	6	—	—	—	—	1	7	—	3	—	—			
Longridge	47	3	—	1	—	—	—	—	—	—	—	—	—	—	7	1	—	8	3	2	5	—	2	4	2	—	1	—	—	—	1	5	1	—	—			
Lytham St. Annes (B)	522	6	1	—	—	—	1	—	—	2	13	8	12	8	50	1	3	74	75	12	106	19	1	9	18	—	5	3	12	1	1	66	4	9	1	—		
Middleton (B)	401	12	—	2	—	1	1	—	1	2	14	15	5	1	28	1	3	43	55	16	69	12	1	10	26	3	4	1	5	2	1	3	50	1	8	5	—	
Milnrow	126	1	1	—	—	—	—	—	—	—	—	1	—	2	11	—	—	21	6	8	34	6	—	2	14	—	2	1	1	—	—	1	12	1	—	1	—	
Morecambe & Heysham (B)	697	12	2	—	—	1	—	1	—	3	16	11	11	5	60	5	5	113	91	12	156	22	8	10	29	2	14	3	14	13	—	4	53	4	11	5	1	
Mossley (B)	149	3	1	—	—	—	—	—	—	1	3	1	2	2	14	1	—	16	17	9	26	13	—	4	9	—	1	1	1	2	—	—	16	1	4	1	—	
Nelson (B)	564	13	—	2	—	—	—	1	—	2	17	9	7	7	47	—	7	93	64	8	123	23	8	11	37	5	5	1	8	2	2	1	39	1	12	9	—	
Newton-le-Willows	261	5	—	—	—	—	—	—	—	—	13	3	2	1	27	—	2	27	27	9	62	5	2	14	18	2	1	4	6	2	—	3	17	3	5	1	—	
Ormskirk	268	7	—	—	—	—	1	—	—	2	7	2	2	1	25	—	5	24	33	11	47	12	1	8	20	5	2	1	4	3	—	2	28	6	7	2	—	
Orrell	107	1	—	—	—	—	—	—	—	—	5	3	2	—	9	—	—	16	10	1	17	2	1	—	9	2	1	—	—	—	—	2	24	—	2	—	—	
Oswaldtwistle	196	1	—	—	—	—	—	—	—	—	3	4	3	3	9	1	—	23	15	12	46	8	3	9	9	—	2	4	4	2	—	1	23	2	5	3	1	
Padiham	146	2	—	1	—	1	—	—	—	—	3	2	3	2	5	—	—	15	11	3	51	9	3	3	8	2	1	—	—	—	—	1	18	—	2	—	—	
Poulton-le-Fylde	103	—	—	—	—	—	—	—	—	—	4	2	2	—	5	1	1	16	19	5	20	5	1	1	—	1	1	1	3	1	—	—	9	—	5	—	—	
Preesall	37	2	—	—	—	—	—	—	—	—	2	—	—	1	3	—	—	5	2	1	10	1	1	—	3	—	—	—	—	—	—	5	—	1	—	—	—	
Prescot	147	5	—	1	1	—	1	—	—	1	4	2	1	3	19	1	—	13	19	9	12	6	—	3	8	3	2	2	4	1	—	3	16	2	3	2	—	
Prestwich (B)	364	4	4	1	1	—	—	—	—	2	7	9	10	4	34	—	4	37	50	4	68	14	12	7	24	—	3	1	3	3	1	7	39	1	6	4	—	
Raddcliffe (B)	446	4	—	1	—	—	1	—	—	—	19	11	6	2	35	2	6	55	43	7	122	10	4	13	29	7	1	2	8	1	—	3	40	1	5	8	—	
Rainford	44	2	1	—	—	—	—	—	—	—	—	—	—	1	1	1	1	4	3	—	10	1	1	3	2	—	—	—	1	—	—	11	1	—	—	—	—	
Ramsbottom	230	1	1	—	—	—	—	—	—	—	6	2	2	1	23	1	3	43	34	11	50	2	—	3	16	—	3	—	3	1	—	—	2	11	2	5	4	—
Rawtenstall (B)	393	8	—	1	—	1	—	—	—	1	15	12	6	1	19	1	5	57	40	12	105	4	4	16	24	4	3	1	7	1	1	2	26	3	10	4	—	

* See note on page 124.

MORTALITY FROM SURJOINED CAUSES

URBAN DISTRICTS	Total No. of deaths from all causes	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Subside	Operations of war	
		Stomach	Lung, bronchus	Breast	Uterus																								
Rishton	93	2	1	—	—	3	—	2	18	9	4	15	1	—	1	13	1	1	2	—	2	—	—	14	—	1	—	—	
Royton	213	1	8	1	4	16	1	—	21	10	6	61	7	4	4	23	4	1	1	2	1	—	2	27	4	3	—	1	
Skelmersdale	70	1	2	—	—	1	2	—	8	7	—	23	1	4	5	5	1	1	—	—	—	—	1	7	—	1	—	—	
Standish-with-Langtree	103	1	4	—	1	6	—	—	12	12	—	30	3	1	—	6	1	1	1	2	—	—	3	12	1	4	2	—	
Stretford (B)	699	16	21	15	10	6	67	1	3	92	93	18	22	6	19	55	4	11	2	7	5	1	6	68	2	11	7	—	
Swinton & Pendlebury (B)	507	8	11	20	4	2	40	2	—	63	53	23	100	21	4	23	38	5	3	2	10	3	2	37	6	12	5	—	
Thornton Cleveleys	288	3	11	2	8	3	21	1	—	41	23	5	94	7	—	3	28	2	1	2	3	4	—	2	18	—	2	3	—
Tottington	88	1	—	4	3	2	9	—	—	13	10	3	16	2	—	2	6	—	—	—	—	—	1	8	2	2	1	—	
Trawden	29	1	—	—	—	—	1	—	1	6	3	—	6	1	—	—	2	1	—	—	—	—	—	4	—	—	1	—	
Turton	178	1	6	3	1	1	9	—	—	23	12	6	39	7	—	4	21	2	1	—	3	1	—	2	26	2	5	2	—
Tyldesley	234	3	7	3	3	1	20	—	2	23	18	4	41	14	6	7	19	3	3	—	2	—	2	36	1	9	3	—	
Ulverston	147	4	8	2	1	1	10	1	1	18	12	3	44	2	2	4	—	1	1	1	3	1	—	1	19	3	—	1	—
Upholland	66	2	1	—	1	—	10	—	—	1	6	8	—	10	1	4	1	—	—	—	—	2	—	2	10	1	4	1	—
Urnston	401	6	7	11	6	6	34	1	4	58	47	17	69	20	4	14	24	4	7	4	5	3	1	27	1	9	5	—	
Walton-le-Dale	150	2	4	1	1	2	11	—	1	16	17	4	31	5	—	3	14	3	3	2	2	—	2	14	1	3	3	—	—
Wardle	56	1	1	1	—	1	5	—	—	7	2	—	20	—	—	3	8	—	1	1	—	—	—	4	—	1	—	—	—
Westhoughton	197	3	9	2	4	2	20	—	1	26	21	1	55	5	1	5	6	1	3	—	3	—	—	16	2	5	3	—	—
Whitefield	166	7	8	4	2	1	11	1	—	23	23	3	35	4	—	2	10	—	1	1	2	—	—	23	1	2	—	—	—
Whitworth	109	6	2	—	—	2	11	—	—	10	11	1	28	8	—	2	5	1	1	1	1	2	—	15	—	1	1	—	—
Widnes (B)	549	16	16	19	6	2	44	3	3	56	56	15	96	14	7	24	38	4	4	2	5	1	6	66	10	20	5	—	—
Withnell	41	1	1	—	—	—	6	—	—	9	2	2	8	3	—	1	3	2	—	—	—	—	—	3	—	—	—	—	—
Worsley	336	8	7	2	4	1	22	—	4	52	27	27	68	16	3	5	22	5	4	1	5	2	1	36	9	1	—	—	—
Total Urban Districts	22,980	509	713	439	316	184	1823	59	175	3004	2324	647	5003	775	218	627	1536	185	205	133	344	160	24	175	2360	165418	199	12	—

* See note on page 125.

TABLE 4—CAUSES OF DEATH at different periods of life
Year ended 31st December, 1950

CAUSES OF DEATH	Col.	Sex	ADMINISTRATIVE COUNTY										AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS										Col.					
			YEARS										YEARS										YEARS															
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-									
CAUSES		M.	13162	563	112	97	139	713	3703	3897	3938	11462	486	100	87	116	616	3269	3396	3392	1700	77	12	10	23	97	434	501	546									
		F.	13123	441	106	61	132	644	2762	3740	5237	11518	387	95	51	113	570	2433	3310	4557	1605	54	11	10	19	74	327	430	680									
pneumonia, respiratory	1	M.	350	—	1	—	15	101	186	44	3	310	—	—	—	13	92	165	37	3	40	—	1	—	2	9	21	7	—	1								
		F.	223	—	—	—	41	106	51	17	5	199	1	1	1	35	97	46	13	5	24	—	—	6	9	5	4	—	—									
pneumonia, other	2	M.	51	3	12	4	7	8	12	5	—	41	12	10	3	7	4	12	3	—	10	1	2	1	—	4	—	2	—	2								
		F.	42	2	12	3	9	7	7	2	—	34	12	11	3	6	4	7	1	—	8	—	1	—	3	3	—	1	—	—								
tubercular disease	3	M.	29	2	—	—	—	2	20	2	3	25	1	—	—	—	2	18	2	2	4	1	—	—	—	—	2	—	1	3								
		F.	22	—	—	1	—	1	11	8	1	22	—	—	1	—	1	11	8	1	—	—	—	—	—	—	—	—	—	—								
scarlet fever	4	M.	4	—	1	2	—	1	—	—	—	4	—	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	4							
		F.	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
whooping cough	5	M.	6	4	2	—	—	—	—	—	—	6	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
		F.	15	9	6	—	—	—	—	—	—	14	9	5	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—							
pyococcal infections	6	M.	9	3	3	1	—	1	—	—	1	8	2	3	1	—	1	—	—	1	1	1	—	—	—	—	—	—	—	—	—							
		F.	7	2	4	—	—	1	—	—	—	5	2	3	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—							
poliomyelitis	7	M.	9	—	1	—	3	2	2	—	—	7	—	1	—	3	1	2	—	—	2	—	—	—	—	—	—	—	—	—	—							
		F.	9	—	1	—	4	—	—	—	—	8	—	1	—	4	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—							
diphtheria	8	M.	2	1	1	—	—	—	—	—	—	2	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—							
		F.	4	—	2	—	—	—	—	—	—	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
infective and allergic diseases	9	M.	44	5	3	5	1	6	17	5	2	32	4	1	4	1	4	11	5	2	12	1	2	1	—	2	6	—	—	—								
		F.	39	—	2	2	—	6	13	12	4	35	—	2	2	—	6	12	10	3	4	—	—	—	—	—	1	2	—	—								
benign neoplasm, stomach	10	M.	431	—	—	1	—	14	167	150	99	370	—	—	—	—	12	145	132	81	61	—	—	1	—	2	22	18	18	10								
		F.	385	—	—	—	—	12	100	167	106	343	—	—	—	—	—	89	151	91	42	—	—	—	—	—	11	16	15	—								
benign neoplasm, bronchus	11	M.	409	—	—	—	1	25	245	114	24	364	—	—	—	1	21	218	104	20	45	—	—	—	—	4	27	10	4	11								
		F.	82	—	—	—	1	9	35	25	12	75	—	—	—	1	8	29	25	12	7	—	—	—	—	1	6	—	—	—								
benign neoplasm, uterus	12	M.	6	—	—	—	—	—	3	—	3	6	—	—	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—							
		F.	351	—	—	—	—	41	163	85	62	310	—	—	—	—	37	144	75	54	41	—	—	—	—	4	19	10	8	—								
benign neoplasm, other	13	F.	208	—	—	—	—	19	106	50	33	184	—	—	—	—	16	95	46	27	24	—	—	—	—	3	11	4	6	13								
malignant and plastic neoplasms	14	M.	1127	2	7	7	9	52	352	388	310	981	2	6	7	7	44	310	332	273	146	—	1	—	2	8	42	56	37	14								
		F.	968	1	3	7	7	62	323	314	251	842	1	3	6	4	60	277	278	213	126	—	—	1	3	2	46	36	38	—								
leukaemia, leukaemia	15	M.	31	—	2	2	3	4	11	7	2	27	—	2	2	3	4	10	4	2	4	—	—	—	—	—	1	3	—	15								
		F.	36	2	3	2	2	6	10	6	5	32	2	1	2	2	6	9	6	5	4	—	2	1	—	—	—	—	—	—								
leukaemia	16	M.	73	—	—	1	1	4	19	24	24	63	—	—	1	1	3	16	22	20	10	—	—	—	—	1	3	2	4	16								
		F.	129	—	—	1	1	5	28	64	30	112	—	—	1	1	4	25	57	24	17	—	—	—	—	1	3	7	6	—								
lesions of circulatory system	17	M.	1459	—	—	—	3	31	300	541	586	1251	—	—	—	1	28	270	469	483	208	—	—	—	—	3	30	72	103	17								
		F.	2022	—	—	—	3	23	421	704	871	1753	—	—	—	3	20	362	618	750	269	—	—	—	—	3	59	86	121	—								
coronary disease, angina	18	M.	1806	—	—	—	1	48	734	658	365	1552	—	—	—	—	42	628	566	316	254	—	—	—	1	6	106	92	49	18								
		F.	885	—	—	—	13	221	368	283	772	—	—	—	—	—	10	190	328	244	113	—	—	—	3	31	40	39	—									
hypertension with heart disease	19	M.	319	—	—	—	—	6	82	120	111	295	—	—	—	—	6	77	111	101	24	—	—	—	—	—	5	9	10	19								
		F.	401	—	—	—	—	4	84	159	154	352	—	—	—	—	4	80	137	131	49	—	—	—	—	—	4	22	23	—								
heart disease	20	M.	2409	—	—	3	5	64	383	720	1225	2084	—	—	2	5	54	341	622	1069	325	—	1	—	10	42	107	165	20									
		F.	3325	—	—	5	13	83	418	890	1916	2919	—	—	4	12	74	380	779	1670	406	—	—	1	1	9	38	111	246	—								
circulatory disease	21	M.	440	—	—	—	—	11	95	129	205	386	—	—	—	—	11	86	110	179	54	—	—	—	—	9	19	26	21									
		F.	444	1	—	—	1	10	71	112	249	389	1	—	—	—	9	61	98	220	55	—	—	1	1	10	14	29	—									
stroke	22	M.	100	3	2	1	2	7	34	28	23	92	3	2	1	2	7	33	24	20	8	—	—	—	—	—	1	4	3	22								
		F.	138	—	3	1	2																															

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS						
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			No. of houses inspected under Housing Council Regs. (included in total col.)	Total No. inspected houses for the purpose	No. found not in all respects suitably fit for human habitation	No. found defective houses rendered fit as result of informal action	
																	Prefabricated houses			Traditional permanent houses
	Temporary	Permanent	Traditional permanent houses	Temporary	Permanent	Traditional permanent houses	Temporary	Permanent	Traditional permanent houses	Temporary	Permanent	Traditional permanent houses					
Crosby (B)	—	—	232	—	—	211	—	—	—	—	—	21	—	11,851	6,008	1,734	1,299
Dalton-in-Furness	—	—	37	—	—	36	—	—	—	—	—	1	—	185	123	123	115
Darwen (B)	—	—	74	—	—	69	—	—	—	—	—	5	—	2,363	140	125	42
Denton	—	—	105	—	—	64	—	—	32	—	—	9	—	1,980	809	303	247
Droylsden	—	—	*44	—	—	*44	—	—	—	—	—	—	—	1,973	415	401	346
Eccles (B)	—	—	130	—	—	130	—	—	—	—	—	—	—	823	823	818	412
Falworth	—	—	40	—	—	34	—	—	2	—	—	4	—	2,392	1,479	347	386
Farnworth (B)	—	—	122	—	—	122	—	—	—	—	—	—	—	2,285	404	459	348
Fleetwood (B)	—	—	102	—	—	85	—	—	—	—	—	17	—	734	487	146	132
Formby	—	—	9	—	—	9	—	—	—	—	—	—	—	31	29	12	10
Fulwood	—	—	76	—	—	20	—	—	38	—	—	18	—	700	149	140	119
Golborne	—	—	76	—	—	64	—	—	—	—	—	12	—	1,268	300	222	151
Grange	—	—	9	—	—	6	—	—	—	—	—	3	—	20	12	—	—
Great Harwood	—	—	33	—	—	28	—	—	—	—	—	5	—	267	126	90	62
Haslingden (B)	—	—	35	—	—	30	—	—	—	—	—	5	—	515	340	90	64
Haydock	—	—	27	—	—	20	—	—	—	—	—	7	—	1,173	480	466	456
Heywood (B)	—	—	21	—	—	14	—	—	2	—	—	5	—	2,510	937	892	993
Hindley	—	—	34	—	—	34	—	—	—	—	—	—	—	1,457	720	646	554
Horwich	—	—	80	—	—	74	—	—	—	—	—	6	—	2,395	286	266	251
Huyton-with-Roby	—	—	144	—	—	83	—	—	54	—	—	7	—	1,832	921	422	318
Ince-in-Makerfield	—	—	78	—	—	78	—	—	—	—	—	—	—	1,704	906	841	358

* Includes 12 flats.

