

**[Report 1964] / Medical Officer of Health, Lancashire County Council.**

**Contributors**

Lancashire (England). County Council.

**Publication/Creation**

1964

**Persistent URL**

<https://wellcomecollection.org/works/be9zs65t>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



LANCASHIRE COUNTY COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1964

*(Presented to the County Council, 4th November, 1965)*



LANCASHIRE COUNTY COUNCIL

# REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1901

Printed and Published by the County Council, 1902.

# PRINCIPAL CONTENTS

	PAGE
PUBLIC HEALTH AND HOUSING COMMITTEE ... ..	5
HEALTH COMMITTEE ... ..	6
VITAL STATISTICS ... ..	15
INFECTIOUS AND OTHER NOTIFIABLE DISEASES ... ..	30
HEALTH SERVICES ... ..	36
Health Centres ... ..	42
Care of Mothers and Young Children ... ..	43
Midwifery ... ..	61
Health Visiting ... ..	66
Home Nursing... ..	69
Vaccination ... ..	75
Immunisation ... ..	77
Ambulance Service ... ..	80
Prevention of Illness, Care and After-care... ..	88
Home Help Service ... ..	101
Mental Health... ..	103
Other Services... ..	107
WELFARE SERVICES ... ..	110
Welfare of the Aged ... ..	110
Welfare of the Homeless ... ..	113
Welfare of Handicapped Persons ... ..	115
Other Services... ..	123
SANITARY CIRCUMSTANCES ... ..	126
HOUSING ... ..	140
INSPECTION AND SUPERVISION OF FOOD ... ..	142
SHOPS ACT ADMINISTRATION ... ..	153
TABLES, ETC. ... ..	155
INDEX ... ..	212

# PRINCIPAL CONTENTS

Index	212
TABLES, ETC.	199
HOUSE ACT ADMINISTRATION	152
INSTRUCTION AND SUPERVISION OF FOOD	142
HOUSING	130
EASTERN ORGANIZATION	120
OTHER SERVICES	109
Welfare of Handicapped Persons	100
Welfare of the Homeless	90
Welfare of the Aged	80
Welfare Services	70
Other Services	60
Mental Health	50
Home Health Services	40
Prevention of Illness	30
Administrative Services	20
Immunization	10
Vaccines	0
Home Nursing	0
Health Visiting	0
Midwifery	0
Care of Mothers and Young Children	0
Health Officers	0
HEALTH SERVICES	0
HYGIENE AND OTHER NUTRITIONAL MATTERS	0
VITAL STATISTICS	0
HEALTH COMMITTEE	0
PUBLIC HEALTH AND HOUSING COMMITTEE	0

Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

## PUBLIC HEALTH AND HOUSING COMMITTEE (1964-65)

The Chairman of the County Council :

COUNTY ALDERMAN F. LONGWORTH

The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR ALFRED BATES, M.C., LL.D., D.L.

The Chairman of the Finance Committee :

COUNTY ALDERMAN J. SELWYN JONES, J.P.

The Chairman of the Health Committee :

COUNTY ALDERMAN T. HOURIGAN, M.A., J.P.

Chairman of Committee :

COUNTY ALDERMAN F. L. NEEP

Vice-Chairman :

COUNTY COUNCILLOR T. G. HARRISON, J.P.

County Aldermen :

J. W. THORLEY, Esq.

SIR THOMAS TOMLINSON, J.P. (*resigned* 28.7.64)

County Councillors :

F. AINSWORTH, Esq.	W. H. LIGHTFOOT, Esq.
J. H. AINSWORTH, Esq.	J. LOMAX, Esq.
R. C. ARCHIBALD, Esq.	J. MARGINSON, Esq. ( <i>from</i> 5.11.64)
R. BARSTOW, Esq.	T. MERRICK, Esq.
C. BETHELL, Esq.	O. MURRAY, Esq.
J. W. CHADWICK, Esq.	W. MYERS, Esq.
A. DAVIES, Esq.	P. O'GRADY, Esq.
D. H. ELLETSON, Esq., B.A.	Miss F. M. OPENSHAW, J.P. ( <i>died</i> 16.4.65)
R. S. GEDDES, Esq., J.P. ( <i>from</i> 9.6.64)	F. RILEY, Esq.
C. HALLIDAY, Esq.	G. G. SMITH, Esq.
F. HAWORTH, Esq., J.P.	A. B. TIMPERLEY, Esq.
H. KAY, Esq.	F. WHITWORTH, Esq.
Mrs. E. KEANE ( <i>from</i> 9.6.64)	P. WORTH, Esq.
H. KERNS, Esq., B.A.(Comm.)	W. WROE, Esq., J.P.



# HEALTH COMMITTEE (1964-65)

## The Chairman of the County Council :

COUNTY ALDERMAN F. LONGWORTH

## The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR ALFRED BATES, M.C., LL.D., D.L.

## The Chairman of the Finance Committee :

COUNTY ALDERMAN J. SELWYN JONES, J.P.

## The Chairman of the Public Health and Housing Committee :

COUNTY ALDERMAN F. L. NEEP

## The Chairman of the Lancashire Education Committee :

COUNTY ALDERMAN SIR ANDREW SMITH, C.B.E., J.P.

## The Chairman of the School Health Sub-Committee :

COUNTY ALDERMAN J. BRADLEY, M.B.E., J.P.

## Chairman of Committee :

COUNTY ALDERMAN T. HOURIGAN, M.A., J.P.

## Vice-Chairman :

COUNTY ALDERMAN H. LORD, C.B.E., J.P.

## County Aldermen :

S. C. BOTTOMLEY, Esq.

H. DAVIES, Esq.

Mrs. E. HANLEY, M.B.E., J.P.

Mrs. W. KETTLE, J.P.

Mrs. K. LOWE, J.P.

G. H. LUPTON, Esq.

J. W. THORLEY, Esq.

LADY WORSLEY-TAYLOR, C.B.E., J.P.

## County Councillors :

F. AINSWORTH, Esq.

L. BELL, Esq.

Mrs. E. M. BRUCE

H. CRADDOCK, Esq.

A. CRITCHLEY, Esq.

J. P. ENNIS, Esq. J.P. (to 23.3.65)

C. FARRAND, Esq., J.P.

H. FORMSTONE, Esq.

J. W. GEERE, Esq., J.P.

S. G. GITTINS, Esq.

J. B. HAIGH, Esq., J.P.

T. G. HARRISON, Esq., J.P.

H. HUNT, Esq., J.P.

T. JACKSON, Esq.

Mrs. M. M. C. KEMBALL, J.P.

S. LANZ, Esq.

W. H. LIGHTFOOT, Esq.

P. R. MARSH, Esq., T.D.

G. E. PAILIN, Esq., J.P.

H. PEMBERTON, Esq. (from 7.9.64)

Mrs. C. M. PICKARD, J.P.

M. PILLING, Esq.

G. G. SMITH, Esq.

F. WHITWORTH, Esq.

F. WORSLEY, Esq., J.P.

P. WORTH, Esq.

**Members appointed by :**

*Lancashire Non-County Boroughs Association :*

Mrs. V. B. DICKINSON, J.P.

W. H. FLOWERS, Esq., M.B.E., M.M.

*Lancashire Urban District Councils Association :*

Mrs. P. H. BEESTON, B.A., J.P.

W. R. MARSH, Esq.

*Lancashire Branch of Rural District Councils Association :*

A. W. GLENN, Esq., C.C.

J. PRESTON, Esq., J.P.

*Lancashire Executive Council :*

Mrs. L. B. LEWIS, O.B.E.

A. WALTON, Esq., J.P.

*Lancashire Local Medical Committee :*

DR. H. SOUTHWORTH

*Voluntary Organisations for the Care of Old People :*

Miss Z. D. M. BEATON, M.B.E., J.P.

Mrs. P. HARROP

Mrs. E. A. CHRISTIAN-FLETCHER,  
M.B.E.

## COUNTY HEALTH STAFF (As at 31st December, 1964)

(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 :

C. H. T. WADE, B.Sc., M.D., Ch.B., D.P.H.

## Chief Assistant County Medical Officers :

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

IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H., D.P.H.

J. E. MORRIS, B.Sc., M.B., B.Ch., D.C.H., D.P.H., D.I.H.

## Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	D. H. GAWITH, M.R.C.S., L.R.C.P., D.P.H. S. B. DARBISHIRE, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
2	R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	W. R. FALCONER, M.B., Ch.B., D.P.H. *W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H. *KATHERINE A. MERCER, M.B., Ch.B. *PATRICIA M. O'CONNOR, B.A., M.B., B.Ch., B.A.O., L.M. F. SIMM, M.R.C.S., L.R.C.P. MARGARET M. TIMPANY, M.B., Ch.B., D.P.H. BRIDIE O. WILSON, M.B., Ch.B., D.Obst.R.C.O.G. *SIDNEY L. WRAY, B.A., M.B., B.Ch., B.A.O.
3	C. R. WILSON, M.B., Ch.B., D.P.H.	KATHLEEN BALL, M.B., Ch.B. †E. A. R. BERKLEY, T.D., M.R.C.S., L.R.C.P. WILHELMINA N. GAYE, M.R.C.S., L.R.C.P., D.P.H. J. L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M. *W. HOUSTON, M.B., Ch.B. J. L. JACKSON, M.B., Ch.B., D.P.H. SHEILA P. PARKER, M.B., Ch.B.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O. *DILYS K. DAVIES, M.B., B.S., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. *MARGARET FAIRCLOUGH, L.A.H. MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H. CATHERINE O. L. HOLT, M.B., Ch.B., D.Obst.R.C.O.G. †N. T. W. POVER, L.M.S.S.A., L.R.C.S., L.R.F.P.S., D.P.H. *JEAN ROBSON, M.B., Ch.B., D.C.H. MORFUDD E. THOMAS, B.Sc., M.B., B.Ch. *MARGARET WREN, M.B., B.S., D.C.H.
5	R. C. WEBSTER, T.D., B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	S. M. BIEBER, M.R.C.S., L.R.C.P., D.I.H., D.P.H., D.T.M. & H. J. R. BROWN, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. TERESA R. DILLON, M.B., B.Ch., B.A.O., L.M., L.A.H. MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. †SHEILA M. WHEELER, L.R.C.P., L.R.C.S., L.R.F.P.S., D.Obst.R.C.O.G., D.P.H.

\*Part-time.

†Senior Assistant Divisional Medical Officer.



Health Division No.	Divisional Medical Officer	Assistant Medical Officers
6	J. V. DYER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	*A. BARLOW, M.B., Ch.B. MARGOT G. DUNLOP, B.Sc., M.B., Ch.B. MARGARET W. SEYMOUR, M.B., Ch.B. HELEN M. TURNER, M.R.C.S., L.R.C.P.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	JEANNETTE DIAMOND, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. T. M. C. LINDSAY, M.B., B.S., D.P.H. †J. O'GORMAN, M.B., B.Ch., B.A.O., D.P.H. HELEN A. PENNY, M.B., Ch.B., M.R.C.O.G., D.C.H., D.P.H. ELIZABETH J. SUTTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H.
8	R. SCHOFIELD, M.B., Ch.B., D.C.H., D.P.H.	MARY R. CARDWELL, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. *R. D. CHOUDHURY, M.R.C.S., L.R.C.P., D.P.H. *G. A. FULTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. *R. F. B. HOWARTH, M.B., B.Ch., B.A.O. S. NAYLOR, B.Sc., M.B., Ch.B., D.P.H. *LOIS M. RYAN, M.B., Ch.B.
9	F. W. BUNTING, M.B.E., M.D., Ch.B., D.P.H.	*AILEEN M. DUGUID, M.B., Ch.B. *MARGARET JOHNSON, M.B., Ch.B. MARY C. MANGAN, M.B., B.Ch., B.A.O., L.M. J. F. MCGOVERN, M.B., M.Ch., B.A.O., D.P.H. C. P. B. PARRY, M.R.C.S., L.R.C.P., D.A., D.P.H. MARY PILLING, M.R.C.S., L.R.C.P., C.P.H. †P. M. SAMMON, M.B., Ch.B., D.P.H. E. J. WALSH, M.R.C.S., L.R.C.P., D.P.H. D. H. WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
10	R. ELLIS JONES, M.B., Ch.B., D.P.H.	*GERALDINE M. H. ELLIS, M.B., Ch.B. J. E. JOLLEY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. EVANGELINE T. MORAHAN-SMIDDY, M.B., B.Ch., B.A.O. CECILIE M. E. O'HARA, M.B., B.Ch., B.A.O. W. G. RHYS-JONES, M.A., B.M., B.Ch., L.M.S.S.A., D.P.H.
11	E. TAYLOR, M.B., Ch.B., D.P.H.	PATRICIA F. D. ANDERSON, L.R.C.P., L.R.C.S., L.R.F.P.S. MARGARET BISHOP, M.B., B.S. I. C. COOMBS, M.B., Ch.B. T. J. DAILEY, M.B., Ch.B., D.P.H. JEAN M. DESMOND, M.A., M.B., Ch.B., D.P.H. †P. G. HOLT, M.B., Ch.B., D.P.H. *JOYCE E. LEESON, M.B., Ch.B., D.P.H. SHEILA L. MCKINLAY, M.B., Ch.B., D.C.H. J. S. WILLMAN, M.B., B.Ch., B.A.O.
12	T. SEYMOUR JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	MARION B. BARNETT, M.B., B.S. *MARY T. C. BRENNAN, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. *MARY H. CHADDERTON, M.B., B.Ch., B.A.O. †A. B. DAVIES, M.B., B.Ch., D.P.H. E. DESMOND, M.B., B.Ch., B.A.O., L.M., D.P.H. *PATRICIA A. DORAN, M.B., Ch.B., D.C.H. *BERYL EDGEcombe, M.B., Ch.B., D.P.H. *SHEILA M. FOSTER, M.B., Ch.B., D.C.H. *W. S. HAYDOCK, B.A., M.D., B.Ch., B.A.O., D.P.H. J. V. MAHER, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. *CECILIA F. G. WILD, M.B., Ch.B., D.P.H. J. G. A. S. WILLIAMSON, M.B., Ch.B., D.P.H.

