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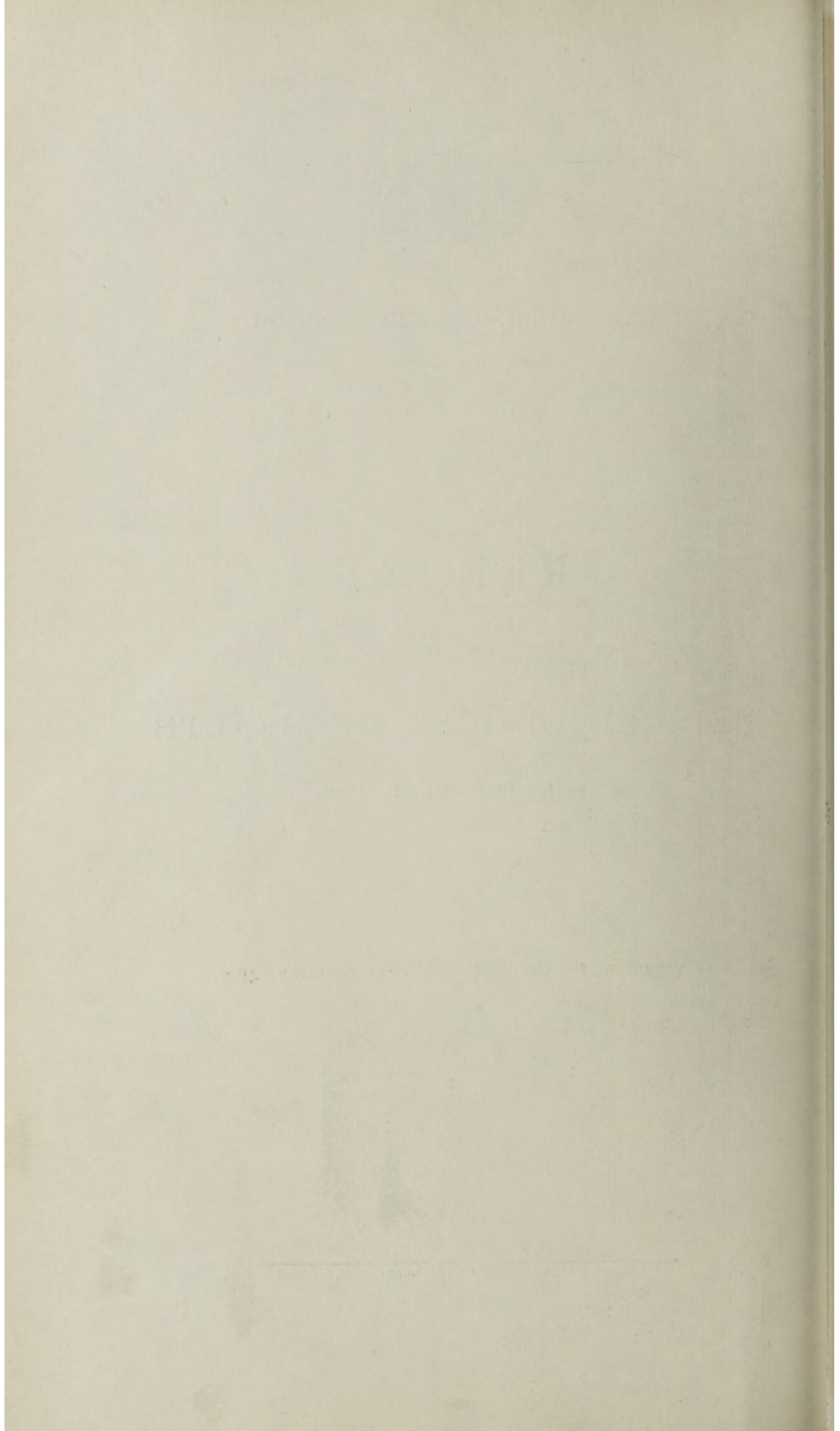
REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1960

(Presented to the County Council, 2nd November, 1961)



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| Mrs. B. F. WIGNALL, M.B.E.

Lancashire County Local Medical and Panel Committee :

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Voluntary Organisations for the Care of Old People :

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| Miss K. C. PARKER

(One vacancy)

COUNTY HEALTH STAFF (As at 31st December, 1960)
(Jointly with School Health Service)

County Medical Officer of Health and Principal 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 Principal School Medical Officer :
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Chief Assistant County Medical Officers :
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* Part-time

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* Part-time

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*A. HODGKINSON, L.D.S.

*N. JOCHNOWITZ, L.D.S.
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H. V. O. TRENBATH, L.D.S.
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BERTHA D. WORSWICK, B.D.S.

* Part-time

Ophthalmic Surgeons (part-time) :

E. ALLAN, M.B., Ch.B.	MONICA LOW, M.R.C.S., L.R.C.P., D.O.M.S.
H. B. BARKER, M.B., B.S., M.R.C.S., L.R.C.P.	J. N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
J. BERKSON, M.B., Ch.B., D.A., D.O.M.S.	J. MCLENACHAN, G.M., M.B., Ch.B., F.R.C.S., D.O.
T. S. BLACKLIDGE, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.	D. PLUM, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
B. BOAS, M.D.	DOROTHY PURSER-SMITH, M.B., Ch.B.
PHOEBINA BRITTAIN, B.A., M.B., B.Ch., B.A.O.	RHONA A. REID, M.A., M.B., Ch.B., D.O.
J. M. BRODRICK, M.R.C.S., L.R.C.P.	R. S. RITSON, M.A., M.B., Ch.B.
T. CHADDERTON, M.R.C.S., L.R.C.P., D.O.M.S.	L. ROSE, M.B., Ch.B., D.O.
W. G. L. FLATHER, M.B., Ch.B., D.O.M.S.	T. E. SHANNON, M.B., B.Ch., B.A.O., D.O.M.S.
L. B. HARDMAN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.	H. B. SMITH, M.B., B.Ch., B.A.O., M.Ch. (Ophth.), D.O.M.S.
H. C. KODILINYE, M.B., Ch.B., D.O.M.S., D.O.	P. R. STEVENS, M.R.C.S., L.R.C.P., D.O.
V. T. LEES, M.B., Ch.B., D.O.M.S.	H. V. WHITE, M.C., M.D., Ch.B., L.M.S.S.A.

Consultant Obstetricians :

W. R. ADDIS, M.C., M.B., Ch.B., F.R.C.O.G.	G. T. JOHNSON, M.D., B.S., M.R.C.S., L.R.C.P., M.R.C.O.G., F.F.A.R.C.S., D.A.
H. B. BAGSHAW, M.A., M.B., B.Chir., F.R.C.S., L.R.C.P., M.R.C.O.G.	T. E. LENNON, M.D., Ch.B., M.R.C.O.G.
R. H. J. M. CORBET, M.B., B.Ch., M.A.O., F.R.C.S., F.R.C.P., F.R.C.O.G.	DOREEN M. MARTIN, M.B., Ch.B., M.R.C.O.G.
H. V. CORBETT, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G., M.M.S.A.	W. M. MARTIN, M.C., M.D., Ch.B., D.Obst.R.C.O.G., D.P.H.
W. P. G. DICKSON, M.B., Ch.B., M.R.C.O.G.	G. W. H. MILLINGTON, M.B., Ch.B., M.R.C.O.G.
J. DOUGLAS, M.R.C.S., L.R.C.P., L.M.	W. A. ROBSON, M.B., Ch.B., M.R.C.O.G.
MARY EVANS, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P., M.R.C.O.G.	G. R. STONEHAM, M.B., Ch.B., F.R.C.O.G.
R. EVERETT, M.B., Ch.B., F.R.C.S., F.R.C.O.G.	LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
F. R. FAUX, M.B., Ch.B.	W. EWART C. THOMAS, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., M.R.C.O.G.
BETTY HARGREAVES, M.B., Ch.B., M.R.C.O.G.	H. S. WATERS, M.A., M.B., B.Chir., F.R.C.S., F.R.C.O.G.
R. L. HARTLEY, M.D., Ch.B., F.R.C.S., M.R.C.O.G.	J. H. YOUNG, M.D., Ch.B., D.T.M. & H., D.Obst.R.C.O.G.
H. C. HASLAM-FOX, M.B., Ch.B.	
S. B. HERD, M.D., Ch.B., F.R.C.O.G.	

Chief Lay Administrative Officer :

F. V. ROBINSON

Welfare Services Organiser :

F. CLARKSON

Ambulance Service Organiser :

A. ORTON, M.B.E.

County Sanitary Officers :

J. C. ALMOND

A. KEWLEY

R. K. TAYLOR

D. B. SOUTHWORTH

Supervisor of Midwives :

MISS V. R. SHAND

Superintendent Health Visitor and School Nurse :

MISS P. C. L. GOULD

Superintendent of Home Nurses :

MISS L. JONES

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, 1960

To the Chairman and Members of the Lancashire County Council.

I have the honour of presenting for your consideration the seventy-second annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1960, together with the vital statistics relative to that period.

The estimated population of the Administrative County area increased by 24,950 to 2,175,950. Of this increase 9,857 were the result of the excess of live births over deaths, i.e., the *natural* increase, the balance being attributable to immigration. It is 12 years since live births exceeded the deaths to such a degree as in 1960.

There was once again an appreciable rise in the number of live births assigned to the County area, the figure of 37,137 being 1,455 more than in 1959 and, in fact, the highest recorded since the post-war "bulge" year of 1947. The resultant birth rate of 17.07 per 1,000 estimated population continued an upward trend which has been a feature over the last five years and was the highest recorded since 1948. Illegitimate live births again showed a small increase, but when expressed as a percentage of the total live births the resultant rate was appreciably lower than that for England and Wales.

The number of deaths was almost identical with that for the previous year, 27,280 as compared with 27,285. These produced a mortality rate of 12.54 per 1,000 estimated population, the lowest since 1953, and 0.14 per thousand less than in 1959. Whilst there was some increased mortality amongst pre-school children mainly due to congenital malformations and pneumonia, the rate per 1,000 amongst the school population was the lowest on record.

Heart disease continued as the principal cause of death, accounting for 34.6 per cent. of the total. The two succeeding major causes were cancer (16.8 per cent.) and vascular lesions of the nervous system (15.2 per cent.).

Whilst during the past decade there has not been any significant change in the total heart disease mortality, there has been a rapid increase in the proportionate contribution made by the condition classified as "coronary disease, angina"—a shortened heading for all arteriosclerotic and degenerative heart diseases.

Of the mortality due to cancer, the increasing trend of deaths of males from lung cancer was continued, the total in 1960 being exactly double that recorded ten years previously.

It is of interest to note that the 1,445 deaths from bronchitis, apart from being 162 fewer than in the previous year, were equivalent to a mortality rate of 0.66 per 1,000 population which was the lowest recorded for 21 years.

Only 17 deaths were classified to maternal causes as compared with 19 in the previous year, the resultant mortality rate of 0.45 per 1,000 total births representing an improvement of 0.07 per 1,000 and equalling the low record rate established in 1958. Deaths of infants under one year of age rose from 844 in 1959 to 929 in the year under report and were equivalent to a rate of 25.0 per 1,000 live births or 1.3 per thousand greater than the low record rate established in 1959.

Perhaps the most noteworthy features of the incidence of infectious and other notifiable diseases during the year were the rather formidable rise in the number of cases of dysentery and the spectacular fall in the number of cases of acute poliomyelitis. Never since dysentery first became compulsorily notifiable in 1919 has the number of notified cases (4,052) been so great, nor during the past 30 years has the incidence of acute poliomyelitis been so small, only 6 notifications being received. Peculiarly enough, measles did not conform to its usual biennial pattern in 1960 and, whereas an appreciable fall was expected, the 20,554 cases were fewer by only 2,439 as compared with 1959. Whooping cough notifications increased by 190 to 2,805 but for the third successive year there were no deaths. Scarlet fever was rather less in evidence, the 2,022 cases being 486 fewer than in the previous year. Three cases of diphtheria in children occurred, all in one district, and one child died—none of the three had been immunised.

Acute rheumatism in children under 16 years of age is notifiable in the Administrative County area and during the year 60 cases were confirmed as of rheumatic origin—only two being of children under 5 years of age. This was equivalent to rather more than one child in each 10,000 being affected by the condition.

Notifications of both respiratory and non-respiratory tuberculosis were again fewer than ever before with correspondingly low record case rates. Only 1,155 cases of respiratory tuberculosis were notified as compared with 1,508 the year before and the case rate fell from 0.70 to 0.53 per 1,000 population. Non-respiratory cases numbered 104—32 fewer than in 1959—with a case rate of 0.05 per 1,000 population, 0.01 better than in the previous year.

New low record tuberculosis mortality rates, too, were established, that for respiratory tuberculosis being only 0.07 per 1,000 population and for non-respiratory tuberculosis 0.003. These compared with 0.08 and 0.01 in the previous year. For the first time on record no person—male or female—under the age of 25 years died from respiratory tuberculosis. It is interesting to note that as recently as 15 years ago, the mortality rate from respiratory tuberculosis was more than five times what it is today and, in 1950, deaths of persons under 25 years of age numbered no less than 60.

The year saw a change in the administration of certain health and welfare functions by reason of the operation of the Local Government Act, 1958, which allowed borough and urban district councils with populations of 60,000 or more to become, by means of delegation schemes, the agents of the County Council for the carrying out of a wide range of functions under the National Health Service and National Assistance Acts. Additionally, other district councils could on application and with the Minister's consent have similar powers delegated to them in exceptional circumstances. The effect so far as the Administrative County is concerned was that Stretford Municipal Borough and Huyton-with-Roby Urban District Councils became automatically entitled to delegated powers with effect from 1st October, 1960, and 1st April, 1960, respectively, whilst the Councils of Crosby and Middleton Municipal Boroughs were granted similar powers as from 1st September, 1960, and 1st October, 1960, respectively.

Services for the care of mothers and young children were well maintained during the year. The number of child welfare centres was further increased particularly as a result of new housing estates and, although attendances were rather fewer than in the previous year, there was again an increase in the number of pre-school children attending the centres. Some increased use was made of the antenatal clinics and of the facilities for the dental care of mothers and young children. Rather more children were referred to the special clinic at Fulwood for the ascertainment of deafness in young children and it was again found necessary to increase the number of diagnostic sessions. In the body of the Report will be found details of this very valuable work.

Confinements attended by domiciliary midwives again, for the eighth successive year, showed an increase. The proportion of patients who book a doctor for their home confinements is increasing. The County Council midwives encourage their patients to book their doctor and a small card was introduced some years ago to facilitate the consultation. Nevertheless, of the 11,389 cases booked with a doctor, in only 1,569 or 13.8 per cent. was the doctor actually present at delivery.

The health visiting service continued to expand and the number of health visitor/school nurses again increased. As a result, a greatly increased number of visits was paid to practically every section of the community. A good deal of time was devoted to the aged and infirm and also to problem families.

Once again there was a slight decrease in the number of cases attended by home nurses although the average number of visits per case was again greater than in the previous year. These trends undoubtedly reflect the ever increasing demands made by the aged and infirm, visits to whom are very time-consuming and the overall period of care prolonged. The co-operation of the home nurse continues to be increasingly sought by hospitals for preparation of patients for operative treatment and X-ray examinations.

There was an increased demand on the ambulance service, the 828,652 cases conveyed being 61,263 or 8.0 per cent. greater than in the previous year. This was largely attributable to the continued rise in the number of non-urgent cases—a rise which, with the exception of 1957, has taken place annually since the inception of the service in 1948. As was to be expected there was a substantial increase in the total operational mileage from 4,469,419 in 1959 to 4,673,862 in the year under report.

The scheme for the B.C.G. vaccination of school children was vigorously pursued and resulted in almost twice as many being dealt with as in the previous year.

The chiropody service, which commenced on the 1st January, 1960, expanded rapidly throughout the year and undoubtedly went a long way towards meeting a real need amongst the elderly, registered handicapped persons and expectant mothers. The service is provided both directly by the County Council and also by voluntary associations who were already providing treatments when the County Council's scheme came into operation and who are assisted financially by the County Council. In all, 25,388 patients were treated during the year and to these 114,560 treatments were given.

The home help service continued to expand. Additional staff had again to be recruited and 17,655 cases—1,379 more than in the previous year—were provided with help. The use to which the service is now being put can be gauged by the fact that in 1960 the total cases attended were equivalent to 8.1 per 1,000 population whereas in 1949 the corresponding figure was only 2.1.

Unfortunately there was a decrease in the numbers of both primary vaccinations and re-vaccinations against smallpox and the infant vaccination acceptance rate fell from 46.9 per cent. of the children born alive to 42.2 per cent. Although in the early part of the year poliomyelitis vaccination was made available to all under 40 years of age and to certain additional special groups, the response was rather disappointing and the numbers of primary vaccinations and reinforcement injections amounted only to 77,408 and 169,631 respectively as compared with corresponding totals of 207,085 and 233,637 in 1959. On the other hand, by the end of the year, out of the total population eligible more than 42 per cent. had been protected and of these four-fifths had received a reinforcement injection. No less than 67 per cent. of the children under 15 years of age had been vaccinated—53.9 per cent. of those under five and 73.6 per cent. of the school age group.

An innovation during the year was the establishment of a yellow fever vaccination centre in Lancaster—one of 40 provided throughout the country for the vaccination of persons proceeding abroad. During the six months it was open, 32 persons were vaccinated.

There was again an increase in the number of immunisations against diphtheria and the total of reinforcement injections was more than double that for 1959. The number of infants under one year of age primarily immunised during the year was over 75 per cent. greater than five years earlier. Immunisations against whooping cough also showed an increase and at the end of the year over 59 per cent. of all children under 5 years of age had had a course of protection.

Probably the most notable occurrence during the year was the coming into operation of the remaining parts of the Mental Health Act, 1959, the general principles of which provide for a reorientation of the mental health services away from institutional care and towards domiciliary and community care. The functions of local health authorities under section 28 of the National Health Service Act 1946, relating to prevention of illness, care and after-care, are applied by virtue of the Mental Health Act to persons who are or have been suffering from "mental disorder"—a term which covers all forms of mental illness or disability of mind. As it is recognised that the welfare of the mentally disordered can only be assured by the complete co-ordination of the hospital, general practitioner and local health authority services, consultations at both representative and officer level took place and it is hoped that these will foster a close co-operation among the bodies concerned.

A new purpose-built training centre for 50 mentally subnormal pupils was opened during the year whilst a further five centres to cater for 420 pupils were in course of erection—three to replace existing centres in rented premises. With the completion of this programme, it is considered that the County Council will have provided sufficient junior training centres to cope with the bulk of the demand from the younger mentally subnormal population and the next step in the development of their mental health service should be the building of a number of adult training centres. These will be able to take those mentally subnormal adults in the community for whom no facilities at present exist, and will also absorb those members of the junior training centres who, having attained adolescence, are no longer suitable to mix with juniors and would, in many cases, benefit from workshop or industrial training.

In the field of welfare, seven additional purpose-built homes for the aged were brought into use during the year but although the number of available places in homes increased by 333 during 1960, the overall shortage still presented an acute problem with virtually no change in the number on the waiting list. A further eight purpose-built homes with 355 places were in course of erection at the end of the year. Increasing use was made of the facilities for short stay accommodation at the two seaside homes which are much appreciated and are of undoubted benefit to the elderly.

The average age of residents in homes in Lancashire is steadily rising. One of the effects of care in such homes is to prolong the life of a frail old person and it is true to say that many persons, who on admission were in what was regarded at the time as a parlous state, have improved beyond recognition. At the same time, the average age on admission is also rising and a considerable proportion of the population in the homes is now over 80 years of age and requiring a great deal of care and attention.

The County Council are continuing to encourage local housing authorities to provide special housing accommodation for the aged in conjunction with a warden welfare service for which the County Council themselves assume responsibility. It is pleasing to report that special housing accommodation for the aged was increased by the provision by eight district councils of a further 237 units.

More effective powers for the control of caravan sites were conferred on local authorities during the year in the form of the Caravan Sites and Control of Development Act, 1960.

The erection of new housing accommodation continued at an increased rate and a steady improvement was achieved in the condition of much of the older property. There is, however, still a considerable number of unfit houses which require to be demolished.

Supervision and examination of milk supplies continued throughout the year and it is of interest to note that for the second successive year no sample of milk taken within the Administrative County area by either County or local officers gave a positive result to the biological test for tuberculosis.

Adulteration of food and drugs samples as a whole was 4.6 per cent. as compared with 4.5 per cent. in 1959. The amount of adulteration in milk samples was 3.5 per cent., whilst that in articles other than milk amounted to 6.5 per cent.

This introduction serves only to draw attention to some of the more interesting developments which have taken place during the year, and a true appraisal of the amount and diversity of the work of the department can only be made by reference to the various sections of the report.

I would take this opportunity of expressing to members of the County Council the thanks of the department for the interest they have taken in its work. To the Public Health and Housing and Health Committees I am most grateful for their support and encouragement at all times and for their considerate administration.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,
East Cliff County Offices,
PRESTON.
October, 1961.

VITAL STATISTICS

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, varying between 10 and 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 more than 2,500 feet. The highest point south of Morecambe Bay is at Greycarth, Leek, 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 portions 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. 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 on engineering and allied trades, textile works, mining and quarrying.

Area of Administrative County.—The area of the Administrative County as constituted on the 31st December, 1960, was 1,033,078 statute acres. No change of boundary affecting the County area took place during the year, but the name of one of the constituent districts—Ulverston R.D.—was changed to North Lonsdale R.D. on the 1st April, 1960.

The acreage of each County district, compiled in accordance with the Registrar General's Census of England and Wales, 1951 (County Report—Lancashire) and incorporating all subsequent boundary changes, is given in Table 2, pages 170 to 177.

Population of Administrative County.—Estimates of home population include members of British, Commonwealth and foreign armed forces stationed in the area, but not members of the armed forces stationed outside England and Wales. In compiling the local estimates undergraduates in residential colleges of universities, pupils in boarding schools, patients in mental hospitals and persons in similar institutions are treated generally as part of the population of the area in which the institution is situated, but patients in general hospitals, convalescent homes and similar institutions are generally included in the population of the area of their normal place of residence.

The Registrar General's estimate of the home population of the Administrative County at the 30th June, 1960, was 2,175,950, an increase of 24,950 over the estimate for the previous year. Whilst immigration was again the major factor contributing to the expansion of population the increasing excess of live births over deaths which has been noted in recent years was continued. This *natural* increase in the population during 1960, amounting to 9,857, was the largest since 1948 and virtually doubled the average for the preceding decade, 1950–59.

The Census, 1951, population of the Administrative County in terms of its geographical constitution in 1960 was 2,038,876 (urban districts 1,748,745, rural districts 290,131). The mid-1960 estimates of home population therefore represent increases since the Census of 6.7 per cent., 6.5 per cent. and 7.9 per cent. respectively in the Administrative County, the aggregate urban districts and the aggregate rural districts.

The tabular statement below records the population of the Administrative County and of the aggregates of the urban and rural districts *at the date of the Census, 1951*, together with the Registrar General's estimates of the home populations for each succeeding year. No adjustments have been made for such boundary alterations as took place during the period.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1951	2,047,573	—	1,738,047	—	309,526	—
1952	2,042,000	— 5,573	1,730,000	— 8,047	312,000	+ 2,474
1953	2,044,400	+ 2,400	1,729,500	— 500	314,900	+ 2,900
1954	2,051,000	+ 6,600	1,747,000	+ 17,500	304,000	— 10,900
1955	2,068,000	+ 17,000	1,756,800	+ 9,800	311,200	+ 7,200
1956	2,091,000	+ 23,000	1,768,000	+ 11,200	323,000	+ 11,800
1957	2,110,000	+ 19,000	1,777,000	+ 9,000	333,000	+ 10,000
1958	2,129,000	+ 19,000	1,827,000	+ 50,000	302,000	— 31,000
1959	2,151,000	+ 22,000	1,843,000	+ 16,000	308,000	+ 6,000
1960	2,175,950	+ 24,950	1,862,800	+ 19,800	313,150	+ 5,150

Table 2, pages 170 to 177, shows the estimated home population of each County district as at the 30th June, 1960, together with the Census, 1951, enumerations duly adjusted for subsequent boundary alterations.

AVERAGE POPULATION DENSITIES.—The following table gives the area, population, persons per acre and acres per person of the Administrative County as constituted on the 31st December, 1960, distributed among the non-county boroughs and the urban and rural districts :—

	* Area in acres, 31.12.1960	Population		Persons per acre	Acres per person
		Census, 1951	Estimated home population mid-1960		
Municipal Boroughs (26) ...	124,972	890,196	899,530	7.20	0.14
Urban Districts (69) ...	254,614	858,549	963,270	3.78	0.26
Rural Districts (14) ...	653,491	290,131	313,150	0.48	2.09
Administrative County (109) ...	1,033,078	2,038,876	2,175,950	2.11	0.47

* As supplied by Ordnance Survey Department and given to the nearest acre.

Summary of Vital Statistics, 1889-1960.—The following table compares certain County birth and death rates for the year 1960 with those for the previous year and for the 71 years, 1889-1959, grouped in quinquennial periods :—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 total (live and still) births	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		
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	—	120
1915-1919	17.45	14.98	0.97	1.05	—	101
1920-1924	19.13	12.61	0.72	1.15	—	85
1925-1929	14.94	12.65	0.62	1.33	—	77
1930-1934	13.50	12.43	0.53	1.47	5.03	66
1935-1939	13.82	12.81	0.44	1.59	4.40	58
1940-1944	16.22	13.16	0.42	1.73	2.82	54
1945-1949	17.75	12.63	0.37	1.85	1.41	45
1950-1954	14.60	12.75	0.21	2.00	0.93	30
1955-1959	15.69	12.81	0.11	2.08	0.67	26
Year—						
1959	16.59	12.68	0.08	2.08	0.52	23.7
1960	17.07	12.54	0.07	2.11	0.45	25.0
Increase or decrease in 1960 on—						
Mean of 5 years, 1955-59	+1.38	—0.27	—0.04	+0.03	—0.22	—0.6
Previous year	+0.48	—0.14	—0.01	+0.03	—0.07	+1.3

* Five years. † Includes, from 1950, 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."

Principal Vital Statistics relating to Mothers and Infants.—In accordance with the requirements of the Ministry of Health certain statistics for 1960 relating to mothers and infants are set out below :—

Total live births registered	...	...	...	...	...	37,137
Live birth rate per 1,000 population—crude	...	...	...	...	...	17.07
Live birth rate per 1,000 population—adjusted	...	...	...	...	...	17.24
Proportion (per cent.) of illegitimate live births to total live births	...	...	...	...	...	3.68
Total stillbirths registered	...	...	...	...	...	853
Stillbirth rate per 1,000 total births	...	...	...	...	...	22.5
Total live births and stillbirths	...	...	...	...	...	37,990
Total infant deaths (under one year) registered	...	...	...	...	...	929
Infant mortality rate per 1,000 live births	...	...	...	...	...	25.0
Mortality rate of legitimate infants per 1,000 legitimate live births	...	...	...	...	...	24.7
Mortality rate of illegitimate infants per 1,000 illegitimate live births	...	...	...	...	...	33.7
Neo-natal mortality (deaths under four weeks) rate per 1,000 live births	...	...	...	...	...	17.5
Early neo-natal mortality (deaths under one week) rate per 1,000 live births	...	...	...	...	...	15.0
Perinatal mortality (stillbirths and deaths under one week) rate per 1,000 total births	...	...	...	...	...	37.1
Total maternal deaths (including deaths from abortion)	...	...	...	...	...	17
Maternal mortality rate per 1,000 total births	...	...	...	...	...	0.45

Births and Birth Rates.—LIVE BIRTHS.—The 37,137 live births registered during 1960 and assigned to the Administrative County, after allowance for transfers to the areas of normal residence of the mothers, were 1,455 more than the total for the previous year and were, in fact, the highest number recorded since the post-war peak of 40,137 in 1947. Their sex distribution is given below, together with the corresponding figures for each of the previous 10 years :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1950	13,685	12,852	26,537	2,184	2,097	4,281	15,869	14,949	30,818
1951	13,131	12,474	25,605	2,163	2,033	4,196	15,294	14,507	29,801
1952	12,927	12,154	25,081	2,174	2,032	4,206	15,101	14,186	29,287
1953	13,373	12,423	25,796	2,296	2,100	4,396	15,669	14,523	30,192
1954	12,862	12,142	25,004	2,178	2,071	4,249	15,040	14,213	29,253
1955	12,922	12,219	25,141	2,389	2,235	4,624	15,311	14,454	29,765
1956	13,771	13,084	26,855	2,598	2,404	5,002	16,369	15,488	31,857
1957	14,467	13,772	28,239	2,833	2,683	5,516	17,300	16,455	33,755
1958	15,063	14,301	29,364	2,578	2,481	5,059	17,641	16,782	34,423
1959	15,943	14,785	30,728	2,596	2,358	4,954	18,539	17,143	35,682
1960	16,295	15,460	31,755	2,789	2,593	5,382	19,084	18,053	37,137

The number of registered live births assigned to each County district, together with the corresponding rates, is given in Table 2, pages 170 to 177.

For the sixth successive year there was an increase in the crude live birth rate for the Administrative County. The 37,137 live births registered during 1960 were equivalent to a rate of 17·07 per 1,000 of the estimated home population, which was the highest recorded since 1948 and exceeded by 1·38 per thousand the rate for the preceding five years, 1955–59.

As a matter of interest the crude live birth rates of the Administrative County, the total urban districts and the total rural districts for the quinquennia since 1889 and for each of the last 50 years are given in Table 1, page 169.

ADJUSTED BIRTH RATES.—Local birth rates are usually expressed as proportions of populations. The populations generally used for such statistical purposes are estimated by the Registrar General and, comprising persons of all ages, naturally include many who can have no influence on the reproductive process but do 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. Considerable variation in the size of this proportion in different areas does, in fact, exist and it is therefore apparent that the elimination of such a factor must be effected before a reasonably true comparison can be made, between areas, of those influences having a direct bearing upon reproductivity. A result on these lines is obtained through the compilation and issue by the Registrar General of a comparability factor for each area for use with birth rates, and 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. In the factors for 1957 and subsequent years an adjustment was made by the Registrar General to take account of the presence in each area of sterile population in institutions for the mentally ill or mentally deficient.

The comparability factor for each County district is given in Table 3, page 178. The factor for the Administrative County in 1960 remained at 1·01 although those for the aggregate urban districts and the aggregate rural districts were respectively reduced from 1·01 to unity and from 1·07 to 1·06. The effect of these factors upon the crude live birth rates for 1960 may be seen in the following table which shows both the crude and adjusted rates for the urban, the rural and the Administrative County areas for each of the last 10 years. The live birth rates for England and Wales are also given.

	Live birth rate per 1,000 of the estimated home population									
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Urban Districts :										
Crude	14.79	14.50	14.92	14.33	14.31	15.19	15.89	16.17	16.67	17.05
Adjusted	14.94	14.64	15.06	14.76	14.74	15.49	16.21	16.49	16.84	17.05
Rural Districts :										
Crude	13.56	13.40	13.96	13.81	14.86	15.49	16.56	16.18	16.08	17.19
Adjusted	14.64	15.01	15.63	15.19	16.34	16.42	17.39	16.83	17.21	18.22
Administrative County :										
Crude	14.61	14.33	14.77	14.25	14.39	15.24	16.00	16.17	16.59	17.07
Adjusted	14.90	14.61	15.06	14.82	14.97	15.69	16.32	16.49	16.75	17.24
England and Wales	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5	*17.1

* Provisional figure.

For the fourth successive year the adjusted rate for the Administrative County in 1960 was higher than the national rate.

ILLEGITIMATE LIVE BIRTHS.—The number of births of illegitimate children registered during 1960 and belonging to the Administrative County is shown below, together with that for each of the previous 10 years :—

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1950	1,154	—137	—10.6	3.74
1951	1,119	—35	—3.0	3.75
1952	1,109	—10	—0.9	3.79
1953	1,056	—53	—4.8	3.50
1954	991	—65	—6.2	3.39
1955	1,047	+56	+5.7	3.52
1956	1,140	+93	+8.9	3.58
1957	1,241	+101	+8.9	3.68
1958	1,142	—99	—8.0	3.32
1959	1,296	+154	+13.5	3.63
1960	1,365	+69	+5.3	3.68

For the second successive year since the post-war low record of 1958 there was an increase in the illegitimacy rate for the Administrative County. It gives some perspective to the general level of the above rates, however, to add that they are consistently and appreciably lower than the corresponding national rates.

STILLBIRTHS.—The number of stillbirths assigned to the Administrative County in 1960 was 853, an increase of 33 over the total for the previous year. Associated with the greater number of live births which were registered in 1960, however, they corresponded to a rate of 22.5 per 1,000 total births, equalling the low record established in 1959. The corresponding provisional rate for England and Wales was 19.7 per 1,000 total births. Expressed in terms of estimated home population the stillbirth rate for the Administrative County was 0.39 per 1,000 and that for the whole country 0.34.

The local variation in the stillbirth rates is shown at County district level in Table 2, pages 170 to 177.

Deaths and Death Rates.—During 1960 there were assigned to the Administrative County 35 more deaths of females and 40 fewer of males than during 1959, with a resultant net decrease of five deaths to 27,280. Their distribution by sex is shown below, together with that for each of the preceding five years :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1955	11,877	11,295	23,172	1,880	1,729	3,609	13,757	13,024	26,781
1956	11,656	11,250	22,906	1,912	1,780	3,692	13,568	13,030	26,598
1957	11,887	11,409	23,296	2,018	1,794	3,812	13,905	13,203	27,108
1958	12,088	11,441	23,529	2,028	1,795	3,823	14,116	13,236	27,352
1959	11,810	11,777	23,587	1,965	1,733	3,698	13,775	13,510	27,285
1960	11,769	11,617	23,386	1,966	1,928	3,894	13,735	13,545	27,280

The following table analyses by age group the deaths assigned to the Administrative County in each of the last 10 years :—

Year	Deaths in age periods								Total
	0—	1—	5—	15—	25—	45—	65—	75—	
1951	870	192	142	241	1,349	6,845	8,482	10,149	28,270
1952	887	146	131	192	1,188	6,169	7,386	8,893	24,992
1953	880	177	123	189	1,156	6,218	7,215	8,923	24,881
1954	846	101	156	203	1,138	6,265	7,542	9,695	25,946
1955	791	135	154	164	1,128	6,545	7,545	10,319	26,781
1956	867	120	122	183	1,072	6,490	7,511	10,233	26,598
1957	850	159	148	177	1,068	6,727	7,668	10,311	27,108
1958	881	122	128	191	1,062	6,618	7,635	10,715	27,352
1959	844	125	135	237	960	6,577	7,695	10,712	27,285
1960	929	144	123	181	970	6,661	7,470	10,802	27,280

The cause contributing most to the increased mortality amongst infants and pre-school children was congenital malformations, but pneumonia also made an appreciable contribution. The mortality rate amongst all children under five years of age rose from 6.03 per thousand in 1959 to 6.42 in 1960. On the other hand the reduced number of deaths of children aged five to fourteen years inclusive, occurring as they did amongst a population which was continuing to expand, resulted in a rate of 0.37 per 1,000, the lowest on record. The appreciable decline in deaths of young persons aged 15–24 years as compared with 1959 can be attributed in the main to the much lower mortality classifiable within this group to cancer and to all types of accident.

Of all deaths during 1960, 91.4 per cent. occurred at ages of 45 years or over, 67.0 per cent. at 65 years or over and 39.6 per cent. at 75 years or over.

A classified statement of the causes of death in 1960, by age group and sex, for the Administrative County and the aggregates of urban and rural districts is given in Table 5, page 184. Details of the deaths in the various sanitary districts, classified according to the Short List based by the Registrar General on the Sixth Revision of the International Lists, are given in Table 4, pages 179 to 183, and total deaths by sex are shown for each district in Table 2, pages 170 to 177.

The 27,280 deaths assigned to the Administrative County in 1960 were equivalent to a crude mortality rate of 12.54 per 1,000 of the estimated home population, the lowest since 1953. Compared with the rate for the previous year it represented a reduction of 0.14 per thousand and with the rate for the preceding five years, 1955–59, a reduction of 0.27. The annual crude death rates for each of the last 50 years and the quinquennial averages since 1889 for the Administrative County and the aggregates of the urban and rural districts are given in Table 1, page 169.

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. 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 in practice this is achieved by the calculation and supply to each area by the Registrar General of an area comparability factor. The adjusted death rate resulting from the multiplication of the crude death rate of an area by its comparability factor may be regarded as comparable with the adjusted rate of another area or with the crude rate for England and Wales, inasmuch as each is considered to reflect differences only in the intensity of the mortality factors operating. The comparability factor for each County district is given in Table 3 on page 178, whilst the crude and adjusted rates are shown in Table 2, pages 170 to 177.

The 1960 factor for the Administrative County was 1.10, for the aggregate of urban districts 1.11 and for the rural districts 1.02. Their effect upon the crude rates for 1960 may be seen in the following table which shows, for the Administrative County and for the urban and rural areas, both the crude and adjusted rates for each of the last 10 years. The death rates for England and Wales are also given.

	Death rate per 1,000 of the estimated population									
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Urban Districts :										
Crude	14.23	12.65	12.34	12.80	13.19	12.96	13.11	12.95	12.80	12.55
Adjusted	14.37	12.78	12.46	13.06	13.45	13.86	14.16	13.99	14.08	13.93
Rural Districts :										
Crude	11.76	9.89	11.25	11.72	11.60	11.43	11.45	12.23	12.01	12.43
Adjusted	12.11	10.49	11.92	12.31	12.18	12.34	12.48	12.84	12.01	12.68
Administrative County :										
Crude	13.85	12.23	12.17	12.64	12.95	12.72	12.85	12.85	12.68	12.54
Adjusted	14.13	12.47	12.41	12.89	13.21	13.74	14.00	13.87	13.83	13.79
England and Wales	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	*11.5

* Provisional figure.

PRINCIPAL CAUSES OF DEATH.—Between 60 and 70 per cent. of all deaths each year are classified to causes falling within three main groups—heart disease, cancer and vascular lesions of the nervous system. The relative importance of these and of the other principal causes of death in 1960 is shown in the following table :—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms)	9,429	34.6
Cancer (including Hodgkin's disease, leukaemia and aleukaemia)	4,592	16.8
Vascular lesions of nervous system	4,135	15.2
Bronchitis	1,445	5.3
Violence (including all accidents, suicide and homicide)	1,244	4.6
Other circulatory disease	1,240	4.5
Pneumonia (including pneumonia of newborn)	1,066	3.9
Congenital malformations	291	1.1
Other diseases of respiratory system (excluding tuberculosis)	250	0.9

More detailed information on the chief causes of death is given in the following paragraphs. Unless otherwise stated, the death rates quoted are not standardised in any way.

HEART DISEASES.—The deaths classified to the heart diseases as grouped in the Registrar General's Short List and assigned to the Administrative County in 1960 are shown in the following table, together with the resultant death rates per 1,000 of the estimated home population and the corresponding figures for the previous five years.

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Total— all forms	
	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate
1955	3,524	1.70	594	0.29	4,899	2.37	9,017	4.36
1956	3,774	1.80	609	0.29	4,565	2.18	8,948	4.28
1957	3,905	1.85	664	0.31	4,482	2.12	9,051	4.29
1958	4,477	2.10	628	0.29	4,498	2.11	9,603	4.51
1959	4,393	2.04	552	0.26	3,929	1.83	8,874	4.13
1960	4,803	2.21	542	0.25	4,084	1.88	9,429	4.33

The above figures for the year under report again confirm and maintain the trend noted in earlier years, the most significant feature of which is the rapid increase in the proportionate contribution made to total heart disease mortality by "coronary disease, angina." During the 10 years in which classification has been in accordance with the above nomenclature there was a roughly compensatory decline in mortality classified to "other heart disease" so that, during that period, there has been no significantly upward or downward trend in total heart disease mortality.

The increased mortality ascribed to "coronary disease, angina" in 1960 as compared with the previous year was common to all sex/age groups above the age of 44 years but was proportionately greatest amongst females at ages over 64 years. Amongst males aged 45-64 years, however, there was a further increase of 10 per cent. The distribution by age group and sex of the deaths classified to this cause annually since 1950 is given below :—

Year	Deaths, by age periods, classified to coronary disease, angina											
	Under 45			45—			65—			75—		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1950	49	13	62	734	221	955	658	368	1,026	365	283	648
1951	54	10	64	791	231	1,022	711	444	1,155	390	283	673
1952	53	13	66	817	263	1,080	743	440	1,183	443	340	783
1953	64	11	75	803	275	1,078	735	448	1,183	399	377	776
1954	83	19	102	899	222	1,121	761	474	1,235	486	398	884
1955	56	12	68	914	277	1,191	814	501	1,315	515	435	950
1956	86	14	100	1,005	286	1,291	829	519	1,348	531	504	1,035
1957	73	12	85	1,028	284	1,312	850	577	1,427	553	528	1,081
1958	99	13	112	1,112	341	1,453	939	619	1,558	702	652	1,354
1959	86	15	101	1,115	359	1,474	928	619	1,547	613	658	1,271
1960	87	12	99	1,229	374	1,603	975	689	1,664	654	783	1,437

The trend of crude mortality from all forms of heart disease in the Administrative County during the past 20 years is shown in the following table :—

Year	No. of deaths	Crude death rate per 1,000 population	Year	No. of deaths	Crude death rate per 1,000 population
1941	5,960	3.10	1951	9,543	4.68
1942	5,884	3.12	1952	8,579	4.20
1943	6,150	3.32	1953	8,326	4.07
1944	6,311	3.43	1954	8,772	4.27
1945	6,641	3.62	1955	9,017	4.36
1946	6,873	3.57	1956	8,948	4.28
1947	7,420	3.78	1957	9,051	4.29
1948	7,148	3.56	1958	9,603	4.51
1949	8,328	4.12	1959	8,874	4.13
1950	9,145	4.47	1960	9,429	4.33

The numbers of deaths classified to the three groups of heart diseases and assigned to each County district in 1960 are shown in Table 4, pages 179 to 183. Table 5, page 184, shows the total by age group and sex for the aggregate urban districts, the aggregate rural districts and the Administrative County.

MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.—This group of causes is included in the Registrar General's Short List under the headings used in the table below, which gives particulars of deaths assigned to the Administrative County in each of the years 1955-60 :—

Year	Sex	Malignant neoplasm—				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Total— all forms
		Stomach	Lung, bronchus	Breast	Uterus			
1955	M.	398	668	6	—	1,122	41	2,235
	F.	331	85	380	185	977	40	1,998
	T.	729	753	386	185	2,099	81	4,233
1956	M.	380	692	2	—	1,098	60	2,232
	F.	325	120	423	207	1,011	44	2,130
	T.	705	812	425	207	2,109	104	4,362
1957	M.	438	764	4	—	1,094	55	2,355
	F.	335	141	393	214	992	55	2,130
	T.	773	905	397	214	2,086	110	4,485
1958	M.	394	745	3	—	1,122	61	2,325
	F.	341	128	398	222	972	44	2,105
	T.	735	873	401	222	2,094	105	4,430
1959	M.	424	780	3	—	1,082	52	2,341
	F.	342	112	399	205	1,008	59	2,125
	T.	766	892	402	205	2,090	111	4,466
1960	M.	402	818	3	—	1,138	67	2,428
	F.	349	129	402	188	1,043	53	2,164
	T.	751	947	405	188	2,181	120	4,592

Increases in the numbers of deaths classified to lung cancer and to "other malignant and lymphatic neoplasms" were mainly responsible for the rise in total cancer mortality during 1960 as compared with the previous year. Both totals were the highest yet recorded, as also was that for leukaemia and aleukaemia deaths. Most striking in both rate and consistency of increase since the adoption in 1950 of the current classification nomenclature have been the deaths of males from lung cancer, the 818 deaths thus classified in 1960 being exactly double the total recorded 10 years earlier.

Of the total deaths from all causes assigned to the Administrative County in 1960 the 4,592 classified to all forms of cancer represented 16·8 per cent. and were equivalent to a rate of 2·11 per 1,000 of the estimated home population. Whilst this exceeded by 0·03 per thousand both the rate for the previous year and the average for the preceding five years, 1955-59, it was not the highest County rate, 2·13 per thousand having been recorded in 1957. It also compared favourably with the corresponding provisional rate for England and Wales which was 2·16 per thousand. The movement during the last 10 years of the crude rates for the Administrative County and for its constituent grouped urban and rural areas is shown in the following table, together with the corresponding rates for the whole country :—

Year	Mortality rate from cancer (all forms) per 1,000 of estimated home population			
	Urban Districts	Rural Districts	Administrative County	England and Wales
1951	2·01	1·65	1·95	1·96
1952	2·09	1·57	2·01	1·99
1953	2·10	1·72	2·04	1·99
1954	2·08	1·75	2·03	2·04
1955	2·12	1·66	2·05	2·06
1956	2·15	1·74	2·09	2·08
1957	2·18	1·84	2·13	2·09
1958	2·11	1·91	2·08	2·12
1959	2·11	1·90	2·08	2·14
1960	2·15	1·90	2·11	*2·16

* Provisional figure.

The numbers of deaths assigned to each County district and classified to the six groups of causes comprising the above heading are given in Table 4, pages 179 to 183. The totals classified to the same groups for the aggregate urban districts, the aggregate rural districts and the Administrative County are analysed by sex and age group in Table 5, page 184.

VASCULAR LESIONS OF THE NERVOUS SYSTEM.—Following upon the large increase in mortality from this group of causes in 1959 there was a considerable decrease in 1960, the 4,135 deaths assigned to the Administrative County being 210 fewer than in 1959 and 33 below the average for the preceding five years 1955-59. The resultant rate of 1·90 per 1,000 of the estimated home population was the lowest since 1953. Of the total deaths from all causes vascular lesions of the nervous system accounted for 15·2 per cent.

The distribution by age group and sex of the deaths classified to this cause and assigned to the Administrative County in 1960 and each of the preceding five years is given in the following table. It will readily be seen that the condition is one closely associated with advanced age.

Year	Age in years														
	0-			45-			65-			75-			All ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1955	29	36	65	362	381	743	579	747	1,326	788	1,137	1,925	1,758	2,301	4,059
1956	25	34	59	357	428	785	549	745	1,294	759	1,235	1,994	1,690	2,442	4,132
1957	41	28	69	374	371	745	599	747	1,346	772	1,261	2,033	1,786	2,407	4,193
1958	33	32	65	362	342	704	560	735	1,295	785	1,262	2,047	1,740	2,371	4,111
1959	34	37	71	363	369	732	598	800	1,398	834	1,310	2,144	1,829	2,516	4,345
1960	35	41	76	350	351	701	552	723	1,275	760	1,323	2,083	1,697	2,438	4,135

The deaths from vascular lesions of the nervous system assigned to each County district during 1960 are shown in Table 4, pages 179 to 183, 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 5, page 184.

BRONCHITIS.—The number of deaths classified to bronchitis and assigned to the Administrative County in 1960 was 1,445, a decrease of 162 as compared with the previous year and of 131 as compared with the average for the preceding five years, 1955–59. The resultant mortality rate of 0.66 per 1,000 of the estimated home population was the lowest for 21 years. As is to be expected the toll from this cause was appreciably greater in the urban areas than in the rural districts, the rates for the respective aggregates being 0.70 and 0.43 per thousand. Of the 1,445 deaths, which amounted to 5.3 per cent. of the total from all causes, 985 or 68.2 per cent. were of persons aged 65 years or more.

VIOLENCE.—Deaths from violence are divided into four groups in the Registrar General's Short List of 36 Causes of Death—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1960 and the five preceding years are shown in the following table:—

Year	Motor vehicle accidents			All other accidents			Suicide			Homicide and operations of war			Total— all forms		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1955	149	56	205	333	338	671	165	99	264	11	1	12	658	494	1,152
1956	177	64	241	297	309	606	187	113	300	14	3	17	675	489	1,164
1957	171	42	213	316	282	598	174	106	280	19	9	28	680	439	1,119
1958	201	67	268	360	301	661	191	113	304	12	5	17	764	486	1,250
1959	214	101	315	332	330	662	170	120	290	10	6	16	726	557	1,283
1960	222	107	329	261	374	635	160	109	269	10	1	11	653	591	1,244

Reductions in deaths during 1960 from accidents other than motor vehicle accidents and from suicide were more than sufficient to offset a relatively small rise in the number of deaths resulting from motor vehicle accidents, with a consequent decline in total mortality from all forms of violence. The 1,244 deaths produced a mortality rate of 0.57 per 1,000 of the estimated home population which, although comparing unfavourably with the remainder of the post-war years, represented an improvement over the corresponding rates for 1958 and 1959.

The 329 deaths resulting from motor vehicle accidents represented a rate of 0.15 per 1,000 of the estimated home population. This equalled the corresponding rate for the previous year which was higher than any recorded since the classification was introduced in 1950 and exceeded any under the former classification of "road traffic accidents" since 1941.

All other types of accident were responsible for 635 deaths, the resultant rate of 0.29 per 1,000 of the population being 0.02 per thousand less than the corresponding rate for the previous year. Contrary to the normal sex distribution within this classification deaths of females outnumbered those of males by a considerable margin, the former total being the highest since the adoption of the classification in 1950 and the latter total the lowest since 1952.

The 269 deaths due to suicide were 21 fewer than the total for the previous year and 19 less than the annual average for the preceding five years, 1955–59. The resultant mortality rate of 0.12 per 1,000 of the estimated population was the lowest since 1953.

OTHER CIRCULATORY DISEASE.—This classification, which covers all diseases of the circulatory system except the heart diseases mentioned earlier, accounted in 1960 for 1,240 deaths, 42 more than in 1959 and 68 more than the annual average for the preceding five years, 1955–59. This group of causes is usually the one most closely related to old age and in the year under report some 82 per cent. of the deaths classified thereto were of persons aged 65 years or more. The 1,240 deaths amounted to 4.5 per cent. of the total from all causes and were equivalent to a rate of 0.57 per 1,000 of the estimated home population, the highest since 1955.

PNEUMONIA.—Deaths in 1960 from pneumonia numbered 1,066, a decrease of 93 as compared with the previous year but 51 more than the annual average for the preceding five years, 1955–59. The resultant rate of 0.49 per 1,000 of the estimated home population was 0.05 below the rate for the previous year and also represented a slight improvement over the rates for 1957 and 1958. Of the 1,066 deaths, which amounted to 3.9 per cent. of the total from all causes, 695 or 62.2 per cent. were of persons aged 65 years or over and a further 141 or 13.2 per cent. were of infants under one year of age.

CONGENITAL MALFORMATIONS.—The 291 deaths ascribed to congenital malformations in 1960 were the highest total recorded since their separate identification was adopted in 1950 and raised this classification to the unusually high position of eighth amongst the major causes of mortality. In terms of total population the rate of 13.4 per 100,000 was also the highest on record. However, since rather more than 70 per cent. of all such deaths usually occur in the first year of life they are more closely related to movements in live birth frequency than in total population. In 1960 the 208 deaths of infants under one year of age which were due to congenital malformations were equivalent to a rate of 5.6 per 1,000 born alive which, although high, was 0.3 per thousand less than the corresponding rate for 1957.

TRANSFERABLE DEATHS.—During the year under review, the following transfers were made—9,981 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 deaths (known as inward transfers) were assigned to their proper districts; 7,452 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

MATERNAL MORTALITY.—The number of deaths classified to "pregnancy, childbirth, abortion" and assigned to the Administrative County in 1960 was 17, two less than in 1959. The resultant rate of 0.45 per 1,000 total (live and still) births was 0.07 less than that for the previous year and equalled the low record rate established in 1958. It was, however, 0.06 per thousand above the provisional rate for England and Wales.

The following table illustrates the trend of maternal mortality in the Administrative County and England and Wales during the decade prior to the year under report. In conformity with the procedure adopted by the Registrar General in the 1958 Statistical Review for England and Wales there have been omitted from the table certain deaths—prior to 1958—where the interval between maternal condition and death exceeded 12 months, such deaths no longer being classified to maternal causes.

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
1950	31,619	31	0.98	0.87
1951	30,553	21	0.69	0.76
1952	30,039	24	0.80	0.67
1953	30,957	37	1.20	0.71
1954	30,052	25	0.83	0.65
1955	30,558	37	1.21	0.59
1956	32,710	17	0.52	0.52
1957	34,608	19	0.55	0.45
1958	35,243	16	0.45	0.43
1959	36,502	19	0.52	0.37
1960	37,990	17	0.45	*0.39

* Provisional figure.

Whilst the Registrar General in his Short List groups all deaths from maternal causes under the one heading, "pregnancy, childbirth, abortion," the 17 deaths so classified amongst residents of the Administrative County during 1960 can be identified in local records, and the following statement analyses them by cause in accordance with the International Lists and compares them with the corresponding analysis for the previous year.

Cause of death	No. of deaths	
	1959	1960
<i>Complications of pregnancy—</i>		
Toxaemias of pregnancy (642)	4	6
Other complications arising from pregnancy (648)	1	1
<i>Abortion—</i>		
Abortion without mention of sepsis or toxaemia (650)	—	1
Abortion with sepsis (651)	2	—
Abortion with toxaemia, without mention of sepsis (652)	1	—
<i>Delivery with specified complication—</i>		
Delivery complicated by placenta praevia or antepartum haemorrhage (670)	—	2
Delivery complicated by retained placenta (671)	1	—
Delivery complicated by other postpartum haemorrhage (672)	1	1
Delivery complicated by disproportion or malposition of foetus (674)	1	—
Delivery complicated by prolonged labour of other origin (675)	—	2
Delivery with other trauma (677)	1	—
Delivery with other complications of childbirth (678)	4	1
<i>Complications of the puerperium—</i>		
Sepsis of childbirth and the puerperium (681)	1	2
Puerperal pulmonary embolism (684)	1	1
Puerperal eclampsia (685)	1	—
TOTAL—all causes	19	17

Investigation of Maternal Deaths.—Under instructions of the Minister of Health each death of a woman which has any association with childbirth must be investigated and, in the County area, such investigations are carried out by the divisional medical staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

Infant Mortality.—Deaths of infants aged less than one year which were assigned to the Administrative County in 1960 numbered 929, an increase of 85 over the total for the previous year. They were equivalent to a rate of 25.0 per 1,000 live births which was 1.3 per thousand above the low record rate of 1959 but showed an improvement of 0.6 over the average for the preceding five years, 1955–59. The 929 infant deaths amounted to 3.4 per cent. of the total deaths at all ages and, expressed in terms of estimated home population, represented a rate of 0.43 per 1,000.

The following table shows the County, urban and rural infant death rates for 1960 and the preceding 10 years, together with those for England and Wales. All are rates per 1,000 live births registered during the year with the exception of those for England and Wales for the years 1950–56 inclusive, which are based on *related* live births.

	Rate of deaths of children under 1 year per 1,000 live births										
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Urban Districts	32.9	28.9	30.9	28.9	29.0	25.9	27.3	25.3	25.5	23.8	25.4
Rural Districts	30.6	30.7	26.4	30.5	28.7	30.1	26.6	24.5	26.3	22.8	22.7
Administrative County	32.6	29.2	30.3	29.1	28.9	26.6	27.2	25.2	25.6	23.7	25.0
England and Wales	29.6	29.7	27.6	26.8	25.4	24.9	23.7	23.1	22.6	22.2	*21.7

* 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 169.

MORTALITY OF ILLEGITIMATE INFANTS.—The following table shows the differential incidence of mortality during 1960 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		
	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total
1955	25.7	31.5	25.9	29.6	47.2	30.1	26.3	33.4	26.6
1956	27.0	35.0	27.3	25.9	50.0	26.6	26.9	36.8	27.2
1957	25.4	23.8	25.3	23.8	47.3	24.5	25.1	26.6	25.2
1958	25.7	18.8	25.5	25.8	46.5	26.3	25.7	21.9	25.6
1959	23.5	31.0	23.8	22.6	29.4	22.8	23.4	30.9	23.7
1960	25.0	35.6	25.4	22.8	19.0	22.7	24.7	33.7	25.6

NEO-NATAL MORTALITY.—The number of deaths of infants at ages of less than four weeks which were registered and assigned to the Administrative County in 1960 was 650, an increase of 54 over that for 1959. They amounted to 70.0 per cent. of the total infant deaths and were equivalent to a neo-natal mortality rate of 17.5 per 1,000 live births. This was 0.8 per thousand above the rate for the preceding year but represented an improvement of 0.6 over the rate for the five years, 1955–59.

The neo-natal mortality rates for the Administrative County and the aggregates of the urban and rural districts for 1960 and each of the preceding 10 years are given in the following table together with the corresponding rates for England and Wales.

	Rate of deaths of children aged less than four weeks per 1,000 live births										
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Urban Districts	20.0	18.8	20.5	19.9	20.6	18.8	19.3	17.7	18.3	16.5	17.4
Rural Districts	18.9	20.5	20.2	23.2	21.2	21.0	19.0	17.4	18.2	17.8	17.8
Administrative County	19.9	19.0	20.4	20.4	20.6	19.2	19.2	17.6	18.2	16.7	17.5
England and Wales	18.5	18.9	18.3	17.7	17.7	17.2	16.8	16.5	16.2	15.8	*15.6

* Provisional figure.

EARLY NEO-NATAL MORTALITY.—Particulars of infant deaths at ages of less than one week were issued by the Registrar General to local medical officers of health for the first time in 1959. The number of such early neo-natal deaths assigned to the Administrative County in 1960 was 556, representing 85.5 per cent. of all neo-natal deaths and 59.8 per cent. of total infant deaths. The resultant rate of 15.0 per 1,000 live births was 0.9 above the corresponding rate for the previous year.

CAUSES OF INFANT AND NEO-NATAL DEATHS.—No classification by cause is provided by the Registrar General for the registered neo-natal and early neo-natal deaths assigned to local areas, and a reference to Table 5, page 184, shows that the group classifications of the Registrar General's Short List of 36 Causes are unsatisfactory for the analysis of deaths at ages under one year, considerably more than a half of such infant deaths being shown to be due to "other defined and ill-defined diseases." A more satisfactory classification of the causes of infant and neo-natal mortality is available, however, from departmental records, although three factors operate against an exact agreement of the deaths analysed locally with those included in the Registrar General's analysis—(i) the local analysis relates to deaths occurring during the calendar year, the latter to deaths registered; (ii) the former analysis may be deficient in 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 to the certifying practitioner cannot normally be made by the County authority in cases of inadequate certification.

Compared with the 556 early neo-natal, 650 neo-natal and 929 infant deaths registered in 1960 and assigned by the Registrar General to the Administrative County the local analyses show respective totals of 558, 651 and 933. These were classified by cause group as follows:—

Cause of death	Early neo-natal deaths	Neo-natal deaths	Infant deaths
Meningococcal infection	—	1	3
Influenza	—	—	2
Pneumonia	14	31	149
Bronchitis	1	1	21
Other diseases of respiratory system	—	1	5
Gastritis, enteritis and diarrhoea	—	5	26
Congenital malformations	88	124	190
Of circulatory system	31	44	72
Spina bifida and meningocele	14	26	42
Congenital hydrocephalus	5	9	16
Monstrosity	13	13	13
Of digestive system	6	9	12
Of genito-urinary system	6	8	10
Other	13	15	25
Birth injuries	77	77	78
Intracranial and spinal injury	59	59	60
Other	18	18	18
Post-natal asphyxia and atelectasis	148	152	153
Infections of the newborn	8	10	11
Other diseases peculiar to early infancy	219	232	238
Immaturity, unqualified	173	180	183
Ill-defined diseases peculiar to early infancy	17	20	22
Haemolytic disease of newborn (erythroblastosis)	17	18	19
Haemorrhagic disease of newborn	7	8	8
Immaturity with other subsidiary condition	5	6	6
All other causes	3	17	57
TOTAL—all causes	558	651	933

Particulars of the registered infant, neo-natal and early neo-natal deaths and death rates for each County district for the year 1960 are given in Table 2, pages 170 to 177.

Perinatal Mortality.—This term is now in general use to describe the total loss of infant life shortly before, during and shortly after birth, represented by all stillbirths in combination with early neo-natal deaths. The perinatal mortality rate expresses the total of such events as a proportion per 1,000 total (live and still) births and the 1960 rate for the Administrative County produced by the 853 stillbirths and 556 early neo-natal deaths was 37.1, compared with a rate of 36.2 in 1959.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Smallpox.—For the seventh successive year no case of smallpox was notified within the Administrative County area.

Diphtheria.—Although during the last few years diphtheria has been almost completely eliminated in the Administrative County area, it is still not possible to report a year when no cases were notified. In fact, during 1960 three cases occurred—one in the first quarter and two in the last quarter, but only one sanitary district was concerned. One of the cases was of a pre-school child whilst the other two were of children between the ages of 10 and 14 years, one of whom died. None of the three children concerned had been immunised.

Whooping Cough.—Notifications of cases of whooping cough during the year numbered 2,805 or 190 more than in 1959. The resultant attack rate was 1.29 per 1,000 of the estimated home population—0.07 greater than in the previous year. For the third successive year there were no deaths classified to this cause.

Measles (excluding rubella).—In accordance with the normal pattern of alternating high and low incidences from year to year it was to be expected that there would be an appreciable fall in 1960 in the number of cases of measles. This, however, was not so—the 20,054 cases being only 2,439 fewer than in the previous year. The resultant attack rate was 9.22 per 1,000 of the estimated home population—1.24 less than in the previous year but 5.74 greater than that for the whole country. The number of deaths from the disease, viz., five, was the same as in 1959, the corresponding mortality rate remaining unchanged at 0.002 per 1,000 population. Four of the deaths were of children under 5 years of age and the other of a child of school age.

Meningococcal Infection.—There were 19 fewer cases of meningococcal infection in 1960 than in the previous year, the 34 cases notified being also 19 fewer than the average of the previous 10 years. The consequent attack rate of 0.016 per 1,000 of the estimated population was 0.009 less than in 1959 and was only slightly higher than that of 0.014 for the whole country. Four deaths were ascribed to this cause as compared with 10 in the previous year and an average of 12 in the preceding 10 years. The mortality rate of 0.002 per 1,000 population was an improvement of 0.003 on that for the previous year whilst the case fatality rate was only 11.8 per cent. as compared with 18.9 per cent. in 1959.

Acute Poliomyelitis.—The year 1960 was marked by a remarkably low incidence of cases of acute poliomyelitis, only six notifications being received. It is exactly 30 years since such a small number of cases was recorded in the Administrative County area and this is particularly pleasing in view of the relatively high annual incidences since 1947, when 375 cases were notified.

The six cases represented a decrease of 50 on the previous year's figure and corresponded to an attack rate of 0.003 per 1,000 estimated population as compared with 0.03 per 1,000 in 1959, and 0.008 for the country as a whole. Six County districts were involved, the remaining 103 being entirely free from the disease throughout the year. Four of the six cases were of the paralytic type—the ratio of paralytic to non-paralytic cases thus being 2 : 1, which is rather closer than has been the experience during the past decade. Of the paralytic cases, two occurred in boys aged 5 and 7 years respectively, one was that of a young male adult aged 24 years and the other of a male adult aged 35 years. The non-paralytic cases were of a male pre-school child and a female adult aged 29 years.

Only one death was ascribed to this disease in 1960—that of a two-year-old boy—who in fact died without having been notified, only a post-mortem examination revealing that the child had been suffering from acute poliomyelitis. This one death constituted the lowest number recorded since 1937, when only one death occurred, and produced a mortality rate of 0.0005 per 1,000 population—just half that for the previous year.

The extremely low incidence and mortality from acute poliomyelitis would suggest that the intensive vaccination programme carried on since 1956 was responsible. To draw such a conclusion would, however, be very unwise in that, as yet, on the limited experience available there is insufficient evidence to make a proper assessment of the effect of the protection afforded by vaccination to the population of the Administrative County. On the other hand, the Chief Medical Officer of the Ministry of Health has stated that there is little doubt that a substantial protection is conferred by the course of vaccination now recommended and that there is evidence that the chance of paralysis is progressively lessened according to the number of immunising injections received by the patients.

The following table gives particulars of the notifications of and deaths from acute poliomyelitis in the Administrative County during the last 10 years :—

Year	Cases notified			Attack rate per 10,000 population			No. of deaths registered	Mortality rate per 10,000 population	Case fatality rate per cent.
	Total	Paralytic							
		No.	% of total	Total	Paralytic	Non-paralytic			
1951	83	59	71.1	0.41	0.29	0.12	10	0.05	12.0
1952	55	43	78.2	0.27	0.21	0.06	8	0.04	14.5
1953	132	98	74.2	0.65	0.48	0.17	8	0.04	6.1
1954	63	40	63.5	0.31	0.19	0.11	4	0.02	6.3
1955	130	93	71.5	0.63	0.45	0.18	4	0.02	3.1
1956	174	98	56.3	0.83	0.47	0.36	9	0.04	5.2
1957	96	74	77.1	0.45	0.35	0.10	5	0.02	5.2
1958	101	75	74.3	0.47	0.35	0.12	9	0.04	8.9
1959	56	45	80.4	0.26	0.21	0.05	2	0.01	3.6
1960	6	4	66.7	0.03	0.02	0.01	1	0.005	16.7
1951-60	896	629	70.2	0.43	0.30	0.13	60	0.03	6.7

Acute Encephalitis.—Eight cases of acute encephalitis were notified in the Administrative County during 1960—five infective and three post-infectious. This was three more than in 1959 and was equivalent to an incidence rate of 0.003 per 1,000 estimated population. The average annual number of cases of this disease over the previous ten years was 10.

Scarlet Fever.—The number of notifications of scarlet fever was 2,022 or 486 fewer than in the previous year and was equivalent to an attack rate of 0.93 per 1,000 of the estimated population or 0.24 per 1,000 less than in 1959. During the previous ten years the annual number of cases has averaged 2,669 with a corresponding attack rate of 1.28 per 1,000 population. According to local returns no death classifiable to scarlet fever occurred during the year.

Typhoid and Paratyphoid Fevers.—During the five years 1955-1959, the number of cases of typhoid and paratyphoid fevers has averaged 24 per year and in 1959 was 26. During the year under report, the incidence was rather less than both these figures, only 20 cases being notified. The attack rate produced by these cases was 0.009 per 1,000 estimated population—0.003 less than in 1959 but 0.002 greater than that for the country as a whole. According to returns from local Medical Officers of Health, no deaths were ascribed to these diseases during the year.

Dysentery.—Never since dysentery first became compulsorily notifiable in 1919 has the number of notified cases been so large as in 1960. No less than 4,052 cases were notified in 1960—an increase of 1,773 over the previous year's figure and 736 more than the previous highest number of 3,316 in 1955. The 4,052 cases were equivalent to an attack rate of 1.86 per 1,000 of the population. The corresponding rate for England and Wales was 0.95. Fortunately, deaths from this disease are usually few in number and in 1960 only two were recorded locally, the resultant case fatality rate being 0.05 per cent.

Unlike most intestinal infections, which have their highest incidences in the warmer summer months, dysentery is usually most in evidence in the first or winter quarter of the year and affects both males and females to much the same degree. These facts are borne out in the following statement relating to the cases in 1960.

	Quarter ended—				Annual total
	31.3.60	30.6.60	30.9.60	31.12.60	
Male... ..	1,027	624	148	157	1,956
Female... ..	1,079	698	145	174	2,096
TOTAL... ..	2,106	1,322	293	331	4,052
Percentage of annual total... ..	52.0	32.6	7.2	8.2	100

Over 71 per cent. of the total cases notified were of children under 15 years of age.

Food Poisoning.—Cases of food poisoning notified during 1960 numbered 306 or 178 fewer than in the previous year and were little more than half the average annual figure of 607 over the previous five years, 1955–1959.

The 306 cases in 1960 were equivalent to an attack rate of 0.14 per 1,000 of the estimated population—0.09 less than in the previous year and 0.03 below that for England and Wales as a whole.

Only one death was recorded locally as being due to food poisoning—that of a middle-aged man who was found dead, only a post-mortem examination revealing that the cause of death was toxæmia due to *cl. welchii*.

Further particulars regarding the cases notified in 1960, including the organisms or other agents responsible, the foods involved and the places where the contaminated foods were consumed are given later in this report in the section relating to "Inspection and Supervision of Food."

Anthrax.—The effect of the Public Health (Infectious Diseases) Amendment Regulations, 1960, which came into operation on the 1st December, 1960, was to include anthrax with the diseases which were made notifiable by the Public Health (Infectious Diseases) Regulations, 1953. This followed upon a recommendation of the Committee of Inquiry on Anthrax, which was appointed by the Minister of Labour and National Service in 1957 and presented its report in November, 1959, that, in addition to the requirement of s.66 of the Factories Act, 1937, for medical practitioners to notify the Chief Inspector of Factories of cases of anthrax contracted in any factory, anthrax should also be made a notifiable disease under the Public Health Acts. The Committee considered that the practical advantages of such action would be as follows :—

"First, there would be an increased awareness among general practitioners of the possibility of cases of anthrax occurring. Secondly, the general practitioner would be more likely to turn to the medical officer of health for help and guidance on where to send cases for a second opinion or for treatment. Both of these considerations would help in identifying cases of anthrax and in seeing they were referred promptly to an appropriate hospital. Thirdly, the medical officer of health would be empowered to investigate the source of infection and take any necessary action in cases occurring outside the scope of the Factories Act where, at present, no one has this responsibility."

No case of anthrax was notified under the Regulations in the Administrative County area during the month of December, 1960.

Below, comparison is made of the number of notifications of the principal infectious diseases during 1960 and the preceding 10 years :—

Infectious disease	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Measles (excluding rubella)	17,636	26,461	16,197	21,785	13,277	24,499	9,395	31,473	10,328	22,493	20,054
Whooping cough ...	8,295	6,005	4,775	7,260	5,224	3,649	5,330	3,091	1,394	2,615	2,805
Scarlet fever ...	3,670	3,063	3,816	3,584	2,466	2,065	1,888	1,645	1,985	2,508	2,022
Acute pneumonia (primary and influenzal)	1,213	2,028	1,183	1,165	999	989	925	1,354	860	1,032	592
Dysentery ...	1,303	1,295	1,250	899	2,769	3,316	2,471	3,008	2,659	2,279	4,052
Erysipelas ...	363	305	252	282	214	217	194	167	135	153	128
Puerperal pyrexia ...	93	143	230	239	252	326	265	186	135	162	125
Diphtheria ...	43	38	72	18	17	13	3	1	1	2	3
Acute poliomyelitis ...	160	83	55	132	63	130	174	96	101	56	6
Meningococcal infection	44	65	37	64	60	60	73	51	28	53	34
Acute encephalitis ...	5	20	9	8	11	13	11	8	8	5	8
Typhoid and paratyphoid fevers ...	12	116	32	11	27	29	13	18	36	26	20
Smallpox ...	—	—	19	2	—	—	—	—	—	—	—

Death Rates from Certain Infectious Diseases.—The table below gives for the last two decades 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 years 1941–45 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
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	2	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
1951	†2,040,460	nil	nil	1	0.000	17	0.008	15	0.007	10	0.005	12	0.006
1952	†2,043,900	nil	nil	2	0.001	6	0.003	4	0.002	8	0.004	14	0.007
1953	2,044,400	1	0.000	2	0.001	12	0.006	12	0.006	8	0.004	11	0.005
1954	†2,052,270	nil	nil	nil	nil	3	0.001	1	0.000	4	0.002	10	0.005
1955	2,068,000	nil	nil	nil	nil	4	0.002	6	0.003	4	0.002	12	0.006
1956	2,091,000	nil	nil	nil	nil	5	0.002	nil	nil	9	0.004	14	0.007
1957	2,110,000	nil	nil	nil	nil	3	0.001	3	0.001	5	0.002	10	0.005
1958	2,129,000	nil	nil	1	0.000	nil	nil	1	0.000	9	0.004	10	0.005
1959	2,151,000	nil	nil	nil	nil	nil	nil	5	0.002	2	0.001	10	0.005
1960	2,175,950	nil	nil	1	0.000	nil	nil	5	0.002	1	0.000	4	0.002

* This classification was first introduced in 1950 and comparative figures for previous years are not available.

† Specially constructed population.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1953, cases of acute rheumatism in persons under 16 years of age are required to be notified in certain specified areas where suitable facilities exist for checking the diagnosis and carrying out subsequent supervision. The Acute Rheumatism (Amendment) Regulations, 1959, which came into operation on the 16th February, 1959, extended this requirement to the Administrative County of Lancaster and certain other areas. Notification is required to be made to the County Medical Officer of Health and not, as is the case with almost all other notifiable diseases, to the respective medical officers of health of the County districts. Under the regulations "acute rheumatism" means any of the following conditions occurring separately or together in a person under the age of 16 years—(i) rheumatic pains or arthritis accompanied by a rise in temperature; (ii) rheumatic chorea; (iii) rheumatic carditis; (iv) valvular disease of the heart of rheumatic origin.