TABLE 5—continued

NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS							
URBAN DISTRICTS			Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Councils (included in total in col.)	No. of inspections made for the purpose	No. found unfit for habitation	No. found not in all respects habitable for human habitation	No. of defective houses rendered fit as result of informal action
			Prefabricated houses	Traditional permanent houses	Prefabricated houses	Traditional permanent houses	Prefabricated houses	Traditional permanent houses	Prefabricated houses	Traditional permanent houses							
	Prefabricated houses	Traditional permanent houses	Prefabricated houses	Traditional permanent houses	Prefabricated houses	Traditional permanent houses	Prefabricated houses	Traditional permanent houses	Prefabricated houses	Traditional permanent houses							
Irlam	—	26	—	—	—	24	—	—	—	2	105	526	—	—	1	104	118
Kearsley	—	34	—	—	—	30	—	—	—	4	62	62	—	—	—	62	50
Kirkham	—	50	—	—	—	46	—	—	—	4	72	124	—	—	1	32	29
Lancaster (B)	—	212	—	—	—	190	—	—	—	22	229	606	211	575	—	9	83
Lees	—	2	—	—	—	—	—	—	—	2	368	728	—	—	—	107	154
Leigh (B)	—	123	—	—	—	106	—	—	—	17	1,327	3,667	—	—	12	627	345
Leyland	—	58	—	—	—	49	—	—	—	9	278	316	—	—	1	64	64
Litherland	—	26	—	—	—	18	—	—	—	8	291	415	56	116	26	255	248
Littleborough	—	20	—	—	—	—	—	—	—	20	348	444	—	—	1	1	—
Little Lever	—	1	—	—	—	—	—	—	—	1	57	188	—	—	1	56	56
Longridge	—	22	—	—	—	16	—	—	—	—	154	230	—	—	—	54	40
Lytham St. Annes (B)	—	56	—	—	—	42	—	—	—	14	35	121	—	—	1	12	10
Middleton (B)	—	153	—	—	—	126	—	—	—	27	143	265	2	2	65	78	46
Milnrow	—	26	—	—	—	16	—	—	—	10	178	178	—	—	1	87	77
Morecambe & Heysham (B)	—	156	—	—	—	110	—	—	—	46	437	1,383	—	—	2	307	413
Mossley (B)	—	1	—	—	—	—	—	—	—	1	165	373	—	—	—	118	96
Nelson (B)	—	109	—	—	—	97	—	—	—	12	164	735	—	—	2	164	63
Newton-le-Willows	—	85	—	—	—	82	—	—	—	3	479	1,128	37	52	—	323	293
Ormskirk	—	61	—	—	—	38	—	—	—	17	489	1,342	47	52	2	339	254
Orrell	—	96	—	—	—	88	—	—	—	8	149	258	9	18	3	80	39

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Council's Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered result of informal action	
				Prefabricated houses		Traditional permanent houses		Prefabricated houses		Traditional permanent houses										
	Temporary	Permanent	Traditional permanent houses	Temporary	Permanent	Traditional permanent houses	Temporary	Permanent	Traditional permanent houses	Temporary	Permanent	Traditional permanent houses	Temporary	Permanent	Traditional permanent houses					
Oswaldtwistle	—	—	16	—	—	—	—	—	—	—	—	—	—	85	542	—	—	—	85	77
Padiham	—	—	25	—	—	24	—	—	—	—	—	—	—	332	502	—	—	1	123	49
Poulton-le-Fylde	—	—	18	—	—	12	—	—	—	—	—	—	—	256	350	—	—	—	256	2
Preesall	—	—	20	—	—	19	—	—	—	—	—	—	—	180	369	—	—	—	180	180
Prescot	—	—	55	—	—	43	—	—	—	—	—	—	—	918	2,156	—	—	—	311	232
Prestwich (B)	—	5	14	—	—	5	—	—	—	—	—	—	—	1,244	2,416	—	—	—	118	73
Radcliffe (B)	—	—	100	—	—	82	—	—	12	—	—	—	—	465	710	3	5	2	319	269
Rainford	—	—	26	—	—	20	—	—	—	—	—	—	—	44	60	—	—	4	40	40
Ramsbottom	—	—	41	—	—	33	—	—	4	—	—	—	—	51	51	—	—	—	26	11
Rawtenstall (B)	—	—	98	—	—	91	—	—	—	—	—	—	—	467	729	33	50	19	448	551
Rishton	—	—	—	—	—	—	—	—	—	—	—	—	—	30	54	—	—	—	30	25
Royton	—	—	42	—	—	32	—	—	—	—	—	—	—	108	249	2	4	2	88	66
Skelmersdale	—	—	37	—	—	35	—	—	—	—	—	—	—	790	1,754	—	—	40	295	276
Standish-with-Laughtree	—	—	25	—	—	18	—	—	—	—	—	—	—	166	367	—	—	1	165	150
Stretford (B)	—	—	*183	—	—	†146	—	—	—	—	—	—	—	1,714	4,044	1	6	1	1,713	1,147
Swinton & Pendlebury (B)	—	—	96	—	—	74	—	—	6	—	—	—	—	1,959	6,139	—	—	13	603	579
Thornton Cleveleys	—	—	†45	—	—	†38	—	—	—	—	—	—	—	59	293	—	—	1	58	34
Tottington	—	—	4	—	—	—	—	—	—	—	—	—	—	53	62	—	—	3	46	12
Trawden	—	—	—	—	—	—	—	—	—	—	—	—	—	45	57	—	—	—	37	5
Turton	—	—	42	—	—	36	—	—	—	—	—	—	—	457	512	—	—	19	425	398

* Includes 96 flats.

† Includes 72 flats.

‡ Includes 24 flats.

§ Includes 8 flats.

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			No. of defective houses rendered fit as result of informal action					
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses							
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent								
Tyldesley	—	—	4	—	—	—	—	—	—	—	—	—	15	492	15	15	4	449	535
Ulverston	—	—	29	—	—	—	—	—	—	—	—	—	—	382	—	—	2	125	110
Upholland	—	—	40	—	—	—	—	—	—	—	—	—	—	103	—	—	—	103	47
Urnston	—	—	135	—	—	121	—	—	—	—	—	—	—	789	13	44	13	214	150
Walton-le-Dale	—	—	70	—	—	58	—	—	—	—	—	—	—	802	—	—	3	9	4
Wardle	—	—	44	—	—	44	—	—	—	—	—	—	—	129	25	41	2	30	24
Westboughton	—	—	84	—	—	70	—	—	—	—	—	—	—	354	—	—	3	70	56
Whitefield	—	—	19	—	—	14	—	—	—	—	—	—	—	211	21	47	—	73	50
Whitworth	—	—	39	—	—	38	—	—	—	—	—	—	—	360	15	18	15	77	61
Widnes (B)	—	—	139	—	—	118	—	—	—	—	—	—	—	5,110	25	35	46	2,194	534
Withnell	—	—	1	—	—	—	—	—	—	—	—	—	—	35	—	—	—	31	28
Worsley	—	—	160	—	—	154	—	—	—	—	—	—	—	915	—	—	4	230	213
Total Urban Districts	—	133	*5,353	—	133	†4,461	—	—	—	—	—	—	—	102,712	1,947	4,621	1,086	25,390	19,291

* Includes 121 flats, † Includes 96 flats, ‡ Includes 25 flats.

TABLE 5—continued

RURAL DISTRICTS	NEW HOUSES ERRECTED DURING YEAR										UNIT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unsatisfactory for human habitation	No. of defective houses rendered fit as result of informal action				
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses											
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent												
Blackburn	—	—	64	—	—	59	—	—	—	—	—	5	16	370	256	3	23	119	78	
Burnley	—	—	25	—	—	22	—	—	—	—	—	3	—	343	221	1	—	221	105	
Chorley	—	—	118	—	—	95	—	—	—	—	—	23	2,146	2,600	2,193	5	2,193	101	62	
Clitheroe	—	—	46	—	—	40	—	—	—	—	—	6	332	416	340	5	340	46	32	
Fylde	—	—	40	—	—	28	—	—	2	—	—	10	—	355	103	12	—	32	15	
Garstang	—	—	57	—	—	38	—	—	—	—	—	19	61	297	236	7	86	42	34	
Lancaster	—	—	115	—	—	89	—	—	—	—	—	26	4	782	399	4	14	13	13	
Limehurst	—	—	267	—	—	20	—	—	236	—	—	11	—	301	275	5	—	156	90	
Lunedale	—	—	49	—	—	41	—	—	—	—	—	8	80	124	80	4	120	60	49	
Preston	—	28	105	—	28	68	—	—	—	—	—	37	2	738	200	2	35	198	191	
Ulverston	—	22	42	—	22	30	—	—	—	—	—	12	—	497	251	—	—	170	78	
Warrington	—	4	60	—	4	16	—	—	—	—	—	44	369	1,018	369	2	—	307	340	
West Lancashire	16	—	212	16	—	84	—	—	100	—	—	28	1,746	2,639	2,238	63	1,984	799	492	
Whiston	—	—	235	—	—	51	—	—	160	—	—	24	—	3,314	2,486	2	—	136	109	
Wigan	—	—	9	—	—	—	—	—	—	—	—	9	3	24	20	6	3	10	8	
Total Rural Districts	16	54	1,444	16	54	681	—	—	498	—	—	265	4,390	4,798	13,818	9,912	146	4,798	2,470	1,696
Total Urban Districts	—	133	*5,353	—	133	†4,461	—	—	179	—	—	‡713	1,947	4,621	102,712	44,402	1,086	4,621	25,390	19,291
Total Administrative County	16	187	*6,797	16	187	†5,142	—	—	677	—	—	‡978	6,337	9,419	116,530	54,314	1,232	9,419	27,860	20,987

* Includes 121 flats. † Includes 96 flats. ‡ Includes 25 flats.

TABLE 6—CHILD WELFARE CENTRES
SUMMARY, BY HEALTH DIVISIONS, OF ATTENDANCES DURING 1950

Health Division No.	No. of sessions during year	No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)			Average attendances (all children) per session	No. of individual expectant mothers attending	No. of attendances by expectant mothers	No. of centres at 31st December, 1950
		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)				
1	170	579	121	223	3,694	665	862	30.7	—	—	7
2	322	1,468	341	470	11,954	2,027	1,368	47.7	1	1	5
3	503	1,627	421	715	16,506	4,745	4,205	50.6	40	95	9
4	768	2,610	685	884	22,271	7,473	7,094	48.0	17	17	21
5	756	2,235	580	465	23,988	5,035	1,919	40.9	—	—	12
6	578	1,438	444	707	13,140	3,948	4,057	36.6	29	50	12
7	812	2,662	568	737	26,128	4,995	3,274	42.4	13	24	13
8	732	2,107	421	469	23,849	3,958	2,057	40.8	—	—	11
9	793	3,486	551	808	25,047	2,309	1,922	36.9	9	14	11
10	427	1,563	481	669	18,045	4,381	4,835	63.8	92	343	9
11	876	3,112	622	588	29,508	4,493	2,326	41.5	20	30	14
12	775	2,043	638	613	20,707	5,298	2,840	37.2	32	86	15
13	356	1,341	203	228	14,148	1,692	1,218	47.9	20	21	8
14	751	2,220	526	488	25,139	3,692	1,793	40.8	16	44	10
15	792	2,665	824	587	29,835	5,164	2,028	46.8	—	—	10
16	469	2,259	681	1,107	21,887	4,106	4,092	64.1	22	89	7
17	634	2,184	639	679	21,368	4,377	2,729	44.9	30	40	12
Total— Administrative County	10,514	35,599	8,746	10,537	347,214	68,358	48,619	44.1	341	854	186

TABLE 7—ANTENATAL CLINICS
SUMMARY, BY HEALTH DIVISIONS, OF ANTENATAL AND POST-NATAL ATTENDANCES DURING 1950

Health Division No.	No. of sessions during year	ANTENATAL ATTENDANCES				POST-NATAL ATTENDANCES			No. of County Council clinics at 31st December, 1950
		No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of individual women attending post-natally	No. of attendances	Average attendances per individual	
1	98	496	2,105	21.5	4.2	70	80	1.1	2
2	134	317	1,086	8.1	3.4	47	73	1.6	4
3	128	558	2,713	21.2	4.9	104	125	1.2	3
4	173	947	4,226	24.4	4.5	127	137	1.1	3
5	482	1,512	8,210	17.0	5.4	35	54	1.5	7
6	51	246	998	19.6	4.1	—	—	—	1
7	277	782	3,281	11.8	4.2	183	218	1.2	6
8	214	1,297	5,246	24.5	4.0	46	47	1.0	8
9	323	1,557	5,164	16.0	3.3	250	330	1.3	5
10	132	540	1,757	13.3	3.3	17	19	1.1	4
11	279	1,566	4,064	14.6	2.6	9	9	1	7
12	226	1,146	4,691	20.8	4.1	93	96	1.0	4
13	143	213	1,067	7.5	5.0	53	64	1.2	2
14	199	732	2,995	15.1	4.1	82	87	1.1	6
15	494	1,883	9,437	19.1	5.0	429	660	1.5	6
16	148	320	1,187	8.0	3.7	92	96	1.0	3
17	162	802	2,671	16.5	3.3	9	9	1	6
Total—Administrative County	3,603	14,914	60,898	16.6	4.1	1,646	2,104	1.3	77

TABLE 8—CARE OF PREMATURE INFANTS
STATEMENT, BY HEALTH DIVISIONS, REGARDING PREMATURE INFANTS BORN AT HOME WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	Total No. born										Nursed entirely at home										Transferred to hospital										Total No. of infants surviving																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	Un-der 3 lb.			3 lb. and 4 lb.			4 lb. to 5 1/2 lb.			Died in first 24 hours			Died on 2nd to 7th day			Died on 8th to 28th day			Survived 28 days			Died on 2nd to 7th day			Died on 8th to 28th day			Survived 28 days			24 hours			28 days			3 months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Un-der 3 lb.			3 lb. and 4 lb.			4 lb. to 5 1/2 lb.			Un-der 3 lb.			3 lb. and 4 lb.			4 lb. to 5 1/2 lb.			Un-der 3 lb.			3 lb. and 4 lb.			4 lb. to 5 1/2 lb.			Un-der 3 lb.			3 lb. and 4 lb.			4 lb. to 5 1/2 lb.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 10—CARE OF PREMATURE INFANTS
STATEMENT, BY HEALTH DIVISIONS, REGARDING PREMATURE INFANTS BORN IN HOSPITALS, INCLUDING MATERNITY HOMES IN THE NATIONAL
HEALTH SERVICE, AND WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	Total No. born			Died in first 24 hours			Died on 2nd to 7th day			Died on 8th to 28th day			Total No. of infants surviving					
													24 hours		28 days		3 months	
	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to 5 1/4 lb.	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to 5 1/4 lb.	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to 5 1/4 lb.	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to 5 1/4 lb.	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to 5 1/4 lb.	Under 3 lb.	3 lb. and under 4 lb.	4 lb. to 5 1/4 lb.
1	2	2	14	1	—	1	1	1	—	—	—	—	1	2	13	—	1	13
2	9	9	68	7	3	2	1	—	4	—	2	—	2	6	66	1	4	62
3	8	18	68	2	4	4	5	1	3	1	—	—	6	14	64	1	12	60
4	10	16	79	6	2	—	4	2	—	—	—	—	4	14	79	—	12	78
5	9	16	73	3	3	—	4	4	3	—	—	—	6	13	73	2	9	70
6	2	6	33	2	—	—	—	—	2	—	—	2	—	6	33	—	6	29
7	9	12	79	2	1	5	3	2	1	1	—	—	7	11	74	4	8	72
8	5	8	76	3	1	1	1	1	4	1	1	—	2	7	75	—	5	70
9	15	18	96	10	2	3	1	2	1	1	—	—	5	16	93	3	14	91
10	7	14	43	5	3	1	—	1	3	—	—	—	2	11	42	2	10	39
11	11	7	124	5	—	5	4	—	5	—	—	—	6	7	119	2	7	113
12	12	5	61	10	—	4	2	1	2	—	—	—	2	5	57	—	4	55
13	6	5	29	4	2	—	2	1	—	—	—	—	2	3	29	—	2	28
14	5	6	72	1	—	3	3	—	1	—	—	—	4	6	69	1	5	68
15	6	10	69	3	1	3	—	2	1	—	—	—	3	9	66	3	7	65
16	5	17	104	3	1	1	2	3	2	—	—	—	2	16	103	—	13	100
17	5	10	72	3	2	2	2	1	2	—	—	—	2	8	70	—	5	66
Total—Administrative County	126	179	1,160	70	25	35	35	22	34	2	8	11	56	154	1,125	19	124	1,080
																18	121	1,069