\* Part-time.

† Senior Assistant Divisional Medical Officer.



Health Division No.	Divisional Medical Officer	Assistant Medical Officers
13	A. N. PICKLES, M.B., Ch.B., D.P.H.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. JOAN M. CURTIS, M.B., Ch.B., D.P.H. MARGARET A. FEENY, M.B., B.Ch., B.A.O., L.M., D.P.H. E. HOWITT, M.A., M.D., B.Ch., B.A.O.
14	G. R. BRACKENRIDGE, M.B., Ch.B., D.P.H.	KATHLEEN CURTIS, M.R.C.S., L.R.C.P. †E. J. H. FOSTER, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. SUSAN HETHERINGTON, M.B., Ch.B. D. C. MARSHALL, M.B., Ch.B. T. W. SHERRATT, M.R.C.S., L.R.C.P., L.D.S.
15	W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H.	T. A. CONROY, M.B., B.Ch., B.A.O., D.P.H. L. DOODY, M.B., B.Ch., B.A.O., L.M. *MAUREEN ELLIS, M.B., Ch.B. L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H. *OLIVE M. THOMAS, M.B., Ch.B., D.P.H. R. L. WALMSLEY, M.A., L.M.S.S.A.
16	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	PHOEBE J. M. ARMSTRONG, B.Sc., M.B., B.Ch., C.P.H. J. S. FARRIES, M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G. H. P. FERRER, M.B., Ch.B.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. PAULINE BLOCKEY, M.B., Ch.B., D.P.H. JEAN M. BREAKELL, M.B., Ch.B., D.P.H. B. KALCEV, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. J. H. M. ROBERTSON, M.B., Ch.B., D.P.H. *ELIZABETH C. SMITH, M.A., M.B., Ch.B., D.P.H.

\* Part-time.

† Senior Assistant Divisional Medical Officer.

Delegate District	Medical Officer	Assistant Medical Officers
Crosby M.B.	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	GWENDOLINE D. NEWMAN, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H. IRENE W. SIMPSON, M.B., Ch.B., D.P.H.
Huyton-with-Roby U.D.	F. W. BUNTING, M.B.E., M.D., Ch.B., D.P.H.	*PHYLLIS J. DISLEY, M.B., Ch.B., D.P.H. PATRICIA F. M. B. GOULD, M.B., Ch.B., D.P.H. BRENDA JONES, M.B., Ch.B., D.P.H. *NORA W. MARSHALL, M.B., B.S. *ENID PARRY, M.B., Ch.B., C.P.H. *LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
Middleton M.B.	G. R. BRACKENRIDGE, M.B., Ch.B., D.P.H.	J. B. MACMAHON, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. KATHLEEN M. NICHOLSON-SMITH, M.B., Ch.B., D.P.H.
Stretford M.B.	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	MARJORIE T. DARE, M.B., Ch.B., D.P.H. A. HARGREAVES, M.B., Ch.B., D.P.H.

\*Part-time

**Principal School Dental Officer :**

L. B. CORNER, L.D.S., R.C.S.(Edin.)

**Dental Officers :***Whole-time :*

H. J. APPELEYARD, L.R.C.P., L.R.C.S.,  
L.R.F.P.S., L.D.S.  
T. N. ASHALL, L.D.S.  
T. A. M. ASHMAN, L.D.S.  
JOAN M. BULLOUGH, L.D.S.  
MARGARET E. CALDWELL, L.D.S.  
MARGARET CLARK, L.D.S.  
R. A. COLLINS, L.D.S.  
J. B. COONEY, L.D.S.  
A. C. CRAWFORD, L.D.S.  
E. CROSBIE, L.D.S.  
F. J. W. DEWHURST, L.D.S.  
A. ELLAM, F.D.S.  
G. ENTWISLE, L.D.S.  
G. R. FAIRCLOUGH, L.D.S.  
PATRICIA A. GARNETT, B.D.S.  
S. GOLDMAN, L.D.S.  
W. GUNTHER, L.D.S.  
L. B. HALL, B.Sc., L.D.S.  
J. L. HALTON, L.D.S.  
J. S. HIGHAM, B.D.S.  
J. F. HIGSON, B.D.S.

A. JONES, L.D.S.  
L. A. JONES, L.D.S.  
W. A. LINNELL, L.D.S.  
E. M. LONGTON, L.D.S.  
W. R. LORD, L.D.S.  
KATHLEEN R. MAXFIELD, L.D.S.  
H. MUNGUR, L.D.S.  
W. F. NEWMAN, L.D.S.  
KATHLEEN PLATT, L.D.S.  
A. W. POOLE, L.D.S.  
B. H. REID, L.D.S.  
MARGARET E. ROBINSON, L.D.S.  
M. B. SCOTT, L.D.S.  
I. D. J. SMITH, L.D.S.  
ANNE P. STELFOX, B.D.S.  
G. K. TAYLOR, L.D.S.  
A. D. TORRY, L.D.S.  
H. V. O. TRENBATH, L.D.S.  
C. R. WHEELER, L.D.S.  
K. WOODS, B.D.S.  
BERTHA D. WORSWICK, B.D.S.

*Part-time :*

S. M. AALEN, L.D.S.  
A. G. ADDINSELL, L.D.S.  
J. BARCROFT, L.D.S.  
A. BESWICK, B.D.S.  
R. H. BINGHAM, L.D.S.  
HEATHER M. CARMICHAEL, L.D.S.  
DOROTHY A. CARSON, L.D.S.  
R. J. CARSON, L.D.S.  
K. A. CARTER, L.D.S.  
R. CHURNEY, L.D.S.  
J. G. CLARKSON, B.D.S.  
P. F. CUNNINGHAM, L.D.S.  
R. DANNOUS, L.D.S.  
TRUDY P. DICKSON, B.D.S.  
ELISABETH A. DURANT, L.D.S.  
A. M. FLETT, L.D.S.  
VALERIE M. FOX, B.D.S.  
H. GAUNT, B.Ch.D.  
H. GIBSON, L.D.S.  
JOYCE GIBSON, L.D.S.  
L. GLICKMAN, L.D.S.  
CATHERINE T. M. GREEN, L.D.S.  
W. P. HAMER, L.D.S.  
N. P. HILTON, L.D.S.

MARY J. HIND, L.D.S.  
A. HODGKINSON, L.D.S.  
T. S. HOLT, L.D.S.  
CLAIRE C. KEARNEY, B.D.S.  
E. LAMB, L.D.S.  
CLAIRE C. LEDSON, B.D.S.  
JANET B. LEES, B.D.S.  
L. LEVER, L.D.S.  
BERYL LEVY, L.D.S.  
K. LOMAX, L.D.S.  
R. MARSHALL, B.D.S.  
L. MASON, L.D.S.  
T. MCNAMARA, L.D.S.  
K. E. METCALF, L.D.S.  
BERTHA M. O'REGAN, B.D.S.  
MAGGIE ROBINSON, L.D.S.  
P. D. ROBINSON, L.D.S.  
J. S. SELWYN, L.D.S.  
A. F. SHEFF, L.D.S.  
R. P. SOUTHWORTH, B.D.S.  
ANNIE H. TYLDESLEY, B.D.S.  
ELIZABETH M. WALSH, L.D.S.  
FREDA N. WILLIAMS, L.D.S.  
A. J. WINSTANLEY, L.D.S.

**Ophthalmic Surgeons (part-time) :**

H. B. BARKER, M.B., B.S., M.R.C.S., L.R.C.P.  
G. T. BEDFORD, M.B., Ch.B., D.O.M.S.  
J. BERKSON, M.B., Ch.B., D.A., D.O.M.S.  
T. S. BLACKLIDGE, M.D., B.S., M.R.C.S.,  
L.R.C.P., D.O.M.S.  
B. BOAS, M.D.  
PHOEBINA BRITTAIN, B.A., M.B., B.Ch., B.A.O.  
J. M. BRODRICK, M.R.C.S., L.R.C.P.  
W. B. BROWNLEE, M.D., F.R.C.S.  
ELIZABETH CALDERWOOD-SMITH, M.A., M.B.,  
Ch.B., D.P.H.  
T. CHADDERTON, M.R.C.S., L.R.C.P., D.O.M.S.  
MURIEL DAVIES, M.B., M.R.C.S., L.R.C.P.,  
D.O.  
W. G. L. FLATHER, M.B., Ch.B., D.O.M.S.  
L. B. HARDMAN, L.R.C.P., L.R.C.S., L.R.F.P.S.,  
D.O.M.S.  
V. T. LEES, M.B., Ch.B., D.O.M.S.  
MONICA LOW, M.R.C.S., L.R.C.P., D.O.M.S.

H. MATHER, M.R.C.S., L.R.C.P.  
J. N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.  
J. MCLENACHAN, G.M., M.B., Ch.B., F.R.C.S.,  
D.O.  
P. D. O'BRIEN, L.R.C.P., L.R.F.P.S.,  
D.P.H.  
D. PLUM, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.  
DOROTHY PURSER-SMITH, M.B., Ch.B.  
RHONA A. REID, M.A., M.B., Ch.B., D.O.  
R. S. RITSON, M.A., M.B., Ch.B.  
L. ROSE, M.B., Ch.B., D.O.  
T. E. SHANNON, M.B., B.Ch., B.A.O., D.O.M.S.  
CECILIA M. SIMMONS, M.B., B.Ch., B.A.O.,  
D.O.M.S.  
H. B. SMITH, M.B., B.Ch., B.A.O.,  
M.Ch.(Ophth.), D.O.M.S.  
D. M. SOMERVILLE, M.B., Ch.B., D.O.  
P. R. STEVENS, M.R.C.S., L.R.C.P., D.O.



**Consultant Obstetricians :**

H. B. BAGSHAW, M.A., M.B., B.Chir., F.R.C.S., L.R.C.P., F.R.C.O.G.	H. C. HASLAM-FOX, M.B., Ch.B.
H. V. CORBETT, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., F.R.C.O.G., M.M.S.A.	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.
J. DOUGLAS, M.R.C.S., L.R.C.P., L.M.	DORREN M. MARTIN, M.B., Ch.B., M.R.C.O.G.
G. H. ELLIDGE, M.B., Ch.B., M.R.C.O.G.	W. M. MARTIN, M.C., M.D., Ch.B., D.Obst.R.C.O.G., D.P.H.
MARY EVANS, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P., F.R.C.O.G.	G. W. H. MULLINGTON, M.B., Ch.B., M.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., F.R.C.O.G.	

**Chief Lay Administrative Officer :**

F. V. ROBINSON

**Welfare Services Organiser :**

G. A. ROYLE, LL.B., B.Com., D.M.A., A.C.I.S.

**Ambulance Service Organiser :**

A. ORTON, M.B.E.

**County Public Health Officers :**

A. KEWLEY

D. B. SOUTHWORTH

R. K. TAYLOR

K. WALMSLEY

**Supervisor of Midwives :**

MISS M. LEES

**Superintendent Health Visitor and School Nurse :**

MISS P. C. L. GOULD

**Superintendent of Home Nurses :**

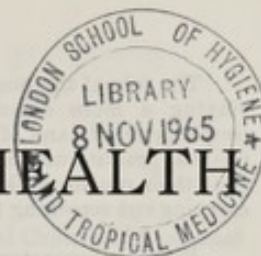
MISS L. JONES

**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, 1964



*To the Chairman and Members of the Lancashire County Council.*

I have the honour of presenting for your consideration the seventy-sixth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1964, together with the vital statistics relative to that period.