Each notified case is subsequently classified by the general practitioner or specialist to whom it has been referred into one of seven clinical categories recommended by the Medical Research Council, four being of rheumatic origin and three of non-rheumatic origin.

During 1960, notifications in the Administrative County area numbered 61 or five more than in the previous year from the 16th February when the condition first became notifiable. The following statement shows the notified cases by clinical classification and age groups.

Clinical classification of cases notified	Age in years—										
	0—		5—		10—		15		Total under 16		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
1. Rheumatic pains and/or arthritis without heart disease	1	—	9	1	11	7	1	—	22	8	30
2. Rheumatic heart disease (active)											
(a) Alone... ..	—	—	1	—	1	3	—	—	2	3	5
(b) With polyarthritis	—	1	2	2	3	8	—	1	5	12	17
(c) With chorea... ..	—	—	—	—	2	—	—	—	2	—	2
3. Rheumatic heart disease (quiescent)	—	—	1	—	2	2	1	—	4	2	6
4. Rheumatic chorea (alone) ...	—	—	—	—	—	—	—	—	—	—	—
Total rheumatic cases ...	1	1	13	3	19	20	2	1	35	25	60
5. Congenital heart disease ...	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic heart disease or disorder	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease	—	—	—	1	—	—	—	—	—	1	1
Total non-rheumatic cases...	—	—	—	1	—	—	—	—	—	1	1

The 60 cases which were confirmed as of rheumatic origin were equivalent to 1.14 per 10,000 of the estimated number of children under 16 years of age. The incidence amongst what is commonly referred to as the school population, i.e., those aged 5–14 years inclusive, was 1.67 per 10,000, whilst the corresponding proportion of the pre-school population represented by the two cases under 5 years of age was 0.12.

Tuberculosis.—NOTIFICATIONS.—The official tuberculosis service in the Administrative County began in 1913. In that year there was a total of 4,292 notifications of tuberculosis—2,700 respiratory cases and 1,592 non-respiratory cases. The corresponding case rates were respectively 2.45, 1.54 and 0.90 per 1,000 of the population. Since that time, apart from occasional fluctuations and a reversal of the downward trend during the years of the second great war, the incidence has gradually declined until in 1960 only 1,259 cases of all forms of tuberculosis were notified, 1,155 being respiratory and 104 non-respiratory. The resultant case rates were 0.58, 0.53 and 0.05 per 1,000 population respectively.

Even so, these figures do not in fact provide a proper appreciation of the decline of the incidence of tuberculosis in the Administrative County in that during the past decade or so, mainly due to the absorption of over-spill populations from neighbouring county boroughs, large numbers of people including an appreciable proportion of tubercular cases have each year become domiciled in the Administrative County area and the tubercular cases, although previously notified elsewhere, have by reason of their changed place of residence been again notified to the County authority. In other words, their inclusion in the notification figures over states the true incidence of new tuberculosis cases arising in the area.

In the table below the total cases notified during 1960 and the previous ten years are given together with the corresponding case rates per 1,000 of the estimated population. The use of the term "case rate" is considered to be more appropriate than attack or incidence rate by reason of the inclusion of the so-called transfer cases referred to earlier.

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)
1950	1,497	401	1,898	0.73	0.20	0.93
1951	1,838	396	2,234	0.90	0.19	1.09
1952	1,712	367	2,079	0.84	0.18	1.02
1953	1,753	322	2,075	0.86	0.16	1.01
1954	1,822	312	2,134	0.89	0.15	1.04
1955	1,745	224	1,969	0.84	0.11	0.95
1956	1,710	225	1,935	0.82	0.11	0.93
1957	1,780	209	1,989	0.84	0.10	0.94
1958	1,578	173	1,751	0.74	0.08	0.82
1959	1,508	136	1,644	0.70	0.06	0.76
1960	1,155	104	1,259	0.53	0.05	0.58

An analysis by sex, age group and site classification of the notifications of tuberculosis, both primary and inward transfer, received during 1960 is given in Table 6, page 185.

The notifications of both respiratory and non-respiratory tuberculosis in 1960 were fewer in number than in any previous recorded year and the corresponding case rates established new low records. As compared with the previous year's figures the number of respiratory cases fell by 353—the greatest single yearly decrease since that in 1919—whilst non-respiratory cases were 32 less. The respiratory case rate of 0.53 per 1,000 population showed a considerable improvement on the figure of 0.70 in 1959, whilst that of 0.05 for the non-respiratory cases was fractionally better than the previous year's figure of 0.06.

To obtain a more accurate picture of the actual incidence of tuberculosis arising in the Administrative County area, it is necessary to examine the notifications of entirely new cases, i.e., those not previously notified either in the County area or in other authorities' areas. Such notifications together with the corresponding incidence rates from 1950 onwards are set out in the following table:—

Year	* Notifications			Incidence rate per 1,000 of population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1950	1,394	391	1,785	0.68	0.19	0.87
1951	1,688	381	2,069	0.83	0.19	1.01
1952	1,588	359	1,947	0.78	0.18	0.95
1953	1,492	298	1,790	0.73	0.15	0.88
1954	1,420	288	1,708	0.69	0.14	0.83
1955	1,165	187	1,352	0.56	0.09	0.65
1956	1,158	186	1,344	0.55	0.09	0.64
1957	1,153	178	1,331	0.55	0.08	0.63
1958	1,024	142	1,166	0.48	0.07	0.55
1959	1,016	110	1,126	0.47	0.05	0.52
1960	775	86	861	0.36	0.04	0.40

* Excluding "transfers-in"

A comparison of the above figures with those given in the preceding table will at once indicate the extent to which the notification of tuberculosis in the Administrative County is inflated by the inclusion of transfer cases. The rate at which tuberculosis is actually arising in the Administrative County area again fell considerably in 1960 and new low records were again established not only in numbers but in the relative incidence rates. Compared with the corresponding rates for England and Wales, the County respiratory rate of 0.36 per 1,000 population and the non-respiratory rate of 0.04 per 1,000 represented improvements respectively of 0.10 and 0.02, differences which were even greater than those of 0.07 and 0.01 the previous year.

An examination of the notified cases of actual incidence in 1960, i.e., after correction for subsequent changes in diagnosis and the exclusion of all duplicate and inward transfer cases, reveals that of the 775 cases of respiratory tuberculosis, 462 were males and 313 were females, whilst of the 86 non-respiratory cases, 48 were males and 38 females. The differences between the sex incidences is similar to the general experience for some years. Whilst Table 6 on page 185 gives the notifications by sex and age groups in some detail, it is of interest to reproduce here a summary of such particulars.

Respiratory tuberculosis			Age group (years)	Non-respiratory tuberculosis		
Male	Female	Total		Male	Female	Total
13	11	24	0-	5	4	9
15	19	34	5-	12	7	19
57	93	150	15-	3	8	11
132	121	253	25-	13	8	21
190	47	237	45-	7	7	14
55	22	77	65-	8	4	12
462	313	775	All ages	48	38	86

So far as respiratory tuberculosis is concerned it will be seen that whilst the incidence is relatively light up to school leaving age, it then increases greatly in the young adult group with a pronounced weighting so far as females are concerned. Between the ages of 25 and 45 years there is a further marked increase but with little difference between the sexes. From 45 years onwards, however, the number of cases arising amongst males far and away exceed those amongst females. This pattern is, of course, one which has held good for many years and despite the decreasing incidence of tuberculosis has not undergone any radical change.

MORTALITY.—There was a further reduction in the number of deaths from all forms of tuberculosis as compared with the previous year. In all, 159 deaths occurred, 151 from respiratory forms of the disease and eight from other forms. In 1959 the comparable figures were 176, 163 and 13 respectively. Once again new low record mortality rates were established, that for respiratory tuberculosis being only 0.07 per 1,000 population and that for non-respiratory tuberculosis 0.003 per 1,000, whilst for all forms, the rate was 0.07. These rates compare favourably with those for England and Wales which are recorded as 0.07, 0.01 and 0.08 per 1,000 population respectively.

In the table below the numbers of deaths registered during 1960 and the preceding ten years, 1950-1959, are given together with the corresponding death-rates.

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)
1950	573	93	666	0.28	0.05	0.33
1951	529	85	614	0.26	0.04	0.30
1952	414	63	477	0.20	0.03	0.23
1953	361	42	403	0.18	0.02	0.20
1954	293	44	337	0.14	0.02	0.16
1955	302	25	327	0.15	0.01	0.16
1956	235	24	259	0.11	0.01	0.12
1957	207	29	236	0.10	0.01	0.11
1958	204	19	223	0.10	0.01	0.10
1959	163	13	176	0.08	0.01	0.08
1960	151	8	159	0.07	0.003	0.07

The figures above will suffice to show how rapid has been the decline in the mortality attributable to tuberculosis during the past ten years but this is, in fact, merely an acceleration of a continuing process which has been taking place to a greater or lesser degree for well nigh half a century.

Table 5 on page 184 shows the distribution of deaths from tuberculosis by sex and age group and also differentiates between those occurring in the urban areas and those in the rural districts. The following summarised statement will, however, serve to indicate briefly the differential mortality between males and females at different periods of life.

Respiratory tuberculosis			Age group (years)	Non-respiratory tuberculosis		
Male	Female	Total		Male	Female	Total
—	—	—	0—	—	—	—
—	—	—	5—	—	1	1
—	—	—	15—	—	—	—
10	9	19	25—	1	—	1
45	20	65	45—	2	—	2
47	20	67	65—	1	3	4
102	49	151	All ages	4	4	8

It may be of interest to know that, for the first time on record, no person—male or female—under the age of 25 years died during the year from respiratory tuberculosis.

Non-notified fatal cases.—Of the 159 deaths from all forms of tuberculosis during 1960, 35 or 22.0 per cent. were of persons who escaped notification as tuberculosis cases during life. The corresponding figures for the previous year were 42 (23.9 per cent.), and for 1958, 43 (19.3 per cent.). Of the 35 non-notified fatal cases in 1960, 33 were respiratory cases and formed 21.9 per cent. of the total deaths from tuberculosis of the respiratory system as compared with proportions of 20.9 per cent. in 1959 and 16.7 per cent. in 1958.

Reference to the problem of this deficiency in notification is made in the section of this report relating to "Prevention of Illness, Care and After-Care."

HEALTH SERVICES

Services Provided.—Under the provisions of Part III of the National Health Service Act, 1946, it is the duty of the County Council, as local health authority for the Administrative County area, to provide, in accordance with schemes approved by the Minister of Health, health centres and services embracing the care of mothers and young children, midwifery and maternity nursing, health visiting, home nursing, vaccination and immunisation, ambulance transportation and the prevention of tuberculosis and mental illness and care and after-care of the tuberculous and mentally disordered. Under permissive sections of the Act the County Council's approved scheme of prevention, care and after-care, is extended to cover all forms of illness and a domestic help service is provided.

In addition, provision is made under the terms of the National Assistance Act, 1948, for (i) residential accommodation for the aged and infirm, (ii) temporary accommodation for persons in urgent need and (iii) the welfare of handicapped persons.

The responsibility for the administration of the various functions referred to above is that of the Health Committee which, appointed in accordance with the provisions of the National Health Service Act, 1946, consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire County Local Medical and Panel Committee, and voluntary organisations concerned with the care of old people.

DIVISIONAL ADMINISTRATION.—The administrative arrangements made by the County Council for carrying out their duties as local health authority were designed to conform, as far as possible, to those made for the treatment services administered by regional boards and executive councils and accordingly, following the pattern for the hospital treatment services laid down by the Act, committees were established in 17 divisional areas covering the Administrative County for the local management of the services in the divisions.

Each divisional health committee is composed of 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 and (c) the education divisional executives within the division, together with persons co-opted at the discretion of the divisional committee with the approval of the Health Committee, and the committees undertake the day-to-day administration of the bulk of the services provided by the local health authority, except insofar as they have been delegated to certain County district councils under the terms of the Local Government Act, 1958, as referred to below.

DELEGATION OF FUNCTIONS.—Section 46 of the Local Government Act, 1958, permits the council of a municipal borough or urban district having a population of 60,000 or more to make a delegation scheme which, after approval by the Minister, constitutes the council as the agent of the County Council in the administration of a wide range of health and welfare services. Any other County district council may, with the Minister's consent, make such a scheme if there are exceptional circumstances which justify the exercise of the functions by the council. The intention of the delegation scheme is to place the provision and maintenance of the services in the hands of the district council in a manner giving as much freedom as possible from external control consistent with containment within the financial and general policy framework decided by the County Council.

The health and welfare functions of a County Council exercisable by a council of a County district under a delegation scheme are specified in the Act and from those listed in the first two paragraphs above exclude only the ambulance service, such part of the prevention of illness, care and after-care scheme as relates to the care or after-care in residential accommodation of persons suffering from mental illness, and the provision of residential and temporary accommodation under the National Assistance Act, 1948. The remaining functions required by section 46 to be included in delegation schemes are those under the Nurseries and Child Minders Regulation Act, 1948, and, from the 1st November, 1960, those under the Mental Health Act, 1959, not included in the prevention of illness, care and after-care scheme by virtue of the amendment by that Act of Part III of the National Health Service Act.

All or any of the excepted functions relating to the provision of residential accommodation may also be included in a delegation scheme with the Minister's consent, which shall be given if the Minister is satisfied after consultation with the County Council that there are exceptional circumstances justifying the exercise of such functions by the district council concerned.

The procedure laid down in the Act for the submission of schemes includes a time limit and, with certain provisos concerning a change in constitution of a district, no further schemes may be submitted for ten or a greater multiple of five years after the day on which the Act was passed.

In Lancashire the councils of Stretford M.B. and Huyton-with-Roby U.D., districts having populations of more than 60,000, were automatically entitled to make delegation schemes but the Minister's consent was withheld to the inclusion therein of the additional functions relating to the various types of residential accommodation. The councils of four districts with populations below 60,000—Crosby M.B., Middleton M.B., Urmston U.D. and Widnes M.B.—also applied for consent to make schemes of delegation. The schemes finally approved were those in respect of Huyton-with-Roby U.D. (operative from 1st April, 1960), Crosby M.B. (1st September, 1960), Middleton M.B. (1st October, 1960) and Stretford M.B. (1st October, 1960). In no instance did the scheme include delegation of the residential accommodation responsibilities.

As a result of the delegation of functions to the Stretford Borough Council, it became necessary to make an alteration in the constitution of Health Division No. 16 which was comprised only of the Borough of Stretford and the Urban District of Urmston. Accordingly, as from 1st October, 1960, the Urban District of Irlam was, for health divisional administrative purposes, transferred from Health Division No. 15 to Health Division No. 16.

Throughout this Report the statistical information stated to relate to the Administrative County area includes particulars for those districts which were the subject of delegation orders. In tables analysing delegated service statistics by health division and delegate district all particulars for the pre-delegation period of the year are included in the appropriate divisional totals, the delegate district figures relating solely to the post-delegation period. Similarly the services provided in Irlam U.D. prior to transfer are recorded statistically in the totals for Health Division No. 15 and for the period after transfer are included in the totals for Health Division No. 16.

The health divisions into which the Administrative County is divided for the purposes of divisional administration, together with districts to the councils of which certain functions have been delegated, are shown on the map here inserted, whilst in the following statement the acreages and the Registrar General's estimated mid-1960 populations of the various areas as constituted at the 31st December, 1960, are set forth.

COUNTY OF LANCASTER.

HEALTH DIVISIONS

AND

DELEGATED AUTHORITIES



Reference by Letter to detached portions of Rural Districts.

Letter Name of District

A BLACKBURN

B LANCASTER

C PRESTON

D WEST LANCASHIRE

E WIGAN

Delegated Authorities

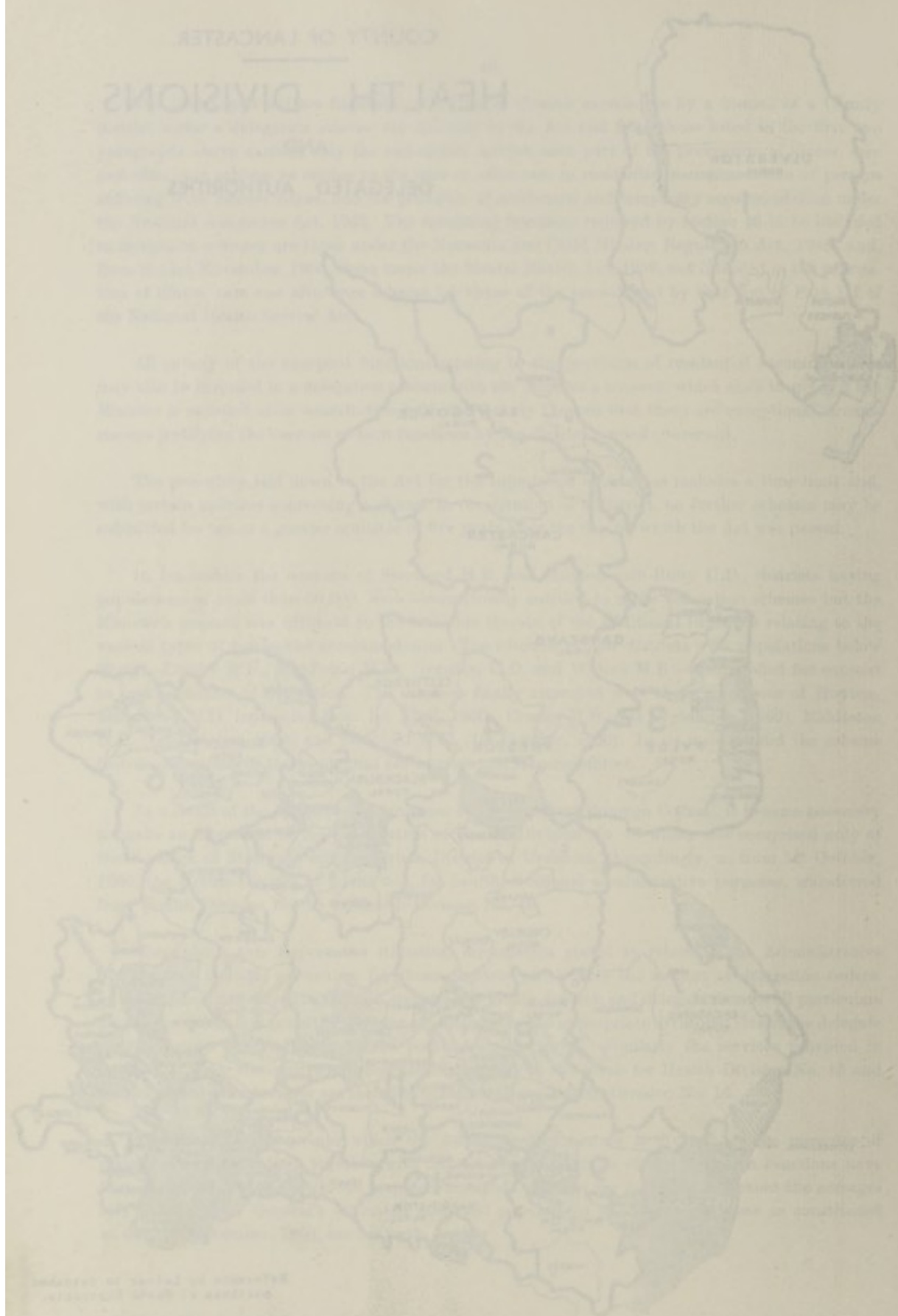
NON-COUNTY BOROUGHS INDICATED •

Scale: 8 miles to 1 inch.

REVISED AS AT 31/12/60

HEALTH DIVISIONS

DELEGATED AUTHORITIES



Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1960	Estimated population as at 30th June, 1960
1	Dalton-in-Furness U.D.	8,022	10,220
	Grange U.D.	1,883	2,850
	Ulverston U.D.	3,196	10,400
	North Lonsdale R.D.	127,448	15,880
		140,549	39,350
2	Lancaster M.B.	4,873	49,220
	Morecambe and Heysham M.B.	3,794	38,200
	Carnforth U.D.	1,504	3,920
	Lancaster R.D.	53,212	13,520
	Lunesdale R.D.	76,267	7,970
		139,650	112,830
3	Fleetwood M.B.	2,565	28,710
	Lytham St. Annes M.B.	5,814	32,590
	Kirkham U.D.	939	4,670
	Poulton-le-Fylde U.D.	2,272	12,600
	Preesall U.D.	3,277	2,270
	Thornton Cleveleys U.D.	3,358	18,540
	Fylde R.D.	33,264	16,590
	†Garstang R.D. (part)	14,535	3,850
		66,024	119,820
4	Chorley M.B.	4,283	31,320
	Adlington U.D.	1,062	4,360
	Fulwood U.D.	3,164	16,420
	Leyland U.D.	3,804	18,690
	Longridge U.D.	3,285	4,630
	Walton-le-Dale U.D.	4,733	17,540
	Withnell U.D.	4,186	2,770
	Chorley R.D.	41,114	27,750
	†Clitheroe R.D. (part)	19,803	2,690
	†Garstang R.D. (part)	42,956	9,970
	Preston R.D.	49,754	41,200
		178,144	177,340
5	Accrington M.B.	4,418	39,110
	Clitheroe M.B.	2,386	12,000
	Darwen M.B.	5,959	29,370
	Church U.D.	528	5,750
	Clayton-le-Moors U.D.	1,060	6,790
	Great Harwood U.D.	2,868	10,620
	Oswaldtwistle U.D.	4,885	11,940
	Rishton U.D.	2,879	5,460
	Blackburn R.D.	19,469	14,740
	†Clitheroe R.D. (part)	12,367	6,670
		56,819	142,450
6	Colne M.B.	5,939	19,640
	Nelson M.B.	3,445	31,470
	Barrowford U.D.	1,387	4,680
	Brierfield U.D.	807	6,770
	Padiham U.D.	975	9,830
	Trawden U.D.	6,815	1,950
	Burnley R.D.	39,849	16,080
		59,217	90,420

†Populations computed from Registrar General's estimates on basis of parish populations as at Census, 1951.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1960	Estimated population as at 30th June, 1960
7	*Crosby M.B.	4,870	58,440
	Formby U.D.	5,613	11,420
	Litherland U.D.	1,209	24,560
	Ormskirk U.D.	15,608	21,850
	Skelmersdale U.D.	1,942	6,390
	West Lancashire R.D.	65,620	52,560
		94,862	175,220
8	Abram U.D.	1,984	6,180
	Ashton-in-Makerfield U.D.	6,267	19,460
	Aspull U.D.	1,906	6,770
	Billinge and Winstanley U.D.	4,596	6,730
	Hindley U.D.	2,612	19,320
	Ince-in-Makerfield U.D.	2,320	19,980
	Orrell U.D.	1,617	10,730
	Standish-with-Langtree U.D.	3,266	9,430
	Up Holland U.D.	4,686	7,040
	Wigan R.D.	11,696	9,840
		40,950	115,480
9	Widnes M.B.	5,746	51,810
	*Huyton-with-Roby U.D.	3,053	62,810
	Kirkby U.D.	4,672	51,330
	Prescot U.D.	870	12,660
	Rainford U.D.	5,877	5,100
	Whiston R.D.	23,786	41,640
		44,004	225,350
10	Golborne U.D.	7,563	21,790
	Haydock U.D.	2,395	12,190
	Newton-le-Willows U.D.	3,105	22,050
	Warrington R.D.	22,350	32,200
		35,413	88,230
11	Farnworth M.B.	1,504	27,320
	Leigh M.B.	6,359	47,240
	Atherton U.D.	2,264	19,780
	Blackrod U.D.	2,392	3,480
	Horwich U.D.	3,257	15,820
	Kearsley U.D.	1,728	10,360
	Little Lever U.D.	808	4,890
	Turton U.D.	17,334	13,320
	Tyldesley U.D.	5,175	17,440
	Westhoughton U.D.	5,560	15,630
		46,381	175,280
12	Haslingden M.B.	8,203	14,050
	Prestwich M.B.	2,421	33,390
	Radcliffe M.B.	4,957	27,080
	Rawtenstall M.B.	9,528	23,970
	Ramsbottom U.D.	9,562	13,760
	Tottington U.D.	2,542	5,730
	Whitefield U.D.	3,388	13,600
		40,601	131,580

* District to the Council of which certain health and welfare functions were delegated during the year.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1960	Estimated population as at 30th June, 1960
13	Bacup M.B.	6,121	17,900
	Heywood M.B.	8,508	24,660
	Littleborough U.D.	7,855	10,460
	Milnrow U.D.	5,194	8,350
	Wardle U.D.	3,192	4,440
	Whitworth U.D.	4,483	7,350
		35,353	73,160
14	*Middleton M.B.	5,172	56,370
	Chadderton U.D.	3,013	32,760
	Crompton U.D.	2,865	12,880
	Failsworth U.D.	1,679	19,860
	Lees U.D.	288	3,890
	Royton U.D.	2,149	14,520
		15,166	140,280
15	Eccles M.B.	3,417	43,520
	Swinton and Pendlebury M.B.	3,364	40,450
	Worsley U.D.	7,241	38,280
		14,022	122,250
16	*Stretford M.B.	3,530	61,460
	Irlam U.D.	4,717	15,210
	Urmston U.D.	4,799	41,550
		13,046	118,220
17	Ashton-under-Lyne M.B.	4,135	50,270
	Mossley M.B.	3,661	9,970
	Audenshaw U.D.	1,241	12,420
	Denton U.D.	2,593	29,790
	Droylsden U.D.	1,245	26,240
		12,875	128,690

* District to the Council of which certain health and welfare functions were delegated during the year.

The system of divisional administration has continued to work well and has coped with the ever developing health and welfare services despite difficulties in some areas in the recruitment of suitable staff of certain categories. The institution during the year of a chiropody service for the elderly, physically handicapped and expectant mothers, both at clinics and by means of domiciliary treatment, and the changes effected by the operation towards the end of the year of the Mental Health Act, 1959, had considerable impact on the divisional committees and staffs but were absorbed, on the whole, very smoothly and effectively. In certain divisions, too, the delegation of functions to the district councils added temporarily to the local administrative problems of the divisional staffs. The transfers were, however, effected with as little disturbance to the services as possible.

In the pages which follow the work accomplished in regard to the various services is dealt with in some detail, but it is of interest to record here some of the comments of divisional medical officers on various aspects of the divisional services during 1960.

Health Division No. 4.—While there have been occasional minor difficulties in the administration of the various services, particularly staffing difficulties, it is felt that the services have generally functioned smoothly and well throughout the year and opportunities are taken as they arrive to make improvements where possible. In the field of mental health the changes resulting from the Mental Health Act, 1959, have been made quite smoothly on the whole and the emphasis on pre-care and after-care is apparent. The chiropody service, which was introduced during the year, functioned quite well.

Health Division No. 6.—The services generally have proved adequate to meet the demands. Shortage of residential accommodation for the aged and chronic sick hospital beds persists. The demand for day nursery accommodation showed a further decline. The social services were extended by the introduction of the chiropody service for the aged and handicapped. The requests for domiciliary treatment are much greater than anticipated and certainly exceed the facilities at present available.

Health Division No. 10.—Both the quality and quantity of the health and welfare services have been sustained throughout the year, taking an overall view. Naturally some of them, especially the welfare, home help and immunisation services, have continued to extend as the result of public awareness and demand; others have remained at much the same level as, for example, the health education, health visiting, home nursing and midwifery services, whilst one or two have shown a decreased activity, such as the attendance of the toddler group at child welfare centres.

The principal innovation has, of course, been chiropody for the aged, the handicapped and the expectant mother, a service which has been overdue for some years and is greatly appreciated, by the aged particularly.

Health Division No. 11.—The staffing position in regard to health visiting and assistant divisional medical officers improved remarkably during the year with most satisfactory results.

Health Division No. 13.—The health and welfare services in the division during the year were generally satisfactory. Over the past twelve months improved integration of the various sections has occurred, resulting in a more efficient service to the divisional population.

Health Division No. 14.—There was difficulty in expanding the services during the year, mainly on account of the shortage of medical staff. The continuing shortage of health visitors, together with increased demand on health and welfare services by the elderly and handicapped, has resulted in the available health visiting staff having to restrict to some degree their preventive work with the younger age groups, and this has only partially been eased by the employment of school nurses with extended duties. The present position could not be maintained indefinitely without a full re-examination of the increasing work load created by the demands of the aged.

Health Division No. 15.—The services have continued to operate extremely well throughout the division during the year. The newly introduced chiropody service has expanded rapidly but it has fortunately been possible to engage the necessary number of chiropodists. Difficulties continue unabated owing to the marked shortage of Part III accommodation.

CONTROL, SUPERVISION AND CO-ORDINATION OF SERVICES.—The County Medical Officer of Health and Principal School Medical Officer is responsible for the control, supervision and co-ordination of the various services provided by the local health authority and acting under his direction the divisional medical officers, who are also school medical officers, are responsible on behalf of the divisional committees for the staffs on the divisional establishments and for the day-to-day control and supervision of the various services provided. The services of the supervisory officers of the midwifery, home nursing, health visiting and ambulance services on the central office staff of the County Medical Officer of Health are available to divisional medical officers as required.

In the districts to the councils of which certain health and welfare functions have been delegated, the medical officer of health is responsible, through the Council's Health Committee, for the control and supervision of the several services but, as in each case the medical officer of health and the divisional medical officer are one and the same person and as the delegate authority is required to conform to the policies of the local health authority, continuity of co-ordination is ensured.

One of the duties required of a divisional medical officer is that he shall undertake the duties of medical officer of health for the County districts within his division, where he may be so appointed. This provision has, in fact, done much to assist County districts in meeting the requirements of the Local Government Act, 1933, regarding the appointment of medical officers of health not engaged in private practice as medical practitioners and of affording complete co-ordination of the medical services of the County Council and the public health work of the district councils. Up to the 31st December, 1960, no fewer than 88 districts had as medical officer of health the divisional medical officer of the health division in which the district is situate. In addition, two districts had an assistant divisional medical officer who, having been appointed in the capacity of medical officer of health prior to the inception of the Divisional Health Administration Scheme, has been allowed to continue as such until such time as the district councils themselves desire the appointment of the divisional medical officer.

Three 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. In one district a retired assistant divisional medical officer was employed as local medical officer of health.

In the remaining 15 County districts, the duties of medical officer of health were, at the 31st December, 1960, still being undertaken by medical practitioners engaged in private practice.

CO-ORDINATION AND CO-OPERATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.—The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. In Lancashire there exists a wide variety of liaison arrangements between the local health authority and the other statutory and voluntary bodies. Many of these arrangements are, of course, the result of the implementation of statutory requirements or approved schemes of administration, but the less formal meetings which take place from time to time as occasion demands between representatives of the several bodies are also useful and the meetings and contacts at officer level are undoubtedly of great value.

The Lancashire system of divisionalisation of the local health authority's services has undoubtedly facilitated liaison at local level by making it possible for officers of the local health authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim of the local health authority is to strengthen this desirable liaison with advantage to all concerned. On the whole, it may be said that the various arrangements existing within the County are working reasonably well, but the degree of liaison and co-operation varies in different parts of the County and with respect to different services.

In most health divisions the divisional medical officer is a member of one or more of the hospital medical advisory committees and, in some instances, of the hospital management committees.

In general, a good and effective liaison has been built up between the various hospital almoners and divisional staffs. This applies particularly in relation to patients discharged from hospital to their own homes who require some measure of supervision or home help or nursing equipment and also to those cases requiring Part III accommodation. For their part, divisional staffs reciprocate wherever possible by furnishing, on request, such information regarding the home circumstances, etc., of patients as the almoners desire.

Liaison with the maternity and paediatric departments of hospitals is, generally speaking, at a high level and much mutual benefit has been derived from the arrangements made.

In order to reduce the demands made upon the hospital services the County Council's district nurses undertake pre-X-ray treatment in many cases and hospital almoners are supplied with their names, addresses and telephone numbers so that the early discharge of patients requiring treatment can be facilitated.

The district nursing staff are able to keep in touch with developments in modern methods of treatment by visits to local and special hospitals and this enables them to give the maximum help to patients at home and in some cases allows of earlier discharge of patients from hospital.

The nursing of children at home is undertaken whenever appropriate by district nurses and where necessary home helps attend in order to relieve the mothers of household duties and to enable them to assist in the care of their sick children. The introduction of a special nursing service for the home care of sick children has been considered but it is felt that the needs of the County do not warrant an arrangement of this kind.

With regard to the chronic sick and geriatric departments, liaison arrangements vary considerably in different parts of the County area. The need for the utmost co-operation between geriatric units, where such have been established, and divisional staffs is of the greatest importance by reason on the one hand of the great pressure on hospital beds for the chronic sick and, on the other, the inability of the local health authority to keep pace with the demand for Part III accommodation. Fortunately, there is an increasing mutual understanding of the difficulties associated with the care of the frail aged and chronic sick, and in most areas by reason of the cordial relationships which exist, and particularly the consultations at officer level, much continues to be done to resolve many of the problems encountered.

Whilst in some areas the degree of co-operation in relation to mental health between local health authority and hospital staffs is not nearly so great as could be desired, there are indications, of late, that improvement is taking place and liaison will doubtless be further strengthened when the principles envisaged in the new Mental Health Act are fully implemented. On the other hand liaison in some divisions is already excellent.

The importance of mental health in the child welfare field was referred to in some detail in the Report for 1955 when mention was made of an experiment which had been started in health division No. 4 in which active liaison between the staff of the child guidance clinic and a child welfare centre had been developed.

Further reference to this was made in the Reports for 1956 and 1957 when regular fortnightly meetings were taking place at the child guidance clinic between medical officers, health visitors and the child guidance team. These arrangements have been most helpful in giving the child welfare staff insight into the management of cases and have been of value to them in dealing with the early problems in mental health which come to their notice.

When these meetings had become established three medical officers and four or five health visitors attended the lunch time meetings regularly. During 1960, however, the psychiatrist has been ill and no meetings have been possible, much to the regret of the child welfare staff.

Unfortunately the extension of these arrangements to other parts of the County has not been possible owing to the shortage of child guidance staff.

As the future development of the child guidance service depends upon the availability of an adequate number of consultant child psychiatrists the Associated Education Authorities of Lancashire and Cheshire in January, 1960, appointed a sub-committee consisting of representatives of eight authorities who met representatives of the Liverpool and Manchester Regional Hospital Boards to discuss immediate and long term needs for consultant child psychiatrists so that the latter would be in a position to take up with the Ministry of Health the possibility of increasing their establishments.

It will be clear from this that progress in this field is dependent upon the Ministry of Health agreeing to such increases and to the Regional Hospital Boards being able to recruit staff.

Undoubtedly today general practitioners have a greater awareness of the assistance available to them and their patients through the medium of the local health authority's services and a more cordial relationship between general practitioners and the local health authority staffs is becoming increasingly apparent. This has no doubt been fostered in large measure by the help accorded to practitioners in connection with the problems associated with the welfare of the old, infirm and disabled and with mental illness cases but much remains to be done in some areas to stimulate amongst general practitioners an awareness of the importance of the amelioration of social factors which often cause or complicate many of the more easily recognisable physical ills of their patients and towards which the local health authority services could do much to help. Every endeavour is made by divisional staffs to keep practitioners informed of the services available and to maintain a spirit of co-operation and mutual understanding.

Much good work is done in the County area in connection with welfare matters, particularly as regards the care of the aged and infirm, by various voluntary bodies such as Old People's Welfare Committees, the Inskip League of Friendship, Tuberculosis Care Committees, Social Service Councils, Personal Services Committees, etc. Every effort is made by divisional health committees to work in close conjunction with these bodies and to co-ordinate their efforts with the facilities and services provided by the County Council. The County Council's scheme for the domiciliary care of the aged has done much in this respect and also in fostering the necessary liaison amongst the various voluntary bodies providing services for old people.

HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, required the County Council, as a local health authority, to make provision for the setting up of "health centres" at which facilities for nationally administered medical, dental, pharmaceutical, etc., services could be made available along with the County Council's health services, it being envisaged that the centres would be important focal points at which the needs of the public for health services could be met under one roof.

Sites were earmarked for these purposes but unfortunately up to the present time the Minister of Health has found it necessary, for various reasons, to defer the bringing into operation of this provision of the Act. The reservations are, therefore, kept under review and if in any particular area circumstances warrant it the sites are released.

At the present, it seems likely that the building of health centres will continue to be deferred except perhaps in exceptional cases as might be met, for example, in a new town or redevelopment area.

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother, and for her child until it reaches school age, facilities which include 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. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive advice and care for herself and her child as well as help in the home during and after her confinement.

Antenatal and Post-natal Care.—As in previous years these services have been maintained and the statements following give particulars of attendances, etc., at the County Council antenatal and post-natal clinics for each of the last five years.

Antenatal Clinics

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1956	84	4,471	15,824	74,539	16.7	4.7	2,467
1957	86	4,548	17,629	77,798	17.1	4.4	2,311
1958	88	4,596	17,786	79,516	17.3	4.5	2,365
1959	90	4,682	17,825	80,006	17.1	4.5	2,402
1960	91	4,632	18,073	81,298	17.6	4.5	2,195

Of the 18,073 expectant mothers, 17,271 attended sessions conducted by a consultant or County Council medical officer, the remaining 802 attending sessions conducted by County Council midwives. Of the 91 antenatal clinics, 54 had the services of a consultant obstetrician in addition to County Council staff.

Table 7, on page 186, gives details of the number of antenatal clinics in the respective health divisions and delegate districts, and the number of attendances, etc., during 1960.

Post-natal Clinics

Year	No. of clinics at end of year	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session
1956	6	55	405	451	8.2
1957	5	46	368	408	8.9
1958	5	48	317	451	9.4
1959	5	41	316	372	9.1
1960	4	41	305	355	8.7

It will be seen that the great majority of post-natal examinations are carried out during the course of the antenatal clinics, and separate post-natal sessions are not generally required.

County patients in health divisions Nos. 9 and 13 attend at antenatal and post-natal clinics of St. Helens C.B. and Rochdale C.B. respectively, payment being made according to the number of cases and attendances. At St. Helens 58 expectant mothers made 275 attendances and in addition 27 post-natal attendances were recorded; at Rochdale the respective attendance figures of County residents were 312, 1,892 and 163.

An investigation carried out into the proportion of women confined during the year who had a post-natal examination produced results as follows:—

	Confined in hospital	Confined in private nursing homes	Confined at home	
			Doctor engaged	No doctor engaged
(a) Number of mothers investigated who were normally resident in the Administrative County and were confined during the year	24,021	840	10,519	1,192
(b) Number of those in (a) above known to have had a post-natal pelvic examination by a doctor between the fifth and twelfth weeks after confinement	20,687	777	8,677	703
Proportion (per cent.) of (b) to (a)	86.1	92.5	82.5	59.0

Continual efforts are required to encourage mothers to seek post-natal examination and advice and there is still room for improvement in this direction, particularly in the case of mothers confined at home who do not engage a doctor.

Relaxation, Exercise and Mothercraft Classes.—Classes have been organised at certain County Council clinics since 1951. In the main the instruction in relaxation and exercises is given by qualified physiotherapists but there are two exceptions where County Council nurses carry out this work.

The classes are divided into three periods, *viz.*, (1) exercises, (2) relaxation and (3) demonstrations and discussions. Each period occupies about 15 minutes so that, taking into account the time necessary for preparation, an expectant mother spends approximately one hour of her time at each session she attends. The demonstrations and discussions include—

- (a) instruction in use of analgesic apparatus;
- (b) flannelgraphs to illustrate talks on labour and pelvic anatomy;
- (c) talks on bathing and feeding of baby;
- (d) display of baby clothes and patterns;
- (e) talks on hygiene of pregnancy, etc.

This teaching is carried out by health visitors and midwives.

Details of attendances, etc., during 1960 in each health division and delegate district are given in Table 7 on page 186 and set forth below are the totals for the County area for each year 1956 to 1960 :—

Year	No. of classes at end of year	No. of sessions	No. of individuals attending	No. of attendances
1956	33	1,300	2,471	14,378
1957	35	1,392	2,827	16,635
1958	35	1,521	3,085	17,956
1959	41	1,640	3,139	17,929
1960	42	1,668	3,039	17,319

The value of these classes was emphasised in the memorandum on antenatal care related to toxæmia which was issued by the Ministry of Health in May, 1956, and it is generally agreed that the local health authority antenatal clinics are more suitable for this type of work than the busy hospital out-patient clinic. Patients who attend hospital out-patient departments or general practitioners' surgeries for their antenatal care are therefore welcome at the classes. This attitude was endorsed in the Cranbrook Report, which recommended that health education and mothercraft instruction should be available for all expectant mothers. Already there are signs in a few areas that the local authority staff will be called upon to a greater extent for this work, but there is still scope for much development of this aspect of antenatal care.

Child Welfare Centres.—The number of child welfare centres to which mothers may bring their babies and toddlers regularly for supervision continues to increase, particularly where there are new housing estates. The administration of existing centres has continued on the same lines as in previous years and at the end of 1960 there were 248 centres in operation. Of these the following were opened during the year on the dates shown :—

Health Division No.	Centre	Date opened
3 ...	Memorial Hall, Moorfield Avenue, Carleton	23rd May
4 ...	St. John The Baptist Church Parish Hall, Broadway, Fulwood	23rd June
4 ...	Church Institute, Church Lane, Charnock Richard	13th September
11 ...	Ringley Methodist School, Stoneclough	7th March
11 ...	St. Elizabeth's Mission, Knowsley Grove, Horwich	18th November
15 ...	Court House, Worsley	4th April
17 ...	Methodist School, Haughton Green, Denton	14th October

Of the centres available at the end of the previous year seven were transferred during 1960 to alternative premises, as follows :—

Health Division No.	Premises
3 ...	No. 21 P.T.C. R.A.F. Camp, Warton (closed 4th October)—Institute, Church Road, Lytham Road, Warton (opened 26th October).
3 ...	Station Road, Kirkham (temporary premises closed 3rd November)—County Council Clinic, Moor Street, Kirkham (opened 10th November).
5 ...	Antley Methodist School, Blackburn Road, Church (closed 4th August)—7 Bank Street, Church (opened 11th August).
9 ...	Lane Ends Church, Whiston (closed 28th June)—Labour Club, Church Road, Whiston (opened 5th July).
10 ...	Paramount Ballroom, Newton Road, Lowton St. Marys (closed 26th April)—St. Luke's C.E. School, Church Lane, Lowton (opened 10th May).
13 ...	County Council Clinic, Rochdale Road, Bacup (closed 18th February)—County Council Clinic, Irwell Street, Bacup (opened 25th February).
14 ...	County Council Clinic, East Crompton Church Institute, St. James' Street, Shaw (closed 22nd July)—County Council Clinic, High Street, Crompton (opened 29th July).

The following statement gives details of attendances of children at child welfare centres during each year from 1956 to 1960 and Table 8 on page 187 gives similar information for 1960 for each health division and delegate district.

	1956	1957	1958	1959	1960
No. of centres at end of year	224	230	236	241	248
No. of half-day sessions	12,307	12,613	12,986	13,286	13,432
* No. of individual children attending at ages (in years)—					
0-	22,182	24,360	24,939	25,946	27,189
1-	17,195	19,094	21,029	21,367	22,163
2-4 (inclusive)	19,642	19,989	19,743	20,656	20,676
TOTAL	59,019	63,443	65,711	67,969	70,028
No. of attendances at ages (in years)—					
0-	364,547	398,363	420,395	445,990	442,063
1-	72,231	78,051	79,607	82,010	80,753
2-4 (inclusive)	66,497	67,247	66,547	67,717	68,090
TOTAL	503,275	543,661	566,549	595,717	590,906
Average attendances per session	41	43	44	45	44

* Age as at end of year.

The percentage of children, in age groups, who took advantage of the facilities at child welfare centres is shown in the following statement :—

	Under 1 year	1-4 years inclusive
1956	72.5	31.6
1957	76.4	33.0
1958	74.7	33.6
1959	74.8	33.4
1960	77.7	32.4

There is still room for improvement in the proportion of children over one year of age who attend the centres. It is important that efforts to encourage the attendance of more pre-school children should continue in order that defects arising during the later pre-school years may be detected and dealt with before the child enters school.

Increasing importance is attached to the educational work of the centres and group discussions, films, film strips, posters, etc., are used more and more in this work.

In addition to the facilities provided by the County Council, arrangements have existed since 1949 whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough Council, a payment per attendance being made by the County Council to the Corporation. The following table gives details of the attendances of County children at the St. Helens centres used during the period 1956 to 1960 :—

Year	* No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)		
	0-	1-	2-4 (inclusive)	0-	1-	2-4 (inclusive)
1956	23	21	6	191	1	9
1957	27	16	9	197	28	3
1958	22	22	8	287	23	5
1959	11	23	10	33	11	4
1960	26	13	10	257	40	11

* Age as at end of year.

Generally speaking, the facilities provided for child welfare in the Administrative County in so far as centres are concerned are fairly adequate, but alternative accommodation is required in some districts and arrangements are in hand for the opening of additional centres, particularly in districts which are becoming more populous.

The most satisfactory premises are the combined school clinic/child welfare centres which are built for the purpose. The needs of the child welfare service, however, are such that many more child welfare centres than school clinics are required and use must be made of rented premises such as Sunday schools, village halls, etc. In fact, well over half the child welfare centres throughout the County are held in premises of this type, and much good work is done in these centres although the premises are sometimes far from ideal.

Ascertainment of Deafness in Young Children.—Developments which have taken place in recent years have emphasised the importance of diagnosing deafness at a very early age, for it is now recognised that most deaf children possess some residual hearing and the modern aim is to fit such children with hearing aids and to give them training as soon as possible so that they may learn to speak in a manner similar to a normal child.

The County Council therefore agreed in 1955 to the establishment of a special clinic at Fulwood for the diagnosis of deafness in young children, and also to the training of health visitors to carry out screening tests to confirm that young children have normal hearing.

SPECIAL CLINIC FOR DIAGNOSIS AND GUIDANCE.—The clinic was opened in January, 1956, to serve mainly the children in the northern part of the County, children in the south of the County being already served by the clinic at Manchester University, and the Hearing Assessment Clinic, Crown Street, Liverpool.

The medical officer in charge (Dr. Jean Robson) and health visitors (Miss K. M. Johnstone, Miss G. K. Lamb and Mrs. K. Williams) received special training in the Department of Education of the Deaf at Manchester University and Dr. I. G. Taylor of that department has attended the clinic on a few occasions during the year.

The diagnostic clinic is staffed by the medical officer and health visitors and the guidance clinic by the health visitors.

More cases were referred to the clinic during 1960 and it was found necessary to increase the number of diagnostic sessions. The table below shows the number of attendances at diagnostic and guidance sessions in 1960 compared with the four previous years.

Children under two years of age still form a relatively small proportion of those referred to the diagnostic clinic. It had been thought that the age at time of reference would decrease as the possibility of deafness in young children became more widely known.

One reason for the continuing numbers of older children referred to the clinic is that the majority of cases of deafness following upper respiratory tract infections (including otitis media) occur among the older age groups. Thus all 10 children who fell into this category in 1960 were over three years of age. None of these children was considered to require a hearing aid or admission to a special school and all were either already under the care of ear, nose and throat consultants who referred them for an assessment of their hearing or were recommended for reference to an ear, nose and throat surgeon with a view to treatment.

The work of the clinic during 1960 and the preceding four years is summarised below :—

Sessions and Attendances

Year	Diagnostic			Guidance		
	No. of sessions	No. of attendances		No. of sessions	No. of attendances	
		Total	Average		Total	Average
1956	21	70	3.3	21	34	1.6
1957	41	145	3.5	23	57	2.5
1958	56	180	3.2	25	51	2.0
1959	68	212	3.1	22	49	2.2
1960	88	258	2.9	23	64	2.8

Note.—The maximum number of children who can be dealt with at one session is four.

(a) No. of individual children attending :—

(i) Old cases	76
(ii) New cases	94

(b) New cases :—

(i) Deafness confirmed	48
(ii) Under investigation at end of year	6
(iii) Found to have normal hearing after adequate investigation	40
Total	94

(c) No. in (a)(ii) who were mentally retarded 14

(d) No. in (b)(i) who were mentally retarded 5

(e) No. in (b)(iii) who were mentally retarded 9

Individual Children Attending — New Cases

	Age (in years) at date of first attendance																							
	0—		1—		2—		3—		4—		5—		6—		7—		8—		9—		Total			
	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 attending	1	2	7	8	8	6	9	5	12	8	4	7	4	1	2	3	1	—	4	2	52	42		
Deafness confirmed	—	—	3	4	1	2	2	2	8	4	4	3	4	1	1	3	1	—	3	2	27	21		

Results of Tests on the 48 Deaf Children

(a) No. who had some hearing over the whole range of speech frequencies 44

(b) No. who possessed merely an island of hearing 3

(c) No. who did not respond to any sound stimuli 1

—

48

—

Of those in group (a) above :—

No. whose hearing loss was more marked in the higher frequencies 15

No. whose hearing loss was more marked in the lower frequencies 15

Source of Reference

Year	E.N.T. specialists		Paediatricians		Local authority medical staff		From screening tests		Others		Total	
	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf
1956	15	11	6	2	19	15	7	3	2	2	49	33
1957	12	7	34	10	22	8	6	2	2	1	76	28
1958	23	12	20	2	17	7	11	9	—	—	71	30
1959	24	17	23	9	21	12	3	1	2	—	73	39
1960	38	26	25	7	25	12	5	2	1	1	94	48

Note.—The figures for 1960 include six children still under investigation at end of year.

Vulnerable Groups.—Dr. Jean Robson reports that of the 48 children diagnosed as deaf during the year, 37 fell into vulnerable groups. Some fell into more than one group but each child has been assigned to one group only according to the aetiological factor which is considered to be the most important. The distribution in the various groups is as follows :—

Group		
1	... Children with cerebral palsy ...	—
2	... Children with family history of deafness ...	8
3	... Children who were premature ...	5
4	... Children with a history of abnormality in the antenatal period ...	—
5	... Children with a history of perinatal abnormality ...	4
6	... Children who have had a severe illness or have been treated with streptomycin... ..	1
7	... Children who are not speaking well by the age of two years and children aged 2-5 with speech defects ...	5
8	... Children with a history of otitis media or chronic upper respiratory tract infection ...	10
9	... Children with congenital abnormalities other than any mentioned above ...	4
		<hr/> 37 <hr/>

SCREENING TESTS OF HEARING.—Health visitors need special training to carry out screening tests and, since 1955, 131 members of the County Council health visiting staff have received this training. At the end of 1960, 109 health visitors were still available to carry out screening tests. In addition, 22 other health visitors received training during 1960 and at the end of the year were awaiting receipt of their certificates of competence.

Reference has been made in previous Reports to the fact that from 1st April, 1957, the health visitors had been asked to give priority to screening children from the vulnerable groups. Concentration on testing the vulnerable groups was continued in 1960 and the latest figures appear to confirm that such testing will pick out the majority of young deaf children and so save needless testing of thousands of children and much time of the health visitors.

During 1960, 753 children in the vulnerable groups were tested and thirteen failed the screening test, giving a failure rate of 17.3 per 1,000 children tested. Of 238 children not in the vulnerable groups who were tested in 1960, two children failed tests giving a failure rate of 8.4 per 1,000. Both these children, however, were considered on further investigation to have normal hearing.

The consolidated figures for the years 1955-60 inclusive are shown in the following table :—

	No. of children tested (1)	No. failing screening tests (2)	Failure rate per 1,000 children tested (3)	No. of children in col. (2) diagnosed as deaf (4)	Rate of deafness per 1,000 children tested (5)	No. of children still under consideration (6)
General population tested, 1955, 1956 and 1st January-31st March, 1957 ...	5,531	31	5.6	17	3.07	—
Vulnerable groups tested, 1st April, 1957-31st December, 1960 ...	3,032	49	16.2	24	7.91	2
Others tested, 1st April, 1957-31st December, 1960 ...	3,862	7	1.8	*3	0.78	—

* All these children were suspected to be deaf by their parents.

Vulnerable Groups.—The 17 children diagnosed as deaf from screening tests of the general population from 1st January, 1955, to 31st March, 1957, all fell into vulnerable groups as follows :—

Group		
1	... Cerebral palsy (? following Rh. incompatibility) ...	1
2	... Family history of deafness ...	1
3	... Prematurity ...	4
4	... Abnormality in antenatal period (rubella) ...	1
5	... Rh. incompatibility ...	1
6	... Children who have had a severe illness, etc. ...	—
7	... Not speaking well by age of two years or speech defects at age 2-5 ...	6
8	... Children with history of otitis media or chronic upper respiratory tract infection ...	2
9	... Congenital abnormalities other than any mentioned above ...	1
		<hr/> 17 <hr/>

The 24 deaf children picked out from the vulnerable groups between 1st April, 1957, and 31st December, 1960, fell into the groups as follows :—

Group		
2	... Family history of deafness ...	4
3	... Prematurity ...	9
4	... Abnormality in antenatal period (rubella in three cases) ...	4
5	... Rh. incompatibility ...	1
7	... Not speaking well by age of 2 years or speech defects at age 2-5 ...	4
8	... History of otitis media or upper respiratory tract infection ...	2
		—
		24
		—

Dental Care of Mothers and Young Children.—During 1960 it was possible, with minor exceptions, to maintain a comprehensive dental service at County clinics as required by section 22 of the National Health Service Act. The service offered included the preservation of teeth by filling, crowning and inlaying, the scaling and cleaning of teeth, the supply and repair of dentures, the administration of general anaesthetics for the extraction of teeth and radiographic examination for the purpose of diagnosis before and after treatment.

Comparative figures of treatments carried out during 1959 and 1960 by the dental officers are given below :—

Expectant and nursing mothers			Pre-school children	
1959	1960		1959	1960
3,290	3,650	No. examined ...	2,820	3,022
2,670	2,963	No. needing treatment ...	2,398	2,587
2,433	2,452	No. treated ...	2,243	2,345
1,327	1,419	No. made dentally fit ...	1,096	1,286
8,289	8,541	No. of attendances ...	4,305	4,729
8,153	8,189	No. of extractions ...	3,227	3,565
873	1,156	No. of local anaesthetics ...	212	262
1,133	1,100	No. of general anaesthetics ...	1,481	1,596
643	748	No. of scalings ...	68	57
1,639	2,145	No. of fillings ...	1,296	1,577
280	405	No. of silver nitrate treatments ...	551	406
*3,425	*3,056	No. of dressings ...	1,300	1,408
907	921	No. of complete dentures supplied ...	—	—
419	352	No. of partial dentures supplied ...	—	—
51	70	No. of dentures repaired ...	—	—
251	197	No. of radiographs ...	9	7

* Includes operations in connection with dentures.

In all, patients of these classes made 13,270 attendances at the clinics during the year, a number equivalent to approximately 10 per cent. of all attendances for dental treatment. Great fluctuations in demand are experienced from one district to another and as a consequence it has not been found economic in all districts to devote entire sessions to the treatment of the maternity and child welfare groups of patients. In order to economise in time and use it to the best advantage, parts of school sessions are often set aside for the dental examination and treatment of expectant and nursing mothers. In the case of evening sessions now operating at 12 clinics in the County, at which 1,734 of the above attendances by both categories of patient were made, it was also found advantageous to allot part of the session to expectant and nursing mothers and part to older school children.

The above figures for 1960 represent an improvement over those for the previous year. However, substantial progress towards the ideal in which every mother-to-be receives dental examination, advice in oral care and any necessary treatment from a dental surgeon can only be achieved as more dental time becomes available and education measures are intensified. On the other hand the figures cannot in any way be considered as an index of the full dental care enjoyed by expectant and nursing mothers. Apart from the supply of dentures, free dental care can be obtained by such patients from any dental practitioner who is engaged in the National Health Service and there is no doubt that a very large number receive treatment in this way. The same observation applies, of course, to the young children.

It was mentioned in a previous report that, apart from propaganda measures in the nature of posters, etc., in clinics and welfare centres, meetings had been held with health staff, including doctors, health visitors and midwives, where talks were given by the dental staff on the need for keeping before the patients the necessity and benefits of preventive dentistry. It is gratifying to note that as a result of these talks more emphasis is being placed upon dental health as an integral part of the general health advice given in the pre-natal stages. In this work, the health visitor is most advantageously placed as an advocate of personal health measures by virtue of her personal contact with the mother in her home. This fact is fully appreciated in formulating plans for the furtherance of dental health education.

Talks have also been given by some of the dental surgeons to mothers' clubs and maternity centres, along with displays of films and other propaganda material.

The early moves in this process of dental health education are already beginning to show results in the widening interest of patients in their own dental condition. When dental health teaching becomes fully effective patients will themselves be making the most valuable contribution to a reduction of the problem of dental decay.

EQUIPMENT AND BUILDINGS.—In the latter part of the year deliveries of the Air-Rotor drills commenced. These high speed machines were designed primarily for the added comfort of patients and it is hoped their use may help to subdue some of the fears of the "drill" which have so militated against the preservation of teeth in the past. Further changes in equipment have been made to many clinics in order to bring surgeries in the County more into line with modern trends.

Designs in new clinics now incorporate complete dental suites with properly arranged accommodation for recovery rooms, X-ray rooms and small plaster rooms. The designs by the County Architect have been adapted and developed as experience has been gained, with the object of providing the best possible surroundings for the carrying out of dental treatment.

Special Clinics, etc.—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past five years and the number of attendances made for the purpose :—

Type of session	No. of attendances				
	1956	1957	1958	1959	1960
Minor ailment	3,422	5,566	3,070	3,853	3,491
Ophthalmic	2,690	2,893	2,853	3,257	3,281
Ear, nose and throat	218	120	189	219	188
Orthopaedic	5,331	5,217	4,846	5,202	5,784
Ultra-violet light	5,807	4,174	4,051	2,760	2,735
Speech therapy	691	707	798	856	969
Orthoptic	948	864	937	868	718
Asthma	3	—	—	—	—
Chiropody	95	150	198	341	514
TOTAL	19,205	19,691	16,942	17,356	17,680

Arrangements also exist for the provision of convalescent care for pre-school children, where considered necessary. Details of admissions of such children to convalescent homes will be found on page 99.

Family Planning Clinics.—The County Council do not provide their own family planning clinics, but have arrangements with another local health authority and several local family planning associations. The arrangements provide for case payments in respect of women referred to the clinics by medical officers in the service of the County Council. The only cases which can be authorised are those who, strictly for medical reasons and in the interests of their health, require advice on birth control. The family planning associations make their own arrangements for the renting of premises and in some instances the Lancashire Education Committee have agreed to let accommodation at school clinics.

The number of cases referred to family planning clinics during each of the last five years is given in the following analysis by health divisions and delegate districts :—

Health Division No.	No. of cases referred during—				
	1956	1957	1958	1959	1960
1	—	—	—	—	—
2	31	15	22	13	13
3	5	6	1	1	—
4	12	4	2	7	7
5	—	—	—	—	—
6	—	—	—	—	—
7	—	—	—	5	—
8	2	1	—	—	10
9	—	—	—	—	—
10	—	—	—	—	—
11	2	4	4	10	2
12	—	—	2	3	2
13	43	24	28	43	35
14	7	4	2	15	11
15	9	3	26	8	12
16	5	3	3	28	13
17	—	—	—	4	13
Delegate District—					
Crosby M.B. ...	*	*	*	*	*1
Huyton-w-Roby U.D.	*	*	*	*	*—
Middleton M.B. ...	*	*	*	*	*1
Stretford M.B. ...	*	*	*	*	*—
TOTAL—					
Administrative County	116	64	90	137	120

* Figures for 1960 relate to cases referred after date of delegation (see page 40). Cases referred in period prior to delegation and in previous years are included in appropriate divisional totals above.

Of the 120 cases in 1960, 43 were referred to a clinic operated by Rochdale County Borough Council at Baillie Street Council School, Rochdale, and the remaining 77 to Family Planning Association clinics as follows :—

Area	Clinic	No. of cases
Accrington and District...	Health Centre, Cannon Street, Accrington	2
Ashton-under-Lyne and District	The School Clinic, Crickets Lane, Ashton-under-Lyne	13
Bolton ...	Public Health Department, Civic Centre, Bolton	6
Eccles and District	The School Clinic, 14-18 Green Lane, Patricroft, Eccles	21
Lancaster and District	The School Clinic, Ashton Road, Lancaster	13
Leigh and District	Stone House Clinic, St. Helens Road, Leigh	4
Liverpool ...	Linacre Methodist Mission, Linacre Road, Litherland, Liverpool, 21	1
Middleton and District	Durnford Street Clinic, Middleton	4
Preston ...	Lancaster Road Congregational Church School, Old Vicarage, Preston	7
Wigan ...	Millgate, Wigan	6

Care of Premature Infants.—The importance of the care of premature infants becomes greater relatively as the infantile mortality declines. Of the total of 933 deaths of infants under one year occurring in 1960 and assigned to the Administrative County, 183 were certified as due to prematurity unqualified by any other cause. The neo-natal mortality rate of premature babies was 150 per 1,000 live premature births in 1960, compared with a total neo-natal rate of 18 per 1,000 live births.

Experience shows that in general babies who weigh under 3½ lb. at birth have a better chance of survival if they are born in hospital or transferred there after birth, particularly if they can be nursed in a special premature baby unit. Babies over 3½ lb. at birth normally do well when they are nursed at home and County Council midwives are encouraged to keep up-to-date in their knowledge of the management of premature babies by means of refresher courses and visits to premature baby units. Special cots, feeders, hot water bottles, etc., are held in each division for loan whenever the need arises.

Arrangements are made for the special attention of health visitors to be drawn to all premature births notified and such infants are visited as early as possible. This is particularly important in the case of infants born in hospital, while for babies born at home close liaison between the midwife and health visitor is imperative.

The relationship in the Administrative County during the past five years of total notified live births, premature live births and survival of the latter beyond 24 hours and 28 days is summarised in the following table:—

Year	Total notified live births	Premature live births					
		Total		Survived 24 hours		Survived 28 days	
		No. (3)	Per cent. of col. (2) (4)	No. (5)	Per cent. of col. (3) (6)	No. (7)	Per cent. of col. (3) (8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1956	31,833	2,391	7.5	2,179	91.1	2,019	84.4
1957	33,686	2,457	7.3	2,232	90.8	2,095	85.3
1958	34,319	2,493	7.3	2,251	90.3	2,104	84.4
1959	35,741	2,471	6.9	2,244	90.8	2,111	85.4
1960	37,199	2,545	6.8	2,313	90.9	2,165	85.1

There were also 477 premature stillbirths, representing 56.3 per cent. of the 848 stillbirths notified during 1960 and assignable to the Administrative County. The incidence of prematurity (live and still) per 100 total births notified was 7.9—the same as in the previous year. The gradual diminution in the proportion of premature births—8.8, 8.7, 8.4, 8.3 and 7.9 per cent. respectively in the years 1955–59—is satisfactory and may be an indication of improved antenatal care. It is to be hoped that this trend, though arrested in 1960, will continue.

The following table analyses by weight group and by place of occurrence all notified premature births assigned to the Administrative County in 1960. The totals by weight for the four previous years are also shown.

	Weight at birth									
	3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		Total—5 lb. 8 oz. or less	
	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births
Number born—										
(i) at home	33	17	77	19	84	5	310	3	504	44
(ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby Homes	3	2	2	3	3	1	23	2	31	8
(iii) in hospitals, including maternity homes in the National Health Service...	247	195	376	113	434	47	953	70	2,010	425
TOTAL—1960	283	214	455	135	521	53	1,286	75	2,545	477
1959	294	182	423	137	458	45	1,296	70	2,471	434
1958	287	198	430	114	489	52	1,287	76	2,493	440
1957	286	217	454	103	442	49	1,275	84	2,457	453
1956	274	224	437	111	487	42	1,193	70	2,391	447

Of the 504 premature infants born alive at home 89 were transferred to hospital, 51 of these being 4 lb. 6 oz. or less in weight. Of those born in private nursing homes one was transferred to hospital.

A summary of the survival for the first 24 hours and the first 28 days of life of the premature infants notified in 1960 whose mothers were normally resident in the Administrative County area is given by birth weight below. The corresponding totals for 1956-59 are also shown.

	Proportion (per cent.) of infants surviving															
	24 hours								28 days							
	3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Of those born— * (i) at home ...	18	54.5	72	93.5	82	97.6	305	98.4	11	33.3	65	84.4	77	91.7	293	94.5
(ii) at home and transferred to hos- pital ...	10	45.5	26	89.7	21	95.5	15	93.8	8	36.4	23	79.3	18	81.8	12	75
* (iii) in private nursing homes in- cluding maternity homes not in the National Health Service and Mother and Baby Homes...	3	100	2	100	3	100	23	100	1	33.3	2	100	3	100	23	100
(iv) in hospitals including materni- ty homes in the National Health Service ...	109	44.1	342	91.0	414	95.4	940	98.6	69	27.9	306	81.4	397	91.5	918	96.3
All births—1960 ...	130	45.9	416	91.4	499	95.8	1,268	98.6	81	28.6	373	82.0	477	91.6	1,234	96.0
1959 ...	150	51.0	385	91.0	440	96.1	1,269	97.9	91	31.0	353	83.5	421	91.9	1,246	96.1
1958 ...	137	47.7	384	89.3	470	96.1	1,260	97.9	81	28.2	346	80.5	449	91.8	1,228	95.4
1957 ...	141	49.3	404	89.0	428	96.8	1,259	98.7	96	33.6	368	81.1	404	91.4	1,227	96.2
1956 ...	127	46.4	403	92.2	475	97.5	1,174	98.4	72	26.3	354	81.0	443	91.0	1,150	96.4

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

Further information with regard to the premature infants referred to above is given by health divisions and delegate districts in Table 9, page 188.

Care of Unmarried Mothers and their Children.—Arrangements for the care of unmarried mothers and illegitimate children are carried out by the staff of the Health Committee in co-operation with the various voluntary moral welfare associations and the Children's Department. Priority in admission to the Council's day nurseries is afforded to illegitimate children in order to enable their mothers to go out to work (see page 59).

The County Council do not administer any mother and baby homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various moral welfare societies and in all but one instance payment is made entirely on a case basis. Since the 1st October, 1958, the full cost of maintenance has been met, less any contributions received from the mothers or on their behalf. The exception is the St. Monica Maternity Home, Kendal, to which an annual grant is made under the terms of an agreement between the managers of the home and five local health authorities.

Particulars of the County cases for which accommodation has been provided during the last five years are given in the following statement:—

Year	Expectant mothers	Post-natal cases	Total cases No.	*Per cent.
1956 ...	171	18	189	16
1957 ...	158	17	175	14
1958 ...	180	23	203	17
1959 ...	228	10	238	18
1960 ...	229	21	250	18

* Ratio of total cases to total registered illegitimate births assigned to Administrative County area.

The numbers of unmarried expectant mothers and post-natal cases admitted to the various mother and baby homes from each health division and delegate district during 1960 are shown in Table 10 on page 189.

Ophthalmia Neonatorum.—Seven cases of ophthalmia neonatorum were notified during 1960 in infants born to women resident in the Administrative County area, one occurring in hospital and six amongst domiciliary births. In all cases vision was subsequently ascertained to have been unimpaired.

Welfare Foods.—Particulars of centres issuing welfare foods at the end of the year are given below, together with comparative figures for the previous year :—

	1959	1960
Child welfare centres and school clinics	224	230
Premises tenanted by the County Council for the sole purpose of distributing welfare foods	12	12
Others, e.g., shops, private houses and W.V.S. centres	66	70
TOTAL	302	312

It is necessary to employ some part-time personnel and, in addition, valuable assistance is received from many sources, viz., shopkeepers, private householders and in several instances members of the W.V.S.—a notable contribution which is greatly appreciated.

Details of quantities issued during the year, with comparative totals for the previous year, are given in the following table :—

Issued to	National dried milk (20 oz. tins)	Cod liver oil (6 oz. bottles)	Vitamin tablets (packets of 45)	Orange juice (6 oz. bottles)
Individuals	361,042	101,901	91,431	763,490
N.H.S. hospitals	3,257	72	—	3,492
Day nurseries (including factory nurseries)	62	3,279	—	6,671
TOTAL—1960	364,361	105,252	91,431	773,653
1959	402,951	105,143	87,704	822,328

In considering the figures shown in this table it should be borne in mind that only those hospitals requiring small quantities of welfare foods obtain supplies from County Council centres, the majority ordering direct from Ministry depots. Local Education Authorities also obtain supplies of cod liver oil for children under five years of age in daily attendance at maintained schools and nursery schools direct from Ministry depots and not from local health authority distribution centres.

In general one 20 oz. tin of National dried milk is issued to individual beneficiaries each week (principally expectant mothers and children under two years of age). This is the equivalent of seven pints of liquid milk per week which may be obtained in lieu of National dried milk. The charge made for National dried milk (2s. 4d.) is the same as for the equivalent quantity of subsidised liquid milk mentioned above (4d. per pint). A charge of 5d. per bottle is made for orange juice, but cod liver oil and vitamin tablets are supplied free.

The amount collected from individual beneficiaries during the year 1960 was £57,654 0s. 2d., compared with £62,104 11s. 10½d. in 1959. Payment is made in the form of postage stamps which are cancelled and the money, of course, goes to the credit of the Crown and not to the local health authority.

It is considered that the service provided is adequate to meet demands and only isolated complaints have been received. It will be seen from the figures shown that ten additional distribution centres were opened during the year.

Day Nurseries.—The total day nursery accommodation provided by the County Council at the end of 1960 is compared below with that for each of the previous four years :—

Year	Day nurseries	Child places
1956	56	2,642
1957	56	2,642
1958	56	2,618
1959	55	2,552
1960	53	2,487

The nurseries closed during the year were at Littleborough and Rishton, the reason for closure being the decline in demand.

Details of attendances, etc., at County Council day nurseries during 1960 are given in the following statement together with the corresponding figures for each of the previous four years. Particulars for 1960 in respect of each health division and delegate district are shown in Table 11 on page 190.

	1956	1957	1958	1959	1960
No. of children on registers at end of year ...	2,608	2,689	2,610	2,504	2,606
No. of children on waiting lists at end of year ...	871	939	1,155	1,146	1,374
Total No. of attendances (Monday to Friday) ...	503,272	481,222	500,440	464,675	468,594
Categories of parents or guardians whose children were on register at end of year :—					
Social cases ...	470	526	599	578	627
Others ...	1,922	1,922	1,807	1,741	1,720
† Full-time equivalent of staff employed at end of year ...	677	665	674	647	638

† Includes domestics ; two students in training counted as one unit of staff.

TRAINING.—Of the 53 nurseries administered by the County Council at the end of 1960, 32 were approved for the training of nursery students. There are three nursery training schools in the Administrative County area at Newton-le-Willows, Lytham St. Annes and Lancaster. In addition there are arrangements with the Burnley and Rochdale Education Authorities.

Some interchange of students takes place between nurseries and nursery schools as facilities are not available at the latter for training in the care of children under two years of age. Student health visitors during their training spend some three to five days in a nursery to gain practical experience in dealing with healthy children and to learn about the administration of day nurseries.

During the year a two-weeks course was held for wardens and a one-week course for nursery nurses. The latter course was also attended by nursery nurses from County nursery schools. Visits were made to various day nurseries and nursery schools and during the wardens' course an exhibition of play material was held to which day nursery matrons were invited.

ADMISSION TO NURSERIES.—PRIORITIES.—Priority categories were first drawn up by the County Council in 1949 when preference was given to women employed in cotton, engineering and other industries, social cases being second choice and children of women wishing to work for financial reasons third. These were revised in 1952 when social cases became first choice, women employed in cotton, engineering, etc., becoming second choice and no change being made in the third category.

Towards the end of 1957, the parents were divided into two groups only, viz : (i) Social cases, (ii) Others. Thus the original primary purpose of the day nurseries in assisting women to work in industry has now been changed to meet the needs of social cases.

"Social cases" are persons solely responsible for the care of young children, who must of necessity go out to work to earn a living and includes unmarried mothers, widows, widowers, mothers or fathers separated, divorced or deserted. It also includes families where the mothers are unable to look after their children owing to illness or confinement, or where ill-health of the father necessitates the mother going out to work. An addition to this was made at the last review which provided for the inclusion of children of problem families and others in need of special day-time care in the category of social cases.

During 1959 the Health Committee agreed that suitable handicapped children should be admitted to day nurseries even though their mothers did not go to work. A survey held in September showed there were then 26 such children attending day nurseries, the majority of whom were either spastic or mentally retarded. Care has to be taken that the staff of a nursery are not overburdened by the admission of too many handicapped children and four was the largest number in attendance at any one nursery.

ACCIDENTS IN DAY NURSERIES.—The following table gives information about accidents to children when attending County Council day nurseries during the five years 1956–1960 inclusive.

Year	No. of accidents reported	Accident rate per 10,000 attendances by age group (in years)		
		0–2	2–4 inclusive	Total under 5 years
1956	55	0·9	1·2	1·1
1957	41	0·6	0·9	0·9
1958	54	0·8	1·2	1·1
1959	76	0·8	2·0	1·6
1960	78	1·1	1·9	1·7

The injuries were mostly of a minor nature although in some cases fractures were sustained. Of the 78 cases reported, 35 were referred to hospital and 15 to the family doctor for treatment or advice.