TABLE 11—OPHTHALMIA NEONATORUM, PEMPHIGUS NEONATORUM AND PUERPERAL PYREXIA
SUMMARY, BY HEALTH DIVISIONS, OF CASES NOTIFIED DURING 1950, AND OF ACTION TAKEN

Health Division No.	DOMICILIARY CONFINEMENTS									INSTITUTIONAL CONFINEMENTS														
	*No. of cases notified			No. of cases visited by officers of the Authority			No. of cases for whom home nursing was provided by the Authority			No. of cases removed to hospital			*No. of cases notified			No. of cases visited by officers of the Authority			No. of cases for whom home nursing was provided by the Authority			No. of cases removed to hospital		
	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	2	—	—	1	—	—	1	—	—	—	—	—	2	1	—	—	—	—	—	1	—	—
3	—	—	1	—	—	—	—	—	1	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—
4	—	—	5	—	—	—	—	—	1	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—
5	1	—	1	1	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
6	2	—	2	2	—	1	1	—	—	—	—	—	—	—	4	1	—	—	—	—	—	—	—	—
7	—	—	1	—	—	1	—	—	—	—	—	—	—	—	26	—	—	—	—	—	—	—	—	—
8	1	—	1	1	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
9	—	—	2	—	—	—	—	—	—	—	—	—	—	10	1	—	—	—	—	—	—	—	—	—
10	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	5	—	4	3	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—
12	2	—	4	2	—	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
15	3	—	—	3	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—
16	1	—	1	1	—	1	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—
17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Total—Administrative County	17	—	25	15	—	11	1	—	4	6	—	9	7	1	67	5	—	31	—	—	—	2	—	6

* Uncorrected for subsequent changes of diagnosis.

TABLE 12—MOTHER AND BABY HOMES

STATEMENT, BY HEALTH DIVISIONS, SHOWING THE NUMBER OF UNMARRIED EXPECTANT MOTHERS AND POST-NATAL CASES FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1950

Home	* No. of cases admitted from Health Division No.																	Total— Administrative County
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Ennismore Home, Eccles	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3
Simpson Hill Maternity Home, Heywood	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	3
St. Monica's Maternity Home, Kendal	—	1	—	—	—	3	—	1	—	—	5	3	2	—	5	2	1	23
The Home of the Good Samaritan, Grappenhall	—	1	—	—	—	—	1	—	—	4	—	1	—	—	—	—	—	7
St. Teresa's Home and Nursery, Salford	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2
Liverpool Catholic Children's Protection Society—affiliated homes	—	—	—	—	—	—	3	—	2 (1)	1	—	—	—	—	—	—	—	6 (1)
Salvation Army Home, Mandley Park Avenue, Salford	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
" " North Mossley Hill Road, Liverpool	—	—	—	—	—	—	1	—	3 (1)	—	—	—	—	—	—	—	—	4 (1)
Lancaster, Morecambe and District Moral Welfare Association, 7 Queen's Street, Lancaster	3	—	1	—	—	1	—	1	—	—	—	1	—	—	—	—	—	7
Manchester and Salford Methodist Mission Home, Oldham Street, Manchester	—	—	—	—	—	—	—	—	—	—	—	—	—	1 (1)	—	1	—	2 (1)
Sacred Heart Maternity Home, Brettargh Holt, Kendal	—	3 (1)	3 (1)	5 (1)	—	—	—	—	—	—	—	—	—	—	—	—	—	11 (3)
Preston Moral Welfare Council, Parkinson House, West Cliff, Preston	1	2	1	1	—	1	—	—	1	—	—	—	—	2	—	—	—	9
St. Margaret's Home, Goose Green, Wigan	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2
The Grange, Wilpshire, near Blackburn	—	10 (2)	1	3	2 (1)	—	—	—	—	—	—	3	1	1 (1)	—	—	2	23 (4)
St. Monica's, Croxteth Road, Liverpool	—	—	—	—	—	—	1	1	6	1	—	—	—	—	—	—	—	9
St. Agnes Home, Manchester	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
St. Margaret's Home, Halifax	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
St. Bridget's Home, Chester	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2
Liverpool Diocesan Board of Moral Welfare, Laurel House, Liverpool	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	3
Southport Corporation Hostel	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Heworth Moor House, Heworth Moor, Yorks.	—	—	—	—	—	—	—	—	—	—	—	2 (1)	—	—	—	—	—	2 (1)
Total	4	20 (3)	6 (1)	9 (1)	2 (1)	5	9	4	14 (2)	7	7	11 (1)	4	5 (2)	6	6	4	123 (11)

* These are normally expectant mothers. Post-natal cases are included and also shown separately in brackets.

TABLE 13—DAY NURSERIES (INCLUDING 24-HOUR NURSERIES)
SUMMARY, BY HEALTH DIVISIONS, OF ACCOMMODATION AND ATTENDANCES DURING 1950

Health Division No.	Accommodation and attendances during 1950 (Mondays to Fridays only)										Position at 31st December, 1950				
	No. of Nursery days	Total day places available at ages (in years)		Total attendances at ages (in years)		Average accommodation per nursery day at ages (in years)		Average attendance per nursery day at ages (in years)		Proportion (per cent.) of attendances to places available (all ages)	No. of nurseries open	No. of places approved for children at ages (in years)		No. of children—	
		0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)			0—	2—4 (inclusive)	On registers	
														0—	2—4 (inclusive)
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	560	9,462	23,214	7,878	19,194	16.9	41.5	14.1	34.3	82.8	2	37	86	33	86
3	253	5,060	7,590	4,400	7,240	20	30	17.4	28.6	92.0	1	20	30	16	38
4	736	16,672	13,176	11,788	10,294	22.7	17.9	16.0	14.0	74.0	3	68	54	66	60
5	1,389	32,403	34,471	18,358	29,256	23.3	24.8	13.2	21.1	71.2	6	139	111	96	146
6	992	25,544	29,264	12,328	27,705	25.8	29.5	12.4	27.9	73.0	4	103	118	75	143
7	260	10,400	13,000	5,522	15,293	40	50	21.2	58.8	89.0	1	40	50	33	60
8	248	1,984	5,456	958	4,807	8	22	3.9	19.4	77.5	1	8	22	4	25
9	1,014	20,277	27,888	13,207	27,978	20.0	27.5	13.0	27.6	85.5	4	80	110	70	137
10	253	6,325	6,325	1,415	5,391	25	25	5.6	21.3	53.8	1	25	25	3	31
11	494	11,856	14,079	7,599	12,490	24	28.5	15.4	25.3	77.5	2	48	57	48	58
12	43	1,075	1,075	363	684	25	25	8.4	15.9	48.7	1	25	25	12	24
13	784	13,634	18,106	7,406	18,394	17.4	23.1	9.4	23.5	81.3	4	76	94	61	120
14	1,877	32,239	49,426	20,536	39,004	17.2	26.3	10.9	20.8	72.9	8	141	210	114	214
15	968	21,031	21,995	11,685	26,449	21.7	22.7	12.1	27.3	88.6	4	87	91	54	150
16	2,006	35,955	50,391	17,128	54,840	17.9	25.1	8.5	27.3	83.3	8	143	201	91	268
17	1,811	40,560	43,027	23,055	47,922	22.4	23.8	12.7	26.5	84.9	8	192	191	119	279
Total—Administrative County	13,688	284,477	358,483	163,626	346,941	20.8	26.2	12.0	25.3	79.4	58	1,232	1,475	895	1,839
															1,348

TABLE 14—DAY NURSERIES (INCLUDING 24-HOUR NURSERIES)
STATEMENT, BY HEALTH DIVISIONS, OF STAFF ENGAGED AND MOTHERS RELEASED FOR EMPLOYMENT AT 31ST DECEMBER, 1950

Health Division No.	No. of nurseries	*No. of staff	Mothers released for—		Ratio of mothers in full-time employment to one unit of staff
			Full-time employment	Part-time employment	
1	—	—	—	—	—
2	2	21.9	103	9	4.70
3	1	9.8	44	2	4.49
4	3	35	114	1	3.26
5	6	79	202	—	2.56
6	4	55.7	184	2	3.30
7	1	21.7	83	—	3.82
8	1	8	26	—	3.25
9	4	45	189	—	4.2
10	1	10	29	2	2.9
11	2	26	105	—	4.04
12	1	11	36	—	3.27
13	4	47.2	155	6	3.28
14	8	86	273	17	3.17
15	4	45.7	192	8	4.20
16	8	91	320	9	3.52
17	8	100.5	377	—	3.75
Total—Administrative County	58	693.5	2,432	56	3.51
			2,488		

* Equivalent of full-time personnel, including domestics, and counting three students as one member of staff.

TABLE 15—HOME NURSING
GENERAL NURSING CASES ATTENDED AND VISITS PAID (excluding Casual Advisory Visits)
DURING THE YEAR 1950

	Medical cases					Surgical cases					Intramuscular and hypodermic injections					Infectious diseases					All types of case				
	Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)		
	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total
On books at 31st Dec., 1949.....	677	1,880	17	33	2,607	354	1,296	59	55	1,764	222	828	7	11	1,068	21	40	2	3	66	1,274	4,044	85	102	5,505
New cases attended.....	4,876	9,443	774	607	15,700	3,092	7,317	1,293	932	12,634	1,247	2,605	389	425	4,666	536	712	180	141	1,569	9,751	20,077	2,936	2,105	34,569
Visits, 1st Jan., 1950, to 31st Dec., 1950.....	130,785	277,902	5,463	5,113	419,263	74,797	144,352	11,949	7,447	238,545	32,334	115,140	3,083	3,206	153,763	8,733	14,428	1,894	1,248	26,303	246,649	551,822	22,389	17,014	837,874
Deaths.....	1,805	2,975	4	2	4,786	219	315	1	—	535	57	79	2	—	138	89	96	2	1	188	2,170	3,465	9	3	5,647
Removed to hospital.....	693	1,193	29	17	1,922	423	652	42	44	1,161	85	177	8	10	280	62	57	8	5	132	1,263	2,079	87	76	3,505
Removed from books for other reasons.....	363	651	14	13	1,041	199	681	83	44	1,007	91	360	7	5	463	33	32	7	2	74	686	1,724	111	64	2,585
Recovered.....	2,019	4,804	728	595	8,146	2,255	5,695	1,192	879	10,031	985	1,892	369	407	3,653	338	499	156	133	1,126	5,607	12,890	2,445	2,014	22,956
Remaining on books at 31st Dec., 1950.....	673	1,700	16	13	2,402	340	1,270	34	20	1,664	251	925	10	14	1,200	35	68	9	3	115	1,299	3,963	69	50	5,381

Summary—
Total cases attended..... 40,074
Total number of visits (excluding casual advisory visits)..... 837,874
Average number of visits per case..... 20.9

NOTE: The number of casual advisory visits, not included in the above table, which were made during the year was 21,916.

TABLE 16—DIPHTHERIA IMMUNISATION

SUMMARY, BY HEALTH DIVISIONS, OF IMMUNISATION STATE OF CHILD POPULATION

Health Division No.	Total number of children immunised							Estimated mid-year population (under 5 yrs. of age)	Per-centage immunised	Total No. of children immunised			Estimated mid-year population (5 to 14 years of age incl.)	Per-centage immunised	Total population under 15 years of age	Percentage immunised under 15 years of age
	Age at 31st December (in years)															
	Total under 5															
	Under 1	1—	2—	3—	4—	Total, 5 to 14 incl.										
Year 1950—																
1	291	412	251	382	425	1,761	3,104	2,196	2,168	4,364	5,267	82.9	6,125	8,371	73.2	
2	432	982	819	1,146	979	4,358	8,073	4,562	5,029	9,591	13,128	73.1	13,949	21,201	65.8	
3	83	692	921	1,057	914	3,667	7,810	4,942	4,688	9,630	12,959	74.3	13,297	20,769	64.0	
4	82	1,158	1,492	1,660	1,423	5,815	13,146	7,836	7,511	15,347	21,693	70.7	21,162	34,839	60.7	
5	484	996	1,118	1,367	1,221	5,186	10,891	5,432	6,605	12,037	16,403	73.4	17,223	27,294	63.1	
6	45	715	937	1,170	1,012	3,879	7,448	4,185	3,809	7,994	10,453	76.5	11,873	17,901	66.3	
7	846	1,483	1,130	2,064	1,297	6,820	13,844	7,705	8,782	16,487	23,741	69.4	23,307	37,585	62.0	
8	167	972	1,159	1,329	1,026	4,663	9,429	6,744	6,241	12,985	16,060	80.9	17,648	25,489	69.2	
9	158	2,051	2,138	2,550	2,455	9,352	16,600	11,637	9,571	21,208	28,938	73.3	30,560	45,538	67.1	
10	57	689	914	795	837	3,292	6,516	4,121	3,157	7,278	11,582	62.8	10,570	18,098	58.4	
11	98	1,349	1,646	1,988	1,709	6,790	14,685	9,670	8,457	18,127	23,413	77.4	24,917	38,098	65.4	
12	845	1,378	1,224	1,550	1,322	6,319	10,566	6,289	6,575	12,864	16,170	79.6	19,183	26,736	71.7	
13	22	714	1,088	903	838	3,565	6,419	4,115	4,106	8,221	9,403	87.4	11,786	15,822	74.5	
14	133	1,213	1,464	1,756	1,495	6,061	9,637	7,325	6,283	13,608	15,010	90.7	19,669	24,647	79.8	
15	31	1,298	1,479	1,462	1,332	5,602	10,537	7,973	6,413	14,386	17,227	83.5	19,988	27,764	72.0	
16	77	1,488	907	911	1,163	4,546	9,014	5,199	4,208	9,407	12,992	72.4	13,953	22,006	63.4	
17	259	772	831	1,444	1,220	4,526	11,061	6,775	7,032	13,807	17,641	78.3	18,333	28,702	63.9	
Administrative County—																
1950	4,110	18,362	19,518	23,544	20,668	86,202	168,780	106,706	100,635	207,341	272,080	76.2	293,543	440,860	66.6	
1949	5,984	17,693	22,931	19,856	18,369	84,833	167,430	100,525	94,892	195,417	265,800	73.5	280,250	433,230	64.7	
1948	3,656	20,358	18,827	17,813	19,415	80,069	165,111	93,996	89,865	183,861	258,898	71.0	263,930	424,009	62.2	
1947	3,234	15,202	17,461	20,126	18,122	74,145	155,203	98,828	92,090	191,518	248,371	77.1	† 265,663	403,574	65.8	
1946	1,032	14,288	18,966	17,357	17,170	68,813	142,622	94,675	90,425	185,100	247,107	74.9	* 253,913	389,729	65.2	
1945	699	14,995	15,797	16,003	16,425	63,919	134,324	88,311	82,058	170,369	243,469	69.9	234,288	377,793	62.0	

* Since 1944 and previous not known.

* Plus 510, new groups not known.

TABLE 17—DIPHTHERIA IMMUNISATION
SUMMARY, BY HEALTH DIVISIONS, OF DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION
YEAR ENDED 31ST DECEMBER, 1950

Health Division No.	Age at date of notification (in years)										Age at date of death (in years)										Totals under 15 years
	Under 1		1—		2—		3—		4—		5—		10—		10—		5—		10—		
	C	I	C	I	C	I	C	I	C	I	C	I	C	I	C	I	C	I			
																			D	I	
D	I	D	I	D	I	D	I	D	I	D	I	D	I	D	I	D	I				

Year 1950—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									</
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C=No. of cases notified. D=No. of deaths. I=No. of cases included in previous column in which the child had completed a full course of immunisation.