It is fifty-five years since as many children were born alive to mothers in the Administrative County area as in 1964. Co-incident with this there was a substantial reduction in the total number of deaths from all causes and as a result the *natural* increase in population, namely 15,091, was the highest since 1920.

The birth rate of 18.68 per 1,000 population produced by the 42,800 live births was the highest recorded since 1947. Only once (in 1948) during the last 30 years has the death rate per 1,000 population, namely 12.09, been lower than in 1964, whilst the mortality rate of children under five years of age, equivalent to 5.15 per 1,000 of those in that age group, constituted a new low record.

In particular, respiratory diseases generally were responsible for a comparatively low level of mortality during the year—the bronchitis death rate being the lowest for 25 years. Unfortunately there was an increased number of fatalities classified as due to “violence”—principally as a result of motor vehicle accidents—from which, in 1964, there were more deaths than at any time since the war years of 1940 and 1941.

One more death from maternal causes occurred than in 1963 but although 1,339 more infants were born alive in 1964 than in the previous year, the infant mortality rate of 21.4 per 1,000 live births was the lowest ever recorded.

Once again the County area was entirely free from diphtheria and it is eleven years since there was a case of smallpox. Whooping cough was much less in evidence and only one death—that of an unimmunised infant—was recorded. The anticipated cyclical reduction in the incidence of measles took place although this was not nearly so defined as usual, and the 13 deaths from the disease—only one fewer than in the previous year—provided the highest case fatality rate since 1953. Only three cases of acute poliomyelitis—all paralytic—occurred and, for the first time on record, there were no deaths. There was little change in the incidence of new cases of tuberculosis but once again a new low level of mortality from all forms was attained, that for the respiratory type also being the lowest on record.

No health centre projects have, as yet, been developed in the County area but during the year consideration was given to an alternative idea of establishing group practice centres in premises adjacent to County Council clinics or child welfare centres, such practice centres to be administered by the general practitioners themselves and not by the local health authority as was the original concept of health centres.

The proportion of infants under one year of age attending the child welfare centres again rose to a record high level of 83.3 per cent., but there was no significant change in the attendance of those in the older pre-school group. The first of the new “small” clinics was opened during the year at Clayton-le-Moors.

From the beginning of 1964 the Department participated in a scheme of the Ministry of Health to compile statistical information relative to infants with congenital defects observed at birth and from the first annual figures produced it would appear that in the region of 18 per 1,000 children born (live or still) have one or more malformations.

The domiciliary midwifery service continued to function smoothly and effectively, but dealt with a slightly lower number of confinements. On the other hand, the County Council midwives and nurse-midwives in 1964 also attended no less than 11,984 mothers discharged from hospital before the end of the minimum lying-in period—4,995 or approximately 71 per cent. more than in the previous year.

An investigation, the results of which are proving both informative and useful, was commenced at the beginning of 1964 in relation to the extent to which expectant women desirous of having their babies at home satisfy what are generally accepted as the proper criteria for domiciliary confinement. The progress of this investigation and the methods used are dealt with in some detail on pages 65 and 66.



The role of the health visitor becomes more and more extended as time goes by and she is now playing a more effective part in the health education not only of mothers but of young people generally and of children in schools. Active co-operation between health visitors and general medical practitioners appears to be increasing and liaison with hospitals is improving. At the same time their routine tasks of domiciliary visiting, attendance at clinics and child welfare centres and carrying out screening tests for phenylketonuria and for deafness in young children have continued.

Further expansion took place in the home nursing service, necessitating increased staff. A new development has been the setting up of specialised geriatric nursing teams to visit homes for the aged and instruct wardens and attendants in valuable measures in assisting in the care of the aged. Other innovations during the year included the introduction of a simplified method of routine urine testing for sugar and albumin and the supply to all district nurses of low-reading thermometers to help in the early detection of accidental hypothermia in the elderly.

The programme of artificial protection against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis was well maintained and the response from the younger age groups was encouraging.

Six new ambulance stations, to replace out-dated ones, were opened during the year and the demands on the service again increased.

Continuing increased use was made of the chiropody service and the number of cases for which home help was provided again rose substantially.

In the field of health education much development took place and special topics featured included such matters as dental health, home safety, mental health, etc.

Despite continuing difficulty in finding sites, considerable progress was made in the implementation of the programme of building mental health training centres and hostels. A further four centres and five hostels were completed during 1964.

As regards the welfare of the aged, progress in the provision of accommodation continued and a further six new homes were completed. The rate of progress was, however, still insufficient to reduce the waiting list. The provision of a day-care service at existing homes was extended and is proving most successful. The policy of assisting district councils in the provision of warden-supervised accommodation for the elderly has been an unqualified success and the rate of progress has been most encouraging.

A purpose-built home to accommodate 50 physically handicapped persons—the first of its kind provided by the County Council—was brought into use at the beginning of the year and, apart from permanent residents, it caters for a number of short-stay cases admitted for a holiday or to provide temporary relief for relatives.

Never before during the post-war period has the number of houses and flats completed during the year been so great. Approximately 20,000 housing units were provided—almost 4,000 more than the annual average for the previous five years.

For the sixth 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.

Food poisoning was slightly more in evidence during the year but there were no deaths.

The adulteration rate of food and drug samples at 7.2 per cent. was 1.4 per cent. higher than in the previous year. This increase was almost wholly attributable to an increased rate for milk samples which resulted, however, from increased testing for antibiotics.

It is, of course, possible in this short introduction to refer briefly to only a few of the matters which have engaged the attention of the respective Committees during the year, but in the pages which follow, ample evidence will be found of the continued expansion and development of the health and welfare services.

In conclusion, I would like once again to express my appreciation of the work of the staff, both central and divisional, engaged in the health and welfare services and to express to the members of the County Council and, in particular, of the Public Health and Housing Committee and the Health Committee, my thanks for their interest in the work of the Department and for their continued support and encouragement.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,  
East Cliff County Offices,  
PRESTON.  
October, 1965.



## 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 Greygarth, Leck, Lunesdale Rural District (2,250 feet).

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

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

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas. 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—land and inland water together, exclusive of tidal water and foreshore—as constituted on the 31st December, 1964, was 1,033,002 acres. There was no change of boundary during the year.

The acreage of each County district in accordance with the County Report on the Census, 1961, as adjusted for any subsequent boundary alteration, is given in Table 2, pages 158 to 165.

**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 mid-1964 estimates for local authority areas are based by the Registrar General on the final results of the Census enumeration of the 23rd April, 1961, corrected for area of usual residence. The estimates for mid-1963 were based on a provisional balance of visitors and absentees on Census night. There may therefore, be a small unexpected rise or fall in an area's estimate compared with that of mid-1963. Districts in the Administrative County for which this revision altered the direction of the apparent change in population are identified by an asterisk in Table 2, pages 158 to 165, which shows for each County district the estimated home population for mid-1964 and the Census, 1961, enumeration as adjusted for any subsequent boundary alteration.

The Registrar General's estimate of the home population of the Administrative County at the 30th June, 1964, was 2,291,680, an increase of 23,620 over the estimate for the previous year and 93,325 more than the Census, 1961, enumeration for the same area. The *natural* increase in population during the year (i.e. the excess of live births over deaths in 1964) was 15,091, the highest since 1920. For the first time in 10 years it contributed more to the total population growth than did immigration.



The tabular statement below records the estimated populations of the Administrative County, the aggregate urban districts and the aggregate rural districts for each of the last 20 years together with the annual increase or decrease. No adjustments have been made for such boundary alterations as may have taken 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
1945	1,832,420	— 5,380	1,575,290	— 610	257,130	— 4,770
1946	1,924,880	+ 92,460	1,655,920	+ 80,630	268,960	+ 11,830
1947	1,959,160	+ 34,280	1,684,130	+ 28,210	275,030	+ 6,070
1948	2,007,150	+ 47,990	1,719,667	+ 35,537	287,483	+ 12,453
1949	2,035,380	+ 28,230	1,734,877	+ 15,210	300,503	+ 13,020
1950	2,047,010	+ 11,630	1,743,282	+ 8,405	303,728	+ 3,225
1951	2,039,000	— 8,010	1,731,000	— 12,282	308,000	+ 4,272
1952	2,042,000	+ 3,000	1,730,000	— 1,000	312,000	+ 4,000
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
1961	2,206,190	+ 30,240	1,882,530	+ 19,730	323,660	+ 10,510
1962	2,237,810	+ 31,620	1,904,000	+ 21,470	333,810	+ 10,150
1963	2,268,060	+ 30,250	1,923,230	+ 19,230	344,830	+ 11,020
1964	2,291,680	+ 23,620	1,935,430	+ 12,200	356,250	+ 11,420

Note : Non-civilians excluded for years 1945–48.

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, 1964, distributed among the non-county boroughs and the urban and rural districts :—

	* Area in acres 31.12.1964	Population		Persons per acre	Acres per person
		Census, 1961	Estimated home population mid-1964		
Municipal Boroughs (26) ...	125,116	902,260	906,830	7.25	0.14
Urban Districts (69) ...	254,622	973,029	1,028,600	4.04	0.25
Rural Districts (14) ...	653,264	323,066	356,250	0.55	1.83
Administrative County (109) ...	1,033,002	2,198,355	2,291,680	2.22	0.45

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

**Summary of Vital Statistics, 1889-1964.**—The following table compares certain County birth and death rates for the year 1964 with those for the previous year and for the 75 years, 1889-1963, grouped in quinquennial periods :—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 <i>total</i> (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—						
1889-1893 ... ..	30.67	19.21	*1.38	—	—	159
1894-1898 ... ..	28.76	17.35	1.21	—	—	159
1899-1903 ... ..	26.81	16.31	1.00	*0.60	—	155
1904-1908 ... ..	24.94	14.66	0.88	0.68	—	136
1909-1913 ... ..	22.57	13.91	0.84	0.82	—	120
1914-1918 ... ..	18.53	14.96	0.98	1.03	—	105
1919-1923 ... ..	19.15	12.92	0.75	1.12	—	87
1924-1928 ... ..	15.43	12.36	0.63	1.29	—	77
1929-1933 ... ..	13.65	12.82	0.56	1.45	4.93	79
1934-1938 ... ..	13.64	12.62	0.45	1.57	4.68	59
1939-1943 ... ..	15.34	13.20	0.42	1.68	3.13	56
1944-1948 ... ..	18.29	12.66	0.39	1.87	1.64	46
1949-1953 ... ..	14.95	12.76	0.25	1.96	0.94	32
1954-1958 ... ..	15.22	12.80	0.12	2.08	0.75	27
1959-1963 ... ..	17.55	12.81	0.06	2.12	0.40	24
Year—						
1963 ... ..	18.28	12.69	0.05	2.11	0.28	23.3
1964 ... ..	18.68	12.09	0.05	2.11	0.30	21.4
Increase or decrease in 1964 on—						
Mean of 5 years, 1959-63	+1.13	—0.72	—0.01	—0.01	—0.10	—2.6
Previous year ... ..	+0.40	—0.60	nil	nil	+0.02	—1.9

\*Four 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 1964 relating to mothers and infants are set out below :—

Total live births registered ... ..	42,800
Live birth rate per 1,000 population—crude ... ..	18.68
Live birth rate per 1,000 population—adjusted ... ..	19.05
Proportion (per cent.) of illegitimate live births to total live births	5.08
Total stillbirths registered ... ..	774
Stillbirth rate per 1,000 <i>total</i> births ... ..	17.8
Total live births and stillbirths ... ..	43,574
Total infant deaths (under one year) registered ... ..	916
Infant mortality rate per 1,000 live births ... ..	21.4
Mortality rate of legitimate infants per 1,000 legitimate live births	21.0
Mortality rate of illegitimate infants per 1,000 illegitimate live births	28.1
Neo-natal mortality (deaths under four weeks) rate per 1,000 live births ... ..	15.4
Early neo-natal mortality (deaths under one week) rate per 1,000 live births ... ..	13.4
Perinatal mortality (stillbirths and deaths under one week) rate per 1,000 <i>total</i> births ... ..	31.0
Total maternal deaths (including deaths from abortion) ... ..	13
Maternal mortality rate per 1,000 <i>total</i> births ... ..	0.30



**Births and Birth Rates.**—**LIVE BIRTHS.**—More infants were born alive in 1964 to mothers normally resident in the Administrative County area than in any year since 1909. The 42,800 live births registered exceeded the total for the previous year by 1,339 and the annual average for the preceding 10 years by 7,526. 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
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
1961	16,924	15,854	32,778	2,909	2,803	5,712	19,833	18,657	38,490
1962	17,865	16,963	34,828	3,114	2,973	6,087	20,979	19,936	40,915
1963	18,203	16,933	35,136	3,304	3,021	6,325	21,507	19,954	41,461
1964	18,653	17,425	36,078	3,457	3,265	6,722	22,110	20,690	42,800

The above figures represent a ratio in 1964 of 1,069 males for every 1,000 females which, although nine per 1,000 fewer than the rather high ratio recorded in 1963, was still eight per 1,000 above the proportion for the preceding 10 years, 1954–63.