Nurseries and Child Minders Regulation Act, 1948.—All premises used as day nurseries and all child minders as defined in this Act must be registered and comply with standards adopted by the Health Committee. These standards are designed to prevent overcrowding, to ensure adequate toilet facilities and in general to 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.

Particulars of the registrations at the end of 1960 are given by health division and delegate district in the statement below and, in total, are compared with the corresponding figures at the end of each of the preceding four years.

	Nurseries		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
Health Division No.—				
2	—	—	1	8
3	3	39	3	29
4	—	—	4	24
11	2	70	—	—
13	4	140	2	11
14	20	878	—	—
15	—	—	1	4
17	1	40	2	11
Delegate District—				
Middleton M.B.	1	40	—	—
Stretford M.B.	—	—	3	23
TOTAL—1960	31	1,207	16	110
1959	34	1,377	15	104
1958	44	1,818	11	63
1957	45	1,961	12	78
1956	45	1,930	12	80

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 is the welfare authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the medical officer of the health division or delegate district in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors is greatly facilitated.

The numbers of notified births occurring in each area during the year 1960 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 Div. No.	In hospitals, maternity homes, etc.								In the home								TOTAL							
	Live births						Still-births	Live births						Still-births	Live births						Still-births			
	Prema-ture		Mature		Total			Prema-ture		Mature		Total			Prema-ture		Mature		Total					
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.				
1	1	2	139	157	140	159	1	1	1	3	60	48	61	51	—	1	2	5	199	205	201	210	1	2
2	53	56	765	675	818	731	23	17	10	9	173	138	183	147	1	1	63	65	938	813	1,001	878	24	18
3	21	26	481	462	502	488	3	7	6	4	216	215	222	219	—	3	27	30	697	677	724	707	3	10
4	82	76	1,018	938	1,100	1,014	28	28	19	17	345	345	364	362	2	3	101	93	1,363	1,283	1,464	1,376	30	31
5	13	33	639	663	652	696	6	—	3	13	230	236	233	249	7	—	16	46	869	899	885	945	13	—
6	17	19	318	292	335	311	1	5	5	19	183	168	188	187	4	1	22	38	501	460	523	498	5	6
7	47	53	720	588	767	641	18	15	11	14	405	324	416	338	3	6	58	67	1,125	912	1,183	979	21	21
8	92	87	777	699	869	786	33	29	12	17	412	369	424	386	4	9	104	104	1,189	1,068	1,293	1,172	37	38
9	112	98	969	895	1,081	993	32	48	51	52	835	794	886	846	7	8	163	150	1,804	1,689	1,967	1,839	39	56
10	—	—	10	20	10	20	—	—	21	15	354	291	375	306	2	—	21	15	364	311	385	326	2	—
11	136	151	1,421	1,337	1,557	1,508	54	55	14	12	410	448	424	460	7	1	150	163	1,831	1,805	1,981	1,968	61	56
12	20	25	471	456	491	481	11	8	4	8	274	234	278	242	3	1	24	33	745	690	769	723	14	9
13	50	63	538	557	588	620	24	17	8	9	208	207	216	216	1	1	58	72	746	764	804	836	25	18
14	—	—	—	—	—	—	—	—	12	18	483	434	495	452	8	3	12	18	483	434	495	452	8	3
15	—	—	—	—	—	—	—	—	9	16	451	412	460	428	4	2	9	16	451	412	460	428	4	2
16	96	104	1,186	1,002	1,282	1,106	35	28	7	9	179	164	186	173	2	1	103	113	1,365	1,166	1,468	1,279	37	29
17	74	97	715	671	789	768	21	16	17	20	387	421	404	441	3	4	91	117	1,102	1,092	1,193	1,209	24	20
Delegate District—																								
Crosby M.B.	1	1	85	69	86	70	—	—	2	2	37	45	39	47	1	1	3	3	122	114	125	117	1	1
Huyton-w-Roby U.D.	—	—	—	—	—	—	—	—	7	19	208	238	215	257	1	4	7	19	208	238	215	257	1	4
Middleton M.B.	—	—	—	—	—	—	—	—	2	1	40	59	42	60	—	—	2	1	40	59	42	60	—	—
Stretford M.B.	3	3	49	68	52	71	—	—	4	4	30	20	34	24	—	—	7	7	79	88	86	95	—	1
Administrative County	818	894	10,301	9,569	11,119	10,463	290	275	225	281	5,920	5,610	6,145	5,891	60	50	1,043	1,175	16,221	15,179	17,264	16,354	350	325

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

In contrast to the above table, the statement inserted below provides, for the year 1960, details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after reassignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter 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						Still- births	Live births						Still- births	Live births						Still- births									
	Prema- ture		Mature		Total			Prema- ture		Mature		Total			Prema- ture		Mature		Total											
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.										
Total No. occurring in Administrative County	818	894	10,301	9,569	11,119	10,463	290	275	225	281	5,920	5,610	6,145	5,891	60	50	1,043	1,175	16,221	15,179	17,264	16,354	350	325						
No. transferred out of Administrative County to areas of other L.H. authorities	276	311	3,099	2,896	3,375	3,207	91	89	2	1	32	30	34	31	—	1	278	312	3,131	2,926	3,409	3,238	91	90						
No. occurring in and belonging to Admini- strative County	542	583	7,202	6,673	7,744	7,256	199	186	223	280	5,888	5,580	6,111	5,860	60	49	765	863	13,090	12,253	13,855	13,116	259	235						
No. transferred into Administrative County from areas of other L.H. authorities	439	477	4,834	4,454	5,273	4,931	174	179	—	1	9	14	9	15	1	—	439	478	4,843	4,468	5,282	4,946	175	179						
Final No. belonging to Administrative County	981	1,060	12,036	11,127	13,017	12,187	373	365	223	281	5,897	5,594	6,120	5,875	61	49	1,204	1,341	17,933	16,721	19,137	18,062	434	414						

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

MIDWIFERY

The County Council provide a midwifery service by the employment of full-time midwives in urban areas and district nurse-midwives in the rural areas. The conduct of the service within the general framework of County Council policy was delegated during 1960 to the councils of four County districts (see page 39). The numbers employed on the 31st December, 1960, including those in the delegate districts, are shown in the statement below in comparison with those employed in the previous four years.

		No. employed at end of year				
		1956	1957	1958	1959	1960
Midwives ...	...	182	180	178	183	197
Nurse-midwives ...	...	63	59	60	61	65

Supervision throughout the Administrative County area, including the delegate districts by agreement, is carried out by a non-medical supervisor of midwives, a deputy and an assistant supervisor.

For the eighth consecutive year there was an increase over the previous year in the number of confinements attended by domiciliary midwives. The number of confinements attended by midwives working in hospitals and nursing homes situated in the Administrative County area also increased.

Of the total confinements attended by midwives in the Administrative County area, the proportion attended by County Council midwives and nurse-midwives slightly increased from 35.3 per cent. in 1959 to 35.4 per cent. in 1960.

The following table shows the number of confinements attended by midwives in the various services during each year from 1956 to 1960. These figures do not include miscarriages.

		Total confinements attended				
		1956	1957	1958	1959	1960
(a) Local Health Authority services—						
County Council midwives ...	...	9,678	10,282	10,514	10,867	11,298
County Council nurse-midwives ...	...	677	740	656	676	720
(b) Hospital services—						
In State hospitals ...	...	18,795	19,599	20,052	20,577	21,344
In voluntary hospitals ...	...	—	—	—	—	—
(c) In private practice—						
Domiciliary ...	...	23	14	24	17	10
Nursing homes, etc. ...	...	1,147	1,076	861	524	547
TOTAL—All services ...	...	30,320	31,711	32,107	32,661	33,919

In addition to these confinements, County Council midwives and nurse-midwives attend cases discharged from hospital before the end of the minimum lying-in period as defined by the Central Midwives Board. The number of such cases dealt with in 1960 was 5,319 to which 18,583 visits were made.

The County Council midwives and nurse-midwives also attended 292 miscarriages.

Oxygen Resuscitators.—At the end of the year 241 midwives and nurse-midwives were in possession of oxygen resuscitators. It is intended to issue this apparatus to all midwives and nurse-midwives in 1961.

District Training of Pupil Midwives.—Forty-five of the County Council's midwives are approved by the Central Midwives Board as pupil midwife teachers and give instruction on domiciliary midwifery to pupil midwives taking their Part II training. During the year 125 pupils, sent from six hospitals situated in the Administrative County area, completed their district training under these arrangements.

Post-Graduate Training.—In accordance with the rules of the Central Midwives Board, 40 County Council midwives and nurse-midwives attended a residential refresher course during 1960.

In addition, three of the County Council's supervisory staff attended a residential post-graduate course for supervisors of midwives at Bedford College, London, from the 3rd to the 9th April, 1960.

First-Aid in Midwifery.—As in previous years the County supervisor of midwives gave a number of lectures on "First-aid in midwifery" to police personnel at the County Police Training Centre, Stanley Grange, Houghton. Lectures were also given by the supervisor and her assistants to newly appointed ambulance drivers and attendants.

Motor Transport.—At the end of 1960, 169 midwives or 86 per cent. of those employed were using a motor car for official duties. Thirty-six of the cars were owned by the County Council, the remainder being privately owned. Details of transport used by nurse-midwives are given in the home nursing section of this report.

Pupil Midwives Hostel—Kirkby.—Two adjacent semi-detached houses were purchased in Kirkby for use as a hostel for five pupil midwives doing their Part II training on the district. The first group of pupil midwives took up residence at the hostel on the 1st June, 1960, and since then 15 pupils have stayed at the hostel for their district training during 1960.

Housing of County Council Midwives.—Of the 197 midwives employed on the 31st December, 1960, 47 occupied houses owned by the County Council, 39 occupied houses rented by the County Council from local district councils, whilst 14 occupied houses let direct to them by local district councils. The remaining 97 midwives provided their own living 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, 1960, in the various types of service :—

Type of service	Midwives	
	Total No.	No. qualified to give inhalational analgesia
(a) Local Health Authority services—		
County Council midwives	197	196
County Council nurse-midwives	65	65
(b) Hospital services—		
In State hospitals	289	284
In voluntary hospitals	—	—
(c) In private practice—		
Domiciliary	12	10
Nursing homes, etc.	13	12
TOTAL—All services	576	567

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 Supervising Authority, which were received during 1960 :—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Still-births	Deaths	
			Mother	Child (under 1 month)
(a) Local Health Authority services—				
County Council midwives	1,386	103	—	35
County Council nurse-midwives	30	2	—	2
(b) Hospital services—				
*In State hospitals	420	45	—	23
In voluntary hospitals	—	—	—	—
(c) In private practice—				
Domiciliary	—	—	—	—
Nursing homes, etc.	—	1	—	—
TOTAL—All services	1,836	151	—	60

* These notifications were received from midwives working in State hospitals having no resident medical officer.

In the following table the numbers of notifications received from all midwives on the County roll during 1960 are compared with those for each of the four previous years :—

Year	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
1956	2,311	188	1	45
1957	2,248	165	1	52
1958	2,160	150	5	54
1959	2,058	157	2	36
1960	1,836	151	—	60

A similar comparison is given below in respect of medical practitioners' claims for fees for emergency calls made by midwives :—

Year	No. of medical aid forms received	No. of claims made by medical practitioners	Total amount of claims paid	Average amount per claim
			£ s. d.	£ s. d.
1956	2,311	398	1,200 7 6	3 0 4
1957	2,248	243	753 19 6	3 2 1
1958	2,160	259	721 1 6	2 15 8
1959	2,058	205	651 18 0	3 3 7
1960	1,836	202	622 13 6	3 1 8

INFORMATION RELATING TO THE COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives the numbers of confinements and miscarriages attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during 1960 and the four previous years :—

	1956		1957		1958		1959		1960	
	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Confinements ...	9,678	677	10,282	740	10,514	656	10,867	676	11,298	720
Miscarriages ...	397	19	355	33	257	24	263	13	261	31
TOTALS... ..	10,075	696	10,637	773	10,771	680	11,130	689	11,559	751
	10,771		11,410		11,451		11,819		12,310	

The numbers of visits made by County Council midwives and nurse-midwives during 1960 are given below, together with the figures for the previous four years.

	VISITS PAID				
	1956	1957	1958	1959	1960
Midwives	270,543	286,951	293,729	298,286	307,235
Nurse-midwives	22,109	22,948	22,210	22,333	23,346
TOTAL	292,652	309,899	315,939	320,619	330,581
*Night visits (i.e., between 9 p.m. and 8 a.m.)	15,857	16,877	16,289	15,364	17,064
Visits to mothers confined in hospital and discharged before the 10th/14th day	15,934	16,159	20,097	21,496	18,583

* Included in totals above.

† From 1st July, 1960, the Midwives (Amendment) Rules, 1960, reduced the minimum "lying-in period" from 14 days to 10 days.

Particulars of bookings of the general practitioners in connection with the confinements attended in 1960 by County Council midwives and nurse-midwives and of the actual presence of the doctor at delivery are given in the following table. The total births resulting from these confinements are also analysed as to presence of the doctor at delivery.

	CONFINEMENTS					TOTAL BIRTHS		
	Doctor not booked		Doctor booked		Total	Doctor present at delivery	Doctor not present at delivery	Total
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery				
Midwives	21	531	1,369	9,377	11,298	1,411	9,941	11,352
Nurse-midwives	—	77	200	443	720	200	523	723
TOTAL	21	608	1,569	9,820	12,018	1,611	10,464	12,075

Of the 12,018 mothers attended in confinement by County Council midwives and nurse-midwives, 11,389 or 94·8 per cent. had also booked a doctor. The doctor was present at the delivery in 1,569 or 13·8 per cent. of these 11,389 cases. There was no doctor present at 10,428 deliveries—86·8 per cent. of the total attended by all midwives. In 1959 a doctor had been booked at 92·9 per cent. of the cases attended by County Council midwives and nurse-midwives and had been present at the delivery of 14·5 per cent. of these. In that year there had been no doctor present at 86·3 per cent. of the total cases attended by midwives.

Midwives encourage their patients to book also with a doctor and a small card is used by the midwife to inform the doctor (with the patient's permission) that a particular patient has been booked. The doctor then informs the midwife whether and at what stage of labour he wishes to be called. It is gratifying to see that the proportion of patients who book a doctor is increasing.

The following statement gives information on the administration of gas/air analgesia, pethidine and trilene during 1960 :—

	Gas/Air				Pethidine		Trilene alone
	Alone	With Pethidine	With Trilene	With Pethidine and Trilene	Alone	With Trilene	
Midwives—							
Doctor present at delivery ...	29	59	5	73	57	632	378
Doctor not present at delivery	169	247	40	358	605	4,142	3,424
Nurse-midwives—							
Doctor present at delivery ...	19	42	7	14	8	59	40
Doctor not present at delivery	91	99	12	20	24	131	91
TOTAL	308	447	64	465	694	4,964	3,933

The changing pattern in the use of the different types of analgesic during the last five years is shown below :—

Year	Total confinements attended by County Council midwives and nurse-midwives	Confinements at which any analgesic was administered		Confinements at which the following analgesics were administered					
				Gas/Air		Pethidine		Trilene	
		No.	*Per cent.	No.	*Per cent.	No.	*Per cent.	No.	*Per cent.
1956	10,355	9,121	88	6,540	63	5,751	56	2,291	22
1957	11,022	9,809	89	3,629	33	5,766	52	5,964	54
1958	11,170	10,046	90	2,014	18	5,845	52	8,036	72
1959	11,543	10,473	91	1,462	13	6,320	55	8,753	76
1960	12,018	10,875	90	1,284	11	6,570	55	9,426	78

* Of total confinements attended by County Council midwives and nurse-midwives.

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 :—

	1956	1957	1958	1959	1960
(a) Total No. of live and still births occurring in the Administrative County	30,748	32,037	32,382	33,049	34,293
(b) No. of (a) which were domiciliary	10,529	11,161	11,306	11,678	12,146
(c) No. of (b) which were attended by County Council midwives and nurse-midwives	10,427	11,098	11,237	11,609	12,075
(d) Percentage of (c) to (a)	33·9	34·6	34·7	35·1	35·2
(e) Percentage of (c) to (b)	99·0	99·4	99·4	99·4	99·4

In the following statement particulars are given, for 1960 and each of the four preceding years, of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives, and of total visits paid :—

	1956	1957	1958	1959	1960
<i>Deaths of mother or child (including deaths after removal to hospital)—</i>					
No. of live and still births attended	10,427	11,098	11,237	11,609	12,075
No. of deaths of mother	3	3	7	2	3
No. of deaths of child	86	82	83	82	74

HEALTH VISITING

The following table shows, by health divisions and delegate districts, the details of visits paid by health visitors during the year, together with comparative totals for the years 1956 to 1959 :—

Health Division No.	Number of visits paid by health visitors during year to :—													Total visits
	Expectant mothers		Children under 5 years				Adults					Problem families	Other classes	
			Under one year		One year	2-4 years	Chronic sick		Aged & infirm	Illness and others				
	First visits	Total visits	First visits	Total visits			Under 65 years	65 yrs. & over		65 yrs. & over	Under 65 years	65 yrs. & over		
1	143	263	557	2,880	1,623	2,380	9	47	465	272	37	32	229	8,237
2	648	1,322	1,699	12,658	6,745	12,806	108	117	1,954	380	304	485	1,148	38,027
3	532	1,209	1,997	11,915	6,305	9,463	101	193	890	326	523	404	721	32,050
4	869	1,387	3,059	17,861	8,676	14,336	303	580	3,612	839	445	812	2,057	50,908
5	1,024	1,638	2,305	12,743	7,639	11,322	64	291	543	217	134	563	868	36,022
6	563	983	1,320	8,409	4,598	7,972	109	130	2,909	463	410	286	897	27,166
*7	819	1,560	2,961	15,987	9,348	13,775	156	351	1,422	265	306	1,111	1,721	46,002
8	487	1,041	1,800	11,237	5,816	9,759	80	214	1,055	179	242	156	663	30,442
*9	1,115	1,921	4,788	22,472	12,596	23,305	144	276	4,917	444	733	664	2,364	69,836
10	645	1,445	1,812	10,487	7,545	8,352	172	176	1,133	254	243	564	534	30,905
11	609	993	2,845	12,642	5,884	11,601	272	492	3,155	865	561	821	1,879	39,165
12	534	866	1,993	10,163	4,580	7,605	45	172	1,798	395	252	573	1,041	27,490
13	323	863	1,138	8,725	5,985	10,235	105	82	1,551	164	85	425	524	28,744
*14	181	320	2,338	9,221	3,753	8,280	71	124	3,103	452	397	973	1,808	28,502
*15	343	456	2,437	8,513	4,522	7,463	76	125	1,727	129	148	328	344	23,831
*16	190	333	1,674	7,493	3,304	5,657	108	468	1,526	261	297	481	941	20,869
17	458	688	2,142	12,986	6,210	11,138	243	243	2,773	230	235	926	2,743	38,415
TOTAL ...	9,483	17,288	36,865	196,392	105,129	175,449	2,166	4,081	34,533	6,135	5,352	9,604	20,482	576,611
Delegate District— *Crosby M.B. ...	26	49	339	1,320	721	1,177	10	32	270	23	24	47	144	3,817
*Huyton-w-R. U.D.	401	528	1,160	6,519	3,733	5,655	36	151	691	61	73	114	187	17,748
*Middleton M.B. ...	28	137	244	1,739	681	1,689	13	5	395	10	13	308	198	5,188
*Stretford M.B. ...	28	97	202	1,372	922	1,198	17	92	235	61	38	128	141	4,301
TOTAL ...	483	811	1,945	10,950	6,057	9,719	76	280	1,591	155	148	597	670	31,054
TOTAL—Administra- tive County— 1960	9,966	18,099	38,810	207,342	111,186	185,168	2,242	4,361	36,124	6,290	5,500	10,201	21,152	607,665
1959	9,262	16,690	36,967	194,852	106,413	172,179	2,078	4,336	25,213	5,669	4,976	8,668	19,881	560,953
1958	8,624	15,673	35,507	182,835	98,694	160,757	1,789	4,122	20,634	5,295	3,900	24,394		518,093
1957	8,193	14,613	34,335	177,658	95,746	158,848	1,881	4,383	15,784	5,183	3,103	17,649		494,848
1956	7,299	13,473	32,464	168,721	91,103	156,358	1,916	4,006	12,307	5,983	2,672	8,249		464,788

* Areas affected by delegation of functions. See page 39.

The number of children under five years of age who were visited during the year totalled 161,387 and the number of households visited for all purposes was 140,263.

The professional supervision of the service in the Administrative County, including the delegate districts by agreement, is carried out by the superintendent health visitor and school nurse, a deputy and four assistants. At the end of the year there were 334 health visitors/school nurses, compared with 314 at the end of 1959. There were also 39 temporary school/clinic nurses assisting the health visitors with school health work and in clinics. While the situation improves each year the number employed still falls short of the authorised establishment, in spite of continuous efforts to recruit the required staff.

In order to stimulate recruitment, the County Council continued with the scheme instituted in 1948 under which financial assistance is granted to nurses undertaking training for the health visitor's certificate. During the year 22 nurses were assisted in this way and all succeeded in obtaining the certificate.

Along with their duties for maternity and child welfare and school health work the health visitors continued to devote much of their time to visiting the aged and chronic sick. This type of visiting is very time-consuming but nevertheless worthwhile. Much time was also spent on work with problem families. Frequent visiting of these families is required and also time to contact all the other social workers who in one way or another are concerned with the families. A very good understanding has been built up with many social workers through the co-ordinating committee meetings. An increase in the number of visits paid to the aged and chronic sick, as well as to problem families, was again shown in 1960.

Health visitor students from the Liverpool, Bolton, Manchester, Leeds, and London training schools accompanied health visitors in various parts of the County for practical work. This necessitated considerable planning and follow-up on the part of the supervisory staff. Student nurses from hospitals, district nurse students, student nursery nurses and students from the social studies departments of Manchester and Liverpool Universities spent time with the health visitors to gain an understanding of their work.

Lectures were given by the senior staff to student nurses in hospitals and to student nursery nurses and nursing cadets at their training centres. Talks were also given at the Careers Conventions held in some divisions of the County during the year and to school leavers in other areas. Two health visitors gave courses of talks to the mothers in the moral welfare homes at Wilpshire and Lancaster. Two other health visitors still act as health tutors to nursery students and nursing cadets at Morecambe and Lytham St. Annes centres.

The health visitors continued to do screening tests of hearing on children who come within the special groups considered to be at risk and those whose parents ask that their children should be tested. Home guidance was given to deaf children by the two specially trained health visitors working from the Fulwood Diagnostic Clinic and Manchester University Clinic respectively. A further number of health visitors has been trained during the year to undertake screening tests and it is hoped that more still will be trained for this work in order that all children at risk may be tested.

During the past year there was an increase in the amount of teaching in schools and clinics by the health visitors. More head teachers are asking for the health visitors to take part in health education work in schools. The facilities provided at the new clinics have encouraged educational work, especially in connection with antenatal clinics.

Two health visitors continued to do specialised duties in connection with the care of the aged and handicapped in two divisions. This is proving to be a valuable piece of work, especially with regard to the liaison with the hospital staffs and general practitioners, but the "general duty" health visitors are still responsible for the routine visiting to these people.

Active co-operation between the health visitor and the general practitioner is encouraged and progress in this direction continued. Efforts are made by new staff to get to know the general practitioners in their areas. In two areas the health visitor attends the child welfare sessions held by a general practitioner in his own surgery. Last year it was reported that a series of meetings had been held with general practitioners in one division and it is considered that a better liaison has resulted in this area.

Co-operation with the geriatricians varies in form, *e.g.*, in one division a health visitor accompanies the geriatrician on domiciliary visits, 59 such visits being made during the year, and in another division the specialist health visitor attends the geriatrician's clinic.

In one area a health visitor attends the paediatric clinic. Contact with the hospitals through the almoners is continuing to prove of value in the care of patients and their families.

In some divisions the staff continued to take part in a survey of accidents to children in co-operation with the Alder Hey Children's Hospital, Liverpool. In another area a survey is at present being conducted into the problem of nocturnal enuresis, in co-operation with the Department of Social and Preventive Medicine at Manchester University.

Members of the staff attended post-certificate refresher courses organised by the Royal College of Nursing and the Women Public Health Officers' Association. Many attended the intensive teaching courses organised by the Women Public Health Officers' Association and found them most helpful. Some members also attended the Central Council for Health Education course which they found very stimulating.

Poliomyelitis vaccination sessions continued and these were held not only during mornings and afternoons, but also in the evenings. School nursing staff helped in relieving the health visitors of some of these and other clinic sessions so that they might continue with their most important task of home visiting.

HOME NURSING SERVICE

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses. By virtue of the orders to which reference is made on page 40 this function within their respective areas was delegated during 1960 to the councils of Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.

Staffing.—Details of the numbers of staff employed in 1960 and in each of the four preceding years, including those in the delegate districts, are given in the statement below :—

Staff category	1956	1957	1958	1959	1960
District nurses (general nursing only)	315	338	345	351	373
District nurses (general nursing and midwifery)	58	56	57	57	62
District nurses (general nursing, midwifery and health visiting)	5	3	3	4	3
TOTAL	378	397	405	412	438

Of the 438 nurses employed on the 31st December, 1960, 375 were state registered of whom 331 or 88 per cent. were "district" trained, and 63 were state enrolled assistant nurses engaged in the main in nursing the aged and chronic sick. In addition 12 nurses were employed part-time and were engaged in general nursing.

The supervision of district nurses, including those in the delegate districts by agreement, was carried out by a superintendent, a deputy superintendent and eight assistants.

Cases Attended.—In the following statement particulars are given of the number of cases attended by the district nurses during 1960 together with the number of visits involved. For comparative purposes, corresponding figures for the previous four years are also given.

	1956	1957	1958	1959	1960
General nursing cases attended	48,625	49,291	47,478	46,497	43,848
No. of visits paid to these cases	1,241,255	1,303,251	1,297,232	1,277,760	1,261,008
Average No. of visits per case	25.5	26.4	27.3	27.5	28.8
No. of casual advisory visits	66,738	64,358	63,130	55,734	50,970
* No. of other advisory interviews	—	—	—	28,247	39,951

* This category of visits was introduced in 1959 to differentiate between visits to patients' homes (casual advisory visits) and casual interviews not at the patients' homes (other advisory interviews).

There was a continuation in 1960 of the decline from the peak year of 1957 in total general nursing cases attended and the 43,848 cases were, in fact, the lowest total since 1952. A corresponding, though less proportionate, fall in visits was also recorded. This trend can, in the main, be attributed to the changing clinical pattern of cases with the emphasis passing more and more to the needs of the aged and infirm and chronic sick—patients who tend to require more attention in the sense of more prolonged individual visits over a longer period, but with rather less frequency. Thus it is that, despite the decline in the overall number of cases nursed, it still continues to be necessary to recruit more nursing staff to cope with the demands. Reference has already been made to this trend in previous reports and further observations in the light of the analysis for 1960 are made in the following paragraphs.

Analysis of Completed Cases.—In order to maintain a statistical picture of home nursing in the Administrative County area an analysis is carried out annually of the cases upon which attendance was terminated. The number of case records involved in 1960 was 30,635 and in the following table they are analysed in order of frequency by disease and age groups :—

Disease or ailment	Total cases	Age group (years)				
		0—	5—	15—	45—	65—
Senility and other ill-defined conditions	5,318	44	83	829	1,540	2,822
Diseases of respiratory system (other than tuberculosis)	3,624	404	230	813	839	1,338
Diseases of digestive system	3,312	104	157	666	970	1,415
Diseases of the central nervous system	2,639	3	5	119	502	2,010
Diseases of the heart and circulatory system	2,389	4	10	136	601	1,638
Anaemias and other blood diseases	2,256	15	5	449	609	1,178
Diseases of the skin	1,994	72	161	586	499	676
Diseases of the genito-urinary system	1,894	321	38	575	400	560
Cancer	1,695	2	5	137	679	872
Accidents, injuries, etc. (including burns and scalds)	1,396	167	139	226	266	598
* Infective and parasitic diseases	1,112	49	61	422	356	224
Diseases of bones and organs of movement (including rheumatism and arthritis)	943	1	16	126	315	485
Diseases of eye, ear and mastoid process	607	182	162	131	62	70
Diabetes	525	1	4	20	146	354
Mental, psychoneurotic disorders	72	—	1	15	25	31
All other conditions	859	57	18	632	92	60
TOTAL—All conditions	30,635	1,426	1,095	5,882	7,901	14,331

* Including tuberculosis of respiratory system.

A similar but more detailed statement is given in Table 12, page 191.

As mentioned earlier, it has been apparent during the last few years that more and more of the resources of the home nursing service are taken up in caring for the aged and infirm. Of the total patients attended, the proportion aged 65 years and over has for some time been increasing and in 1960 formed 46·8 per cent.—almost 10 per cent. more than in 1952. Needless to say, at the same time the number of cases classified to “Senility and ill-defined conditions” has steadily risen until in 1960 it accounted for more than one-sixth of all the cases.

This trend has naturally brought about changes not only in the frequency of visitation and the period of nursing required by such cases but also in the amount of time spent with the patient at each visit. To-day, conditions mainly associated with the elderly, such as senility, diseases of the heart and circulatory system and of the central nervous system and respiratory system, generally speaking, are time consuming in the nursing care and treatments involved and often call for visits of longer duration than in the past. It is apparent that over the past few years the average number of visits per home nursing case has steadily risen until now it is some 50 per cent. higher than eight years ago, but whilst the average duration of the cases has, during that time, more than doubled, the average number of visits per case per week has fallen by slightly less than one-third.

An examination of the conditions for which the nurses have been required to provide nursing care over the past few years discloses a remarkable increase in the number of cases of anaemia and other blood diseases, and these patients are mainly women. That the co-operation of the home nurse is being sought more and more by hospitals is evidenced by the continued increase in the number of cases in which she is called upon to give the necessary pre-operative treatments and pre-X-ray preparations for patients before admission to or attendance at hospital.

Amongst the most remarkable changes in recent years in the clinical pattern of cases attended by home nurses are those shown by diseases of the skin and of the eye, ear and mastoid process. Compared with eight years ago, the respective figures for these two groups of conditions in the 1960 analysis, showed reductions of 46·7 and 54·2 per cent.

In Table 13 on page 192 a detailed analysis is provided of the duration of treatments and frequency of visits in relation to the various groups of cases on which attendance ceased during 1960. In all it will be seen that a total of 1,037,964 visits were paid to the 30,635 cases throughout the period they were receiving nursing care. This is equivalent to an average of 33.9 visits per case or 2.4 more than the corresponding figure for the previous year, and 11.9 or 54 per cent. greater than in 1952 when the first analysis was made. Night visits, i.e., those between 9 p.m. and 8 o'clock the following morning, were considerably fewer than in the previous year's analysis—2,349 compared with 3,589. They formed only 0.2 per cent. of the total visits and were chiefly to cancer cases. The increase in the average duration of treatment for all types of cases continued and at 14.4 weeks was 1.0 weeks greater than in the 1959 analysis. On the other hand, the weekly attendance per case continued its gradual, if only slight, downward trend, the average of 2.3 visits per case per week being 0.1 less than in the previous year but 0.9 less than in 1952.

These are, of course, overall averages of the whole of the nursing cases on which attendance ceased during the year and as such give no indication of the wide divergence between specific averages for differing types of cases. In this respect the following table is of interest inasmuch as it provides a comparison of the attendance required by the various types of cases over the past five years.

Disease or ailment	Average duration of treatment (weeks)					Average No. of visits (day and night)					Average No. of visits per case per week				
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
Tuberculosis of respiratory system ...	16.1	18.0	21.9	21.9	24.0	57.3	70.2	83.5	87.4	107.1	3.6	3.9	3.8	4.0	4.5
Other infective and parasitic diseases ...	6.4	7.7	6.2	5.6	7.5	20.0	30.1	19.8	20.3	24.4	3.1	3.9	3.2	3.6	3.2
Cancer ...	9.4	9.0	8.9	8.4	8.2	41.1	38.3	44.8	34.2	35.1	4.4	4.3	5.0	4.1	4.3
Diabetes ...	24.1	29.0	28.0	32.3	41.4	130.7	146.4	153.1	184.8	194.4	5.4	5.0	5.5	5.7	4.7
Anaemias and other blood diseases ...	36.2	31.6	31.9	31.6	42.1	43.6	43.3	40.8	39.9	51.9	1.2	1.4	1.3	1.3	1.2
Mental, psychoneurotic disorders ...	15.3	16.9	11.5	16.3	9.6	38.8	25.8	21.1	26.0	17.9	2.5	1.5	1.8	1.6	1.9
Cerebral haemorrhage, cerebral embolism and thrombosis ...	9.3	10.4	11.0	10.4	11.9	33.0	36.9	36.6	32.5	39.7	3.5	3.5	3.3	3.1	3.3
Other diseases of central nervous system ...	22.6	18.3	20.6	23.7	26.8	64.2	51.0	59.1	62.1	72.3	2.8	2.8	2.9	2.6	2.7
Diseases of eye, ear and mastoid process ...	1.9	1.9	2.2	3.3	2.0	8.6	9.9	9.3	16.2	10.0	4.5	5.1	4.2	4.9	5.0
Diseases of heart and circulatory system ...	16.3	19.3	22.1	24.4	22.2	37.0	40.0	43.1	48.5	45.4	2.3	2.1	2.0	2.0	2.0
Influenza ...	1.9	1.7	3.6	2.2	1.8	9.7	9.1	16.2	11.0	8.5	5.1	5.4	4.5	5.0	4.7
Pneumonia ...	2.7	2.6	3.7	3.2	3.6	13.7	13.4	15.8	16.6	15.5	5.1	5.1	4.3	5.2	4.3
Bronchitis ...	3.4	3.3	4.3	4.6	5.7	13.0	13.3	14.7	15.5	18.1	3.8	4.0	3.4	3.4	3.2
Other diseases of respiratory system ...	2.3	3.2	2.3	2.2	2.5	11.3	15.9	10.6	10.7	11.9	4.8	5.0	4.5	4.9	4.8
Diseases of digestive system ...	3.6	4.1	4.4	4.5	4.4	11.7	13.2	13.4	12.6	13.4	3.2	3.2	3.0	2.8	3.0
Diseases of genito-urinary system ...	22.3	21.9	23.4	27.1	24.2	23.1	23.0	24.3	26.3	24.2	1.0	1.1	1.0	1.0	1.0
Diseases of the skin ...	4.9	6.0	7.1	7.7	8.6	18.2	22.0	22.3	26.3	26.4	3.7	3.7	3.1	3.4	3.1
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	30.0	32.5	31.6	28.0	26.1	73.8	71.6	71.0	59.0	53.7	2.5	2.2	2.2	2.1	2.1
Senility and ill-defined conditions ...	7.8	9.1	9.6	9.9	10.0	18.9	22.1	22.8	23.3	23.8	2.4	2.4	2.4	2.4	2.4
Burns and scalds ...	4.4	4.9	5.1	5.7	5.0	17.8	18.8	18.6	24.9	18.7	4.1	3.9	3.7	4.4	3.7
Other accidents, injuries, etc. ...	6.2	7.1	8.1	9.3	9.4	19.3	22.6	23.7	26.5	26.4	3.1	3.2	2.9	2.8	2.8
All other conditions ...	8.4	7.0	6.8	6.5	7.0	24.7	18.9	18.0	18.2	21.3	2.9	2.7	2.6	2.8	3.0
TOTALS—Administrative County ...	10.7	11.5	12.8	13.4	14.4	27.3	29.0	30.6	31.5	33.9	2.6	2.5	2.4	2.4	2.3

From the above it will be seen that cases of diabetes and anaemia and other blood diseases are invariably on the nurses' books longer than any other type of case, but even with these two groups the former, as would be expected, requires far more visiting than the latter. Whilst many of the different types of cases have called for an increasing period of attendance during the past five years, perhaps the outstanding one is that of tuberculosis of the respiratory system. Thus, whilst in fact the number of cases of this disease which terminated during each year has shown an appreciable fall since 1956, the duration of treatment has risen steadily throughout the period and the average number of visits per case is almost double what it was five years ago.

On the other hand, cases suffering from some disease of the bones and/or organs of movement (including rheumatism and arthritis) have taken the opposite trend, calling for a gradually reducing number of visits over a somewhat shorter period of time than was the case in 1956.

The extent of variation in the duration of nursing care and frequency of visiting is probably best illustrated by a comparison between anaemia and other blood diseases and diseases of the eye, ear and mastoid process. In the 1960 analysis the duration of the former, whilst averaging about 10 months, required visiting on only rather more than one day a week whereas the latter, although on the books only two weeks, required five visits each week.

Reference was made in last year's report to a steady rise which has been taking place over the last few years in the proportion of cases which are referred to the home nurses by the hospitals and the 1960 analysis shows that not only has this continued but it was more marked than ever. This is, of course, largely attributable to the increasing use being made of the home nursing service by hospitals in the giving of pre-operative treatments and pre-X-ray preparation to which reference has been made earlier. In all, in 11.8 per cent. of the total cases which terminated in 1960, the calls emanated from hospitals, compared with 9.9 per cent. in the previous year.

Whilst the general practitioner continues, of course, to be responsible for the majority of the calls upon the district nurse, there has been a slight tendency over the years for the proportion to fall and in the 1960 analysis such calls represented 84.8 per cent. of the total, compared with over 88 per cent. a few years ago. Fewer requests now appear to be made direct by patients themselves or their relatives or friends, the percentage in 1960 being 2.0 as compared with 4.2 eight years earlier. Probably by reason of the impact of the ever-developing social and welfare services, a greater—although albeit only small—proportion of calls for the home nurses' services now come from the public health authorities than was the case a few years ago and 1.1 per cent. were classifiable to this agency of reference in 1960. The remaining calls were made up of 0.1 per cent. by chest physicians and 0.2 per cent. from miscellaneous sources, such as the police.

The principal reasons for the cessation of the nurses' attendances on the cases under review in 1960 are summarised below. These are analysed in detail, according to disease or ailment and by health divisions and delegate districts, in Tables 13 and 14 on pages 192 and 193.

	No. of patients	Per cent. of total
Recovered, relieved or convalescent	16,646	54.3
Died	4,905	16.0
Admitted to hospital	4,682	15.3
Out-patient, X-ray, etc.	2,583	8.4
Gone away	1,045	3.4
Nurse withdrawn	652	2.1
Others	122	0.4

The statement below provides an analysis of the types and numbers of treatments which were involved in the cases upon which attendance ceased in 1960. These have been classified to the main groups of treatments commonly required of the nursing profession.

Nursing treatment	No. of cases	Proportion of total (per cent.)
General nursing care	6,681	21.8
General nursing care with injections	834	2.7
General nursing care with dressings and poultices	540	1.8
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata	344	1.1
Septic dressings and poultices	1,196	3.9
Dry dressings	3,086	10.1
Burns and scalds—dressings and treatments	392	1.3
Pre-operative treatment and pre-X-ray	2,562	8.4
Blanket baths (once, twice or thrice weekly)	619	2.0
Douche and pessaries	399	1.3
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout	2,121	6.9
Injections (hypodermic or intramuscular)	10,815	35.3
Injections (hypodermic or intramuscular) with dressings	542	1.8
Operations	8	0.0
Eyes, ears, nose and throat treatments	97	0.3
Skin treatments	137	0.4
Care of patients in plaster casts and splints	136	0.4
Others	126	0.4

Injections continue to form the greatest proportion of the treatments the home nurse is called upon to undertake and in the 1960 analysis amounted to 39.8 per cent. of the total. This was in fact 4.2 per cent. smaller than in the previous year and continued a slight falling off which has been taking place for two or three years. Whilst reference has already been made to the increasing proportion of pre-operative treatments and preparation for X-rays, general nursing care either with or without other ancillary treatments is still the requirement in almost a third of the cases attended.

Post-Certificate Training.—During the year three training courses were held at the County Council's district nurse training centre. Twenty-seven of the County Council's nurses attended, 26 of whom passed the examination of the Queen's Institute of District Nursing and were enrolled as Queen's Nurses. Accommodation at the Garstang Road Congregational Sunday School, Preston, was used for the training centre throughout the year.

As in previous years a specialised course for assistant nurses employed in the home nursing service was held at the district nurse training centre. Seven assistant nurses attended the course which was of three weeks' duration.

The Queen's Institute of District Nursing held the annual Standing Conference of Training Home Superintendents in London on the 6th and the 7th May, 1960, and this was attended by the County superintendent of home nursing together with one of her assistants.

The Queen's Institute also organised three residential refresher courses during the year at Nottingham, Cambridge and Belfast, which were attended by 58 of the County Council's district nurses and one assistant superintendent of home nurses. Three residential refresher courses were held during 1960 at the William Rathbone Staff College, Liverpool, and these were attended by 10 of the County Council's state enrolled assistant nurses.

A one-day refresher course was held at the College of Further Education, Lytham St. Annes, on the 4th October, 1960, when the morning's subject was "Health Education Methods." The speaker was W. E. Davies, Esq., B.Sc., B.A.(ADMIN.), M.Ed., Ph.D., Headmaster, Yew Tree Secondary School, Wythenshawe, Manchester. In the afternoon a lecture on "A New Look at Leg Ulcers" was given by S. Rivlin, Esq., M.R.C.S., L.R.C.P., Director of London Varicose Clinic, Battersea. The nurses who were unable to attend on 4th October attended on the 20th October when the speaker in the morning was Miss M. E. Taylor, Gold Medallist, N.E.A. (Public Speaking), Principal, Abbey School for Speakers, London, on the subject "How to Give a Short Talk." The lecture in the afternoon entitled "Some Aspects of Plastic Surgery, including Burns and Accidents" was given by R. P. Osborne, Esq., M.Sc., M.B., Ch.B., F.R.C.S., Honorary Assistant Surgeon in charge of the plastic surgery department of Royal Liverpool United Hospitals. Approximately 200 County Council nurses attended on each day together with several nurses from other authorities.

Transport.—The following table gives details of the number of motor vehicles in use by district nurses and nurse-midwives during the five years 1956-60 :—

Ownership of vehicles	Motor vehicles in use at 31st December									
	1956		1957		1958		1959		1960	
	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles
District nurses and Superintendents ...	198	10	225	10	243	8	266	7	280	4
County Council	96	—	94	—	95	—	83	—	100	—
TOTAL	294	10	319	10	338	8	349	7	380	4
Proportion (per cent.) of total staff ...	76	3	80	2	83	2	85	2	85	1

Note.—Included under the heading "auto-cycles" are all forms of motorised bicycles, i.e., auto-cycles, scooters and motor assisted bicycles.

Housing.—The following table sets out details of the housing of superintendents and nurses during the past five years :—

Premises	Nurses accommodated				
	1956	1957	1958	1959	1960
Owned by County Council	58	59	51	54	56
Rented by County Council from District Councils ...	27	33	32	37	41
Rented by County Council from private owners ...	15	14	9	7	8
Rented by nurses from District Councils	29	26	28	32	27
Owned by nurses or rented by them from private owners...	258	274	294	292	316
TOTAL	387	406	414	422	448

VACCINATION

Vaccination against Smallpox.—The County Council, as local health authority, are responsible for making adequate arrangements for the vaccination of infants against smallpox, and for this purpose vaccination sessions are held as necessary at child welfare centres or other appropriate places. The sessions are almost invariably conducted by the medical staff although arrangements do exist whereby general practitioners may be engaged on a sessional basis to supplement them if necessary. At the same time, all medical practitioners, whether or not providing general services under Part IV of the National Health Service Act, 1946, may provide service under the County Council's arrangements for vaccination against smallpox. They are required to furnish records on a prescribed form and payment is made therefor in accordance with an agreement between the Minister of Health and the profession. At the end of 1960 general practitioners participating in these arrangements numbered 1,042.

The following statement shows for each health division and delegate district and for the Administrative County as a whole the numbers of primary vaccinations and re-vaccinations performed during 1960. For the purposes of comparison the corresponding figures for the Administrative County for the previous five years are also given. The figures, whilst relating to vaccinations and re-vaccinations actually performed during the years indicated, take into account all record cards received up to the 31st May, 1961.

Health Division No.	PRIMARY VACCINATIONS PERFORMED						RE-VACCINATIONS PERFORMED					
	Age in years						Age in years					
	Under 1	1–	2–	5–	15–	Total	Under 1	1–	2–	5–	15–	Total
1	355	3	5	9	13	385	—	—	4	5	65	74
2	967	38	21	16	54	1,096	11	3	7	42	210	273
3	707	34	19	28	85	873	5	1	6	33	162	207
4	1,219	35	33	33	66	1,386	7	2	6	29	153	197
5	573	42	39	39	86	779	1	—	3	9	87	100
6	240	48	34	39	54	415	—	1	8	4	72	85
*7	1,878	45	35	27	48	2,033	3	1	18	41	277	340
8	838	20	11	16	33	918	—	—	2	5	48	55
*9	2,141	83	70	58	66	2,418	1	5	16	28	254	304
10	607	34	17	16	51	725	—	—	7	20	102	129
11	872	58	55	39	66	1,090	2	—	3	8	188	201
12	797	43	30	23	59	952	2	—	2	11	150	165
13	373	27	8	17	12	437	2	5	4	14	36	61
*14	924	36	33	27	68	1,088	5	2	2	11	110	130
*15	831	51	41	37	81	1,041	1	—	10	18	178	207
*16	781	60	37	36	66	980	—	1	10	29	208	248
17	704	84	43	63	78	972	3	—	4	22	97	126
Delegate District—												
*Crosby M.B. ...	213	7	6	5	8	239	—	—	3	6	54	63
*Huyton-with-Roby U.D. ...	476	41	25	23	9	574	—	—	2	3	42	47
*Middleton M.B. ...	76	7	3	3	1	90	—	—	—	4	6	10
*Stretford M.B. ...	136	6	9	4	4	159	—	—	—	3	19	22
TOTAL—Administrative County—												
1960	15,708	802	574	558	1,008	18,650	43	21	117	345	2,518	3,044
1959	16,768	655	578	675	1,219	19,895	23	24	125	397	2,585	3,154
1958	16,077	680	831	963	1,203	19,754	20	11	102	425	3,422	3,980
1957	14,010	606	629	771	1,393	17,409	27	11	137	497	3,325	3,997
1956	11,967	481	430	483	1,091	14,452	22	11	95	359	2,672	3,159
1955	10,807	513	421	486	1,006	13,233	23	10	83	296	2,327	2,739

* Areas affected during year by delegation of functions. See page 39.

Unfortunately, as will be seen from the table above, there was a fall in the numbers of both primary vaccinations and re-vaccinations in 1960 as compared with the previous year, a rather disappointing feature being the recession in the number of infants under one year of age primarily vaccinated.

It is a little difficult to account for this decrease, unless it is that the introduction, towards the end of August, 1960, of a standardised programme for vaccination and immunisation of children had some effect in that it provides for vaccination against smallpox "sometime during the first five years." This programme, which is reproduced below, is based on Schedule B adopted by the Wellcome Symposium on Immunisation in Childhood in May, 1959. It is, however, rather too soon to reach any definite conclusions as to the effect of the programme in view of the relatively short time it has been in operation in the Administrative County area.

Age	Visit	Vaccine	Injection	Interval
2-6 months	1	Triple (diphtheria, tetanus and pertussis)	1	Four weeks or more
	2	Triple (diphtheria, tetanus and pertussis)	2	
		3	Triple (diphtheria, tetanus and pertussis)	3	Four weeks or more
7-10 months	4	Poliomyelitis	4	Four weeks or more
	5	Poliomyelitis	5	
15-18 months	6	Triple (diphtheria, tetanus and pertussis)	6	
		Poliomyelitis	7	
Smallpox sometime during the first five years				
School entry	7	Diphtheria and tetanus	8	
8-9 years	8	Diphtheria and tetanus Smallpox (re-vaccination) (if desired)	9	
10-15 years	9	B.C.G.		

In the following table the infant vaccination acceptance rates are shown for each health division and delegate district and for the Administrative County as a whole. The rates express as a percentage of the live births occurring in each year the number of infants under one year of age vaccinated against smallpox.

Health Division No.	No. of notified live births					No. of children under one year vaccinated					Infant vaccination "acceptance rate" (per cent.)				
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
1	529	572	509	513	569	306	387	381	365	355	57.8	67.7	74.9	71.2	62.4
2	1,433	1,594	1,621	1,667	1,709	707	845	963	1,032	967	49.3	53.0	59.4	61.9	56.6
3	1,597	1,621	1,704	1,843	1,918	493	752	765	871	707	30.9	46.4	44.9	47.3	36.9
4	2,494	2,647	2,609	2,901	2,969	866	1,026	1,117	1,315	1,219	34.7	38.8	42.8	45.3	41.1
5	1,891	1,952	1,990	2,166	2,244	308	380	514	521	573	16.3	19.5	25.8	24.1	25.5
6	1,243	1,261	1,228	1,283	1,318	266	314	407	253	240	21.4	24.9	33.1	19.7	18.2
7	2,609	2,795	3,014	3,057	*2,939	1,487	1,681	1,883	1,858	*1,878	57.0	60.1	62.5	60.8	*63.9
8	1,639	1,726	1,731	1,765	1,835	511	700	779	897	838	31.2	40.6	45.0	50.8	45.7
9	4,013	4,485	4,568	4,963	*4,112	1,741	1,762	2,272	2,368	*2,141	43.4	39.3	49.7	47.7	*52.1
10	1,235	1,473	1,417	1,474	1,606	633	489	572	617	607	51.3	33.2	40.4	41.9	37.8
11	2,525	2,539	2,726	2,655	2,872	455	634	733	960	872	18.0	25.0	26.9	36.2	30.4
12	1,793	1,772	1,850	1,858	1,949	709	781	881	1,011	797	39.5	44.1	47.6	54.4	40.9
13	1,059	1,126	1,165	1,226	1,171	376	415	494	531	373	35.5	36.9	42.4	43.3	31.9
14	2,146	2,317	2,213	2,331	*2,223	948	1,171	1,219	1,125	*924	44.2	50.5	55.1	48.3	*41.6
15	2,081	2,109	2,249	2,230	*2,166	839	1,078	1,131	1,178	*831	40.3	51.1	50.3	52.8	*38.4
16	1,681	1,756	1,763	1,777	*1,635	833	873	1,050	970	*781	49.6	49.7	59.6	54.6	*47.8
17	1,865	1,941	1,962	2,032	2,175	489	722	916	896	704	26.2	37.2	46.7	44.1	32.4
Delegate District—															
Crosby M.B. ...	—	—	—	—	*320	—	—	—	—	*213	—	—	—	—	*66.6
Huyton-with-Roby U.D. ...	—	—	—	—	*993	—	—	—	—	*476	—	—	—	—	*47.9
Middleton M.B. ...	—	—	—	—	*243	—	—	—	—	*76	—	—	—	—	*31.3
Stretford M.B. ...	—	—	—	—	*233	—	—	—	—	*136	—	—	—	—	*58.4
Administrative County ...	31,833	33,686	34,319	35,741	37,199	11,967	14,010	16,077	16,768	15,708	37.6	41.6	46.8	46.9	42.2

* Areas affected during year by delegation of functions. See page 39.

Although one or two health divisions returned slightly increased acceptance rates, in general the fall in the rate of acceptance was fairly well distributed throughout the Administrative County.

Of the total primary vaccinations performed, by far the greater proportion was carried out by the Council's medical staff. Up to a few years ago, the bulk of primary vaccinations of infants was undertaken by general practitioners in the course of their private practices, but the present day trend is a complete reversal of this. General practitioners, however, do more primary vaccinations of school children and adults and by far the greater number of re-vaccinations at all ages.

The following statement shows by age groups the numbers of primary vaccinations and re-vaccinations undertaken during 1960 at (a) clinics, etc., either by the Council's own medical officers or by general practitioners engaged by the County Council, and (b) by general practitioners in the course of their private practice. For the purposes of this table, any vaccinations performed by medical staffs of hospitals have been included with the latter category. Comparable figures for the Administrative County for each of the preceding five years are also given.

Health Division No.	No. of vaccinations and re-vaccinations performed during the year ended 31st December, 1960																							
	At clinics												By general practitioners in course of private practice						TOTAL					
	By authority's 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	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	116	—	3	—	—	—	—	—	—	—	—	—	247	4	6	5	13	65	363	4	9	5	13	65
2	599	10	1	1	—	17	—	—	—	—	—	—	427	11	15	41	54	193	1,026	21	16	42	54	230
3	444	2	6	18	15	33	—	—	—	—	—	—	316	10	22	15	70	129	760	12	28	33	85	160
4	783	7	7	—	1	—	—	—	—	—	—	—	504	8	26	29	65	153	1,287	15	33	29	66	155
5	174	—	6	—	7	2	—	—	—	—	—	—	480	4	33	9	79	85	654	4	39	9	86	87
6	236	—	11	—	7	5	—	—	—	—	—	—	86	9	28	4	47	67	322	9	39	4	54	75
*7	1,073	—	8	1	4	4	—	—	—	—	—	—	885	22	19	40	44	273	1,958	22	27	41	48	275
8	650	—	4	—	—	—	—	—	—	—	—	—	219	2	12	5	33	48	869	2	16	5	33	67
*9	1,733	10	85	9	22	116	53	—	3	—	1	—	508	12	20	19	43	138	2,294	22	58	28	66	264
10	78	—	1	—	—	—	—	—	—	—	—	—	580	7	15	20	51	102	658	7	16	20	51	100
11	681	1	6	—	4	45	—	—	—	—	—	—	304	4	33	8	62	143	985	5	39	8	66	160
12	628	2	10	—	3	11	—	—	—	—	—	—	242	2	13	11	56	139	870	4	23	11	50	134
13	362	5	9	6	5	11	—	—	—	—	—	—	46	6	8	8	7	25	408	11	17	14	12	41
*14	629	4	6	—	—	2	—	—	—	—	—	—	364	5	21	11	68	108	993	9	27	11	68	115
*15	612	1	6	2	3	23	—	—	—	—	—	—	311	10	31	16	78	155	923	11	37	18	81	110
*16	333	1	9	—	9	6	—	—	—	—	—	—	545	10	27	29	57	202	878	11	36	29	66	200
17	685	4	29	1	6	1	—	—	—	—	—	—	146	3	34	21	72	96	831	7	63	22	78	87
Delegate District—																								
*Crosby M.B.	122	1	—	—	3	3	—	—	—	—	—	—	104	2	5	6	5	51	226	3	5	6	8	54
*Huyton-with-Roby UD.	271	—	8	—	2	7	66	—	5	—	—	1	205	2	10	3	7	34	542	2	23	3	9	40
*Middleton M.B.	35	—	—	—	—	—	—	—	—	—	—	—	51	—	3	4	1	6	86	—	3	4	1	6
*Stretford M.B.	59	—	2	—	1	—	—	—	—	—	—	—	92	—	2	3	3	19	151	—	4	3	4	10
TOTAL—Administrative County—																								
1960	10,303	48	167	38	92	286	119	—	8	—	1	1	6,662	133	383	307	915	2,231	17,084	181	558	345	1,008	2,510
1959	10,251	37	170	33	184	308	182	—	4	—	—	—	7,568	135	501	384	1,035	2,277	18,001	172	675	397	1,210	2,580
1958	9,572	28	247	58	101	321	213	—	9	—	—	1	7,803	105	707	367	1,102	3,100	17,588	133	963	425	1,308	3,425
1957	7,933	30	133	47	115	248	118	—	2	—	2	—	7,194	145	636	450	1,276	3,077	15,245	175	771	407	1,295	3,325
1956	6,125	16	71	16	63	227	156	—	—	—	—	—	6,597	112	412	343	1,028	2,445	12,878	128	483	359	1,001	2,671
1955	5,030	21	72	11	37	158	161	—	2	—	—	1	5,950	95	412	285	969	2,168	11,741	116	486	296	1,008	2,327

P—Primary vaccinations. R—Re-vaccinations.

* Areas affected during year by delegation of functions. See page 39.

During the year two cases of vaccination with which there occurred generalised vaccinia were reported. The first was that of an infant, vaccinated when 10 weeks old, who was admitted to hospital with generalised vaccinia and unfortunately died some 13-14 weeks later. A post-mortem examination and inquest, however, established that death was not directly due to vaccination but to extensive oesophagitis with certain blood conditions as contributory factors. The second case was that of a woman aged 22 years who was admitted to hospital with a mild generalised vaccinia three weeks after being vaccinated. She made a complete and uneventful recovery.

No cases were reported of vaccination with which there occurred post-vaccinal encephalomyelitis or death from any other complication of vaccination.

Every endeavour continues to be made to impress upon the public consciousness the importance of vaccination against smallpox at the earliest possible age. In this the main reliance is placed upon the personal advice and persuasion of the medical staff, the health visitors and the midwives in direct contact with mothers during domiciliary visits or attendances at child welfare centres and clinics. Such propaganda is supplemented as required by posters, leaflets and other forms of public advertisement.

Vaccination against Poliomyelitis.—Up to the end of the year 1959, vaccination against poliomyelitis had been made available to all persons born in 1933 or subsequently, provided, in the case of infants, they had reached the age of six months, and to persons born prior to 1933 if they were in one of the following special categories—expectant mothers, general medical practitioners and members of their families, ambulance personnel and their families and hospital staffs who come into contact with patients, medical students and the families of these two groups.

By the end of that year, no less than 447,433 persons had had a complete course of primary vaccination and of these 255,472 or 57.1 per cent. of those primarily vaccinated had had their protection reinforced by a third injection.

Early in 1960, the Ministry of Health asked local health authorities to extend their arrangements for vaccination against poliomyelitis by offering it to all persons who, at the time of their application for vaccination, have not reached the age of forty years and also to the following further special small groups :—

- (a) Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.
- (b) Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chairside assistants, and their families.
- (c) Practising nurses not working in hospitals (those working in hospitals being already eligible), and their families.
- (d) Public health staff who might come into contact with poliomyelitis cases, and their families.

The inclusion of these additional groups in the vaccination programme inevitably resulted in a swing of emphasis from giving third injections, which was going on apace, to the primary vaccination, in the main, of adults between the ages of 26 and 40 years. The response from this group was not, however, very encouraging and after the first few months fell away most disappointingly.

However, by and large over the year a great deal was done to increase the numbers of those primarily protected and particularly to reinforce the protection of those previously vaccinated. Thus, by the end of the year, the total number of persons in the Administrative County who had had a complete course of primary vaccination had increased by 77,408 to 524,841, whilst of these a further 169,631 had been given a third or reinforcement injection to increase the total so protected to 425,103. In addition, the number who had been given their first injection was 2,247.

Particulars are given in the table below of the vaccinations performed and reinforcement injections given in each health division and delegate authority district during 1960, together with a statement of the cumulative position at the end of the year.

Health Division No.	Vaccinations completed in 1960			Reinforcements (3rd injections) given in 1960	Position at 31st December, 1960	
	Children born 1946-60	Persons born prior to 1946	Total		Total vaccinations completed	Total reinforcement injections given
1	547	1,361	1,908	2,455	11,818	10,351
2	1,658	2,913	4,571	11,595	29,398	24,475
3	1,825	4,347	6,172	11,363	31,540	24,534
4	2,227	4,478	6,705	13,090	45,522	37,109
5	1,889	2,229	4,118	11,118	32,580	27,323
6	1,006	1,432	2,438	4,888	18,202	12,935
*7	2,312	2,288	4,600	8,928	27,685	22,141
8	1,807	2,143	3,950	10,048	27,025	23,414
*9	4,001	3,265	7,266	18,210	34,606	24,301
10	1,244	1,174	2,418	9,761	19,822	15,863
11	2,555	2,790	5,345	12,792	38,144	29,945
12	1,695	2,903	4,598	10,787	32,879	27,009
13	894	1,257	2,151	5,698	16,335	14,324
*14	1,902	2,341	4,243	8,790	19,361	16,100
*15	2,159	3,579	5,738	9,959	38,984	32,977
*16	1,398	2,818	4,216	6,519	14,671	11,847
17	1,859	1,912	3,771	7,838	28,743	23,433
Delegate District—						
*Crosby M.B. ...	†231	†203	†434	†561	†14,555	†11,988
*Huyton-with-Roby U.D. ...	†1,145	†610	†1,755	†3,866	†11,215	†8,509
*Middleton M.B. ...	†231	†201	†432	†602	†13,977	†11,582
*Stretford M.B....	†274	†305	†579	†763	†17,779	†14,943
TOTAL— Administrative County ...	32,859	44,549	77,408	169,631	524,841	425,103

* Areas affected during year by delegation of functions. See page 39.

† From date of delegation.

‡ From inception of service.

Despite the extension of the vaccination programme to all adults under the age of 40 years, the number of primary vaccinations undertaken during the year were, in fact, 129,677 fewer than in the previous year whilst reinforcement injections totalled 169,631 as compared with 233,637 in 1959. On the other hand when it is realised that out of a total eligible population of approximately 1,241,000 almost 525,000 or rather more than 42 per cent. have been vaccinated in the past 3½ years and of these some 425,000 have had their protection reinforced, some idea will be obtained of the tremendous efforts made, in terms of both work and time, by the medical, nursing and clerical staffs of the authority and by many general practitioners who have actively co-operated in the scheme.

POLIOMYELITIS VACCINATION IN RELATION TO CHILD POPULATION.—After due allowance for area of residence of the children vaccinated in the Administrative County area and of County children vaccinated in other local health authority areas, and for any deaths or removals of residence known to have occurred subsequent to vaccination, the records show that of all the children under 15 years of age living in the County area at the 31st December, 1960, 67·0 per cent. had been protected as compared with 65·0 per cent. a year earlier. The corresponding proportions for the constituent pre-school and school age groups were respectively 53·9 per cent. and 73·6 per cent., as compared with 53·2 per cent. and 70·8 per cent. respectively at the end of 1959.

Vaccination against Yellow Fever.—During the year the County Council, with the approval of the Minister of Health, set up a yellow fever vaccination service at the Ashton Road Clinic at Lancaster. This centre, which became operative on the 1st July, 1960, was one of 40 set up throughout the country to provide vaccination against yellow fever for persons proceeding abroad, and these centres replaced the original blood transfusion centres, etc., which had provided the service hitherto.

Similar centres were established in Lancashire in the County Boroughs of Barrow, Blackburn, Liverpool and Manchester, and it was agreed that yellow fever vaccination at all of these centres should be provided on request for any persons making application, irrespective of their area of residence. A charge for the vaccination is made and international certificates for production in countries other than the United Kingdom are supplied at the centre.

The following statement shows the numbers of persons dealt with at the centre at Lancaster during the last two quarters of 1960:—

	Adults	Children	Total
<i>Third quarter, 1960</i>			
July	1	—	} 11
August	3	—	
September	5	2	
<i>Fourth quarter, 1960</i>			
October	3	—	} 21*
November	7	5	
December	6	—	

* In addition, one sensitivity test for yellow fever was carried out.

IMMUNISATION

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice. At the 31st December, 1960, the number of general practitioners who were taking part in the arrangements for immunisation was 1,092.

The scheme of immunisation lays upon the health visitors the duty of securing the presentation of as many infants as possible for primary immunisation before their first birthday—ideally at the age of three or four months for the pertussis, the combined and the triple prophylactics and some three months later for the diphtheria—and for reinforcement injections as required until school age is attained. Arrangements exist whereby systematic provision is made for administering further reinforcement injections as necessary during the period of school life.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups who completed a full course of primary immunisation or were given a reinforcement injection in the Administrative County area during 1960.

Antigen used	Primary immunisations							Reinforcement injections				
	Age at date of final injection							Age group				
	Under 5 years				5-14 years incl.	Total 0-14 years	Under 5 years	5-14 years inclusive			Total 0-14 years	
	0-	1-	2-	Total				5-	10-	Total		
Diphtheria only ...	355	162	520	1,037	4,817	5,854	1,372	18,156	10,767	28,923	30,295	
Whooping cough only...	93	27	27	147	35	182	14	30	10	40	54	
Diphtheria and whooping cough (combined) ...	2,163	382	229	2,774	148	2,922	182	783	124	907	1,089	
Diphtheria, whooping cough and tetanus (combined) ...	19,783	2,802	2,223	24,808	1,247	26,055	2,373	3,577	658	4,235	6,608	
Diphtheria and tetanus (combined) ...	35	27	109	171	419	590	615	2,714	510	3,224	3,839	
Tetanus only ...	1	9	20	30	100	130	1	1	—	1	2	

Contrary to the experience in recent years since the introduction of multiple antigens, primary immunisations against diphtheria only were more than double the number in the previous year although this increase was confined to children aged 2 years or more. Reinforcement injections against diphtheria only also showed a remarkable increase, some 30,000 being given as compared with approximately 17,000 in 1959. There was rather less demand for the combined diphtheria/whooping cough antigen, but a substantial increase was recorded in the use of the popular triple antigen giving protection against diphtheria, whooping cough and tetanus. One interesting feature is the use made during 1960 in reinforcing the protection against diphtheria of giving the combined diphtheria/tetanus antigen. In 1959 only nine such reinforcement injections were given, whereas in 1960 a figure of 3,839 was recorded.

Whilst the total of 35,733 primary immunisations carried out in 1960, regardless of antigen used, was 6,794 more than in the preceding year, that of reinforcement injections was more than double the 1959 figure, no less than 41,887 injections being given as compared with 20,208 the year before.

Of the 22,430 infants under one year of age primarily immunised during the year, only slightly more than two per cent. had other than the combined diphtheria/whooping cough or the triple antigen.

The following table shows the relationship between the total numbers of immunisations performed with the various antigens during 1960 as to those undertaken (a) at County Council clinics, either by general practitioners on behalf of the local health authority or by the County Council's own medical staff, and (b) by general practitioners in the course of their private practice.

Antigen used		At clinics						By general practitioners in course of private practice			Total		
		By authority's 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
Diphtheria only ...	P	662	4,302	6	44	93	—	331	422	31	1,037	4,817	37
	R	1,104	26,208	210	39	1,214	—	229	1,501	61	1,372	28,923	271
Whooping cough only ...	P	34	8	—	1	2	—	112	25	1	147	35	1
	R	1	2	—	1	1	—	12	37	—	14	40	—
Diphtheria and whooping cough (combined) ...	P	1,806	47	—	19	—	—	949	101	—	2,774	148	—
	R	53	473	—	—	6	—	129	428	6	182	907	6
Diphtheria, whooping cough and tetanus (combined) ...	P	15,790	543	1	1,278	77	—	7,740	627	24	24,808	1,247	25
	R	1,458	2,369	1	292	186	—	623	1,680	69	2,373	4,235	70
Diphtheria and tetanus (combined) ...	P	137	397	1	12	—	—	22	22	1	171	419	2
	R	583	2,992	1	—	32	—	32	200	4	615	3,224	5
Tetanus only ...	P	28	97	—	—	—	—	2	3	1	30	100	1
	R	1	—	—	—	—	—	—	1	—	1	1	—
TOTAL ...	P	18,457	5,394	8	1,354	172	—	9,156	1,200	58	28,967	6,766	66
	R	3,200	32,044	212	332	1,439	—	1,025	3,847	140	4,557	37,330	352

P—Primary immunisation (complete course).

R—Reinforcement injection.

More than 70 per cent. of the total primary immunisations and over 88 per cent. of the total reinforcement injections were undertaken at County Council clinics.

As the numbers of individuals afforded protection against the specific diseases are not readily ascertainable from the foregoing tables, the following paragraphs deal separately and in more detail with immunisation against each disease regardless of the type of antigen used.

Immunisation against Diphtheria.—Below are given particulars of the numbers of children in each health division and delegate district and in the Administrative County as a whole who (a) completed a full course of primary immunisation against diphtheria and (b) were given a reinforcement injection against diphtheria during the year ended 31st December, 1960, regardless of whether the antigen used was one specifically and solely for that purpose or one of the "combined" preparations also affording protection against whooping cough and/or tetanus. The corresponding County totals for each of the five previous years are also shown. Any necessary adjustments have been made to all totals so as to take into account all record cards received by the 31st May, 1961, in respect of both primary immunisations and reinforcement injections performed in the years shown.

Diphtheria Immunisation

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1960									No. of children who were given a reinforcement injection (i.e., subsequent to complete course) during the year ended 31st December, 1960			
	Age at date of final injection									Age group			
	0-	1-	2-	3-	4-	Total under 5 years	5-	10-	Total aged 5-14 years incl.	0-	5-	10-	Total 0-14 years incl.
1	409	57	13	12	21	512	63	5	68	194	290	49	533
2	1,136	175	52	22	18	1,403	71	22	93	268	1,090	947	2,305
3	1,004	215	52	22	31	1,324	87	10	97	61	1,114	249	1,424
4	1,795	317	97	49	54	2,312	537	165	702	574	2,619	1,645	4,838
5	1,044	213	69	40	51	1,417	147	37	184	219	943	134	1,206
6	746	131	40	28	18	963	25	—	25	87	281	105	473
*7	1,834	214	100	69	51	2,268	206	123	329	122	3,001	2,104	5,227
8	1,324	51	20	20	27	1,442	252	32	284	199	1,742	401	2,342
*9	2,132	384	220	225	203	3,164	1,366	368	1,734	127	2,495	918	3,540
10	980	133	27	22	12	1,174	35	56	91	113	898	175	1,186
11	1,892	155	59	26	41	2,173	155	39	194	558	969	557	2,084
12	1,307	175	49	27	20	1,578	179	23	202	635	1,808	741	3,184
13	679	75	29	21	14	818	117	15	132	292	776	523	1,591
*14	1,237	165	56	26	30	1,514	307	62	369	138	1,192	750	2,080
*15	1,577	209	66	53	49	1,954	116	38	154	353	699	598	1,650
*16	1,005	101	44	31	22	1,203	47	24	71	167	588	278	1,033
17	1,095	260	77	71	96	1,599	418	185	603	243	1,954	988	3,185
Delegate District—													
*Crosby M.B. ...	249	41	34	26	34	384	169	48	217	53	383	198	634
*Huyton-w-R. U.D.	524	225	102	93	86	1,030	701	147	848	71	1,731	576	2,378
*Middleton M.B. ...	196	50	24	23	22	315	94	15	109	11	129	96	236
*Stretford M.B. ...	171	27	21	12	12	243	113	12	125	57	528	27	612
Administrative County—													
1960	22,336	3,373	1,251	918	912	28,790	5,205	1,426	6,631	4,542	25,230	12,059	41,831
1959	20,313	3,700	996	537	487	26,033	2,166	538	2,704	2,395	12,506	5,275	20,176
1958	18,553	4,198	866	421	450	24,488	2,003	671	2,674	1,911	11,348	5,965	19,224
1957	16,458	4,311	779	427	412	22,387	1,848	470	2,318	1,904	11,810	5,371	19,085
1956	14,415	4,876	1,067	592	520	21,470	2,422	691	3,113	2,113	14,374	6,428	22,915
1955	12,735	6,019	1,243	684	724	21,405	3,014	563	3,577	2,260	16,330	6,314	24,904

* Areas affected during year by delegation of functions. See page 39.

The steady annual increase which has taken place in the number of children immunised against diphtheria is quite apparent from the above table and one of the most welcome features is the very consistent rise in the number of infants under one year of age who have been protected. That a good proportion of this increase is real will be appreciated from the fact that during the same period there has not been a similar proportionate rise in the number of live births.

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.—Individual immunity tends to wane with the passage of time and for this reason it is not only necessary to ascertain the number of children who have at some time received protective inoculation but, what is more important, the proportion of children in any age group who have had a course of immunisation (whether "primary" or "booster") *within the last five years*—a measure which, whilst not precise, does at least provide a straightforward index of the immunity to diphtheria in the population.

The table below, therefore, shows the number of children under 15 years of age at the 31st December, 1960, who had completed a course of immunisation at any time before that date (*i.e.*, at any time since 1st January, 1946) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. Additionally, by expressing the numbers in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1960, as a percentage of the population in that age group, an immunity index is provided.

Immunisation State of Child Population at 31st December, 1960

Number of children at 31st December, 1960, who had completed a course of immunisation at any time before that date (<i>i.e.</i> , at any time since 1st January, 1946)					
Age at 31st December, 1960	Under 1	1-4	5-9	10-14	Under 15
<i>i.e.</i> , born in year	1960	1959-1956	1955-1951	1950-1946	Total
Last complete course of injections (whether primary or booster)—					
A—1956-1960	11,494	95,089	90,566	59,767	256,916
B—1955 or earlier	—	—	43,835	102,225	146,060
C—Estimated mid-year child population	35,000	132,100	330,000		497,100
Immunity Index : $100 \frac{A}{C}$	32.8	72.0	45.6		51.7

From the above it will be seen that of a total child population of 497,100, 256,916 or 51.7 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1960, and may therefore be regarded as possessing a high degree of immunity. Additionally, 146,060 children between the ages of five and 15 years or 29.4 per cent. of the total child population had at some time prior to 1956 received a course of immunisation but, whilst some residual protection remained, these could not be regarded as possessing a satisfactory degree of immunity.