TABLE 18—DIPHTHERIA IMMUNISATION

INCIDENCE OF, AND MORTALITY FROM, DIPHTHERIA AMONGST THE CHILD POPULATION
ADMINISTRATIVE COUNTY, 1945-50

	Percentage of total population in age group					No. of cases of diphtheria					Attack rate per 1,000 of population in age group					No. of deaths from diphtheria					Case fatality rate per cent.										
	1945	1946	1947	1948	1949	1950	1945	1946	1947	1948	1949	1950	1945	1946	1947	1948	1949	1950	1945	1946	1947	1948	1949	1950							
<i>Children under 5 years of age :</i>																															
Immunised	47.5	48.2	47.7	48.4	50.7	51.1	41	41	15	7	6	4	0.59	0.58	0.19	0.08	0.07	0.05	1	—	1	—	—	1	2.43	nil	6.66	nil	nil	25.00	
Not immunised	52.5	51.8	52.3	51.6	49.3	48.9	167	93	44	31	11	3	2.20	1.22	0.52	0.36	0.13	0.04	15	11	8	6	3	2	8.98	11.82	18.18	19.35	27.27	66.67	
Total	100.0	100.0	100.0	100.0	100.0	100.0	208	134	59	38	17	7	1.44	0.91	0.36	0.23	0.10	0.04	16	11	9	6	3	3	7.68	8.20	15.25	15.78	17.65	42.86	
<i>Children aged 5 to 14 years :</i>																															
Immunised	69.9	74.9	77.1	71.0	73.5	76.2	203	146	65	53	23	8	1.11	0.76	0.33	0.28	0.12	0.04	2	—	—	—	—	—	—	0.49	nil	nil	nil	nil	nil
Not immunised	30.1	25.1	22.9	29.0	26.5	23.8	394	182	109	64	19	11	5.02	2.85	1.86	0.85	0.27	0.17	23	9	2	5	1	2	5.83	4.94	1.83	7.81	5.26	18.18	
Total	100.0	100.0	100.0	100.0	100.0	100.0	597	328	174	117	42	19	2.28	1.08	0.68	0.45	0.16	0.07	25	9	2	5	1	2	4.18	2.74	1.14	4.27	2.38	10.53	
<i>All children under 15 years of age :</i>																															
Immunised	62.0	65.2	65.8	62.2	64.7	66.6	244	187	80	60	29	12	0.97	0.51	0.29	0.22	0.10	0.04	3	—	1	—	—	1	1.22	nil	1.25	nil	nil	8.33	
Not immunised	38.0	34.8	34.2	37.8	35.3	33.4	561	275	153	95	30	14	3.63	2.35	1.07	0.59	0.20	0.10	38	20	10	11	4	4	6.77	7.27	6.53	11.57	13.33	28.57	
Total	100.0	100.0	100.0	100.0	100.0	100.0	805	462	233	155	59	26	1.98	1.15	0.56	0.36	0.14	0.06	41	20	11	11	4	5	5.09	4.32	4.72	7.09	6.78	19.23	

TABLE 19—CARE AND AFTER CARE—TUBERCULOSIS
STATEMENT, BY HEALTH DIVISIONS, OF WORK DONE BY TUBERCULOSIS HEALTH VISITORS DURING 1950

Health Division No.	No. of attendances at care committee meetings	No. of lectures or addresses given	No. of dispensary sessions attended	Number of visits to all cases						Tuber- culosis Regs. Initial visits			
				Routine visits		Visits for special purposes							
				New cases and contacts	Old cases and contacts	Surgical dressings		Orthopaedic attention			Other actual nursing		
						Visits	Indi- viduals	Visits	Indi- viduals				
1	—	—	104	74	1,159	51	12	—	—	45	16	1,329	—
2	6	—	235	95	1,397	—	—	—	—	67	5	1,559	—
3	—	—	197	117	1,329	4	2	37	27	27	2	1,514	—
4	16	—	337	180	3,317	6	3	86	68	16	8	3,605	37
5	4	22	750	713	5,547	—	—	—	—	11	2	6,271	1
6	—	—	210	192	2,108	21	17	91	78	23	11	2,435	40
7	—	—	408	337	1,989	33	3	—	—	64	4	2,423	—
8	—	—	437	95	2,436	65	17	63	42	84	20	2,743	—
9	2	5	509	325	2,078	28	10	32	25	48	23	2,511	7
10	—	—	312	134	1,356	2	2	16	12	57	20	1,565	—
11	11	—	535	222	3,003	73	25	119	70	211	66	3,628	22
12	—	12	505	286	1,534	—	—	—	—	8	2	1,828	—
13	—	—	288	130	833	52	50	71	66	9	9	1,095	4
14	—	—	316	113	719	16	16	12	4	—	—	860	2
15	—	—	789	114	1,835	5	1	1	1	34	13	1,989	—
16	—	—	269	133	1,882	32	13	—	—	128	27	2,175	—
17	1	—	885	152	1,751	—	—	—	—	—	—	1,903	—
Total—Administrative County	40	39	7,086	3,412	34,273	388	171	528	393	832	228	39,433	113

TABLE 20—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1950—

(1) In Hostels—

(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Division No.	Name and address of hostel	Accommodation capacity at 31st Dec., 1950				Cases which were County Council responsibility												Cases which were responsibility of other Local Authorities							
		Residents at 31st Dec., 1949		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1950		Residents at 31st Dec., 1949		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1950					
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
5	"Hilltop", Manchester Road, Accrington	16	—	11	—	15	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—				
8	"The Limes", Chorley Road, Standish	—	24	—	19	—	11	—	8	—	1	—	21	—	—	—	1	—	—	—	3				
12	"Burtholme", Chorley Road, Worthington	19	—	16	—	16	—	9	—	17	—	—	—	15	—	2	—	2	—	2	—				
13	"Hazelhurst", Ramsbottom	7	9	—	7	—	—	—	—	—	—	—	9	7	—	—	—	—	—	—	—				
	"Oaklands", Rochdale Road, Milnrow	—	12	—	12	—	7	—	5	—	2	—	12	—	—	—	—	—	—	—	—				
	"Brooklyn", Rochdale Road, Heywood	12	—	11	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—				
	"Olive House", Bacup	13	—	7	—	9	—	—	—	6	—	—	—	10	—	3	—	—	—	2	—				
14	"Claremont", 78 Windsor Road, Oldham	—	18	—	15	—	3	—	5	—	1	—	12	—	—	—	3	—	—	—	—				
	TOTAL	67	63	45	46	47	30	45	18	—	4	47	54	6	4	1	5	4	—	4	3				

(b) Managed by other Local Authorities, and in which residents of the Divisional area are accommodated by agreement

Health Division No.	Managing Authority	Name and address of hostel	Cases which were County Council responsibility												No. accommodated at 31st Dec., 1950
			Residents at 31st Dec., 1949		Admissions		Discharges		Deaths						
			M	F	M	F	M	F	M	F					
2	West Riding of Yorks C.C.	"The Shroggs", Sleeton	—	—	—	1	—	—	—	—	—	—	—	1	
3	Halifax C.B.C.	Brearley House Hostel, Halifax	—	—	—	1	—	—	—	—	—	—	—	1	
4	Salford C.B.C.	The Homestead, Salford	—	*1	—	—	—	—	—	—	—	—	—	—	
	Preston C.B.C.	Ashton Civic Hostel, Ashton	—	—	2	1	—	—	—	—	—	—	2	1	
5	Salop C.C.	†Glentworth House, Oswestry	—	1	—	—	—	—	—	—	—	—	—	1	
10	Cheshire C.C.	The Hill, Leigh Road, Knutsford	—	1	—	—	—	—	—	—	—	—	—	—	
12	Manchester C.B.C.	†Cranford House, Eccles	1	—	—	—	2	—	—	1	—	—	—	—	
13	Rochdale C.B.C.	Eversleigh, Rochdale	—	—	—	—	—	—	—	—	—	—	—	2	
14	Oldham C.B.C.	"The Hollies", Manchester Road, Oldham	1	—	—	—	—	—	—	—	—	—	1	—	
15	Salford C.B.C.	The Homestead, Salford	—	1	—	—	1	—	—	—	—	—	—	1	
	Manchester C.B.C.	†Cranford House, Eccles	—	—	—	—	—	—	—	—	—	—	—	—	
16	Salford C.B.C.	The Homestead, Salford	1	1	1	1	—	2	—	—	—	—	—	2	
	Surrey C.C.	The Heathlands, Wimbledon	—	1	—	—	—	—	—	—	—	—	1	—	
	Manchester C.B.C.	‡Cavendish House, Eccles	1	—	—	—	—	—	—	—	—	—	1	—	
17	Manchester C.B.C.	‡Cavendish House, Eccles	1	—	—	—	—	—	—	—	—	—	1	—	
		Total	5	7	3	7	3	3	3	—	—	—	5	10	

* Accompanied by one child. † Formerly Mersey House.
 ‡ Resided at 31st Dec. 1949. § Resided at 31st Dec. 1950. Taken over and re-named by Manchester City Council on 1st January, 1950.

TABLE 24—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1950 (continued)—
(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Divisional area)—
(a) Other than Homes for the Blind

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 31st Dec., 1949		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1950	
			M	F	M	F	M	F	M	F	M	F
1	Maghull Homes for Epileptics (Inc.) Cotebrook Home for Cripples National Institute for the Deaf	Maghull Homes for Epileptics, Maghull, near Liverpool Cotebrook Home for Cripples, Lymm, Cheshire Northern Counties' Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	1	—	1	—	—	—	—	—	1
2	Maghull Homes for Epileptics (Inc.) Methodist Homes for the Aged Stone Bower Fellowship Women's Voluntary Services	Maghull Homes for Epileptics, Maghull, near Liverpool Moorlands House, Hathersage Stone Bower, Burton-in-Lonsdale Croxtley House, Rickmansworth	—	1	—	1	—	—	—	—	—	1
3	Maghull Homes for Epileptics (Inc.) Mutual Aid Homes, Ltd.	Maghull Homes for Epileptics, Maghull, near Liverpool Mutual Aid Homes, Westcliff-on-Sea	1	1	—	1	—	1	—	—	—	1
4	David Lewis Epileptic Colony Maghull Homes for Epileptics (Inc.) National Institute for the Deaf	David Lewis Colony, Warford, Cheshire Maghull Homes for Epileptics, Maghull, near Liverpool Northern Counties' Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	1	4	—	—	—	—	—	—	—	4
5	Maghull Homes for Epileptics (Inc.) Derwen Cripples' Training College National Institute for the Deaf	Maghull Homes for Epileptics, Maghull, near Liverpool Derwen Cripples' Training College, Oswestry Northern Counties' Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	1	—	—	—	—	—	—	—	—	1
6	National Institute for the Deaf	Northern Counties' Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	3	—	—	—	—	—	—	—	3
7	Maghull Homes for Epileptics (Inc.) David Lewis Epileptic Colony Salvation Army Allerton Priory R.C. Special School St. Elizabeth's Home for Epileptics Maghull Homes for Epileptics (Inc.) British Red Cross Society Boys' and Girls' Refugees (Inc.) British Legion Turner Memorial Home of Rest Methodist Homes for the Aged Church Army Crosby Residential Trust Salvation Army	Maghull Homes for Epileptics, Maghull, near Liverpool David Lewis Colony, Warford, Cheshire Eventide Home, Holm Hill, West Kirby Allerton Priory, Woolton, Liverpool St. Elizabeth's Home, Much Hadham, Herts. Maghull Homes for Epileptics, Maghull, near Liverpool Old People's Homes, Wern, Portmadoc Bethesda Cripples' Home, Tanylwyfan, Penmaenhead, Colwyn Bay Lister House, Sharow, Near Ripon Turner Memorial Home, Dingle Head, Liverpool Moorlands House, Hathersage Sunset Home, 9 Merton Road, Bootle Sundene Lodge, Esplanade, Waterloo Eliz. Walker Eventide Home, Bootle Cotebrook Home for Cripples, Lymm, Cheshire Moorland House, Hathersage David Lewis Colony, Warford, Cheshire Maghull Homes for Epileptics, Maghull, near Liverpool St. Elizabeth's Home, Much Hadham, Herts. Turner Memorial Home, Dingle Head, Liverpool Eventide Home, Holm Hill, West Kirby	—	3	—	1	—	—	1	—	—	2
8	Methodist Homes for the Aged David Lewis Epileptic Colony Maghull Homes for Epileptics (Inc.) St. Elizabeth's Home for Epileptics Turner Memorial Home of Rest Salvation Army	Maghull Homes for Epileptics, Maghull, near Liverpool David Lewis Colony, Warford, Cheshire Eventide Home, Holm Hill, West Kirby Allerton Priory, Woolton, Liverpool St. Elizabeth's Home, Much Hadham, Herts. Maghull Homes for Epileptics, Maghull, near Liverpool Old People's Homes, Wern, Portmadoc Bethesda Cripples' Home, Tanylwyfan, Penmaenhead, Colwyn Bay Lister House, Sharow, Near Ripon Turner Memorial Home, Dingle Head, Liverpool Moorlands House, Hathersage Sunset Home, 9 Merton Road, Bootle Sundene Lodge, Esplanade, Waterloo Eliz. Walker Eventide Home, Bootle Cotebrook Home for Cripples, Lymm, Cheshire Moorland House, Hathersage David Lewis Colony, Warford, Cheshire Maghull Homes for Epileptics, Maghull, near Liverpool St. Elizabeth's Home, Much Hadham, Herts. Turner Memorial Home, Dingle Head, Liverpool Eventide Home, Holm Hill, West Kirby	—	3	—	1	—	—	1	—	—	3
9	Methodist Homes for the Aged David Lewis Epileptic Colony Maghull Homes for Epileptics (Inc.) St. Elizabeth's Home for Epileptics Turner Memorial Home of Rest Salvation Army	Maghull Homes for Epileptics, Maghull, near Liverpool David Lewis Colony, Warford, Cheshire Eventide Home, Holm Hill, West Kirby Allerton Priory, Woolton, Liverpool St. Elizabeth's Home, Much Hadham, Herts. Maghull Homes for Epileptics, Maghull, near Liverpool Old People's Homes, Wern, Portmadoc Bethesda Cripples' Home, Tanylwyfan, Penmaenhead, Colwyn Bay Lister House, Sharow, Near Ripon Turner Memorial Home, Dingle Head, Liverpool Moorlands House, Hathersage Sunset Home, 9 Merton Road, Bootle Sundene Lodge, Esplanade, Waterloo Eliz. Walker Eventide Home, Bootle Cotebrook Home for Cripples, Lymm, Cheshire Moorland House, Hathersage David Lewis Colony, Warford, Cheshire Maghull Homes for Epileptics, Maghull, near Liverpool St. Elizabeth's Home, Much Hadham, Herts. Turner Memorial Home, Dingle Head, Liverpool Eventide Home, Holm Hill, West Kirby	—	2	—	1	—	—	—	—	—	2

TABLE 24 (continued)—

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 31st Dec., 1949		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1950	
			M	F	M	F	M	F	M	F	M	F
10	Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	1	1	—	—	1	—	—	—	—	1
	Ernest Aycliffe Home for Deaf and Dumb	Ernest Aycliffe Home, Rawdon, Leeds	—	—	—	—	—	—	—	—	—	—
	Salvation Army	Southlands, Hall Nook, Penketh	—	13	—	—	—	—	—	1	—	13
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	1	1	—	—	—	—	—	—	1	1
11	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	—	2	—	—	—	—	—	—	—	2
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	3	—	—	—	—	—	—	—	3
	Society of Friends	Beechville, Lostock Park, Bolton	1	—	—	—	—	—	—	—	1	—
	Cripples' Help Society	Cripples' Home, Heme Bay	—	2	—	—	—	—	—	—	—	2
12	Evelyn Devonshire Home	Evelyn Devonshire Home, Buxton	—	—	—	—	—	—	—	—	—	—
	Eccles Old People's Welfare Association	Derby House Hostel, Eccles	—	—	—	—	—	—	—	—	—	—
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	2	—	—	—	—	—	—	—	2	—
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	2	—	—	—	—	—	—	—	2	—
14	Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymm, Cheshire	—	1	—	—	—	—	—	—	—	1
	Salvation Army	Holt House, Hilton Lane, Prestwich	—	21	—	—	—	—	—	—	—	14
	East Lanes, Masonic Benevolent Association	"The Hawthorns", Buxton	—	—	—	—	—	—	—	—	—	—
	Society of Friends	Walshaw Hall, Tottington, Bury	—	—	—	—	—	—	—	—	—	—
15	Maghull Homes for Epileptics (Inc.)	Beechville, Lostock Park, Bolton	1	—	—	—	—	—	—	—	—	—
	David Lewis Epileptic Colony	Maghull Homes for Epileptics, Maghull, near Liverpool	—	1	—	—	—	—	—	—	—	—
	Eccles Old People's Welfare Association	Derby House Hostel, Eccles	—	—	—	—	—	—	—	—	—	—
	British Limbless Ex-Servicemen's Association	Langdale Cottage Homes, Worsley	—	—	—	—	—	—	—	—	—	—
16	Manchester and Salford Methodist Mission	Blesna Home, Blackpool	1	—	—	—	—	—	—	—	—	—
	Salvation Army	David Lewis Colony, Warford, Cheshire	1	—	—	—	—	—	—	—	—	—
	Ernest Aycliffe Home for Deaf and Dumb	123 Palatine Road, Didsbury	—	2	—	—	—	—	—	—	—	—
	Eccles Old People's Welfare Association	Turner Memorial Home, Dingle Head, Liverpool	—	1	—	—	—	—	—	—	—	—
17	David Lewis Epileptic Colony	Eventide Home, Laurel Bank, Salford	—	—	—	—	—	—	—	—	—	—
	Salvation Army	Ernest Aycliffe Home, Rawdon, Leeds	—	—	—	—	—	—	—	—	—	—
	Maghull Homes for Epileptics (Inc.)	Derby House Hostel, Eccles	—	—	—	—	—	—	—	—	—	—
	Ashton-under-Lyne Housing Association	David Lewis Colony, Warford, Cheshire	—	—	—	—	—	—	—	—	—	—
TOTAL			30	104	16	51	6	15	—	10	40	130