The 42,800 live births assigned to the Administrative County were equivalent to a rate of 18.68 per 1,000 of the estimated home population, an increase of 0.40 per 1,000 over that for the previous year and of 1.13 over that for the preceding five years, 1959–63. It was, in fact, the highest recorded since 1947.

The number of registered live births assigned to each County district and the corresponding crude and adjusted rates are given in Table 2, pages 158 to 165. 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 55 years are given in Table 1, page 157.

**Adjusted Birth Rates.**—Local birth rates are usually expressed as proportions of total 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 sub-normal.

The comparability factors for the Administrative County and its constituent districts are given in Table 3, page 166. The effect of the County factors upon the crude live birth rates for each of the last 10 years may be seen in the following table, which also includes the corresponding live birth rates for England and Wales.

	Live birth rate per 1,000 of the estimated home population									
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Urban Districts :										
Crude ... ..	14.31	15.19	15.89	16.17	16.67	17.05	17.41	18.29	18.27	18.64
Adjusted ... ..	14.74	15.49	16.21	16.49	16.84	17.05	17.41	18.29	18.82	19.20
Rural Districts :										
Crude ... ..	14.86	15.49	16.56	16.18	16.08	17.19	17.65	18.23	18.34	18.87
Adjusted ... ..	16.34	16.42	17.39	16.83	17.21	18.22	18.35	18.60	18.16	18.68
Administrative County :										
Crude ... ..	14.39	15.24	16.00	16.17	16.59	17.07	17.45	18.28	18.28	18.68
Adjusted ... ..	14.97	15.69	16.32	16.49	16.75	17.24	17.45	18.28	18.83	19.05
England and Wales ... ..	15.0	15.6	16.1	16.4	16.5	17.1	17.4	18.0	18.2	*18.4

\* Provisional figure.

*Illegitimate Live Births.*—The number of births of illegitimate children registered during 1964 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
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
1961	1,565	+ 200	+ 14.7	4.07
1962	1,840	+ 275	+ 17.6	4.50
1963	1,976	+ 136	+ 7.4	4.77
1964	2,173	+ 197	+ 10.0	5.08

A 10 per cent. increase in the number of illegitimate live births during 1964 produced an illegitimacy rate of 5.08 per cent. of the total live births registered. This was the highest recorded since 1946 and exceeded by 0.30 per cent. the rate for the war years, 1940–45.

*STILLBIRTHS.*—The increase in the number of stillbirths, from 748 in 1963 to 774 in 1964, was proportionately greater than that which occurred amongst live births to the extent that the corresponding rate of 17.8 per 1,000 total births for the year under report failed by 0.1 per 1,000 to maintain the record low level established in the previous year. This is particularly disappointing in view of the fact that the rate for England and Wales continued its steady annual decline to a new low level, provisionally, of 16.3 per 1,000 total births. Expressed in terms of home population the stillbirth rate for the Administrative County was 0.34 per 1,000 and that for the whole country 0.31.

The variation in the stillbirth rates at County district level is shown in Table 2, pages 158 to 165.



**Deaths and Death Rates.**—The mortality experience of the Administrative County in 1964 was unusually low. The 27,709 deaths were 1,066 fewer than in 1963 and 584 less than the annual average for the preceding five years. 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
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
1961	12,794	12,440	25,234	2,039	2,086	4,125	14,833	14,526	29,359
1962	12,458	12,086	24,544	2,234	1,986	4,220	14,692	14,072	28,764
1963	12,427	12,133	24,560	2,204	2,011	4,215	14,631	14,144	28,775
1964	11,920	11,555	23,475	2,192	2,042	4,234	14,112	13,597	27,709

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—	35—	45—	55—	65—	75—	
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
1961	927	116	137	202	965		6,978		8,264	11,770	29,359
1962	984	126	132	206	995		6,883		7,916	11,522	28,764
1963	966	143	144	201	256	766	2,005	4,923	7,879	11,492	28,775
1964	916	126	151	243	263	757	1,933	4,893	7,503	10,924	27,709

As in the previous year a reduction in deaths at ages under one year was coincident with an increase in live births, the resultant infant mortality being the lowest on record. Total mortality at ages under five years was equivalent to 5.15 per 1,000 of the estimated population at these ages and this also constituted a new low record. The increase in the number of deaths of young persons in the 15-24 age group was almost entirely due to motor vehicle accidents involving males. In the older age groups fewer deaths from the heart diseases other than coronary, the respiratory diseases and vascular lesions of the nervous system contributed mainly to the decline in mortality. Of all deaths during 1964, 91.1 per cent. occurred at ages of 45 years or over, 66.5 per cent. at 65 years or over and 39.4 per cent. at 75 years or over. However, whereas only 18.5 per cent. of deaths of females occurred at ages between 45 and 64 years and 74.4 per cent. at 65 years and over, the corresponding proportions for males were 30.5 per cent. and 58.9 per cent. respectively.

The 27,709 deaths assigned to the Administrative County in 1964 were equivalent to a crude rate of 12.09 per 1,000 of the estimated home population. Only once—in 1948 at 11.74 per 1,000—has the rate been lower in the last 30 years.

**Adjusted Death Rates.**—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death rates fail as comparative mortality indexes in that variations between them reflect not only a differing mortality experience but also a differing population constitution. It is therefore necessary to identify and allow for the population variable 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. The comparability factor for each County district is given in Table 3 on page 166, whilst the crude and adjusted rates are shown in Table 2, pages 158 to 165. The effect of the County factors, also given in Table 3, 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									
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Urban Districts :										
Crude ... ..	13·19	12·96	13·11	12·95	12·80	12·55	13·40	12·89	12·77	12·13
Adjusted ... ..	13·45	13·86	14·16	13·99	14·08	13·93	15·01	14·44	14·05	13·34
Rural Districts :										
Crude ... ..	11·60	11·43	11·45	12·23	12·01	12·43	12·74	12·64	12·22	11·88
Adjusted ... ..	12·18	12·34	12·48	12·84	12·01	12·68	13·13	13·02	11·98	12·36
Administrative County :										
Crude ... ..	12·95	12·72	12·85	12·85	12·68	12·54	13·31	12·85	12·69	12·09
Adjusted ... ..	13·21	13·74	14·00	13·87	13·83	13·79	14·77	14·27	13·83	13·18
England and Wales ... ..	11·7	11·7	11·5	11·7	11·6	11·5	11·9	11·9	12·2	*11·3

\* Provisional figure.

As a matter of interest the crude death rates for each of the last 55 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 157.

**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 1964 is shown in the following table :—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms) ... ..	9,608	34·7
Cancer (including Hodgkin's disease, leukaemia and aleukaemia) ... ..	4,837	17·5
Vascular lesions of nervous system ... ..	4,227	15·3
Bronchitis ... ..	1,485	5·4
Violence (including all accidents, suicide and homicide) ... ..	1,355	4·9
Pneumonia (including pneumonia of newborn) ... ..	1,246	4·5
Other circulatory disease ... ..	1,154	4·2
Other diseases of respiratory system ... ..	246	0·9
Congenital malformations ... ..	240	0·9

A classified statement of the causes of death in 1964, by age group and sex, for the Administrative County and the aggregates of urban and rural districts is given in Table 5, pages 172 and 173. Details of the deaths in the various sanitary districts, classified according to the Short List based by the Registrar General on the Seventh Revision of the International Lists, are given in Table 4, pages 167 to 171, and total deaths by sex are shown for each district in Table 2, pages 158 to 165.



More detailed information on the chief causes of death is given in the following paragraphs under their respective headings.

**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 1964 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
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
1961	5,218	2.37	562	0.25	4,125	1.87	9,905	4.49
1962	5,371	2.40	538	0.24	3,911	1.75	9,820	4.39
1963	5,551	2.45	493	0.22	3,696	1.63	9,740	4.29
1964	5,717	2.49	419	0.18	3,472	1.52	9,608	4.19

Deaths from all forms of heart disease were 132 fewer in number than in the previous year and the resultant rate was the lowest since 1959. At 4.19 per 1,000 of the estimated home population it was 0.10 less than that for the previous year and 0.14 below the rate for the preceding five years, 1959–63.

Within the constituent, separately classified cause groups, the trends to which reference has been made in previous Reports were continued. Mortality attributed to "coronary disease, angina" reached a new high level of 2.49 per 1,000 of the estimated home population but this increase was more than offset by a decline in deaths classified to "hypertension with heart disease" and to "other heart disease," the 1964 rates for which were both the lowest to be recorded since the introduction of the separate group classifications in 1950.

The distribution by age group and sex of the deaths classified to "coronary disease, angina" in each of the last 10 years is given below :—

Year	Deaths, by age groups, classified to coronary disease, angina											
	Under 45			45–			65–			75–		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
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
1961	103	20	123	1,354	324	1,678	1,082	749	1,831	756	830	1,586
1962	119	26	145	1,383	405	1,788	1,155	697	1,852	737	849	1,586
1963	123	21	144	1,437	414	1,851	1,172	763	1,935	748	873	1,621
1964	149	20	169	1,463	426	1,889	1,126	777	1,903	811	945	1,756

The variation in 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
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
1951	9,543	4·68	1961	9,905	4·49
1952	8,579	4·20	1962	9,820	4·39
1953	8,326	4·07	1963	9,740	4·29
1954	8,772	4·27	1964	9,698	4·19

The numbers of deaths classified to the three groups of heart diseases and assigned to each County district in 1964 are shown in Table 4, pages 167 to 171. Table 5, pages 172 and 173, 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 HAEMATOPHOETIC 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 1959-64 :—

Year	Sex	Malignant neoplasm—				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Total— all forms
		Stomach	Lung, bronchus	Breast	Uterus			
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
1961	M.	449	858	3	—	1,172	60	2,542
	F.	347	127	399	194	1,171	49	2,287
	T.	796	985	402	194	2,343	109	4,829
1962	M.	410	861	5	—	1,164	69	2,509
	F.	300	144	400	210	1,063	66	2,183
	T.	710	1,005	405	210	2,227	135	4,692
1963	M.	384	915	3	—	1,143	77	2,522
	F.	300	167	466	201	1,066	58	2,258
	T.	684	1,082	469	201	2,209	135	4,780
1964	M.	375	942	5	—	1,175	72	2,569
	F.	336	156	417	201	1,115	43	2,268
	T.	711	1,098	422	201	2,290	115	4,837

Although the annual rise in the number of deaths from lung cancer continued in 1964 the mortality rate for this cause remained unchanged at 0·48 per 1,000 of the estimated home population, 0·06 per 1,000 less than the corresponding provisional rate for England and Wales. All forms of cancer other than that of the lung jointly produced a rate of 1·63 per 1,000 which also compared favourably with the corresponding provisional rate for the whole country. Of these forms, cancer of the stomach experienced an increase in mortality from 0·30 per 1,000 in 1963 to 0·31 in 1964 and the rate for other malignant and lymphatic neoplasms also rose, by 0·03 to 1·00 per 1,000. On the other hand the rate for leukaemia and aleukaemia declined by 0·01 to 0·05 per 1,000 and that for cancer of the breast by 0·03 to 0·18.



Of the total deaths from all causes assigned to the Administrative County in 1964, the 4,837 classified to all forms of cancer amounted to 17.5 per cent. and were equivalent to a rate of 2.11 per 1,000 of the estimated home population, the same as that recorded in the previous year but 0.01 per 1,000 below the rate for the preceding five years, 1959-63. 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 England and Wales :—

Year	Mortality rate from cancer (all forms) per 1,000 of estimated home population			
	Urban Districts	Rural Districts	Administrative County	England and Wales
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
1961	2.22	2.02	2.19	2.16
1962	2.09	2.12	2.10	2.18
1963	2.16	1.81	2.11	2.18
1964	2.15	1.88	2.11	*2.21

\* 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 167 to 171. 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, pages 172 and 173.