The statement below shows for 1960 and each of the preceding five years the number of children under 15 years of age at the 31st December in each year who had completed a course of injections (primary or booster) during the previous five years, together with the corresponding immunity indices.

At 31st December		No. of children	Estimated mid-year population	Immunity index (per cent.)
Age (in years)	Year			
Under 1	1955	4,117	28,900	14.2
	1956	4,728	30,600	15.5
	1957	5,835	31,900	18.3
	1958	7,596	33,400	22.7
	1959	9,479	34,700	27.3
	1960	11,494	35,000	32.8
1-4	1955	74,680	117,400	63.6
	1956	71,779	116,700	61.5
	1957	74,137	118,600	62.5
	1958	77,024	121,400	63.4
	1959	81,139	126,000	64.4
	1960	95,089	132,100	72.0
5-14	1955	145,071	310,100	46.8
	1956	145,113	316,600	45.8
	1957	142,888	321,500	44.4
	1958	140,883	325,600	43.3
	1959	133,594	326,900	40.9
	1960	150,333	330,000	45.6
Total under 15 years	1955	223,868	456,400	49.1
	1956	221,620	463,900	47.8
	1957	222,860	472,000	47.2
	1958	225,503	480,400	46.9
	1959	224,212	487,600	46.0
	1960	256,916	497,100	51.7

The success or otherwise of an immunisation campaign must rest largely on attaining the protection of a high proportion of children at the earliest possible age, with a continuation of the acquired immunity by means of subsequent reinforcement injections during school life. Whilst the near elimination of the disease has rendered more difficult the attainment of that objective, it is encouraging to see that although the proportion in the infant group is still below the desired level it continues to show a marked annual increase. With regard to the annual indices for this group, however, it must be pointed out that, in fact, they understate the real position in that, as immunisations are not normally given at ages under three months, of the infants aged less than one year at the end of each year only roughly three-quarters can have been eligible to receive a complete course of injections during the preceding twelve months.

The improvement in the index for infants under one year of age has been reflected to some extent in the last few years in that relative to the remaining pre-school group aged 1-4 years. Contrary to recent experience, however, is the appreciable increase in the index for children of school age. An important factor contributing to this was without doubt the easing of pressure of work in the programme of poliomyelitis vaccination which occurred during 1960, thus enabling a greater concentration of manpower resources upon the normal reinforcement programme of diphtheria immunisation in schools.

In total, just over half of the child population under 15 years of age can be considered to be in a satisfactorily immunised state.

DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION.—Three cases of diphtheria were notified during 1960, one of pre-school age and two amongst school children of the 10-14 age group. One of the latter cases proved fatal. None of the three children had been immunised.

Immunisation against Whooping Cough.—The following table gives particulars of the numbers of children in each health division and delegate district and in the Administrative County as a whole who during 1960 completed a full course of primary immunisation against whooping cough or were given a reinforcement injection, regardless of whether the antigen was one solely for that purpose or one of the combined preparations also affording protection against diphtheria or against diphtheria and tetanus. The corresponding County totals for the period from 1st April to 31st December, 1955, and for the intervening years are also given. The figures take into account all record cards received by the 31st May, 1961.

Whooping Cough Immunisation

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1960									No. of children who were given a reinforcement injection (i.e., subsequent to complete course) during the year ended 31st December, 1960			
	Age at date of final injection									Age group			
	0-	1-	2-	3-	4-	Total under 5 years	5-	10-	Total aged 5-14 years incl.	0-	5-	10-	Total 0-14 years incl.
1	409	56	13	12	19	509	45	4	49	194	227	26	447
2	1,127	169	47	17	13	1,373	35	7	42	161	183	28	372
3	1,007	212	52	20	30	1,321	58	9	67	38	509	14	561
4	1,810	316	97	49	39	2,311	93	18	111	396	471	86	953
5	1,015	204	66	32	29	1,346	35	2	37	50	191	13	254
6	740	125	38	27	11	941	22	—	22	32	82	10	124
*7	1,834	207	93	61	42	2,237	69	10	79	57	289	54	400
8	1,318	50	20	19	18	1,425	53	4	57	19	241	14	274
*9	2,090	332	185	161	103	2,871	192	31	223	84	206	87	377
10	980	131	26	21	11	1,169	30	8	38	79	547	154	780
11	1,887	150	55	24	23	2,139	81	12	93	386	208	32	626
12	1,280	162	44	25	17	1,528	57	11	68	542	306	34	882
13	678	75	26	18	4	801	12	1	13	86	7	—	93
*14	1,198	161	53	23	19	1,454	101	13	114	69	364	98	531
*15	1,552	204	64	51	35	1,906	52	10	62	116	124	33	273
*16	975	97	42	27	20	1,161	21	9	30	87	94	16	197
17	1,047	247	56	49	44	1,443	79	16	95	103	141	21	265
Delegate District—													
*Crosby M.B. ...	235	34	28	17	20	334	25	5	30	19	79	22	120
*Huyton-w-R. U.D.	508	207	85	73	69	942	109	35	144	26	86	32	144
*Middleton M.B. ...	187	48	20	21	22	298	34	6	40	10	21	7	38
*Stretford M.B. ...	162	24	19	10	5	220	13	3	16	15	14	11	40
Administrative County—													
1960	22,039	3,211	1,129	757	593	27,729	1,216	214	1,430	2,569	4,390	792	7,751
1959	20,004	3,553	898	475	350	25,280	867	83	950	1,262	1,718	261	3,241
1958	18,166	4,009	788	350	268	23,581	440	81	521	908	1,177	144	2,229
1957	15,895	4,024	677	391	243	21,230	430	58	488	558	1,033	108	1,699
1956	13,678	4,459	1,018	587	359	20,101	460	60	520	476	933	110	1,519
1955 (from 1st April)	8,529	3,961	856	500	358	14,204	379	56	435	272	668	325	1,265

* Areas affected during year by delegation of functions. See page 39.

The steady progress which has been made in the numbers of children protected against whooping cough since the inception of the County scheme on the 1st April, 1955, will be apparent from the above figures. Whilst relatively little is done in the way of reinforcement injections, it is pleasing to note that there was a considerable increase in the number of such injections given in 1960—particularly in the early school age group. As, however, whooping cough is most dangerous in young babies, the need for reinforcing injections in older children is not as great as in the case of diphtheria, except that children in families containing young babies should have their protection maintained in the hope of preventing infection of the baby before it is old enough to be immunised itself.

WHOOPIING COUGH IMMUNISATION IN RELATION TO CHILD POPULATION.—The following table, similar to that given earlier in respect of diphtheria immunisation, shows the number of children under five years of age at the 31st December, 1960, who had completed a course of immunisation against whooping cough at any time before that date, classified by annual age groups as to those having had the course or a reinforcement injection within the three preceding years (and thereby considered to be in a satisfactory state of immunity) and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. By expressing the numbers in the former classification as a percentage of the estimated population in the corresponding age group an immunity index is provided.

Number of children at 31st December, 1960, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1956).						
Age at 31st December, 1960 i.e., born in year	Under 1 1960	1- 1959	2- 1958	3- 1957	4 but under 5 1956	Under 5 Total
Last complete course of injections (whether primary or booster) given in period—						
X—1958-60	11,146	22,247	22,669	16,264	4,620	76,846
Y—1956-57	—	—	—	6,024	16,340	22,364
Z—Estimated mid-year child population	35,000	132,100				167,100
Immunity Index, $100 \frac{X}{Z}$	31.8	49.7				46.0

In the following statement, covering the period since the County Council's scheme for immunisation against whooping cough was instituted on the 1st April, 1955, the number of children under five years of age at the 31st December of each year who had completed a course of injections (primary or booster) during the previous three years are shown together with the comparable immunity indices :—

At 31st December		No. of children	Estimated mid-year population	Immunity index (per cent.)
Age (in years)	Year			
Under 1	1955	4,593	28,900	15.9
	1956	5,618	30,600	18.4
	1957	5,558	31,900	17.4
	1958	6,940	33,400	20.8
	1959	9,490	34,700	27.3
	1960	11,146	35,000	31.8
1-4	1955	19,525	117,400	16.6
	1956	34,094	116,700	29.7
	1957	46,104	118,600	38.9
	1958	53,109	121,400	43.7
	1959	56,256	126,000	44.6
	1960	65,700	132,100	49.7
Total under 5 years	1955	24,118	146,300	16.5
	1956	40,312	147,300	27.4
	1957	51,662	150,500	34.3
	1958	60,049	154,800	38.8
	1959	65,746	160,700	40.9
	1960	76,846	167,100	46.0

From the above it will be seen that since the inception of the whooping cough immunisation scheme steady progress has been made and that by the end of 1960 46 per cent. of all pre-school children were in a satisfactorily immunised state. In addition a further 16.9 per cent. in the age group 1-4 had at some time previously been immunised but had not been given a reinforcement injection to maintain the immunity at its highest level.

It will be appreciated, too, that, as in the case of diphtheria immunisation, the immunity indices relative to the infant group under one year of age understate the proportion of the actual eligible child population immunised in that immunisation is not normally given to those under three months old.

WHOOPIING COUGH NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION.—The following table shows by annual age groups the number of notifications of, and deaths from, whooping cough amongst children under five years of age during the year ended 31st December, 1960, in relation to immunisation. For comparative purposes the corresponding figures are given for each of the four previous years. It is pleasing to report that for the second successive year there was no death from whooping cough, either amongst children under five or at any age.

Notifications					Age (in years)		Deaths				
1956	1957	1958	1959	1960			1956	1957	1958	1959	1960
446	274	128	227	271	C	Under 1	D	4	2	—	—
26	28	8	10	33	I		I	—	—	—	—
521	352	144	276	298	C	1-	D	1	1	—	—
84	73	19	50	64	I		I	—	—	—	—
639	392	191	327	358	C	2-	D	—	—	—	—
91	76	39	61	87	I		I	—	—	—	—
828	405	172	335	329	C	3-	D	—	—	—	—
68	44	21	71	82	I		I	—	—	—	—
825	461	184	316	373	C	4 but under 5	D	—	—	—	—
45	43	29	65	96	I		I	—	—	—	—
3,259	1,884	819	1,481	1,629	C	Total under 5 years	D	5	3	—	—
314	264	116	257	362	I		I	—	—	—	—

C—No. of cases notified.

D—No. of deaths.

I—No. of instances included in preceding column in which child had completed a full course of immunisation.

In relation to the estimated population of children under five years of age at risk, the notifications during 1960 represent an incidence of whooping cough five times heavier amongst those who have not been immunised than amongst those who have at some time received such protection.

Immunisation against Tetanus.—Provision for protection against tetanus is included in the County Council's immunisation scheme but in practice it is rarely demanded except as an incidental to protection against either diphtheria or both whooping cough and diphtheria. A statement of the numbers of immunisations performed with the antigens incorporating protection against tetanus is given earlier in this section of the Report. In all, 26,775 children under 15 years of age were so immunised, 19,819 of them being infants aged less than one year and all but 1,766 being of pre-school age. In addition, 10,449 reinforcement injections were given.

AMBULANCE SERVICE

Radio Communication Scheme.—The use of radio communication as a means of controlling ambulance service vehicles came into County-wide operation on the 3rd June, 1959, after delays in the delivery of equipment had retarded the final stages of the scheme.

Experience of the radio control of vehicles over the past eighteen months has indicated that, whilst the introduction of radio communication is complete, there is scope for development in the wider aspects of the scheme. Consideration is being given to the closure of certain stations and the modification of telephone reception arrangements at others. Resultant staff changes will necessitate a revision in the radio scheme establishment and it is anticipated that this question will receive detailed consideration during 1961.

Details of the five radio areas, together with the location of the transmitter sites and control centres, are reproduced in the table below :—

Radio Area No.	Health divisions covered	Fixed remote station site	Control centre
1	Parts of Divisions 1 and 2, plus the whole of Divisions 3 and 4.	Barnacre... ..	Broughton House
2	Divisions 5 and 6 and parts of 12 and 13 ...	Hameldon	Accrington
3	Divisions 7, 8, 9 and 10	Billinge Beacon... ..	Whiston
4	Divisions 11, 15 and 16	Winter Hill	Swinton
5	Divisions 14, 17 and parts of 12 and 13 ...	Hebers	Radcliffe

The service is equipped with 209 mobile sets whilst 263 vehicles have been fitted with the necessary equipment to permit their use under radio control at any time.

Ground Communications.—PRIVATE TELEPHONE NETWORK.—Almost all of the County ambulance stations are linked together by the private telephone network. Certain minor stations not connected into the network are connected to an adjacent main station by a private wire. Auxiliary ringing apparatus is installed on the telephones at control centres to increase the speed with which stations can contact their control. This apparatus ensures that, should the control room telephone called by a station already be engaged, the next available number will be selected automatically. As a result contact can always be established provided any single control centre telephone is disengaged.

At the close of the year under review, discussions were being held with the General Post Office Engineering Department with a view to improving the quality of transmission on some of the lines of the Radcliffe private automatic exchange. It is hoped that some positive steps can be taken in this direction during the coming year.

TELEPHONE RECEPTION CENTRES.—The policy of reducing the number of stations receiving telephone requests for transport from doctors, hospitals, etc., has been continued. In cases where this has been done the calls have thereafter been routed to the appropriate control centre.

In accordance with this policy, the telephone watch at the Stacksteads station was discontinued in May and calls formerly received there are now routed to the Accrington control centre.

COMMUNICATION WITH HOSPITALS.—To expedite communication and in the interests of economy, a number of the larger hospitals of the Administrative County are linked to County ambulance stations by private wire. There are at present eight hospitals so connected and a transport officer on the staff of the County ambulance service is stationed at four of these.

Agency Arrangements.—Whilst in the interests of efficiency and economy a direct service is provided wherever practicable, the following parts of the Administrative County were, at the 31st December, 1960, still served by agency agreements with the authorities indicated :—

Agency	Area served	Estimated population, 1960
Westmorland C.C. ...	Ulverston R.D. (part)—(Skelwith ; Hawkshead ; Claife)	1,290
Blackburn C.B.C. ...	Blackburn R.D. (part)—(Livesey ; Pleasington ; Mellor ; Ramsgreave ; Balderstone ; Osbaldeston ; Clayton-le-Dale ; Salesbury ; Wilpshire ; Dinckley)	9,440
	Preston R.D. (part)—Samlesbury (part)	
Burnley C.B.C. ... (Emergency service only)	Burnley R.D. (part)—(Worsthorne ; Cliviger ; Haberg-ham Eaves ; Dunnockshaw)	—
Warrington C.B.C. ...	Warrington R.D. (part)—(Penketh ; Great Sankey ; Burtonwood (part) ; Winwick (part) ; Croft ; Poulton-with-Fearnhead ; Woolston ; Rixton-with-Glazebrook)	27,580
Bolton C.B.C. ...	Turton U.D.	13,320

In addition, agency arrangements with taxi firms were in operation at Clitheroe and Darwen.

Vehicles.—In addition to control of the fleet of ambulances, dual purpose and sitting case cars, the ambulance service is also responsible for the vehicles operated by other services administered by the health department, i.e., nursing, domiciliary midwifery, welfare, health education and civil defence.

At the 31st December, 1960, 432 vehicles were operated by the Health Department, of which 260 belonged to the ambulance service fleet comprising the following types of vehicle :—

Ambulances

Standard type ambulances equipped with two stretchers, one fixed and one collapsible	139
Long distance ambulances	4

Dual Purpose Vehicles

Standard type ambulances converted to carry eight sitting case patients or one stretcher case and four sitting case patients	9
Twelve-seater sitting case vehicles capable of adaptation to carry up to two stretcher cases	9
Eight-seater sitting case vehicles capable of adaptation to carry one stretcher case	52

Sitting Case Vehicles

Four-seater utility type vehicles, capable of carrying one stretcher case ...	37
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Miscellaneous Vehicles

Stores/radio collection and delivery	1
Awaiting disposal	9

TOTAL 260

The average age of the ambulances in service at the 31st December, 1960, was 10·7 years, of the dual purpose vehicles 2·3 years and of the sitting case cars 5·8 years.

VEHICLE MILEAGES.—Throughout practically the whole of 1960 the ambulance service fleet was below strength due to the loss of vehicles which had become uneconomical to repair. Despite this, the gross mileage of the fleet increased by 201,988 miles or 4·5 per cent. to 4,725,636, the highest figure yet recorded.

The details of total gross mileages since 1949 are as follows :—

Year	Total annual mileage				Increase or decrease on previous year (per cent.)
	Ambulances	Dual purpose vehicles	Sitting case cars	Total	
1949	1,627,246	—	818,926	2,446,172	—
1950	1,979,443	—	1,320,757	3,300,200	+34·9
1951	2,132,561	—	1,656,913	3,789,474	+14·8
1952	2,171,413	—	1,722,108	3,893,521	+ 2·7
1953	2,168,699	—	1,955,101	4,123,800	+ 5·9
1954	2,317,127	—	2,115,974	4,433,101	+ 7·5
1955	2,554,196	—	2,070,117	4,624,313	+ 4·3
1956	2,671,998	—	1,936,869	4,608,867	— 0·3
1957	2,480,388	434,673	1,549,008	4,464,069	— 3·1
1958	2,359,527	660,786	1,320,234	4,340,547	— 2·8
1959	2,419,107	890,897	1,213,644	4,523,648	+ 4·2
1960	2,574,418	1,182,384	968,834	4,725,636	+ 4·5

The average annual mileages of the main types of vehicle in service during 1960 and the two preceding years were :—

Type of vehicle	Average annual mileage per vehicle		
	1958	1959	1960
Ambulance	15,422	16,799	17,940
Dual purpose	12,707	17,469	19,543
Sitting case car	17,371	20,570	18,631
All vehicles	15,447	17,810	17,799

NEW VEHICLES.—New vehicles received during 1960 consisted mainly of 20 eight-seater dual purpose ambulances which replaced some of the older four-seater sitting case cars. Further proposals were approved during 1960 for the purchase of 28 ten-seater dual purpose ambulances which are to replace the remainder of the original type estate cars purchased during and prior to 1952.

The proposals for the ten-seater vehicles will complete the first phase of the vehicle replacement programme and result in a sitting case vehicle strength of nine twelve-seater, 28 ten-seater and 52 eight-seater dual purpose ambulances, and 20 four-seater sitting case cars.

In the previous report mention was made of the programme for the purchase of 30 replacement ambulances to provide operational experience of the latest chassis, bodywork and equipment to enable a decision to be made as to the type of vehicle with which to replace the remaining 116 ambulances. During 1960 specifications were prepared in conjunction with the Chief Fire Officer and orders were placed for 30 vehicles. Three makes of ambulance chassis were chosen in equal numbers. Some of one type are to have diesel engines and all chassis will be equipped with automatic chassis lubrication systems. Different types of special suspension will be fitted to two chassis of each make and the remaining chassis will have suspensions designed by the respective chassis manufacturers for ambulance purposes. The bodywork orders were divided between four manufacturers and, whilst being mainly for composite construction, included four vehicles of all plastic construction.

It was hoped that all the experimental ambulances would have been received by the end of 1960, but delivery difficulties were encountered and at the end of the year only seven had been completed. These delays did not, however, prevent the preparation and approval in principle of a programme for the replacement of the remainder of the existing ambulance fleet which, it is hoped, will be achieved by the end of 1964.

DISPOSAL OF VEHICLES.—Eight ambulances and 15 sitting case cars were sold by public auction during 1960 in accordance with County Council policy.

MAINTENANCE AND REPAIR OF VEHICLES.—The repair and overhaul of ambulance service vehicles is carried out by the Central Vehicle Maintenance Unit which is under the control of the Chief Fire Officer. Unit workshops are situated at Lancaster, Bamber Bridge (near Preston) and Worsley (near Manchester) and deal with routine overhaul and repair of bodywork and major mechanical items. Each workshop also operates mobile service vans which are on 24 hour call and deal with routine inspections and repairs to vehicles at ambulance stations and also defects which occur on the road.

HEALTH SERVICE SALOON CARS.—At the 31st December, 1960, the number of saloon cars operated for use by district nurses and midwives on official duty was 162. The average age of the cars was 2.9 years.

The total mileage run by the fleet of cars during 1960 was 777,052, a reduction of 43,935 as compared with the previous year.

For purposes of maintenance, cars are taken by users to local garages each fortnight for attention in accordance with a schedule of requirements. The schedule includes provision for greasing and oiling of the chassis, oil and tyre changes when due, replenishment of fluids, tyre pressures, adjustment of controls if required, replacement of bulbs, internal and external cleaning and polishing. Every 5,000 miles cars are withdrawn to workshops of the C.V.M.U. for routine inspection or overhaul.

Seventy-seven new cars were received during 1960, 37 under the replacement programme for 1959-60 and 40 under the replacement programme for 1960-61. Saloon cars sold during 1960 numbered 47.

Staff.—The number of operational staff employed on the 31st December, 1960, was 681 as compared with 692 at the end of the previous year.

EMPLOYMENT OF TEMPORARY STAFF.—A resolution by the Health Committee in June, 1960, gave approval for the appointment of a number of ambulance attendants on a temporary and short term basis as holiday reliefs. Four appointments were made against the 25 approved and it was decided, following consultations with the accredited trade unions, to defer the appointment of additional temporary driver/attendants until such time as further consultations had taken place with the trade unions.

ASSISTANT RADIO CONTROLLERS AND CO-ORDINATING OFFICERS AT RADIO CONTROL CENTRES.—The Report for 1959 indicated that arrangements were in hand at the end of that year to appoint 20 assistant radio controllers who were to be classified as headquarters personnel. The appointments were made during 1960, the amended establishment at control centres being as follows :—

Radio control centre	Radio controller	Assistant radio controllers	Female control room assistants	Co-ordinating officers
Broughton	1	4	5	1
Accrington	1	4	3	1
Whiston	1	4	4	1
Swinton	1	4	4	1
Radcliffe	1	4	6	1
TOTAL	5	20	22	5

TRAINING.—No changes were made in the training programme during the year but the first aid allowance of 6s. was increased to 9s. with effect from the 27th November, 1960. The conditions governing the payment of proficiency allowances are as follows :—

First-aid payment of 9s. per week.

First-aid examination to be taken biennially.

Extended training allowance of 4s. per week.

First-aid examination to be taken annually.

The examination of the Royal Life Saving Society on resuscitation to be taken annually.

Lectures on infectious diseases, co-ordination with the police, and home nursing to be attended biennially.

A lecture on sudden childbirth to be attended once only.

Institute of Certified Ambulance Personnel.—During 1960 seven members of the ambulance service staff were granted financial assistance towards the cost of taking the courses and examinations of the Institute of Certified Ambulance Personnel. Three members of the staff passed the preliminary and three passed the final examinations of the Institute during the year.

County Council Ambulance Service Corps—St. John Ambulance Brigade.—The ambulance service is embodied as a Corps of the St. John Ambulance Brigade and on the 31st December, 1960, the strength of the Corps was 611, comprising two corps officers, 60 divisional officers and 549 other ranks.

EFFICIENCY COMPETITION.—The competition for the "Alderman Lord" Trophy for the year 1959-60 has been won by Health Division No. 15. This Division deserve congratulations on winning the Trophy this year for the first time, thereby excelling their very good performance in the previous competition when they obtained fourth place. Second place was gained by Health Division No. 1, who were placed sixth in the previous competition.

NATIONAL SAFE DRIVING COMPETITION.—All eligible staff of the County ambulance service took part in the National Safe Driving Competition for 1960 and of the 601 drivers entered awards were made to 469.

NATIONAL AMBULANCE SERVICE COMPETITION.—This competition, which has the approval of the Ministry of Health, is organised each year by the National Association of Ambulance Officers for the purpose of encouraging local health authority ambulance personnel to maintain a high standard of efficiency. In view of this it was decided to nominate a team from the County ambulance service to take part in the 1960 competition.

Preliminary eliminating contests were held in the five radio areas and the winning teams from each area took part in an area competition which was held at Ambulance Service Headquarters, Broughton, on the 29th May, 1960. The area competition winners, Kirkby Station, were awarded the "Geere" Trophy and qualified to enter the regional competition which was held at the Police Training Centre, Bruche, Warrington. The Kirkby team finished first in the regional competition and thus went forward to the final competition of the Association which was held on the 3rd and 4th September, 1960, at the Fire Service Training Centre, Moreton-in-Marsh, Gloucestershire.

In the final of the competition the County team were placed third.

As an adjunct to the National Competition, Mr. T. Pearson, formerly County Ambulance Organiser, presented a trophy to be awarded to the team gaining the highest marks in the team test, and it is pleasing to report that the Lancashire County team won it by obtaining 105 marks out of a possible 150.

In view of the fact that this was the first occasion upon which the County Ambulance Service had taken part in the competition, the performance of the Kirkby team is a very creditable one.

Premises.—The numbers of County ambulance stations in service at the beginning and end of the year under report are given below by operational type :—

	No. of stations at—	
	31st December, 1959	31st December, 1960
Operating—		
Full-time service with 24 hours telephone watch	18	18
Full-time service with part-time telephone watch	3	—
Full-time service with no telephone watch	18	21
Day-time service only (8 or 16 hours) with no telephone watch	13	13
TOTAL	52	52

Work on the new ambulance stations at Wardle and Crosby was completed and the stations came into operational use in February and August respectively.

Building of the new station at Longfield Lodge, Cadishead, commenced in October, and that at Webster Drive, Kirkby, in November. The Kirkby station is part of a larger project in the town centre which provides, in addition to the ambulance station, a fire station, sub-divisional police headquarters, school clinic and child welfare centre. These stations are expected to be completed in May, 1961, and July, 1961, respectively.

The new stations at Preston Street, Chorley, and Borron Road, Newton-le-Willows, will be commenced early in 1961. Whilst the formal conveyance of the Preston Street site will shortly be completed, the Borron Road site at Newton-le-Willows is already owned by the Fire Brigade Committee of the County Council and it will be appropriated in due course at the district valuer's valuation.

In July the Health Committee approved a building programme for the financial year 1961-62 which provides for new ambulance stations at Urmston, Standish and Horwich. At the close of the year under review, sites for each of these projects were under consideration.

All the new buildings proposed are required to replace existing premises which had been converted to their present use and are inadequate and unsatisfactory for present-day ambulance service purposes.

Special Use of Ambulance Service Vehicles.—The use of ambulance transport for special journeys (i.e., journeys outside the scope of section 27 of the Act) continued during the year and the mileage travelled, including journeys in connection with colliery accidents, was 220,817 or 4.7 per cent. of the operational mileage.

The following table shows, in terms of miles run, the work undertaken by the ambulance service for other services of the County Council and for the National Coal Board during the past five years :—

Service	Mileage				
	1956	1957	1958	1959	1960
Mental health	280,792	323,659	136,901	68,339	65,718
Nursing	13,500	10,254	8,613	12,349	9,215
School health	26,000	34,763	26,218	27,569	23,407
Welfare	51,816	66,716	84,295	101,483	100,977
Coroner's	981	494	516	693	749
TOTAL—Other County services	373,089	435,886	256,543	210,433	200,066
National Coal Board	35,378	35,530	31,331	27,495	20,751
TOTAL	408,467	471,416	287,874	237,928	220,817

Long Distance Service.—The table below gives particulars of the long distance service provided during each of the five years, 1956–60 :—

Year	Cases moved			Case mileage (road journeys only)
	By road	By rail	Total	
1956	5,628	124	5,752	223,652
1957	4,725	182	4,907	224,871
1958	4,788	206	4,994	221,945
1959	5,637	246	5,883	257,355
1960	6,000	389	6,389	243,876

With regard to the 389 rail journeys during the year under review, the ambulance service was required to pay the full cost of the journey on 107 occasions only. In every case, however, all arrangements for the journey, including the reservation of seats or compartments and the reception of patients at rail termini, were made by the ambulance service. Ambulance service escorts were provided on twelve occasions.

The year under report again showed an increase in the use of rail transport on the previous year's figure of 246. It will be appreciated, however, that a proportion of the work of the long distance service relates to intra-County removals, i.e., patients from the County area requiring transport to hospitals within the County, but situated some considerable distance from the area where the need arises. Where it is possible to co-ordinate a number of such journeys, the use of rail transport is uneconomical. Wherever possible, however, subject to the consent of the doctor or hospital in charge of the patient and providing a reasonable train service is available, rail transport is used.

Service Statistics.—An increase took place during 1960 in the overall number of cases carried by the County ambulance service. The previous year saw a rise of 1.0 per cent. in the total number of cases, this being the first year since 1956 in which an increase had occurred. During the year under review there was a further increase of 8.0 per cent., the total of 828,652 cases being 61,263 greater than the previous year's total of 767,389.

The cases dealt with by the County ambulance service fall into three broad groups and in the table below the case totals for the past five years are analysed accordingly :—

Year	Section 27 cases			Cases chargeable to other departments of the County Council	Total cases
	* Emergency	Non-urgent	Total		
1956	57,164	603,261	660,425	182,193	842,618
1957	54,051	572,703	626,754	188,231	814,985
1958	52,695	611,052	663,747	95,756	759,503
1959	53,992	661,026	715,018	52,371	767,389
1960	53,606	721,864	775,470	53,182	828,652

* Includes National Coal Board cases.

It will be seen from the above table that the increase in the total cases is mainly attributable to a greater number of cases conveyed under the provisions of section 27 of the National Health Service Act, 1946. The 721,864 non-urgent cases in this category showed an increase of 9.2 per cent. over the previous year's figure of 661,026. With the exception of the year 1957 there has been a steady annual increase in the number of non-urgent cases dealt with since the inception of the service in 1948 and the continued rise during the year under report suggests that the demand on the ambulance service may not yet have reached its peak.

Whilst the number of emergency cases dealt with during 1960 shows a slight fall (0.7 per cent.) in comparison with the previous year, this decrease is a nominal one resulting from a change in policy in recording emergency cases. Hitherto, it has been the practice to include in this category journeys which, whilst of an emergency nature, were strictly not emergency cases under section 27 of the Act, namely (a) emergency transport of midwives, doctors, medical specimens, etc., and (b) abortive journeys where it was found that a vehicle was not required. During 1960 a total of 2,655 journeys were made for such purposes and these are not included in the total of 53,606 cases given in the table.

Regarding non-section 27 cases moved on behalf of other departments of the County Council, a slight increase, equivalent to 1.5 per cent., has taken place during the year under report and this is mainly due to an increase in the number of cases moved on behalf of the Welfare Services. The substantial decrease in chargeable cases which appears in earlier years in the table is due to the change in policy in connection with the transport of mentally defective children to occupation centres.

The response to emergency calls for the County as a whole was very satisfactory, the average time taken to reach the scene of an emergency from the time of receipt of the call being 8.4 minutes, the highest station average being 14.6 minutes and the lowest 5.3 minutes. Journeys to hospital averaged 24.9 minutes from the time of call, the highest station average being 66.4 minutes and the lowest 15.3 minutes.

A summary of the average time factor in dealing with emergency calls over the last five years is reproduced below. It will be noted that the average times have remained fairly consistent over the past five years, in spite of the reductions in staff and vehicles which have taken place since the introduction of radio communication.

Year	Number of journeys	Average time taken to reach case (mins.)	Average time taken to reach hospital (mins.)
1956	55,758	8.3	24.7
1957	52,591	8.5	24.9
1958	51,147	8.5	24.4
1959	52,126	8.5	24.0
1960	51,459	8.4	24.9

The numbers of cases moved per 1,000 population during each of the last five years were as follows :—

Type of case	1956	1957	1958	1959	1960
Emergency ...	28.3	26.3	24.8	25.1	24.6
Non-urgent ...	389.3	370.9	332.0	331.7	355.0
TOTAL ...	417.6	397.2	356.8	356.8	379.6

In the following table the patients carried during 1960 are analysed according to type. Recumbent cases are those requiring a stretcher, sitting I cases are patients able to travel with the help of one attendant only, and sitting II cases are those requiring the assistance of two attendants.

Type	Proportion (per cent.) of—		
	Emergency	Non-urgent	Total cases
Recumbent... ..	54.8	9.3	12.2
Sitting I	36.1	75.9	73.3
Sitting II	9.1	14.8	14.5

OPERATIONAL MILEAGE.—The following table shows the operational mileage run by the ambulance service during the last five years. As with the number of cases moved, the mileage run during the year under report is the highest yet recorded.

Year	Total operational mileage	Section 27 cases	
		Mileage	Average miles per case
1956	4,537,895	4,164,806	6.31
1957	4,416,176	3,980,290	6.35
1958	4,289,263	4,032,720	6.08
1959	4,469,419	4,258,986	5.96
1960	4,673,862	4,473,796	5.77

With regard to the cases conveyed under section 27 of the Act, it will be noted that the average mileage run on each case has declined during the period illustrated. The average mileage per patient is very largely dependent upon the extent of co-ordination of journeys and the avoidance of empty mileage and as such affords a broad indication of the efficiency level of the service. It is considered that the improved communication facilities which have resulted from the introduction of radio in 1956 have contributed in no small measure to this higher standard of efficiency.

Civil Defence.—Ambulance and Casualty Collecting Section.—Section training continued normally during the year and volunteers also carried out additional training in the form of exercises.

On the 21st February a combined exercise between the Civil Defence Corps and units of the Territorial Army was held at Astley, and a week later volunteers from the Crosby and Huyton Sections took part in a mobilising exercise at Knowsley Park. On the 27th March volunteers from Tyldesley took part in a combined exercise with National Coal Board volunteers of the Industrial Civil Defence Corps, and on the 19th June Tyldesley were again represented, with Swinton and Pendlebury Section, in an exercise with four National Coal Board Collieries. Both these sections participated in a later exercise, "Little Dunkirk." The Stretford Section took part in a police mobile column exercise which covered Manchester, Oldham and Rochdale on the 14th and 15th May. Volunteers from Middleton, Prestwich, Whitefield and Heywood took part in "Exercise Milfold" on the 3rd September, and on the 2nd October Crosby section participated in "Exercise Autumn," Huyton section being in attendance at "Exercise High Road" held a week later.

During the year five members of the ambulance service staff attended training courses at the Home Office Civil Defence School, Falfield, Gloucestershire; four obtained "full" instructors' certificates and one a "functional."

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The functions of the County Council relating to the prevention of illness and the care and after-care of sick persons are carried out in accordance with schemes made under Part III of the National Health Service Act, 1946, and approved by the Minister of Health. During 1960 these functions, excepting those concerned with the care and after-care in residential accommodation of persons suffering from mental illness, were delegated to the councils of four County districts (see page 39).

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 Council; 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 tuberculosis visitors. Primarily engaged in domiciliary visiting, these whole-time visitors work in close co-operation with the chest physicians and also devote part of their time to duties in the chest clinics of the Regional Boards. One of their important tasks is the tracing of contacts of known cases of tuberculosis and of persons who were not notified as cases of tuberculosis until after death. Contacts so found are then encouraged to attend the chest clinic for examination and in this work the personality of the tuberculosis visitor counts for much.

In some areas the services of the tuberculosis visitors are being utilised by chest physicians for work in connection with other chest diseases, *e.g.*, chronic bronchitis. At the end of 1960 the establishment of visitors was 42 and the number employed was 34.

It is the policy of the Regional Hospital Boards to move chest clinics to hospital out-patient departments and to employ hospital staff for the purely clinic duties. Where this is done, the tuberculosis visitors are able to devote their full time to the local health authority's duties. It is very important, however, that the tuberculosis visitors should continue to attend at the chest clinics, wherever they are held, in order to maintain full liaison and to follow up their patients adequately.

The chest physicians of the Regional Boards devote the major portion of their time to work for the Regional Boards in the clinics and hospitals but 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 tuberculosis visiting staff.

The number of new cases coming on to the register is decreasing and in 1960, for the first time, the total number of cases on the register has also decreased.

The following statement serves to indicate the work carried out during 1960 and the previous four years on behalf of the local health authority by the chest physicians and the tuberculosis visitors:—

	1956	1957	1958	1959	1960
(a) <i>Chest Physicians</i>					
Home visits in respect of:—					
New patients and contacts	193	158	382	388	309
Old cases and contacts	667	679	606	596	564

(b) Tuberculosis Visitors		1956	1957	1958	1959	1960
No. of attendances at Care Committee meetings		32	20	11	25	12
No. of lectures or addresses given ...		11	8	3	3	5
No. of attendances at chest clinic sessions ...		4,921	3,921	3,405	3,577	3,283
Other sessions attended, e.g., M.M.R., schools, etc. :—						
Full sessions ...		15	41	37	102	195
Part sessions ...		86	374	385	368	397
Home visits :—						
Routine visits—						
(i) First visits to new cases ...		1,568	1,495	1,340	1,289	965
(ii) First visits to new contacts ...		4,451	5,292	5,048	4,843	4,069
(iii) Re-visits to old cases ...		47,691	54,143	51,521	52,744	49,711
(iv) Re-visits to old contacts ...		27,078	35,860	37,638	41,555	40,786
Unclassified visits ...		2,105	2,143	2,604	2,937	3,277

The number of visits made by the visitors to tuberculous households, as distinct from the number of visits to cases as shown above, was 50,170, compared with 53,250 in 1959. In addition, during 1960, 7,204 ineffective visits were made together with 1,613 other miscellaneous visits (to National Assistance Board offices, etc.).

The tuberculosis visitors also undertook some training (in clinic work, after-care, and domiciliary visiting) of students from health visitors' training schools.

A summary of the work of the tuberculosis visitors in the respective health divisions and delegate districts during 1960 is given in Table 15, page 194.

In regard to 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 and 860 cases received assistance during the year.

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, 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. They are given instructions on the precautions they should take when working at the homes of such cases.

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.

Arrangements have been made with the following units :—

East Lancashire Tuberculosis Colony, Barrowmore Hall, near Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.
 Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.
 Enham-Alamein Village Centre, Andover, Hants.
 British Legion Village, Preston Hall, Maidstone, Kent.

EMPLOYMENT OF THE TUBERCULOUS.—Ministry of Health circular 7/52 stated that there need be no general bar against the placing in ordinary employment of persons with open tuberculosis, provided that the placing of the individual in the particular employment concerned is subject to medical guidance and approval. This calls for full co-operation between the patient, the disablement rehabilitation officer of the Ministry of Labour and National Service, the medical practitioner, the medical officer of health, the chest physician and the employer. Some employers are very helpful in actively co-operating with medical officers to find suitable work for tuberculous subjects in a position in which they are not a danger to others.

VOLUNTARY CARE COMMITTEES.—Voluntary Care Committees are still functioning in some areas and perform a very valuable and important work, but as most of the services for which grants were hitherto made are now taken over by the Assistance Board, Regional Hospital Boards and local health authorities, *e.g.*, financial assistance, clothing and extra nourishment, the County Council grants to the Voluntary Care Committees ceased at the end of the financial year 1949–50.

NON-NOTIFIED FATAL CASES.—One of the most serious matters in relation to the prevention of tuberculosis is the problem of the non-notified case which is discovered only at death. Unfortunately, as such cases only come to the notice of the medical officer of health on the receipt of a death certificate, it is obvious that no steps can have been taken in such instances to minimise the risk of 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 to be comparatively healthy.

The importance of this problem can be gauged from the fact that during the last five years an average of slightly over 20 per cent. of the total fatalities from tuberculosis have occurred in patients who had not been notified as such during life. The percentage in 1960 was 22·0. Further reference to this matter is made in the section of this report on "Infectious and Other Notifiable Diseases."

It is essential for the prevention of tuberculosis that such cases should not escape notification, but to overcome this is far from easy. It is apparent that some cases ascertained by hospital medical staffs are remaining unnotified, either through insufficient regard for the statutory requirement or, no doubt in some instances, through consultant, resident medical officer and general practitioner leaving the duty to one another. In addition there is still 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 here again the individual infected with tubercle who is averse to disclosure of the fact would be unlikely to avail himself of mass radiography. There is, therefore, undoubtedly a very real need of health education activities to get over to each individual a full appreciation of his or her moral responsibility to the community at large.

MASS RADIOGRAPHY.—Mass radiography units operated by the Manchester and Liverpool Regional Hospital Boards have visited a number of districts both in the County area and in County Boroughs at which County residents have been able to attend.

When necessary divisional medical officers avail themselves of the assistance of a radiography unit in making a survey of a school where an active case of pulmonary tuberculosis has been discovered.

DETECTION OF EARLY CASES.—Some early cases come to light as a result of mass radiography examinations and others are found as a result of examination of contacts of known cases. Tuberculin testing of school entrants was continued during the year in some parts of the County and any children found to give a positive reaction were followed up in order to try to find the source of the infection.

VACCINATION AGAINST TUBERCULOSIS.—*Contacts.*—Since 1949 B.C.G. vaccinations of suitable contacts of cases of tuberculous infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the numbers of persons examined and tested for suitability for B.C.G. vaccination and the numbers actually vaccinated during the last five years :—

	1956	1957	1958	1959	1960
Number of persons tested for suitability for B.C.G. vaccination	2,836	2,760	3,282	3,512	2,608
Number of persons vaccinated	1,664	1,817	2,271	2,720	2,235

School children.—The County Council's proposals under section 28 of the National Health Service Act provide for the B.C.G. vaccination of tuberculin negative school children between their 13th and 14th birthdays when the parents have consented to the vaccination. These proposals were extended with the approval of the Minister of Health in 1959 by the addition of the following paragraph :—

"The local health authority will also make arrangements to offer B.C.G. vaccination to (i) school children who are approaching 13 years of age and can conveniently be vaccinated along with others of that age; (ii) school children of 14 years of age or older; and (iii) students attending universities, teacher training colleges or other establishments of further education. The vaccination will be carried out on the responsibility of the Medical Officer of Health in consultation as appropriate with the School Medical Officer. The authority will also offer vaccination to such other person or persons or groups of persons as may from time to time be approved by the Minister."

The following table summarises the results of B.C.G. vaccination programmes completed during 1960 and the previous three years. Re-examinations after a 12-month interval have now been discontinued since adequate information on conversion rates is available.

Year	No. of schools completed	No. of parents' consent forms				No. of children					
		Sent to parents	Returned			Tuberculin test performed	Tuberculin test positive		Tuberculin test negative		Vaccinated with B.C.G.
			Refused	Consented			No.	% of those tested	No.	% of those tested	
				No.	% of forms sent						
1957 ...	187	10,712	2,747	7,397	69.1	6,969	1,731	24.8	5,052	72.5	5,002
1958 ...	203	11,496	3,019	7,929	69.0	7,574	1,939	25.6	5,418	71.5	5,280
1959 ...	194	12,643	2,626	9,270	73.3	8,895	1,665	18.7	6,971	78.4	6,851
1960 ...	249	25,841	5,635	18,544	71.8	17,412	3,295	18.9	13,730	78.9	13,513

Demands on the time of medical staff, especially in connection with the poliomyelitis vaccination scheme, have previously restricted the development of the B.C.G. vaccination scheme for school children. During 1960, however, the position improved considerably and is reflected in the greatly increased number of children dealt with.

The County Council's proposals under section 28 also enable the County Council to provide for the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing segregation on account of B.C.G. vaccination. During 1960 accommodation for children requiring segregation on account of B.C.G. vaccination was provided for five cases under arrangements made with the Children's Officer.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.—The following are recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against risk of infection by adults suffering from tuberculosis :—

(a) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children, unless the disease is certified as arrested. Any candidate for such employment, therefore, should not be engaged without a medical examination including an X-ray examination of the chest.

(b) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

(c) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should cease at once and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained; both certificates should be based on X-ray and bacteriological as well as clinical investigations. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.

(d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken at once.

The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements :—

Assistant divisional medical officers.	District midwives.
District nurses.	Health visitors/school nurses.
Tuberculosis visitors.	Supervisory nursing staff.
Clinic clerks.	Lay health assistants.
Home helps attending sputum positive tubercular cases.	Day nursery staff (including students).
Occupation centre staffs.	Part III accommodation—attendants and all nursery staff.
Special schools—all staff except gardeners.	Dental officers.
Dental attendants.	Educational psychologists.
Home teachers (school health service).	Itinerant teachers of the deaf.
Physiotherapists.	Psychiatric social workers.
Speech therapists.	Orthoptists.
Children's hostels (Children's Committee)—all staff including domestics.	Residential nurseries (Children's Committee)—all staff including domestics.
Registered factory nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.	Registered child minders (Nurseries and Child Minders Regulation Act).

Illness Generally.—Care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and must needs follow different lines.

MENTAL ILLNESS AND DEFECTIVENESS.—The prevention, care and after-care of mental illness is undertaken in accordance with the County Council's scheme for the provision of a Mental Health Service which is dealt with fully later in this Report.

VENEREAL DISEASE.—Arrangements are in being whereby, at the request of the hospital authorities, effective follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. These arrangements were reviewed during 1959 in accordance with Ministry of Health Circular 6/59 which expressed concern at the increasing incidence of gonorrhoea and called for a strengthening of liaison between treatment centres and general practitioners on the one hand and local health authorities on the other in order to effect such improvements as might be possible in the difficult process of contact tracing. Local health authority activity in this field is, of course, mainly dependent upon the venereologist for its initiation in any particular case and, without exception, divisional medical officers reported that the existing facilities provided by the County Council were adequate to meet the demands made upon them.

The following table, compiled from returns supplied annually by medical officers of treatment centres, analyses by condition the number of County residents attending such centres for the first time in each of the last five years :—

Year	No. found to be suffering from—			
	Syphilis	Gonorrhoea	Other conditions (incl. non-venereal)	Total— all conditions
1956	186	361	1,755	2,302
1957	140	418	1,724	2,282
1958	137	460	1,674	2,271
1959	144	553	2,002	2,699
1960	137	489	2,342	2,968

OTHER TYPES OF ILLNESS.—General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting staff to carry out home visits in such cases and call into action any of the other social services which may be considered of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

In appropriate cases, usually on the recommendation of the patient's own doctor, arrangements are made for convalescence in suitable convalescent homes of the recuperative holiday type. Where necessary, travelling expenses are paid.

Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick.

With the object of providing suitable voluntary help to district nurses, the County Council have also made arrangements to avail themselves of the " Nursing Aid Service " of the St. John Ambulance Brigade and the British Red Cross Society, in conjunction with the Queen's Institute of District Nursing.

These several arrangements are dealt with more fully below under their respective headings.

CONVALESCENT HOME CARE.—Arrangements for the convalescence of general cases have been made with some 30 convalescent homes in various parts of the country to accept cases from the Administrative County.

Applications for assistance come usually from general practitioners and home nursing staffs, and occasionally from hospital almoners. 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.

In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1960 there were admitted to convalescent homes 564 individuals compared with 576 in 1959.

The following statements give particulars of the admissions during 1960 :—

Adults admitted to Convalescent Homes

Name and address of home	Male	Female
Barrow War Memorial Convalescent Home	23	32
Beachways Convalescent Home, Southport	38	122
Binswood Red Cross Home, Didsbury	2	18
Blackburn and District Convalescent Home, St. Annes	7	16
Boarbank Hall Convalescent Home, Grange-over-Sands	3	15
Church Army Home, Southport	—	1
Evelyn Devonshire Convalescent Home, Buxton	—	10
Gelli Fair Convent, Portmadoc	1	1
Grey Court, Hest Bank	2	5
Heath Memorial Convalescent Home, Llanfairfechan	37	—
Henderson Holiday Home for the Blind, Blackpool	1	—
Horncliffe Convalescent Home, Blackpool	—	86
Lear Home of Recovery, West Kirby	—	45
Shoreston Hall, Seahouses	4	9
Springfield Convalescent Home, Southport	—	4
TOTAL	118	364

Unaccompanied Children under School Age admitted to Convalescent Homes

Name and address of home	Male	Female
Bryn Aber, Abergelle	1	2
Ellen Gonner Home, Hoylake	1	3
Hillary Nursery, Prestatyn	—	1
Ormerod Home, St. Annes... ..	—	1
Sefton Home, Birkenhead	3	2
West Kirby Home	1	—
TOTAL	6	9

Mothers accompanied by Children admitted to Convalescent Homes

Name and address of home	Mother with one child	Mother with two children	Mother with three children
Boarbank Hall, Grange-over-Sands	1	—	—
Church Army Home, Southport	7	9	3
Llys Dilys, Prestatyn	6	—	—
TOTAL	14	9	3

The use made of the convalescent care scheme during the past five years is shown in the following statement of annual admissions to convalescent homes :—

	1956	1957	1958	1959	1960
Adults	529	445	388	481	482
Unaccompanied children under school age ...	37	20	19	24	15
Mothers accompanied by children—					
Mothers	19	24	28	30	26
Children	35	32	41	41	41
TOTAL	620	521	476	576	564

The number of elderly persons taking advantage of this service is a noteworthy feature. Of the 482 adults having convalescence during 1960, 307 were over 60 years of age, 165 being between 60 and 70 years, 117 between 70 and 80 years and 25 over 80 years of age.

The scheme for convalescent home care fulfils a real need and many persons have an opportunity for recuperation in a convalescent home which they would not otherwise have obtained. The cost of convalescence may be recovered from the applicant and the assessment is based 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.

NIGHT AND EVENING HELPS.—The County Council's arrangements for a night attendance service and an evening visiting service are outlined in the following paragraphs.

Night attendance service.—*Night helps.*—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and if necessary feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

During the year 2,907 night attendances were paid to 278 cases ; corresponding figures for 1959 were 4,692 attendances and 322 cases.

Evening attendance service.—*Evening helps.*—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the old age pension and/or national assistance in the form of a grant or supplementary pension.

During the year 6,326 evening visits were paid to 81 cases, compared with 6,132 visits to 82 cases in 1959.

NURSING AID SERVICE.—In 1951, the County Council decided to adopt the Nursing Aid Service of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing, the object being to provide suitable voluntary help to district nurses in cases of need arising through shortage of staff, or an epidemic of sickness. No payment can be made to members of the St. John Ambulance Brigade or the British Red Cross Society for their services but arrangements exist whereby they can receive payment in respect of travelling expenses and laundry.

It has not so far been found necessary to call in "Nursing aid."

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 to be provided 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 a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by district nurses, midwives, chest clinics, school clinics and ambulance stations as determined by local needs and, in all, approximately 200 such stores are in use. In addition, a central control exists which handles equipment of an expensive or specialised kind and, therefore, of limited use (for example, postural beds, special cots, walking frames, etc.). On account of the highly specialised treatment involved special arrangements have been made for the accommodation of patients suffering from paraplegia about to be discharged to their homes from hospital paraplegic units. The home nurse and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the home nurse.

LAUNDRY SERVICE.—The care and after-care services include the provision of a laundry service for bedding and night clothing of persons urgently needing such assistance. A charge may be made if the patient's income exceeds the assessment scale laid down for the purpose. For the time being this laundry service is limited to areas of the County where suitable arrangements can be made with hospital laundries. Bedding is provided on loan and is normally collected, laundered and returned to the patient twice weekly.

On average three sets of bedding are required for each case, each set being made up of two sheets, four draw sheets and two pillow cases. Transport has been arranged by agreement with local councils, the W.V.S. and with private contractors. Bedding is handled in linen laundry bags and/or aluminium boxes.

The arrangements are such as to ensure that the laundry service will be used as part of the preventive services designed to facilitate the care in their own homes of persons who might otherwise have to be admitted to hospital, in particular the aged and chronic sick. All cases are carefully screened to confirm the need for the service, and where it has been provided there is no doubt that it has fulfilled a real and urgent need in the care of incontinent patients.

In 1960, the service continued to be limited to ten divisions and, upon delegation, was available in two delegate districts—Middleton M.B. and Stretford M.B. Total cases dealt with numbered 244 of whom 62 were still receiving service at the end of the year. In 1959 in these ten divisions 236 cases were dealt with, 58 of whom were still receiving service at the end of the year.

Problem Families.—The County Medical Officer of Health is designated by the County Council as co-ordinating officer for the purposes of the joint circular issued in 1950 by the Home Office and Ministries of Education and Health, and the divisional medical officers in the 17 health divisions act on his behalf at local level. In the four County districts having delegation schemes this function was taken over by the local medical officer of health.

In the day-to-day work the field workers concerned with a particular family frequently hold informal consultations and experience has shown that in many cases this is sufficient, particularly in the case of a "family with a problem." In the more difficult cases, however—usually the "problem families"—case conferences are called either on a local basis to deal with one or two cases in a particular locality or on a larger scale at divisional level. At the case conference workers of both statutory and voluntary services take part, in particular health visitors, medical officers, area children's officers, school attendance officers, district council officers (*e.g.*, housing manager, public health inspector), probation officers, representatives from the National Assistance Board, N.S.P.C.C., etc. Although general practitioners are often invited, they are seldom able to spare the time to attend.

During 1960, 184 case conferences were held throughout the Administrative County area. New cases dealt with during the year comprised 243 families with 856 children. The number of families on the books at the end of 1960 was 867 with 3,311 children. One of the main values of the case conference is the opportunity which is provided for all workers to get to know each other, to express their opinions and to see the full picture of the family rather than the more limited view which they might otherwise have. It also gives an opportunity for the field workers to gain insight into each other's work and attitudes and to apply this to other cases. An effort is also made to ensure that, so far as possible, one worker takes the main responsibility for each family.

It must be realised, however, that the calling of a case conference does not itself solve the problem and many of these families remain in a borderline condition for years, causing anxiety to all concerned with their welfare and taking up a disproportionate amount of the field workers' time.

Good liaison with housing authorities is most important and this is materially assisted by the close contact maintained with many housing managers through the case conferences which they attend. During 1960, 92 families with 370 children were re-housed, 60 of these with 261 children by district councils.

The value of team work is becoming increasingly evident as a result of the case conferences and it is clear from the experience in Lancashire that this must be preserved and encouraged.

The services provided by the County Health Committee to deal with these families include :—

- (a) Health visiting.
- (b) Mothercraft training.
- (c) Use of specially selected home helps and loan of kitchen equipment.
- (d) Provision of day nursery accommodation.
- (e) Social case work.

(a) *Health Visiting*.—Experience shows that the health visitor can play a most important part in the preventive aspect of work with these families as she is the only worker who regularly goes into all homes where there are children. She is in a particularly good position to see the early signs of deterioration and is often able to take appropriate action to help the family in the early stages. This is true preventive work and as such is extremely difficult to record for statistical purposes.

The key position which the health visitor holds was emphasised in circular 27/54 on the Prevention of Break-up of Families which was issued by the Ministry of Health in November, 1954. The County Council health visitors spend a considerable amount of time on work with problem families and potential problem families and this often goes on for years before much improvement can be seen.

(b) *Mothercraft Training*.—In certain cases mothercraft training may prove most valuable in the rehabilitation of the family. It is, however, most important that the training should be introduced as part of a larger plan for dealing with a family and when the mother returns home further help will be required to ensure that the lessons learnt in the period of training are put into practice.

The County Council send mothers for training to the Brentwood Recuperative Centre, Marple, Cheshire, which is administered by the Community Council of Lancashire and has been used continuously for a number of years. In addition arrangements are occasionally made with probation officers for the accommodation of mothers and children at the Mayflower Home, Plymouth, which is administered by the Salvation Army.

Details of mothers, and children under five years of age, sent by the County Council to Brentwood during the past five years are given in the following statement :—

Year		Mothers		Children	Year		Mothers		Children
1956	...	8	...	19	1959	...	6	...	11
1957	...	5	...	16	1960	...	6	...	12
1958	...	10	...	21					

In addition, two children were sent to the Elizabeth Fry Memorial Home, York, when the mother was admitted to this home under Home Office supervision.

The progress made by the families is, of course, generally slow, but improvement has occurred in many cases. Each family is closely followed up by the health visitors and reports are submitted on the families' progress annually. A survey of the reports on 58 cases during 1960 indicates that 36 families were considered to have improved their conditions, in 16 cases the conditions of the family have not materially altered, in three cases there was a deterioration and three cases left the County area.

(c) *Use of Specially Selected Home Helps and Loan of Kitchen Equipment*.—The County Council's proposals under section 28 of the National Health Service Act, 1946, indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children or the break-up of problem families or potential problem families. Such steps may include the use of specially selected home helps to work with the mother in her home to teach her housecraft. In 1960 14 cases were dealt with; 18 cases received help in 1959.

It is important that the families who receive this help should be properly selected. Where, within the divisional administration of the service, the health visitor considers that a special home help would be valuable she refers the case to the divisional medical officer. It is intended that the home helps shall be used in families where the work is truly preventive, i.e., where there are signs of deterioration and it is reasonable to expect some improvement if a home help is introduced to give practical instruction and advice. The divisional medical officer in conjunction with the home help organiser selects the home helps required for this special work. They are chosen for their sound common sense and practical approach. The helps are given adequate briefing and lecture sessions are arranged for their instruction in teaching methods, household routine, including the planning of daily and weekly tasks, household budgets and cookery.

The period during which the service of a selected home help is granted varies according to the particular requirements of each case, but after a trial period of two weeks the health visitor is required to submit a report on the working of the arrangements and a decision is then made as to whether any improvement in the family condition is likely to follow. The continuation of the special help is then at the discretion of the divisional medical officer. During the whole of this period close liaison is maintained between the health visitor, the home help organiser and the home help and there are regular consultations among this team of workers on the progress made with the individual mother. Eventually the home help is gradually withdrawn and supervision of the family continued by the health visitor who, of course, may occasionally re-introduce the home help if necessary.

In order that the home help may pass on the full value of her teaching to the mother it is essential that the family should possess the minimum of basic kitchen equipment, such as saucepans, cutlery, crockery, etc. In a case where a minimum of kitchen equipment is not available enquiries are made with a view to obtaining assistance from any voluntary sources or from the National Assistance Board. If this is not possible, the divisional medical officer may authorise the purchase of approved articles for free loan to the family for as long a period as the health visitor considers necessary. Meanwhile the mother is encouraged to make good the deficiencies in her own equipment so that eventually the loaned articles may be withdrawn.

Normally a charge is made for a home help in accordance with the family income but in these special cases the divisional health committee, at their discretion, may reduce the assessed charges or waive them altogether for a period of five weeks subject thereafter to a review each month in cases where it is considered that the supply of home help would be a major contribution to meet the problems of the family. The divisional health committee may decide subsequently that the charge should be increased, by stages if necessary, up to the full amount that would normally be paid in accordance with the assessment scale.

(d) *Provision of Day Nursery Accommodation.*—Children of problem families are regarded by the County Council as coming within the priority groups for admission to day nurseries and provision is made in the assessment scales regulations whereby the fee normally payable on the basis of family income can be reduced or waived altogether if the circumstances warrant such a course.

(e) *Social Case Work.*—The County Council's proposals under section 28 of the National Health Service Act, 1946, allow for the employment of social case workers either direct or through a voluntary agency.

Arrangements have been made with the Manchester and Liverpool Family Service Units to undertake social case work in County areas adjacent to these two County Boroughs and the equivalent of one whole-time case worker is provided by each unit.

Cases requiring assistance are referred to the units from a number of sources, including the divisional medical officers or their staff as a result of the case conferences, and close liaison is maintained with the divisional medical officers to whom reports are sent. From these it is confirmed that whilst much good work is being done these families will require constant supervision and guidance for a very long time. During the year 1960, 39 cases were dealt with by the Family Service Units.

In addition family unit accommodation is provided under the National Assistance Act, 1948, to deal with evicted families. Further reference to this work is made on page 126 of this Report.

Chiropody Service.—This service, which came into operation on 1st January, 1960, is provided under section 28 of the National Health Service Act, 1946, and the following proposals have been approved by the Minister :—

“The County Council will provide a chiropody service by the employment or use of the services of qualified chiropodists or may assist voluntary bodies to provide a chiropody service, priority being given initially to the elderly, physically handicapped and expectant mothers.

It is the Council's intention to provide a service throughout the Administrative County as soon as circumstances permit.

Use will be made wherever possible of the Council's clinics, but arrangements may also be made for the use of other suitable premises, such as chiropodists' own surgeries, and for domiciliary visits where necessary.

The number of sessions to be provided will vary according to the needs of the district.”

In accordance with the Minister's suggestions the service has been made available to the elderly (men of 65 or over and women of 60 or over), registered handicapped persons and expectant mothers, and voluntary associations already providing a chiropody service have been given the opportunity of continuing their services in accordance with the general conditions laid down.

The service is provided either in clinics or chiropodists' surgeries according to local circumstances and domiciliary treatment may be provided on the authority of a medical practitioner, district nurse, health visitor or midwife. No charge is made for treatment.

The divisional health committee are responsible for providing the service within each division. They may do so by approving the proposals of voluntary associations to continue existing services in specified areas or by providing services directly. Voluntary associations entering the scheme may claim grants from the County Council in respect of their expenditure on chiropodists' fees and expenses.

Fifteen divisional health committees made arrangements with 77 voluntary associations for the provision of local services which, after delegation, were continued in Crosby M.B. and Huyton-with-Roby U.D. In the other two divisions and in Middleton M.B. and Stretford M.B. after delegation, no such arrangements were made either because the associations concerned did not wish to continue a service on an increasing scale or because no voluntary association services existed on the operative date. Almost all the associations taking part did in fact continue their services without interruption and received grant aid with effect from 1st January, 1960.

The services provided directly by the County Council are mainly based on clinics. Chiropodists employed in this part of the scheme must be qualified under the National Health Service (Medical Auxiliaries) Regulations, 1954, (chiropodists employed by voluntary associations at the commencement of the scheme were accepted as "protected officers" whether or not they satisfied the requirements of the 1954 Regulations but the County Council have made it a condition of grant that in the event of any change in personnel voluntary associations must appoint chiropodists who satisfy those Regulations.)

The date on which a direct service commenced in any given locality depended on clinic accommodation being made available, the appointment of qualified chiropodists and the installation of suitable equipment and facilities. Thirteen Divisional Health Committees had started a direct service by April and in August direct services were operating in each division.

The service has expanded rapidly throughout the year but even so the main demands have been met. Continued expansion can be expected for some time but this may be limited in some districts by shortage of accommodation at clinics or shortage of qualified chiropodists. It is already apparent that the demand for domiciliary treatment in some areas exceeds the available chiropodists' time.

A summary of the service provided throughout the Administrative County during 1960 is given in the tables below. Detailed statistics for each area are given on pages 195 and 196, Table 16 covering the services provided directly by the County Council and Table 17 the services provided by voluntary associations.

	Chiropody service provided—					
	Directly by County Council		By voluntary associations		Total	
	Patients	Treatments	Patients	Treatments	Patients	Treatments
<i>Category of patient—</i>						
Aged persons	7,414	27,237	17,487	86,115	24,901	113,352
Handicapped persons ...	167	568	188	462	355	1,030
Expectant mothers ...	121	157	11	21	132	178
TOTAL	7,702	27,962	17,686	86,598	25,388	114,560
<i>Place of treatment—</i>						
Clinic	5,210	17,471	7,085	33,674	12,295	51,145
Surgery	905	4,052	6,225	31,592	7,130	35,644
Home	1,587	6,439	4,376	21,332	5,963	27,771
TOTAL	7,702	27,962	17,686	86,598	25,388	114,560
Total no. of clinic sessions ...	2,364		3,977		6,341	
No. of clinics operating at end of year	64		76		140	

Health Education and Propaganda.—Health education is the best means of preventing ill-health and it has always been the desire of the Health Committee to use this service on as wide a front as possible, so that no age or section of the community should be excluded. The only difficulty about this is that the personnel available must, in consequence, be thinly disposed. Many different methods are therefore used by the staff of the department to achieve this end.

LECTURES.—There is no doubt that a single lecture or talk of the right kind on any aspect of health can stimulate interest in the prevention of ill-health and can lead to regular discussions that help to develop a better attitude towards positive health. With this in mind, contact is maintained with group leaders and secretaries of many organisations such as women's institutes, townswomen's guilds, co-operative guilds, mothers' clubs, parent-teacher associations, day nurseries, youth clubs, tradesmen's guilds and Rotary clubs for the purpose of arranging meetings.

Every endeavour is made to appreciate their particular interests and responsible persons are engaged to talk to the groups. The subjects dealt with cover the widest possible range.

In 1960, 102 such lectures were arranged on specific subjects.

LECTURE COURSES.—Lecture courses are sometimes more appropriate than single talks—for example, when a group of tradespeople concerned with the handling of food are willing to attend a course of not more than three or four lecture-demonstrations dealing with their problems. The services of a competent lecturer are obtained and a syllabus is drawn up to meet the requirements. The necessary visual aids and demonstration materials are produced and by this means an intensive and effective course is provided. It is important that a suitable syllabus for the group should be first fully discussed. It is not possible or advisable in this case to rely on a standard pattern to meet any and every request. The individual needs of the group must be studied.

A small number of courses of this nature were arranged during 1960. In February, in conjunction with the Education Department, a one-day course on "Health Education in Secondary Schools" was held at Swinton for school teachers. This course dealt with the emotional reactions of children and the problems which confront teachers in handling them. A further course of two evening sessions for teachers in County secondary schools, held in November at Accrington, dealt with the "Physical, Social and Emotional Development of the Teenager."

Courses of lectures on "Sex Education" were arranged in March for members of a church youth group and in December for pupils of a boys' and a girls' grammar school.

GROUP DISCUSSIONS.—Whenever the opportunity presents itself group discussions are arranged, no matter what the subject providing it has a bearing on health. To assist in this method use is made, for example, of strip films, sometimes coupled with a disc recording of the script presenting the problem to be discussed. A group leader must be present who is conversant with the particular subject.

FILMS.—Silent films, sound films and film strips are used extensively as an aid to teaching and to help lecturers and demonstrators. There are nearly 1,000 films suitable for use in health education and a library of films is gradually being built up by the department to avoid the many disappointments experienced when hiring.

Apart from such aid given to lecturers and to medical and nursing staff in clinics, films are shown in factories and in schools. In factories, where schedules of times must be strictly adhered to, suitable subjects and appropriate times are discussed beforehand with the welfare officers. Similarly, films used in schools need to be discussed with the visiting lecturer, doctor or nurse.

During 1960, 230 film shows of this kind were given, including 27 in schools and two in factories.

OTHER VISUAL AIDS.—Strip films, photographic enlargements and flannelgraphs are widely used. A number of strip films have been produced for teaching purposes and many photographs have been prepared for a variety of uses. Flannelgraphs have been produced in the department to meet the requirements of lecturers and teachers, and 120 of these units are in use throughout the County.

POSTERS AND LITERATURE.—Whatever is achieved by meetings, group discussions or film shows, posters and literature are constantly required to remind the public of important health matters. The health department keeps a constant supply of current posters and literature from various sources.

There are, however, many important aspects which are not covered by existing posters or literature, and the department undertakes this work. Posters are designed, texts prepared for leaflets and both are produced to meet departmental requirements. These in turn are distributed throughout the County and displayed wherever possible. Many organisations request that they be placed on a regular mailing list.

Nearly 25,000 posters and 600,000 pieces of literature were distributed during 1960.

HEALTH TOPIC DISPLAYS.—Displays of different shapes and sizes dealing with various aspects of health are produced by the department and erected in clinics, factories, shop windows or any situation that gives promise of being seen by the general public. These displays are designed in such a way that they have a greater arresting power than posters and they are moved around frequently in order that as many County districts as possible are covered during the year.

EXHIBITS.—Only a very limited amount is available of health education material which is suitable for exhibition to the general public. Consequently, where assistance is given to local authorities in staging an exhibition or when an exhibit is required for an agricultural show or display in a clinic, this usually has to be designed and produced by the department.

The County Council's exhibit on "Care of the Aged" was displayed on two occasions in 1960, at Audenshaw in February and at Pendlebury in May.

A special one-day exhibition of health education material suitable for use by school teachers consisting of portable exhibits, flannelgraph units, posters, leaflets, details of the County Health Service, catalogues of posters, leaflets, films, etc., was held at Padgate Teachers' Training College in May, 1960.

HEALTH TALKS.—Of a total of 442 talks on health matters in 1960, excluding routine talks at school clinics and child welfare centre sessions, over one-third (157) were given in schools on the following subjects :—

Subject	No. of talks
Hygiene	61
Mothercraft	38
Dental hygiene	4
Home safety	3
Immunisation and vaccination	1
Work of the health visitor, etc.	2
First aid and anatomy	11
Good health	37

Subjects covered in the remaining 285 talks were as follows :—

Antenatal and child care	35
Training lectures to the public (first aid, home nursing, etc.)	74
The health services	46
Home safety	30
Work of the assistant divisional medical officer, health visitor	16
Training lectures to hospital staff	31
Mental health	19
Hygiene	6
Nursing as a career	4
General subjects	24

The staff concerned in the above talks were as follows :—

School nurse/health visitors	303
Medical officers of health	35
Welfare organisers	20
Superintendent/assistant superintendent health visitors	49
District nurses	6
Dental officers	1
Home help organisers	2
Training centre supervisors	14
Mental welfare officers	9
Others	3
TOTAL	442

SPECIAL CAMPAIGNS.—Safety in the Home.—Campaigns dealing with the prevention of home accidents were continued during 1960, these following closely the themes of the national campaigns organised by the Royal Society for the Prevention of Accidents. Throughout the year home safety exhibits were on view at suitable points, *e.g.*, libraries, clinics, shop windows. Posters were displayed in factories, workshops and clinics, leaflets and bookmarks were distributed and contact was maintained with local voluntary home safety committees.

An exhibition of one week's duration was staged in conjunction with the Leyland Home Safety Committee in May. This dealt with accidents in the kitchen and part of the County Council's bungalow exhibit was used.

During October, in conjunction with the Kirkby Home Safety Committee, a poster campaign on "Burns" was arranged, 16 sheet and double crown posters being displayed throughout the urban district urging the public to guard their fires. In the same month the County Council co-operated with the Chorley Home Safety Committee in providing a stand, dealing with "Accidental Poisoning," at the local Trades Exhibition.

In the summer months, a Home Safety Exhibition was staged for periods of three to ten days at various seaside resorts and at the larger outdoor shows, whilst a smaller exhibit was in use at one-day agricultural and flower shows.

Exhibits dealing with "Falls in the Home" were entered in three carnival processions. A specially designed low-level four-wheeled flat-top trailer has been obtained on which this type of exhibit can be mounted for towing in street processions. Apart from its use in this field, the trailer is most useful for many other aspects of health education and propaganda.

In 1959 arrangements were made with a professional firm for the production of a one-minute filmlet in colour dealing with "Falls in the Home." This film, a dramatic presentation of an old lady's fall downstairs, was "launched" at the Gaumont Cinema, Ashton-under-Lyne, on February 15th, 1960, and ran over a period of ten weeks at cinemas throughout the County, the arrangements for showing the film being placed in the hands of an agency. By this means, home safety propaganda was brought to a section of the public often difficult to contact and added impetus was given to the campaign by the display, wherever possible, of exhibits in the foyers of the cinemas where the film was being shown, with facilities for the distribution of relevant literature. In view of the success of this campaign, arrangements were made for a re-showing of the film during the period November, 1960/January, 1961, and the final analysis shows that it has been screened 2,842 times in 63 districts to approximately 702,850 people.

A one-day meeting of representatives of members of voluntary home safety committees was held in November, 1960, when many problems on aspects of home safety were discussed and advice given as to how best the County Council could help in these matters.

Mental Health Week.—A comprehensive programme was drawn up for the national Mental Health Week, 9th–16th July, 1960. Leaflets and posters dealing with the mental health service were widely distributed through general practitioners, factories, council offices, hospitals, libraries, clinics, etc., streamers were produced for street display, pictorial displays illustrating both mental illness and mental subnormality were on view in all the County health divisions and other displays were exhibited at mental hospitals. A mobile daylight cinema van was hired for two weeks and showed mental health films over a very large part of the County area. Mental health films were also shown throughout the week at training centre "open days" and other public meetings in various parts of the County.

In health division No. 6, the national week coincided with the local annual holidays and in that division Mental Health Week was observed from 20th–28th October, when arrangements on similar lines to the above were made.

Mental Health Education.—During the past three years the campaign for education in mental health has been carried out by various means. The central feature has been the meetings and discussions led by Dr. Alfred Torrie with representative groups of people in many different walks of life, consisting of persons within the County services and others unconnected with these services. These discussions have aroused great interest and the opportunity has been taken at all times to emphasise the importance of mental health in the community.

Smoking and Lung Cancer.—In February, 1960, copies of the poster "Cancer" were despatched to the personnel/welfare officers of factories, workshops and other places of employment throughout the Administrative County area.

HOME HELP SERVICE

The continued increase in the demands on the home help service in 1960 again necessitated the recruitment of additional staff so that, by the 31st December, the total number of home helps reported on establishment, including those employed in the four delegate districts (see page 39), had risen to 3,200, an increase of 131 over the previous year's figure. Of these, four were employed whole-time and the remainder part-time for varying periods. The establishment of organisers and assistant organisers, who are responsible for the day-to-day control of the service under the direction of the divisional medical officers or medical officers of health of delegate districts, remained at 40. The full-time equivalent of the 3,200 home helps, at 1,651, was 102 more than the corresponding figure at the end of the previous year.