TABLE 26—SUMMARY OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1950
(Extracted from Weekly Returns of District Medical Officers of Health)

QUARTER ENDED	RESPIRATORY TUBERCULOSIS						NON-RESPIRATORY TUBERCULOSIS																Total Notifications (i.e., including cases previously notified by other doctors)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	Lungs only	Lungs and Larynx	Larynx	Bronchial Glands	Mediastinal Glands	TOTAL	BONES AND JOINTS										ABDOMINAL							GENITO-URINARY						MILITARY (Generalised)	PERIPHERAL GLANDS			TOTAL	TOTAL ALL FORMS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
							Trunk					Arm					Leg					Not classified (two or more)		Intestines	Peritoneum	Mesenteric Glands	Bladder	Painful Testis	Kidney		Prostate	Suprapubic	Testicle and Epididymus			Not classified (two or more)	MEXIGONITIS (Hemorrhoids)	SKIN (Lupus)	Axillary	Cervical	Inguinal	MISCELLANEOUS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
							Head (including Middle Ear)	Ribs and Sternum	Spine	Shoulder	Scapula	Humerus	Elbow	Radius	Ulna	Hand and Wrist	Hip and Pelvis	Femur	Knee	Tibia	Fibula																						Foot and Ankle	Two or more different joints	Not classified																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
31st March, 1950	412	1	—	—	—	413	—	—	10	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

• NOTIFICATIONS ON SCHEDULE A

QUARTER ENDED	SEX	RESPIRATORY TUBERCULOSIS												NON-RESPIRATORY TUBERCULOSIS												TOTAL ALL FORMS		
		AGE GROUP—YEARS												AGE GROUP—YEARS														
		TOTAL M. & F.												TOTAL M. & F.														
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	ages	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	ages			
31st March, 1950	M.	1	9	5	10	14	23	47	33	55	28	8	233	413	2	9	12	5	7	1	4	1	3	2	—	46	89	
	F.	—	5	6	8	28	36	50	20	16	6	5	189		—	5	9	6	3	4	5	5	3	2	1	43		
30th June, 1950	M.	1	5	4	5	16	19	43	38	40	36	16	232	399	—	—	8	6	5	7	4	2	7	2	1	—	42	116
	F.	—	2	6	6	22	42	49	22	9	4	5	167		—	12	10	7	11	4	12	4	5	5	4	74		
30th September, 1950	M.	—	9	2	7	11	20	50	33	40	23	16	211	387	—	12	16	10	2	3	10	3	2	4	—	62	116	
	F.	—	7	4	5	18	40	51	25	9	12	5	176		1	8	5	9	11	3	6	7	3	1	—	54		
31st December, 1950	M.	2	5	5	4	12	22	41	22	18	29	6	166	298	—	9	14	2	3	1	4	3	1	1	—	38	80	
	F.	—	5	5	7	11	20	41	15	15	9	4	132		1	6	9	3	2	5	8	5	2	1	—	42		
TOTAL	M.	4	28	16	26	53	84	181	126	162	116	46	842	1,497	2	38	48	22	19	9	20	14	8	6	—	188	401	
	F.	—	19	21	26	79	138	191	82	49	31	19	655		2	31	33	25	27	16	31	21	13	9	5	213		

* Excluding duplicates and corrected for subsequent changes of diagnosis.

TABLE 27—ANALYSIS OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED DURING 1950
(Excluding duplicates and corrected for subsequent changes of diagnosis.)

AGE—YEARS:—		SEX:—												Col.	TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
0—		1—		5—		10—		15—		20—		25—				35—		45—		55—		65—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
RESPIRATORY—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Lungs only																							1	4	—	4	27	18	45	16	21	37	26	25	51	52	79	131	84	138	222	180	190	370	124	82	208	160	49	299	116	31	147	46	19	65	835	652	1487	7																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Lungs and Larynx																							2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* Combined cases are included in respiratory total, but are shown separately for purposes of reference.

TABLE 28—TUBERCULOSIS MORTALITY IN EACH COUNTY DISTRICT

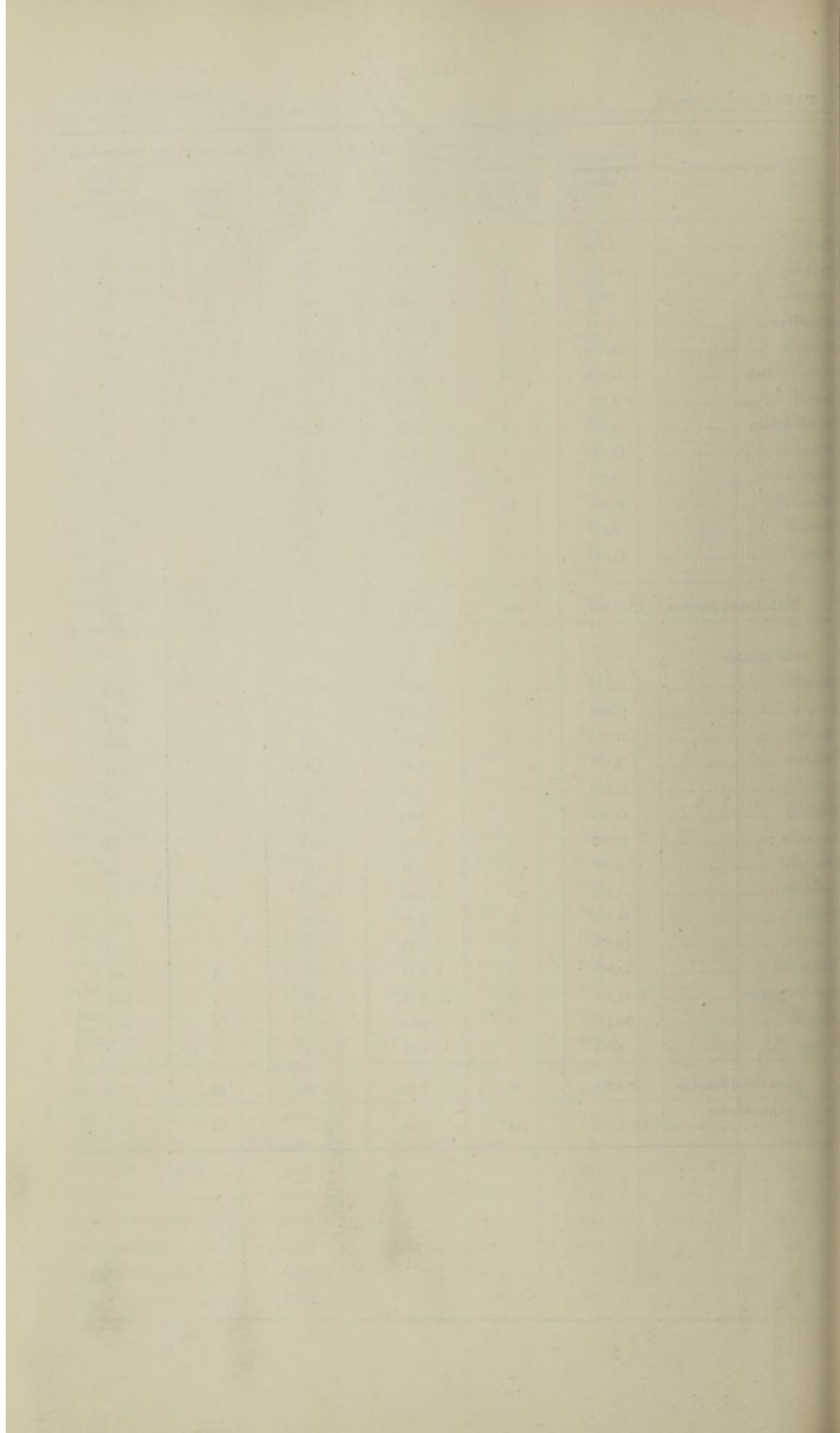
Urban Districts	Estimated Population, 1950	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1950	Death-rate per 1,000 of population, 1950	Average death-rate five years, 1945-49	Number of deaths, 1950	Death-rate per 1,000 of population, 1950
Abram	6,205	3	0.48	0.10	—	nil
Accrington (B)	40,420	12	0.30	0.42	—	nil
Adlington	4,020	—	nil	0.21	—	nil
Ashton-in-Makerfield	18,940	10	0.53	0.45	—	nil
Ashton-under-Lyne (B)	47,300	23	0.49	0.57	4	0.08
Aspull	6,570	1	0.15	0.44	—	nil
Atherton	20,810	7	0.34	0.26	3	0.14
Audenshaw	12,620	5	0.40	0.41	1	0.08
Bacup (B)	18,560	4	0.22	0.40	—	nil
Barrowford	4,590	4	0.87	0.40	—	nil
Billinge and Winstanley	6,055	4	0.66	0.10	—	nil
Blackrod	3,144	1	0.32	0.20	—	nil
Brierfield	7,120	2	0.28	0.24	—	nil
Carnforth	3,445	1	0.29	0.72	—	nil
Chadderton	31,140	5	0.16	0.25	—	nil
Chorley (B)	32,430	4	0.12	0.31	2	0.06
Church	5,187	3	0.58	0.47	—	nil
Clayton-le-Moors	6,742	1	0.15	0.51	1	0.15
Clitheroe (B)	12,530	2	0.16	0.28	1	0.08
Colne (B)	20,810	1	0.05	0.40	1	0.05
Crompton	12,560	2	0.16	0.26	2	0.16
Crosby (B)	59,720	25	0.42	0.63	3	0.05
Dalton-in-Furness	10,560	3	0.28	0.55	2	0.19
Darwen (B)	31,030	7	0.23	0.29	3	0.10
Denton	25,710	9	0.35	0.37	1	0.04
Droylsden	26,720	14	0.52	0.60	1	0.04
Eccles (B)	44,370	14	0.32	0.43	2	0.05
Failsworth	18,280	10	0.55	0.50	2	0.11
Farnworth (B)	28,290	5	0.18	0.32	1	0.04
Fleetwood (B)	27,390	9	0.33	0.41	2	0.07
Formby	10,386	2	0.19	0.37	1	0.10
Fulwood	13,190	1	0.08	0.43	—	nil
Golborne	16,880	4	0.24	0.28	—	nil
Grange	2,742	—	nil	0.23	—	nil
Great Harwood	11,030	2	0.18	0.38	1	0.09
Haslingden (B)	14,670	5	0.34	0.16	1	0.07
Haydock	12,000	6	0.50	0.43	1	0.08
Heywood (B)	25,360	7	0.28	0.32	1	0.04
Hindley	19,500	3	0.15	0.33	1	0.05

TABLE 28—*continued*

Urban Districts	Estimated Population, 1950	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1950	Death-rate per 1,000 of population, 1950	Average death-rate five years, 1945-49	Number of deaths, 1950	Death-rate per 1,000 of population, 1950
Horwich	15,510	5	0.32	0.30	1	0.06
Huyton-with-Roby	55,620	30	0.54	0.64	5	0.09
Ince-in-Makerfield	20,420	8	0.39	0.30	4	0.20
Irlam	15,140	1	0.07	0.33	—	nil
Kearsley	10,720	4	0.37	0.43	—	nil
Kirkham	6,513	—	nil	0.28	1	0.15
Lancaster (B)	51,750	23	0.44	0.41	3	0.06
Lees	4,247	—	nil	0.39	—	nil
Leigh (B)	48,900	14	0.29	0.33	—	nil
Leyland	14,740	2	0.14	0.25	1	0.07
Litherland	22,870	15	0.66	0.61	1	0.04
Littleborough	11,050	—	nil	0.27	—	nil
Little Lever	4,791	—	nil	0.22	—	nil
Longridge	4,300	3	0.70	0.30	—	nil
Lytham St. Annes (B)	30,170	6	0.20	0.28	1	0.03
Middleton (B)	32,870	12	0.37	0.44	—	nil
Milnrow	8,596	1	0.12	0.27	1	0.12
Morecambe & Heysham (B)	37,110	12	0.32	0.43	2	0.05
Mossley (B)	10,530	3	0.28	0.27	1	0.09
Nelson (B)	34,670	13	0.37	0.41	—	nil
Newton-le-Willows	21,920	5	0.23	0.39	—	nil
Ormskirk	20,110	7	0.35	0.33	—	nil
Orrell	9,140	1	0.11	0.28	—	nil
Oswaldtwistle	12,450	1	0.08	0.26	—	nil
Padiham	10,090	2	0.20	0.35	—	nil
Poulton-le-Fylde	7,680	—	nil	0.35	—	nil
Preesall	2,209	2	0.91	0.19	—	nil
Prescot	12,520	5	0.40	0.47	—	nil
Prestwich (B)	34,730	4	0.12	0.28	4	0.12
Radcliffe (B)	27,660	4	0.14	0.22	—	nil
Rainford	4,042	2	0.49	0.21	1	0.25
Ramsbottom	14,440	1	0.07	0.33	1	0.07
Rawtenstall (B)	25,350	8	0.32	0.39	—	nil
Rishton	5,926	2	0.34	0.40	—	nil
Royton	14,810	1	0.07	0.32	—	nil
Skelmersdale	6,227	1	0.16	0.41	—	nil
Standish-with-Langtree	8,985	1	0.11	0.18	—	nil
Stretford (B)	62,450	16	0.26	0.45	—	nil
Swinton & Pendlebury (B)	41,340	8	0.19	0.41	3	0.07
Thornton Cleveleys	15,650	3	0.19	0.23	—	nil
Tottington	6,030	1	0.17	0.24	—	nil
Trawden	2,160	1	0.46	0.59	—	nil

TABLE 28—continued

Urban Districts	Estimated Population, 1950	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1950	Death-rate per 1,000 of population, 1950	Average death-rate five years, 1945-49	Number of deaths, 1950	Death-rate per 1,000 of population, 1950
Turton	10,990	1	0.09	0.26	—	nil
Tyldesley	18,120	3	0.17	0.38	—	nil
Ulverston	9,925	4	0.40	0.41	—	nil
Upholland	6,147	2	0.33	0.42	—	nil
Urmston	39,000	6	0.15	0.24	2	0.05
Walton-le-Dale	14,900	2	0.13	0.27	—	nil
Wardle	4,439	1	0.23	0.33	—	nil
Westhoughton	15,000	3	0.20	0.15	—	nil
Whitefield	13,030	7	0.54	0.27	2	0.15
Whitworth	7,379	6	0.81	0.33	—	nil
Widnes (B)	48,800	16	0.33	0.58	2	0.04
Withnell	2,870	1	0.35	0.37	—	nil
Worsley	27,220	8	0.29	0.28	1	0.04
Total Urban Districts	1,743,282	509	0.29	0.38	75	0.04
<i>Rural Districts</i>						
Blackburn	13,330	2	0.15	0.27	3	0.23
Burnley	17,060	7	0.41	0.39	2	0.12
Chorley	27,510	5	0.18	0.19	1	0.04
Clitheroe	8,700	3	0.34	0.30	1	0.11
Fylde	15,350	—	nil	0.21	—	nil
Garstang	12,590	3	0.24	0.12	—	nil
Lancaster	12,080	1	0.08	0.27	—	nil
Limehurst	8,980	1	0.11	0.34	—	nil
Lunesdale	7,505	3	0.40	0.09	—	nil
Preston	38,660	10	0.26	0.26	2	0.05
Ulverston	16,730	4	0.24	0.22	—	nil
Warrington	32,900	5	0.15	0.31	1	0.03
West Lancashire	44,870	12	0.27	0.35	3	0.07
Whiston	39,390	6	0.15	0.32	5	0.13
Wigan	8,073	2	0.25	0.18	—	nil
Total Rural Districts	303,728	64	0.21	0.27	18	0.06
Total—Administrative County	2,047,010	573	0.28	0.37	93	0.05



BIRTH AND DEATH RATES
OF THE
MUNICIPAL BOROUGHES,
URBAN AND RURAL DISTRICTS
FOR THE YEAR 1950

COMPARED WITH THE RATES FOR THE YEAR 1949, AND WITH THE
AVERAGES FOR THE FIVE YEARS 1945-49.