**VASCULAR LESIONS OF THE NERVOUS SYSTEM.**—The 4,227 deaths ascribed to this cause group and assigned to the Administrative County during 1964 were 249 fewer than the corresponding total for the previous year and 100 less than the annual average of the preceding five years, 1959-63. The resultant rate of 1.84 per 1,000 of the estimated home population compared very favourably with both the rate for the previous year (1.97) and that for the preceding five years (1.96). It was, in fact, the lowest recorded since 1953. Of the total deaths from all causes, vascular lesions of the nervous system accounted for 15.3 per cent.

The distribution by age group and sex of the deaths classified to this cause and assigned to the Administrative County in 1964 and each of the preceding five years is given in the following table :—

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.
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
1961	29	33	62	347	356	703	587	755	1,342	796	1,427	2,223	1,759	2,571	4,330
1962	31	28	59	343	344	687	610	689	1,299	842	1,460	2,302	1,826	2,521	4,347
1963	41	34	75	413	346	759	595	732	1,327	803	1,512	2,315	1,852	2,624	4,476
1964	46	26	72	357	344	701	573	681	1,254	764	1,436	2,200	1,740	2,487	4,227

The deaths from vascular lesions of the nervous system assigned to each County district during 1964 are shown in Table 4, pages 167 to 171, 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, pages 172 to 173.



**BRONCHITIS.**—For the third successive year there was in 1964 a reduction in mortality from bronchitis—a much greater one than that experienced in the two preceding years. The 1,485 deaths so classified and assigned to the Administrative County were 317 fewer than the total for the previous year. The resultant rate of 0.65 per 1,000 of the estimated home population was the lowest to be recorded for 25 years and represented improvements of 0.14 and 0.12 per 1,000 respectively over the rate for the previous year and that for the preceding five years, 1959-63. Of the 1,485 deaths, which amounted to 5.4 per cent. of the total from all causes, 1,028 or 69.2 per cent. were of persons aged 65 years or over.

**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 1964 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.
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
1961	218	99	317	278	296	574	145	132	277	12	3	15	653	530	1,183
1962	210	85	295	274	326	600	181	114	295	10	1	11	675	526	1,201
1963	235	93	328	324	326	650	135	109	244	8	7	15	702	535	1,237
1964	287	122	409	297	355	652	165	117	282	6	6	12	755	600	1,355

More residents of the Administrative County area were registered in 1964 as having died as a result of motor vehicle accidents than in any year since such deaths were shown separately from other forms of accident in the Registrar General's short list of cause groups—first in 1940 as "road traffic accidents" and then, more specifically, in 1950 as "motor vehicle accidents". The rate of 0.18 per 1,000 of the estimated home population produced by the 409 deaths was likewise the highest on record, being 0.01 per 1,000 above the previous highest which was experienced, under the rather wider classification of "road traffic accidents", in 1940 and 1941. The increased mortality occurred amongst those groups which experience has shown to be particularly vulnerable—one mainly as users of motor vehicles and the other mainly as pedestrians. Amongst males aged 15-24 years the number of deaths attributable to motor vehicle accidents rose from 52 in 1963 to 89 in 1964, when they accounted for nearly 22 per cent. of the total so classified. Amongst persons aged 65 years and over such deaths increased in number from 73 in 1963 to 107 in 1964 and, of these, 52 (32 in 1963) occurred at ages of 75 years and over.

Although the 652 deaths from accidents other than those involving motor vehicles were two more than the total for the previous year, they in fact represented a slight decline in mortality, the resultant rate of 0.28 per 1,000 being 0.01 less than that for 1963. Sixty per cent. of such deaths occurred at ages of 65 years or over, 46 per cent. at 75 years or over and 33 per cent. amongst females in the latter age group.

Suicide accounted for 282 deaths in 1964, an increase of 38 over the total for 1963 and seven more than the annual average for the preceding five years, 1959-63. The equivalent rate of 0.12 per 1,000 of the estimated home population, although 0.01 per 1,000 above the rate for the previous year, nevertheless represented a slight improvement over all but two of those recorded in the 10 years, 1954-63.

Violence in all its forms in 1964 was responsible for more deaths than at any time since the war years of 1940 and 1941. The rate produced by the 1,355 deaths was 0.59 per 1,000 of the estimated home population, a level which since those years has been recorded only once before, in 1958, and exceeded once, in 1959 at 0.60 per 1,000. Compared with 1963 it represented an increase of 0.04 per 1,000.

**PNEUMONIA.**—In common with bronchitis, mentioned previously, and the other diseases of the respiratory system, pneumonia was responsible for a comparatively low level of mortality in the Administrative County during 1964. The 1,246 deaths classified to this cause were 173 fewer than the total for the previous year and 21 less than the annual average for the preceding five years, 1959-63. The equivalent rate of 0.54 per 1,000 of the estimated home population was 0.09 per 1,000 less than that for 1963 and the lowest since 1960. Of the 1,246 deaths, which amounted to 4.5 per cent. of the total from all causes, 919 or 73.8 per cent. were of persons aged 65 years or over and 108 or 8.7 per cent. were of infants under one year of age.

**OTHER CIRCULATORY DISEASE.**—This cause group covers diseases of the circulatory system other than the heart diseases mentioned earlier. The 1,154 deaths classified thereto and assigned to the Administrative County in 1964 represented reductions of 126 and 77 as compared respectively with the total for the previous year and the annual average for the preceding five years, 1959-63. They amounted to 4.2 per cent. of the total deaths from all causes and were equivalent to a rate of 0.50 per 1,000 of the estimated home population, the lowest to be recorded for 11 years. Persons aged 65 years and over accounted for 82.3 per cent. of the total deaths classified to this group of causes.



**CONGENITAL MALFORMATIONS.**—Congenital malformations were responsible for 17 fewer deaths in 1964 than in the previous year, the 240 which were registered being the lowest total for five years. In terms of total population they were equivalent to a rate of 0·10 per 1,000, the lowest for nine years. Of the 240 deaths, 179 or 74·6 per cent occurred at ages under one year and represented a rate of 4·2 per 1,000 infants born alive, the same as that recorded in the previous year. Of 916 infant deaths from all causes in 1964, the 179 classified to congenital malformations amounted to 19·5 per cent.

**TRANSFERABLE DEATHS.**—During the year under review, the following transfers were made—10,902 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; 8,026 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

**Maternal Mortality.**—Thirteen deaths were classified to “pregnancy, childbirth, abortion” and assigned to the Administrative County in 1964, an increase of one over the total for the previous year. The resultant rate of 0·30 per 1,000 total births was 0·02 per 1,000 in excess of the low record established in 1963 but 0·10 below the rate for the preceding five years, 1959-63. Particulars of maternal mortality in the Administrative County and England and Wales in 1964 and each of the preceding 10 years are given in the following table :—

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
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	0·38
1960	37,990	17	0·45	0·39
1961	39,260	15	0·38	0·33
1962	41,738	16	0·38	0·35
1963	42,209	12	0·28	0·28
1964	43,574	13	0·30	*0·25

\* Provisional figure.

Whilst the Registrar General in his Short List groups all deaths from maternal causes under the one heading, “pregnancy, childbirth, abortion,” the 13 deaths so classified amongst residents of the Administrative County during 1964 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	
	1963	1964
<i>Complications of pregnancy—</i>		
Toxaemias of pregnancy (642) ... ..	2	3
Ectopic pregnancy (645) ... ..	—	2
Other complications arising from pregnancy (648) ... ..	—	2
<i>Abortion—</i>		
Abortion with toxaemia, without mention of sepsis (652) ...	1	—
<i>Delivery without mention of complication (660) ... ..</i>	1	—
<i>Delivery with specified complication—</i>		
Delivery complicated by placenta praevia or antepartum haemorrhage (670) ... ..	1	—
Delivery complicated by disproportion or malposition of foetus (674) ... ..	—	1
Delivery complicated by prolonged labour of other origin (675) ...	1	—
Delivery with other complications of childbirth (678) ... ..	3	1
<i>Complications of the puerperium—</i>		
Puerperal urinary infection without other sepsis (680) ... ..	—	1
Puerperal phlebitis and thrombosis (682) ... ..	1	2
Puerperal eclampsia (685) ... ..	1	—
Other and unspecified complications (688) ... ..	1	1
<b>TOTAL—all causes</b> ... ..	<b>12</b>	<b>13</b>



*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.**—The number of deaths at ages under one year which were assigned to the Administrative County again declined—from 966 in 1963 to 916 in 1964—although 1,339 more infants had been born alive in the year under report than in the previous year. The equivalent infant mortality rate of 21·4 per 1,000 live births was the lowest yet recorded, being 1·9 per 1,000 below the previous low record established in 1963. Of the total deaths at all ages the 916 infant deaths amounted to 3·3 per cent.

The following table shows the County, urban and rural infant death rates for 1964 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 1954-56 inclusive, which are based on *related* live births.

	Rate of deaths of children under 1 year per 1,000 live births										
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Urban Districts ... ..	29·0	25·9	27·3	25·3	25·5	23·8	25·4	24·9	24·9	24·1	21·2
Rural Districts ... ..	28·7	30·1	26·6	24·5	26·3	22·8	22·7	19·4	19·1	18·8	22·3
Administrative County ... ..	28·9	26·6	27·2	25·2	25·6	23·7	25·0	24·1	24·0	23·3	21·4
England and Wales ... ..	25·4	24·9	23·7	23·1	22·6	22·2	21·9	21·6	21·6	21·1	*20·0

\* 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 157.

**MORTALITY OF ILLEGITIMATE INFANTS.**—The following table shows the differential incidence of mortality during 1964 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
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	25·0
1961	24·3	39·2	24·9	18·1	58·2	19·4	23·3	41·5	24·1
1962	24·7	29·4	24·9	18·8	28·9	19·1	23·8	29·3	24·0
1963	23·8	29·9	24·1	18·2	40·7	18·8	22·9	30·9	23·3
1964	20·9	26·7	21·2	21·7	40·2	22·3	21·0	28·1	21·4

**NEO-NATAL MORTALITY.**—The 660 deaths of infants at ages under four weeks—seven fewer than in 1963—amounted to 72·1 per cent. of the total infant deaths in 1964 and were equivalent to a neo-natal mortality rate of 15·4 per 1,000 live births. Like the total infant mortality rate for 1964, it superseded the corresponding rate for the previous year as the lowest on record. Compared with the rate for 1963 it represented an improvement of 0·7 per 1,000.



The neo-natal mortality rates for the Administrative County and the aggregates of the urban and rural districts for 1964 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										
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Urban Districts ... ..	20.6	18.8	19.3	17.7	18.3	16.5	17.4	17.5	17.8	16.6	15.2
Rural Districts ... ..	21.2	21.0	19.0	17.4	18.2	17.8	17.8	16.1	14.1	13.0	16.8
Administrative County ... ..	20.6	19.2	19.2	17.6	18.2	16.7	17.5	17.3	17.2	16.1	15.4
England and Wales ... ..	17.7	17.3	16.8	16.5	16.2	15.8	15.6	15.5	15.1	14.2	*13.8

\* Provisional figure.

**EARLY NEO-NATAL MORTALITY.**—The number of infants dying during their first week of life and assigned to the Administrative County in 1964 was 575, a decrease of 11 from the corresponding total for the previous year. Of the total infant deaths they amounted to 62.8 per cent. and of the total neo-natal deaths 87.1 per cent. They were equivalent to a rate of 13.4 per 1,000 live births, the lowest since particulars of early neo-natal mortality at district level were first made available by the Registrar General in 1959.

**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 172, 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 575 early neo-natal, 660 neo-natal and 916 infant deaths registered in 1964 and assigned by the Registrar General to the Administrative County the local analyses show respective totals of 575, 658 and 897. These were classified by cause group as follows:—

Cause of death	Early neo-natal deaths	Neo-natal deaths	Infant deaths
Whooping cough ... ..	—	—	1
Measles ... ..	—	—	1
Influenza ... ..	—	—	1
Pneumonia ... ..	20	36	104
Bronchitis ... ..	1	2	26
Other diseases of respiratory system	—	—	1
Gastritis, enteritis and diarrhoea	—	5	26
Congenital malformations...	71	111	166
Monstrosity ... ..	15	15	15
Spina bifida and meningocele	12	22	39
Congenital hydrocephalus	3	4	8
Others of nervous system and sense organs	—	—	1
Of circulatory system	24	44	74
Of digestive system	8	15	17
Of genito-urinary system	2	2	3
Other ... ..	7	9	9
Birth injuries	90	90	90
Intra cranial and spinal injury	73	73	73
Other ... ..	17	17	17
Post-natal asphyxia and atelectasis	179	179	180
Infections of the new born	10	11	13
Other diseases peculiar to early infancy	187	194	197
Haemolytic disease of newborn (erythroblastosis)	20	21	21
Haemorrhagic disease of newborn	12	12	12
Ill-defined diseases peculiar to early infancy	22	24	25
Immaturity with other subsidiary condition	3	3	5
Immaturity, unqualified	130	134	134
All other causes	17	30	91
<b>TOTAL—all causes</b> ...	<b>575</b>	<b>658</b>	<b>897</b>

Particulars of the registered infant, neo-natal and early neo-natal deaths and death rates for each County district for the year 1964 are given in Table 2, pages 158 to 165.