The County Council's proposals regarding the home help service enable a laundry service to be provided for bedding and night clothing of persons urgently needing such assistance and who are in receipt of home help. Similar provision is also made in connection with the prevention of illness and after-care schemes under section 28 of the National Health Service Act, 1946, and for the time being the laundry service will function under this section.

In addition, the County Council's proposals under section 28 indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children, or the break-up of problem families or potential problem families. In this connection, the Health Committee have agreed to the employment of specially selected home helps. Further particulars are given on page 102.

As part of the welfare scheme for the care of the aged in their own homes consideration has been given to arranging for help to be available in a way most suited to the old people's needs, including services of a home help for more frequent but shorter periods than has been the practice hitherto.

Service Statistics.—During the five years, 1954–58, a detailed statistical survey was carried out to chart the development of this rapidly expanding service. The trends in the supply of home help to the various categories of cases were determined and reported in detail in each of these years. The position is now appreciated fully enough to dispense with the greater part of this statistical work and the Health Committee accordingly terminated the survey at the end of 1958. From 1959 onwards, service statistics have been limited (a) to an annual count and classification of cases attended and (b) to four analyses of the service in four selected weeks in each year (the 11th week of each quarter). The definition of a 'case' was also amended and as a result annual case figures for the period 1954–58 will not be comparable with case figures for 1959 and later years. During the five year period an individual patient or household was counted as one case so long as home help was supplied continuously or did not involve a break exceeding three weeks. If such a break occurred that particular patient was counted again (*i.e.*, more than once) in the annual case totals. The case totals from 1959 count once only the individual patients or households having home help during the year, regardless of the period or periods of help given. There was, therefore, some duplication of patients in the 1954–58 case totals and the 1959 totals showed an apparent fall in the total number of cases attended.

The statement below shows for the Administrative County as a whole the number of home helps employed at the 31st December of each of the last five years, together with their whole-time equivalents, and the number of instances by type of case in which home help was provided in each of these years.

Year	Home helps employed at 31st December		No. of cases for which home help was provided during the year for—							Total cases attended per 1,000 population
	Total	Whole time equivalent	Problem families	Confinements		Tuber- culosis	Chronic sick and aged & infirm	Illness and others	Total	
				At home	Away from home					
1956	2,251	1,102	—	685	207	155	11,561	1,757	14,365	6.9
1957	2,407	1,145	—	615	201	152	13,931	1,698	16,597	7.9
1958	2,806	1,301	11	645	178	134	15,613	1,701	18,282	8.6
†1959	3,069	1,549	18	727	145	135	13,684	1,567	16,276	7.6
†1960	3,200	1,651	14	725	114	123	15,130	1,549	17,655	8.1

† Case figures are not comparable with those for previous years (see above).

Table 18, page 197, gives for the year 1960 a detailed breakdown of the case totals and shows for each health division and delegate district the number of cases attended, distinguishing where appropriate between cases aged under 65 years and those aged 65 years and over, the proportion each category of case forms of the total of patients cared for and the ratio of cases attended to population served.

Table 19, page 198, reproduces the analysis of the service provided during the 11th week of the December quarter, 1960, and gives comparative totals for all case categories combined for the corresponding week in the December quarter of the previous year. The pattern of the supply of home help is clearly defined. Of the 11,108 cases attended, 10,006 or 90 per cent. were persons aged 65 years and over and these cases received 63,912 hours or 88 per cent. of the total amount of help provided during the week (72,635 hours). Not shown in the table is the fact that 10,022 cases either lived alone or lived with another person incapable of housework.

The table also illustrates the distribution of help to the nine categories of cases both as regards the number of days of the week on which help was provided and the number of hours of service involved. Of the 11,108 cases attended 8,064 required help on only one or two days of the week and 9,552 cases required less than 10 hours' service.

A comparison of case totals and total hours of service provided during corresponding weeks of the December quarter of the past five years shows that, in a period of service expansion, there was a small reduction each year in the weekly number of hours of service per case.

Year	Total cases attended during the week	Total hours of service provided	Hours per case
1956	6,544	51,502	7.87
1957	7,443	54,584	7.33
1958	8,388	60,135	7.17
1959	9,844	68,068	6.91
1960	11,108	72,635	6.54

It is unlikely that staff shortage has much influenced the supply of help as recruitment generally has been adequate, though local shortages may occur periodically.

Ability of Users to Pay for the Service.—Under the provisions of section 29 (2) of the National Health Service Act, 1946, recovery is made from persons availing themselves of the home help service of charges for the services rendered. For assessment of these charges a scale of allowances is in operation in order to ascertain the net income from which recovery can be made. The charges are reviewed and, in appropriate cases, reduced after the third week of service and again after the thirteenth week. In any event the cost to the user of the service in no case exceeds the actual cost of the service to the County Council.

From periodic analyses of assessments made it may be said that in about 85 per cent. of the cases attended home help is ultimately provided free—a corollary to the fact that the bulk of the persons attended are old, infirm and chronic sick.

MENTAL HEALTH

The year 1960 was notable for the coming into operation on the 1st November of the outstanding parts of the Mental Health Act, 1959. The Act was framed to give effect to the main recommendations of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency and its general principles provide for a re-orientation of the mental health services away from hospital care when the special facilities of the hospital service are not needed and towards care in the community, with the same division of functions between local authorities, hospitals and general practitioners which apply in relation to other forms of illness or disability.

The Commission pointed out that their recommendations would result in an expansion of local authority services such as the provision of residential accommodation for the mentally disordered, of adequate training facilities for children, young persons and adults and of general social work to help all types of mentally disordered persons and their relatives, including all forms of community care after patients leave hospitals.

The Mental Health Act, 1959, repealed all existing Lunacy and Mental Treatment Acts and Mental Deficiency Acts, dissolved the Board of Control and created, for the area of each Regional Hospital Board, a Mental Health Review Tribunal consisting of legal, medical and lay members with power to discharge detained patients from hospital or guardianship. It applied the provisions of section 28 of the National Health Service Act, 1946 (relating to the functions of local health authorities with respect to the prevention of illness, the care of persons suffering from illness or the after-care of such persons), to persons who are or have been suffering from "mental disorder," a term which covers all forms of mental illness or disability of mind. In accordance with his powers under section 28 of the 1946 Act the Minister of Health by Circular 22/59 directed that arrangements should be made by local health authorities for implementing the service for the mentally disordered to include—

- (a) the provision, equipment and maintenance of residential accommodation and the care of persons for the time being resident in accommodation so provided ;
- (b) the provision of centres or other facilities for training or occupation and the equipment and maintenance of such centres ;
- (c) the appointment of officers to act as mental welfare officers for the purposes of the Mental Health Act ;
- (d) the exercise by the local health authority of their functions in respect of persons placed under guardianship ; and
- (e) the provision of any ancillary or supplementary services for or for the benefit of persons who are or have been suffering from mental disorder.

The arrangements of the County Council for carrying out their duties were required to be submitted to the Minister of Health for approval in accordance with the procedure laid down in section 20 of the National Health Service Act.

The proposals of the County Council as approved by the Minister are set out below—

PROPOSALS FOR THE PROVISION IN THE ADMINISTRATIVE COUNTY AREA OF A MENTAL HEALTH SERVICE.

1.—Introduction.

The following is divided into two parts, "A" and "B," of which Part "A" (underlined) is a statement of the services which are already being provided. This statement is not part of the submitted proposals but is supplied because it may be helpful to those who read the proposals. It is, therefore, excluded from the scope of consultation with or recommendations by the bodies mentioned in Section 20 (2) of the National Health Service Act, 1946, upon which copies of the formal proposals are required to be served. Part "B" consists of the local health authority's new proposals which are submitted for the Minister's approval under Section 20 of the Act of 1946 and contain a description of their plans for the period up to April, 1963, and a further general statement of their subsequent intentions.

2.—General.

A.—Existing arrangements for carrying out duties under the Lunacy and Mental Treatment Acts, 1890–1930 and the Mental Deficiency Acts, 1913–1938 will continue in operation until the relevant Sections of these Acts are repealed on dates appointed by the Minister by Order under Section 153 of the Mental Health Act, 1959; the proposals relating to duties under the repealed Sections will then cease to have effect.

B.—These proposals replace the existing proposals already approved by the Minister of Health relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, or the aftercare of such persons under Section 28 of the National Health Service Act. The local health authority will make the appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them; in particular they will provide or cause to be provided junior training centres, adult training centres, residential accommodation and a home visiting service. The provision of home training, day centres and social clubs will be kept under review.

3.—Organisation and Staff of the Services.

A.—The following is, in outline, a description of the existing organisation and staffing arrangements :—

The functions of the local health authority in regard to mental health have been referred to the Health Committee which has established a Mental Health Sub-Committee which considers and reports on matters concerned with the mental health service.

The Mental Health Service is administered in accordance with "the Lancashire County Council Divisional Health Administration Scheme, 1947" under which the day to day conduct of the service is undertaken by Divisional Committees.

The Mental Health Service is under the supervision of the County Medical Officer of Health and the day to day conduct of the service in Health Divisions is under the supervision of the Divisional Medical Officers who are assisted by Assistant Divisional Medical Officers.

Duly authorised officers and mental health workers are employed by the local health authority. Training centres are staffed by Supervisors, Assistant Supervisors and Meals Assistants. Part-time consultant psychiatrists employed by a Regional Hospital Board have been appointed by the Local Health Authority when practicable to act as advisers and consultants in several health divisions. The local health authority encourage the attendance of their staff at training courses for mental health service qualifications by a scheme providing for the payment of grants towards the costs involved.

Hospital Management Committees are represented on Divisional Health Committees and further liaison is achieved by the attendance of the mental health staff at case conferences, out-patient clinics and domiciliary visits arranged by the Regional Hospital Board's psychiatrists. Mutual help is afforded by hospital and the local health authority's staffs in the provision of social case histories and after-care guidance.

Liaison is maintained with general practitioners so far as possible.

B.—In addition to the existing arrangements, the local health authority expect to increase the staff employed in the Mental Health Service and in particular intend to appoint a sufficient number of officers to act as Mental Welfare Officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation. Staff of all grades will be encouraged to attend courses and arrangements will be made to release them. The following additional arrangements are contemplated for strengthening the links with hospitals and general practitioners :—

An extension of the present arrangements for the part-time appointment by the local health authority, in conjunction with Regional Hospital Boards, of consultant psychiatrists to act as advisers and consultants with the aim that such appointments should cover every health division.

Closer co-operation with the General Medical Practitioner Service to be sought through the Local Medical Committee and the Executive Council by the supply of information of the after-care and community mental health services provided by the local health authority and by personal contact between the mental health staff and the individual medical practitioners.

The local health authority intend to continue to use the services of voluntary bodies and other local authorities for so long as they consider it necessary and desirable.

4.—Junior Training Centres.

A.—Twenty non-residential centres with a total of 927 places are at present available and used primarily by the under-16 age group. By arrangement with certain other authorities and a voluntary body, fifty-three of the under-16 age group attend training centres provided by those authorities or that body. Ancillary services are provided as follows :—

- (i) Meals are provided by the County Council's School Meals Service.
- (ii) Medical and dental inspection is provided through the County Council's School Health Service for the under-16 age group.
- (iii) Transport and guides to and from centres is provided for pupils (use being made of the County Council's Ambulance Service vehicles when possible) or travelling expenses of pupils and escorts reimbursed in cases where this is considered desirable.

B.—In addition to the existing arrangements, the Junior Training Centres are expected to develop on the following lines :—

- (i) That their use should normally be restricted to the under-16 age group when adult training centres become available.
- (ii) By the provision of creche accommodation (special care unit) in conjunction with the centres.
- (iii) By the provision of residential accommodation where necessary, at or near selected centres. The local health authority's plans are expected to provide, within the next three years, places for all suitable cases who will normally attend centres provided by the authority. Additional places will subsequently be provided should the need arise.

5.—Adult Training Centres.

A.—No Adult Training Centres are at present provided, but schemes are in hand for the erection of centres which will provide 210 places for adults. Places in Junior Training Centres are, however, used by the 16-and-over age group. No arrangements have been made with voluntary bodies but a limited number of the 16-and-over age group attend adult training centres provided by other authorities.

The types of work now available at the junior training centres include habit training, speech training, physical education, musical activities, including dancing, singing, games and percussion bands, handwork, including needlework, sewing, embroidering, knitting, rug-making, stool-seating, leathercraft and basketry, gardening, nature study and training in simple domestic tasks.

B.—It is intended that normally the 16-and-over age group shall be provided for in adult training centres which are expected to develop on the lines of including workshop facilities to enable varying standards of training and work to be undertaken according to the ability of the individuals, and developments will be undertaken in the light of experience. It is intended to make crèche accommodation (special care unit) for adults available at the centres and to provide residential accommodation at or near selected centres. Meals may be provided, and transport to centres will be provided as necessary.

The local health authority's plans are expected to provide, within the next three years, places for most suitable cases and it is intended that the provision of additional centres shall be proceeded with as quickly as possible.

6.—Residential Accommodation.

A.—No residential accommodation is at present provided by the local health authority but accommodation at hospitals or homes provided by voluntary organisations or other authorities are used for short-term care and holidays ; the local health authority paying the expenses of such accommodation where appropriate.

B.—In addition to the existing arrangements, the following development of existing provisions is intended :—

- (i) The provision of residential accommodation at or near selected training centres to provide accommodation for juniors and adults who are attending training centres and are in need of short-term care or are rendered homeless. Initially, the local health authority expect to provide by 1963 four hostels providing residential accommodation with 60 places for juniors and 60 places for adults. It is the intention that adults not attending training centres and otherwise suitable should be engaged in ordinary or sheltered employment as may be appropriate.
- (ii) The provision of residential accommodation for the mentally ill other than the elderly mentally infirm. (It is expected that two hostels providing a total of 50 places will be provided by 1963.) The intention is that residents will be engaged in ordinary or sheltered employment as may be appropriate.
- (iii) The provision of additional residential accommodation will be kept under review, and will be provided either by the Authority or by making arrangements with other bodies or authorities or otherwise.

7.—Home Training.

A.—No arrangements have been made for home training by the employment of home teachers or “group teachers.”

B.—It is expected that the facilities provided or to be provided at training centres, together with the transport arrangements and the provision of residential accommodation, will meet the needs of most cases. The need for the introduction of a system of home training will be kept under review and suitable arrangements made if found to be desirable.

8.—Day Centres, Social Clubs and other Activities.

A.—No special arrangements have been made for the provision of social amenities for persons suffering from mental disorder but a small number attend the existing social centres provided for other classes of handicapped persons.

B.—Special provision will be made for the provision of social amenities at day centres for the mentally disordered, if found desirable in the light of experience.

9.—Home Visiting Services.

A.—Home visiting is undertaken by the mental health staff.

B.—In addition to the existing arrangements, which it is intended to strengthen by the employment of additional staff, including if possible the employment of psychiatric social workers to act as leaders of teams of mental welfare officers, it is intended that the services of health visitors, with the guidance of a consultant psychiatrist, a general medical practitioner or mental welfare officer, shall be used for advisory visits for mentally disordered persons at home.

10.—Guardianship.

B.—It is the intention of the local health authority to exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship whether under that of the Authority or of other persons, when these replace the functions under the existing legislation.

Whilst local health authorities have specific functions imposed upon them by the Act, the full implementation of the social services for the mentally disordered can be ensured only by complete co-operation of the hospital authority, the general practitioner service and the local health authority, and the appreciation of this situation was illustrated by a conference, held shortly after the “appointed day,” of representatives of the County Council, the Manchester Regional Hospital Board, the Lancashire Executive Council and the Lancashire Local Medical Committee to discuss the integration of the mental health services in the Administrative County area. The policies of the Board and the County Council were fully agreed as being complementary and proposals were adopted to foster the closest possible co-operation at all levels in the development of the new form of the mental health service in which the general practitioner service should play an important role.

Administration.—The day-to-day administration of the Mental Health Service is delegated to the divisional health committees in accordance with the scheme of divisional health administration and to the delegate districts under the scheme for the delegation of health and welfare functions, the determination of County policy being reserved to the Health Committee through the Mental Health Sub-Committee.

VOLUNTARY ASSOCIATIONS.—The local health authority have not delegated to voluntary associations any of their duties under section 28 of the National Health Service Act, 1946, but contact is maintained with the National Association for Mental Health and a grant is made to this voluntary body.

STAFF.—Medical Officers.—The County Medical Officer of Health is responsible for the organisation and control of the mental health service whilst the divisional medical officers are responsible for work in the field within their respective areas. In the four delegate districts the delegated functions of the service are discharged under the direction of the medical officer of health within the framework of County Council policy.

All the medical staff undertake the statutory medical visitation of mentally disordered patients under guardianship. The majority of these officers possess one of the qualifications prescribed under Regulation 3 of the Medical Examinations (Sub-normal Children) Regulations, 1959, and are also approved under section 28(2) of the Mental Health Act, 1959, for the purpose of giving medical recommendations in respect of mentally disordered patients.

Consultant Psychiatrists.—Between 1953 and 1955 four consultant psychiatrists employed by the Manchester Regional Hospital Board were appointed by the County Council in a part time capacity to act as advisers to the County staff in several health divisions in respect of the care and after-care of persons suffering from mental illness. Regular meetings have been held between the psychiatrists and the Council's mental health staff which have proved of considerable value, particularly in the development of the domiciliary after-care service after discharge of patients from hospital and the follow-up of cases attending out-patient clinics.

The expressed policy of the Manchester Regional Hospital Board is to expand the service of consultant psychiatrists who will be available to local health authorities in an advisory capacity. During the year under report, there was a strengthening of the relationship between the consultant service and the County Council's mental health staff in both the Liverpool and Manchester Regional Hospital Boards' areas. Full co-operation between these groups is essential to the development of the policy of community care of the mentally ill patient.

Mental Welfare Officers.—In July, 1960, to meet the terminology of the Act, the designation of the Council's staff of duly authorised officers/mental health workers and psychiatric social workers was amended to mental welfare officers.

At the end of the year 51 mental welfare officers (including three qualified psychiatric social workers) and four female mental health visitors who had no statutory duties under the Mental Health Act, 1959, were employed in the various health divisions and delegate districts.

Under the 1959 Act the mental welfare officers continue to have statutory responsibility, but with a revised procedure, for the compulsory admission of patients to hospital and have other duties under the Act. It is anticipated, however, that their general functions will develop on the lines of mental health social workers undertaking social case work in association with the psychiatric hospitals and clinics and the general practitioner service.

Training Centre Staff.—Staff engaged at training centres in the Administrative County area at the end of 1960 were as follows :—

Supervisors	...	...	...	...	21
Assistant supervisors	...	...	...	...	73
Handicraft instructors	...	...	...	...	5
General helpers	...	...	...	...	7
Meals assistant/guides (part-time)	...	...	...	...	7
Meals assistants (part-time)	...	...	...	...	14
Guides (part-time)	...	...	...	...	73

Of the supervisors and assistant supervisors 25 held the Diploma of the National Association for Mental Health for Teachers of the Mentally Handicapped in Training Centres, etc.

Staff Training.—Five mental welfare officers were seconded to a refresher course for mental health workers commencing in Leeds on the 5th September, 1960, and organised by the Northern Branch of the National Association for Mental Health in conjunction with the Department of Extra Mural Studies of the University of Leeds. A psychiatric social worker attended a refresher course promoted by the Association of Psychiatric Social Workers and held at St. Hilda's College, Oxford, from the 2nd to the 8th April, 1960. Two supervisors of training centres were seconded to a three-term diploma course for teachers of the mentally handicapped which commenced in Manchester in September, 1960. All members of the supervisory staffs of training centres were granted facilities to attend a one-day refresher course for teachers of the mentally handicapped held in Manchester on the 30th April, 1960, and 54 members attended.

A training scheme for psychiatric social workers, open both to existing members of the staff and others, began during the year. Selected applicants are granted a year's leave of absence to attend a university training course, the successful trainees being employed at the end of the course as mental welfare officers or as psychiatric social workers in the school health service. Four persons intended for employment as mental welfare officers started training in 1960.

Members of the staff also attended several conferences on mental health subjects held in various parts of the country during the year.

Approved Medical Practitioners.—In accordance with the provisions of section 28(2) of the Mental Health Act, 1959, the County Council at the end of the year had approved 160 medical practitioners as having special experience in the diagnosis or treatment of mental disorder.

Training Centres.—A new purpose-built training centre with accommodation for 50 pupils was opened during the year at Atherton and at the end of the year 21 centres with accommodation for 1,031 pupils were in operation. A further five centres with places for 420 pupils were in course of erection, three of which will replace existing centres in rented premises.

The building programme for the year 1960-61 in respect of which Ministry loan sanction had been received included the following additional projects which were in various stages of preparation of working drawings and bills of quantities :—

Atherton ...	...	Hostel for mentally subnormal adults—28 places.
Urmston ...	...	Adult training centre—60 places.
Hindley ...	...	Adult training centre—60 places.
Hindley ...	...	Junior training centre—60 places.
Wardle ...	...	Adult training centre—60 places.
Accrington ...	...	Adult training centre—60 places.
Lancaster ...	...	Adult training centre—60 places.
Chadderton ...	...	Adult training centre—60 places.

The junior training centre at Hindley is to replace existing accommodation in rented premises. The hostel and adult training centres reflect the intention of the County Council as a first step in implementing the proposals to meet the needs of the adult mentally subnormal in the community.

In February, 1960, it was reported that the County Education Committee's school meals service, which supplied mid-day meals to pupils attending training centres, was to be curtailed and that ultimately the supply of mid-day meals to such pupils would be discontinued. It was, therefore, decided that future centres be equipped with full kitchen facilities and that arrangements be made as the need arose for meals at existing centres to be supplied from other sources until kitchen facilities could be provided.

The following table gives details of the training centres in operation at the end of 1960—

Health Division No.	Location of centre	No. of places available at 31st Dec., 1960	No. of days open	Total attendances	Average daily attendances	No. on register at 31st Dec., 1960	Remarks
1	Ulverston ...	18	195	2,466	12.6	*17	
2	Lancaster ...	60	196	7,177	36.6	47	
3	Carleton ...	32	160	3,939	24.6	33	
4	Chorley ...	48	205	6,955	33.9	48	Nine additional places from 1st October, 1960
5	Accrington ...	36	198	4,050	20.5	†32	
6	Nelson ...	50	198	7,581	38.3	49	
7	Crosby ...	75	196	12,959	66.1	‡77	
	Burscough ...	60	181	7,964	44	60	
8	Hindley Green, near Wigan	40	195	5,015	25.7	39	
9	Huyton ...	65	196	8,988	45.9	69	
	Widnes ...	50	197	7,879	40.0	51	
10	Newton-le-Willows ...	50	198	6,864	34.7	43	
11	Farnworth ...	36	199	4,569	23.0	32	
	Atherton ...	50	164	5,467	33.3	48	Opened 1st March, 1960.
12	Prestwich ...	50	189	6,374	33.7	43	
	Rawtenstall ...	60	192	8,256	43	55	
	Chadderton ...	83	190	9,796	51.6	79	
15	Swinton ...	40	192	7,423	38.7	42	
16	Stretford ...	60	199	8,915	44.8	52	
17	Ashton-under-Lyne ...	28	195	3,550	18.2	25	
	Droylsden ...	40	201	6,287	31.3	37	
TOTAL—ADMINISTRATIVE COUNTY		1,031	4,036	142,474	35.3	978	

* Includes 2 cases from Barrow-in-Furness County Borough.

† Includes 1 case from West Riding of Yorkshire.

‡ Includes 11 cases from Bootle County Borough.

In addition to the training facilities provided by the County Council arrangements have been made for County cases to attend centres provided by other authorities and bodies and the number of cases attending such centres at the end of the year was 123.

Transport to and from the centres is provided whenever possible in those cases where the parents are unable or unwilling to take them. For all other cases, and escorts, the County Council reimburse any travelling expenses involved.

The intention of the County Council is to make provision for the daily care at training centres by means of special care units for the more severely subnormal, many of whom are afflicted with other disabilities, *e.g.*, blindness, epilepsy, spasticity, etc.

County cases attend special care units established by three Societies for Mentally Handicapped Children in Chorley, Preston and Eccles. The County Council make a grant to the Chorley society towards the cost of transport of the cases attending the Chorley unit, provide transport for the cases attending the Preston and Eccles units and make a grant towards the costs of the service provided by the Eccles society. At the end of 1960, 25 County cases were attending these special care units.

The numbers of cases from the County area attending training centres and special care units at the end of 1960 and at the end of each of the previous five years are set out below:—

Year	Training Centres		Special Care	Total
	County Council	Other Authorities	Units—Other Bodies	
1960	964	123	25	1,112
1959	807	87	18	912
1958	783	87	12	882
1957	590	127	—	717
1956	516	107	—	623
1955	408	121	—	529

Short Term Care.—During the year 254 mentally subnormal persons were provided with short term care for periods varying from one to fourteen weeks. Of this number 181 were accommodated at "Orchard Dene," Rainhill, administered by the National Association for Mental Health, and ten other homes at the cost of the County Council, and 73 at National Health Service hospitals. In addition 237 mentally ill persons were provided with short term care at National Health Service hospitals and at other hospitals under contractual arrangements with the Regional Hospital Boards.

Holidays.—During 1960 arrangements were made for 41 County mentally subnormal pupils attending County and County Borough training centres to spend a week's holiday at holiday homes in Penmaenmawr and Rhyl.

Guardianship.—The number of cases under guardianship at the 31st December, 1960, was 16, in respect of whom maintenance grants ranging from 51s. to 65s. per week were being made.

In October, 1960, the Health Committee agreed that as a general policy applying to new cases of guardianship the payment of maintenance grants by the County Council would be discontinued and reliance placed on National Assistance Board allowances. Existing payments would continue until an equivalent payment became payable by the Board or other circumstances arose to effect the discontinuance of the payment of the County Council grant.

General Statistics.—The total number of new cases reported to be mentally subnormal during the year was 307 (156 males and 151 females). Of this number 189 (99 males and 90 females) were reported under section 57 of the Education Act, 1944. The corresponding totals for the preceding five years were as follows:—

Year	Total No. reported	No. reported under Section 57 of the Education Act, 1944
1959	263	205
1958	272	184
1957	235	131
1956	246	135
1955	227	130

The numbers of persons of the various categories of mental disorder living in the County area and under the care of the local health authority at the end of the year are shown below:—

Category	Aged under 16 years		Aged 16 years and over		Total
	M	F	M	F	
Subnormal ...	178	151	457	496	1,282
Severely subnormal ...	324	225	282	295	1,126
Psychopath ...	—	—	14	7	21
Mentally ill ...	11	20	2,322	3,518	5,871
TOTAL ...	513	396	3,075	4,316	8,300

The number of cases of mental disorder in the County area represents a proportion of 3.81 per 1,000 population.

Of the above cases the number of mentally subnormal patients on the waiting list for admission to hospital at the 31st December, 1960, was 169 made up as follows :—

Aged—	Males	Females	Total
Under 16 years ...	61	26	87
16 years and over	34	48	82
TOTAL ...	95	74	169

At the end of 1959 there were 290 patients awaiting admission to hospital but during the year 1960 a reclassification of those cases already in non-designated accommodation reduced the waiting list by 92 cases.

RESIDENTIAL ACCOMMODATION.—A survey of the requirements for hostel accommodation for mentally disordered persons revealed the position at the 31st December, 1960, to be as shown below. The figures in respect of cases in hospital but suitable for return to community care exclude mentally subnormal cases over 50 years of age and mentally ill patients over 65 years of age.

	Mentally subnormal			Mentally ill	
	Children	M.	F.	M.	F.
Living in the community but in need of the special type of hostel care ...	30	44	33	52	80
In hospital but suitable for community care in a hostel	7	127	66	147	159
County cases in hostels provided by voluntary bodies	1	—	—	—	—
TOTAL ...	38	171	99	199	239

MENTAL WELFARE OFFICERS.—The work undertaken by the mental welfare officers during the year is set out below :—

	No. of visits
Co-operation with hospital authorities in connection with reports concerning patients on leave of absence on trial, case histories, home conditions for leave of absence or discharge ...	2,487
Attendance at psychiatric out-patient clinics ...	1,041
Prevention, care and after-care home visits ...	30,381
Cases under guardianship ...	135
TOTAL ...	34,044

The corresponding totals for the preceding five years were :—

Year	No. of visits
1959	33,069
1958	25,472
1957	21,785
1956	19,153
1955	18,022

The number of cases admitted direct to hospital during the year in which mental welfare officers were involved is given below :—

(a) *1st January to 31st October*

						Cases
Mentally deficiency :—						
On orders made under the Mental Deficiency Acts						16
On informal basis						62
Mental illness :—						
On orders made under the Lunacy Acts						1,091
Under the Mental Treatment Acts :—						
As a voluntary patient						458
As a temporary patient						38
On informal basis						1,387

(b) *1st November to 31st December (All classes of mentally disordered patients)*

Under the Mental Health Act, 1959 :—						
On informal basis—section 5						228
Under section 25 for observation (28 days)						114
Under section 26 for treatment						44
Under section 29 (emergency) for observation (3 days)						70
Under section 60 or 61 (Court Orders)						3
						<hr/> 3,511 <hr/>

OTHER SERVICES

Medical Examinations carried out by County Council Medical Staff.—Medical staff in the health divisions and delegate districts have the responsibility of carrying out medical examinations for a variety of County Council purposes. It is not the policy of the Council to undertake for superannuation purposes the medical examination of newly appointed staff. Candidates complete a form of medical questionnaire (Form M.E.5 Rev.) and only in cases where the answers given indicate some past medical history which raises doubt as to fitness for job is a physical medical examination given.

It is to be noted, however, that in the cases of certain categories of staff, notably staffs employed in the medical, nursing, day nursery and dental services, or where the employee will be in contact with children, satisfactory medical and X-ray reports are required before the candidate can take up duty. In addition divisional medical officers holding appointments as medical officers of health in County districts within their divisions may also arrange, for superannuation purposes, etc., a medical examination of employees of the councils of those County districts. Similarly medical examinations are carried out at the request of other local authorities throughout the country who are offering appointments to candidates resident in the County area.

The table below shows the major groups of examinations undertaken during 1961. Similar information is given by health divisions and delegate districts in Table 20, page 199.

Medical examinations undertaken in respect of—

	No.
Fitness for job—County Council employees—	
*Examinations carried out as a result of scrutiny of forms M.E.5	515
Posts requiring compulsory examination	716
Fitness to enter other local authority superannuation schemes ...	1,162
Fitness to enter other local authority sickness pay schemes ...	57
Fitness to resume work—County Council employees	164
Children in care of Children's Committee	1,858
Mental Deficiency and Lunacy Acts	433
Children—for employment out of school hours	3,586
Entry to teachers' training colleges	1,306
Entrants to teaching profession (Form 28 RQ)... ..	334
Children attending camp schools	3,617
Boothstown Remand Home	1,062
Others	1,141

* During the year 6,563 forms M.E.5 were scrutinised, but only in those cases where a decision could not be given solely by reference to the form was an actual physical examination carried out.

Nursing Agencies.—Section 2 of the Nurses Agencies Act, 1957, 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 to do so. The County Council are the licensing authority in the Administrative County. At the end of 1960 there were no licensed agencies in the Administrative County area, but during the year one nursing agency in Lytham St. Annes M.B., in Health Division No. 3, closed down.

Visitors from other Countries, Organisations, etc.—Many requests are received from other organisations for their officers to visit Lancashire to study the administration of the County Health Services, to make visits of observation with nursing, midwifery and health visiting staff on their rounds, and to visit clinics, day nurseries and other establishments.

During 1960 the County Health Department's officers, who spend an appreciable amount of time arranging programmes for such visitors, were pleased to welcome the following :—

January 2nd–12th	...	Miss Mary Evans	...	Melbourne District Nursing Service.
February ...	...	Miss Paschalidou	...	} Greece. World Health Organisation Fellowship.
	...	Miss Stefanaki	...	
June 27th–July 8th	...	Mrs. I. M. Hall	...	British Honduras.
October 3rd–14th	...	Mrs. Li Mindamat Geili	...	Sudan. World Health Organisation Fellowship.
November 28th–December 2nd	...	Miss P. M. Smith	...	Glamorgan.
November 28th–December 2nd	...	Miss Lees	...	World Health Organisation.
December 12th–21st	...	Miss R. A. Moesriati	...	Indonesia.
December 16th–21st	...	Miss Jolliffe	...	Jersey.

WELFARE SERVICES

WELFARE OF THE AGED AND INFIRM AND THE HOMELESS

Residential and Temporary Accommodation.—Section 21 (1) of the National Assistance Act, 1948, 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.

RESIDENTIAL ACCOMMODATION PROVIDED.—Full residential accommodation for persons in need of care and for certain homeless families is provided under section 21 (1) in premises managed by the County Council, by other local authorities and by voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with this type of accommodation during 1960 :—

	Males		Females		Children
Homes managed by County Council ...	1,093	...	1,542	...	—
Homes managed by other local authorities	23	...	58	...	—
Former public assistance institutions managed by the County Council ...	492	...	681	...	148
Former public assistance institutions, etc., managed by other local authorities ...	143	...	172	...	6
Establishments managed by voluntary organisations—					
Homes for the Blind ...	49	...	79	...	—
Other than Homes for the Blind ...	195	...	334	...	—
TOTALS ...	1,995	...	2,866	...	154

Of this total of 5,015 County residents, 1,525 (573 males, 821 females and 131 children) were discharged during the year and 142 males and 174 females died, leaving 3,174 (1,280 males, 1,871 females and 23 children) still in residence at the 31st December, 1960. The comparable numbers of persons in residence at the 31st December of each of the 10 preceding years were as follows :—

Year	Males	Females	Children	Total
1950 ...	973	938	130	2,041
1951 ...	1,038	1,059	67	2,164
1952 ...	1,069	1,148	102	2,319
1953 ...	1,105	1,237	56	2,398
1954 ...	1,146	1,299	40	2,485
1955 ...	1,114	1,367	66	2,547
1956 ...	1,168	1,506	46	2,720
1957 ...	1,194	1,548	51	2,793
1958 ...	1,238	1,630	44	2,912
1959 ...	1,239	1,713	31	2,983

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities with whom, for the most part, " user " agreements existed prior to the 5th July, 1948. There were 75 (30 males and 45 females) such cases still in residence at the 31st December, 1960, as compared with 90 at the end of the previous year.

A more detailed statement of the numbers of persons provided with residential accommodation in the various establishments during the year 1960 is set out in Tables 21 to 27 on pages 200 to 210. It might be noted that, whilst an accommodation capacity for each sex is given in the tables for those properties managed by the County Council, some of the accommodation is in fact adaptable for occupation by either sex according to demand.

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

HOMES				
Health Division No.	Home	Accommodation at 31st December, 1960		
1	Millwood, Millwood Lane, Barrow ... ..	...	...	41
2	*The Empress, Marine Road East, Morecambe... ..	...	...	70
	Moor Platt, Caton... ..	...	...	27
	The Hermitage, Caton ... ..	...	...	40
	The Laurels, Westbourne Road, Lancaster ... ..	...	...	29
	Fair Elms, Westbourne Road, Lancaster ... ..	...	...	25
	†Dolphinlee House, Patterdale Road, Lancaster ... ..	...	...	50
3	Norcross House, Norcross Lane, Carlton, Thornton Cleveleys	...	...	24
	The Woodlands, St. Andrew's Road South, St. Annes ... ..	...	...	24
	‡The Cumberland, Esplanade, Fleetwood ... ..	...	...	49
4	The Beeches, Bonds, Garstang ... ..	...	...	44
	Withnell Fold Hall, Withnell, near Chorley ... ..	...	...	40
5	Hill Top, Manchester Road, Accrington ... ..	...	...	16
	Glendene, Knowsley Road, Clayton-le-Dale, Wilpshire ... ..	...	...	21
	Broad Oak, Sandy Lane, Accrington ... ..	...	...	42
	Northlands, Park Lane, Great Harwood ... ..	...	...	39
	Warren Holt, Whalley New Road, Wilpshire ... ..	...	...	26
	†Greenways, Salisbury Road, Darwen ... ..	...	...	50
6	Stanley Villas, 63 Albert Road, Colne ... ..	...	...	14
	Marles Hill, Wheatley Lane, Barrowford ... ..	...	...	27
	Higher Trapp, Trapp Lane, Simonstone ... ..	...	...	26
	Andrew Smith House, Marsden Hall Road, Nelson ... ..	...	...	50
	†Woodside, Burnley Road, Padiham ... ..	...	...	50
7	Marbenthe, Marine Terrace, Waterloo ... ..	...	...	21
	Sefton House, Junction Lane, Burscough ... ..	...	...	29
	Eskdale, Gloucester Road, Birkdale ... ..	...	...	34
8	Burtholme, Chorley Road, Worthington ... ..	...	...	19
	Thorley House, Atherton Road, Hindley ... ..	...	...	39
	†Alma Green, Hall Avenue, Up Holland ... ..	...	...	35
9	High Carrs, Broadgreen Road, Huyton-with-Roby ... ..	...	...	28
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby	...	...	50
	Ethel Hanley House, Coronation Drive, Ditton, Widnes ... ..	...	...	50
10	Golborne House, Derby Road, Golborne ... ..	...	...	50
11	Hourigan House, Myrtle Avenue, Leigh ... ..	...	...	50
	†Winifred Kettle House, Leigh Road, Westhoughton ... ..	...	...	50
12	Hazelhurst, Bolton Road West, Ramsbottom ... ..	...	...	18
	Redcliffe, Hilton Lane, Prestwich ... ..	...	...	32
	Croich Hey, Bolton Road, Hawkshaw ... ..	...	...	27
	Horncliffe House, Bury Road, Rawtenstall ... ..	...	...	38
	Red Bank House, Lowe Street, Radcliffe ... ..	...	...	50
	†Ravengarth, Lancaster Avenue, Haslingden ... ..	...	...	50
13	Oaklands, Rochdale Road, Milnrow ... ..	...	...	12
	Olive House, New Line, Bacup ... ..	...	...	15
	Brooklyn, Rochdale Road East, Heywood ... ..	...	...	21
	†Birch View, Birch Road, Wardle ... ..	...	...	50
14	Claremont, 78 Windsor Road, Oldham ... ..	...	...	17
	Schofield House, Whalley Road, Middleton ... ..	...	...	40
	The Coppice, 84 Windsor Road, Oldham ... ..	...	...	22
	Broadway House, Broadway, Chadderton ... ..	...	...	50
15	Gilda Brook, Preston Avenue, Eccles ... ..	...	...	50
16	Grangethorpe, 98-100 Talbot Road, Stretford... ..	...	...	25
17	Holme Lea, Astley Road, Stalybridge ... ..	...	...	20
	Sunnyside, Sunnyside Road, Droylsden ... ..	...	...	35
TOTAL				1,851

* Including 20 for short stay cases.

† Home brought into use during 1960.

‡ Including 10 for short stay cases.

FORMER COUNTY PUBLIC ASSISTANCE INSTITUTIONS

Health Division No.	Premises	Accommodation at 31st December, 1960			
		Males	Females	Children	
1	27 Stanley Street, Ulverston	32	...	—	...
3	The Highlands, Wesham, Kirkham	50	...	80	...
4	Moorlands, Eaves Lane, Chorley	25	...	50	...
7	74 Wigan Road, Ormskirk	24	...	29	...
9	Delphside, Warrington Road, Whiston	—	...	36	...
11	Atherleigh Grange, Leigh Road, Leigh	48	...	68	...
15	Bridgewater House, Green Lane, Patricroft... ..	28	...	33	...
17	Lakeside, Fountain Street, Ashton-under- Lyne	83	...	65	...
		290	...	361	...
		...	...	...	38

Although the number of available places in homes increased from 1,518 to 1,851 during 1960, the overall shortage still presented an acute problem at the end of the year when the number of applicants awaiting admission to residential accommodation was nearly the same as the previous year.

In conformity with established policy the opportunity was taken during the year of closing Bay View, Lancaster and the Limes, Standish, and the number of residents at the Ormskirk and Ulverston homes was substantially reduced.

For several years the lack of alternative accommodation has prevented the County Council from meeting requests for the transfer of County cases maintained under user agreements in County Borough accommodation. The County Council's building programme envisages the withdrawal of most of these cases, and during the year the opening of additional homes allowed some progress to be made in this direction.

Authority	Accommodation	No. of County cases at 31st December	
		1959	1960
Blackburn C.B.C.	Park View, Blackburn	18	12
Bolton C.B.C.	Townley's Hospital Annexe	13	—
Burnley C.B.C.	Moorfields, Burnley	50	10
Liverpool C.B.C.	All premises	8	—
Preston C.B.C.	Civic Hostel, Fulwood	42	33
Warrington C.B.C.	Whitecross Homes, Warrington	12	9
Wigan C.B.C.	Social Welfare Home, Frog Lane	6	5
		149	69

Voluntary Organisations.—At the 31st December, 1959, financial responsibility had been accepted by the County Council in respect of 463 persons in homes or hostels managed by various voluntary organisations, some of which provide care and attention appropriate to the special need and handicap of the individual. During the year responsibility was accepted for a further 194 residents, but 104 persons were discharged and 44 died, leaving a total of 509 at the 31st December, 1960. Details of these figures will be found in Tables 26 and 27 on pages 208 to 210.

The comparable numbers for previous years were as follows :—

31st December, 1948	...	105
31st December, 1949	...	178
31st December, 1950	...	227
31st December, 1951	...	228
31st December, 1952	...	311
31st December, 1953	...	342
31st December, 1954	...	343
31st December, 1955	...	343
31st December, 1956	...	357
31st December, 1957	...	391
31st December, 1958	...	424

PROGRESS WITH ADDITIONAL ACCOMMODATION.—The following six purpose-built homes were completed during the year :—

Health Division No.	Home	Accommodation
2	Dolphinlee House, Lancaster	50
6	Woodside, Padiham	50
8	Alma Green, Up Holland	35
11	Winifred Kettle House, Westhoughton ...	50
12	Ravengarth, Haslingden	50
13	Birch View, Wardle	50

The new homes were all brought into use during the year as also was Greenways, Darwen, a 50-place purpose-built home in Health Division No. 5 which was completed towards the close of the previous year.

The erection of the following homes was put in hand during the year under review.

Health Division No.	Project	No. of places
4	Leyland	50
4	Penwortham	50
4	Chorley	35
7	Maghull	50
9	Prescot	35
15	Swinton	35
16	Urmston	50
16	Stretford	50

Provision of Passenger Lifts.—The increasing proportion of residents who are very infirm has led to passenger lifts being provided in all purpose-built homes opened in the last few years, and this policy is being continued. During the year the installation of lifts in existing premises at Golborne and Ashton-under-Lyne was completed.

FUTURE POLICY.—A four-year programme was approved by the County Council in 1954 to provide 1,200 new places by 1959. This was intended to meet new demand and to allow residents in most of the former poor law institutions and those accommodated by various County Borough Councils under user agreements to be transferred to more suitable surroundings. Early in 1956, this programme was reviewed by the Health Committee in the light of the Government's call for restraint on capital expenditure and as a result the original programme was extended from four to six years for completion in the financial year 1960-61.

The projects outstanding under the extended programme where building work has either to commence or be completed are as follows :—

Health Division No.	Project	No. of places
14	Crompton	35
16	*Stretford	50
4	*Leyland	50
4	*Penwortham	50
4	*Chorley	35
15	*Swinton	35
7	*Maghull	†50
3	Kirkham	50
16	*Urmston	50
9	*Prescot	35
11	Farnworth	35
1	Ulverston	35

* Erection commenced during the year.

† Amended during 1959 from 35 to 50 places.

Under this programme, existing allocated accommodation at 74 Wigan Road, Ormskirk, Atherleigh Grange, Leigh, and Lakeside, Ashton-under-Lyne, where extensive improvements have been carried out, was to be retained.

At the 31st December, 1959, the total number of applicants awaiting admission to residential accommodation was 609, and at the end of 1960 this number was 598.

In view of the inadequate amount of welfare accommodation available and the consequent need for vigilance to ensure its most effective use, the following guidance has been issued to Divisional Health Committees in connection with admissions to homes :—

1. Priority to be given to those cases in the greatest need, *i.e.*, the very frail and senile who can only receive the care and attention they need in homes.
2. Persons should be admitted to homes only when it is impracticable for them to be maintained at home with the help of the County Council's domiciliary services if needed.
3. The main criterion in allocating vacancies should be the needs of the applicant and the possibility that he or she will require special attention or supervision should be a qualification.

A new building programme was approved by the County Council in 1959 to follow the present programme, which provides for the erection of 13 50-place and nine 35-place homes to give a total of 965 places. Unfortunately the additional places will not all be available to meet an anticipated increase in demand, as approximately 700 places are required for the undermentioned objects :—

Evacuation of :—	Places
74 Wigan Road, Ormskirk	53
The Highlands, Wesham	35
User cases in Moorfields, Burnley	9
User cases in Whitecross, Warrington	8
Reduction of overcrowding in existing premises	30 approx.
Provision of 50 places per year for four years for senile confused cases	200
The extent to which the present accommodation programme falls short of meeting the existing waiting list	365 approx.
	<hr/> 700 approx. <hr/>

SHORT STAY ACCOMMODATION.—Twenty places are reserved at the Empress, Morecambe, and ten places at the Cumberland, Fleetwood, to provide residential accommodation for a short period at the seaside for persons in need of care and attention, mainly for one or more of the following reasons :—

1. To restore the necessary degree of capacity for independent living.
2. During the temporary absence on holiday or in hospital of a relative or friend who normally looks after the applicant.
3. To allow relatives a respite at home.
4. During temporary transfer from another home.

In order to avoid excessive demands on the staff at the two homes applications under the scheme can be accepted only from those who are reasonably ambulant and capable of attending to their own personal requirements.

This scheme does not apply to handicapped persons for whom holiday facilities are available under para. 5 (6) of the County Council's scheme for the provision of welfare services under sections 29 and 30 of the National Assistance Act, 1948, nor to cases requiring a short period of convalescence either as a responsibility of the hospital authorities or under the provisions of section 28 of the National Health Service Act, 1946.

At the Empress, 406 short stay residents, including 38 married couples, were accommodated during 1960 for a total period of 840 weeks, giving an average of 16.2 residents per week throughout the year. At the Cumberland 184 residents covered a total period of 432 weeks, with 8.3 as the average number of residents per week. Comparative details for 1959 were 386 admissions to the Empress, including 27 married couples, and 170 admissions to the Cumberland.

Apart from a few vacancies during the fortnight before Christmas and a very small number of vacancies created by cancellations which could not be filled at short notice, both establishments were solidly booked-up from late April until the end of 1960.

It is not possible to estimate the number of vacancies that could have been used during the summer months as the accommodation was fully reserved for some time in advance and it was necessary to refuse many applications or defer the periods of stay to late autumn. Also because of the vacancy position (although there is no uniformity in the general use made of the scheme by Health Divisions) many Divisional Medical Officers have felt obliged to adopt some form of priority system to avoid a serious disproportion between the number of applications which they recommend for short stay and the number of places available.

The length of stay varies to meet individual circumstances but is generally restricted to 14 days. In all cases, however, an undertaking is obtained to vacate the accommodation at the expiration of the allotted period.

Where possible public transport is used to convey short-stay residents and in necessitous cases free travel vouchers are issued. The charge for the accommodation is the same as for other accommodation provided under Part III of the National Assistance Act, 1948, and short-stay residents are assessed to contribute towards its cost in the same way as permanent residents.

The scheme is operated from Central Office and covers the whole of the Administrative County area.

Whilst it is not practicable to estimate the value of providing short-stay accommodation as a service, there is every indication that the scheme has been of immense benefit in helping elderly persons to continue to live independently, or with relatives or friends who have been relieved of responsibility during holiday periods. There is no doubt that the scheme is increasing in popularity and that the demand for short-stay vacancies is likely to increase still further in the future.

SPECIAL HOUSING FOR THE AGED.—In November, 1956, the County Council approved a scheme whereby grants would be made to housing authorities to meet the cost of providing welfare facilities in connection with their schemes for the provision of special housing accommodation for the aged.

In accordance with the County Council's policy of urging and assisting old people to remain in their own homes as long as possible, district councils as housing authorities have been encouraged by the offer of this grant to provide suitable housing accommodation, such as small bungalows and flatlets, for old people. The minimum requirements of the County Council for the approval of grant are the employment of a resident warden and the provision of a system of call bells linking each old person's dwelling with the warden's house so that she can be called when help is needed. The inclusion of communal rooms where the old people can meet and perhaps hold socials, and also the provision of a laundry are optional features. District councils are urged to keep the estimated annual unit cost of their welfare facilities below £30 and only in exceptional circumstances are more expensive schemes approved.

Grant is paid for any period during which each unit of accommodation provided by the scheme is occupied by an aged person whom the County Council have previously approved as being in need of the additional facilities offered by the scheme, and also for any period during which the accommodation is unoccupied between tenancies. For the first two years a provisional grant based on £26 per unit or the estimated unit cost (whichever is the less) is paid. At the end of the second year the actual unit cost is ascertained and this forms the basis of the annual grant for the first five years, any necessary adjustment being made to the grant paid in respect of the first two years. At the end of each fifth year the annual rate of grant for the next five years is fixed in the same way.

The grant, which is made in accordance with the provisions of section 56 of the Local Government Act, 1958, is strictly limited to the cost of providing welfare facilities and no account is taken of any item properly chargeable to the housing account which could correctly be covered by rent. No account is taken of any subsidisation of rents or assistance in respect of expenditure which is normally borne by the tenant and income from telephones, bedroom lettings, exchequer subsidy or other items relating to the warden's quarters or communal rooms is deducted.

The warden's appointment is regarded as part-time and her responsibilities include the general supervision of the old people and the offering of friendly assistance when required. She is also responsible for the general cleaning and caretaking of the communal rooms when these are provided. The warden is not expected to give nursing care or domestic help as these services continue to be provided through the County Council's existing schemes. It is intended that the warden should give the old people a feeling of security by the knowledge that they have someone to rely on and to turn to when they need help.

The type of scheme usually put forward by district councils includes a group of small bungalows each providing a sitting room, a bedroom (or a bed-sitting room), kitchen and bathroom, but some district councils have preferred to build flatlets instead of bungalows and occasionally both flatlets and bungalows have been provided. Another alternative has been to acquire and adapt existing property to provide a number of small flatlets and accommodation for a resident warden; and schemes are pending to erect the old people's dwellings adjacent to a County Council home so that supervision and services can be provided by the staff.

During the year under report the following schemes were approved for grant purposes:—

County district	No. of units of accommodation		Estimated annual cost of welfare facilities			Estimated annual cost per unit of accommodation		
			£	s.	d.	£	s.	d.
Chadderton U.D. (two similar schemes)	...	*39	...	351	0 0	...	9	0 0
Crompton U.D.	...	39	...	850	0 0	...	21	15 11
Denton U.D.	...	40	...	882	0 0	...	22	1 0
Kearsley U.D.	...	24	...	690	0 0	...	28	15 0
Leyland U.D.	...	36	...	783	0 0	...	21	15 0
Standish-with-Langtree U.D.	...	24	...	719	0 0	...	29	19 2
Turton U.D.	...	26	...	778	0 0	...	29	18 5
Burnley R.D.	...	*9	...	187	0 0	...	20	15 6

* No communal facilities provided.

At the end of the year a cumulative total of 46 schemes had been approved, providing 1,074 units of accommodation (including 39 additional units resulting from modifications to certain schemes as originally approved and shown in previous Reports). Provision for communal facilities was included in 27 of these schemes.

ACCOMMODATION FOR HOMELESS FAMILIES.—Until September, 1957, residential accommodation for aged and handicapped persons provided under Part III of the National Assistance Act, 1948, was used for families falling within the scope of section 21 (1) (b). Mothers were admitted to allocated accommodation and the children to either the nursery at Delphside, Whiston (if under five years of age) or the Children's Home at Bay View, Lancaster (if of school age). Husbands were expected to find lodgings for themselves. Inevitably this system involved the breaking up of the family.

The policy of the County Council for the last few years has been to maintain and preserve the family as a unit, primarily in the interests of the children but also to improve the prospects of ultimate rehousing and to facilitate such rehabilitative work as may be possible or appropriate whilst the family are in County Council accommodation.

Two properties were brought into commission as special family unit accommodation in September, 1957—Hollins Cottage Homes, Farnworth, now providing for 21 families, and 31 Ashburton Road, Trafford Park, housing six families. Extensive search to produce additional premises suitable for the purpose has continued.

The properties are designed to provide separate quarters for each family, comprising living room, kitchen and bedrooms with separate bathroom and indoor and outdoor toilets. Electricity is supplied as part of the service and constant hot water is available but gas for cooking purposes is obtained by the families by prepayment slot meters.

Mothers are required to clothe and feed their families and to maintain their quarters in a clean and reasonable condition. The supervisors give such domestic training advice and help as conditions require whilst a social worker deals with personal problems primarily to secure rehousing of the families as quickly as possible.

A comparative statement of the families in temporary accommodation at the end of 1959 and 1960 is given below :—

Premises	December, 1959			December, 1960			Total persons
	No. of families	Total persons		No. of families	Parents	Children	
Hollins Cottage Homes, Farnworth	18	110	...	15	23	59	82
31 Ashburton Road, Trafford Park	6	26	...	4	4	18	22
Delphside, Whiston	17	47	...	14	14	23	37
	<u>41</u>	<u>183</u>	...	<u>33</u>	<u>41</u>	<u>100</u>	<u>141</u>

During the year 84 families were admitted and 92 families were discharged. The following analysis gives details of those discharged from temporary accommodation :—

								No. of families
<i>Period in County Council accommodation—</i>								
Less than four weeks	...	...	...	...	...	...	...	44
One to three months	...	...	...	...	...	...	...	14
Three to six months	...	...	...	...	...	...	...	13
Six to 12 months	...	...	...	...	...	...	...	4
Over 12 months	...	...	...	...	...	...	...	17
<i>Reason for discharge—</i>								
Obtained tenancy of Council house	...	...	...	...	...	...	...	4
Obtained private accommodation	...	...	...	...	...	...	...	52
Placed in "intermediate" accommodation	...	...	...	...	...	...	...	—
Returned to husband or other relative	...	...	...	...	...	...	...	26
Took own discharge—address unknown...	...	...	...	...	...	...	...	10

Intermediate Housing.—In 1956 the County Council approved a scheme for dealing with the problem of homelessness in co-operation with district councils as housing authorities. The scheme provides for the County Council to reimburse to the district council certain financial losses incurred in respect of "intermediate" type of property made available for the housing of homeless families. During 1957 offers of such accommodation were accepted in respect of Chadderton U.D. (two houses) and Dalton-in-Furness U.D. (two houses). During 1958 further houses became available at Eccles M.B. (one), Swinton and Pendlebury M.B. (one) and Worsley U.D. (one, together with a second which has since been withdrawn). Rawtenstall M.B.C. offered several small properties but they are occupied at present.

A total of seven intermediate houses from 109 County districts does not indicate the extent of co-operation which is desirable and the offer of more properties would materially help the County Council in dealing with the problem.

Care of the Aged in their Own Homes.—A scheme to promote the care of old people in their own homes was inaugurated by the County Council in 1954 on an experimental basis in health divisions Nos. 6, 11 and 17 and extended to cover the whole of the Administrative County area in 1957. The objects of the scheme are to encourage and assist old people to continue to live in their own homes as long as possible by the use of all available statutory and voluntary services and also to co-ordinate such services as well as to encourage and foster voluntary activity on behalf of the aged.

To achieve these objects the scheme provides for the establishment by divisional health committees of welfare sub-committees. Each sub-committee is fully representative and includes members from each district council, voluntary district old people's welfare committee, hospital management committee and local medical committee within the divisional area. Officers of the National Assistance Board also serve in an advisory capacity together with geriatricians where such appointments have been made. Provision is also made for the appointment by health divisions of a divisional welfare organiser whose duties are to ensure on behalf of the divisional medical officer that the objects of the scheme are achieved.

Efforts have been made to establish in each County district and in each parish of a rural district, a voluntary old people's welfare committee. Whilst the divisional medical officer is the co-ordinating link between the divisional welfare sub-committee and the voluntary committees, the usual practice is for the divisional welfare organiser to serve on the voluntary committees. Other divisional officers, such as nurses and health visitors, providing statutory services for the aged are also co-opted on the voluntary committees.

To render help to old people it is necessary to locate them and ascertain their needs, difficult tasks largely undertaken by voluntary workers attached to the old people's welfare committees established in nearly all County districts. At the close of the year the ascertainment surveys had resulted in a total of over 98,000 old people being registered, though not all those registered needed assistance.

The needs of those requiring assistance are categorised and kept under review, frequently by follow-up visits by voluntary and divisional field workers. As a result the demand for statutory services such as the provision of district nurses, home helps, health visitors, National Assistance allowances, etc., has greatly increased and the following voluntary services are also being provided—meals on wheels, clubs, shopping, collecting pensions, changing library books, visiting, transport, provision of clothing and Christmas gifts.

There is very full co-operation between the County Council and the Community Council of Lancashire whose full-time field officer works closely with officers of the County Council in connection with the care of the aged and in the establishment of local old people's welfare committees. The Community Council have also been extremely helpful in the organisation of "leader courses" where talks on statutory and voluntary welfare work have been given to voluntary workers by experienced officers. Those attending the course have been encouraged to pass on the information to other voluntary workers in respect of such services as visiting, meals on wheels, clubs, etc. A grant of £1,000 was paid to the Community Council for the financial year ending 31st March, 1961.

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 blind or partially sighted persons are carried into effect in accordance with a scheme approved by the Minister of Health.

Blind Persons.—During the year under report the main effort of the County Council continued to be 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, at home or in open industry, arrangements for the marketing of their produce and the promotion of the general social welfare of all registered blind persons.

REGISTRATION OF BLINDNESS.—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology.

During the year 1960, 1,287 examinations or re-examinations were arranged in consequence of which 644 persons were certified as blind.

ALLEGED BLIND OR PARTIALLY SIGHTED PERSONS.—SOURCE OF REFERENCE.—The Ministry of Health suggested it would be useful to know the sources from which applicants for inclusion in the registers of blind or partially sighted persons are being referred to local authorities for examination, and the following statement analyses in this way the persons referred to the County Council during 1960 :—

Referred for examination by—

(a) General practitioner	...	...	...	...	...	...	15
(b) Medical source other than general practitioner	...	...	...	...	...	...	137
(c) National Assistance Board	...	...	...	...	...	...	255
(d) Lay source other than National Assistance Board	...	...	...	...	...	...	362
TOTAL ...							769

At the end of 1960 there were 4,399 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—	
1959 ...	13	89	47	285	827	3,085	4,346
1960 ...	15	89	39	273	828	3,155	4,399

SOCIAL REHABILITATION FOR BLIND PERSONS.—Persons who lose their sight in adult life and after a succession of unsuccessful operations realise that they will never see again become very depressed indeed. At Oldbury Grange in Shropshire, an establishment belonging to the Royal National Institute for the Blind, newly blind persons are admitted for social rehabilitation and their average length of stay is 13 weeks. It is found in the majority of cases that persons admitted to Oldbury Grange find new courage and new hope; mental independence has replaced their despair, enabling the worker to go forward for vocational training and the housewife to take up again her household tasks.

During the year 1960 the County Council paid the major portion of the maintenance fees in respect of five blind persons who were resident at this social rehabilitation centre.

INDUSTRIAL REHABILITATION FOR BLIND PERSONS.—If a blind person is recommended for a course of industrial rehabilitation, the County Council sends all details to the local office of the Ministry of Labour. Details of the person concerned are usually discussed by the County Council home teacher of the blind, the disablement resettlement officer of the Ministry of Labour and a County Council official, and if it is agreed that the blind person should undergo a course of industrial rehabilitation the Ministry of Labour make arrangements accordingly and pay the necessary fees.

During the year 1960 the County Council brought to the notice of the Ministry of Labour the names of 12 blind persons who were accepted for a course of industrial rehabilitation and they were admitted to either Manor House or America Lodge at Torquay, establishments belonging to the Royal National Institute for the Blind.

WORKSHOP EMPLOYMENT.—At the end of 1960 the following 15 workshops for the blind employed a total of 158 blind persons under arrangements with the County Council :—

Controlling Body	Address of Workshops for the Blind
Accrington and District Institution for the Blind ...	32 Bank Street, Accrington.
Blackburn County Borough Council	Mill Hill Street, Mill Hill, 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 Institute	Brunswick Road, 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.
Stockport County Borough Council... ..	St. Petersgate, Stockport.
Warrington County Borough Council	Wakefield 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
Firewood chopper	1	—	1
Brush maker	35	3	38
Machine knitter	—	30	30
Basket maker	37	3	40
Skip maker	18	—	18
Mat maker	12	—	12
Boot and shoe repairer	7	—	7
Chair caner	2	2	4
Mattress maker	4	3	7
Piano tuner	1	—	1
TOTAL ...	117	41	158

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 and at the majority of the workshops for the blind the blind workers were paid a minimum wage in accordance with Group II of the Scheme of the National Joint Industrial Council for Manual Workers.

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.

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 supervise on behalf of the County Council the blind persons included in home workers' schemes :—

Accrington and District Institution for the Blind.
 Ashton-under-Lyne and District Society for the Blind.
 Barrow, Furness and Westmorland Society 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 National Library for the Blind.
 Rochdale and District Blind Welfare Society.
 Rossendale Society for the Blind.
 St. Helens and District Workshops for the Blind.
 Wigan, Leigh and District Workshops for the Blind.

The occupations in which the home workers were employed at the end of 1960 were as follows :—

Occupation	Men	Women	Total
Piano tuner	7	—	7
Machine knitter	—	9	9
Braille copyist and proof-reader	4	2	6
Tea agent	1	—	1
Basket maker	1	—	1
Firewood dealer	1	—	1
Newsvendor	3	—	3
Hand knitter	—	2	2
Boot and shoe repairer	2	—	2
Poultry farmer	4	—	4
Pig breeder	1	—	1
Music teacher	—	1	1
Shopkeeper	1	—	1
Factory operative	1	—	1
TOTAL ...	26	14	40

Remuneration.—Under the revised Home Workers' Scheme of the County Council net earnings up to and including £4 10s. a week are augmented by the County Council by £4 3s. 0d. and £3 13s. 0d. a week for blind men and women respectively. The weekly augmentation is reduced in accordance with a sliding scale for earnings exceeding £4 10s. a week.

The workers were registered in accordance with the Disabled Persons (Employment) Act, 1944.

EMPLOYMENT IN OPEN INDUSTRY.—The County Council, in consultation with the Ministry of Labour, 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 at the end of the year :—

Occupation	No. employed	Occupation	No. employed
Agent and collector	7	Music teacher	3
Agricultural worker	5	Packer	4
Analytical chemist	1	Physiotherapist and masseur	7
Boarding house keeper	1	Piano tuner	4
Dealer : tea, tobacco	3	Poultry farmer	5
Domestic worker... ..	10	Purser	1
Electrician	3	Rag gatherer	1
Engineering operative	25	Schoolteacher	2
Factory operative	88	Shopkeeper... ..	4
Gardener	4	Shorthand typist	22
Home teacher of the blind	2	Solicitor	2
Labourer (various industries)	36	Telephone switchboard operator... ..	15
Minister of religion	4	Woodworker	2
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HOME TEACHERS OF THE BLIND.—The County Council employed 44 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, including entitlement to financial assistance from the National Assistance Board or other sources ;
- (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.—At the end of 1960 there were 59 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 provided.

The following list shows the districts in which the social and handicraft centres were situated :—

Accrington	Fleetwood	Ormskirk
Ashton-under-Lyne	Fulwood	Orrell
Atherton	Heywood	Padiham
Bacup	Hindley (2)	Radcliffe
*Barrow-in-Furness	Horwich	*Rochdale
*Blackpool (2)	Huyton	Standish
*Bolton	Kearsley	*St. Helens
*Burnley	Kirkby	Stretford
Chadderton	Lancaster	Swinton and Pendlebury
Chorley (2)	Leigh	Thornton Cleveleys
Colne	Litherland	Turton
Crompton	Lowton	Ulverston
Crosby	Lytham St. Annes	Walton-le-Dale
Darwen (2)	Middleton	Westhoughton
Denton	Morecambe	Widnes
Droylsden	Mossley	*Wigan (3)
Eccles	Nelson	Worsley
Falsworth	*Oldham	

* 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.

TALKING BOOKS FOR BLIND PERSONS.—"Talking Book" machines are specially designed gramophones which play records obtained from the Royal National Institute for the Blind's "Talking Book" Library. They have proved of immeasurable benefit to many blind persons, especially those who, because of age or infirmity, have been unable to learn Braille.

Approval was given to the purchase each year of 10 such machines as part of the general welfare facilities provided by the County Council for blind persons and they will be made available on loan to blind persons, provided they are unable to meet the cost of a "Talking Book" themselves and satisfy any one of the following priority conditions :—

- (a) Loneliness, *e.g.*, living alone, alone during the day, living in rural or isolated conditions.
- (b) Suffering from additional disability or disease.
- (c) Having limited expectation of life.
- (d) Experiencing difficulty of adjustment to blindness.
- (e) Having a proved literary interest.

There are 128 blind persons on the County Council register who have the use of "Talking Book Machines" which have been obtained from various sources. With the delivery of the machines ordered by the County Council this number should increase each year, but not to the number anticipated. Only 15 of the machines being used by blind persons have been supplied by the Council although more have been ordered. The Royal National Institute for the Blind has over 1,000 names on the waiting list for the supply of machines and is not able to indicate with any certainty when a machine which has been ordered will be supplied.

HOLIDAYS FOR BLIND PERSONS.—The scheme of the County Council for the welfare of the blind provides that the Council shall continue to promote facilities for holidays for blind persons at holiday homes. During 1960 holidays were arranged for 32 blind persons as follows :—

Home	* No. of blind persons
Beachways, Southport	8
Henderson Holiday Home, Blackpool	7
Braemar Hotel, Bournemouth	3
Belmont Hotel, Scarborough	6
Craven Lodge, Harrogate	3
The Haven, Scarborough	1
Godfrey Ermen Memorial Home, Southport	1
Holiday Home, 66 Albert Road, Morecambe	3
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* Not included in Table 27, page 210.

Transport was provided by an ambulance service vehicle between the home of the blind person and the holiday home for eight of the blind persons referred to above, ten were supplied with a railway warrant, and 14 were taken to the holiday home in private cars belonging to relatives or friends.

WIRELESS TELEGRAPHY ACTS, 1949 AND 1955.—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, or purchase a combined licence for sound and television for £1 less than the usual 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 ophthalmologists acting on behalf of the County Council, the required certificate is issued.

During the year 1960, 524 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, certificates of blindness in respect of the majority of the 644 persons who were registered as blind during the year 1960 were forwarded to the National Assistance Board.

INCOME TAX (REPAYMENT OF POST-WAR CREDITS) ACT, 1959.—Under the above Act a person is entitled to receive the repayment of his or her post-war credit if he or she is certified by the appropriate local authority as being, after the 7th April, 1959, a person named in the register of blind persons compiled under section 29 of the National Assistance Act, 1948. During the year 1960, certificates of blindness for this purpose were forwarded by the County Council to H.M. Inspectors of Taxes in respect of 19 blind persons.

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 is maintained, and the services and facilities provided in respect of blind persons are made available to them.

At the end of 1960 there were 1,269 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1959	7	85	38	66	151	840	1,187
1960	9	89	51	72	159	889	1,269

Follow-up of Registered Blind and Partially Sighted Persons.—The following statement gives information as to the incidence of blindness with particular reference to cataract and glaucoma among old people and retrolental fibroplasia among premature infants.

	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommended :—				
(a) No treatment	104	30	1	202
(b) Treatment (medical, surgical or optical) ...	274	60	1	169
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	186	47	1	125

Deaf or Dumb Persons.—THE NATIONAL ASSISTANCE (DEAF AND DUMB PERSONS) SCHEME, 1952.—The scheme of the County Council for providing welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947," but the bulk of the field work is carried out by 14 Voluntary Societies for the Deaf and Dumb who act as the agents of the County Council in supervising deaf and dumb persons resident in the Administrative County area.

REGISTRATION.—Deaf persons whose names were included on the register of an agency for the deaf have been accepted without examination by the Council for inclusion on their register of deaf persons, so that the registers coincide.

WELFARE SERVICES.—The agencies for the deaf employ welfare officers who provide a visiting service to cater for the problems of the deaf and dumb. They also supervise at the institutes for the deaf and dumb where the religious, recreational and welfare needs of the deaf and dumb are provided for.

The difficulty experienced by deaf and dumb persons in communicating with hearing persons results in the welfare officers having to act as interpreters whenever deaf and dumb persons make contact with hearing persons on any subject including national health insurance, national assistance, accident compensation, home helps, legal aid, hire purchase, house purchase and business transactions of various kinds, etc.

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

READJUSTMENT OF AREAS.—Arrangements have been 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 contribution from the County Council to one of the deaf and dumb societies was arrived at on the basis of £3 per annum for each deaf and dumb person over 16 years of age on their register at the 1st April, 1960, but to meet additional expenditure the majority of the societies have received contributions on the basis of amounts varying from £7 to £21 15s. 0d. per annum in respect of each deaf and dumb person over 16 years of age. The basis of the contributions varies according to the expenditure of the individual society, the area covered and the number of institutes for the deaf supervised by a society. Early in the financial year advance payments by the County Council were made to societies for the deaf and dumb of 80 per cent. of the grant paid for the previous financial year and the balance of payments were made at a later date according to the additional expenditure of the various societies.

The following statement shows the Societies for the Deaf and Dumb which received payments from the County Council for 1960 and the number of deaf and dumb persons resident in the Administrative County area who were supervised by these societies :—

Deaf and Dumb Society	No. of deaf and dumb persons
Blackpool and Fylde	33
Bolton, Leigh and District	118
Bury and District	16
Carlisle (Barrow) Diocesan Mission	14
Liverpool Adult Deaf and Dumb Society	111
Liverpool Catholic Deaf Society of St. Vincent de Paul	*36
Manchester Institute for the Deaf	207
North and East Lancashire Welfare Association	198
Oldham	47
Rochdale and District	41
Southport and District	19
St. Helens and District	32
Warrington, Widnes and District	32
Wigan and District	109
	<hr/> 977

* Included in the 111 supervised by the Liverpool Adult Deaf and Dumb Society.

The amount paid to the North Regional Association for the Deaf for the financial year 1960-61 was £612 1s. 9d.

Handicapped Persons other than the Blind, Partially Sighted, Deaf and Dumb.—During 1960 there was further consolidation of the welfare services provided for handicapped persons other than those who are blind, partially sighted, hard of hearing or deaf.

REGISTER.—There were slightly fewer names on the County Council's register of handicapped persons at the end of the year—7,473 as compared with 7,866 on the 31st December, 1959. The following is a summary of the register at the end of 1960 classified in accordance with the Ministry of Labour's code for disabled persons :—

Code	Classification of handicap	Sex	Age in years					
			0—	16—	30—	50—	65—	Total (all ages)
A/E	Amputation	M.	3	8	75	104	91	281
		F.	5	5	27	51	37	125
F	Arthritis and rheumatism	M.	1	4	29	100	77	211
		F.	4	17	77	350	305	753
G	Congenital malformations and deformities	M.	67	39	32	40	12	190
		F.	42	55	41	48	30	216
H/L	Diseases of digestive and genito-urinary systems, of heart or circulatory system, of respiratory system (other than tuberculosis) and of skin	M.	141	45	68	174	77	505
		F.	95	47	55	122	88	407
Q/T	Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of spine	M.	18	36	82	115	63	314
		F.	10	18	39	74	46	187
V	Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	M.	93	215	291	297	82	978
		F.	87	153	277	341	92	950
U/W	Neurosis, psychoses and other nervous and mental disorders not included in V	M.	444	211	126	71	20	872
		F.	328	218	132	83	53	814
X	Tuberculosis (respiratory)	M.	6	13	60	45	2	126
		F.	10	14	24	12	7	67
Y	Tuberculosis (non-respiratory)	M.	16	12	12	5	3	48
		F.	6	10	13	12	3	44
Z	Diseases and injuries not specified above	M.	113	30	24	15	12	194
		F.	67	23	24	47	30	191
	TOTAL	M.	902	613	799	966	439	3,719
		F.	654	560	709	1,140	691	3,754

Included in the register were 1,451 persons suffering from mental disorder and 1,556 children under the age of 16 years. Although these groups are included in the register they are in most instances catered for respectively under the mental health and school health services.

OCCUPATIONAL THERAPY.—Occupational therapists and handicraft instructors employed by the County Council attended handicapped persons in their own homes and also gave instruction at social centres. In some divisions they taught handicrafts to residents of County Council Part III establishments. In all except three health divisions (Nos. 1, 8 and 13) either a full-time occupational therapist or handicraft teacher was employed, whilst in three of these divisions (Nos. 10, 11 and 12) both a full-time occupational therapist and a full-time handicraft teacher were employed. A full-time occupational therapist was also employed in the Urban District of Huyton-with-Roby. Part-time staff was utilized in divisions where it was not possible to obtain a full-time teacher or where there was insufficient work to justify the employment of a full-time officer.