Abram U.D.—

Accrington M.B.—

Adlington U.D.—

Ashton-in-Makerfield U.D.—

Ashton-under-Lyne M.B.—

Population, 47,300.							
Mean of 5 years, 1945-49	18.6	14.4	26	0.46	0.45	44	
Year—							
1949	17.6	15.6	28	nil	nil	46	
1950	*15.4	*14.7	23	nil	nil	34	18
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—3.2	+0.3	— 3	—0.46	—0.45	—10	
Previous year	—2.2	—0.9	— 5	nil	nil	—12	
* 1950 adjusted { live birth-rate (comparability factor, 1.02) = 15.7 per 1,000. death-rate (comparability factor, 0.97) = 14.2 per 1,000.							

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births		
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age	
Aspull U.D.—								
Population, 6,570.								
Mean of 5 years, 1945-49	—	20.1	13.3	26	6.27	6.11	55	—
Year—								
1949	—	21.6	14.9	21	14.18	13.89	35	—
1950	—	*12.9	*13.7	45	nil	nil	71	35
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—	—7.2	+0.4	+19	— 6.27	—6.11	+16	—
Previous year	—	—8.7	—1.2	+24	—14.18	—13.89	+36	—

* 1950 adjusted { live birth-rate (comparability factor, 0.97) = 12.5 per 1,000.
death-rate (comparability factor, 1.14) = 15.6 per 1,000.

Atherton U.D.—								
Population, 20,810.								
Mean of 5 years, 1945-49	16.9	11.7	41	2.33	2.23	31	—	
Year—								
1949	14.7	12.8	32	nil	nil	13	—	
1950	*14.0	*11.5	49	3.42	3.26	24	21	
<i>Increase or decrease in 1950 on—</i>								
5 years' average, 1945-49	—2.9	—0.2	+8	+1.09	+1.03	—7	—	
Previous year	—0.7	—1.3	+17	+3.42	+3.26	+11	—	

* 1950 adjusted { live birth-rate (comparability factor, 0.97) = 13.6 per 1,000.
death-rate (comparability factor, 1.06) = 12.2 per 1,000.

Audenshaw U.D.—								
Population, 12,620.								
Mean of 5 years, 1945-49	16.7	12.4	28	1.95	1.90	44	—	
Year—								
1949	14.4	12.6	21	nil	nil	33	—	
1950	*13.6	*12.5	6	nil	nil	12	6	
<i>Increase or decrease in 1950 on—</i>								
5 years' average, 1945-49	—3.1	+0.1	—22	—1.95	—1.90	—32	—	
Previous year	—0.8	—0.1	—15	nil	nil	—21	—	

* 1950 adjusted { live birth-rate (comparability factor, 0.97) = 13.2 per 1,000.
death-rate (comparability factor, 1.02) = 12.8 per 1,000.

Bacup M.B.—								
Population, 18,560.								
Mean of 5 years, 1945-49	18.6	14.1	29	2.41	2.34	45	—	
Year—								
1949	17.6	14.2	27	nil	nil	31	—	
1950	*17.5	*15.6	27	nil	nil	25	12	
<i>Increase or decrease in 1950 on—</i>								
5 years' average, 1945-49	—1.1	+1.5	—2	—2.41	—2.34	—20	—	
Previous year	—0.1	+1.4	nil	nil	nil	—6	—	

* 1950 adjusted { live birth-rate (comparability factor, 1.02) = 17.9 per 1,000.
death-rate (comparability factor, 0.99) = 15.4 per 1,000.

Barrowford U.D.—								
Population, 4,590.								
Mean of 5 years, 1945-49	13.4	16.7	22	3.27	3.19	36	—	
Year—								
1949	14.9	17.7	42	nil	nil	59	—	
1950	*10.2	*18.7	21	nil	nil	64	21	
<i>Increase or decrease in 1950 on—</i>								
5 years' average, 1945-49	—3.2	+2.0	—1	—3.27	—3.19	+28	—	
Previous year	—4.7	+1.0	—21	nil	nil	+5	—	

* 1950 adjusted { live birth-rate (comparability factor, 1.11) = 11.4 per 1,000.
death-rate (comparability factor, 0.81) = 15.2 per 1,000.

Billinge and Winstanley U.D.—

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Population, 6,055.							
Mean of 5 years, 1945-49	14.7	12.6	27	2.30	2.24	55	—
Year—							
1949	11.7	12.5	27	nil	nil	85	—
1950	*12.7	*10.7	25	nil	nil	26	13
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—2.0	—1.9	—2	—2.30	—2.24	—29	—
Previous year	+1.0	—1.8	—2	nil	nil	—59	—

* 1950 adjusted {live birth-rate (comparability factor, 1.16) = 14.7 per 1,000.
death-rate (comparability factor, 1.02) = 10.9 per 1,000.

Blackrod U.D.—

Population, 3,144.							
Mean of 5 years, 1945-49	18.3	14.3	25	nil	nil	67	—
Year—							
1949	14.7	13.7	21	nil	nil	43	—
1950	*16.2	*13.4	19	nil	nil	39	39
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—2.1	—0.9	—6	nil	nil	—28	—
Previous year	+1.5	—0.3	—2	nil	nil	—4	—

* 1950 adjusted {live birth-rate (comparability factor, 1.01) = 16.4 per 1,000.
death-rate (comparability factor, 0.96) = 12.8 per 1,000.

Brierfield U.D.—

Population, 7,120.							
Mean of 5 years, 1945-49	17.2	14.6	27	nil	nil	29	—
Year—							
1949	14.8	13.9	19	nil	nil	19	—
1950	*12.6	*14.6	32	nil	nil	22	11
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—4.6	nil	+5	nil	nil	—7	—
Previous year	—2.2	+0.7	+13	nil	nil	+3	—

* 1950 adjusted {live birth-rate (comparability factor, 1.10) = 13.9 per 1,000.
death-rate (comparability factor, 0.89) = 13.0 per 1,000.

Carnforth U.D.—

Population, 3,445.							
Mean of 5 years, 1945-49	18.6	13.3	28	nil	nil	77	—
Year—							
1949	16.5	13.6	50	nil	nil	53	—
1950	*17.4	*9.3	32	nil	nil	17	17
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—1.2	—4.0	+4	nil	nil	—60	—
Previous year	+0.9	—4.3	—18	nil	nil	—36	—

* 1950 adjusted {live birth-rate (comparability factor, 1.09) = 19.0 per 1,000.
death-rate (comparability factor, 0.98) = 9.1 per 1,000.

Chadderton U.D.—

Population, 31,140.							
Mean of 5 years, 1945-49	17.4	12.3	31	0.37	0.36	35	—
Year—							
1949	15.1	13.0	27	nil	nil	27	—
1950	*13.7	*12.4	32	nil	nil	12	5
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—3.7	+0.1	+1	—0.37	—0.36	—23	—
Previous year	—1.4	—0.6	+5	nil	nil	—15	—

* 1950 adjusted {live birth-rate (comparability factor, 0.94) = 12.9 per 1,000.
death-rate (comparability factor, 1.09) = 13.5 per 1,000.

Chorley M.B.—

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Population, 32,430.							
Mean of 5 years, 1945-49	18.2	12.7	33	0.70	0.68	42	—
Year—							
1949	17.2	13.3	33	1.78	1.72	32	—
1950	*14.5	*14.1	31	4.25	4.12	25	17
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-3.7	+1.4	-2	+3.55	+3.44	-17	—
Previous year	-2.7	+0.8	-2	+2.47	+2.40	-7	—

* 1950 adjusted { live birth-rate (comparability factor, 0.98) = 14.2 per 1,000.
death-rate (comparability factor, 1.05) = 14.8 per 1,000.

Church U.D.—

Population, 5,187.							
Mean of 5 years, 1945-49	17.9	14.5	32	nil	nil	64	—
Year—							
1949	18.0	14.5	31	nil	nil	74	—
1950	*15.0	*15.8	37	12.82	12.35	26	13
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.9	+1.3	+5	+12.82	+12.35	-38	—
Previous year	-3.0	+1.3	+6	+12.82	+12.35	-48	—

* 1950 adjusted { live birth-rate (comparability factor, 0.99) = 14.9 per 1,000.
death-rate (comparability factor, 0.95) = 15.1 per 1,000.

Clayton-le-Moors U.D.—

Population, 6,742.							
Mean of 5 years, 1945-49	17.6	15.1	30	nil	nil	53	—
Year—							
1949	13.9	15.6	nil	nil	nil	43	—
1950	*14.7	*13.9	20	nil	nil	10	10
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.9	-1.2	-10	nil	nil	-43	—
Previous year	+0.8	-1.7	+20	nil	nil	-33	—

* 1950 adjusted { live birth-rate (comparability factor, 1.00) = 14.7 per 1,000.
death-rate (comparability factor, 0.98) = 13.7 per 1,000.

Clitheroe M.B.—

Population, 12,530.							
Mean of 5 years, 1945-49	17.7	14.8	29	nil	nil	32	—
Year—							
1949	18.6	14.7	9	nil	nil	35	—
1950	*18.7	*14.6	33	4.27	4.13	21	21
Increase or decrease in 1950 on—							
5 years' average, 1945-49	+1.0	-0.2	+4	+4.27	+4.13	-11	—
Previous year	+0.1	-0.1	+24	+4.27	+4.13	-14	—

* 1950 adjusted { live birth-rate (comparability factor, 1.09) = 20.4 per 1,000.
death-rate (comparability factor, 0.85) = 12.4 per 1,000.

Colne M.B.—

Population, 20,810.							
Mean of 5 years, 1945-49	17.1	14.8	25	1.73	1.69	31	—
Year—							
1949	14.7	15.1	32	3.27	3.16	29	—
1950	*13.8	*15.3	17	nil	nil	35	17
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-3.3	+0.5	-8	-1.73	-1.69	+4	—
Previous year	-0.9	+0.2	-15	-3.27	-3.16	+6	—

* 1950 adjusted { live birth-rate (comparability factor, 1.04) = 14.4 per 1,000.
death-rate (comparability factor, 0.91) = 13.9 per 1,000.

		Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
		Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Droylsden U.D.—								
Population, 26,720.								
Mean of 5 years, 1945-49	—	19.4	10.6	26	1.61	1.57	35	—
Year—								
1949	—	15.4	10.6	26	nil	nil	39	—
1950	—	*14.9	*11.3	27	nil	nil	33	23
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—	—4.5	+0.7	+ 1	—1.61	—1.57	— 2	—
Previous year	—	—0.5	+0.7	+ 1	nil	nil	— 6	—

* 1950 adjusted {live birth-rate (comparability factor, 0.90) = 13.4 per 1,000.
death-rate (comparability factor, 1.24) = 14.0 per 1,000.

Eccles M.B.—

Population, 44,370.								
Mean of 5 years, 1945-49	—	18.2	13.0	30	2.09	2.03	45	—
Year—								
1949	—	16.4	12.9	26	nil	nil	37	—
1950	—	*15.4	*12.9	21	nil	nil	22	18
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—	—2.8	—0.1	— 9	—2.09	—2.03	—23	—
Previous year	—	—1.0	nil	— 5	nil	nil	—15	—

* 1950 adjusted {live birth-rate (comparability factor, 1.00) = 15.4 per 1,000.
death-rate (comparability factor, 1.03) = 13.2 per 1,000.

Failsworth U.D.—

Population, 18,280.								
Mean of 5 years, 1945-49	—	18.2	12.6	22	0.63	0.62	40	—
Year—								
1949	—	16.2	12.5	17	nil	nil	27	—
1950	—	*14.8	*11.3	36	nil	nil	33	26
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—	—3.4	—1.3	+14	—0.63	—0.62	— 7	—
Previous year	—	—1.4	—1.2	+19	nil	nil	+ 6	—

* 1950 adjusted {live birth-rate (comparability factor, 0.92) = 13.6 per 1,000.
death-rate (comparability factor, 1.12) = 12.6 per 1,000.

Farnworth M.B.—

Population, 28,290.								
Mean of 5 years, 1945-49	—	18.6	12.6	33	3.15	3.05	41	—
Year—								
1949	—	17.3	12.9	26	2.04	1.98	37	—
1950	—	*16.7	*13.6	13	nil	nil	47	30
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—	—1.9	+1.0	—20	—3.15	—3.05	+ 6	—
Previous year	—	—0.6	+0.7	—13	—2.04	—1.98	+10	—

* 1950 adjusted {live birth-rate (comparability factor, 1.00) = 16.7 per 1,000.
death-rate (comparability factor, 1.01) = 13.8 per 1,000.

Fleetwood M.B.—

Population, 27,390.								
Mean of 5 years, 1945-49	—	20.3	11.4	25	0.77	0.75	42	—
Year—								
1949	—	18.2	12.3	14	2.07	2.04	46	—
1950	—	*18.9	*12.4	32	nil	nil	42	35
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—	—1.4	+1.0	+ 7	—0.77	—0.75	nil	—
Previous year	—	+0.7	+0.1	+18	—2.07	—2.04	— 4	—

* 1950 adjusted {live birth-rate (comparability factor, 1.07) = 20.2 per 1,000.
death-rate (comparability factor, 1.23) = 15.3 per 1,000.

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Huyton-with-Roby U.D.—							
Population, 55,620.							
Mean of 5 years, 1945-49	23.4	8.7	25	0.68	0.67	64	
Year—							
1949	20.6	8.0	18	0.89	0.87	52	
1950	*18.9	*8.2	31	0.95	0.92	33	11
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—4.5	—0.5	+ 6	+0.27	+0.25	—31	
Previous year	—1.7	+0.2	+13	+0.06	+0.05	—19	

* 1950 adjusted { live birth-rate (comparability factor, 0.97) = 18.3 per 1,000.
death-rate (comparability factor, 1.57) = 12.9 per 1,000.

Ince-in-Makerfield U.D.—

Population, 20,420.							
Mean of 5 years, 1945-49	21.1	11.8	27	1.89	1.84	61	—
Year—							
1949	19.2	12.0	22	2.54	2.48	51	—
1950	*18.2	*12.6	21	nil	nil	46	27
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—2.9	+0.8	— 6	—1.89	—1.84	—15	—
Previous year	—1.0	+0.6	— 1	—2.54	—2.48	— 5	—

* 1950 adjusted { live birth-rate (comparability factor, 1.01) = 18.3 per 1,000.
death-rate (comparability factor, 1.24) = 15.6 per 1,000.

Irlam U.D.—

Population, 15,140.							
Mean of 5 years, 1945-49	17.9	9.7	31	nil	nil	42	—
Year—							
1949	16.9	10.1	41	nil	nil	31	—
1950	*16.2	*10.8	28	nil	nil	33	24
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—1.7	+1.1	— 3	nil	nil	— 9	—
Previous year	—0.7	+0.7	—13	nil	nil	+ 2	—

* 1950 adjusted { live birth-rate (comparability factor, 0.98) = 15.9 per 1,000.
death-rate (comparability factor, 1.20) = 13.0 per 1,000.

Kearsley U.D.—

Population, 10,720.							
Mean of 5 years, 1945-49	19.0	12.7	22	3.11	3.04	39	—
Year—							
1949	16.9	14.1	11	nil	nil	44	—
1950	*14.4	*14.8	31	nil	nil	32	13
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—4.6	+2.1	+ 9	—3.11	—3.04	— 7	—
Previous year	—2.5	+0.7	+20	nil	nil	—12	—

* 1950 adjusted { live birth-rate (comparability factor, 0.99) = 14.2 per 1,000.
death-rate (comparability factor, 1.06) = 15.7 per 1,000.

Kirkham U.D.—

Population, 6,513.							
Mean of 5 years, 1945-49	20.7	12.8	13	2.21	2.18	40	—
Year—							
1949	22.8	12.7	9	nil	nil	75	—
1950	*16.6	*10.0	27	nil	nil	93	65
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—4.1	—2.8	+14	—2.21	—2.18	+53	—
Previous year	—6.2	—2.7	+18	nil	nil	+18	—

* 1950 adjusted { live birth-rate (comparability factor, 1.27) = 21.1 per 1,000.
death-rate (comparability factor, 1.40) = 14.0 per 1,000.