**Perinatal Mortality.**—This term describes the total loss of 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 of the total (live and still) births and the 1964 rate for the Administrative County produced by the 774 stillbirths and 575 early neo-natal deaths was 31.0 per 1,000, a reduction of 0.6 per 1,000 as compared with the corresponding rate for the previous year. It was, in fact, the lowest to have been recorded during the six years in which particulars of early neo-natal deaths have been available.



## INFECTIOUS AND OTHER NOTIFIABLE DISEASES

---

**Smallpox.**—For the eleventh successive year no case of smallpox was notified within the Administrative County area. England and Wales were also entirely free of the disease.

**Diphtheria.**—The freedom from diphtheria throughout the Administrative County which was reported for the first time in 1963 was maintained during 1964. No case has been notified amongst children since 1960.

**Whooping Cough.**—The 1,673 cases of whooping cough notified during 1964 were 440 fewer than the total for the previous year and 82 less than the annual average for the preceding five years, 1959-63. They were, nevertheless, well in excess of the low record total of 260 cases in 1962. The corresponding attack rate of 0.73 per 1,000 of the estimated home population compared unfavourably with the provisional rate of 0.67 per 1,000 for England and Wales.

One death from whooping cough was assigned to the Administrative County area in 1964. The child, a female under one year of age, had not been immunised.

**Measles (*excluding rubella*).**—After the comparatively high incidence of measles in the previous year some reduction was to be expected in 1964. In fact the number of notifications declined by only 4,864 to 22,767, giving an attack rate of 9.93 per 1,000 of the estimated home population compared with a provisional rate of 6.47 per 1,000 for England and Wales. Mortality from this disease also remained high. The 13 deaths so classified and assigned to the Administrative County in 1964 were one less than in the previous year but six in excess of the annual average for the preceding five years, 1959-63. The case fatality rate of 0.06 per cent. was the highest since 1953.

**Meningococcal Infection.**—The 30 cases of meningococcal infection notified during 1964 represented respective reductions of 18 and 11 as compared with the total for the previous year and the annual average for the preceding five years. They were equivalent to an attack rate of 0.013 per 1,000 of the estimated home population. Only once has a lower incidence occurred—in 1961 when 0.011 per 1,000 was recorded—since the classification was introduced in 1950. Mortality due to meningococcal infection was the lowest on record. Only three deaths were so classified—one half of the annual average for the preceding five years and little more than a quarter of the average for the 10 years, 1954-63.

**Acute Poliomyelitis.**—In 1964, for the first time on record, acute poliomyelitis claimed no deaths in the Administrative County area. Only three cases were notified and the resultant attack rate of 0.013 per 10,000 of the estimated home population was also the lowest on record by an appreciable margin. All three cases were paralytic and occurred in infants—a male aged one year and two females aged two years. One of the females had received primary vaccination and within four months of notification had been reported as having recovered without any apparent functional limitation. The two unvaccinated cases were still undergoing treatment some six months after notification.

In the following table particulars are given of the notifications of and deaths from acute poliomyelitis in the Administrative County during the year under report and each of the preceding 10 years :—

Year	Cases notified			Attack rate per 10,000 population			No. of deaths registered	Mortality rate per 10,000 population
	Total	Paralytic						
		No.	% of total	Total	Paralytic	Non-paralytic		
1953	132	98	74.2	0.65	0.48	0.17	8	0.04
1954	63	40	63.5	0.31	0.19	0.11	4	0.02
1955	130	93	71.5	0.63	0.45	0.18	4	0.02
1956	174	98	56.3	0.83	0.47	0.36	9	0.04
1957	96	74	77.1	0.45	0.35	0.10	5	0.02
1958	101	75	74.3	0.47	0.35	0.12	9	0.04
1959	56	45	80.4	0.26	0.21	0.05	2	0.01
1960	6	4	66.7	0.03	0.02	0.01	1	0.00
1961	103	83	80.6	0.47	0.38	0.09	8	0.04
1962	5	5	100	0.02	0.02	nil	1	0.00
1963	7	6	85.7	0.03	0.00	0.03	2	0.01
1964	3	3	100	0.00	0.00	nil	—	nil

**Acute Encephalitis.**—Six cases of acute encephalitis were notified in the Administrative County area during 1964—three fewer than in the previous year and one less than the average for the preceding five years, 1959-63. Three cases were infective and three post-infectious. The corresponding attack rate of 0.003 per 1,000 of the estimated home population was 0.002 below the provisional rate for England and Wales. According to information supplied by local medical officers of health three deaths were classified to this cause in 1964.

**Scarlet Fever.**—Cases of scarlet fever notified during 1964 numbered 1,257, an increase of 553 over the corresponding total for the previous year but 204 fewer than the annual average for the preceding five years, 1959-63. The resultant attack rate of 0.55 per 1,000 of the estimated home population was 0.24 per 1,000 more than the record low rate experienced in 1963 and compared unfavourably with the provisional 1964 rate of 0.42 for England and Wales. No deaths from scarlet fever were recorded locally.

**Typhoid and Paratyphoid Fevers.**—The 24 notifications of cases of typhoid and paratyphoid fevers confirmed in the Administrative County area during 1964 were double the total for the previous year and four more than the annual average of the preceding five years. The corresponding attack rate of 0.010 per 1,000 of the estimated home population was 0.003 greater than the provisional rate for England and Wales. There was no death recorded locally as due to either typhoid or paratyphoid fever.

**Dysentery.**—Although notifications of cases of dysentery increased in number from 1,640 in 1963 to 1,757 in 1964, the latter total was still 760 less than the annual average for the preceding five years and represented an attack rate—0.77 per 1,000—which was appreciably lower than all but two of the ten preceding annual rates. Nevertheless, at this level the rate compared unfavourably with the provisional rate of 0.43 per 1,000 for England and Wales. One death was recorded locally.

**Food Poisoning.**—The 250 cases of food poisoning notified in the Administrative County area during 1964 were the lowest total since 1952 and represented a reduction of 118 from the annual average of the preceding five years, 1959-63. The resultant attack rate of 0.11 per 1,000 of the estimated home population coincided with the corresponding provisional rate for England and Wales. There were no deaths.

Further particulars of the various outbreaks of food poisoning in 1964, 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.**—Of five cases of anthrax which were notified in 1964 throughout England and Wales one occurred in the Administrative County area.



**Notifications.**—The table below, which is compiled from the quarterly returns of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1964 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals :—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR  
THE YEAR ENDED 31ST DECEMBER, 1964, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute poliomyelitis		Dysentery	Meningococcal infection	Sex	Age group	Sex	Acute pneumonia	Smallpox	Acute encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning
				Paralytic	Non-paralytic								Infective	Post-infectious				
ADMINISTRATIVE COUNTY																		
611	—	818	11,695	1	—	829	18	M.	ALL AGES	M.	123	—	3	3	1	12	31	118
646	—	855	11,072	2	—	928	12	F.		F.	116	—	—	—	1	10	38	132
1,257	—	1,673	22,767	3	—	1,757	30	T.		T.	239	—	3	3	2	22	69	250
4	—	87	493	—	—	40	5	M.	0—									
—	—	95	491	—	—	43	4	F.										
4	—	182	984	—	—	83	9	T.										
51	—	206	3,155	1	—	205	5	M.	1—	M.	20	—	1	2	—	6	—	18
49	—	213	3,113	2	—	191	1	F.		F.	10	—	—	—	—	5	—	30
100	—	419	6,268	3	—	396	6	T.		T.	30	—	1	2	—	11	—	48
155	—	213	3,685	—	—	175	—	M.	3—									
155	—	217	3,526	—	—	141	1	F.										
310	—	430	7,211	—	—	316	1	T.										
337	—	272	4,143	—	—	187	2	M.	5—									
359	—	273	3,746	—	—	192	3	F.										
696	—	545	7,889	—	—	379	5	T.		M.	13	—	1	1	—	5	—	17
50	—	35	146	—	—	50	1	M.	10—	F.	17	—	—	—	—	1	1	12
67	—	36	121	—	—	51	2	F.		T.	30	—	1	1	—	6	1	29
117	—	71	267	—	—	101	3	T.										
10	—	3	34	—	—	40	4	M.	15—									
10	—	9	34	—	—	75	—	F.		M.	27	—	1	—	1	1	9	48
20	—	12	68	—	—	115	4	T.		F.	21	—	—	—	1	4	9	55
									25—	T.	48	—	1	—	2	5	18	103
4	—	1	15	—	—	121	1	M.	45—	M.	41	—	—	—	—	—	14	30
6	—	12	18	—	—	214	1	F.		F.	38	—	—	—	—	—	20	18
10	—	13	33	—	—	335	2	T.		T.	79	—	—	—	—	—	34	48
									65—	M.	20	—	—	—	—	—	8	5
										F.	28	—	—	—	—	—	8	17
										T.	48	—	—	—	—	—	16	22
—	—	1	24	—	—	11	—	M.	UN- KNOWN	M.	2	—	—	—	—	—	—	—
—	—	—	23	—	—	21	—	F.		F.	2	—	—	—	—	—	—	—
—	—	1	47	—	—	32	—	T.		T.	4	—	—	—	—	—	—	—

Other Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			*Chickenpox			Malaria (Believed to have been contracted abroad)			Anthrax		
	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Administrative County ...	45	5	6	11	40	48	88	1	—	1	—	1	1

\* Notifiable during year in two districts only.

Below, comparison is made of the numbers of notifications of the principal infectious diseases during 1964 and the preceding 10 years :—

Infectious disease	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Measles (excluding rubella)	13,277	24,499	9,395	31,473	10,328	22,493	20,054	23,773	13,346	27,631	22,767
Whooping cough ...	5,224	3,649	5,330	3,091	1,394	2,615	2,805	982	260	2,113	1,673
Scarlet fever ...	2,466	2,065	1,888	1,645	1,985	2,508	2,022	1,297	775	704	1,257
Acute pneumonia (primary and influenzal)	999	989	925	1,354	860	1,032	592	772	503	404	239
Dysentery ...	2,769	3,316	2,471	3,008	2,659	2,279	4,052	1,622	2,991	1,640	1,757
Erysipelas ...	214	217	194	167	135	153	128	88	76	55	69
Puerperal pyrexia ...	252	326	265	186	135	162	125	75	61	44	45
Diphtheria ...	17	13	3	1	1	2	3	1	1	—	—
Acute poliomyelitis ...	63	130	174	96	101	56	6	103	5	7	3
Meningococcal infection	60	60	73	51	28	53	34	25	44	48	30
Acute encephalitis ...	11	13	11	8	8	5	8	10	5	9	6
Typhoid and paratyphoid fever ...	27	29	13	18	36	26	20	33	9	12	24
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—

**Death Rates from Certain Infectious Diseases.**—The table below gives for the last 20 years the death rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for 1945 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
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
1961	2,206,190	nil	nil	nil	nil	nil	nil	6	0.003	8	0.004	7	0.003
1962	2,237,810	nil	nil	nil	nil	2	0.001	5	0.002	1	0.000	4	0.002
1963	2,268,060	nil	nil	nil	nil	2	0.001	14	0.006	2	0.001	5	0.002
1964	2,291,630	nil	nil	nil	nil	1	0.000	13	0.006	nil	nil	3	0.001

\* 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.

Notifications received in the Administrative County area during 1964 numbered 11, nine fewer than in the previous year, and the following statement analyses them by subsequent clinical classification and by sex/age group :—

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 ... ..	—	—	5	1	2	1	—	—	7	2 9
2. Rheumatic heart disease (active)										
(a) Alone... ..	—	—	—	—	—	—	—	—	—	—
(b) With polyarthritis ... ..	—	—	—	—	—	1	—	—	—	1 1
(c) With chorea... ..	—	—	—	—	1	—	—	—	1	— 1
3. Rheumatic heart disease (quiescent) ... ..	—	—	—	—	—	—	—	—	—	—
4. Rheumatic chorea (alone) ... ..	—	—	—	—	—	—	—	—	—	—
Total rheumatic cases ... ..	—	—	5	1	3	2	—	—	8	3 11
5. Congenital heart disease ... ..	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic heart disease or disorder ... ..	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease	—	—	—	—	—	—	—	—	—	—
Total non-rheumatic cases...	—	—	—	—	—	—	—	—	—	—

The 11 cases, all confirmed to be of rheumatic origin, were equivalent to 0·19 per 10,000 of the estimated population under 16 years of age. Related to the estimated population aged 5-14 years inclusive they amounted to 0·32 per 10,000.