In 1960, 10,095 domiciliary visits were made to 1,070 persons as compared with 10,728 visits to 971 persons in 1959. Handicraft classes were provided in some districts under the Further Education Regulations, teaching staff being employed by the Education Committee. The number of handicapped persons attending classes, including those held at social centres, amounted to 680. The comparable figure for 1959 was 611.

SOCIAL CENTRES.—During the year 26 social centres were in operation—two more than in the previous year. County Council centres have now been set up in all but two of the 17 health divisions and in one of the delegate districts (Huyton-with-Roby U.D.). The total active membership at the year end was 767. Voluntary associations such as the Inskip League of Friendship, the Cripples' Help Society and the Invalid Tricycle Association also run social centres for the handicapped in some areas, and financial assistance was given to these organisations.

SOCIAL WORKERS.—During 1960 the two social workers employed in health divisions Nos. 13 and 14 continued their functions of visiting the handicapped, organising social activities and centres, dealing with voluntary organisations providing services for the handicapped and in general working with the divisional welfare organiser in the provision of services for the handicapped. No additional appointments were made during the year but it is intended to make such appointments for service in other health divisions.

RESIDENTIAL ACCOMMODATION.—Accommodation is provided for handicapped children in six special schools run by the County Education Committee. In addition a number of children are maintained in special schools run by other authorities or voluntary organisations.

During the year a site was purchased on the Esplanade, Fleetwood, on which it is proposed to erect a home for 46 handicapped persons. By the end of the year drawings had been prepared by the County Architect and discussions on these were being carried out with the Ministry of Health. It is intended that part of the accommodation in this home will be used to provide holidays for handicapped persons on the County Council's register. Two other residential homes for the handicapped are envisaged—one each in the Liverpool and Manchester areas.

On the 31st December, 1960, the County Council were maintaining 180 epileptics in colonies and 35 handicapped persons in homes run by voluntary organisations. In addition, 753 handicapped persons were maintained in the County Council's welfare homes or homes managed by other welfare authorities. By far the largest proportion of these persons have handicaps associated with old age, but there were three males and four females between the ages of 16 and 30, and 21 males and 19 females between the ages of 30 and 50 living in welfare homes.

HOLIDAYS.—Arrangements were made for 322 handicapped persons to have a holiday during the year, and of these 149 were sent to Beachways at Southport whilst 127 spent a week at Prestatyn Holiday Camp.

Most of the handicapped persons who stayed at Prestatyn Holiday Camp were members of groups from social centres in health divisions Nos. 9, 10, 12 and 14, but apart from these the County Council paid for 21 members of a party from the Inskip League Branches in health division No. 17 and 11 members of a party organised by the Cripples' Help Society. This type of holiday has proved a great success and is undoubtedly appreciated by the disabled who generally prefer to stay at a camp than at a convalescent home. The fact that a group from a particular area are on holiday together is an advantage as the individual is not with complete strangers as is so often the case at convalescent homes. In addition, groups can participate in many of the activities organised at the camp and can meet and enjoy the company of other holidaymakers. This is a real advantage and is appreciated by the disabled, particularly those who are more or less homebound and have little or no opportunity of making contact with the general public. The problem of providing entertainment in the evenings is also solved as the handicapped can attend organised functions at the camp such as concerts, fancy dress and talent competitions, dancing, community singing, etc.

The success of this type of holiday depends to a considerable extent on the availability of adequate assistance, and the untiring efforts of official escorts and voluntary workers helped to make the group holidays arranged in 1960 an unqualified success. The management at the camp were also particularly helpful in arranging that everything possible was done to ensure a happy holiday for the disabled. It is proposed to extend these arrangements in future and so give a substantial number of handicapped persons a holiday each year, either at a holiday camp, in the County Council's special welfare homes for the disabled or at a convalescent home.

Handicapped persons staying at a holiday camp were conveyed by motor coach. Others staying at convalescent homes were either conveyed by ambulance transport (132 cases) or were able to use public service transport.

TRANSPORT.—In addition to the transport mentioned in the preceding paragraph, arrangements were made to convey severely handicapped persons to weekly meetings at social and/or handicraft centres. During the year 224 persons were regularly conveyed by ambulance service vehicles and 252 by private hire transport. In the previous year 230 had been regularly conveyed by ambulance service vehicles and 133 by private hire transport; in 1958 the corresponding figures were 171 and 61. As these figures show, the number of handicapped persons being conveyed to social and/or handicraft centres over the past three years has grown rapidly, the increased demand being mainly met by private hire transport owing to the already heavy commitments of the County ambulance service. Availability of transport is undoubtedly of prime importance in the development of the County Council's services for the handicapped and it appears that the stage has now been reached where the provision by the County Council of specially adapted vehicles for the handicapped is essential.

ADAPTATIONS AT THE HOMES OF HANDICAPPED PERSONS.—Assistance was given to 64 handicapped persons in connection with adaptations needed at their homes to enable the Ministry of Health to supply an invalid vehicle and storage shed. In addition, 35 persons were assisted with alterations designed to afford them greater comfort or convenience. The cost to the County Council was £3,015. In 1959 £2,100 was spent on 98 projects and in 1958, £1,911 on 69 projects.

AIDS, GADGETS AND EQUIPMENT.—As a general rule the County Council do not provide small aids and gadgets as these are either easy to make or cheap to purchase. A number of these aids and gadgets were, however, supplied in needy cases. Expensive items of equipment are loaned to handicapped persons and during the year hydraulic or mechanical lifting hoists were supplied to eleven handicapped persons.

EPILEPTICS AND SPASTICS.—The following statement shows the number of persons ordinarily resident in the Administrative County who are known to be suffering from epilepsy or cerebral palsy :—

	Age (years)		Total
	0-	16-	
<i>Epileptics—</i>			
At home or in special schools	101	286	387
In epileptic colonies	—	180	180
In other Part III accommodation	—	44	44
	101	510	611
<i>Spastics—</i>			
At home or in special schools	161	232	393
In homes run by voluntary organisations ...	—	9	9
In other Part III accommodation	—	6	6
	161	247	408

Detailed information has been given in previous reports about services provided for epileptics and spastics under the Education Act, 1944, the National Health Service Act, 1946, and the National Assistance Act, 1948, and also about liaison between the local health services and the diagnostic and remedial services provided by regional hospital boards. Similar arrangements operated in 1960.

OTHER SERVICES

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 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 57 such homes were registered at 31st December, 1960. The homes are situated in the areas of the following health divisions :—

Health Division No.	District	No. of registered homes
1	Grange U.D.	1
2	Lancaster M.B.	2
	Lancaster R.D.	3
	Morecambe and Heysham M.B.	2
3	Lytham St. Annes M.B.	11
	Fleetwood M.B.	1
	Thornton Cleveleys U.D.	4
4	Fulwood U.D.	1
	Preston R.D.	1
5	Accrington M.B.	1
	Oswaldtwistle U.D.	1
6	Nelson M.B.	2
7	Crosby M.B.	8
	Formby U.D.	2
	West Lancashire R.D.	1
9	Widnes M.B.	1
11	Leigh M.B.	2
12	Prostwich M.B.	3
	Tottington U.D.	1
14	Lees U.D.	2
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	57

War Charities Act, 1940.—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate divisional health committees and at 31st December, 1960, there were 74 charities registered.

Temporary Protection of Property.—Where a person is admitted to any hospital or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any other place under an order made under section 47 of the Act (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions) and it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This duty is imposed by section 48 of the National Assistance Act, 1948, but the Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for hospital management committees to co-operate by notifying divisional medical officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made. Since the Act came into force on the 5th July, 1948, there has been a progressive increase in the volume of work falling to be carried out under the provisions of this particular section of the Act.

Apart from the cases mentioned, there arises also the problem of safeguarding the property of those patients who are incapable of managing their own affairs because of mental incapacity. Jurisdiction in these matters is exercised through the Court of Protection, Royal Courts of Justice, to whom it is necessary to make application for orders appointing receivers to manage and administer a patient's estate or give such other directions as may be appropriate and necessary. Section 49 of the National Assistance Act, 1948, authorises the defraying of expenses in connection with applications made by an officer of the County Council.

Where there are no relatives able or willing to act on behalf of the patient, applications are made centrally and require much care in preparation and presentation as well as in acting upon the Court's directions.

Not infrequently the department is called upon to deal with the estates of former residents in hostels or persons whose property has been protected under section 48 of the National Assistance Act when these die leaving no known next-of-kin, and this involves the preparation of a detailed report to the solicitor for the Duchy of Lancaster.

The following summary shows the number of cases dealt with during the course of the year :—

Applications to the Court of Protection for the appointment of a receiver or the issue of other directions in the estates of mental patients	14
Action to dispose of property of deceased patients/residents, including reports to solicitor for the Duchy of Lancaster	20
Former mental patients restored to management of their own affairs	2
Cases referred in respect of debts due to the County Council where a charge was established with the court	*26
Miscellaneous	35
	97

* The total sum recovered as a result of this action was £3,080.

Civil Defence.—Welfare Section.—The County Medical Officer of Health was appointed by the County Council as head of the Welfare Section of the County Division of the Civil Defence Corps and also as the County Rest Centre Officer. A considerable volume of work arises in connection with these appointments and this is described briefly in the following paragraphs.

REST CENTRE OFFICER.—The Rest Centre Service is one in respect of which the County Council is charged both with planning and operational responsibility. As Rest Centre Officer the County Medical Officer of Health is responsible for the plans and arrangements for the care of the homeless and other refugees and the provision of rest centre accommodation in the event of war. The work involved has been and still is very comprehensive but much of it is confidential and cannot be referred to in detail. It has included—

- the formulation of the County Council's rest centre plan embodying zonal plans in respect of target and vulnerable areas ;
- earmarking of premises for use as rest centres in accordance with the County Council's plan ; and
- co-ordination of the rest centre plans and of the premises earmarked for use as rest centres with the plans and premises earmarked for use as emergency meals centres.

The County Council, on the recommendation of the Civil Defence Committee, have decided, subject to the approval of the Minister of Health, to delegate to District Councils responsibility for the staffing and local operation of rest centres.

Agreement about delegation was reached with most County District Councils ; the remaining Councils mainly envisaged staffing difficulties and negotiations were proceeding.

WELFARE SECTION.—The officer appointed head of the section is responsible for making arrangements for the training of the personnel of that section in the specialised duties of the section. In the case of the welfare section this is rendered more difficult by the fact that unlike other sections of the corps which cover one service only, the welfare section is comprised of a number of distinct services. Although the welfare of the public is the predominant feature of each of them they are very diverse in type and operational or functional responsibility for them rests partly with the County Council and partly with County District Councils.

These services are as follows :—

Service	Functional or operational responsibility
Care of the homeless and rest centres	County Council—Delegation of local operation to County District Councils. Overall planning and responsibility remain with the County Council.
Emergency feeding	County Council, overall planning.—Local operation delegated to County District Councils.
Evacuation and billeting	County District Councils.
Information	County District Councils.
Shelter, welfare and hygiene	County District Councils.

It was decided, as part of the County Council's Civil Defence Scheme, that the County Medical Officer of Health would act through the divisional medical officers, who would be the appropriate officers locally for welfare purposes and the divisional basis on which normal health and welfare functions are administered has been followed in the matter of welfare section training.

There has not, however, been any delegation or referring of civil defence functions to Divisional Health Committees. The County Medical Officer of Health in civil defence matters acts as the officer of the Civil Defence Committee and the divisional medical officers, as his representatives locally, are similarly acting on behalf of that Committee.

The training of volunteers continued throughout the year in most areas. In July there were 10 centrally trained and 32 locally trained instructors available and the following numbers of volunteers had completed their standard training :—

					Standard training	Additional training	Advanced training
Evacuation and care of the homeless	...	...	...	...	1,111	204	11
Emergency feeding...	...	...	...	...	542	99	12

In addition 168 volunteers had qualified in "full" first aid and 68 in "full" home nursing. There were also 951 volunteers who had not commenced training.

Every effort was made to select the right type of volunteer for training as a local instructor and selected local instructors were recommended for Home Office courses.

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.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

The use of such powers during 1960 was reported in six cases by local medical officers of health. All six were females of ages varying from 72 to 89 years, four being removed to hospital and two to accommodation provided under Part III of the Act. Of the former group one patient was still in hospital at the end of the year, one had been discharged, one had been transferred voluntarily to Part III accommodation and one had died. The two remaining cases also died.

SANITARY CIRCUMSTANCES OF THE COUNTY

Water Supply.—The populous portions of the Administrative County are, on the whole, 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 statutory water undertaker for each County district at the end of 1960 together with the type of supply.

LOCAL WATER SUPPLIES

Urban Districts	Statutory water undertaker	Type of supply
Abram	Abram U.D.C.	Upland surface water.
Accrington (B)	Accrington District Water Board	Upland surface, deep wells, borehole and colliery.
Adlington	Adlington U.D.C.	Upland surface water and springs.
Ashton-in-Makerfield	Ashton-in-Makerfield U.D.C.	Upland surface water.
Ashton-under-Lyne (B)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Upland surface water.
Aspull	Bolton C.B.C.	Upland surface water and deep wells.
Atherton	Manchester C.B.C.	Upland surface water.
Audenshaw	Ashton-under-Lyne, etc., Waterworks Joint Committee	Upland surface water.
Bacup (B)	Bacup M.B.C.	Upland surface water.
Barrowford	North Calder Water Board	Upland surface water.
Billinge and Winstanley	St. Helens C.B.C.	Upland surface water and deep well.
Blackrod	Blackrod U.D.C.	Upland surface water and springs.
Brierfield	North Calder Water Board	Upland surface water.
Carnforth	Lancaster M.B.C.	Upland surface water.
Chadderton	Oldham C.B.C., Manchester C.B.C., Heywood and Middleton Joint Water Board	Upland surface water.
Chorley (B)	Liverpool C.B.C. ; Manchester C.B.C.	Upland surface water.
Church	Accrington District Water Board ; Oswald-twistle U.D.C.	Upland surface water, deep wells and disused mine workings.
Clayton-le-Moors	Accrington and District Water Board	Upland surface water.
Clitheroe (B)	Clitheroe M.B.C.	Upland surface water.
Colne (B)	North Calder Water Board	Upland surface water and springs.
Crompton	Oldham C.B.C.	Upland surface water.
Crosby (B)	Liverpool C.B.C.	Upland surface water.
Dalton-in-Furness	Barrow-in-Furness C.B.C.	Upland surface water.
Darwen (B)	Darwen M.B.C.	Upland surface water.
Denton	Manchester C.B.C.	Upland surface water.
Droylsden	Manchester C.B.C.	Upland surface water.
Eccles (B)	Manchester C.B.C.	Upland surface water.
Failsworth	Oldham C.B.C. ; Ashton-under-Lyne, etc., Waterworks Joint Committee	Upland surface water.
Farnworth (B)	Bolton C.B.C.	Upland surface water.
Fleetwood (B)	Fylde Water Board	Upland surface water.
Formby	Southport and District Water Board	Deep wells.
Fulwood	Preston and District Water Board	Upland surface water.

LOCAL WATER SUPPLIES (*continued*).

Urban Districts	Statutory water undertaker	Type of supply
Golborne	Golborne U.D.C. ; Warrington C.B.C.	Upland surface water and deep wells.
Grange	Grange U.D.C.	Upland surface water and spring.
Great Harwood	Accrington District Water Board	Upland surface water and deep wells.
Haslingden (B)	Irwell Valley Water Board ; Accrington and District Water Board	Various upland sources and deep wells.
Haydock	St. Helens C.B.C.	Upland surface water.
Heywood (B)	Heywood and Middleton Water Board	Upland surface water.
Hindley	Hindley U.D.C.	Upland surface water.
Horwich	Horwich U.D.C.	Upland surface water, deep well and springs.
Huyton-with-Roby	Liverpool C.B.C.	Upland surface water.
Ince-in-Makerfield	Ince-in-Makerfield U.D.C.	Upland surface water and deep artesian wells.
Irlam	Manchester C.B.C.	Upland surface water and deep wells.
Kearsley	Bolton C.B.C. ; Irwell Valley Water Board	Various upland sources.
Kirkby	Liverpool C.B.C.	Upland surface water.
Kirkham	Fylde Water Board	Upland surface water.
Lancaster (B)	Lancaster M.B.C.	Moorland surface water and borehole.
Lees	Oldham C.B.C.	Upland surface water.
Leigh (B)	Liverpool C.B.C. ; Manchester C.B.C.	Upland surface water.
Leyland	Preston and District Water Board	Upland surface water and deep bore-holes.
Litherland... ..	Liverpool C.B.C.	Upland surface water.
Littleborough	Rochdale C.B.C.	Upland surface water.
Little Lever	Irwell Valley Water Board	Various upland sources.
Longridge	Preston and District Water Board	Upland surface water.
Lytham St. Annes (B)	Fylde Water Board	Upland surface water.
Middleton (B)	Heywood and Middleton Water Board	Upland surface water.
Milnrow	Rochdale C.B.C.	Various upland sources.
Morecambe and Heysham (B)	Lancaster M.B.C.	Moorland surface water and borehole.
Mossley (B)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Upland surface water and artesian wells.
Nelson (B)... ..	North Calder Water Board	Upland surface water.
Newton-le-Willows	Newton-le-Willows U.D.C.	Deep wells.
Ormskirk	Ormskirk U.D.C. ; Southport and District Water Board	Deep wells.
Orrell	Orrell U.D.C. ; Wigan C.B.C.	Disused mine shaft and deep wells ; upland surface water.
Oswaldtwistle	Oswaldtwistle U.D.C.	Upland surface water and disused mine workings.
Padiham	Padiham U.D.C.	Moorland surface water.
Poulton-le-Fylde	Fylde Water Board	Moorland water.
Preesall	Fylde Water Board	Moorland water.
Prescot	Liverpool C.B.C.	Upland surface water.
Prestwich (B)	(a) Manchester C.B.C. ; (b) Heywood and Middleton Water Board ; (c) Irwell Valley Water Board	Various upland sources and deep well.
Radcliffe (B)	Irwell Valley Water Board ; Bolton C.B.C.	Various upland sources and deep well.
Rainford	St. Helens C.B.C.	Deep wells.
Ramsbottom	Irwell Valley Water Board	Various upland sources.

LOCAL WATER SUPPLIES (*continued*).

Urban Districts	Statutory water undertaker	Type of supply
Rawtenstall (B)	Irwell Valley Water Board	Various upland sources.
Rishton	Accrington District Water Board	Moorland and deep wells.
Royton	Oldham C.B.C.	Various upland sources.
Skelmersdale	Southport and District Water Board ; Up Holland U.D.C.	Deep wells.
Standish-with-Langtree ...	Standish-with-Langtree U.D.C.	Upland surface water.
Stretford (B)	Manchester C.B.C.	Upland surface water.
Swinton and Pendlebury (B)	Bolton C.B.C. ; Manchester C.B.C.	Upland surface water.
Thornton Cleveleys ...	Fylde Water Board	Moorland water.
Tottington	Irwell Valley Water Board	Various upland sources.
Trawden	North Calder Water Board	Springs.
Turton	Bolton C.B.C.	Upland surface water.
Tyldesley	Manchester C.B.C.	Upland surface water.
Ulverston	Ulverston U.D.C.	Upland surface water.
Up Holland	Up Holland U.D.C.	Deep wells.
Urmston	Manchester C.B.C.	Upland surface water.
Walton-le-Dale	Preston and District Water Board	Upland surface water.
Wardle	Rochdale C.B.C.	Upland surface water.
Westhoughton	Bolton C.B.C.	Upland surface water.
Whitefield	Irwell Valley Water Board	Various upland sources.
Whitworth	Rochdale C.B.C.	Upland surface water.
Widnes (B)	Widnes M.B.C.	Deep wells.
Withnell	Withnell U.D.C.	Upland surface water.
Worsley	Bolton C.B.C. ; Manchester C.B.C.	Upland surface water.
RURAL DISTRICTS		
Blackburn	Fylde Water Board	Upland surface water.
Burnley	North Calder Water Board	Chiefly upland surface water, springs and boreholes.
Chorley	Chorley R.D.C.	Upland surface water.
Clitheroe	Fylde Water Board	Upland surface water.
Fylde	Fylde Water Board	Upland surface water.
Garstang	Fylde Water Board	Upland surface water.
Lancaster	Manchester C.B.C. ; Lancaster M.B.C. ; Fylde Water Board	Upland surface water.
Lunesdale	Lunesdale R.D.C.	Upland surface water.
Preston	Preston and District Water Board ; Fylde Water Board	Upland surface water.
North Lonsdale	North Lonsdale R.D.C.	Mainly upland surface water.
Warrington	Liverpool C.B.C. ; Warrington C.B.C. ; St. Helens C.B.C.	Upland surface water and deep wells.
West Lancashire	Southport and District Water Board ; Liverpool C.B.C. ; St. Helens C.B.C. ; Preston and District Water Board ; Ormskirk U.D.C. ; Up Holland U.D.C. ; Wigan R.D.C. ; Chorley R.D.C.	Upland surface water and deep wells.
Whiston	Liverpool C.B.C. ; St. Helens C.B.C. ; Widnes M.B.C.	Upland surface water and deep wells.
Wigan	Wigan R.D.C.	Upland surface water, springs and deep wells.

PUBLIC MAINS SUPPLIES.—The following table, compiled from the local health reports, shows the approximate number of houses and population at the end of 1960 and the preceding year receiving water from the public mains. Almost all received their water supply direct, only 55 houses being served by stand-pipes at the end of 1960.

Water supplied from public mains

	1959		1960	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts	607,800	1,831,000	618,300	1,851,400
Total Rural Districts	90,000	293,000	93,600	299,600
Administrative County	697,800	2,124,000	711,900	2,151,000

In addition to 14,950 new houses reported to have been connected during the year to the public mains supply there were also 101 existing houses provided with such a supply for the first time.

With the exception of relatively small areas in several districts the mains supply was generally adequate in quantity throughout the year, whilst the few instances of unsatisfactory quality which were reported were of a temporary nature and mainly due to localised distribution faults. In areas supplied from outside sources sampling of the water by the local authorities is in many cases considered to be unnecessary, or may be carried out only in consequence of complaints from consumers, owing to the fact that the supplying authority itself undertakes routine sampling. During 1960, however, 836 samples of the untreated water were submitted from 35 County districts for bacteriological examination and of these 195 were reported to be unsatisfactory. Of 219 samples submitted from 20 districts for chemical analysis, 26 were unsatisfactory. Where apparatus is installed for the treatment of water going into supply, samples of the treated water numbered 1,686 from 65 districts for bacteriological examination and 354 from 34 districts for chemical analysis. Unsatisfactory results were reported on 108 of the former and 12 of the latter.

PRIVATE SUPPLIES.—According to local reports some 8,700 dwellings, housing an estimated population of 24,800, were still dependent upon supplies from wells, springs, etc., at the end of 1960. Bacteriological examination of the untreated water was made in 426 instances and 203 of the samples were found to be unsatisfactory. Chemical analyses numbered six, of which one gave unsatisfactory results. Of treated water where treatment was installed, 14 samples taken for bacteriological examination gave 10 unsatisfactory results. In all cases of unsatisfactory results the consumers were notified and advised on all necessary precautions. In several cases alternative supplies, including connection to the public mains, were provided.

FINANCIAL ASSISTANCE.—Under the following heading of "Drainage and Sewerage" reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Acts, and section 56 of the Local Government Act, 1958, in connection with water supply schemes.

Drainage and Sewerage.—During 1960 some 14,700 newly built houses, flats, etc., were connected to the drainage and sewerage systems and a further 1,900 existing houses, previously utilising other and less preferable methods, were also connected. This linking up of mainly new property to existing drainage and sewerage systems occurred in almost every district, of course, but in addition activity on the initiation of new and the extension and improvement of existing systems was reported from one third of the 109 County districts. There still remains a number of small localities or townships lacking proper drainage and/or sewerage systems but generally this is due to such physical barriers as inclined ground, mining subsidence, canals and railways. Many such areas are connected, however, to septic tanks.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 TO 1955.—Local authorities are obliged by the Act of 1944 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 Housing and Local Government 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.

The purpose of the Act of 1955 was to amend the requirements of the Act of 1944 with respect to undertakings under section 1 of that Act to make contributions towards expenses incurred by local authorities in connection with water supplies, sewerage and sewage disposal in rural localities.

A further Act, the Rural Water Supplies and Sewerage (No. 2) Act, 1955, increased the limit of contributions out of moneys provided by Parliament which may be made under the section referred to above.

Particulars of applications received during the year 1960 are given in the following table :—

Authority	Nature of scheme and estimated cost	Action taken by County Council (to 4th May, 1961)	Action taken by Minister of Housing and Local Government (to June, 1961)
Bacup M.B.C. ...	Water supply—Deerplay (£3,800).	Approved for submission to Minister of Housing and Local Government.	—
Preesall U.D.C. ...	Sewerage of Pilling Lane and Cook's Lane areas (£24,530).	Approved for submission to the Minister of Housing and Local Government.	—
Rainford U.D.C. ...	Improvement of Rookery Sewage Disposal Works (£24,500).	Approved for submission to the Minister of Housing and Local Government.	—
Blackburn R.D.C. ...	Sewerage of Barker's Lane area—Mellor and Ramsgreave (£15,500).	Approved for submission to Minister of Housing and Local Government.	—
Chorley R.D.C. ...	Drainage improvements—Coppull (£18,000).	Approved for submission to Minister of Housing and Local Government.	The Minister undertook to pay £1,600 towards the cost.
Chorley R.D.C. ...	Watermain extension—Heapey (£810).	Approved for submission to Minister of Housing and Local Government.	In view of the small rate burden, the Minister did not feel justified in making a grant.
Chorley R.D.C. ...	Sewering of part of the township of Hoghton (£21,000).	Approved subject to the inclusion of an additional length of sewer.	—
Chorley R.D.C. ...	Sewering of part of the township of Mawdesley (£17,000).	Approved for submission to the Minister of Housing and Local Government.	—
Lunesdale R.D.C. ...	Sewering of the township of Whittington (£30,037).	Approved for submission to the Minister of Housing and Local Government.	—
North Lonsdale R.D.C.	Cartmel Valley water main (£27,758). (Rural District Council's share of the cost.)	Approved for submission to the Minister of Housing and Local Government.	The Minister noted that the work constitutes replacement and improvement of existing facilities and in his view the Acts were not intended to assist schemes of this nature. He did not therefore feel justified in making a grant.
North Lonsdale R.D.C.	Water supply to the hamlet of Sunbrick (£2,904).	Approved for submission to the Minister of Housing and Local Government.	—
North Lonsdale R.D.C.	Sewerage and sewage disposal—hamlet of Ayside (£5,579).	Approved for submission to the Minister of Housing and Local Government.	—

In addition, further action was taken during the year in connection with certain schemes which were the subject of applications made in previous years, and particulars are given in the following table :—

Authority	Nature of scheme and estimated cost	Action taken by County Council (to 4th May, 1961)
Blackburn R.D.C. ...	Sewerage and sewage disposal—Billington, Clayton-le-Dale, Salesbury and Wilpshire (£116,500).	In May, 1956, this scheme was approved and the Minister of Housing and Local Government agreed to make half-yearly payments of £660 for 30 years. The final cost of the scheme was ascertained at £127,262 and the Minister has increased his grant to £710 half-yearly for 30 years. The County Council have increased their contribution to a like amount.
Clitheroe R.D.C. ...	Reconstruction of Whalley Sewage Disposal Works (£37,750).	The final cost of this scheme has now been ascertained as £44,144, and the Minister of Housing and Local Government has decided to increase his grant to £255 half-yearly for 30 years. The County Council have agreed to amend their grant to a similar amount.
Garstang R.D.C. ...	Water supply—Nether Wyresdale (£26,524).	The County Council were precluded from making a grant in this case as the Minister of Agriculture, Fisheries and Food made a capital grant of £9,250 towards the cost on the grounds that the scheme served mainly agricultural property. The District Council applied for special consideration to be given to the scheme, and the County Council agreed to give financial assistance at the rate of £922 per annum for 12 years towards the estimated annual deficit.
Garstang R.D.C. ...	Sewerage of the Parishes of Bilsborrow and Myerscough (£58,245).	The Minister of Housing and Local Government agreed to contribute £405 half-yearly for 30 years towards the cost of this scheme, and the County Council agreed to make a similar grant.
North Lonsdale R.D.C.	Drainage works—Hamlet of Bouth (£6,315).	In 1958 this scheme was approved by the County Council for submission to the Minister of Housing and Local Government. It is now learned that the Minister proposes to make a grant of £1,200 towards the cost of the scheme and the County Council, in accordance with normal policy, have agreed to make a similar grant.
Preston R.D.C....	Drainage of the Parishes of Barton, Broughton, Goosnargh and Whittingham (£197,641).	In 1959, this scheme was approved for submission to the Minister of Housing and Local Government, who has now undertaken to contribute £1,225 half-yearly for 30 years towards the cost. The County Council resolved to make similar payments.
Warrington R.D.C. ...	Poulton and Woolston main drainage (preliminary works £64,799; main scheme £376,292).	The Minister of Housing and Local Government approved grant of £2,000 half-yearly for 30 years and the County Council agreed to increase their existing grant of £1,635 half-yearly to £2,000 half-yearly for 30 years.

LOCAL GOVERNMENT ACT, 1958.—SECTION 56.—In the past, grant assistance to local authorities from the County Council towards the cost of schemes has been given largely through the medium of section 307 of the Public Health Act, 1936. This statutory power was repealed with effect from the 23rd July, 1958, by section 56 of the Local Government Act, 1958, which gave a general power to the County Council to make any contribution they think fit to the expenses of a County district council. In those circumstances, the formula under which grants had been made under section 307 of the Public Health Act, 1936, was continued under the authority of section 56 of the Local Government Act, 1958.

Particulars of the applications received during the year 1960 for financial assistance from the County Council in respect of water supply and sewage disposal schemes are set out below :—

Authority	Nature of application and estimated cost	Action taken
Clitheroe M.B.C. ...	Reconstruction of sewage disposal works (£111,000).	} Still under consideration
Crosby M.B.C. ...	Northern area—flood relief scheme (£377,300).	
Crosby M.B.C. ...	Piping of Boundary Brook (£48,308).	
Denton U.D.C....	Reconstruction and extension of low level sewer (£120,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Droylsden U.D.C.	Culverting the watercourse known as Bell Clough (£20,700).	Approved for the purposes of the County Council's scheme of financial assistance.
Droylsden U.D.C.	Sewerage of the whole district—Stage II (£163,500).	Approved for the purposes of the County Council's scheme of financial assistance.

Authority	Nature of application and estimated cost	Action taken
Failsworth U.D.C. ...	Construction of overflow relief sewer—Holt Lane (£75,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Failsworth U.D.C. ...	Reconstruction of sewage disposal works (£195,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Fleetwood M.B.C. ...	Repairs to sea outfall sewer (£29,400).	The County Council approved the scheme on engineering grounds, but it was excluded for the purposes of grant aid as it is in the nature of repairs.
Grange U.D.C. ...	Cartmel Valley water main (District Council's share of the cost—£36,298).	Approved for the purposes of the County Council's scheme of financial assistance.
Haydock U.D.C. ...	Western area sewerage and sewage disposal (£180,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Huyton-w-Roby U.D.C.	Installation of new pump—Swanside pumping station (£1,653).	Schemes approved on the understanding that the district council do not at present qualify for grant aid.
Huyton-w-Roby U.D.C.	Duplication of Swanside sewer (£13,848).	
Huyton-w-Roby U.D.C.	Extension of sludge drying shed (£1,600).	
Leigh M.B.C. ...	Main drainage, five part scheme (£114,920).	Schemes approved in principle, subject to later submission of detailed proposals.
Leyland U.D.C. ...	Sewerage and sewage disposal (£300,000).	Deferred pending negotiations with neighbouring local authorities.
Littleborough U.D.C. ...	Drainage of 57 dwellings in Calderbrook area (£6,488).	Scheme approved, it being understood that the district council do not at present qualify for grant aid.
Urmston U.D.C. ...	Sewerage of Trafford Park area (£285,107).	Still under consideration.
Walton-le-Dale U.D.C.	Enlargement and modernisation of sewage disposal works (£210,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Westhoughton U.D.C....	Sewerage of Miry Lane area (£22,000).	Scheme approved, it being understood that the district council do not at present qualify for grant aid.
Lancaster R.D.C. ...	Reconstruction of sewage disposal works—Bolton-le-Sands (£55,000).	Scheme approved, it being understood that the district council do not at present qualify for grant aid.
Whiston R.D.C. ...	Sewerage and sewage disposal—Hale and Halewood (including the proposed Ford Motor Co. Ltd. factory) (£253,000).	Still under consideration.
Whiston R.D.C. ...	Sewerage and sewage disposal—Hale parish (£60,006).	

Closet Accommodation.—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1960 as compiled from the local health reports. The number of *houses* on the water carriage system was approximately 699,000.

Closet Accommodation at end of 1960

	Urban districts	Rural districts	Administrative County
Privy middens	1,650	2,900	4,550
Privy closets	1,800	3,760	5,560
Pail closets	6,240	6,870	13,110
Fresh-water closets	653,400	95,100	748,500
Waste-water closets	40,900	2,570	43,470

A summary of the action taken in the County districts during 1960 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	114	130	244
Privy closets to pail closets	20	38	58
Pail closets to fresh-water closets	508	396	904
Waste-water closets to fresh-water closets ...	3,202	165	3,367

In addition to the above improvements the eradication of trough closets was continued, some 320 remaining in existence at the end of the year.

Public Cleansing.—At the end of 1960 there were reported to be 774,000 movable dustbins in use in the Administrative County area, but there still remained nearly 3,000 dry ashpits. Throughout the County area a weekly collection of household and, in most cases, trade refuse was normal but in a very few districts, mainly rural in character, the interval between collections was extended, the maximum period being two weeks. The work was undertaken by labour directly employed by the local authorities and using covered motor vehicles specially designed for the purpose. Controlled tipping was the generally adopted means of disposing of household refuse, other methods reported being crude tipping into disused mineshafts and quarries or separation and incineration.

In 65 of the 109 County districts the owner or occupier was responsible for the renewal of movable dustbins, in 37 districts they were supplied out of the rate fund, in two they were provided by the council on an annual rental and in the remaining five districts a combination of these means of renewal was in operation at the end of the year.

The arrangements for the emptying of pail closets almost invariably provided for a weekly collection by employees of the local authorities, although in parts of one or two districts this service was still provided under contract by local farmers. Attention to privy middens was given at periods varying between four weeks and three months or by request.

Sanitary Inspections.—The following table gives the numbers of premises visited and visits paid during 1960 by local sanitary officials, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 85 cases.

	No. of premises visited	No. of visits made	Defects or nuisances		No. of notices served	
			No. discovered	No. abated	Informal	Statutory
Urban districts	209,162	353,928	74,068	47,221	18,426	3,376
Rural districts	21,215	45,991	2,810	2,502	1,790	192
Administrative County ...	230,377	399,919	76,878	49,723	20,216	3,568

Prevention of Atmospheric Pollution.—Control over atmospheric pollution is effected mainly by County district councils but, as Planning Authority under the Town and Country Planning Act, 1947, the County Council have certain powers. Owing largely to the substantial expenditure involved, however, these are normally limited in practice to the imposition of conditions to planning permissions for industrial development likely to produce considerable smoke. Such 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. 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.

The powers of the local sanitary authorities in this field were considerably strengthened by the operation of the Clean Air Act, 1956. Whilst County district councils are responsible for enforcing its provisions it is the duty of the County Medical Officer of Health to keep himself informed of the position and the County Council have the right to make representations to the Minister of Housing and Local Government if a district council should be in default in carrying out its duties.

The provisions of the Act can be divided into two main groups, viz. (a) general regulatory powers (many of which do not normally apply to domestic buildings) and (b) powers to establish smoke control areas in which the emission of smoke from all chimneys (including domestic chimneys) can, broadly speaking, be entirely prohibited.

Smoke control areas are established by orders made by the authority and confirmed by the Minister. The effect of an order is, broadly speaking, to prohibit entirely the emission of smoke from all chimneys in the area, but the order can be adapted to local circumstances. Thus smoke control areas may be completely smokeless areas like the smokeless zones which some authorities had previously established under local acts in which all buildings are controlled, or they may be areas, perhaps larger in extent, in which certain classes of buildings only are subject to control or in which certain buildings are exempt, so that the area as a whole may not be entirely smokeless. The Ministry initially pointed out that the establishment of smoke control areas would necessarily be gradual, progress being governed by the supply of smokeless fuels, the rate at which appliances can be converted or replaced and the rate at which local authorities are able to formulate and carry through their smoke control plans. During 1960, in fact, 22 orders involving a total of 10,743 houses and other buildings were submitted to the Ministry and 18, relating to 7,409 premises, had been confirmed by the end of the year, making a total confirmed up to that time of 28 orders involving 10,284 premises.

The establishment of a smoke control area makes it necessary for many owners or occupiers of dwelling houses to carry out adaptations to enable smokeless fuels to be used. The Act gives them the right to claim 70 per cent. of the cost in respect of buildings erected before 6th July, 1956, from the local authority who receive a 40 per cent. government grant. The authority may, if they wish, refund to the owner or occupier the whole or part of the balance of the cost. Refunds of the cost of work carried out in advance of the confirmation of the order can only be made if the authority have served notice requiring the work to be done. There is also power to make grants towards adaptations necessary in churches, chapels, buildings used by charities, etc.

Authority was also given to district councils to make building byelaws requiring the provision in *new buildings* of such arrangements for heating or cooking as are calculated to prevent, so far as is practicable, the emission of smoke. By the end of 1960 such byelaws were operative in 69 of the 109 County districts.

Progress achieved is kept under review by a Clean Air Council, appointed under the Act by the Minister. The National Clean Air Society, of which the County Council is a member, is of course active in this matter. There are also the Manchester and District Regional Clean Air Council and the West Lancashire and Cheshire Smoke Abatement Committee which, between them, cover the whole of the County area and upon which the County Council are represented as are many County district councils, particularly those in the more densely populated areas. These committees are voluntary associations of local authorities established as advisory and technical bodies for the purpose of improving the control of and reducing atmospheric pollution in the areas represented.

Co-operation at local level between industrial managements and public health officials in the practical problems involved in the elimination of black smoke continued to be very good and in only seven instances throughout the Administrative County area was it found necessary to resort to legal proceedings. The number of smoke observations made during the year was 2,699.

Movable Dwellings and Camping Sites.—By section 269 of the Public Health Act, 1936, local authorities are empowered 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. Local authorities may attach to any such licence such conditions as they think fit with regard to water supply, sanitary arrangements, free space, etc.

A movable dwelling is described in this section of the Act as including any tent, van, shed or other conveyance whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

The number of sites in the Administrative County area used for camping purposes during 1960 was 371, according to the reports of local medical officers of health. Licences issued by the local authorities under section 269 of the Act of 1936 numbered 171 in respect of sites and 1,166 in respect of individual movable dwellings. There were reported to be 1,238 caravans used for permanent occupation.

As from the 19th August, 1960, more effective powers for controlling caravan sites were conferred on local authorities by the operation of the Caravan Sites and Control of Development Act, 1960. As well as strengthening the powers of planning authorities it introduced a new licensing system to be administered within the Administrative County area by County district councils. The aim of the new legislation is to secure that all caravan sites, whether residential or holiday sites, are properly equipped and run; that sites are not allowed in the wrong places but are allowed in acceptable places, and that planning permission is not withheld on principle but only where there is some definite planning objection; that permission is given on a long term or permanent basis unless there is some definite reason against this; and that where sites have to be run down or numbers have to be reduced this is done with due regard to avoidance of hardship.

By the end of the year the number of site licences applied for under this Act was 357, involving some 10,200 caravans. The adoption of the Model Standards issued by the Ministry of Housing and Local Government in conjunction with the Act was reported from 28 County districts in respect of permanent residential caravan sites and from 20 in respect of holiday caravan sites.

Swimming Baths and Pools.—Public swimming baths exist in 31 of the County districts and privately owned swimming baths or pools are used by the public, or specific groups thereof, in eight districts. In nearly all instances filtration and chlorination plants are installed. During the year 404 samples of the water were submitted to bacteriological examination and 961 to chemical analysis. Forty-five of the former and three of the latter were found to be unsatisfactory.

Disinfestation.—Some degree of infestation of dwellings during 1960 was reported by the medical officers of health of all but 20 of the 109 County districts, but in the majority of districts only a few houses were involved. The 3,119 houses found to be infested included 1,049 council houses and exceeded the previous year's total by 263.

The most commonly used method of disinfestation was spraying with liquid insecticides, mainly based on D.D.T. Whilst almost the whole of this work was undertaken by the local authority staffs, contractors were usually employed where hydrogen cyanide gas was used in cases of heavy infestation, particularly during removal of furniture, bedding, etc., to fresh premises. A few authorities used steam treatment in appropriate cases.

In order to prevent infestation of council houses or re-infestation after cleansing, it is usual for most authorities to arrange for periodic inspections or visits by public health inspectors, housing managers or welfare officers, who give personal advice to the tenants.

Prevention of Damage by Pests Act, 1949.—Under this Act powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and the powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

At the end of 1960 there were 52 full-time rodent operatives employed by local authorities within the Administrative County area. A further 84 had been employed part-time during the year. Inspections totalling 130,874 were made of 72,291 properties and infestations were discovered to the following degree: major infestation by rats, 437; minor by rats, 11,641; major infestation by mice, 241; minor by mice, 6,120. In all, 24,856 treatments (including re-treatments) were carried out to 18,692 infested properties.

Regular inspection of likely places of infestation, particularly sewers and tips, was reported and routine treatment of sewers was normally carried out at half-yearly intervals.

Factories Act, 1937.—The following tables provide a summary of the action taken during 1960 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 Public Health 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	1,459	2,004	40	—
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority	8,704	6,241	308	—
(iii) Other Premises in which Section 7 enforced by the Local Authority *(excluding out-workers' premises)	737	762	39	—
TOTAL	10,900	9,007	387	—

*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)	137	126	1	20	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	2	1	—	—	—
Inadequate ventilation (S.4)	18	9	1	2	—
Ineffective drainage of floors (S.6)	17	13	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient	63	52	—	17	—
(b) unsuitable or defective	428	347	4	95	—
(c) not separate for sexes... ..	11	10	—	8	—
Other offences against the Act (not including offences relating to Outwork)	85	65	—	4	1
TOTAL	761	623	6	146	1

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 Section 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.	579	—	—	—	—	—
Lace, lace curtains and nets ...	1	—	—	—	—	—
Brass and brass articles ...	10	—	—	—	—	—
Iron and steel cables and chains	16	—	—	—	—	—
Nets, other than wire nets ...	73	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	147	—	—	—	—	—
Basket making	63	1	—	—	—	—
Textile weaving... ..	15	—	—	—	—	—
TOTAL	904	1	—	—	—	—

Rag Flock and Other Filling Materials Act, 1951.—Under this Act premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating or reconditioning of articles and the upholstering of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1960 there were reported to be 61 registered premises in the County area and the number of licensed premises was 22, of which six were used for the manufacture or manufacture and storage of rag flock and 16 for its storage only. Inspections of all premises during the year numbered 75. Twenty-three samples of rag flock and other filling materials were submitted for examination and all were found to be satisfactory.

Premises and Occupations which can be Controlled by Byelaws and Regulations.—**OFFENSIVE TRADES.**—Offensive trades were carried on in 38 districts during 1960, the premises numbering 103. These were chiefly tripe boilers and/or dressers, gut scrapers, fat melters, tanners, soap boilers, rag and bone dealers, glue manufacturers and leather dressers, but also included 33 fish fryers in four districts where this occupation is classed as an offensive trade. Regular inspections were reported to have been made of all premises.

COMMON LODGING HOUSES.—At the end of 1960 there were 11 common lodging houses on the registers of eight district councils in the Administrative County. All were reported to be in satisfactory condition.

CANAL BOATS.—Inspections of canal boats, seven in number, were reported in three districts—Leigh M.B., Ormskirk U.D. and Stretford M.B. No infringements of legislation were noted.

Inspection of County Districts.—The work of carrying out surveys of the housing, sanitary circumstances, etc., of districts in the Administrative County area was continued during 1960 and reports on three districts—Barrowford U.D., Chadderton U.D. and Formby U.D.—were considered by the Public Health and Housing Committee. Copies of these reports, which incorporated recommendations for improvements, were then forwarded to the district councils concerned for consideration and any necessary action.

HOUSING

During the year under report 13,974 houses and 1,166 flats were erected in the Administrative County area, a net increase of 1,500 new housing units as compared with the preceding year. New houses again increased in number—by 1,922—and flats again decreased—by 422. Local authorities were responsible for the building of 3,224 houses and 1,038 flats, so that the decline continued in the proportionate contribution made by them to the total provision of new housing. Between 1953 and 1959 this ratio had fallen from 77 per cent. to 33 per cent. In 1960 it amounted to only 28 per cent. Particulars of the dwellings completed during the year in each County district are shown in Table 28, pages 211 to 216.

At the end of 1960 there were approximately 720,000 houses, including flats, etc., in the Administrative County area, almost 100,000 more than at the beginning of the preceding decade. In addition to the new building completed during this period a steady improvement has been achieved in the condition of much of the older property. On the other hand reports of local medical officers of health suggest that there still remain some 20,000 unfit houses awaiting demolition. So far as household amenities are concerned, local reports also indicate the existence of some 2,000 houses without an adequate internal water supply and more than 8,000 without separate water closet or other adequate sanitary accommodation.

Table 28, pages 211 to 216, compiled from information supplied by local medical officers of health, gives some indication of the housing activities during the year in each district of the County, together with steps taken regarding property found to be unfit or not to be in all respects reasonably fit for human habitation. In all, 55,012 houses were inspected under the Public Health or Housing Acts for housing defects, 111,685 inspections being made for the purpose. As a result 19,425 were found to be not in all respects reasonably fit. In consequence of action taken by the local authorities or their officers, 16,640 houses were rendered fit during the year. Of these, 13,901 were brought up to standard as a result of informal action. Formal notices under the Public Health Acts resulted in the remedying of defects in 2,550 cases by the owners and in 102 cases by the local authorities in default of the owners. Formal notices under sections 9 and 16 of the Housing Act, 1957, secured the completion of necessary work on 51 houses and on 13 the work was carried out by the local authorities in default of the owners. Twenty-three additional houses, subject to demolition orders, were so reconstructed, enlarged or improved as to secure the revocation of the orders under section 24 of the Act.

Demolition carried out during 1960 accounted for 2,661 houses, of which 1,714 were in clearance areas, and displaced 3,894 persons. The 1,714 in clearance areas related to 1,647 found unfit for human habitation, 14 included by reason of bad arrangement, etc., and 53 which were on land acquired under section 43(2) of the Housing Act, 1957. Of the 947 demolished houses not in clearance areas 719 were the result of formal or informal procedure under section 17(1) of the Act of 1957, 223 were local authority owned houses certified unfit by the medical officer of health, two resulted from action taken under a local Act and three were unfit houses included in unfitness orders.

Closures were applied to 452 houses under sections 16(4), 17(1) and 35(1) of the Housing Act, 1957, to three houses under sections 17(3) and 26 and in nine cases to parts of buildings under section 18. The total number of persons displaced by closures was 1,187.

At the end of 1960 there were reported to be nine houses, subject to existing demolition or clearance orders, which were licensed for temporary occupation under sections 34 or 53 of the Act of 1957 and eight which had been retained for temporary accommodation, one under section 48 and seven under section 17(2).

IMPROVEMENT GRANTS.—With effect from the 23rd October, 1958, the Housing (Financial Provisions) Act, 1958, repealed and consolidated, *inter alia*, certain provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954, whereby a local authority may, subject to specified conditions, 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.

With the aim of pressing ahead more urgently with this work of modernisation the House Purchase and Housing Act, 1959, introduced changes in the system of improvement grants which had the effect of simplifying its operation and rendering the grants more attractive to owners. At the same time a new system of standard grants (see below) was initiated to supplement the existing system.

Improvement schemes of private bodies or individuals approved for grant by local authorities within the Administrative County during 1960 numbered 1,060, involving 1,081 dwellings or other buildings. Of schemes submitted by local authorities to the Minister 78, involving 242 properties, were approved during the year. These included 70 schemes of private bodies or individuals relating to 71 dwellings or other buildings. Schemes actually completed during 1960 numbered 906 (1,069 properties) of which four (163 properties) were local authority schemes.

STANDARD GRANTS.—As from the 14th June, 1959, the House Purchase and Housing Act, 1959, set up a new system of standard grants to supplement the existing system of improvement grants (see above) paid at the discretion of the local authority. The distinctive features of this system are that these grants are payable only in respect of the provision of specific standard amenities and on the expenditure actually incurred for this purpose and that, provided certain conditions are satisfied, the owner of the property can claim the grant as of right. The system was designed to produce as simple a procedure as possible and enable owners generally to form a reasonably accurate idea of the assistance they can hope to receive before any expense is incurred. It is intended to deal in the main with relatively straightforward cases in which the improvements involve little or no structural alteration, leaving the system of discretionary improvement grants to deal with the more elaborate proposals.

There are five standard amenities eligible for standard grant—(a) a fixed bath or shower in a bathroom, (b) a wash-hand basin, (c) a hot water supply, (d) a water closet in or contiguous to the dwelling, (e) satisfactory facilities for storing food. These amenities must be for the exclusive use of the occupants of the particular dwelling which, after improvement, must be equipped with all five standard amenities. Grant is not payable towards the cost of providing a second water closet or other amenity if there is already one in the house. If a hot water supply is provided it must be connected to a sink as well as to the bath or shower and wash-hand basin.

During 1960, 4,754 applications were made to local authorities within the Administrative County area and 4,457 were approved. By the end of the year work had been completed in 3,817 approved schemes.

FINANCIAL ASSISTANCE TO LOCAL AUTHORITIES.—Provision was made by the Housing Act, 1936, for County Councils to make annual contributions to rural district councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers. This provision was extended by the Housing (Financial Provisions) Act, 1938, to apply similarly to urban district and non-County borough councils in respect of houses provided by them for members of the agricultural population and, subject to certain conditions, to housing accommodation provided by the local authority for the working classes in any County district.

Later, the Housing (Financial and Miscellaneous Provisions) Act, 1946, provided 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.

On the 1st August, 1952, further amending legislation in the form of the Housing Act, 1952, was placed on the statute book which provided, *inter alia*, for further increases in the "special standard" and "general standard" exchequer contributions to £35 14s. and £26 14s. respectively in respect of houses completed after the 28th February, 1952, and an increased contribution of £2 10s. by the County Council to County district councils in respect of any such house for which the "special standard" amount is payable. The increased exchequer contributions of the "special standard" amount in respect of houses for the agricultural population are payable at the discretion of the Minister, and will be paid only in respect of houses provided in an isolated area in a small group of not more than eight houses.

In 1954 the Minister of Housing and Local Government reviewed the contributions payable under section 16 of the Housing (Financial and Miscellaneous Provisions) Act, 1946 (as amended by the Housing Act, 1952), and reduced the exchequer contribution for houses completed after the 1st April, 1955, to £31 1s. and £22 1s. for the "special standard" and "general standard" subsidies respectively. The County Council's contribution of £2 10s. in cases where the special standard subsidy is payable by the exchequer remained unaffected.

During 1958 the Housing (Financial Provisions) Act, 1958, received the Royal Assent and became operative as from the 23rd October, 1958. Its effect was to repeal all the foregoing legislation insofar as contributions to district councils by the County Council are concerned without affecting the continuation of contributions towards previously approved houses. At the same time, by section 23, it provides for the payment to district councils by the County Council, in respect of houses provided for agricultural workers, of an annual contribution of £2 10s. or less per house for 60 years where the exchequer subsidy is increased under section 5 of the Act.

The total annual contributions (including arrears) paid by the County Council to district councils under the above Acts during the financial year ended the 31st March, 1961, amounted to £2,862 10s. No houses ranking for grant were notified as having been completed during the year ended 31st March, 1961.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.—During 1960, the County Council, as Food and Drugs Authority, continued to be responsible for the inspection and licensing of heat treatment plants and premises within their area, and milk sampling and testing generally. They were also concerned with the administration of the Milk and Dairies (General) Regulations, 1959, insofar as they relate to the general sanitation of dairies or plant licensed by the County Council, and with the supervision of milk supplies in connection with the Milk in Schools Scheme.

The enforcement of those provisions of the Food and Drugs Act, 1955, for which the County Council are the responsible authority was continued. These provisions cover functions relating to the prohibition of the sale of milk from cows suffering from tuberculosis or other specified diseases, the prevention of the adulteration of milk by the addition of water, colouring matter, dried or condensed milk, etc., the restrictions on the use of special designations and the prevention of the use of false descriptions in relation to milk. Food and Drugs Authorities are required to enforce provisions concerning the prohibition of the description "cream" in relation to any substance which resembles but which is not "cream" as defined.

THE MILK (SPECIAL DESIGNATION) (SPECIFIED AREAS) ORDERS.—Orders made annually from 1952 to 1959 by the Minister of Agriculture, Fisheries and Food and the Minister of Health jointly, provide that in a "specified area" only milk of a special designation may be sold by retail for human consumption. All the 109 districts which form the Administrative County, with the exception of Carnforth U.D., Lancaster M.B., Morecambe and Heysham M.B., Lancaster R.D. and Lunesdale R.D. were, by 1960, specified areas.

The County Council continued to be responsible for the enforcement of the provisions of the Food and Drugs Act in 90 of the specified districts, the remaining 14 being autonomous for Food and Drugs administration. During the year, 1,625 samples of designated milk (682 pasteurised, 153 sterilised, 790 tuberculin tested) were obtained by the County Council's sampling officers from retailers in the 90 districts concerned and submitted to the prescribed tests.

Three of the samples of pasteurised milk failed the phosphatase test and one the methylene blue test, appropriate action being taken to ensure adequate heat treatment of milk in future. In 10 instances, also, the samples of pasteurised milk failed the methylene blue test but the tests were all declared void as the atmospheric shade temperature at the time of the test exceeded 65°F.

All of the samples of tuberculin tested milk examined for the presence of tubercle bacilli were reported to be satisfactory.

Other Areas.—During the course of the year 21 samples of milk were obtained in areas of the County which were not "specified." Of these, 14 were of heat treated milk and the remaining seven were of tuberculin tested milk. All were reported to be satisfactory when submitted to the appropriate examination.

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953.—During 1960 the County Council granted 16 dealer's (pasteuriser's) and two dealer's (steriliser's) licences in respect of premises and plant for the heat treatment of milk. Four hundred and thirteen samples were obtained from these plants during the year and submitted to the prescribed tests. Only one sample failed the phosphatase test and investigations were carried out at the plant concerned. The cause of the failure was discovered and subsequent samples from this plant have all been satisfactory.

In the 16 County districts autonomous for Food and Drugs purposes the local authorities granted six dealer's (pasteuriser's) and one dealer's (steriliser's) licences in respect of premises and plant used for the heat treatment of milk.

The number of licences issued by all local authorities in the Administrative County area for the retail distribution of pasteurised milk was 2,762 and of sterilised milk 5,507.

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949-54.—The number of dealer's licences, including supplementary licences, issued under these regulations during 1960 by all local authorities within the Administrative County area was 1,979 in respect of "Tuberculin Tested" milk.

THE MILK AND DAIRIES (GENERAL) REGULATIONS, 1959.—According to reports of local medical officers of health regarding the registration of milk distributors, during 1960 there were registered 617 operating from dairies within the respective districts, and 4,928 from shops (other than dairies) in the districts.

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1960.—A change in Food and Drugs administration was introduced during the year by the Milk (Special Designation) Regulations, 1960. These Regulations consolidated, with amendments, the Milk (Special Designation) (Raw Milk) Regulations, 1949-1954, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53.

Under the provisions of the new regulations the County Council as Food and Drugs Authority assumed responsibility for the issue, within their area, of all milk dealers' licences which were formerly issued by the County district councils, but although the regulations came into operation on the 1st October, 1960, the County Council were not required to commence issue of licences until the 1st January, 1961.

Briefly the changes brought about by the regulations were :—

- As mentioned above, the County Council assumed responsibility for the issue of all milk dealers' licences (other than producers' licences and a few kinds issued by the Ministry of Agriculture, Fisheries and Food).
- A new type of licence, namely a Dealer's (Pre-Packed Milk) Licence, was introduced to permit the sale of all three kinds of specially designated milk, where the milk is obtained by the dealer in the container in which it is to be supplied to the consumer or is pasteurised or sterilised by the dealer.
- A dealer's licence became valid for five years instead of one year as previously.
- Certain modifications to the methylene blue test for tuberculin tested milk and pasteurised milk and a different phosphatase test for pasteurised milk were prescribed.

In all, therefore, four types of licence were now to be issued by the County Council as Food and Drugs Authority :—

- A Dealer's (Tuberculin Tested) Licence—required by a dealer obtaining tuberculin tested milk (other than pre-packed milk) for the purpose of re-sale.
- A Dealer's (Pasteuriser's) Licence—required by anyone operating a pasteurising plant.
- A Dealer's (Steriliser's) Licence—for the operation of a sterilising plant.
- A Dealer's (Pre-Packed Milk) Licence—for the purpose of buying and selling pre-packed milk (tuberculin tested, pasteurised, sterilised or all three kinds).

Steps were taken towards the end of the year to circularise all milk dealers in the County Food and Drugs area with regard to this changeover in administration and application forms were distributed in readiness for the issue of the necessary licences with effect from the 1st January of the following year. It was anticipated that approximately 4,000 dealers would require to be licensed in the County Council's area.

PROVISION OF MILK TO SCHOOLS, DAY NURSERIES AND HOMES FOR THE AGED.—Of the 1,625 samples obtained in the specified areas (see above), 564 were of milk as supplied to schools, day nurseries and homes for the aged, whilst of the 21 samples obtained in "other areas," 18 were of milk as supplied to these establishments.

The County Council's policy of endeavouring to arrange for heat treated milk to be provided at all schools in the County area was continued, particularly in view of the possibility of brucella infections occurring in raw milk but, where it has been impossible in the more remote parts of the County area to obtain heat treated milk, tuberculin tested milk has been supplied.

SAMPLING BY LOCAL AUTHORITIES.—The number of milk samples reported to have been taken during 1960 by officers of the local authorities within the Administrative County and submitted to biological examination for either tuberculosis or brucellosis, or both, was 3,845. The results were as follows :—

				Positive	Negative	No result
Tuberculosis	...	...	...	—	1,234	81
Brucellosis—						
Ring test	...	...	...	844	1,990	433
Culture test	...	...	...	214	811	97
Biological test	...	...	...	108	499	80

Particulars of the milk samples submitted to the statutory tests are given in the following statement :—

	No. of samples	Results—	
<i>Raw milk—</i>		Satisfactory	Unsatisfactory
Methylene blue test	1,316	1,104	210
<i>Heat treated milk—</i>			
Methylene blue test	1,551	1,490	41
Phosphatase test	...	1,534	8
Turbidity test	330	329	1

For the second successive year no sample of milk taken within the Administrative County area by either County or local officers gave a positive result to the biological test for tuberculosis.

Meat and Other Foods.—Regular supervision and inspection of food shops, stalls and vehicles, places where food is prepared and slaughter-houses was reported to have been maintained in all districts throughout the year. The classification of such establishments into clearly defined categories for the whole of the Administrative County is dependent upon individual classifications carried out in each of the 109 districts, but as nearly as can be ascertained there were approximately 7,500 general grocers and provision dealers at the end of 1960, some 1,800 greengrocers and fruiterers (including those selling wet fish, game, etc.), 320 fishmongers (including those selling poultry and game), 2,200 meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.), 2,200 bakers and/or confectioners, 1,370 fried fish and chip shops, 2,450 shops selling mainly sugar confectionery, minerals, ice-cream, etc., and more than 10,200 licensed premises, canteens, restaurants, cafes, snack-bars and similar catering establishments. A further 1,800 food premises were reported which were not classifiable under the above general headings. Premises registered under the Food and Drugs Act or corresponding provisions of local legislation numbered 9,939 and 11,891 inspections of such premises were made during the year.

At the end of 1960 byelaws relating to the handling of food intended for sale were in operation in all but nine of the 109 County districts and their enforcement in conjunction with the Food Hygiene Regulations rarely called for action beyond the informality of personal advice and guidance which the inspectorial staffs of local authorities mainly rely upon. Prosecution was found necessary, however, in 10 instances in seven districts.

Licensed private slaughter-houses and public abattoirs in operation at the end of the year numbered 131 and eight respectively. Three private slaughter-houses were licensed for the slaughter of horses. It is the general practice to carry out complete post-mortem examinations at all such establishments but ante-mortem examination of all animals is confined to relatively few districts.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1960, together with the numbers and results of inspections carried out.

Carcases Inspected and Condemned, 1960

	Cattle including cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	87,790	1,820	361,323	261,455	4
Number inspected	87,727	1,820	359,258	261,455	4
<i>All diseases except tuberculosis and cysticercosis :</i>					
Whole carcasses condemned	142	71	292	521	—
Carcasses of which some part or organ was condemned	29,806	25	11,867	27,897	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis	34.1	5.3	3.4	10.9	—
<i>Tuberculosis only :</i>					
Whole carcasses condemned	115	12	—	70	—
Carcasses of which some part or organ was condemned	2,900	—	—	6,212	—
Percentage of the number inspected affected with tuberculosis	3.4	0.7	—	2.4	—
<i>Cysticercosis :</i>					
Carcasses of which some part or organ was condemned	242	—	—	—	—
Carcasses submitted to treatment by refrigeration	182	—	—	—	—
Generalised and totally condemned ...	2	—	—	—	—

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959.—These regulations consolidate and amend the Ice-Cream (Heat Treatment, etc.) Regulations, 1947-52. Details of their provisions are given later in this section of the report in the extract from the annual report of the County Analyst. During 1960 routine visiting of premises for the purpose of sampling, temperature recording and inspection of equipment was reported to have been undertaken in the majority of County districts. The standards of production and storage required by the regulations were maintained and no instances were reported of any necessity for legal or other formal action.

FOOD POISONING.—During the year 306 cases of food poisoning were notified and a further 426 were reported by local medical officers of health to have been ascertained during investigations, making a total of 732 in the Administrative County area. These were nine more than the corresponding total for the previous year but 128 fewer than the annual average for the preceding five years, 1955–59. One death was recorded locally as being due to food poisoning.

Defining an outbreak in this instance as the whole of the cases, being more than one in number, either probably or certainly derived from a single contaminating or infecting source, there were 36 outbreaks involving 521 cases, the remaining 211 being apparently isolated and unrelated. Ten of the outbreaks occurred in one district (Kirkby U.D.), two of which were as detailed in the tabular statement below. The remaining eight involved 20 cases—five of two cases each, two of three cases each and one of four cases—but neither the responsible organism nor the food concerned was established in any instance. Brief particulars of the other 28 outbreaks, including such information as is available regarding the organisms or other agents responsible, the foods involved and the place where the contaminated food was consumed, are given in the following statement :—

District	* No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Accrington M.B. ...	35	—	} Salm. thompson	Spit-roasted chicken	Home.
Haslingden M.B. ...	1	—			
TOTAL ...	36	—			
Haslingden M.B. ...	12	—	} Not ascertained	Gravy	Factory canteen.
Rawtenstall M.B. ...	2	—			
TOTAL ...	14	—			
Ulverston U.D. ...	1	—	} Salm. virchow	Cold chicken	Home, but obtained from hotel.
North Lonsdale R.D. ...	1	—			
TOTAL ...	2	—			
Ashton-under-Lyne M.B. ...	3	—	Salm. poona	Not ascertained	Not ascertained.
Chadderton U.D. ...	2	—	Salm. typhi-murium	Not ascertained	Not ascertained.
	3	—	Salm. thompson	Not ascertained	Not ascertained.
Colne M.B. ...	10	—	Cl. welchii	Cooked pork...	Factory canteen.
Failssworth U.D. ...	66	—	Cl. welchii	Steam-roasted beef...	Factory canteen.
Fulwood U.D. ...	2	—	Staph. aureus	Tinned chopped pork	Home.
	5	—	Not ascertained	Not ascertained	Not ascertained.
Heywood M.B. ...	3	—	Salm. menston	Not ascertained	Home.
	3	—	Salm. typhi-murium	Not ascertained	Home.
Kirkby U.D. ...	48	—	Cl. welchii	Shoulder steak (suspected)	School canteen.
	7	—	Staph. pyogenes	Corned beef ...	Works canteen.
Lancaster M.B. ...	188	—	Cl. welchii	Probably cold cooked lamb, etc.	School.
Middleton M.B. ...	3	—	Salm. typhi-murium	Not ascertained	Home.
	20	—	Not ascertained	Pork (suspected)	Works canteen.
Prestwich M.B. ...	2	—	Salm. typhi-murium	Not ascertained	Not ascertained.
	8	—	Cl. welchii	Pre-cooked chicken	Public restaurant (hotel).
Stretford M.B. ...	14	—	Staph. aureus	Corned beef ...	School canteen.
Swinton and Pendlebury M.B. ...	3	—	Salm. thompson	Not ascertained	Home.
Thornton Cleveleys U.D. ...	5	—	Cl. welchii	Not ascertained	Home.
Tyldesley U.D. ...	3	—	Not ascertained	Not ascertained	Not ascertained.

District	* No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Walton-le-Dale U.D.	5	—	Salm. menston	Sausage (suspected) ...	Home.
	3	—	Staph. aureus	Corned beef (suspected) ...	Home.
Lancaster R.D. ...	35	—	Cl. welchii	Brisket of beef	School.
Lunesdale R.D. ...	4	—	Not ascertained	Not ascertained	Not ascertained.
Preston R.D. ...	4	—	Not ascertained	Pork steaks (suspected) ...	Home.

* Including non-notified cases ascertained during investigations.

Of the 211 isolated cases of food poisoning which were ascertained in 1960 throughout the Administrative County area the responsible organisms in 38 were of the salmonella group, including 22 of salm. typhi-murium, six of salm. dublin, three of salm. enteritidis, two of salm. heidelberg and one each of salm. bareilly, salm. thompson, salm. brandenburg and salm. senftenberg. One further case was due to staphylococcus aureus. In the remaining 172 cases the responsible agents or organisms were not identified.

The death recorded locally as being due to food poisoning was that of a middle-aged man who was neither notified nor ascertained as a case, only a post-mortem examination revealing that the cause of death was toxæmia due to cl. welchii.

Food and Drugs.—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. :—

During the year under review the following new Regulations which have a bearing on the work of the Public Analyst were made :—

- The Milk (Special Designation) Regulations, 1960, which introduce new or modified tests for keeping quality and efficiency of heat treatment ;
- The Meat (Staining and Sterilization) Regulations, 1960, which prescribe that certain coal tar colours shall be used for the staining of knacker meat ;
- The Arsenic in Food (Amendment) Regulations, 1960, which amend the Arsenic in Food Regulations and increase the limit for the amount of arsenic which may be present in brewers' yeast which is to be used for manufacturing yeast products ; and
- The Skimmed Milk with Non-Milk Fat Regulations, 1960, which control the labelling and advertising of specified foods containing the named ingredients, but do not apply to sales by a caterer for immediate consumption on his premises.

FOOD AND DRUGS SAMPLES.—The number of food and drugs samples (excluding appeal-to-cow samples) submitted by the County Sanitary Officers during the year 1960 was 7,857 as against 8,256 during the previous year and 8,225 in the year 1958. The rate of samples per 1,000 of the population was 5.48 in the year under review, 5.76 in 1959 and 5.81 in 1958.

Total Adulteration.—Of the 7,857 samples of food and drugs submitted for examination under the Food and Drugs Act, 1955, 361 were reported upon adversely ; the total adulteration was, therefore, 4.6 per cent. This is almost the same as the percentage of adulteration for the previous year when the figure was 4.5 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 is 4.1 which was reached during the year 1956 and that the average figure is 4.6. The figure for the year under review is, therefore, identical with the average for the last ten years. In general the adulteration during and subsequent to the war was considerably greater than that found in preceding years. While the figure for the year under review cannot be regarded as unsatisfactory when compared with those for the last 10 years, it is, however, higher than the adulteration rate for the 10 years, 1929–1938, 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, 1951-60

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1951	8,501	412	4.8
1952	8,622	404	4.7
1953	8,635	386	4.5
1954	8,089	417	5.1
1955	8,373	413	4.9
1956	8,215	340	4.1
1957	8,239	349	4.2
1958	8,225	405	4.9
1959	8,256	373	4.5
1960	7,857	361	4.6
1957-1960	83,012	3,860	4.6

Analysis.—The table below gives the percentage of adulteration over the last ten years together with the various types of samples and with the number of samples taken per 100,000 of the population. The total number of samples and the number of samples per 100,000 of the population for the year under review have been well maintained at the level reached during the year 1947 (*i.e.*, 6,819 and 505 respectively) and the figures for all subsequent years are much higher than the corresponding figures for any of the previous years in the history of the County Laboratory.

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Percentage of adulteration ...	4.8	4.7	4.5	5.1	4.9	4.1	4.2	4.9	4.5	4.6
Total samples ...	8,501	8,622	8,635	8,089	8,373	8,215	8,239	8,225	8,256	7,857
Formal samples ...	2,751	2,654	3,220	2,817	3,300	3,474	3,331	3,337	3,321	3,012
Informal samples ...	5,184	5,313	4,761	4,844	4,744	4,404	4,589	4,568	4,627	4,589
Private samples ...	566	655	654	428	329	337	319	320	308	256
No. of samples per 100,000 of the population ...	589	599	598	593	613	594	588	581	576	548

MILK.—Adulteration.—The number of milk samples submitted under the Food and Drugs Act during the year was 5,051 and, of these, 178 were reported against; the amount of adulteration was, therefore, 3.5 per cent. This figure, as will be seen from the following table, is lower than the average for the last 10 years, and, together with that for the year 1957, is the lowest shown in the table.

Percentage of Adulteration of Milk Samples, 1951-60

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1951	5,811	291	5.0
1952	5,804	298	5.1
1953	5,872	281	4.8
1954	5,115	287	5.6
1955	5,637	273	4.8
1956	5,497	203	3.7
1957	5,411	190	3.5
1958	5,385	231	4.3
1959	5,294	198	3.7
1960	5,051	178	3.5
TOTALS	54,877	2,430	4.4

Average Composition.—Genuine milk has not always the same composition. There are natural variations in the amounts both of fat and solids-not-fat in milk as drawn from the cow, and it therefore 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 1960 in the following table, where it will be seen that the average figure for fat is 3.64 per cent., for solids-not-fat 8.66 per cent., and for total solids 12.30 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all samples of milk (other than Channel Islands 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, 1960

Month	No. of samples *	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
January	495	3.58	8.60	12.18
February	502	3.57	8.61	12.18
March	354	3.52	8.59	12.11
April	348	3.51	8.61	12.12
May	496	3.51	8.71	12.22
June	221	3.51	8.68	12.19
July	513	3.63	8.65	12.28
August	514	3.62	8.67	12.29
September	290	3.73	8.74	12.47
October	495	3.86	8.75	12.61
November	543	3.84	8.67	12.51
December	291	3.69	8.60	12.29
Whole year	5,062	3.64	8.66	12.30

* Includes Appeal-to-Cow samples, but excludes Channel Islands milk and eight samples examined for foreign matter only.

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 April, May and June have the lowest figure, 3.51 per cent., and October the highest, 3.86 per cent. In respect of solids-not-fat, the lowest figure was obtained in March, 8.59 per cent., and the highest in October, 8.75 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 winter.

In the following table the average composition of all the milk samples examined is set out for the period 1910-1960. It will be seen that the average figure for fat does not vary greatly from year to year, although the figure for the year under review is the second lowest of any shown in the table. 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 recorded in the year 1943. The average for solids-not-fat for the year under review was 8.66 per cent., while the average for the whole period for which records have been kept is 8.81 per cent. Since the year 1943 there has been, in general, a tendency for solids-not-fat to show an upward trend but they are still appreciably below the pre-war figures.

Average Composition of Milk Samples, 1910-60

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-30	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
1951	5,839	3.67	8.65	12.32
1952	5,844	3.67	8.68	12.35
1953	5,922	3.68	8.68	12.36
1954	5,182	3.71	8.65	12.36
1955	5,686	3.68	8.66	12.34
1956	5,524	3.71	8.59	12.30
1957	5,485	3.68	8.63	12.31
1958	5,439	3.68	8.63	12.31
1959	5,304	3.62	8.62	12.24
1960	5,062	3.64	8.66	12.30
1910-60	*172,108	3.71	8.81	12.52

* Excludes Channel Islands milk and 13 samples examined for foreign matter only.