Lancaster M.B.—

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Population, 51,750.							
Mean of 5 years, 1945-49	17.3	11.3	26	1.86	1.81	39	—
Year—							
1949	16.2	11.7	24	1.21	1.18	39	—
1950	*14.9	*11.8	15	1.30	1.28	49	31
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.4	+0.5	-11	-0.56	-0.53	+10	—
Previous year	-1.3	+0.1	-9	+0.09	+0.10	+10	—

* 1950 adjusted { live birth-rate (comparability factor, 1.14) = 17.0 per 1,000.
death-rate (comparability factor, 0.99) = 11.7 per 1,000.

Lees U.D.—

Population, 4,247.							
Mean of 5 years, 1945-49	19.1	14.5	30	nil	nil	33	—
Year—							
1949	21.4	12.1	32	nil	nil	22	—
1950	*13.9	*13.0	17	nil	nil	17	17
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-5.2	-1.5	-13	nil	nil	-16	—
Previous year	-7.5	+0.9	-15	nil	nil	-5	—

* 1950 adjusted { live birth-rate (comparability factor, 1.02) = 14.2 per 1,000.
death-rate (comparability factor, 0.91) = 11.8 per 1,000.

Leigh M.B.—

Population, 48,900.							
Mean of 5 years, 1945-49	19.4	12.1	35	1.10	1.07	50	—
Year—							
1949	17.4	12.4	31	1.19	1.15	42	—
1950	*16.5	*11.8	24	1.24	1.21	19	9
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.9	-0.3	-11	+0.14	+0.14	-31	—
Previous year	-0.9	-0.6	-7	+0.05	+0.06	-23	—

* 1950 adjusted { live birth-rate (comparability factor, 0.97) = 16.0 per 1,000.
death-rate (comparability factor, 1.11) = 13.1 per 1,000.

Leyland U.D.—

Population, 14,740.							
Mean of 5 years, 1945-49	18.4	10.5	21	0.76	0.75	43	—
Year—							
1949	15.4	10.9	13	nil	nil	40	—
1950	*16.2	*13.2	32	4.18	4.05	8	8
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.2	+2.7	+11	+3.42	+3.30	-35	—
Previous year	+0.8	+2.3	+19	+4.18	+4.05	-32	—

* 1950 adjusted { live birth-rate (comparability factor, 0.97) = 15.7 per 1,000.
death-rate (comparability factor, 1.14) = 15.0 per 1,000.

Litherland U.D.—

Population, 22,870.							
Mean of 5 years, 1945-49	22.3	10.7	21	1.32	1.29	59	—
Year—							
1949	19.6	9.3	16	nil	nil	45	—
1950	*18.4	*9.5	23	nil	nil	19	7
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-3.9	-1.2	+2	-1.32	-1.29	-40	—
Previous year	-1.2	+0.2	+7	nil	nil	-26	—

* 1950 adjusted { live birth-rate (comparability factor, 0.87) = 16.0 per 1,000.
death-rate (comparability factor, 1.23) = 11.7 per 1,000.

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births		
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age	
Littleborough U.D.—								
Population, 11,050.								
Mean of 5 years, 1945-49	18.2	15.6	34	3.15	3.04	58		
Year—								
1949	16.8	15.1	26	nil	nil	54		
1950	*15.7	*14.8	39	nil	nil	46	29	
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—2.5	—0.8	+ 5	—3.15	—3.04	—12		
Previous year	—1.1	—0.3	+13	nil	nil	— 8		

* 1950 adjusted { live birth-rate (comparability factor, 1.00) = 15.7 per 1,000.
death-rate (comparability factor, 0.97) = 14.4 per 1,000.

Little Lever U.D.—

Population, 4,791.							
Mean of 5 years, 1945-49	17.3	14.9	34	nil	nil	40	
Year—							
1949	13.2	12.6	45	nil	nil	nil	
1950	*12.5	*16.9	nil	nil	nil	67	17
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—4.8	+2.0	—34	nil	nil	+27	
Previous year	—0.7	+4.3	—45	nil	nil	+67	

* 1950 adjusted { live birth-rate (comparability factor, 1.01) = 12.6 per 1,000.
death-rate (comparability factor, 1.03) = 17.4 per 1,000.

Longridge U.D.—

Population, 4,300.							
Mean of 5 years, 1945-49	20.7	14.1	35	nil	nil	37	
Year—							
1949	16.3	13.9	43	nil	nil	45	
1950	*17.7	*10.9	26	nil	nil	13	13
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—3.0	—3.2	—9	nil	nil	—24	
Previous year	+1.4	—3.0	—17	nil	nil	—32	

* 1950 adjusted { live birth-rate (comparability factor, 1.09) = 19.3 per 1,000.
death-rate (comparability factor, 0.93) = 10.2 per 1,000.

Lytham St. Annes M.B.—

Population, 30,170.							
Mean of 5 years, 1945-49	12.6	16.3	30	0.52	0.51	34	
Year—							
1949	10.9	15.8	35	nil	nil	34	
1950	*11.9	*17.3	27	2.78	2.70	31	28
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—0.7	+1.0	—3	+2.26	+2.19	—3	
Previous year	+1.0	+1.5	—8	+2.78	+2.70	—3	

* 1950 adjusted { live birth-rate (comparability factor, 1.06) = 12.6 per 1,000.
death-rate (comparability factor, 0.70) = 12.1 per 1,000.

Middleton M.B.—

Population, 32,870.							
Mean of 5 years, 1945-49	18.3	12.9	24	1.06	1.04	44	
Year—							
1949	16.3	13.5	17	1.90	1.87	32	
1950	*16.3	*12.2	31	1.86	1.81	39	20
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—2.0	—0.7	+7	+0.80	+0.77	—5	
Previous year	nil	—1.3	+14	—0.04	—0.06	+7	

* 1950 adjusted { live birth-rate (comparability factor, 0.98) = 16.0 per 1,000.
death-rate (comparability factor, 1.02) = 12.4 per 1,000.

Ormskirk U.D.—

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Population, 20,110.							
Mean of 5 years, 1945-49	16.3	11.7	27	3.65	3.55	46	—
Year—							
1949	14.8	11.7	39	3.36	3.23	47	—
1950	*14.5	*13.3	17	nil	nil	27	14
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—1.8	+1.6	—10	—3.65	—3.55	—19	—
Previous year	—0.3	+1.6	—22	—3.36	—3.23	—20	—

* 1950 adjusted { live birth-rate (comparability factor, 1.00) = 14.5 per 1,000.
death-rate (comparability factor, 0.98) = 13.1 per 1,000.

Orrell U.D.—

Population, 9,140.							
Mean of 5 years, 1945-49	17.9	12.5	28	1.29	1.25	54	—
Year—							
1949	14.2	12.6	23	nil	nil	54	—
1950	*15.9	*11.7	33	nil	nil	21	21
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—2.0	—0.8	+ 5	—1.29	—1.25	—33	—
Previous year	+1.7	—0.9	+10	nil	nil	—33	—

* 1950 adjusted { live birth-rate (comparability factor, 1.00) = 15.9 per 1,000.
death-rate (comparability factor, 1.20) = 14.0 per 1,000.

Oswaldtwistle U.D.—

Population, 12,450.							
Mean of 5 years, 1945-49	16.1	15.6	27	3.08	3.00	44	—
Year—							
1949	13.1	14.8	36	nil	nil	37	—
1950	*14.9	*15.7	21	nil	nil	11	5
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—1.2	+0.1	— 6	—3.08	—3.00	—33	—
Previous year	+1.8	+0.9	—15	nil	nil	—26	—

* 1950 adjusted { live birth-rate (comparability factor, 1.03) = 15.3 per 1,000.
death-rate (comparability factor, 0.92) = 14.5 per 1,000.

Padiham U.D.—

Population, 10,090.							
Mean of 5 years, 1945-49	18.7	15.7	18	nil	nil	48	—
Year—							
1949	14.7	14.8	13	nil	nil	13	—
1950	*15.4	*14.5	25	nil	nil	26	26
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—3.3	—1.2	+ 7	nil	nil	—22	—
Previous year	+0.7	—0.3	+12	nil	nil	+13	—

* 1950 adjusted { live birth-rate (comparability factor, 1.04) = 16.0 per 1,000.
death-rate (comparability factor, 0.89) = 12.9 per 1,000.

Poulton-le-Fylde U.D.—

Population, 7,680.							
Mean of 5 years, 1945-49	14.3	13.1	19	nil	nil	43	—
Year—							
1949	10.8	12.9	47	nil	nil	37	—
1950	*12.9	*13.4	39	nil	nil	10	10
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—1.4	+0.3	+20	nil	nil	—33	—
Previous year	+2.1	+0.5	— 8	nil	nil	—27	—

* 1950 adjusted { live birth-rate (comparability factor, 1.03) = 13.3 per 1,000.
death-rate (comparability factor, 0.89) = 11.9 per 1,000.

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Preesall U.D.—							
Population, 2,209.							
Mean of 5 years, 1945-49	16.7	14.9	17	nil	nil	6	
Year—							
1949	16.0	13.2	28	nil	nil	nil	
1950	*10.4	*16.7	nil	nil	nil	87	87
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—6.3	+1.8	—17	nil	nil	+81	
Previous year	—5.6	+3.5	—28	nil	nil	+87	

* 1950 adjusted { live birth-rate (comparability factor, 1.17) = 12.2 per 1,000.
death-rate (comparability factor, 0.71) = 11.9 per 1,000.

Prescot U.D.—							
Population, 12,520.							
Mean of 5 years, 1945-49	20.9	11.9	42	0.80	0.77	55	
Year—							
1949	20.2	13.7	42	4.00	3.83	40	
1950	*18.3	*11.7	13	nil	nil	39	17
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.6	-0.2	-29	-0.80	-0.77	-16	
Previous year	-1.9	-2.0	-29	-4.00	-3.83	-1	

* 1950 adjusted { live birth-rate (comparability factor, 0.97) = 17.7 per 1,000.
death-rate (comparability factor, 1.12) = 13.1 per 1,000.

Prestwich M.B.—							
Population, 34,730.							
Mean of 5 years, 1945-49	15.1	10.6	25	0.78	0.76	38	
Year—							
1949	12.5	10.7	36	nil	nil	23	
1950	*12.9	*10.5	13	2.24	2.21	38	27
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.2	-0.1	-12	+1.46	+1.45	nil	
Previous year	+0.4	-0.2	-23	+2.24	+2.21	+15	

* 1950 adjusted { live birth-rate (comparability factor, 1.09) = 14.0 per 1,000.
death-rate (comparability factor, 1.01) = 10.6 per 1,000.

Radcliffe M.B.—							
Population, 27,660.							
Mean of 5 years, 1945-49	17.8	14.2	29	0.42	0.40	43	
Year—							
1949	16.2	13.9	26	2.23	2.17	42	
1950	*14.8	*16.1	24	nil	nil	39	20
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-3.0	+1.9	-5	-0.42	-0.40	-4	
Previous year	-1.4	+2.2	-2	-2.23	-2.17	-3	

* 1950 adjusted { live birth-rate (comparability factor, 1.03) = 15.2 per 1,000.
death-rate (comparability factor, 0.99) = 16.0 per 1,000.

Rainford U.D.—							
Population, 4,042.							
Mean of 5 years, 1945-49	19.1	11.6	30	5.59	5.42	50	
Year—							
1949	15.8	9.3	16	nil	nil	32	
1950	*14.3	*10.9	nil	nil	nil	34	34
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-4.8	-0.7	-30	-5.59	-5.42	-16	
Previous year	-1.5	+1.6	-16	nil	nil	+2	

* 1950 adjusted { live birth-rate (comparability factor, 0.95) = 13.6 per 1,000.
death-rate (comparability factor, 1.06) = 11.5 per 1,000.

Standish-with-Langtree U.D.—

		Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
		Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Population, 8,985.								
Mean of 5 years, 1945-49		16.9	12.4	25	nil	nil	38	—
Year—								
1949		—	—	15	nil	nil	47	—
1950		—	—	15	nil	nil	47	39
Increase or decrease in 1950 on—								
5 years' average, 1945-49		—2.5	—0.9	—10	nil	nil	+ 9	—
Previous year		+0.2	—1.1	nil	nil	nil	nil	—

* 1950 adjusted { live birth-rate (comparability factor, 0.98) = 14.1 per 1,000.
death-rate (comparability factor, 1.06) = 12.1 per 1,000.

Stretford M.B.—

Population, 62,450.								
Mean of 5 years, 1945-49		20.2	11.9	28	1.34	1.30	44	—
Year—								
1949		—	—	24	nil	nil	36	—
1950		—	—	15	0.93	0.92	31	21
Increase or decrease in 1950 on—								
5 years' average, 1945-49		—3.0	—0.7	—13	—0.41	—0.38	—13	—
Previous year		—1.2	—0.6	— 9	+0.93	+0.92	— 5	—

* 1950 adjusted { live birth-rate (comparability factor, 0.95) = 16.3 per 1,000.
death-rate (comparability factor, 1.12) = 12.5 per 1,000.

Swinton and Pendlebury M.B.—

Population, 41,340.								
Mean of 5 years, 1945-49		17.7	12.0	30	1.42	1.37	39	—
Year—								
1949		—	—	29	nil	nil	20	—
1950		—	—	23	3.40	3.32	17	8
Increase or decrease in 1950 on—								
5 years' average, 1945-49		—3.5	+0.3	— 7	+1.98	+1.95	—22	—
Previous year		—1.4	—0.2	— 6	+3.40	+3.32	— 3	—

* 1950 adjusted { live birth-rate (comparability factor, 0.96) = 13.7 per 1,000.
death-rate (comparability factor, 1.09) = 13.4 per 1,000.

Thornton Cleveleys U.D.—

Population, 15,650.								
Mean of 5 years, 1945-49		14.1	15.8	29	1.84	1.78	39	—
Year—								
1949		—	—	14	nil	nil	43	—
1950		—	—	32	nil	nil	17	17
Increase or decrease in 1950 on—								
5 years' average, 1945-49		—2.6	+2.6	+ 3	—1.84	—1.78	—22	—
Previous year		—1.8	+1.5	+18	nil	nil	—26	—

* 1950 adjusted { live birth-rate (comparability factor, 1.15) = 13.2 per 1,000.
death-rate (comparability factor, 0.75) = 13.8 per 1,000.

Tottington U.D.—

Population, 6,030.								
Mean of 5 years, 1945-49		16.0	16.0	19	4.31	4.23	63	—
Year—								
1949		—	—	22	nil	nil	68	—
1950		—	—	42	nil	nil	15	15
Increase or decrease in 1950 on—								
5 years' average, 1945-49		—4.7	—1.4	+23	—4.31	—4.23	—48	—
Previous year		—3.4	—4.7	+20	nil	nil	—53	—

* 1950 adjusted { live birth-rate (comparability factor, 1.11) = 12.5 per 1,000.
death-rate (comparability factor, 0.83) = 12.1 per 1,000.

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Trawden U.D.—							
Population, 2,160.							
Mean of 5 years, 1945-49	16.0	17.8	30	nil	nil	37	
Year—							
1949	11.5	22.5	40	nil	nil	83	
1950	*15.7	*13.4	29	nil	nil	nil	nil
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—0.3	—4.4	—1	nil	nil	—37	
Previous year	+4.2	—9.1	—11	nil	nil	—83	

* 1950 adjusted $\begin{cases} \text{live birth-rate (comparability factor, 1.14)} = 17.9 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 0.88)} = 11.8 \text{ per 1,000.} \end{cases}$

Turton U.D.—							
Population, 10,990.							
Mean of 5 years, 1945-49	—	15.2	13.7	25	1.22	1.19	27
Year—							
1949	—	14.6	13.1	24	6.25	6.10	13
1950	—	*13.3	*16.2	20	nil	nil	55
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—	-1.9	+2.5	- 5	-1.22	-1.19	+28
Previous year	—	-1.3	+3.1	- 4	-6.25	-6.10	+42

* 1950 adjusted $\begin{cases} \text{live birth-rate (comparability factor, 1.10)} = 14.6 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 0.88)} = 14.2 \text{ per 1,000.} \end{cases}$

Tyldesley U.D.—								
Population, 18,120.								
Mean of 5 years, 1945-49	....	17.8	12.1	31	1.26	1.22	48	....
Year—								
1949	.....	14.6	12.7	47	nil	nil	49	....
1950	.....	*15.0	*12.9	29	nil	nil	48	33
Increase or decrease in 1950 on—								
5 years' average, 1945-49	.....	-2.8	+0.8	- 2	-1.26	-1.22	nil	....
Previous year	.....	+0.4	+0.2	-18	nil	nil	- 1	....