**Tuberculosis.**—NOTIFICATIONS.—Largely as a consequence of the absorption of overspill populations from neighbouring county boroughs approximately one-third of all tuberculosis notifications received in the Administrative County area during recent years have been inward transfers—i.e., they have related to known tuberculosis cases amongst such populations who have been re-notified upon taking up residence in the area. Of 1,010 notifications received in 1964 inward transfers accounted for 316. Whilst these cases do, of course, swell the total of tuberculous persons in the area, the actual incidence of the disease among the community is represented by the remaining 694 primary notifications.

In the following table the numbers of primary notifications and the corresponding attack rates in the Administrative County are given for 1964 and each of the preceding 10 years:—

Year	Primary notifications			Attack rate per 1,000 population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
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
1961	728	100	828	0.33	0.05	0.38
1962	740	100	840	0.33	0.04	0.38
1963	601	89	690	0.26	0.04	0.30
1964	596	98	694	0.26	0.04	0.30

It will be seen from the above that the numbers of primary notifications in 1964 varied little from those of the previous year and the resultant attack rates remained unchanged at the record low levels established or maintained at that time. The provisional attack rates for England and Wales, on the other hand, continued to decline in 1964. Nevertheless, at 0.32 (respiratory), 0.05 (non-respiratory) and 0.37 (all forms) per 1,000 they were still appreciably higher than the corresponding County rates.

The tuberculosis notifications, both primary and inward transfer, received during 1964 are analysed by sex, age group and site classification in Table 6, page 174.

**MORTALITY.**—The decline in mortality from tuberculosis which has been a consistent feature of national and County vital statistics for many years continued during 1964. The 126 deaths classified to all forms of tuberculosis and assigned to the Administrative County were 10 fewer than in 1963 and, at 0.55 per 10,000 of the estimated home population, represented the lowest level of mortality ever recorded. Respiratory tuberculosis, likewise, exacted a lower toll than ever before, the 113 deaths so classified corresponding to a rate of 0.49 per 10,000—0.03 less than the previous low record established in 1963. Unusually, both these rates compared unfavourably with the corresponding provisional rates for England and Wales, which were 0.52 per 10,000 for all forms and 0.47 for respiratory tuberculosis.

In the table below the numbers of tuberculous deaths registered during 1964 and the preceding 10 years are given for the Administrative County together with the corresponding death rates:—

Year	Deaths			Death rate per 10,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1954	293	44	337	1.43	0.21	1.64
1955	302	25	327	1.46	0.12	1.58
1956	235	24	259	1.12	0.11	1.24
1957	207	29	236	0.98	0.14	1.12
1958	204	19	223	0.96	0.09	1.05
1959	163	13	176	0.76	0.06	0.82
1960	151	8	159	0.69	0.04	0.73
1961	129	19	148	0.58	0.09	0.67
1962	130	13	143	0.58	0.06	0.64
1963	117	19	136	0.52	0.08	0.60
1964	113	13	126	0.49	0.06	0.55

Table 5, pages 172 and 173, shows the distribution by sex and age group of the deaths from tuberculosis assigned in 1964 to the Administrative County and to the aggregated urban and rural districts.



## 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 Local Medical 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.**—In accordance with approved delegation schemes made under section 46 of the Local Government Act, 1958, the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.—administer within their respective areas a wide range of health and welfare services on behalf of the County Council. The delegated services 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 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.

The health divisions and delegate districts into which the Administrative County is divided for the purposes of administration of the health and welfare services are shown on the map here inserted, whilst in the following statement the acreages, the Census, 1961, populations and the Registrar General's estimated mid-1964 populations of the various areas as constituted at the 31st December, 1964, are set forth.

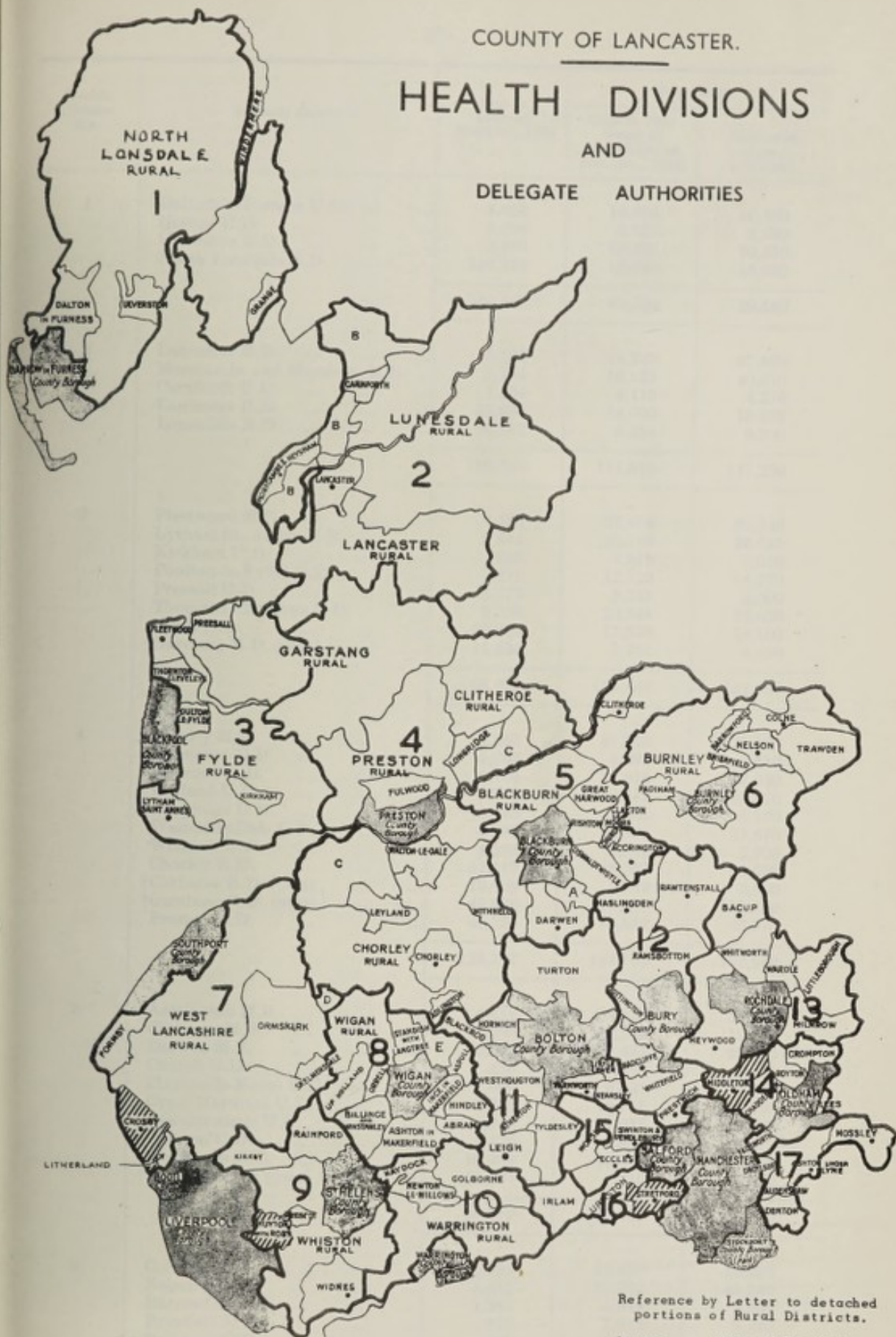


COUNTY OF LANCASTER.

# HEALTH DIVISIONS

AND

DELEGATE AUTHORITIES



Delegate Authorities



Reference by Letter to detached portions of Rural Districts.

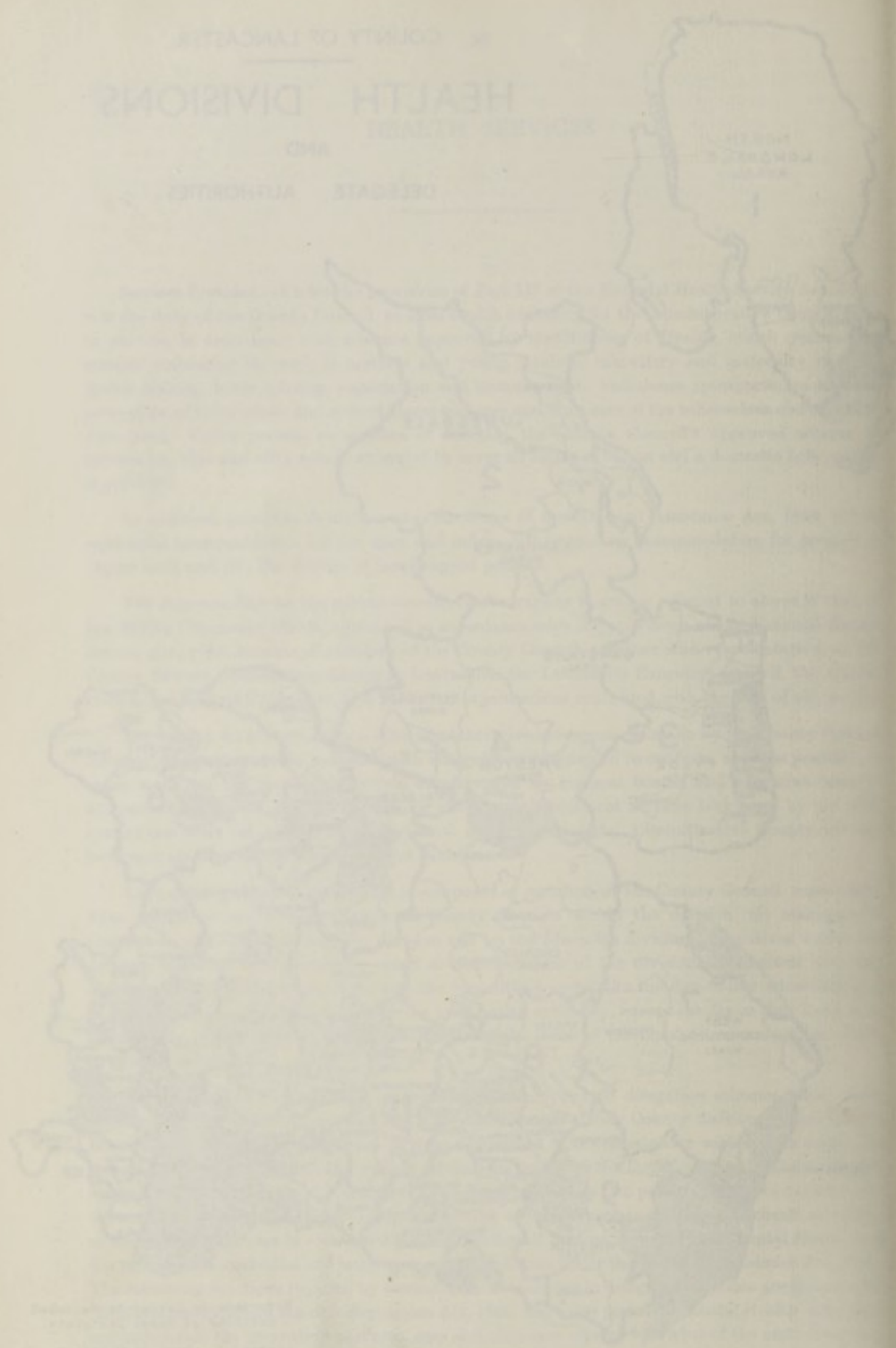
Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

NON-COUNTY BOROUGHS INDICATED \*

Scale: 8 miles to 1 inch.