ARTICLES OTHER THAN MILK.—*Adulteration.*—During the year under review, 2,806 samples other than milk were examined on behalf of the County Council. Of these, 183 were reported against, corresponding to an adulteration rate of 6.5 per cent., which is higher than the figure recorded in 1959, *viz.*, 5.9 per cent. The percentage of adulteration in articles other than milk was much higher than that for milk, *viz.*, 3.5 per cent. Sausages, samples containing extraneous matter, and samples whose labels did not conform to the requirements of the Labelling of Food Order, contributed especially to the overall adulteration rate.

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 may be due to long storage or adulteration may be brought about by the action of 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 vendors are sometimes cautioned and subsequent samples then frequently prove to be genuine; in other instances dairies 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 for destruction 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 361 County food and drugs samples were reported upon adversely and in respect of 16 of these prosecutions were instituted—seven in respect of milk samples, eight in respect of samples containing extraneous matter (including one milk sample) and one containing an insect. There were 16 convictions or orders to pay costs. The total fines and costs during the year amounted to £232 14s. 0d.

ICE-CREAM.—Until November, 1948, there was no control in this country on the composition of ice-cream. In that month, however, the Ministry of Food decided to allocate additional supplies of sugar, and in some cases fats, to those manufacturers who undertook to include at least 2.5 per cent. fat in their ice-cream. In March, 1951, the first statutory standard for ice-cream was made and, except for a short period between July, 1952, and June, 1953, when a slightly reduced standard was temporarily introduced, the minimum standard then laid down was in operation until April, 1959. This standard required ice-cream to contain not less than 5 per cent. fat, 10 per cent. sugar and $7\frac{1}{2}$ per cent. milk solids other than fat. There were special standards for ice-cream containing fruit and for "Parev" (kosher) ice. The required sugar content of ice-cream could be made up of certain other sugars in addition to sucrose but no ice-cream was permitted to contain less than $7\frac{1}{2}$ per cent. sucrose.

When the above standard was first introduced in the year 1951 the Food Standards Committee of the Ministry of Food stated that it was not an ideal standard and that it should be amended and improved as supplies of ingredients became more plentiful. It was not surprising, therefore, that a Food Standards Committee report on the ice-cream standard was published in December, 1957, and that this should be followed by the making of the Food Standards (Ice-Cream) Regulations, 1959, which came into operation on the 27th April, 1959. The new standard incorporated in these regulations is as follows and applies whether or not the ice-cream forms part of a composite article of food :—

"(a) Ice-cream shall contain not less than 5 per cent. fat and $7\frac{1}{2}$ per cent. milk solids other than fat so, however, that where ice-cream contains any fruit, fruit pulp or fruit purée it shall either conform to the above standard or, alternatively, the total content of fat and milk solids other than fat shall not be less than $12\frac{1}{2}$ per cent. of the whole including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of fat and milk solids other than fat shall include not less than $7\frac{1}{2}$ per cent. fat and 2 per cent. milk solids other than fat.

Provided that as respects any ice-cream sold, or offered or exposed for sale under any of the descriptions hereinafter specified, or under any such other description as is calculated to lead an intending purchaser to believe that he is purchasing ice-cream of any such description as is so specified, the standard of composition shall be as follows :—

(i) Dairy ice-cream, dairy cream ice or cream ice shall in each case contain not less than 5 per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than $7\frac{1}{2}$ per cent. milk solids other than fat, so, however, that where any dairy ice-cream, dairy cream ice or cream ice contains any fruit, fruit pulp or fruit purée it shall either conform to the standard of composition for that ice-cream or, alternatively, the total content of milk fat and milk solids other than fat shall be not less than $12\frac{1}{2}$ per cent. of the whole including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of milk fat and milk solids other than fat shall include not less than $7\frac{1}{2}$ per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than 2 per cent. milk solids other than fat.

(ii) Milk ice or milk ice containing any fruit, fruit pulp or fruit purée shall contain not less than $2\frac{1}{2}$ per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than 7 per cent. milk solids other than fat.

(iii) "Parev" (kosher) ice shall contain not less than 10 per cent. fat and no milk fat or other derivative of milk.

(b) No ice-cream of any description shall contain any artificial sweetener.

In this context—

- (i) "artificial sweetener" means any chemical compound which is sweet to the taste, and the expression includes polyhydric alcohols but does not include sugar or any other carbohydrate;
- (ii) each reference to any proportion or percentage means that proportion or percentage by weight."

It will be noted that there is now no minimum standard for sugar content but there is a specific prohibition on the use of artificial sweeteners. The most important change is, however, the introduction of the special standards for dairy ice-cream, dairy cream ice, cream ice and milk ice which are all now required to contain specified minimum amounts of milk fat, the use of other types of fat not being permitted in these varieties of ice-cream.

On the same day that this standard came into operation an amendment to the Labelling of Food Order also came into force and this introduced requirements as to the labelling of ice-cream. It is now illegal to label or advertise ice-cream by means of words or pictorial devices suggestive of butter, cream, milk or anything connected with the dairy interest unless the ice-cream contains no fat other than milk fat. The label or advertisement may, however, bear a statement to the effect that the ice-cream contains skimmed milk solids. It is now also an offence to sell under the description "ice-cream" any prepacked ice-cream which contains fat other than milk fat unless the wrapper also bears in letters of a specified height either the declaration "contains non-milk fat" or, if appropriate, the declaration "contains vegetable fat." The above requirements also apply to ice-cream which forms part of a composite article of food.

A third regulation concerning both ice-cream and certain types of ice lollies also came into operation on the 27th April, 1959, *i.e.*, the Ice-Cream (Heat Treatment, etc.) Regulations, 1959. These regulations consolidate and amend the Ice-Cream (Heat Treatment) Regulations 1947 to 1952. The new regulations require the ingredients of ice-cream after mixing to be either pasteurised or sterilised by one or other of the following methods:—

Pasteurisation

"Method I. The mixture shall be raised to and kept at a temperature of not less than 150° Fahrenheit for at least 30 minutes.

Method II. The mixture shall be raised to and kept at a temperature of not less than 160° Fahrenheit for at least 10 minutes.

Method III. The mixture shall be raised to and kept at a temperature of not less than 175° Fahrenheit for at least 15 seconds.

Sterilisation

The mixture shall be raised to and kept at a temperature of not less than 300° Fahrenheit for at least 2 seconds."

Before heat treatment the mixture shall not be kept for more than one hour at any temperature which exceeds 45° F. and after heat-treatment it shall be cooled to not more than 45° F. within 1½ hours and kept at this temperature until the freezing process is carried out. After freezing the ice-cream shall be kept at a temperature not exceeding 28° F.; if its temperature does exceed this figure it must again be heat-treated before being re-frozen.

The above requirements as to pasteurisation or sterilisation do not apply to the use of a complete cold mix reconstituted with drinking water if the mixture is made into ice-cream within one hour of reconstitution. The requirements also do not apply to any mixture (whether containing milk solids or not) used, either alone or with other mixtures, in the manufacture of water ice or similar products if the mixture has a pH value of 4.5 or less. It is considered that such products are sufficiently acid to prevent the growth of harmful bacteria without heat-treatment.

It will be noted from the following table that the average fat content of ice-cream during the year under review is 8.7 per cent. and is only very slightly below the figure recorded for the previous year so that the general improvement in the fat content of ice-cream found over the last 12 years is still maintained. A perusal of the table shows that the average fat content in 1946 was only 2.3 per cent. whereas for 1960 it was 8.7 per cent. Furthermore, the lowest fat content found during 1960 was 4.1 per cent., whereas in the four years 1946 to 1949 fats as low as 0.3 and even 0.1 per cent. were found.

During the year 1960, 68 samples of ice-cream (excluding samples of dairy ice-cream) were submitted for chemical analysis, 22 by County Sanitary Officers and 46 by autonomous Food and Drugs Authorities. Of these, seven samples (two County) were reported upon adversely, five of which did not comply with the Food Standards (Ice-Cream) Order. In the year 1959, four samples were reported upon adversely. Of the two unsatisfactory County samples, one was slightly deficient in fat and one did not bear the required declaration "Contains non-milk fat." It is interesting to note that one of the samples received from an autonomous Authority was reported upon adversely in that it was found to have a gritty texture owing to separation of lactose, due to high milk solids-other-than-fat and high total solids. The sample was otherwise genuine.

The average figures found for the 68 samples were—total solids 35.4 per cent. (maximum 50.7 ; minimum 25.8) and for fat content 8.7 per cent. (maximum 12.4 ; minimum 4.1). These figures as will be seen from the following table, which includes figures for the last 15 years, show that the big improvement in composition noted in 1950 has been maintained. It will be remembered that prior to the war a figure of eight 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 42 samples out of the total of 68 showed fat contents varying from 8.1 to 12.4 per cent.

Ice-cream

Year	No. of samples	Fat content average per cent.	Total solids average per cent.	Highest fat per cent.	Lowest fat per cent.	Highest total solids per cent.	Lowest total solids per cent.
1946	45	2.3	22.5	10.7	0.1	36.8	13.3
1947	59	3.0	23.6	10.6	<i>Less than</i> 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
1951	230	8.6	32.6	15.6	3.3	40.7	23.0
1952	143	9.0	32.8	13.7	2.0	40.0	19.6
1953	130	8.6	32.7	15.2	2.5	42.3	23.3
1954	90	9.2	34.6	13.8	3.1	44.0	24.8
1955	95	8.1	33.2	13.3	3.5	40.9	24.3
1956	94	9.2	34.0	16.4	3.6	43.6	26.3
1957	99	8.7	33.3	14.7	3.0	41.9	22.9
1958	111	8.9	33.8	15.6	2.7	42.1	25.3
1959	104	8.9	34.6	17.4	4.6	55.2	27.4
1960	68	8.7	35.4	12.4	4.1	50.7	25.8

Dairy Ice-cream.—Eight samples (2 County) of dairy ice-cream, not included in the foregoing table, were also submitted for chemical analysis. The average figures found for the eight samples were—total solids 35.9 per cent. (maximum 41.0 ; minimum 30.2) and for milk-fat content 10.1 per cent. (maximum 13.1 ; minimum 6.6). All the samples were found to be satisfactory.

Milk Ice.—No samples of milk ice were submitted during 1960.

ICE LOLLIES.—During the year under review 14 samples of ice lollies were submitted for examination under the Food and Drugs Act. Eight of the samples were submitted by County Sanitary Officers, and six by autonomous Food and Drugs Authorities. Unlike ice-cream there is no statutory standard for the composition of ice lollies. They are specifically excluded from the provisions of the Food Standards (Ice-Cream) Order while the Food Standards (Soft Drinks) Order refers only to liquid soft drinks although ice lollies are, in general, similar in composition to soft drinks. Ice lollies and ice-cream are, however, both mentioned in the revised report on lead of the Food Standards Committee of the Ministry of Food and in the Arsenic in Food Regulations which were published in the years 1954 and 1959 respectively. In these, maximum limits of only one part per million for lead and 0.5 part per million for arsenic (as As) are recommended or specified for both commodities, the limits for the majority of other foods being two parts per million and one part per million respectively. In addition to the special limits for lead and arsenic referred to above there are also recommended maximum limits for two other toxic metals in foods generally, *viz.*, copper 20 parts per million and zinc 50 parts per million. In view of the more stringent figures adopted for lead and arsenic in ice lollies than in foods generally, lower limits for copper and zinc may also be desirable for this particular type of commodity. Of the 14 samples of ice lollies, four County samples were reported upon adversely. These four samples all had unsatisfactory labels.

The total solids (sugars, etc.) in the samples ranged from as little as 3.1 per cent. to 32.3 per cent. with an average for the 14 samples of 14.6 per cent. The average total solids for the 46 samples examined in the previous year was 15.5 per cent.

SHOPS ACT ADMINISTRATION

The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act, 1950, in all rural districts of the Administrative County area and in all urban districts except those which had a population of 20,000 or more at the last published census. In the municipal boroughs, the respective councils are the local authority.

The position at the end of the year, therefore, was that of the 109 sanitary districts in the Administrative County 26 municipal borough councils and 11 urban district councils were local authorities for the purpose of enforcing the provisions of the Shops Act in their areas, the responsibility in the remaining 72 districts being that of the County Council.

The power to make closing, half-holiday and other orders conferred on the County Council has in 24 instances been delegated to urban district councils, the County Council retaining in these districts the right of enforcement.

Arrangements exist with 70 district councils in the Administrative County Shops Act area whereby certain of the inspectorial duties assigned to the County Council are undertaken by the public health 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 two remaining districts, *viz.*, the Urban District of Ashton-in-Makerfield and the Rural District of Blackburn, the duties are undertaken by the County inspectors of shops.

In respect of the inspections so carried out by district public health inspectors, the County Council paid County district councils 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 1960, inspection reports received under this scheme numbered 7,927 and in 118 cases contraventions of the Act were reported. In addition 338 inspections were carried out by the County shops inspectors in the two districts referred to above and in 74 instances contraventions of the Act were observed. Where such contraventions are observed, the shopkeepers concerned are communicated with and the provisions of the Act are explained.

Throughout the year, visits were paid by the County shops inspectors to shops in each of the 72 districts for which the County Council are the "shops authority." During 1960, 1,929 such visits were paid and, as a result, 942 shopkeepers were written to and the requirements of the Act were explained insofar as they relate to general closing hours, the weekly half-day holiday and Sunday trading. In each case the inspector later made a "follow-up" visit and in this connection 91 Sunday or evening visits were made during the year to the various districts.

From time to time, complaints are received concerning such matters as alleged illegal Sunday trading, failure to close on one half-day per week and various other infringements of the Act. Twenty-one such complaints were received during the year under review, ten from Trade Associations, six from individual shopkeepers and five which were received from the Police or Weights and Measures Departments. In each case, a County shops inspector investigated the circumstances of the complaint and appropriate action was taken.

Successful legal proceedings were instituted in 26 cases where contraventions of the Sunday trading restrictions were observed, fines and costs totalling £53 0s. 0d. being imposed. In addition, there was one successful case against a shopkeeper for trading after the normal evening closing hour, a fine and costs totalling £2 5s. 0d. being imposed.

REPORT ON THE PROGRESS OF THE WORK

The Committee has the honor to acknowledge the receipt of the report of the Secretary of the Board of Education, dated the 1st of January, 1888, in relation to the progress of the work during the year 1887.

The report of the Secretary is a most interesting and valuable one, and it is a pleasure to find that the work of the Board has been so successful during the year 1887.

The progress of the work during the year 1887 has been most satisfactory, and it is a pleasure to find that the Board has been so successful in its efforts to improve the education of the people.

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TABLES, ETC.

ADMINISTRATIVE COUNTY OF LANCASTER

Birth and Death Rates, 1889-1960

Crude Live Birth Rate - - - - - Crude Death Rate ———

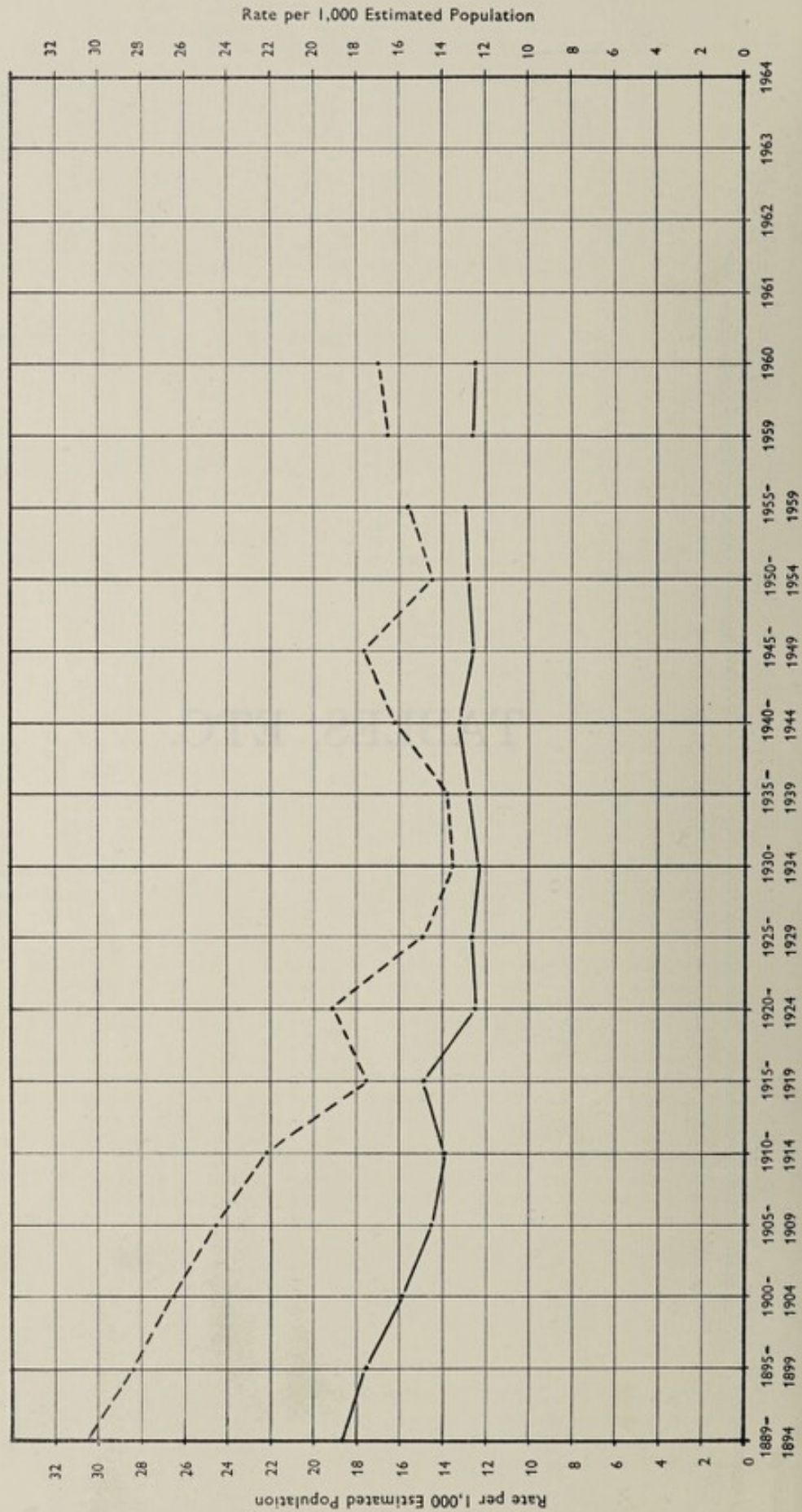


TABLE 1—COUNTY BIRTH AND DEATH RATES 1889-1960

PERIOD	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
AVERAGE 5 YEARS—									
1889-1894 (6 years)	30-42	30-98	28-63	18-70	19-18	16-91	155	159	128
1895-1899	28-34	28-63	26-56	17-64	17-97	15-62	167	173	130
1900-1904	26-51	26-67	25-37	15-89	16-13	14-21	151	156	119
1905-1909	24-54	24-70	23-46	14-35	14-52	13-17	128	132	98
1910-1914	22-26	22-40	21-38	13-90	14-09	12-69	120	123	97
1915-1919	17-45	17-47	17-31	14-98	15-10	14-25	101	103	89
1920-1924	19-13	19-13	18-29	12-61	12-73	11-87	85	87	70
1925-1929	14-94	14-99	14-65	12-65	12-85	11-51	77	79	66
1930-1934	13-50	13-55	13-21	12-43	12-62	11-32	66	67	61
1935-1939	13-82	13-76	14-21	12-81	13-03	11-43	58	59	52
1940-1944	16-22	16-24	16-08	13-16	13-46	11-35	54	55	46
1945-1949	17-75	17-97	16-42	12-63	12-90	11-05	45	45	41
1950-1954	14-60	14-75	13-76	12-75	13-04	11-10	30	30	29
1955-1959	15-69	15-66	15-84	12-81	13-00	11-74	26	26	26
YEAR—									
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
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
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
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
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
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
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
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
1950	15-06	15-22	14-09	12-84	13-18	10-88	33	33	31
1951	14-61	14-79	13-56	13-85	14-23	11-76	29	29	31
1952	14-33	14-50	13-40	12-23	12-65	9-89	30	31	26
1953	14-77	14-92	13-06	12-17	12-34	11-25	29	29	30
1954	14-25	14-33	13-81	12-64	12-80	11-72	29	29	29
1955	14-39	14-31	14-86	12-95	13-19	11-60	26-6	25-9	30-1
1956	15-24	15-19	15-49	12-72	12-96	11-43	27-2	27-3	26-6
1957	16-00	15-89	16-56	12-85	13-11	11-45	25-2	25-3	24-5
1958	16-17	16-17	16-18	12-85	12-95	12-23	25-6	25-5	26-3
1959	16-59	16-67	16-08	12-68	12-80	12-01	23-7	23-8	22-8
1960	17-07	17-05	17-19	12-54	12-55	12-43	25-0	25-4	22-7

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1960

Notes: The Census, 1951, populations given in this table refer to the areas as constituted at 31st December, 1960. Areas are as supplied by the Ordnance Survey Department and are given to the nearest acre. The adjusted rates are based on "comparability factors" supplied by the Registrar General. For explanation see pages 18 and 21, and for the district factors see Table 3, page 178. Rates based upon less than 20 births or deaths are distinguished by italic type as a warning that such rates are subject to a specially large amount of variation in proportion to their magnitude owing to the small number of persons whose experience is being recorded.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1960	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births			
				LIVE BIRTHS			STILLBIRTHS			Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week													
				Number registered		Live birthrate per 1,000 population	Number registered		Stillbirth rate per 1,000 births																				
				M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births				
Abram ...	1,984	6,284	6,180	58	32	93	15.0	14.3	2	2	4	41.2	37	31	68	11.0	14.9	1	1	2	21.5	1	1	2	21.5	1	1	2	21.5
Accrington (B) ...	4,418	40,685	39,110	244	291	535	14.3	15.0	5	2	8	14.1	276	301	577	14.8	14.5	7	9	16	28.6	6	5	11	19.7	4	5	9	16.1
Adlington ...	1,062	3,908	4,260	28	34	64	14.7	15.7	2	—	2	30.3	34	24	58	13.3	14.8	2	2	4	62.5	1	2	3	46.9	1	2	3	46.9
Ashton-in-Makerfield ...	6,297	19,057	19,460	178	165	347	17.8	17.3	4	1	5	14.2	126	126	252	12.9	15.4	8	2	10	28.8	5	2	7	20.2	5	2	7	20.2
Ashton-under-Lyne (B) ...	4,135	52,089	50,270	390	400	830	16.5	16.5	6	4	14	16.6	336	392	728	14.5	14.9	7	8	18	21.7	5	6	13	15.7	4	5	10	12.0
Aspull ...	1,906	6,522	6,770	62	48	113	16.7	16.4	1	1	2	8.8	40	25	65	9.6	12.4	2	1	3	26.5	1	—	1	8.8	1	—	1	8.8
Atherton ...	2,264	20,506	19,780	154	166	327	16.5	16.5	7	2	9	26.8	126	125	251	12.7	12.7	4	2	7	21.4	3	1	5	15.3	3	—	4	12.2
Audenshaw ...	1,241	12,601	12,420	87	78	170	13.7	14.1	2	—	2	11.6	69	50	119	9.6	10.6	1	1	2	11.8	1	1	2	11.8	1	1	2	11.8
Bacup (B) ...	6,121	18,374	17,900	123	141	280	15.6	15.8	3	3	6	21.6	119	124	243	13.6	15.1	2	3	6	21.4	2	2	4	14.3	2	1	3	16.7
Barrowford ...	1,387	4,766	4,680	34	32	69	14.7	16.5	1	1	2	14.3	38	33	71	15.2	13.8	1	—	1	14.5	1	—	1	14.5	1	—	—	nil
Billinge and Winstanley ...	4,596	6,157	6,730	54	53	108	16.0	16.4	2	2	4	35.7	65	56	121	18.0	13.1	1	—	1	9.3	1	—	1	9.3	1	—	1	9.3
Blackrod ...	2,392	3,153	3,480	28	22	52	14.9	14.3	1	—	—	nil	29	22	51	14.7	16.7	1	—	2	38.5	1	—	2	38.5	1	—	2	38.5
Brierfield ...	807	7,009	6,770	44	44	90	13.8	14.6	2	2	4	21.7	63	68	121	17.9	17.3	2	1	3	33.3	1	1	2	22.2	1	1	2	22.2
Carnforth ...	1,504	3,388	3,920	49	29	80	20.4	20.4	1	1	2	24.4	21	23	44	11.2	12.5	1	—	1	12.5	1	—	1	12.5	1	—	1	12.5
Chadderton ...	3,013	31,124	32,760	271	277	567	17.3	18.0	2	9	11	19.0	213	186	399	12.2	14.4	6	7	14	24.7	6	4	11	19.4	6	4	10	17.6
Chorley (B) ...	4,283	32,640	31,220	228	223	473	15.1	15.3	6	4	11	22.7	185	221	406	13.0	13.9	7	5	14	29.6	6	3	11	23.3	4	3	9	19.0

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
			LIVE BIRTHS		STILLBIRTHS		Number registered		Death rate per 1,000 population		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Area in statute acres at 31st Dec. 1960	Census, 1951	Est. Home, at 30th June, 1960	Number registered	Crude rate	Ad-justed rate	M.	F.	Total	M.	F.	Total	Rate per 1,000 live births	M.	E.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Church	5,228	5,290	5,750	18.8	18.8	2	4	35.7	41	15.7	14.8	1	1	2	18.5	1	1	2	9.3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS										DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY		PERINATAL MORTALITY								
			LIVE BIRTHS					STILLBIRTHS					Number registered		Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week										
			Number registered		Live birth rate per 1,000 population		Ad-justed rate		Number registered		Still-birth rate per 1,000 births						M.		F.		Total		Rate per 1,000 live births					M.		F.		Total		Rate per 1,000 live births	
	Area in statute acres at 31st Dec. 1960	Census, 1961	Home, at 30th June, 1960	Ead.	M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births						
Golborne	7,563	16,878	21,790	1,231	204	442	20.3	18.0	3	3	7	15.6	131	101	232	10.6	15.2	10	8	18	40.7	7	7	14	31.7	6	6	12	27.1	42.3					
Grange	1,883	3,028	2,850	8	13	23	8.1	11.8	—	—	—	nil	32	33	65	22.8	12.3	—	—	—	nil	—	—	—	—	—	—	—	—	nil					
Great Harwood	2,868	10,789	10,620	92	90	187	17.6	19.5	2	—	2	10.6	66	89	155	14.6	14.0	—	1	1	1	5.3	1	1	—	—	—	—	—	10.6					
Huddlesden (B)	8,203	14,513	14,050	106	90	206	14.7	15.7	1	4	5	23.7	105	89	194	13.8	13.7	4	2	7	34.0	4	1	5	24.3	1	1	2	9.7	33.2					
Haydock	2,395	11,837	12,190	116	101	222	18.2	17.5	4	2	6	26.2	70	61	131	10.7	13.7	2	3	5	22.5	1	1	2	9.0	1	1	2	9.0	35.1					
Heywood (B)	8,508	25,201	24,660	197	192	419	17.0	17.2	8	6	14	32.3	157	161	318	12.9	14.2	3	6	10	23.9	3	2	6	14.3	3	2	6	14.3	46.2					
Hindley	2,612	19,415	19,320	143	133	279	14.4	14.4	1	3	4	14.1	141	118	259	13.4	16.3	2	1	3	10.8	2	—	2	7.2	1	—	1	3.6	17.7					
Horwich	3,237	15,549	15,820	139	111	240	15.7	15.7	2	1	3	11.9	106	103	209	13.2	14.7	4	3	7	26.1	2	3	5	20.1	2	3	5	20.1	31.7					
Huyton-with-Roby	3,053	55,796	62,810	624	623	1,310	20.9	20.9	11	16	29	21.7	258	232	490	7.8	13.7	29	20	52	30.7	17	13	31	23.7	14	9	23	17.6	38.8					
Ince-in-Makerfield	2,320	20,413	19,680	143	157	311	15.0	14.9	4	8	12	37.2	116	93	209	10.5	14.7	5	4	9	28.9	4	3	7	22.5	2	3	5	16.1	52.6					
Irlam	4,717	15,063	15,210	127	110	243	16.0	16.4	3	2	6	24.1	78	75	153	10.1	12.8	2	4	7	28.8	1	4	6	24.7	1	4	5	20.6	44.2					
Kearsley	1,728	10,677	10,360	90	83	178	17.2	17.2	1	2	3	16.6	66	54	120	11.6	13.5	3	1	4	22.5	2	1	3	16.9	1	1	2	5.6	22.1					
Kirkby	4,672	3,145	51,330	693	718	1,471	28.7	20.6	22	26	48	31.6	136	103	239	4.7	12.6	32	19	55	37.4	20	11	34	23.1	14	9	31	21.1	52.0					
Kirkham	939	6,980	4,670	38	17	59	12.6	11.6	1	2	3	48.4	21	22	43	9.2	10.0	—	1	1	1	16.9	—	—	—	—	—	—	—	nil	48.4				
Lancaster (B)	4,873	51,661	49,220	392	364	801	16.3	17.6	10	9	20	24.4	324	384	708	14.4	11.5	10	7	22	27.5	7	4	15	18.7	6	4	14	17.5	41.4					
Lea... ..	288	4,100	3,890	25	17	44	11.3	12.4	1	—	1	22.2	27	32	59	15.2	15.8	1	2	2	45.5	—	—	—	—	—	—	—	—	22.2					

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1960	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY					
				LIVE BIRTHS		Stillbirths		Number registered		Death rate per 1,000 population		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week													
		Census, 1951	Est. Home, at 30th June, 1960	Number registered		Live birthrate per 1,000 population		Number registered		Stillbirth rate per 1,000 births		M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	
				M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total																		M.	F.	Total	Rate per 1,000 live births
Leigh (B)	48,728	47,240	L. 357 I. 10	374 9	750	15.9	15.7	L. 14 I. 1	8	22	28.5	294	261	555	11.7	14.6	L. 7 I. 1	7	15	20	16	L. 5 I. 1	6	12	9	12	40.2
Leyland	14,719	18,690	L. 178 I. 4	169 1	352	18.8	18.1	L. 5 I. 1	2	7	19.5	89	92	172	9.2	12.3	L. 3 I. 1	3	6	17.0	8.6	L. 2 I. 1	1	3	2	5.7	23.1
Litherland	23,628	24,560	L. 225 I. 9	209 10	453	18.4	17.3	L. 6 I. 1	4	11	23.7	122	102	224	9.1	13.2	L. 5 I. 1	4	10	22.1	13.2	L. 2 I. 1	3	6	6	13.2	26.6
Littleborough	10,986	10,460	L. 91 I. 3	80 4	178	17.0	17.0	L. 1 I. 1	2	2	11.1	62	68	130	12.4	13.7	L. 2 I. 1	5	7	39.3	22.5	L. 1 I. 1	3	4	4	22.5	33.3
Little Lever	4,704	4,890	L. 42 I. 2	47 3	94	19.2	20.2	L. 1 I. 1	4	5	50.5	21	43	64	13.1	15.3	L. 1 I. 1	3	3	31.9	21.3	L. 1 I. 1	2	2	2	21.3	70.7
Longridge	4,315	4,630	L. 42 I. 3	34 1	80	17.3	18.8	L. 1 I. 1	1	1	12.3	26	28	54	11.7	13.3	L. 1 I. 1	1	1	12.5	12.5	L. 1 I. 1	1	1	1	12.5	24.7
Lytham St. Anne (B)	30,343	32,580	L. 199 I. 9	190 8	406	12.5	14.3	L. 2 I. 1	5	7	16.9	291	329	620	19.0	13.5	L. 3 I. 1	2	6	14.8	9.9	L. 3 I. 1	3	4	2	9.9	21.8
Middleton (B)	32,607	56,370	L. 546 I. 20	498 22	1086	19.3	16.9	L. 5 I. 1	16	22	19.9	271	247	518	9.2	13.6	L. 16 I. 1	9	25	23.0	18.4	L. 14 I. 1	6	20	19	17.5	37.0
Milnrow	8,587	8,350	L. 47 I. 3	49 3	102	12.2	12.3	L. 1 I. 1	1	3	28.6	38	59	97	11.6	12.1	L. 1 I. 1	4	4	39.2	29.4	L. 1 I. 1	3	3	3	29.4	57.1
Morcambe and Heysham (B)	37,606	38,200	L. 258 I. 11	212 9	490	12.8	15.6	L. 4 I. 1	1	5	19.1	315	356	671	17.6	13.5	L. 5 I. 1	1	7	14.3	12.2	L. 4 I. 1	1	6	5	10.2	29.2
Mossley (B)	10,422	9,970	L. 79 I. 1	94 2	176	17.7	18.2	L. 3 I. 1	2	5	27.6	72	74	146	14.6	16.0	L. 2 I. 1	3	5	28.4	28.4	L. 2 I. 1	3	5	5	28.4	55.2
Nelson (B)	34,384	31,470	L. 227 I. 14	216 10	407	14.8	16.0	L. 7 I. 1	6	16	23.1	268	265	533	16.9	16.1	L. 4 I. 1	3	8	17.1	15.0	L. 4 I. 1	2	7	5	10.7	43.5
Newton-le-Willows	21,862	22,050	L. 178 I. 5	163 8	354	16.1	15.7	L. 3 I. 1	6	10	27.5	127	113	240	10.9	12.5	L. 6 I. 1	5	11	31.1	22.6	L. 6 I. 1	2	8	6	16.9	44.9
Ormskirk	20,482	21,850	L. 176 I. 4	172 8	360	16.5	17.0	L. 4 I. 1	3	7	19.1	152	141	293	13.4	13.0	L. 7 I. 1	4	11	30.6	19.4	L. 5 I. 1	2	7	5	13.9	32.7
Orrell	9,318	10,730	L. 88 I. 5	71 1	165	15.4	14.9	L. 3 I. 1	2	5	29.4	59	52	111	10.3	12.9	L. 1 I. 1	2	3	18.2	18.2	L. 1 I. 1	2	3	3	18.2	47.1
Oswaldtwistle	12,130	11,940	L. 81 I. 1	90 3	175	14.7	15.5	L. 3 I. 1	4	4	22.3	87	95	182	15.2	15.4	L. 1 I. 1	2	3	17.1	17.1	L. 1 I. 1	2	3	3	17.1	39.1

L—Legitimate

I—Illegitimate

TABLE 2—continued

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1960	POPULATION AT ALL AGES		BIRTHS						DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY			PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
				LIVE BIRTHS						STILLBIRTHS			Number registered			Deaths of infants under one year			Deaths of infants under four weeks					Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		Number registered			Live birthrate per 1,000 population			Number registered			Still- birth rate per 1,000 births			M.			F.			Total				M.			F.			Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
		M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total	M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total	M.	F.	Total	M.	F.		Total	M.	F.	Total	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Padham ...	975	10,041	9,880	69	71	148	15.1	15.5	15.3	2	2	5	32.7	68	62	130	13.2	13.5	13.4	1	1	2	4	2	3	20.3	1	1	2	27.0	1	1	2	2	1	2	13.5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Posidon-le-Fyde ...	2,272	7,528	12,600	109	107	220	17.5	16.2	16.9	3	3	6	33.5	80	72	152	12.1	14.8	13.5	3	3	6	6	3	9	27.3	3	3	6	27.3	3	3	6	27.3	3	3	6	27.3	3	3	6	40.4																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Pressall ...	3,277	2,231	2,270	16	18	35	15.4	19.6	17.5	1	1	2	27.8	14	22	36	15.9	10.6	13.3	1	1	2	1	1	2	28.6	1	1	2	28.6	1	1	2	28.6	1	1	2	28.6	1	1	2	55.6																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Preout ...	870	12,474	12,660	121	125	255	20.1	18.3	19.2	3	3	6	35.4	84	61	145	11.5	13.7	12.6	5	5	10	7	2	9	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2	2	4	27.5	2

L.—Illegitimate.

L.—Legitimate.

TABLE 2—continued

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1960	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PRENATAL MORTALITY							
				LIVE BIRTHS			STILLBIRTHS			Number registered		Death rate per 1,000 population		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week															
		M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total	Number registered	Still- birth rate per 1,000 total births	M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.		F.	Total	Rate per 1,000 live births				
Totlington ...	2,542	5,824	5,730	L. 40 L. 3	31	74	12.9	16.0	L. 1 L. 1	1	2	29.3	106	50	56	18.5	16.3	L. 1 L. 1	1	1	1	13.5	L. 1 L. 1	1	1	1	13.5	L. 1 L. 1	1	1	1	13.5	29.5
Trawden ...	6,815	2,114	1,950	L. 13 L. 1	16	29	14.9	17.1	L. 1 L. 1	—	—	nil	32	15	17	16.4	15.4	L. 1 L. 1	—	—	—	nil	L. 1 L. 1	—	—	—	nil	L. 1 L. 1	—	—	—	nil	nil
Turton ...	17,334	10,956	13,320	L. 108 L. 4	121	237	17.8	17.8	L. 1 L. 1	—	—	nil	180	80	100	13.5	14.1	L. 3 L. 1	1	1	1	21.1	L. 2 L. 1	1	1	1	21.1	L. 2 L. 1	1	1	1	21.1	16.9
Tyldesley ...	5,175	18,101	17,440	L. 119 L. 4	132	262	15.0	14.9	L. 6 L. 2	2	8	29.6	231	105	126	13.2	15.8	L. 1 L. 1	4	1	1	19.1	L. 1 L. 1	3	1	1	15.3	L. 1 L. 1	3	1	1	15.3	44.4
Ulverston ...	3,190	10,076	10,400	L. 83 L. 2	77	162	15.6	15.7	L. 1 L. 1	—	—	nil	159	93	60	15.3	12.7	L. 1 L. 1	—	—	—	6.2	L. 1 L. 1	—	—	—	6.2	L. 1 L. 1	—	—	—	nil	nil
Up Holland ...	4,686	6,317	7,040	L. 63 L. 1	43	106	15.1	14.9	L. 4 L. 1	3	7	61.9	66	31	35	9.4	12.4	L. 6 L. 1	1	1	1	65.0	L. 3 L. 1	1	1	1	37.7	L. 3 L. 1	1	1	1	37.7	97.3
Urmston ...	4,790	39,237	41,550	L. 377 L. 11	361	754	18.1	18.1	L. 11 L. 1	6	19	24.6	432	213	219	10.4	12.5	L. 7 L. 1	8	15	1	19.9	L. 4 L. 1	5	1	1	11.9	L. 4 L. 1	5	1	1	11.9	36.2
Walton-le-Dale ...	4,733	14,709	17,540	L. 175 L. 4	174	354	20.2	19.8	L. 2 L. 1	3	6	16.7	177	99	78	10.1	12.7	L. 2 L. 1	5	7	1	19.8	L. 2 L. 1	5	1	1	19.8	L. 2 L. 1	5	1	1	19.8	33.3
Warrle ...	3,192	4,892	4,440	L. 26 L. 1	29	55	12.4	11.3	L. 2 L. 1	1	3	51.7	68	38	20	15.3	10.7	L. 3 L. 1	—	3	1	54.5	L. 2 L. 1	—	—	—	36.4	L. 2 L. 1	—	—	—	36.4	36.2
Wathoughton ...	5,560	15,004	15,630	L. 138 L. 2	111	251	16.1	16.7	L. 9 L. 1	3	12	45.6	192	88	104	12.3	14.0	L. 2 L. 1	—	2	1	8.0	L. 1 L. 1	—	—	—	4.0	L. 1 L. 1	—	—	—	4.0	49.4
Whitefield ...	3,388	12,914	13,600	L. 116 L. 8	102	227	16.7	17.4	L. 4 L. 1	3	8	34.0	151	70	81	11.1	12.8	L. 4 L. 1	—	4	1	17.6	L. 1 L. 1	—	—	—	4.4	L. 1 L. 1	—	—	—	4.4	35.3
Whitworth ...	4,483	7,444	7,350	L. 62 L. 8	65	137	18.6	18.8	L. 3 L. 1	3	7	48.6	92	50	42	12.5	13.8	L. 3 L. 1	1	5	1	36.5	L. 2 L. 1	1	1	1	21.9	L. 1 L. 1	1	1	1	21.9	62.5
Williams (B) ...	5,746	48,785	51,810	L. 588 L. 22	524	1,156	22.3	21.2	L. 14 L. 1	20	35	29.4	529	290	290	10.2	14.3	L. 25 L. 1	9	34	1	29.4	L. 14 L. 1	5	1	1	16.4	L. 12 L. 1	5	1	1	16.4	43.7
Withnell ...	4,186	2,923	2,770	L. 19 L. 1	18	38	13.7	15.2	L. 2 L. 1	1	3	73.2	41	16	25	14.8	14.9	L. 1 L. 1	—	—	—	nil	L. 1 L. 1	—	—	—	nil	L. 1 L. 1	—	—	—	nil	73.2
Worsley ...	7,241	27,301	38,380	L. 335 L. 15	310	668	17.5	16.6	L. 11 L. 1	6	19	27.7	194	108	194	10.2	13.4	L. 13 L. 1	8	21	1	31.4	L. 12 L. 1	5	1	1	25.4	L. 11 L. 1	4	1	1	25.4	49.5
Total Urban Districts	379,587	1,748,745	1,862,800	L. 15,679 L. 616	14,869	31,755	17.05	17.05	L. 363 L. 18	336	740	22.8	11,617	5,861	11,709	12.55	13.95	L. 429 L. 33	335	807	1	25.4	L. 301 L. 24	221	8	1	17.4	L. 250 L. 21	197	4	1	17.4	37.3

L.—Legitimate

I.—Illegitimate

TABLE 2—continued

RURAL DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY		NEO-NATAL MORTALITY		EARLY NEO-NATAL MORTALITY		Stillbirths and deaths of infants under one week per 1,000 live total births														
			LIVE BIRTHS		STILLBIRTHS		Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week																		
	Census, 1951	Est. Home, at 31st Dec. 1960	Number registered		Live birthrate per 1,000 population	Number registered		Stillbirth rate per 1,000 total births	M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total		Rate per 1,000 live births	M.	F.	Total										
			M.	F.		M.	F.															Total									
																							Total	Ad-justed rate							
Blackburn	13,239	14,740	L. 109 L. 3	212	14.4	16.1	L. 1 L. 1	1	3	14.0	90	112	211	14.3	14.6	L. 2 L. 1	2	1	3	14.2	L. 1 L. 1	1	1	2	14.2	L. 1 L. 1	1	1	2	14.2
Barnley	16,771	16,050	L. 104 L. 2	207	12.9	14.8	L. 2 L. 1	2	4	19.0	114	126	240	14.9	13.7	L. 1 L. 1	1	1	2	9.7	L. 1 L. 1	—	—	—	—	L. 1 L. 1	—	—	—	—
Chorley	27,198	27,750	L. 252 L. 9	458	16.5	17.7	L. 7 L. 1	10	17	35.8	186	152	338	12.2	13.8	L. 9 L. 1	6	15	21	32.8	L. 4 L. 1	5	6	11	24.0	L. 4 L. 1	4	8	12	17.5
Chitheroe	8,668	9,360	L. 50 L. 1	91	9.7	12.0	L. 2 L. 1	—	2	21.5	62	47	109	11.6	11.2	L. 1 L. 1	2	3	5	33.0	L. 1 L. 1	1	2	3	33.0	L. 1 L. 1	1	2	3	33.0
Fylde	16,243	16,590	L. 150 L. 6	314	18.9	19.7	L. 3 L. 1	—	3	9.5	108	144	252	15.2	12.4	L. 4 L. 1	3	7	10	22.2	L. 4 L. 1	4	2	6	19.1	L. 4 L. 1	2	6	8	19.1
Garsang	12,713	13,820	L. 103 L. 6	243	17.6	19.0	L. 3 L. 1	1	4	16.2	105	86	191	13.8	14.1	L. 5 L. 1	3	8	11	32.9	L. 5 L. 1	5	2	7	28.8	L. 5 L. 1	3	5	8	29.6
Lancaster	12,055	13,520	L. 94 L. 2	188	13.9	14.5	L. 2 L. 1	3	5	25.9	110	113	223	16.5	15.3	L. 1 L. 1	4	5	9	26.6	L. 1 L. 1	4	1	5	26.6	L. 1 L. 1	2	3	5	16.0
Lunesdale	7,353	7,970	L. 65 L. 3	132	16.6	16.9	L. 1 L. 1	2	3	22.2	45	41	86	10.8	10.7	L. 2 L. 1	—	2	2	15.2	L. 2 L. 1	2	—	2	15.2	L. 2 L. 1	2	—	2	15.2
North Lonsdale	17,248	15,880	L. 119 L. 2	236	14.9	16.8	L. 3 L. 1	2	5	20.7	125	106	231	14.5	12.9	L. 1 L. 1	2	3	5	12.7	L. 1 L. 1	1	1	2	8.5	L. 1 L. 1	1	2	3	8.5
Preston	49,754	37,989	L. 313 L. 13	654	15.9	19.0	L. 6 L. 1	5	12	18.0	284	312	596	14.5	11.7	L. 9 L. 1	9	18	27	27.5	L. 8 L. 1	7	15	22	22.9	L. 8 L. 1	6	14	20	21.4
Warrington	36,745	32,200	L. 288 L. 6	573	17.8	17.1	L. 4 L. 1	8	13	22.2	171	186	357	11.1	11.3	L. 1 L. 1	7	9	16	15.7	L. 1 L. 1	5	6	11	10.5	L. 1 L. 1	5	6	11	10.5
West Lancashire	40,304	52,560	L. 559 L. 12	1,077	20.5	19.9	L. 12 L. 1	8	20	18.2	286	254	540	10.3	12.4	L. 13 L. 1	8	21	29	19.5	L. 12 L. 1	8	20	28	18.6	L. 12 L. 1	8	20	28	18.6
Whiston	35,489	41,640	L. 420 L. 16	832	20.0	20.6	L. 5 L. 1	13	18	27.2	219	212	431	10.4	11.9	L. 15 L. 1	7	23	30	27.6	L. 9 L. 1	5	14	19	16.8	L. 8 L. 1	5	13	18	15.6
Wigan	8,216	9,840	L. 81 L. 1	165	16.8	15.9	L. 2 L. 1	2	4	23.7	52	37	89	9.0	11.5	L. 2 L. 1	1	3	4	16.2	L. 1 L. 1	1	2	3	12.1	L. 1 L. 1	1	2	3	6.1

L.—Legitimate.

L.—Illegitimate.

TABLE 2—continued

TOTALS	Area in statute acres at 31st Dec. 1960	POPULATION AT ALL AGES		BIRTHS						DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			EARLY NEO-NATAL MORTALITY			PERINATAL MORTALITY			
				LIVE BIRTHS			STILLBIRTHS			Number registered			Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week						
		Census, 1961	Est. Home, 30th June, 1960	Live birth rate per 1,000 population		Number registered		Still-birth rate per 1,000 total births	M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births		M.	F.	Total
				Crude rate	Ad-justed rate	M.	F.																			Total
Total Rural Districts	...	653,401	290,131	313,150	L. 2,707 L. 82	2,517 76	17.19	18.22	L. 53 L. 3	56 1	113	1,966	1,928	3,894	12.43	12.68	L. 65 L. 1	54 2	122	17.8	L. 45 L. 1	38 —	84	15.6	35.9
Total Urban Districts	...	379,587	1,748,745	1,862,800	L. 15,679 L. 616	14,869 591	17.05	17.05	L. 303 L. 18	336 23	740	11,769	11,617	23,386	12.55	13.93	L. 429 L. 33	335 10	807	17.4	L. 250 L. 21	107 4	472	14.9	37.3
Total Administrative County	...	1,033,078	2,038,876	2,175,950	L. 18,386 L. 698	17,386 607	17.07	17.24	L. 416 L. 21	392 24	808	13,735	13,545	27,280	12.54	13.79	L. 494 L. 34	389 12	929	17.5	L. 295 L. 22	235 4	556	15.0	37.1

L.—Legitimate.

I.—Illegitimate.

TABLE 3—COMPARABILITY FACTORS RELATIVE TO EACH COUNTY DISTRICT FOR USE IN THE ADJUSTMENT OF THE CRUDE BIRTH AND DEATH RATES, 1960

(For explanations see pages 18 and 21, and for adjusted rates, Table 2, page 170)

Urban Districts	Comparability Factor		Urban Districts	Comparability Factor	
	Births	Deaths		Births	Deaths
Abram	0.95	1.35	Mossley (B)	1.03	1.09
Accrington (B)	1.05	0.98	Nelson (B)	1.08	0.95
Adlington	1.07	1.11	Newton-le-Willows	0.98	1.15
Ashton-in-Makerfield	0.97	1.19	Ormskirk	1.03	0.97
Ashton-under-Lyne (B)	1.00	1.03	Orrell	0.97	1.25
Aspull	0.98	1.29	Oswaldtwistle	1.06	1.01
Atherton	1.00	1.00	Padiham	1.03	1.02
Audenshaw	1.03	1.11	Poulton-le-Fylde	0.93	1.23
Bacup (B)	1.01	1.11	Preesall	1.27	0.67
Barrowford	1.12	0.91	Prescot	0.91	1.20
Billinge and Winstanley	1.02	0.73	Prestwich (B)	1.13	0.83
Blackrod	0.96	1.14	Radcliffe (B)	1.05	1.08
Brierfield	1.10	0.97	Rainford	0.92	1.30
Carnforth	1.00	1.11	Ramsbottom	1.08	0.97
Chadderton	1.04	1.18	Rawtenstall (B)	1.06	0.93
Chorley (B)	1.01	1.07	Rishton	1.12	1.01
Church	1.00	1.06	Royton	1.04	1.12
Clayton-le-Moors	1.05	1.09	Skelmersdale	1.00	1.27
Clitheroe (B)	1.13	0.84	Standish-with-Langtree	1.06	1.13
Colne (B)	1.07	0.98	Stretford (B)	0.95	1.20
Crompton	1.04	1.08	Swinton and Pendlebury (B)	1.05	1.20
Crosby (B)	1.00	0.98	Thornton Cleveleys	1.05	0.90
Dalton-in-Furness	1.02	1.04	Tottington	1.24	0.88
Darwen (B)	1.08	0.98	Trawden	1.15	0.94
Denton	1.01	1.26	Turton	1.00	1.04
Droylsden	1.01	1.39	Tyldesley	0.99	1.19
Eccles (B)	1.00	1.03	Ulverston	1.01	0.83
Failsworth	0.97	1.25	Up Holland	0.99	1.32
Farnworth (B)	0.99	0.91	Urmston	1.00	1.20
Fleetwood (B)	1.02	1.19	Walton-le-Dale	0.98	1.26
Formby	1.10	1.10	Wardle	0.91	0.70
Fulwood	1.02	0.67	Westhoughton	1.04	1.14
Golborne	0.89	1.43	Whitefield	1.04	1.15
Grange	1.46	0.54	Whitworth	1.01	1.10
Great Harwood	1.11	0.96	Widnes (B)	0.95	1.40
Haslingden (B)	1.07	0.99	Withnell	1.11	1.01
Haydock	0.96	1.28	Worsley	0.95	1.31
Heywood (B)	1.01	1.10			
Hindley	1.00	1.22	Rural Districts		
Horwich	1.00	1.11	Blackburn	1.12	1.02
Huyton-with-Roby	1.00	1.76	Burnley	1.15	0.92
Ince-in-Makerfield	0.96	1.41	Chorley	1.07	1.13
Irlam	1.03	1.27	Clitheroe	1.23	0.96
Kearsley	1.00	1.17	Fylde	1.04	0.82
Kirkby	0.72	2.70	Garstang	1.08	1.02
Kirkham	0.92	1.09	Lancaster	1.04	0.93
Lancaster (B)	1.08	0.80	Lunesdale	1.02	0.99
Lees	1.10	1.04	North Lonsdale	1.13	0.89
Leigh (B)	0.99	1.24	Preston	1.20	0.81
Leyland	0.96	1.34	Warrington	0.96	1.02
Litherland	0.94	1.45	West Lancashire	0.97	1.21
Littleborough	1.00	1.10	Whiston	1.03	1.15
Little Lever	1.05	1.17	Wigan	0.95	1.27
Longridge	1.09	1.14			
Lytham St. Annes (B)	1.15	0.71	Aggregate—Urban Districts	1.00	1.11
Middleton (B)	0.88	1.48	Aggregate—Rural Districts	1.06	1.02
Milnrow	1.01	1.04	Administrative County	1.01	1.10
Morecambe and Heysham (B)	1.22	0.77			

TABLE 4—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1960

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other myeloid neoplasms and lymphoma	Leukaemia, aplaemia	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	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Abram	68	—	—	—	—	1	1	3	—	6	—	—	—	10	9	1	8	1	—	4	6	3	1	—	1	7	1	3	1	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 4—continued

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																										
			Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, abdominal	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 and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, abortion, childbirth, abortion	Congenital malformations	Ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
			Stomach	Lung, bronchus	Breast	Uterus																							
Denton	...	362	10	11	8	4	33	—	2	50	55	5	70	18	—	12	21	3	2	4	3	—	2	28	7	1	8	—	
Droylson	...	261	12	10	6	2	23	—	—	36	50	3	41	13	—	6	17	3	—	1	2	—	3	26	—	2	1	—	
Eccles (B)	...	634	21	37	10	6	63	1	10	84	88	10	101	43	—	21	37	5	6	4	4	—	5	50	9	7	2	—	
Failsworth	...	232	5	18	6	1	15	—	2	42	40	1	31	13	—	7	10	3	1	1	1	—	1	19	1	3	4	—	
Farnworth (B)	...	383	8	14	5	—	30	2	1	65	59	12	50	39	1	12	19	3	5	1	1	—	3	34	1	11	2	—	
Fleetwood (B)	...	295	3	15	8	2	26	1	3	41	41	3	53	9	1	7	17	1	2	1	1	—	5	31	1	9	6	—	
Formby	...	123	2	3	1	—	10	—	1	27	30	—	17	7	1	3	—	3	1	1	1	—	—	11	1	2	—	—	
Fulwood	...	291	6	7	5	—	18	1	3	42	38	15	72	9	—	7	19	2	2	1	—	—	2	24	2	7	1	1	
Golborne	...	232	8	6	—	—	19	1	1	26	47	6	32	11	—	9	12	2	1	1	—	1	4	28	4	8	2	—	
Grange	...	65	3	1	1	—	4	—	—	18	13	1	11	1	1	1	2	—	1	—	—	—	5	—	—	1	—	—	
Great Harwood	...	155	6	4	2	—	11	2	1	28	26	4	35	10	1	5	6	1	1	1	—	—	6	2	2	2	—	—	
Haslingden (B)	...	194	6	7	1	—	17	1	—	28	31	11	33	10	—	5	4	3	4	—	3	—	2	14	2	7	4	—	
Haydock	...	131	7	1	5	—	8	—	1	25	22	4	13	4	1	4	9	3	—	—	1	1	—	9	5	3	3	—	
Heywood (B)	...	318	13	9	8	—	28	2	3	55	42	3	47	13	1	8	24	4	3	—	5	—	8	21	7	9	4	—	
Hindley	...	259	7	6	1	—	27	3	1	40	39	4	52	10	1	13	13	3	—	3	1	6	—	2	17	3	3	2	—
Horwich	...	209	4	6	7	2	20	—	1	44	43	2	25	6	—	13	12	—	1	1	1	—	1	9	1	8	1	—	
Huyton-with-Roby	...	490	11	23	3	5	34	3	1	54	78	15	39	13	—	48	36	3	2	6	1	1	9	55	12	21	3	—	
Ince-in-Makerfield	...	209	3	10	5	1	16	—	2	29	39	2	20	7	1	8	17	4	4	—	—	—	6	20	2	5	4	—	
Irlam	...	153	6	6	4	2	18	1	2	16	26	4	13	8	—	7	9	—	3	1	2	1	1	19	2	1	1	—	
Kearsley	...	120	7	4	—	1	8	1	—	13	30	3	17	4	—	4	7	—	1	1	1	—	1	7	2	3	1	—	
Kirkby	...	239	10	9	3	1	17	—	2	13	33	—	9	7	—	25	16	4	2	4	3	1	2	9	45	7	9	3	—
Kirkham	...	43	—	1	—	—	6	—	—	11	7	—	3	2	—	—	3	—	—	—	—	—	1	6	—	1	1	1	—
Lancaster (B)	...	708	17	15	10	5	43	5	3	126	174	11	76	22	—	37	20	8	6	2	3	6	11	73	8	12	5	—	
Leas	...	59	1	—	2	1	4	—	1	11	9	—	9	7	—	3	5	1	—	1	1	—	1	1	—	—	—	—	—
Leigh (B)	...	555	16	10	6	5	54	3	2	81	99	20	85	21	2	13	27	12	2	2	8	1	7	53	5	11	7	—	—

TABLE 4—continued

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																							
		Malignant neoplasm				Other infective and parasitic diseases	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Stomach	Lung, bronchus	Breast	Uterus	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	Hypertrophy of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Ill-defined and other diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
Leyland	172	1	—	—	—	—	—	—	—	—	—	3	2	3	2	—	9	2	1	29	34	2	35	8	—	4	5	4	2	2	2	1	—	3	9	3	1	4	—		
Litherland	224	1	—	—	—	—	—	1	—	—	—	—	9	7	1	1	21	1	2	20	40	6	27	5	—	16	20	1	—	—	—	—	5	24	1	7	2	—			
Littleborough	130	—	—	—	—	—	—	—	—	—	—	1	—	7	2	1	8	—	1	17	20	—	24	10	2	7	9	—	—	—	—	3	10	1	1	1	—				
Little Lever	64	—	—	—	—	—	—	—	—	—	—	—	3	3	1	—	7	—	2	7	10	1	6	3	—	3	5	1	—	—	—	—	1	7	1	2	—	—			
Longridge	54	—	—	—	—	—	—	—	—	—	—	1	2	—	2	—	3	—	1	5	8	1	8	1	—	4	4	2	—	—	—	1	1	3	2	3	—	1	—		
Lytham St. Annes (B)	620	3	—	1	—	—	—	—	—	—	—	—	21	18	9	3	60	2	5	112	118	11	93	32	—	15	26	7	—	—	—	1	1	2	4	50	5	14	5	—	
Middleton (B)	518	2	—	—	—	—	—	—	—	—	—	1	14	24	6	5	40	3	1	85	93	10	56	33	2	28	21	3	—	—	—	1	4	7	45	7	14	8	—		
Milnrow	97	1	1	—	—	—	—	—	—	—	—	—	1	1	2	1	7	—	—	15	15	1	16	7	—	3	7	—	—	—	—	—	—	1	11	—	3	2	—		
Morecambe & Heysham (B)	671	4	—	—	—	—	—	—	—	—	—	—	16	30	12	8	65	1	4	117	153	6	79	35	1	12	29	2	—	—	—	3	9	6	3	45	6	14	4	—	
Mossley (B)	146	2	—	—	—	—	—	—	—	—	—	—	5	3	6	1	11	1	—	21	16	2	35	10	1	5	6	2	1	—	—	1	1	1	10	1	1	3	—		
Nelson (B)	533	2	—	3	—	—	—	—	—	—	—	1	11	16	6	1	30	3	3	88	113	8	67	31	1	13	30	2	8	—	—	3	3	7	1	2	48	5	22	5	—
Newton-le-Willows	240	1	—	—	—	—	—	—	—	—	—	—	5	13	2	2	21	—	2	31	43	4	51	4	1	4	7	3	—	—	—	3	1	—	6	14	5	10	5	—	
Ormskirk	293	—	—	2	—	—	—	—	—	—	—	1	10	9	7	1	22	1	3	40	51	6	36	10	1	24	9	3	—	—	—	2	—	2	28	5	15	3	—		
Orrell	111	1	—	—	—	—	—	—	—	—	—	—	—	3	1	—	14	—	—	23	15	1	20	5	—	4	2	—	—	—	1	1	1	2	13	1	3	—	—		
Oswaldtwistle	182	3	—	—	—	—	—	—	—	—	—	—	4	5	1	—	24	—	2	30	37	1	22	9	2	4	4	1	1	—	—	1	2	1	22	1	4	1	—		
Padiham	130	—	—	1	—	—	—	—	—	—	—	—	1	3	2	3	11	—	1	21	22	3	15	9	—	2	10	2	1	—	—	1	1	3	14	1	3	1	—		
Poulton-le-Fylde	152	2	—	—	—	—	—	—	—	—	—	—	2	4	2	2	15	1	—	24	27	4	16	8	—	9	5	1	1	—	—	1	4	3	16	2	2	1	—		
Preesall	36	—	—	1	—	—	—	—	—	—	—	—	2	1	—	—	3	1	2	4	2	2	5	1	1	—	—	—	—	—	—	—	—	—	9	—	1	1	—		
Prescot	145	4	—	—	—	—	—	—	—	—	—	—	5	4	1	1	12	1	2	25	22	4	11	7	—	8	15	—	—	—	—	1	—	1	13	1	2	1	—		
Prestwich (B)	533	5	—	8	—	—	—	—	—	—	—	3	8	29	7	1	47	1	6	75	95	10	100	24	—	9	25	4	4	—	—	1	5	4	41	2	11	3	1	—	
Radcliffe (B)	389	—	—	2	—	—	—	—	—	—	—	2	12	7	3	2	24	2	2	55	63	4	77	22	1	10	21	3	—	—	—	3	7	—	3	41	6	12	5	—	
Rainford	45	—	—	—	—	—	—	—	—	—	—	1	3	2	—	1	6	1	—	6	4	1	3	2	—	4	2	—	—	—	—	—	—	—	5	—	3	—	—		
Ramsbottom	191	1	—	—	—	—	—	—	—	—	—	1	11	7	3	2	11	4	—	27	31	7	30	10	—	5	10	—	—	—	—	3	4	1	1	10	4	5	3	—	
Rawtenstall (B)	354	2	—	—	—	—	—	—	—	—	—	—	13	12	1	2	27	2	2	52	64	4	77	21	—	8	15	3	—	—	—	1	—	33	3	4	3	—	—		

TABLE 4—continued

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																				Suicide	Homicide and operations of war																
			Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infection	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, adenocarcinoma	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	Effect of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Ill-defined diseases	Motor vehicle accidents	All other accidents		
Righton	...	77	—	—	—	—	—	—	—	—	3	3	2	1	5	1	—	11	14	—	5	3	1	1	1	6	1	1	1	—	—	—	—	—	—	—	13	1	3	1
Royton	...	196	1	—	—	—	—	—	—	—	4	6	2	2	10	4	1	19	31	6	42	16	—	8	13	2	1	—	—	—	1	—	—	—	3	17	1	3	2	
Skelmersdale	...	80	—	—	1	—	—	—	—	—	4	1	1	1	6	—	—	14	14	2	7	1	1	3	5	4	—	—	—	—	—	—	—	1	11	1	—	1	—	
Standish-with-Langtree	...	121	—	—	—	—	—	—	—	—	8	2	1	—	6	—	1	16	19	3	21	6	3	5	12	—	2	—	—	—	—	—	—	—	1	8	1	6	—	
Stretford (B)	...	709	3	—	2	—	—	—	—	3	16	41	11	5	57	1	4	84	118	15	98	47	5	32	51	5	9	4	3	2	—	—	—	—	6	46	13	14	10	—
Swinton & Pendlebury (B)	...	503	2	—	—	—	—	—	—	3	10	25	7	2	49	5	2	74	92	14	63	25	—	17	34	7	3	4	2	—	—	—	—	6	26	8	17	6	—	
Thornton Cleveleys	...	297	4	—	—	—	—	—	—	1	9	4	7	—	29	—	2	43	48	7	70	8	—	7	7	3	1	—	—	—	—	—	—	5	31	5	5	—	—	
Tottington	...	106	—	—	—	—	—	—	—	—	4	3	1	—	6	1	—	15	26	1	23	3	—	2	7	1	2	—	—	—	—	—	—	2	6	1	1	1	—	—
Trawden	...	32	1	—	—	—	—	—	—	—	—	1	—	—	3	—	—	7	3	1	6	2	1	1	2	1	—	—	—	—	—	—	—	—	1	—	2	—	—	
Turton	...	180	—	—	—	—	—	—	—	—	6	4	4	—	14	—	1	31	31	7	27	8	—	5	8	2	2	—	—	—	—	—	—	1	16	4	4	4	—	—
Tyldesley	...	231	1	—	—	—	—	—	—	—	6	8	4	—	14	1	2	49	31	4	33	12	1	7	15	5	1	3	1	1	—	—	—	2	20	4	5	1	—	—
Ulverston	...	159	—	—	—	—	1	—	—	—	6	8	5	—	14	2	—	33	37	1	15	4	—	5	1	3	3	1	—	—	—	—	—	1	15	—	4	—	—	
Up Holland	...	66	—	—	—	—	—	—	—	—	2	2	1	—	3	—	1	15	8	—	14	—	1	3	2	—	—	—	—	—	—	—	—	2	7	—	—	2	—	—
Urnston	...	432	1	—	—	—	—	—	—	1	4	22	10	3	41	4	—	68	89	8	55	20	—	12	18	3	8	8	5	1	—	—	—	5	25	2	12	7	—	—
Walton-le-Dale	...	177	—	—	—	—	—	—	—	—	5	7	2	—	18	2	—	26	28	5	33	6	—	3	5	—	—	—	—	—	—	—	—	2	12	6	5	5	—	—
Wardle	...	68	—	—	—	—	1	—	—	—	2	1	1	3	5	—	—	4	4	2	24	—	—	6	3	—	—	—	—	—	—	—	—	—	8	—	2	1	—	—
Westhoughton	...	192	1	—	1	—	—	—	—	—	5	3	1	1	13	2	5	25	24	7	34	13	2	11	9	3	5	1	4	—	—	—	—	15	1	4	2	—	—	
Whitefield	...	151	2	—	—	—	—	—	—	1	5	8	2	1	16	—	2	21	21	—	26	5	—	5	10	2	2	1	1	—	—	—	—	2	13	1	4	—	—	—
Whitworth	...	92	—	—	—	—	—	—	—	—	2	3	1	—	5	—	—	13	14	1	26	3	—	7	4	1	1	—	—	—	—	—	—	1	5	—	4	1	—	—
Widnes (B)	...	529	2	—	—	—	—	—	—	3	17	35	5	3	39	5	3	49	80	15	78	26	—	31	40	4	5	6	—	—	—	—	—	7	42	6	19	5	—	—
Withnell	...	41	1	—	—	—	—	—	—	—	—	3	—	1	2	—	—	7	5	2	7	5	—	—	3	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—
Worsley	...	392	1	—	1	—	—	—	—	2	16	13	10	3	31	1	2	53	59	14	51	14	—	15	28	2	2	1	1	1	—	—	—	6	39	8	11	7	—	—
Total Urban Districts	...	23,386	132	6	52	1	—	4	1	4	52	638	846	350	164	1892	106	142	3536	4073	458	3485	1074	58	898	1309	216	201	104	157	109	11	255	1959	291	559	234	9	—	—

TABLE 5—CAUSES OF DEATH at different periods of life
Year ended 31st December, 1960

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-													
ALL CAUSES	...	M.	13735	528	88	67	120	576	4085	3874	4397	11769	462	77	57	102	492	3544	3332	3703	1966	66	11	10	18	84	541	542	694	66	11	10	18	84	541	542	694	...				
		F.	13545	401	56	56	61	394	2576	3596	6403	11617	345	46	43	43	335	2232	3103	5468	1928	56	10	11	18	59	344	493	937	56	10	11	18	59	344	493	937	...				
Tuberculosis, respiratory	1	M.	102	—	—	—	—	10	45	30	17	89	—	—	—	—	8	39	26	16	13	—	—	—	—	—	2	6	4	1	—	—	—	—	—	—	—	—	1			
		F.	49	—	—	—	—	9	20	12	8	43	—	—	—	—	8	16	11	8	6	—	—	—	—	—	1	4	1	—	—	—	—	—	—	—	—	—	2			
Tuberculosis, other	2	M.	4	—	—	—	—	1	2	1	—	4	—	—	—	—	1	2	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2			
		F.	4	—	—	1	—	—	—	2	1	2	—	—	1	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2			
Syphilitic disease	3	M.	39	—	—	—	—	4	15	16	4	37	—	—	—	—	4	14	15	4	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	3			
		F.	17	—	—	—	—	6	6	8	3	15	—	—	—	—	—	6	6	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3			
Diphtheria	4	M.	1	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4			
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4			
Whooping cough	5	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5		
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5		
Meningococcal infections	6	M.	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6		
		F.	2	1	1	—	—	—	—	—	—	2	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6		
Acute poliomyelitis	7	M.	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7		
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7		
Measles	8	M.	3	—	3	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8		
		F.	2	—	1	1	—	—	—	—	—	1	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8		
Other infective and parasitic diseases	9	M.	29	1	1	5	2	3	11	3	3	25	1	1	5	2	2	8	3	3	4	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	9	
		F.	33	3	—	4	1	6	9	3	7	27	3	—	2	1	3	8	3	7	6	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	9	
Malignant neoplasm, stomach	10	M.	402	—	—	—	—	13	160	140	89	340	—	—	—	—	—	12	140	119	69	62	—	—	—	—	1	20	21	29	10	—	—	—	—	—	—	—	—	10		
		F.	349	—	—	—	—	10	87	123	129	298	—	—	—	—	—	9	76	103	110	51	—	—	—	—	1	11	20	19	—	—	—	—	—	—	—	—	—	10		
lung, bronchus	11	M.	818	—	—	—	—	44	439	256	79	732	—	—	—	—	—	36	394	230	72	86	—	—	—	—	8	45	26	7	11	—	—	—	—	—	—	—	—	11		
		F.	129	—	—	—	—	8	52	44	25	114	—	—	—	—	—	8	46	38	22	15	—	—	—	—	—	6	6	—	—	—	—	—	—	—	—	—	11			
breast	12	M.	3	—	—	—	—	—	—	3	—	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	12		
		F.	402	—	—	—	—	24	183	108	87	348	—	—	—	—	—	22	159	93	74	54	—	—	—	—	2	24	15	13	—	—	—	—	—	—	—	—	—	12		
uterus	13	F.	188	—	—	—	—	18	77	51	42	164	—	—	—	—	—	14	70	47	33	24	—	—	—	—	4	7	4	9	13	—	—	—	—	—	—	—	—	13		
Other malignant and lymphatic neoplasms	14	M.	1138	1	6	5	5	54	390	361	316	977	—	3	4	4	46	336	318	266	161	1	3	1	1	8	54	43	50	14	—	—	—	—	—	—	—	—	—	14		
		F.	1043	1	—	4	4	62	380	300	292	915	1	—	3	2	56	336	267	250	128	—	—	—	—	1	2	6	44	33	43	—	—	—	—	—	—	—	—	14		
Leukaemia, aleukaemia	15	M.	67	1	3	6	3	13	25	12	4	61	1	3	6	3	11	21	12	4	6	—	—	—	—	—	2	4	—	—	—	—	—	—	—	—	—	—	—	15		
		F.	53	1	1	2	2	6	15	18	8	45	1	1	2	2	6	12	15	6	8	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	15		
Diabetes	16	M.	55	—	—	1	—	5	17	14	18	50	—	—	1	—	4	15	12	18	5	—	—	—	—	—	1	2	2	—	—	—	—	—	—	—	—	—	—	16		
		F.	108	—	1	—	1	3	21	41	41	92	—	1	—	1	2	19	35	34	16	—	—	—	—	—	—	1	2	2	—	—	—	—	—	—	—	—	—	16		
Vascular lesions of nervous system	17	M.	1697	—	—	1	4	30	350	552	760	1441	—	—	1	4	25	309	467	635	256	—	—	—	—	—	5	41	85	123	17	—	—	—	—	—	—	—	—	17		
		F.	2438	1	1	2	3	34	351	723	1323	2095	—	—	1	3	27	296	629	1139	343	1	1	1	—	—	7	55	94	184	—	—	—	—	—	—	—	—	—	17		
Coronary disease, angina	18	M.	2945	—	—	—	—	87	1229	975	654	2511	—	—	—	—	—	80	1061	834	536	434	—	—	—	—	7	168	141	118	—	—	—	—	—	—	—	—	—	18		
		F.	1858	—	—	—	—	12	374	689	783	1562	—	—	—	—	—	9	328	589	630	296	—	—	—	—	3	46	100	147	—	—	—	—	—	—	—	—	—	18		
Hypertension with heart disease	19	M.	214	—	—	—	—	1	59	82	72	175	—	—	—	—	1	47	62	65	39	—	—	—	—	—	12	20	7	19	—	—	—	—	—	—	—	—	—	19		
		F.	328	—	—	—	—	2	45	103	178	283	—	—	—	—	2	39	89	153	45	—	—	—	—	—	6	14	22	—	—	—	—	—	—	—	—	—	—	19		
Other heart disease	20	M.	1635	—	—	1	2	39	253	380	960	1376	—	—	2	2	36	208	325	805	259	—	—	—	—	—	3	45	55	153	20											

TABLE 6.—ANALYSIS BY AGE-GROUP, SEX AND SITE CLASSIFICATION OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED DURING 1960

TABLE 6.—ANALYSIS BY AGE-GROUP, SEX AND SITE OF TUBERCULAR INFECTION																								
SITE OF TUBERCULAR INFECTION	0-		1-		5-		10-		15-		20-		25-		35-		45-		55-		65-		TOTAL	
	Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Respiratory system—																								
Primary notifications	1	3	4	8	20	6	10	16	9	9	26	36	62	31	57	88	59	68	127	73	53	126	96	24
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	3	4	8	20	6	10	16	9	9	26	36	62	31	57	88	59	68	127	73	53	126	96	24
Meninges and C.N.S.—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Intestines, peritoneum and mesenteric glands—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bones and joints—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin and subcutaneous cellular tissue—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lymphatic system—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Genito-urinary system—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other sites—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
RESPIRATORY TUBERCULOSIS																								
SEX	AGE GROUPS — YEARS												AGE GROUP — YEARS										TOTAL ALL FORMS	
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	All ages	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	All ages
Primary notifications	M. 1	12	6	9	26	31	59	73	96	94	55	462	M. 775	4	3	9	2	1	7	6	6	1	8	48
	F. 3	8	10	9	26	57	68	53	24	23	22	313		4	4	3	3	5	5	3	4	3	4	38
Inward transfers	M. —	1	4	1	2	22	59	39	25	17	7	177	M. 380	—	1	—	—	1	2	—	—	—	—	4
	F. —	3	1	3	8	56	84	28	11	5	4	263		—	—	—	3	—	7	1	1	1	1	14
TOTAL	M. 1	13	10	10	28	53	118	112	121	111	62	639	M. 1155	6	3	9	2	2	9	6	6	1	8	52
	F. 3	11	11	12	44	113	152	81	35	28	26	516		4	4	3	6	5	12	4	5	4	5	52

TABLE 7—ANTENATAL CLINICS
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ANTENATAL AND POST-NATAL ATTENDANCES AND OF RELAXATION CLASSES DURING 1960

Health Division No.	No. of clinics at 31st December, 1960	No. of sessions during year conducted by—		ANTENATAL ATTENDANCES				POST-NATAL ATTENDANCES		RELAXATION CLASSES			
				No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of individual women attending	No. of attendances	No. of classes at end of year	No. of sessions	No. of individuals attending	No. of attendances
		Medical officers	Midwives										
1 ...	2	95	2	661	2,160	22.3	3.3	243	266	2	48	132	446
2 ...	2	47	2	116	460	9.4	4.0	9	13	3	111	242	1,107
3 ...	4	104	78	768	3,995	22.0	5.2	266	309	3	67	99	338
4 ...	4	181	49	1,840	6,441	28.0	3.5	160	169	2	45	20	210
5 ...	7	454	62	1,903	8,065	15.6	4.2	136	156	3	221	440	2,607
6 ...	4	46	155	466	2,384	11.9	5.1	1	1	2	95	143	888
* 7 ...	2	137	—	337	1,587	11.6	4.4	37	39	1	77	66	506
8 ...	7	190	—	1,285	6,073	32.0	4.7	134	174	1	48	39	253
* 9 ...	5	365	—	1,366	5,866	16.1	4.3	193	236	—	—	—	—
10 ...	4	155	—	423	1,740	11.2	4.1	25	26	—	—	—	—
11 ...	10	422	—	1,897	7,874	18.7	4.2	224	244	5	246	407	2,508
12 ...	7	294	37	1,212	5,252	15.9	4.3	93	112	4	162	339	2,057
13 ...	5	118	158	759	3,041	11.0	4.0	59	62	—	—	—	—
* 14 ...	6	200	265	1,633	8,513	18.3	5.2	20	21	4	105	191	787
* 15 ...	6	479	36	1,768	10,898	21.2	6.2	279	282	4	153	324	1,685
* 16 ...	1	70	52	377 (82)	1,412	11.6	3.7	8	37	2	141	371 (3)	2,677
17 ...	6	156	—	791	2,942	18.9	3.7	11	11	3	121	190	809
TOTAL ...	82	3,513	896	17,530	78,703	17.9	4.5	1,898	2,149	39	1,640	3,000	16,878
Delegate District—													
* Crosby M.B. ...	1	16	—	35 (5)	104	6.5	3.0	4 (4)	4	1	15	15 (7)	180
* Hutton-w-Roby U.D. ...	2	110	—	257 (44)	1,028	9.3	4	38	40	—	—	—	—
* Middleton M.B. ...	2	25	37	338 (111)	1,168	18.8	3.5	—	—	1	1	6 (4)	6
* Stretford M.B. ...	4	19	16	136 (63)	295	8.4	2.2	1 (1)	2	1	12	29	255
TOTAL ...	9	170	53	766 (223)	2,595	11.6	3.4	43 (5)	46	3	28	50 (11)	441
TOTAL—Administrative County	91	3,683	949	18,073	81,298	17.6	4.5	1,936	2,195	42	1,668	3,039	17,319

* Areas affected by delegation of functions. See page 30. Consequent upon delegation to the four County districts indicated, certain individuals included in the divisional totals for attendance prior to delegation are also included in the delegate district totals for attendance after delegation. The totals for divisions Nos. 15 and 16 are likewise affected by the transfer of Irlam U.D. This element of duplication is shown in brackets for each "receiving" area only.