* 1950 adjusted $\left\{ \begin{array}{l} \text{live birth-rate (comparability factor, 0.97) = 14.5 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.08) = 13.9 \text{ per 1,000.} \end{array} \right.$

Ulverston U.D.—								
Population, 9,925.								
Mean of 5 years, 1945-49	—	17.3	13.3	22	nil	nil	32	—
Year—								
1949	—	17.9	14.4	11	nil	nil	23	—
1950	—	*15.9	*14.8	19	nil	nil	44	13
Increase or decrease in 1950 on—								
5 years' average, 1945-49	—	—1.4	+1.5	— 3	nil	nil	+12	—
Previous year	—	—2.0	+0.4	+ 8	nil	nil	+21	—

* 1950 adjusted $\left\{ \begin{array}{l} \text{live birth-rate (comparability factor, 1.05) = 16.7 per 1,000.} \\ \text{death-rate (comparability factor, 0.88) = 13.0 per 1,000.} \end{array} \right.$

Upholland U.D.—								
Population, 6,147.								
Mean of 5 years, 1945-49	.....	18.3	10.1	28	1.78	1.73	43	—
Year—								
1949	.....	16.8	12.4	19	nil	nil	39	—
1950	.....	*15.5	*10.7	21	nil	nil	63	32
Increase or decrease in 1950 on—								
5 years' average, 1945-49	.....	—2.8	+0.6	— 7	—1.78	—1.73	+20	—
Previous year	.....	—1.3	—1.7	+ 2	nil	nil	+24	—

* 1950 adjusted $\begin{cases} \text{live birth-rate (comparability factor, 1.00)} = 15.5 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.09)} = 11.7 \text{ per 1,000.} \end{cases}$

		Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
		Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Whitworth U.D.—								
Population, 7,379.								
Mean of 5 years, 1945-49		18.1	14.9	34	1.51	1.46	44	—
Year—								
1949		16.0	15.2	nil	nil	nil	42	—
1950		*16.8	*14.8	nil	nil	nil	48	8
Increase or decrease in 1950 on—								
5 years' average, 1945-49		—1.3	—0.1	—34	—1.51	—1.46	+ 4	—
Previous year		+0.8	—0.4	nil	nil	nil	+ 6	—

* 1950 adjusted {live birth-rate (comparability factor, 1.07) = 18.0 per 1,000.
death-rate (comparability factor, 0.99) = 14.6 per 1,000.

Widnes M.B.—							
Population, 48,800.							
Mean of 5 years, 1945-49	23.6	11.2	24	1.11	1.08	68	—
Year—							
1949	21.1	10.7	22	nil	nil	53	—
1950	*21.5	*11.3	27	0.95	0.93	51	24
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—2.1	+0.1	+ 3	—0.16	—0.15	—17	—
Previous year	+0.4	+0.6	+ 5	+0.95	+0.93	— 2	—

* 1950 adjusted {live birth-rate (comparability factor, 1.01) = 21.7 per 1,000.
death-rate (comparability factor, 1.26) = 14.2 per 1,000.

Withnell U.D.—							
Population, 2,870.							
Mean of 5 years, 1945-49	16.9	13.5	29	nil	nil	22	—
Year—							
1949	16.3	17.0	nil	nil	nil	nil	—
1950	*17.8	*14.3	19	nil	nil	59	39
Increase or decrease in 1950 on—							
5 years' average, 1945-49	+0.9	+0.8	—10	nil	nil	+37	—
Previous year	+1.5	—2.7	+19	nil	nil	+59	—

* 1950 adjusted {live birth-rate (comparability factor, 0.96) = 17.1 per 1,000.
death-rate (comparability factor, 0.96) = 13.7 per 1,000.

Worsley U.D.—							
Population, 27,220.							
Mean of 5 years, 1945-49	17.4	12.6	32	1.30	1.26	40	—
Year—							
1949	16.0	14.0	29	2.32	2.25	39	—
1950	*13.4	*12.3	42	nil	nil	25	14
Increase or decrease in 1950 on—							
5 years' average, 1945-49	—4.0	—0.3	+10	—1.30	—1.26	—15	—
Previous year	—2.6	—1.7	+13	—2.32	—2.25	—14	—

* 1950 adjusted {live birth-rate (comparability factor, 1.05) = 14.1 per 1,000.
death-rate (comparability factor, 1.03) = 12.7 per 1,000.

RURAL DISTRICTS

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Blackburn R.D.—							
Population, 13,330.							
Mean of 5 years, 1945-49	11.8	11.0	25	2.70	2.63	20	—
Year—							
1949	11.0	10.5	27	nil	nil	nil	—
1950	*7.8	*11.6	37	9.62	9.26	19	nil

Increase or decrease in 1950 on—

5 years' average, 1945-49	—4.0	+0.6	+12	+6.92	+6.63	—1	—
Previous year	—3.2	+1.1	+10	+9.62	+9.26	+19	—

* 1950 adjusted { live birth-rate (comparability factor, 1.17) = 9.1 per 1,000.
death-rate (comparability factor, 0.99) = 11.4 per 1,000.

Burnley R.D.—

Population, 17,060.

Mean of 5 years, 1945-49	15.3	14.7	27	2.40	2.34	32	—
Year—							
1949	13.4	15.7	26	nil	nil	31	—
1950	*12.3	*16.5	23	nil	nil	19	19

Increase or decrease in 1950 on—

5 years' average, 1945-49	—3.0	+1.8	—4	—2.40	—2.34	—13	—
Previous year	—1.1	+0.8	—3	nil	nil	—12	—

* 1950 adjusted { live birth-rate (comparability factor, 1.11) = 13.7 per 1,000.
death-rate (comparability factor, 0.85) = 14.0 per 1,000.

Chorley R.D.—

Population, 27,510.

Mean of 5 years, 1945-49	17.6	11.4	27	0.44	0.42	41	—
Year—							
1949	15.9	11.9	18	nil	nil	32	—
1950	*15.1	*12.4	23	nil	nil	38	26

Increase or decrease in 1950 on—

5 years' average, 1945-49	—2.5	+1.0	—4	—0.44	—0.42	—3	—
Previous year	—0.8	+0.5	+5	nil	nil	+6	—

* 1950 adjusted { live birth-rate (comparability factor, 0.98) = 14.8 per 1,000.
death-rate (comparability factor, 1.04) = 12.8 per 1,000.

Clitheroe R.D.—

Population, 8,700.

Mean of 5 years, 1945-49	12.7	9.8	25	1.82	1.78	15	—
Year—							
1949	11.2	11.1	20	nil	nil	10	—
1950	*14.8	*8.6	23	nil	nil	8	nil

Increase or decrease in 1950 on—

5 years' average, 1945-49	+2.1	—1.2	—2	—1.82	—1.78	—7	—
Previous year	+3.6	—2.5	+3	nil	nil	—2	—

* 1950 adjusted { live birth-rate (comparability factor, 1.31) = 19.4 per 1,000.
death-rate (comparability factor, 1.10) = 9.4 per 1,000.

Fylde R.D.—

Population, 15,350.

Mean of 5 years, 1945-49	19.2	11.2	33	0.93	0.90	27	—
Year—							
1949	19.4	10.7	4	nil	nil	13	—
1950	*14.4	*10.3	26	nil	nil	45	32

Increase or decrease in 1950 on—

5 years' average, 1945-49	—4.8	—0.9	—7	—0.93	—0.90	+18	—
Previous year	—5.0	—0.4	+22	nil	nil	+32	—

* 1950 adjusted { live birth-rate (comparability factor, 1.36) = 19.6 per 1,000.
death-rate (comparability factor, 1.18) = 12.1 per 1,000.

Garstang R.D.—

			Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
			Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Population, 12,590.									
Mean of 5 years, 1945-49			—	15.9	12.5	30	3.12	3.02	42
Year—									
1949			—	14.4	11.6	52	11.05	10.47	39
1950			—	*14.8	*11.9	31	5.38	5.21	22
Increase or decrease in 1950 on—									
5 years' average, 1945-49			—	—1.1	—0.6	+1	+2.26	+2.19	—20
Previous year			—	+0.4	+0.3	—21	—5.67	—5.26	—17

* 1950 adjusted { live birth-rate (comparability factor, 1.07) = 15.8 per 1,000.
death-rate (comparability factor, 0.97) = 11.6 per 1,000.

Lancaster R.D.—

Population, 12,080.									
Mean of 5 years, 1945-49			—	16.1	13.2	19	3.40	3.33	34
Year—									
1949			—	15.1	13.5	28	11.70	11.36	41
1950			—	*14.7	*12.7	22	nil	nil	45
Increase or decrease in 1950 on—									
5 years' average, 1945-49			—	—1.4	—0.5	+3	—3.40	—3.33	+11
Previous year			—	—0.4	—0.8	—6	—11.70	—11.36	+4

* 1950 adjusted { live birth-rate (comparability factor, 1.17) = 17.2 per 1,000.
death-rate (comparability factor, 0.83) = 10.6 per 1,000.

Limehurst R.D.—

Population, 8,980.									
Mean of 5 years, 1945-49			—	15.5	13.5	26	1.70	1.65	42
Year—									
1949			—	14.9	13.0	32	nil	nil	66
1950			—	*16.6	*14.1	nil	6.71	6.71	47
Increase or decrease in 1950 on—									
5 years' average, 1945-49			—	+1.1	+0.6	—26	+5.01	+5.06	+5
Previous year			—	+1.7	+1.1	—32	+6.71	+6.71	—19

* 1950 adjusted { live birth-rate (comparability factor, 1.06) = 17.6 per 1,000.
death-rate (comparability factor, 0.93) = 13.2 per 1,000.

Lunesdale R.D.—

Population, 7,505.									
Mean of 5 years, 1945-49			—	17.7	11.5	28	nil	nil	30
Year—									
1949			—	16.7	8.5	16	nil	nil	40
1950			—	*15.6	*11.3	41	nil	nil	17
Increase or decrease in 1950 on—									
5 years' average, 1945-49			—	—2.1	—0.2	+13	nil	nil	—13
Previous year			—	—1.1	+2.8	+25	nil	nil	—23

* 1950 adjusted { live birth-rate (comparability factor, 1.11) = 17.3 per 1,000.
death-rate (comparability factor, 0.92) = 10.4 per 1,000.

Preston R.D.—

Population, 38,660.									
Mean of 5 years, 1945-49			—	15.5	10.8	21	2.79	2.73	39
Year—									
1949			—	15.2	10.5	14	5.17	5.10	22
1950			—	*14.7	*11.9	31	1.76	1.71	26
Increase or decrease in 1950 on—									
5 years' average, 1945-49			—	—0.8	+1.1	+10	—1.03	—1.02	—13
Previous year			—	—0.5	+1.4	+17	—3.41	—3.39	+4

* 1950 adjusted { live birth-rate (comparability factor, 1.15) = 16.9 per 1,000.
death-rate (comparability factor, 0.95) = 11.3 per 1,000.

Ulverston R.D.—

	Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
	Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Population, 16,730.							
Mean of 5 years, 1945-49	16.1	13.5	29	nil	nil	31	—
Year—							
1949	14.0	15.2	33	nil	nil	21	—
1950	*13.9	*13.6	29	nil	nil	17	9
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-2.2	+0.1	nil	nil	nil	-14	—
Previous year	-0.1	-1.6	-4	nil	nil	-4	—

* 1950 adjusted { live birth-rate (comparability factor, 1.09) = 15.1 per 1,000.
death-rate (comparability factor, 0.81) = 11.0 per 1,000.

Warrington R.D.—

Population, 32,900.							
Mean of 5 years, 1945-49	17.9	9.3	30	1.82	1.77	55	—
Year—							
1949	15.1	8.3	28	nil	nil	50	—
1950	*13.0	*6.8	45	nil	nil	28	12
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-4.9	-2.5	+15	-1.82	-1.77	-27	—
Previous year	-2.1	-1.5	+17	nil	nil	-22	—

* 1950 adjusted { live birth-rate (comparability factor, 1.24) = 16.2 per 1,000.
death-rate (comparability factor, 1.40) = 9.6 per 1,000.

West Lancashire R.D.—

Population, 44,870.							
Mean of 5 years, 1945-49	17.1	10.2	29	1.68	1.64	35	—
Year—							
1949	15.2	9.7	33	nil	nil	33	—
1950	*14.0	*9.6	28	1.59	1.55	32	21
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-3.1	-0.6	-1	-0.09	-0.09	-3	—
Previous year	-1.2	-0.1	-5	+1.59	+1.55	-1	—

* 1950 adjusted { live birth-rate (comparability factor, 0.95) = 13.3 per 1,000.
death-rate (comparability factor, 1.06) = 10.2 per 1,000.

Whiston R.D.—

Population, 39,390.							
Mean of 5 years, 1945-49	16.9	8.8	24	1.31	1.28	69	—
Year—							
1949	14.3	7.8	25	1.80	1.76	43	—
1950	*15.6	*8.5	14	3.26	3.22	42	26
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-1.3	-0.3	-10	+1.95	+1.94	-27	—
Previous year	+1.3	+0.7	-11	+1.46	+1.46	-1	—

* 1950 adjusted { live birth-rate (comparability factor, 1.00) = 15.6 per 1,000.
death-rate (comparability factor, 1.14) = 9.6 per 1,000.

Wigan R.D.—

Population, 8,073.							
Mean of 5 years, 1945-49	17.7	11.8	17	2.96	2.91	43	—
Year—							
1949	16.3	12.4	15	nil	nil	23	—
1950	*12.8	*12.8	19	nil	nil	nil	nil
Increase or decrease in 1950 on—							
5 years' average, 1945-49	-4.9	+1.0	+2	-2.96	-2.91	-43	—
Previous year	-3.5	+0.4	+4	nil	nil	-23	—

* 1950 adjusted { live birth-rate (comparability factor, 1.00) = 12.8 per 1,000.
death-rate (comparability factor, 1.01) = 12.9 per 1,000.

ADMINISTRATIVE COUNTY

The populations are the Registrar-General's estimates of home population for the middle of the year 1950.

The neo-natal mortality rate (deaths under four weeks of age) is introduced for the first time in 1950 and comparative rates for earlier years are not available.

For stillbirth rates and numbers of legitimate and illegitimate births, etc., see Table 2, pages 114 to 121.

For explanation of use of comparability factors see pages 14 and 16.

		Per 1,000 estimated population		Stillbirth rate per 1,000 total births	Maternal mortality rate		Per 1,000 live births	
		Live birth-rate	Crude death-rate		Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year of age	Rate of deaths under four weeks of age
Aggregate of County Urban Districts—								
Population, 1,743,282.								
Mean of 5 years, 1945-49		17.97	12.90	28	1.41	1.37	45	.....
Year—								
1949		16.18	13.05	25	0.86	0.84	39	.....
1950		*15.22	*13.18	25	0.90	0.88	33	20
Increase or decrease in 1950 on—								
5 years' average, 1945-49		—2.75	+0.28	— 3	—0.51	—0.49	—12	.....
Previous year		—0.96	+0.13	nil	+0.04	+0.04	— 6	.....

* 1950 adjusted { live birth-rate (comparability factor, 1.01) = 15.37 per 1,000.
death-rate (comparability factor, 1.01) = 13.31 per 1,000.

Aggregate of County Rural Districts—							
Population, 303,728.							
Mean of 5 years, 1945-49	16.42	11.05	26	1.72	1.68	41	
Year—							
1949	14.85	10.78	25	1.85	1.80	32	
1950	*14.09	*10.88	27	1.64	1.59	31	19
<i>Increase or decrease in 1950 on—</i>							
5 years' average, 1945-49	—2.33	—0.17	+ 1	—0.08	—0.09	—10	
Previous year	—0.76	+0.10	+ 2	—0.21	—0.21	— 1	

* 1950 adjusted { live birth-rate (comparability factor, 1.08) = 15.22 per 1,000.
death-rate (comparability factor, 1.03) = 11.21 per 1,000.

Administrative County—							
Population, 2,047,010.							
Mean of 5 years, 1945-49	17.75	12.63	28	1.45	1.41	45	
Year—							
1949	15.99	12.72	25	0.99	0.97	38	
1950	*15.06	*12.84	25	1.01	0.98	33	20
<i>Increase or decrease in 1950 on—</i>							
5 years' average, 1945-49	—2.69	+0.21	— 3	—0.44	—0.43	—12	
Previous year	—0.93	+0.12	nil	+0.02	+0.01	— 5	

* 1950 adjusted { live birth-rate (comparability factor, 1.02) = 15.36 per 1,000.
death-rate (comparability factor, 1.02) = 13.10 per 1,000.

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