TABLE 8—CHILD WELFARE CENTRES
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ATTENDANCES DURING 1960

Health Division No.	No. of centres at—		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
	1st January, 1960	31st December, 1960		0—	1—	2-4 (inclusive)	0—	1—	2-4 (inclusive)	
1	8	8	210	354	269	402	3,701	783	1,024	26.2
2	18	18	863	1,344	1,155	1,600	25,745	5,273	5,356	42.1
3	16	17	688	1,497	963	845	21,693	3,657	2,320	40.2
4	27	29	1,011	2,166	1,880	1,465	36,839	6,686	6,003	49.0
5	14	14	892	1,547	1,308	1,487	27,652	5,709	5,606	44.5
6	13	13	663	883	772	1,066	15,031	3,867	4,303	35.0
* 7	15	11	725	2,064	1,675	1,429	31,639	5,827	7,243	61.7
8	12	12	733	1,333	1,179	902	21,380	3,643	2,809	38.0
* 9	19	15	1,033	2,631	2,160	1,424	34,149	4,847	4,354	42.0
10	12	12	631	1,173	984	939	18,347	3,488	2,699	38.9
11	17	19	1,103	2,239	1,723	1,281	35,306	5,298	3,904	40.4
12	19	19	1,116	1,690	1,462	1,640	29,470	6,468	4,723	36.4
13	8	8	381	824	728	684	14,994	2,493	2,474	52.4
* 14	11	6	825	1,605	1,428	920	27,083	3,593	1,822	39.4
* 15	12	11	918	1,766	1,600	1,844	36,378	7,892	4,754	53.4
* 16	7	5	452	1,181 (53)	1,103 (98)	1,230 (57)	19,567	3,616	2,447	56.7
17	13	14	736	1,729	1,411	1,255	28,192	5,015	3,291	49.6
TOTAL ...	241	231	12,950	25,973	21,872	20,356	426,566	78,155	65,182	44.0
Delegate District—										
* Crosby M.B. ...	—	4	98	640 (392)	310 (274)	316 (241)	3,908	770	924	57.2
* Heyton-with-Roby U.D. ...	—	4	224	786 (140)	449 (252)	217 (55)	7,109	925	1,173	41.1
* Middleton M.B. ...	—	5	85	497 (315)	206 (181)	86 (70)	2,528	352	221	36.5
* Stretford M.B. ...	—	4	75	458 (312)	400 (267)	541 (474)	1,952	551	640	41.9
TOTAL ...	—	17	482	2,381 (1,165)	1,365 (1,074)	1,160 (840)	15,497	2,598	2,958	43.7
TOTAL—Administrative County ...	241	248	13,432	27,189	22,163	20,676	442,063	80,753	68,090	44.0

• Areas affected by delegation of functions. See page 39.

† Age as at end of year. Consequent upon delegation of functions to the four County districts indicated, certain children included in these columns in the divisional totals for attendance prior to delegation are also included in the delegate district totals for attendance after delegation. The totals for divisions Nos. 15 and 16 are likewise affected by the transfer of Irlam U.D. This element of duplication is shown in brackets for each "receiving" area only.

TABLE 10—MOTHER AND BABY HOMES

SUMMARY BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF UNMARRIED EXPECTANT AND NURSING MOTHERS FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1960

HOME	↑ NO. OF CASES ADMITTED—																	Total— Adminis- trative County				
	FROM HEALTH DIVISION NO.																					
	FROM DELEGATE DISTRICT																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total	• Crosby M.B.	• Hynton with Roby U.D.	• Middle- ton M.B.	• Street- ford M.B.	
Fellowship of St. Michael's and All Angels, 5 Broomfield Terrace, London, S.W.1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Fyde House of Help, 141 Hornby Road, Blackpool	—	—	2	1	—	—	—	—	—	—	1	—	—	—	—	—	5	—	—	—	5	
"The Grange," Wilshire, near Blackburn	1	2	1(1)	5	6(3)	4	5(2)	1	4	1	3	8(1)	3	8(1)	9	8	77(8)	1	1	—	79(8)	
"The Haven," Vigo Lane, Yateley, near Camberley	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	
Knowle House, Sagars Road, Handforth, near Manchester	—	—	—	—	—	—	—	—	—	1(1)	—	—	—	—	—	—	1(1)	—	—	—	1(1)	
Lancaster, Morecambe and District Moral Welfare Association Girls' Hostel, 7 Queen Street, Lancaster	1	3	—	1	—	—	3	—	1	—	1	—	—	—	—	1	11	—	—	—	11	
Liverpool Catholic Children's Protection Society—Affiliated Homes	—	—	1	3	—	—	6	2	8(1)	1	3	—	—	—	—	—	24(1)	—	5(1)	—	29(2)	
Lorna Lodge, Barley Moor Road, Manchester, 29	—	—	—	2	—	—	1	—	—	—	1	—	—	2	2	3	11	—	—	—	11	
Preston Moral Welfare Council, Parkinson House, 68 West Cliff, Preston	—	3	2	—	1	—	—	—	—	—	—	—	—	—	—	1	7	—	—	—	7	
Prospect House, Trinity Road, Hoylake	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	
Sacred Heart Maternity Home, Brettargh Holt, near Kendal	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	4	—	—	—	4	
Salvation Army Home, North Mossley Hill Road, Liverpool	—	—	—	—	1	—	—	—	2(2)	—	—	—	—	—	—	—	3(2)	—	—	—	3(2)	
St. Agnes' Home, 15 Mauldeth Road, Manchester, 20	—	—	—	—	—	—	—	—	—	—	1	—	—	2(2)	—	3(3)	1	7(5)	—	—	7(5)	
St. Anne's Maternity Home, Simpson Hill, Heywood	—	—	—	1	—	—	2	—	—	—	1	2	—	1	2	3	15	—	—	—	15	
St. Bridget's Home, Latch Lane, Chester	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	2	—	—	—	2	
St. Katherine's Hostel, 10 King Mill Lane, Huddersfield	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	
St. Margaret's Home, 8 Balmoral Place, Halifax	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	—	—	—	2	
St. Margaret's Home, Goson Green, Wigan	—	—	—	1	—	—	1	2	2	—	1	1	—	—	—	—	8	—	—	—	8	
St. Monica's Home, 13 Croxteth Place, Liverpool, 8	—	—	—	—	—	—	10(2)	3	4	—	—	1	2	—	—	—	22(2)	—	—	—	22(2)	
St. Monica's Maternity Home, 8 Dalton Drive, Sedburgh Road, Kendal	3	4	—	—	—	—	—	1	—	1	4	—	—	3	2	2	20	—	—	—	20	
St. Teresa's Home, 61 Broom Lane, Salford, 7	—	—	1	1	2	—	—	—	—	—	1	2	1	2	3	2(1)	19(1)	—	—	1	20(1)	
TOTAL	5	12	7(1)	15	10(3)	4	30(4)	10	20(3)	4	16(1)	20(1)	6	19(3)	20	20(4)	23	241(20)	1	7(1)	1	250(21)

* Areas affected by delegation of functions. See page 39.

† These normally are expectant mothers. Post-natal cases are included and also shown in brackets. Cases transferred from one home to another are shown against the homes to which they were first admitted.

TABLE 11—DAY NURSERIES
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ACCOMMODATION AND ATTENDANCES DURING 1960

Health Division No.		Accommodation and attendances during 1960 (Monday to Friday only)						Position at 31st December, 1960						Categories of parents or guardians whose children were on register		
		No. of nursery days	Total day places available at ages (in years)		Total attendances at ages (in years)		Proportion (per cent.) of attendances to places available (all ages)	No. of nurseries	No. of places approved for children at ages (in years)		No. of children— On registers		On waiting lists			
			0—	2-4 (inclusive)	0—	2-4 (inclusive)			0—	2-4 (inclusive)	0—	2-4 (inclusive)				
													2-4 (inclusive)			
1	...	—	—	—	—	—	—	—	—	—	—	—		—	—	—
2	...	510	10,192	21,637	6,701	18,380	78.8	2	40	85	37	101	46	68	69	47
3	...	245	4,655	7,095	3,829	6,925	87.8	1	19	31	22	36	21	19	8	43
4	...	491	9,083	15,467	7,049	12,493	79.6	2	37	63	42	70	45	42	17	79
5	...	1,717	28,458	50,042	18,390	40,076	74.5	7	116	204	102	212	20	97	47	242
6	...	980	17,885	36,995	9,299	23,106	59.0	4	73	151	58	135	—	5	30	141
7	...	255	6,375	10,575	2,726	13,182	69.3	1	25	65	17	84	—	—	30	71
8	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	...	449	5,644	20,617	3,069	13,647	67.2	1	12	58	6	54	11	20	17	41
10	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	...	907	20,552	28,529	15,047	26,077	85.0	4	85	118	70	146	38	56	83	117
12	...	242	4,598	7,502	2,532	8,235	89.0	1	19	31	10	48	42	77	7	51
13	...	796	12,432	20,453	7,739	16,002	74.0	3	49	79	45	93	48	26	24	106
14	...	1,445	16,021	41,151	14,523	30,954	79.5	6	67	171	93	157	42	33	42	172
15	...	917	10,866	24,156	7,088	19,061	77.2	3	37	84	37	104	58	191	40	77
16	...	1,551	17,368	44,424	12,429	37,160	80.3	4	40	122	39	136	40	40	25	129
17	...	1,720	29,646	51,274	14,150	49,616	78.8	7	121	209	71	269	69	86	57	268
TOTAL	12,285	193,775	386,417	125,491	317,014	76.3	46	740	1,471	649	1,645	480	760	496	1,584
Delegate District—
•Grosby M.B.	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
•Horton-with-Roby U.D.	...	570	7,600	17,100	5,647	12,485	73.4	3	40	90	49	97	—	—	72	37
•Middleton M.B.	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
•Stretford M.B.	...	252	3,150	6,048	2,084	5,873	86.5	4	50	96	44	122	70	64	59	99
TOTAL	822	10,750	23,148	7,731	18,358	77.0	7	90	186	93	219	70	64	131	136
TOTAL—Administrative County	13,107	204,525	409,565	133,222	335,372	76.3	53	830	1,657	742	1,864	550	824	627	1,720

* Areas affected by delegation of functions. See page 39.

TABLE 12—HOME NURSING
ANALYSIS OF COMPLETED CASES BY SEX AND AGE GROUPS—YEAR ENDED 31ST DECEMBER, 1960

Disease or ailment	Total cases (both sexes)		Males										Females													
			0—		5—		15—		45—		65—		All ages		0—		5—		15—		45—		65—		All ages	
			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	460	1.5	—	—	3	0.5	95	5.5	139	4.5	31	0.6	268	2.3	141	3.4	36	0.7	12	0.1	192	1.0				
Other infective and parasitic diseases ...	652	2.1	23	2.6	32	5.3	56	3.2	61	2.0	54	1.0	226	2.0	130	3.1	120	2.5	127	1.4	426	2.2				
Cancer ...	1,695	5.5	2	0.2	2	0.3	56	3.2	292	9.5	384	7.5	736	6.4	81	2.0	387	8.0	488	5.3	959	5.0				
Diabetes ...	525	1.7	—	—	2	0.3	8	0.5	35	1.1	77	1.5	122	1.1	12	0.3	111	2.3	277	3.0	403	2.1				
Anaemias and other blood diseases ...	2,256	7.4	10	1.1	2	0.3	27	1.5	109	3.6	246	4.8	394	3.4	422	10.2	500	10.3	932	10.2	1,862	9.7				
Mental, psychoneurotic disorders ...	72	0.2	—	—	1	0.2	3	0.2	6	0.2	6	0.1	16	0.1	—	—	—	—	—	—	56	0.3				
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,221	4.0	—	—	1	0.2	3	0.2	81	2.6	389	7.6	474	4.1	—	—	—	—	—	—	635	6.9				
Other diseases of central nervous system ...	1,418	4.6	1	0.1	3	0.5	32	1.8	104	3.4	371	7.2	511	4.5	81	2.0	208	4.3	615	6.7	907	4.7				
Diseases of eye, ear and mastoid process ...	607	2.0	103	11.4	80	13.2	37	2.1	18	0.6	20	0.4	258	2.3	79	15.0	82	16.7	50	0.5	349	1.8				
Diseases of heart and circulatory system ...	2,389	7.8	2	0.2	4	0.7	38	2.2	256	8.3	652	12.7	952	8.3	2	0.4	6	1.2	986	10.7	1,437	7.5				
Influenza ...	108	0.4	1	0.1	3	0.5	12	0.7	13	0.4	7	0.1	36	0.3	2	0.4	—	—	—	—	21	0.2				
Pneumonia ...	580	1.9	25	2.8	6	1.0	33	1.9	63	2.1	134	2.6	261	2.3	26	4.9	7	1.4	194	2.1	319	1.7				
Bronchitis ...	1,677	5.5	131	14.6	34	5.6	46	2.6	237	7.7	402	7.8	850	7.4	140	26.6	177	3.7	407	4.4	827	4.3				
Other diseases of respiratory system ...	1,259	4.1	39	4.3	59	9.8	219	12.6	120	3.9	77	1.5	514	4.5	40	7.6	97	19.8	96	1.0	745	3.9				
Diseases of digestive system ...	3,312	10.8	62	6.9	75	12.4	253	14.5	410	13.4	553	10.7	1,353	11.8	42	8.0	82	16.7	413	10.0	862	9.4				
Diseases of genito-urinary system ...	1,894	6.2	311	34.6	31	5.1	37	2.1	93	3.0	195	3.8	667	5.8	10	1.9	7	1.4	368	4.0	1,959	10.2				
Diseases of the skin ...	1,994	6.5	43	4.8	105	17.4	283	16.2	190	6.2	228	4.4	849	7.4	29	5.5	56	11.4	303	6.4	1,145	6.0				
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	943	3.1	—	—	11	1.8	38	2.2	68	2.2	100	1.9	217	1.9	1	0.2	5	1.0	88	2.1	385	4.2				
Senility and ill-defined conditions ...	5,318	17.4	22	2.4	51	8.4	328	18.8	643	21.0	1,076	20.9	2,120	18.5	22	4.2	32	6.5	501	12.1	3,198	16.7				
Burns and scalds ...	432	1.4	71	7.9	26	4.3	25	1.4	19	0.6	27	0.5	168	1.5	47	8.9	22	4.5	37	0.9	264	1.4				
Other accidents, injuries, etc. ...	964	3.1	28	3.1	63	10.4	87	5.0	68	2.2	99	1.9	345	3.0	21	4.0	28	5.7	77	1.9	619	3.2				
All other conditions ...	859	2.8	26	2.9	11	1.8	26	1.5	42	1.4	22	0.4	127	1.1	31	5.9	7	1.4	606	14.6	50	1.0				
Total—Administrative County ...	30,635	100	900	100	605	100	1,742	100	3,067	100	5,150	100	11,464	100	526	100	490	100	4,140	100	4,834	100	19,171	100		

Note: Percentages are of the total cases of the particular sex/age group.

TABLE 13—HOME NURSING
ANALYSIS OF COMPLETED CASES BY DURATION OF TREATMENTS, FREQUENCY OF VISITS AND DISPOSAL OF CASES
YEAR ENDED 31ST DECEMBER, 1960

Disease or ailment	Total No. of cases	Duration of treatment				Disposal of cases															
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other	
				Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	460	11,051.3	24.0	49,247	6	107.1	4.5	303	65.9	79	17.2	15	3.3	22	4.8	2	0.4	36	7.8	3	0.7
Other infective and parasitic diseases...	652	4,913.6	7.5	15,893	20	24.4	3.2	559	85.7	40	6.1	19	2.9	5	0.8	11	1.7	18	2.8	—	—
Cancer ...	1,695	13,965.1	8.2	58,253	1,300	35.1	4.3	230	13.6	341	20.1	1,049	61.9	27	1.6	26	1.5	15	0.9	6	0.4
Diabetes ...	525	21,746	41.4	102,030	8	194.4	4.7	149	28.4	105	20	65	12.4	99	18.9	5	1.0	70	13.3	33	6.3
Anaemias and other blood diseases ...	2,256	95,048.3	42.1	117,107	45	51.9	1.2	1,239	54.9	384	17.0	235	10.4	244	10.8	11	0.5	136	6.0	7	0.3
Mental, psychoneurotic disorders ...	72	688	9.6	1,287	4	17.9	1.9	39	54.2	20	27.8	6	8.3	3	4.2	1	1.4	3	4.2	—	—
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,221	14,492.1	11.9	48,404	65	39.7	3.3	238	19.5	326	26.7	613	50.2	31	2.5	1	0.1	6	0.5	6	0.5
Other diseases of central nervous system ...	1,418	38,006.6	26.8	102,461	130	72.3	2.7	367	25.9	436	30.7	497	35.0	73	5.1	5	0.4	28	2.0	12	0.8
Diseases of eye, ear and mastoid process ...	607	1,221.6	2.0	6,057	—	10.0	5.0	568	93.6	23	3.8	4	0.7	2	0.3	3	0.5	7	1.2	—	—
Diseases of heart and circulatory system ...	2,389	53,142.1	22.2	108,115	259	45.4	2.0	921	38.6	562	23.5	673	28.2	122	5.1	28	1.2	76	3.2	7	0.3
Influenza ...	108	193.7	1.8	916	2	8.5	4.7	94	87.0	6	5.6	4	3.7	—	—	3	2.8	1	0.9	—	—
Pneumonia ...	580	2,112.1	3.6	8,948	33	15.5	4.3	390	67.2	94	16.2	88	15.2	3	0.5	—	—	3	0.5	2	0.3
Bronchitis ...	1,677	9,541.6	5.7	30,335	36	18.1	3.2	1,279	76.3	170	10.1	187	11.2	15	0.9	1	0.1	21	1.3	4	0.2
Other diseases of respiratory system ...	1,259	3,110.6	2.5	14,989	12	11.9	4.8	1,146	91.0	50	4.0	38	3.0	4	0.3	3	0.2	17	1.4	1	0.1
Diseases of digestive system ...	3,312	14,702	4.4	44,222	79	13.4	3.0	2,479	74.8	316	9.5	144	4.3	37	1.1	313	9.5	20	0.6	3	0.1
Diseases of genito-urinary system ...	1,894	45,925.4	24.2	45,756	59	24.2	1.0	1,422	75.1	194	10.2	96	5.1	65	3.4	67	3.5	47	2.5	3	0.2
Diseases of the skin ...	1,994	17,183.3	8.6	52,699	36	26.4	3.1	1,656	83.0	188	9.4	68	3.4	41	2.1	22	1.1	18	0.9	1	0.1
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	943	24,614.9	26.1	50,665	15	53.7	2.1	473	50.2	208	22.1	123	13.0	61	6.5	49	5.2	23	2.4	6	0.6
Senility and ill-defined conditions ...	5,318	53,033	10.0	126,426	184	23.8	2.4	1,377	25.9	856	16.1	873	16.4	145	2.7	1,981	37.3	68	1.3	18	0.3
Burns and scalds ...	432	2,169	5.0	8,078	3	18.7	3.7	368	85.2	40	9.3	8	1.9	9	2.1	4	0.9	1	0.2	2	0.5
Other accidents, injuries, etc., ...	964	9,042.9	9.4	25,472	10	26.4	2.8	700	72.6	129	13.4	64	6.6	20	2.1	38	3.9	11	1.1	2	0.2
All other conditions ...	859	6,009.3	7.0	18,255	43	21.3	3.0	649	75.6	115	13.4	36	4.2	17	2.0	9	1.0	27	3.1	6	0.7
TOTAL—Administrative County	30,435	441,912.4	14.4	1,035,615	2,349	33.9	2.3	16,646	54.3	4,682	15.3	4,905	16.0	1,045	3.4	2,583	8.4	652	2.1	122	0.4

Note.—Percentages are of the total cases of the particular disease or ailment.

TABLE 14—HOME NURSING
ANALYSIS OF COMPLETED CASES IN EACH HEALTH DIVISION BY SEX, DURATION OF TREATMENT, FREQUENCY OF VISITS AND
DISPOSAL OF CASES—YEAR ENDED 31ST DECEMBER, 1960

Health Division No.	TOTAL CASES				DURATION OF TREATMENT					DISPOSAL OF CASES																	
	Both sexes	Male		Female	Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other				
		No.	Per cent.				Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	
1	664	228	34.3	436	65.7	10,904.1	16.4	23,850	135	36.1	2.2	358	53.9	59	14.9	95	14.3	55	8.3	33	5.0	21	3.2	3	0.5		
2	1,845	653	35.4	1,192	64.6	30,560.3	16.6	67,670	56	36.7	2.2	950	51.5	260	14.1	321	17.4	147	8.0	108	5.9	41	2.2	18	1.0		
3	1,887	700	37.1	1,187	62.9	24,887.1	13.2	50,453	126	26.8	2.0	920	48.8	309	16.4	300	15.9	127	6.7	196	10.4	20	1.1	15	0.8		
4	2,790	1,027	36.8	1,763	63.2	43,841.9	15.7	105,399	207	37.9	2.4	1,545	55.4	405	14.5	472	10.9	97	3.5	197	7.1	59	2.1	15	0.5		
5	2,323	1,032	41.7	1,471	58.3	29,654	11.8	75,784	16	30.0	2.6	1,073	42.5	335	13.3	376	14.9	48	1.9	645	25.6	38	1.5	7	0.3		
6	1,466	576	39.3	890	60.7	22,606	15.4	57,755	57	39.4	2.6	650	44.3	279	19.0	314	21.4	47	3.2	135	9.2	38	2.6	3	0.2		
*7	1,808	592	32.7	1,216	67.3	27,252.3	15.1	53,996	178	30.0	2.0	1,133	62.7	253	14.0	293	16.2	66	3.7	14	0.8	38	2.1	11	0.6		
8	1,641	624	38.0	1,017	62.0	24,629.4	15.0	55,312	289	33.9	2.3	969	59.0	242	14.7	264	16.1	24	1.5	117	7.1	22	1.3	3	0.2		
*9	3,031	1,202	39.7	1,829	60.3	24,818.8	8.2	74,337	461	24.7	3.0	2,309	76.2	394	13.0	200	6.6	52	1.7	19	0.6	50	1.6	7	0.2		
10	1,242	510	41.1	732	58.9	17,681.1	14.2	48,763	141	30.4	2.8	829	66.7	183	14.7	156	12.6	32	2.6	29	2.3	12	1.0	1	0.1		
11	2,050	750	36.6	1,300	63.4	33,709.4	16.4	75,831	45	37.0	2.3	1,026	50.0	296	14.4	420	20.5	45	2.2	211	10.3	50	2.4	2	0.1		
12	2,282	840	36.8	1,442	63.2	42,558	18.6	79,992	176	35.1	1.9	1,206	56.8	334	14.6	356	15.6	73	3.2	171	7.5	45	2.0	7	0.3		
13	1,093	441	40.3	652	59.7	17,686.3	16.2	38,194	3	34.9	2.2	654	59.8	167	15.3	132	12.1	18	1.6	89	8.1	29	2.7	4	0.4		
*14	1,567	572	36.5	995	63.5	19,510.3	12.5	40,691	159	26.0	2.1	800	51.1	254	16.2	278	17.7	50	3.2	159	10.1	19	1.2	7	0.4		
*15	1,459	488	33.4	971	66.6	25,618.9	17.6	66,409	67	45.6	2.6	643	44.1	262	18.0	297	20.4	35	2.4	156	10.7	60	4.1	6	0.4		
*16	978	335	34.3	643	65.7	17,268	17.7	40,876	64	41.9	2.4	432	44.2	185	18.9	190	19.4	47	4.8	74	7.6	44	4.5	6	0.6		
17	1,574	605	38.4	969	61.6	19,020.9	12.1	56,768	172	36.2	3.0	643	40.9	289	18.4	328	20.8	62	3.9	197	12.5	52	3.3	3	0.2		
TOTAL	29,900	11,195	37.4	18,705	62.6	432,296.3	14.5	1,011,990	2,334	33.9	2.3	16,230	54.3	4,547	15.2	4,792	16.0	1,925	3.4	2,550	8.5	638	2.1	118	0.4		
Delegate District—																											
*Crosby M.B.	118	37	31.4	81	68.6	2,716.9	23.0	4,028	2	34.2	1.5	53	44.9	23	19.5	26	22.0	5	4.2	1	0.8	7	5.9	3	2.5		
*Huyton-w.R. U.D.	272	108	39.7	164	60.3	2,677.7	9.8	9,181	—	33.8	3.4	188	69.1	56	20.6	19	7.0	6	2.2	—	—	2	0.7	1	0.4		
*Middleton M.B.	178	63	35.4	115	64.6	2,360.1	13.3	6,259	11	35.2	2.7	99	55.6	25	14.0	33	18.5	1	0.6	18	10.1	2	1.1	—	—		
*Stretford M.B.	167	61	36.5	106	63.5	1,951.4	11.7	4,157	2	24.9	2.1	76	45.5	31	18.6	35	21.0	8	4.8	14	8.4	3	1.8	—	—		
TOTAL	785	269	34.3	516	65.7	9,706.1	13.2	23,625	15	32.2	2.4	416	56.6	135	18.4	113	15.4	20	2.7	33	4.5	14	1.9	4	0.5		
TOTAL—Admin. County	30,685	11,464	37.4	19,171	62.6	441,912.4	14.4	1,035,615	2,349	33.9	2.3	16,646	54.3	4,682	15.3	4,905	16.0	1,945	3.4	2,583	8.4	652	2.1	122	0.4		

Note: Percentages are of the total cases in the particular area.

* Areas affected by delegation of functions. See page 39.

TABLE 15—CARE AND AFTER-CARE—TUBERCULOSIS
STATEMENT BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF WORK DONE BY TUBERCULOSIS VISITORS DURING 1960

Health Division No.	No. of attendances at care committee meetings	No. of lectures or addresses given	No. of sessions attended			Other	No. of home visits			Unclassified home visits	Total
			Dispensary		Evening		To cases		To contacts		
			Day				First visits to new cases	Re-visits	First visits to new contacts	Re-visits	
1	—	—	43	4	—	22	9	1,159	74	198	1,583
2	5	—	33	—	—	33	55	1,643	186	2,053	5,025
3	4	—	41	28	—	—	34	782	154	606	1,676
4	1	1	192	3	—	59	40	5,196	195	2,451	8,270
5	1	—	131	—	—	96	60	5,024	290	1,343	6,850
6	—	—	135	17	—	150	34	4,102	373	2,633	7,401
*7	—	—	246	—	—	—	58	1,528	381	1,310	3,346
8	—	—	390	—	—	—	71	3,640	228	5,000	9,052
*9	—	—	442	46	—	7	68	3,889	405	9,789	14,214
10	—	—	171	43	—	4	29	2,082	72	1,877	4,131
11	—	—	258	12	—	7	76	2,006	340	1,496	4,061
12	—	—	206	8	—	66	53	2,605	132	1,512	4,414
13	—	4	110	13	—	—	24	2,169	53	703	2,989
14	—	—	239	1	—	3	70	1,329	159	3,139	4,853
*15	—	—	—	—	—	76	86	4,029	349	577	5,197
*16	1	—	83	—	—	43	32	1,195	162	1,064	2,564
*17	—	—	—	—	—	—	78	5,327	154	3,396	8,976
Total	12	5	2,720	175	—	566	877	47,705	3,707	39,147	94,602
Delegate District—											
*Crosby M.B.	—	—	41	—	—	—	7	267	46	143	501
*Huyton-with-Roby U.D.	—	—	240	51	—	7	57	1,387	225	1,089	2,791
*Middleton M.B.	—	—	28	—	—	—	12	107	26	219	374
*Stretford M.B.	—	—	28	—	—	19	12	245	65	188	540
Total	—	—	337	51	—	26	88	2,006	362	1,639	4,206
TOTAL—Administrative County	12	5	3,057	226	—	592	965	49,711	4,069	40,786	98,808

* Areas affected by delegation of functions. See page 39.

TABLE 17—CHIROPODY SERVICE—(b) PROVIDED BY VOLUNTARY ASSOCIATIONS

Health Division No.	No. of clinics operating at end of year	Total No. of clinics successful held	ANALYSIS OF TREATMENTS GIVEN—						† ANALYSIS OF PATIENTS TREATED—							
			By place of treatment			By class of patient			By place of treatment			By class of patient				
			Clinic	Surgery	Home	Aged persons	Handicapped persons	Expectant mothers	Total	Clinic	Surgery	Home	Aged persons	Handicapped persons	Expectant mothers	Total
1	5	98	814	433	439	1,681	5	—	1,686	121	115	92	325	3	—	328
2	8	138	1,117	1,010	21	2,145	13	—	2,148	334	283	7	617	7	—	624
3	10	408	2,779	3,204	655	6,585	45	8	6,638	558	618	159	1,321	13	1	1,335
4	2	122	931	5,444	3,066	9,441	—	—	9,441	136	913	404	1,543	—	—	1,543
5	2	277	2,492	1,607	2,101	6,231	24	5	6,260	654	342	568	1,559	3	2	1,564
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	2	277	2,673	—	101	2,771	3	—	2,774	717	—	8	724	1	—	725
8	1	52	312	2,346	2,186	4,822	20	2	4,844	41	463	440	938	4	2	944
9	5	177	1,286	159	132	1,522	5	—	1,527	221	111	15	345	2	—	347
10	3	114	908	—	1,464	2,457	4	1	2,462	207	—	262	465	3	1	469
11	15	906	8,858	2,241	3,362	14,431	30	—	14,461	1,560	378	672	2,585	25	—	2,610
12	7	365	2,879	2,776	1,301	6,954	—	2	6,956	732	789	431	1,950	—	2	1,952
13	5	183	1,725	8,850	2,077	12,476	176	—	12,652	327	1,329	283	1,894	45	—	1,939
14	—	—	—	2,787	629	3,400	16	—	3,416	—	638	135	757	16	—	773
15	2	200	1,676	129	815	2,620	—	—	2,620	396	69	185	650	—	—	650
16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	8	586	4,714	—	2,859	7,456	114	3	7,573	1,062	—	566	1,565	60	3	1,628
Total	75	3,913	33,204	31,046	21,208	84,982	455	21	85,458	7,066	6,048	4,317	17,238	182	11	17,431
Delegate District—																
*Crosby M.B.	1	64	470	—	1	471	—	—	471	264(245)	—	1	265(245)	—	—	265(245)
*Huyton-with-Roby U.D.	—	—	—	546	123	662	7	—	669	—	177	58	229	6	—	235
*Malden M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Stretford M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	64	470	546	124	1,133	7	—	1,140	264(245)	177	59	494(245)	6	—	500(245)
TOTAL—Administrative County	76	3,977	33,674	31,592	21,332	86,115	462	21	86,598	7,085	6,225	4,376	17,487	188	11	17,686

* Areas affected by delegation of functions. See page 39.

† Consequent upon delegation of functions certain patients included in these columns in the totals for health division No. 7 for treatment prior to delegation are also included in the totals for Crosby M.B. for treatment after delegation. This element of duplication is shown in brackets against the appropriate Crosby total.

TABLE 18—HOME HELP SERVICE
SUMMARY BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF CASES ATTENDED DURING 1960

Note: The percentages given are of the total numbers of cases in the respective areas.

Health Division No.	Home helps employed at 31st December, 1960		Total No. of cases attended	CATEGORY OF CASE										Total cases attended per 1,000 population (mid-1960)							
	Actual No.	Whole-time equivalent		Problem families	Confinement				Tuberculosis				Chronic sick (under 65 years)		Chronic sick and aged and infirm (65 years and over)	Illness and others					
					At home		Away from home		No. of cases		No. of cases					No. of cases		Per cent.			
					No. of cases	Per cent.	No. of cases	Per cent.	Under 65 years	65 years and over	Total	Per cent.				No. of cases	Per cent.		Under 65 years	65 years and over	Total	Per cent.
1	73	33	316	—	—	1	0.3	—	—	—	—	10	3.2	260	82.3	27	5	32	10.1	8.0	
2	252	118	1,001	1	0.1	31	3.1	6	0.6	3	5	8	1.5	869	80.8	123	8	131	13.1	8.9	
3	127	59	888	—	—	48	5.4	13	1.5	3	—	3	0.3	651	73.3	122	10	132	14.9	7.4	
4	149	110	836	2	0.2	69	8.3	3	0.4	4	2	6	0.7	674	80.6	55	4	59	7.1	4.7	
5	287	141	1,381	—	—	23	1.7	4	0.3	4	1	5	0.4	1,149	83.2	52	40	92	6.7	9.7	
6	209	88	1,486	—	—	42	2.8	3	0.2	7	6	13	0.9	1,169	78.7	88	75	163	11.0	16.4	
7	72	53	920	—	—	94	10.2	14	1.5	9	5	14	1.5	566	61.5	96	39	135	14.7	5.9	
8	250	115	1,052	—	—	40	3.8	2	0.2	4	3	7	0.7	886	84.2	33	—	33	3.1	9.1	
9	164	101	1,281	3	0.2	54	4.2	13	1.0	13	4	17	1.3	965	75.3	178	—	178	13.9	7.2	
10	196	107	814	2	0.2	42	5.2	—	—	4	4	8	1.0	625	76.8	80	2	82	10.1	9.2	
11	292	139	1,462	3	0.2	31	2.1	4	0.3	7	4	11	0.8	1,205	82.6	34	14	48	3.3	8.3	
12	238	114	1,485	—	—	57	3.8	31	2.1	3	4	7	0.5	1,173	79.0	96	10	106	7.1	11.3	
13	105	56	692	—	—	13	1.9	—	—	3	1	4	0.6	568	82.1	27	6	33	4.8	9.5	
14	143	70	1,211	1	0.1	39	3.2	6	0.5	5	2	7	0.6	1,005	83.0	124	4	128	10.6	9.6	
15	135	72	795	—	—	49	6.2	—	—	1	—	1	0.1	673	84.7	42	4	46	5.8	5.9	
16	78	33	576 (58)	1	0.2	22 (2)	4.2	7	1.4	—	1	1	0.2	451 (54)	87.1	36	13	49	9.5	6.3	
17	185	104	1,263	—	—	29	2.3	1	0.1	4	2	6	0.5	1,144	90.6	35	—	35	2.8	9.8	
Total	2,955	1,513	17,401	13	0.1	694	4.0	108	0.6	74	44	118	0.7	1,067	80.3	1,248	234	1,482	8.5	8.4	
Delegate District—																					
*Crosby M.B.	51	26	309(215)	—	—	11 (2)	3.6	1	0.3	6 (4)	1 (1)	7 (5)	2.3	27 (22)	8.8	216(166)	22 (6)	22 (14)	44 (20)	14.4	18.4
*Hayton & Roby U.D.	61	42	331(242)	1	0.3	20 (7)	6.0	5 (1)	1.5	4 (2)	2 (2)	6 (4)	1.8	15 (14)	4.5	229(180)	55 (26)	—	55 (26)	16.6	15.6
*Middleton M.B.	50	28	257(217)	—	—	6	2.3	1	0.4	1 (1)	1	2 (1)	0.8	3 (3)	1.2	216(193)	28 (20)	1	29 (20)	11.3	16.7
*Stretford M.B.	83	32	250(216)	—	—	3	1.2	—	—	—	—	—	—	23 (19)	9.2	206(184)	11 (6)	7 (7)	18 (13)	7.2	15.7
Total	245	138	1,144(890)	1	0.1	40 (9)	3.5	7 (1)	0.6	11 (7)	4 (3)	15 (10)	1.3	68 (58)	5.9	867(733)	116 (58)	30 (21)	146 (79)	12.8	16.6
TOTAL—Administrative County	3,200	1,651	17,655	14	0.1	725	4.1	114	0.6	78	45	123	0.7	1,077	6.1	14,053	1,306	243	1,549	8.8	8.1

* Areas affected by delegation of functions. See page 29. Consequent upon delegation to the four County districts indicated, certain cases included in the divisional totals for help provided prior to delegation are also included in the delegate districts totals for help provided after delegation. The totals for divisions nos. 15 and 16 are likewise affected by the transfer of Irwin U.D. This element of duplication is shown in brackets for each "receiving" area only.

† Annual rates calculated on experience after delegation.

TABLE 19—HOME HELP SERVICE
ADMINISTRATIVE COUNTY—ANALYSIS OF CASES ATTENDED IN WEEK ENDED 10TH DECEMBER, 1960

Category	No. of cases in which home help was provided—															
	No. of cases attended		No. of hours of service	No. of case days	On days during week							For total hours during week				
					1	2	3	4	5	6	7	Under 6	6–	10–	14–	18–
SPECIAL CASES																
Problem families	—	6	76	25	—	—	3	1	—	2	—	—	3	1	—	2
CONFINEMENTS—																
At home ...	—	34	753	137	3	2	6	6	14	3	—	3	3	5	3	20
Away from home	—	8	86	29	—	—	4	3	1	—	—	1	4	1	1	1
TUBERCULOSIS—																
Aged 65 years and over	9	10	108	39	9	7	—	1	—	2	—	8	8	3	—	—
Aged under 65 years	9	33	297	100	14	17	3	1	3	4	—	15	17	7	1	2
CHRONIC SICK—																
Aged under 65 years	59	497	4,305	1,569	143	178	78	12	90	47	8	201	219	60	33	43
CHRONIC SICK, AGED AND INFIRM—																
Aged 65 years and over	1,540	8,380	63,436	22,757	3,412	3,915	1,006	163	845	475	110	4,352	4,282	723	290	279
ILLNESS AND OTHERS—																
Aged 65 years and over	8	53	368	130	29	16	5	4	4	3	—	38	16	2	2	3
Aged under 65 years	31	425	3,206	1,066	148	171	63	8	41	25	—	187	195	36	12	26
All categories—																
Week ended 10th December, 1960	1,662	9,446	72,635	25,852	3,758	4,306	1,168	199	998	561	118	4,805	4,747	838	342	376
Week ended 12th December, 1959	1,485	8,359	68,068	23,813	3,097	3,823	1,091	155	1,009	550	119	3,918	4,336	811	345	434

SUMMARY BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF MEDICAL EXAMINATIONS CARRIED OUT BY COUNTY COUNCIL MEDICAL STAFFS DURING 1960

Health Division No.	Medical examinations undertaken in respect of—										Total medical examinations				
	Fitness for job— County Council employees			Fitness to enter other local authorities' supervision schemes	Fitness to enter other local authorities' sickness pay schemes	Children in care of Children's Committee	Mental Deficiency and Lunacy Acts	Employment of children outside school hours	Entry to teachers' training colleges	Entrants to teaching profession (from 25 R.Q.)		Children attending camp schools	Boothdowns Remand Home	Others	
	No. of Forms M.E.5 scrutinised	Medical examinations carried out as a result of scrutiny of forms M.E.5	Posts requiring compulsory examination												
1	155	6	35	23	—	12	37	6	—	23	5	17	—	29	193
2	282	31	19	60	—	4	72	45	167	75	12	4	—	2	500
3	288	11	58	55	—	2	88	22	81	80	—	1,083	—	—	1,480
4	531	119	32	32	—	46	197	25	321	141	33	81	—	3	1,090
5	517	45	83	149	9	41	152	23	417	89	15	435	—	169	1,627
6	231	3	36	56	21	9	120	12	29	57	16	144	—	70	573
7	384	38	17	24	—	2	183	90	142	97	14	179	—	34	820
8	313	11	20	25	—	—	93	18	89	93	18	7	—	—	374
9	559	41	39	198	—	20	248	43	102	91	77	302	—	7	1,168
10	261	42	12	49	3	1	48	18	122	44	2	163	—	259	763
11	497	33	45	11	—	1	141	1	392	91	54	197	1,062	5	2,033
12	404	17	39	101	—	8	26	9	199	57	—	10	—	—	556
13	189	11	21	17	13	—	38	6	169	50	—	221	—	209	755
14	310	26	46	25	—	6	81	11	317	71	15	326	—	15	939
15	408	12	18	39	—	3	113	5	343	85	—	93	—	—	711
16	256	19	97	69	4	2	41	6	194	62	—	69	—	—	563
17	166	20	54	86	7	—	79	28	322	67	46	260	—	334	1,303
Delegate District—															
Crosby M.B.	2	—	6	19	—	—	2	45	37	5	—	1	—	—	113
Huyton-with-Roby U.D.	23	18	19	6	—	7	77	20	114	18	18	24	—	5	325
Middleton M.B.	40	7	2	10	—	—	16	—	23	5	9	—	—	—	72
Stretford M.B.	67	5	18	9	—	—	6	—	6	5	—	1	—	—	50
TOTAL—Administrative County	16,563	515	716	1,162	57	164	1,858	433	3,586	1,306	334	3,617	1,062	1,141	15,951

* Areas affected by delegation of functions. See page 39.

† Includes additional 680 scrutinised in County Health Department.

TABLE 22—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1960 (continued)—

(1) In Homes (continued)—
(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement

Managing Authority	Home	Cases which were County Council responsibility									
		No. at 31st December, 1959		Admissions		Discharges		Deaths		No. at 31st December, 1960	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Barrow-in-Furness C.B.C.	Abbey House, Barrow-in-Furness	1	—	—	—	—	—	—	—	1	—
Birkenhead C.B.C.	Eastham House, Eastham, Wirral	—	1	—	—	—	—	—	—	—	1
Bolton C.B.C.	Holmes Hostel, Bolton	1	3	—	—	—	1	—	—	1	2
	Egerton Lodge, Egerton	—	1	—	—	—	2	—	—	—	—
	Smithills Hall, Bolton	—	1	—	1	—	1	—	—	—	—
	Westfield Hostel, Bolton	—	1	—	—	—	—	—	—	—	—
	Watermillock Hostel, Bolton	—	—	—	—	—	—	—	—	—	—
	Connolly House, Bootle	—	1	—	—	—	—	—	—	—	1
Bootle C.B.C.	Basil Grange, Bootle	—	—	—	—	—	—	—	—	—	1
Bradford C.B.C.	Shirley Manor, Bradford	—	—	—	—	—	—	—	—	—	—
Bury C.B.C.	Beech Grove, Bury	1	—	1	—	1	—	—	—	—	—
	Brandlesholme House, Bury	—	—	—	—	—	—	—	—	—	—
	Woodbank, Bury	—	—	—	—	—	—	—	—	—	—
Cheshire C.C.	Chadwick Fields, Middleswich	—	2	—	—	—	2	—	—	—	—
	Gawsworth New Hall, Gawsworth	—	1	—	—	—	—	—	—	—	1
	The Hill, Knutsford	—	1	—	—	—	—	—	—	—	1
	Hulme Hall, Cheshire Hulme	—	1	—	—	—	—	—	—	—	1
	Newton House, Newton	—	1	—	—	—	—	—	—	—	1
	The Croft, Kirksanton	—	1	—	—	—	—	—	—	—	1
	Y Gerlan, Rhyl	—	1	—	—	—	1	—	—	—	—
Cumberland C.C.	Farfield, Halifax	—	1	—	—	—	—	—	—	—	1
Flintshire C.C.	Springfield House, Huddersfield	—	1	—	—	—	—	—	—	—	1
Halifax C.B.C.	Morton House, Kingsworthy	1	—	—	—	1	—	—	—	—	—
Huddersfield C.B.C.	The Gables, Whitchurch	—	1	—	—	—	—	—	—	—	1
Hampshire C.C.	Moorfield House, Leeds	1	—	—	—	—	—	—	—	1	—
Leeds C.B.C.	The Hollies, Scunthorpe	—	1	—	—	—	—	—	—	—	1
Lincolnshire C.C. (parts of Lindsey)	New Grafton House, Liverpool	—	—	—	—	—	—	—	—	—	—
Liverpool C.B.C.	Aighurth House, Liverpool	—	—	2	—	—	—	—	—	—	—
	Park House, Liverpool	—	—	1	—	—	—	—	—	—	—
	Croxteth Lodge, Liverpool	—	—	—	1	—	—	—	—	—	1

TABLE 22—continued

Managing Authority	Home	Cases which were County Council responsibility									
		No. at 31st December, 1959		Admissions		Discharges		Deaths		No. at 31st December, 1960	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Manchester C.B.C.	...	...	...	...	...	...	...	...	...	...	...
	Lawnhurst, Didsbury ...	...	3	...	...	...	2	...	...	...	1
	Newbury, Victoria Park ...	...	1	...	...	...	...	...	...	...	1
	Nuthurst House, New Moston ...	...	1	...	...	...	...	...	...	...	1
	Park Hall, Victoria Park ...	...	1	...	...	...	1	...	...	...	...
	Reston, Southport ...	...	1	...	...	...	1	...	1	...	...
	Malcolm House, Newton Heath ...	...	...	...	2	...	...	...	...	...	2
	Whitemoss, Blackley ...	...	...	...	1	...	...	...	...	...	...
	Redhill House, Edgeware ...	...	...	...	1	...	1	...	...	...	...
	The Hollies, Oldham ...	...	...	...	1	...	1	...	...	...	...
	Moorfield, Oldham ...	...	...	...	...	...	...	...	...	...	...
	Greenacres Lodge, Oldham ...	...	...	...	1	...	1	...	...	...	...
	Hensington House, Woodstock ...	...	1	...	...	...	...	...	...	...	1
	Ashton Civic Hostel, Preston ...	...	...	...	1	...	...	...	...	...	1
	Wilson House, Preston ...	...	2	...	1	...	1	...	...	...	2
	Sunny Bank, Preston ...	...	1	...	1	...	...	...	...	...	1
	Eversleigh Home, Rochdale ...	...	1	...	3	...	3	...	...	...	1
	Beaumonts Home, Rochdale ...	...	...	...	...	...	...	...	...	...	...
	Moss Bank, St. Helens ...	...	...	...	...	...	...	...	...	...	...
	Nutgrove Hall, St. Helens ...	...	1	...	1	...	1	...	1	...	1
	Granville, Eccles ...	...	1	...	...	...	...	...	...	...	...
	Wentworth, Eccles ...	...	...	...	...	...	1	...	...	...	...
	Cranbrook, Prestwich ...	...	1	...	...	...	...	...	...	...	...
	Salfordian, Salford ...	...	2	...	1	...	...	...	...	...	...
	Glencorse, Salford ...	...	...	...	1	...	...	...	...	...	1
	Fairholme, Southport ...	...	...	...	1	...	...	...	...	...	1
	Heathfield, Weston-super-Mare ...	...	...	...	1	...	...	...	...	...	1
	The Abbey, Staveley ...	...	...	...	...	...	...	...	...	...	...
	Fayrer Holme, Bowness ...	...	1	...	...	...	...	...	1	...	...
	Elm Court, Stratton St. Margaret ...	...	1	...	...	...	...	...	...	...	1
TOTAL ...	...	15	37	8	21	6	21	—	4	17	33

TABLE 24—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1960 (continued)—

(2) In former Public Assistance Institutions, etc. (continued)—
(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee (continued)—
(ii) *Children at ages (in years)

Health Division No.	Name of establishment	* Accommodation capacity at 31st Dec. 1960	Cases which were County Council responsibility												Cases which were responsibility of other Local Authorities												
			Accompanied by an adult						Unaccompanied						Accompanied by an adult						Unaccompanied						
			No. at 31st Dec. 1959	Admissions	Discharges	Deaths	No. at 31st Dec. 1960	No. at 31st Dec. 1959	Admissions	Discharges	Deaths	No. at 31st Dec. 1960	No. at 31st Dec. 1959	Admissions	Discharges	Deaths	No. at 31st Dec. 1960	No. at 31st Dec. 1959	Admissions	Discharges	Deaths	No. at 31st Dec. 1960	No. at 31st Dec. 1959	Admissions	Discharges	Deaths	No. at 31st Dec. 1960
2	Bay View House, Lancaster	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	The Highlands, Wesham	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	74 Wigan Road, Ormskirk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Delphside, Warrington Road, Whiston	38	17	13	72	42	72	51	—	—	17	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTAL	38	17	13	75	43	75	52	—	—	17	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* *Id.* For the purposes of the National Assistance Act, persons under the age of 16 years and, for the purposes of the Children Act, persons under the age of 18 years.

† Where no nominal accommodation is shown, children were admitted as a temporary expedient until other arrangements could be made.

TABLE 25—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1960 (continued)—

(2) In former Public Assistance Institutions, etc. (continued)—
(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated

Managing Authority	Name of establishment	Cases which were County Council responsibility													
		In respect of accommodation provided under S.21(1)(a)							In respect of accommodation provided under S.21(1)(b)						
		No. at 31st Dec., 1959		Admissions		Discharges		Deaths		No. at 31st Dec., 1960		Admissions		Discharges	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blackburn C.B.C.	Park View, Blackburn ...	14	4	—	—	5	—	1	—	8	4	—	—	—	—
Bolton C.B.C.	Townley's Hospital Annexe, Farnworth ...	7	6	—	—	1	6	7	1	—	—	—	—	—	—
Bradford C.B.C.	The Park, Bradford ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Burnley C.B.C.	Moorfields, Burnley ...	23	27	1	1	18	23	1	—	5	5	—	—	—	—
Flintshire C.C.	Stanley Hospital, St. Asaph ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Liverpool C.B.C.	Lower Breck Road, Liverpool ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
London C.C.	Westminster House, Liverpool ...	3	3	—	—	1	1	—	—	2	2	—	—	—	—
Manchester C.B.C.	Newington Lodge, S.E.17 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oldham C.B.C.	Carisbrook House, S.W.2 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Preston C.B.C.	Mayfield House, Manchester ...	1	1	1	1	—	—	—	—	—	—	—	—	—	—
Salford C.B.C.	Newholme, Withington ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Salop C.C.	Napier House, Oldham ...	26	16	2	8	6	2	5	3	17	19	—	—	—	—
Stockport C.B.C.	Preston Civic Hostel, Fulwood ...	2	3	—	5	—	6	—	—	2	2	—	—	—	—
Warrington C.B.C.	The Homestead, Salford ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wigan C.B.C.	Morda House, Oswestry ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	St. Thomas' Hospital, Stockport ...	4	8	1	—	—	—	—	—	4	6	—	—	—	—
	Whitecross Welfare Homes, Warrington ...	4	2	1	—	—	—	—	—	5	2	—	—	—	—
	Social Welfare Home, Frog Lane, Wigan ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTAL—Former Public Assistance Institutions ...	85	71	7	19	39	41	9	5	44	44	3	5	3	4
Manchester C.B.C.	Langho Epileptic Colony, Langho ...	50	72	1	6	1	4	2	1	48	73	—	—	—	—
	TOTAL—All above Establishments...	135	143	8	25	40	45	11	6	92	117	3	5	3	4

* Only children under the age of 16 years accompanied by and accommodated in the same establishment as an adult are included.

TABLE 26—(continued)

Voluntary organisation	Name of establishment	No. at 31st Dec., 1959		Admissions		Discharges		Deaths		No. at 31st Dec., 1960	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Mutual Aid Homes Ltd.	Westley, Grange-over-Sands ...	1	4	2	2	—	—	1	1	2	5
National Institute for the Deaf	Richardson House, Blackburn ...	—	7	—	—	—	—	—	—	—	7
National Society for Epileptics	Roper House, Canterbury ...	—	1	—	—	—	—	—	—	—	1
National Spastics Society	Chalfont Colony, Chalfont St. Peter ...	—	—	1	—	1	—	—	—	—	1
	Prested Hall Centre, Feering ...	1	1	—	—	—	—	—	—	1	1
Nazareth House	Daresbury Hall Centre, Daresbury ...	3	—	—	—	1	—	—	—	2	—
Peasehaven House Committee	Nazareth House, Ditton, Widnes ...	—	1	18	15	3	1	—	—	15	14
Pentecostal Eventide Housing Association Ltd.	115 Roe Lane, Southport ...	—	1	—	—	—	—	—	—	—	—
	The Brooklands, Bakewell ...	—	1	—	—	—	—	—	—	—	—
	Melbourne House, Wakefield ...	—	—	—	1	—	—	—	—	—	—
St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham ...	—	2	—	—	—	1	—	—	—	—
St. Joseph's Hospital	St. Joseph's Hospital, Manchester ...	—	1	—	—	—	—	—	—	—	—
Salvation Army Eventide Homes	Blenheim House, Oldham ...	—	—	—	1	—	—	—	—	—	—
	Dawdown House, Weston-super-Mare ...	1	1	—	—	—	—	—	—	1	1
	Elizabeth Walker Home, Orrell Hey, Bootle ...	—	4	—	—	—	—	—	—	—	4
	Holm Hill, West Kirby ...	—	—	—	—	—	—	—	—	—	—
	Holt House, Prestwich ...	—	8	—	—	—	—	—	—	—	2
	Laurel Bank, Salford ...	—	7	—	—	—	1	—	—	—	9
	Mary Fowler Home, Allerton, Liverpool ...	—	—	—	2	—	—	—	—	—	13
	Mildred Duff Memorial Home, North Walsham ...	—	—	—	—	—	—	—	—	—	2
	Southlands, Hall Nook, Penketh ...	1	8	—	—	—	5	—	—	1	—
	The Hawthorn, Buxton ...	—	—	—	—	—	—	—	—	—	—
Sisters of Charity of Jesus and Mary	Laing Memorial Eventide Home, Wickstead Hall, Whitechurch ...	1	—	1	—	—	—	—	—	2	—
Society of Friends	Stella Matutina Convent, Ansdell ...	—	3	—	1	—	—	—	—	—	3
Society of Friends of Foreigners in Distress	Beechville, Lostock Park, Bolton ...	2	4	1	1	—	1	—	1	3	2
Stapely Home for Aged Jews	Liberty Hall, Munden, Heris, ...	—	2	—	—	—	—	—	—	—	2
Star and Garter Home for Disabled Sailors, Soldiers and Airmen	Stapely, Liverpool, 18 ...	—	—	1	—	—	—	—	—	1	—
Stone Bower Fellowship	Star and Garter Home, Richmond ...	—	—	—	—	—	—	—	—	—	—
Turner Memorial Home of Rest	The Cove, Silverdale ...	—	10	—	5	2	—	—	—	7	15
Urmston Housing Association	Turner Memorial Home, Dingle Head, Liverpool ...	4	—	3	—	4	—	—	—	3	—
	Ann Challis Eventide Home, Urmston ...	—	19	—	5	—	3	—	1	—	20
Women's Voluntary Services Residential Clubs	Haylands Eventide Home, Urmston ...	5	—	13	—	2	—	1	—	15	—
	58 Elsworth Road, Hampstead ...	—	1	—	—	—	—	—	—	—	—
	Sharnbrook House, Bedford ...	—	—	—	—	—	—	—	—	—	—
	Warriston, Mersey Road, Liverpool ...	—	1	—	—	—	—	—	—	—	—
Yorkshire Association for the Care of Cripples	St. George's Training Centre, Harrogate ...	1	2	—	—	—	1	—	—	1	1
	Total ...	118	240	77	94	38	39	15	22	142	273

TABLE 27—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1960 (continued)—
 (3) In Establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area) (continued)—
 (b) Homes for the Blind

Voluntary organisation	Name of establishment	No. at 31st Dec., 1959		Admissions		Discharges		Deaths		No. at 31st Dec., 1960	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blackpool and Fylde Society for the Blind ...	Sunbeam Home of Rest, Newton Drive, Blackpool ...	2	5	—	1	—	1	—	—	2	5
Catholic Blind Institute ...	59 Brunswick Road, Liverpool, 6 ...	3	—	—	2	—	1	—	—	3	1
Fulwood Workshops for the Blind ...	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	3	12	—	2	—	—	—	3	3	11
Henshaw's Institution for the Blind ...	Mary Ann Scott Home, Southport	—	7	—	1	—	1	—	—	—	7
	Thomas Briggs Lomas Home, Rhyl ...	3	—	—	—	—	—	—	—	3	—
Hereford County Association for the Blind ...	Hampton Grange, Hereford ...	—	—	—	1	—	—	—	—	—	1
Liverpool Home Teaching Society for the Blind ...	Ashby House, Parkfield Road, Liverpool ...	1	—	—	—	—	—	—	—	1	—
	Ash Lea Boarding House for Women, Aigburth Road, Liverpool	—	3	—	—	—	—	—	1	—	2
	Henderson Holiday Home, South Shore, Blackpool ...	—	1	—	—	—	—	—	—	—	1
Lindsey Blind Society ...	The Sycamores, Louth ...	—	1	—	—	—	—	—	—	—	1
Manchester and Salford Blind Aid Society ...	"Elms," Pendleton ...	—	6	—	1	—	—	—	—	—	7
	Godfrey Ermen Memorial Home, Southport	1	—	1	—	1	—	—	—	1	—
	"Oaklands," Pendleton ...	10	3	2	1	5	—	—	—	7	4
North London Homes for the Blind ...	"Cleveland" and "Dunwithins," Chorley New Road, Bolton	1	12	—	—	1	11	—	1	—	—
North Regional Association for the Blind ...	"Oaklands," Huddersfield Road, Holmfirth ...	1	5	—	1	—	1	—	—	1	5
	"Springhill," Nelson ...	8	9	5	1	1	1	2	—	10	9
Royal National Institute for the Blind ...	"Fellowship House," Hoylake ...	1	—	—	1	1	1	—	—	—	—
	"Leeds House," New Brighton ...	1	1	—	—	1	—	—	—	—	1
	Royal School for the Blind, Leatherhead	2	1	—	—	—	—	—	—	2	1
	"Tate House," Home for the Deaf-Blind, Harrogate	—	—	—	—	—	—	—	—	—	—
	"Wilton Grange," West Kirby ...	—	—	1	1	—	—	—	—	1	1
	"Kathleen Chambers" Home, Burnham-on-Sea	—	—	1	—	—	—	—	—	1	—
	TOTAL ...	39	66	10	13	10	17	2	5	37	57

TABLE 28—HOUSING
SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1960

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 defective houses rendered fit	No. demolished	Total No. of houses at end of year unfit for human habitation and not capable at reasonable expense of being rendered fit
			Houses	Flats	Houses	Flats							
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					
Abram	26	4	20	4	—	—	6	—	309	706	242	15	104
Accrington (B)	38	—	—	—	—	—	38	—	241	548	176	—	100
Adlington	27	—	—	—	—	—	27	—	27	36	24	—	17
Ashton-in-Makerfield	103	—	9	—	—	—	94	—	597	1,323	153	1	20
Ashton-under-Lyne (B)	155	—	108	—	—	—	47	—	1,817	4,430	1,247	130	906
Aspull	56	—	39	—	—	—	17	—	419	573	230	26	92
Atherton	90	8	77	8	—	—	13	—	433	729	248	13	154
Audenshaw	—	—	—	—	—	—	—	—	343	872	82	20	1
Bacup (B)	17	3	12	3	—	—	5	—	443	443	162	58	1,950
Barrowford	12	—	—	—	—	—	12	—	161	358	155	9	263
Billinge and Winstanley	136	—	—	—	—	—	136	—	129	201	32	—	323
Blackrod	49	—	—	—	—	—	49	—	106	184	23	4	54
Brierfield	25	12	—	12	—	—	25	—	126	301	117	—	5
Carnforth	5	—	—	—	—	—	5	—	14	21	—	—	—
Chadderton	177	—	14	—	2	—	161	—	2,491	4,366	170	42	600
Chorley (B)	154	22	55	22	—	—	99	—	888	3,040	579	87	501
Church	—	—	—	—	—	—	—	—	22	26	14	—	2
Clayton-le-Moors	—	—	—	—	—	—	—	—	44	118	32	—	47
Cliithorpe (B)	70	—	18	—	—	—	52	—	74	86	28	42	3
Coleby (B)	7	36	—	36	—	—	7	—	295	817	95	53	543

TABLE 28—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 defective houses rendered fit	No. demolished	Total No. of houses at end of year unfit for human habitation and not capable at reasonable expense of being rendered fit
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					
Crompton ...	113	—	36	—	—	—	77	—	1,091	1,794	188	27	189
Crosby (B)...	200	22	114	—	—	—	86	22	2,994	6,805	1,180	11	1,650
Dalton-in-Furness	18	—	11	—	—	—	7	—	126	232	28	—	15
Darwen (B)	67	56	20	56	4	—	43	—	97	1,369	11	53	320
Deaton ...	302	—	90	—	—	—	212	—	1,452	2,031	281	30	188
Droylsden ...	66	—	18	—	—	—	48	—	227	634	101	26	—
Eccles (B) ...	63	130	35	130	—	—	28	—	8,555	11,252	333	166	2,528
Fallowworth...	136	—	30	—	—	—	106	—	382	881	182	31	266
Farnworth (B)	30	—	24	—	—	—	6	—	460	1,748	238	75	617
Fleetwood (B)	76	24	6	24	—	—	70	—	440	788	187	—	46
Formby ...	181	—	3	—	—	—	178	—	183	259	153	7	30
Fulwood ...	152	4	—	—	—	—	152	4	182	314	124	—	1
Golborne ...	366	1	16	—	—	—	290	1	321	928	213	10	72
Grange ...	10	4	—	—	—	—	10	4	66	110	41	—	—
Great Harwood	19	—	—	—	—	—	19	—	60	71	34	3	97
Haslingden (B)	51	—	13	—	—	—	38	—	488	669	57	23	245
Haydock ...	63	—	6	—	—	—	57	—	345	864	230	7	45
Heywood (B)	67	84	30	84	—	—	37	—	648	1,812	126	57	480
Hindley ...	168	—	57	—	—	—	111	—	335	1,002	198	38	75
Horwich ...	30	34	2	34	—	—	28	—	540	1,542	603	36	56
Huyton-with-Roby	454	66	249	36	10	12	195	18	1,505	2,764	80	13	69

TABLE 28—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 defective houses rendered fit	No. demolished	Total No. of houses at end of year unfit for human habitation and not capable at reasonable expense of being rendered fit
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					
Ince-in-Makerfield	36	20	36	20	—	—	—	—	752	836	201	43	420
Irlam	207	—	50	—	—	—	157	—	116	740	43	25	13
Kearsley	33	—	—	—	—	—	33	—	70	140	21	—	49
Kirkby	121	—	—	—	30	—	91	—	650	878	301	—	—
Kirkham	25	—	—	—	—	—	25	—	320	1,062	304	30	212
Lancaster (B)	103	121	21	121	—	—	82	—	405	719	32	91	184
Lees	19	—	8	—	—	—	11	—	65	108	22	17	155
Leigh (B)	155	88	53	88	14	—	88	—	658	2,020	170	59	425
Leyland	79	44	20	44	—	—	59	—	96	154	41	16	34
Litherland	75	48	59	48	—	—	16	—	2,413	3,214	87	48	54
Littleborough	7	8	—	8	—	—	7	—	461	961	32	5	72
Little Lever	45	—	—	—	—	—	45	—	54	72	4	2	110
Longridge	54	—	4	—	—	—	50	—	176	321	22	—	28
Lytham St. Annes (B)	307	—	—	—	—	—	307	—	140	473	6	2	11
Middleton (B)	539	64	254	64	7	—	278	—	1,163	3,089	68	248	173
Milnrow	10	—	—	—	10	—	—	—	87	205	26	6	34
Morecambe and Heysham (B)	239	6	4	—	—	—	235	6	1,561	2,256	1,558	3	9
Mossley (B)	39	8	36	8	2	—	1	—	283	407	56	2	120
Nelson (B)	22	—	22	—	—	—	—	—	174	692	151	—	5
Newton-le-Willows	173	—	60	—	—	—	113	—	546	1,511	222	39	50
Ormskirk	169	—	27	—	—	—	142	—	1,030	1,488	240	63	140

TABLE 28—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 defective houses rendered fit	No. demolished	Total No. of houses at end of year unfit for human habitation and not capable at reasonable expense of being rendered fit
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					
Orrell	144	—	16	—	—	—	128	—	410	1,621	65	9	181
Oswaldtwistle	56	—	—	—	—	—	56	—	72	219	51	—	20
Padiham	38	—	36	—	—	—	2	—	216	333	44	—	243
Poulton-le-Fylde	219	5	—	—	—	—	219	5	62	141	8	8	25
Preesall	24	—	12	—	—	—	12	—	55	110	—	—	12
Prescot	12	—	—	—	—	—	12	—	533	1,361	186	34	86
Prestwich (B)	47	26	4	15	—	—	43	11	123	691	85	36	266
Radcliffe (B)	147	16	84	16	—	—	63	—	205	751	70	157	279
Rainford	107	—	—	—	—	—	107	—	16	64	9	2	8
Ramsbottom	49	—	—	—	—	—	49	—	38	265	1	—	—
Rawtenstall (B)	73	10	36	10	—	—	37	—	376	1,005	126	87	1,171
Rishton	13	—	—	—	—	—	13	—	87	304	61	—	—
Royton	151	14	18	6	—	—	133	8	453	809	109	29	400
Skelmersdale	46	2	38	2	—	—	8	—	658	1,788	265	15	170
Standish-with-Laughtree	87	—	20	—	—	—	67	—	225	294	137	15	23
Stretford (B)	11	62	—	26	—	—	11	36	793	1,743	431	—	375
Swinton and Pendlebury (B)	217	44	108	44	—	—	109	—	778	3,990	269	98	148
Thornton Cleveleys	610	—	42	—	—	—	568	—	142	404	44	1	10
Tottington... ..	46	—	—	—	—	—	46	—	37	66	15	—	59
Trawden	—	—	—	—	—	—	—	—	57	73	—	—	30
Turton	274	—	—	—	—	—	274	—	406	436	375	11	11

TABLE 28—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 defective houses rendered fit	No. demolished	Total No. of houses at end of year unfit for human habitation and not capable at reasonable expense of being rendered fit		
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Tyldesley	81	—	34	—	—	—	47	—	259	751	36	47	187
Ulverston	49	—	27	—	—	—	22	—	78	183	21	35	94
Up Holland	228	—	15	—	—	—	213	—	143	183	18	9	233
Urnston	171	—	15	—	—	—	156	—	141	368	90	10	98
Walton-le-Dale	352	1	16	1	—	—	336	—	437	544	171	12	72
Wardle	27	—	—	—	—	—	27	—	28	74	21	—	21
Westhoughton	253	—	39	—	—	—	214	—	823	2,100	130	22	176
Whitefield	246	—	52	—	—	—	194	—	75	281	11	2	14
Whitworth	7	—	7	—	—	—	—	—	433	751	102	18	60
Widnes (B)	375	5	156	5	—	—	219	—	872	2,120	520	34	892
Withnell	3	—	—	—	—	—	3	—	202	256	25	—	74
Worsley	280	46	195	46	—	—	85	—	261	913	142	16	135
Total Urban Districts	10,619	1,148	2,736	1,021	79	12	7,804	115	50,191	103,385	15,642	2,519	20,555

TABLE 28—continued

RURAL 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 defective houses rendered fit	No. demolished	Total No. of houses at end of year unfit for human habitation and not capable at reasonable expense of being rendered fit
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					
Blackburn	140	—	—	—	—	—	140	—	94	177	43	4	111
Burnley	28	—	—	—	—	—	28	—	107	361	108	5	24
Chorley	216	4	40	4	—	—	176	—	151	603	91	38	227
Clitheroe	18	—	—	—	1	—	17	—	106	204	43	—	2
Fylde	145	—	84	—	—	—	61	—	117	179	13	9	116
Garstang	110	1	17	1	—	—	93	—	475	595	49	11	34
Lancaster	190	—	—	—	—	—	190	—	150	288	112	—	13
Lanesdale	145	—	38	—	—	—	107	—	106	182	39	7	16
North Lonsdale	29	—	8	—	—	—	21	—	422	629	24	1	122
Preston	379	—	15	—	8	—	356	—	71	102	18	—	97
Warrington	516	—	48	—	—	—	468	—	749	1,147	292	5	83
West Lancashire	845	13	57	—	1	—	787	13	493	1,088	1	35	29
Whiston	481	—	92	—	—	—	389	—	1,326	1,895	109	18	219
Wigan	113	—	—	—	—	—	113	—	454	850	56	9	60
Total Rural Districts	3,355	18	399	5	10	—	2,946	13	4,821	8,300	998	142	1,153
Total Urban Districts	10,619	1,148	2,736	1,021	79	12	7,804	115	50,191	103,385	15,642	2,519	20,555
Total Administrative County	13,974	1,166	3,135	1,026	89	12	10,750	128	55,012	111,685	16,640	2,661	21,708

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