OF COUNTY OF LANCASTER  
HEALTH DIVISION  
AND  
DELEGATE AUTHORITY



THESE DIVISIONS ARE THE RESULT OF A REVISION OF THE LANCASHIRE HEALTH DIVISIONS, 1974, AND ARE THE PROPERTY OF THE LANCASHIRE COUNTY COUNCIL. ANY REVISIONS TO THESE DIVISIONS WILL BE THE PROPERTY OF THE LANCASHIRE COUNTY COUNCIL.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1964	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1964)	Estimated home, mid-1964
1	Dalton-in-Furness U.D. ...	8,022	10,316	10,360
	Grange U.D. ...	1,883	3,125	2,930
	Ulverston U.D. ...	3,206	10,527	10,370
	North Lonsdale R.D. ...	127,448	16,598	15,820
		140,559	40,566	39,480
2	Lancaster M.B. ...	5,101	48,253	47,860
	Morecambe and Heysham M.B. ...	3,794	40,228	40,570
	Carnforth U.D. ...	1,504	4,113	4,210
	Lancaster R.D. ...	52,984	14,000	15,420
	Lunesdale R.D. ...	76,267	8,224	9,200
		139,650	114,818	117,260
3	Fleetwood M.B. ...	2,565	27,686	28,440
	Lytham St. Annes M.B. ...	5,814	36,189	36,510
	Kirkham U.D. ...	939	4,819	6,020
	Poulton-le-Fylde U.D. ...	2,272	12,726	14,670
	Preesall U.D. ...	3,277	2,357	3,000
	Thornton Cleveleys U.D. ...	3,358	20,648	22,020
	Fylde R.D. ...	33,264	17,370	18,100
	†Garstang R.D. (part) ...	14,535	3,751	4,020
		66,024	125,546	132,780
4	Chorley M.B. ...	4,283	31,315	31,060
	Adlington U.D. ...	1,062	4,276	4,510
	Fulwood U.D. ...	3,164	16,016	17,640
	Leyland U.D. ...	3,804	19,413	20,670
	Longridge U.D. ...	3,285	4,686	5,120
	Walton-le-Dale U.D. ...	4,733	18,964	21,570
	Withnell U.D. ...	4,186	2,849	2,800
	Chorley R.D. ...	41,117	28,567	29,590
	†Clitheroe R.D. (part) ...	19,803	2,389	2,600
	†Garstang R.D. (part) ...	42,956	10,639	11,410
	Preston R.D. ...	49,754	43,592	45,970
		178,147	182,706	192,940
5	Accrington M.B. ...	4,418	39,018	38,510
	Clitheroe M.B. ...	2,386	12,158	12,550
	Darwen M.B. ...	5,959	29,475	29,110
	Church U.D. ...	528	5,888	5,850
	Clayton-le-Moors U.D. ...	1,060	6,421	6,400
	Great Harwood U.D. ...	2,868	10,718	10,750
	Oswaldtwistle U.D. ...	4,885	11,918	12,490
	Rishton U.D. ...	2,879	5,433	5,370
	Blackburn R.D. ...	19,469	15,053	17,050
	†Clitheroe R.D. (part) ...	12,367	6,410	6,970
		56,819	142,492	145,050
6	Colne M.B. ...	5,939	19,430	19,030
	Nelson M.B. ...	3,445	32,292	31,540
	Barrowford U.D. ...	1,387	4,644	4,660
	Brierfield U.D. ...	807	7,018	7,280
	Padiham U.D. ...	975	9,899	10,130
	Trawden U.D. ...	6,815	1,952	1,900
	Burnley R.D. ...	39,849	16,035	16,020
		59,217	91,270	90,560

† Populations computed from Registrar General's estimates on basis of parish populations as at Census, 1961.



Health Division No.	Sanitary district	Area in acres at 31st Dec., 1964	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1964)	Estimated home, mid-1964
7	*Crosby M.B. ... ..	4,785	59,166	59,930
	Formby U.D. ... ..	5,613	11,734	14,370
	Litherland U.D. ... ..	1,210	24,871	25,170
	Ormskirk U.D. ... ..	15,608	21,828	24,350
	Skelmersdale U.D. ... ..	1,941	6,309	6,410
	West Lancashire R.D. ... ..	65,620	55,763	61,870
		94,777	179,671	192,100
8	Abram U.D. ... ..	1,979	6,004	6,140
	Ashton-in-Makerfield U.D. ... ..	6,266	19,262	21,330
	Aspull U.D. ... ..	1,905	6,748	6,890
	Billinge and Winstanley U.D. ... ..	4,596	6,945	8,350
	Hindley U.D. ... ..	2,610	19,396	20,740
	Ince-in-Makerfield U.D. ... ..	2,321	18,019	17,740
	Orrell U.D. ... ..	1,616	10,664	11,400
	Standish-with-Langtree U.D. ... ..	3,266	9,692	10,150
	Up Holland U.D. ... ..	4,684	7,452	8,900
	Wigan R.D. ... ..	11,695	10,157	11,000
		40,938	114,339	122,640
9	Widnes M.B. ... ..	5,746	52,186	53,670
	*Huyton-with-Roby U.D. ... ..	3,055	63,089	67,730
	Kirkby U.D. ... ..	4,672	52,088	57,360
	Prescot U.D. ... ..	871	13,079	13,350
	Rainford U.D. ... ..	5,877	5,385	5,940
	Whiston R.D. ... ..	23,786	43,786	55,060
		44,007	229,613	253,110
10	Golborne U.D. ... ..	7,567	21,310	23,440
	Haydock U.D. ... ..	2,395	12,074	12,390
	Newton-le-Willows U.D. ... ..	3,105	21,768	21,910
	Warrington R.D. ... ..	22,350	30,732	36,150
		35,417	85,884	93,890
11	Farnworth M.B. ... ..	1,504	27,502	26,850
	Leigh M.B. ... ..	6,359	46,174	46,360
	Atherton U.D. ... ..	2,265	19,756	19,520
	Blackrod U.D. ... ..	2,392	3,606	4,060
	Horwich U.D. ... ..	3,257	16,078	16,080
	Kearsley U.D. ... ..	1,727	10,296	10,500
	Little Lever U.D. ... ..	807	5,085	5,590
	Turton U.D. ... ..	17,334	13,698	16,400
	Tyldesley U.D. ... ..	5,175	16,813	17,540
	Westhoughton U.D. ... ..	5,560	16,260	17,210
		46,380	175,268	180,110
12	Haslingden M.B. ... ..	8,203	14,360	14,210
	Prestwich M.B. ... ..	2,421	34,209	34,010
	Radcliffe M.B. ... ..	4,957	26,726	26,920
	Rawtenstall M.B. ... ..	9,528	23,890	23,510
	Ramsbottom U.D. ... ..	9,562	13,817	13,970
	Tottington U.D. ... ..	2,542	5,649	6,100
	Whitefield U.D. ... ..	3,391	14,372	15,480
		40,604	133,023	134,200

\* District to the Council of which certain health and welfare functions are delegated.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1964	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1964)	Estimated home, mid-1964
13	Bacup M.B. ... ..	6,121	17,308	16,890
	Heywood M.B. ... ..	8,508	24,090	27,890
	Littleborough U.D. ... ..	7,855	10,552	10,800
	Milnrow U.D. ... ..	5,194	8,129	8,420
	Wardle U.D. ... ..	3,192	4,608	4,210
	Whitworth U.D. ... ..	4,483	7,064	7,000
		35,353	71,751	75,210
14	*Middleton M.B. ... ..	5,172	56,668	58,360
	Chadderton U.D. ... ..	3,014	32,568	32,580
	Crompton U.D. ... ..	2,865	12,708	13,970
	Failsworth U.D. ... ..	1,679	19,819	21,490
	Lees U.D. ... ..	288	3,730	3,680
	Royton U.D. ... ..	2,148	14,474	15,550
		15,166	139,967	145,630
15	Eccles M.B. ... ..	3,417	43,173	42,530
	Swinton and Pendlebury M.B. ... ..	3,362	40,470	41,140
	Worsley U.D. ... ..	7,240	40,393	44,060
		14,019	124,036	127,730
16	*Stretford M.B. ... ..	3,533	60,364	60,270
	Irlam U.D. ... ..	4,717	15,371	16,330
	Urmston U.D. ... ..	4,799	43,068	43,050
		13,049	118,803	119,650
17	Ashton-under-Lyne M.B. ... ..	4,135	50,154	49,380
	Mossley M.B. ... ..	3,661	9,776	9,730
	Audenshaw U.D. ... ..	1,241	12,122	11,890
	Denton U.D. ... ..	2,593	31,089	32,800
	Droylsden U.D. ... ..	1,245	25,461	25,540
		12,875	128,602	129,340

\* District to the Council of which certain health and welfare functions are delegated.

The various health and welfare services, the day-to-day administration of which is in the hands of Divisional Health Committees and the District Councils to whom certain duties have been delegated, have continued to function satisfactorily. 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 and medical officers of health of delegate authorities on various aspects of the services during 1964.

*Health Division No. 3.*—The divisional services have continued to expand during the year particularly in the field of chiropody. With the change in County policy regarding the service, however, it is anticipated there will be a levelling-off of treatments in the months to come. On the welfare side two new 50-place homes for the aged were brought into commission during the year as was Lakeland View 50-place home for the physically handicapped—the first of its kind in the Administrative County area. This home has not been without its teething troubles which are now being surmounted.

*Health Division No. 4.*—With the exception in the case of recruitment of district nurse/midwives and to a lesser extent, health visitors, no particular difficulties have been experienced in the administration of the health services.

The turnover of staff seems to increase year by year but as numbers increase, particularly home helps, perhaps this is to be expected.

There has been a steady expansion in the home help and chiropody services and considerable development in the mental health field.



*Health Division No. 6.*—It is considered that all the health services in this division are at a high standard of efficiency.

A purpose built clinic in Colne is becoming increasingly necessary and, in addition, a smaller type of clinic, either purpose built or fully rented, might be sited in Barrowford where the services are being extended.

The promised inclusion of a mini-clinic at Trawden in the building programme for the next year or so is welcomed.

*Health Division No. 8.*—During the year the services administered by the division continued to work efficiently. Staff shortages have, however, hindered the expansion of some services.

*Health Division No. 14.*—The general standard and availability of local authority services in the division bear favourable comparison with those in other adjacent areas, with the major exception of extremely limited residential accommodation for the elderly. Despite the recently opened homes for the elderly, demand continues to outstrip supply. Certain services are capable of more intensive development given the necessary capital resources and staff.

*Health Division No. 15.*—The services have continued to operate well throughout the division during the year. There have been no crises, and no complaints of significance. The pattern of steady expansion generally has been continued.

*Huyton-with-Roby U.D. (Delegate District).*—The delegation of health and welfare functions is still working extremely well and no major problems have been encountered during the year.

*Middleton M.B. (Delegate District).*—Local authority services were well maintained. A pilot scheme for attachment of one health visitor to a general practice was commenced and by the end of the year it was apparent this was likely to be successful. There will, however, be considerable administrative difficulties in extending this "secondment" generally.

Good liaison was maintained with most of the general practitioners although there are still one or two whose individualism is such that they prefer to work in virtual isolation from the local authority services.

**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, 1964, no fewer than 100 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.

One district had as medical officer of health a whole-time officer who, by arrangement with the district council concerned, undertakes duties on behalf of the County Council under the direction of the divisional medical officer. In another district a retired assistant divisional medical officer was employed as local medical officer of health whilst in another the medical officer of health was a former part-time assistant divisional medical officer not engaged in private practice.

In the remaining four County districts, the duties of medical officer of health were, at the 31st December, 1964, 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. In this connection, the Lancashire system of divisionalisation of the local health authority's services has 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.

In general, a good and effective liaison exists between the local health authority staffs and the different departments of the various hospitals throughout the area. In particular, a very high degree of co-operation is called for in connection with the problems associated with chronic sick and geriatric cases by reason of the great pressure on hospital beds on the one hand and the inability of the local health authority to keep pace with the demand for places in homes for the aged and infirm on the other. In the field of mental health, too, liaison is gradually being strengthened, with greater co-ordination of effort between the hospital psychiatric staffs and the mental health staffs of the local health authority.

Whilst the pattern of co-operation with general practitioner services has developed more slowly and perhaps less uniformly than that with the hospital services, evidence continues to grow of increasing use of the assistance made available to general practitioners and their patients by the local health authority. Recent developments in this field have been the extension of arrangements allying health visitors to individual or group practices and the proposed establishment of group practice centres in premises adjacent to County Council clinics or child welfare centres. Further reference to this latter idea is made on page 42.

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 the local health authority to work in close conjunction with these bodies and to co-ordinate their efforts with the statutory services and facilities provided.

**Development of Local Authority Health and Welfare Services.**—In 1962 the Ministry of Health requested local health authorities to review their health and welfare services and to draw up a plan for developing them over the succeeding ten years. These plans were summarised in a Command Paper, "Health and Welfare: the Development of Community Care" which was published by the Ministry in April, 1963.

Accompanying the Command Paper was a request for annual reviews of the plans of local authorities, the first of which was to cover the decade 1st April, 1964, to 31st March, 1974, and be submitted to the Minister by the 31st December, 1963.

A summary of the first revision of the County Council's ten-year plan was given in the Annual Report for 1963.

These first revisions of the ten-year plans submitted by local health authorities were summarised by the Ministry in a manner similar to that adopted in the Command Paper referred to and were published in July, 1964. In so doing the Ministry intimated that authorities would wish to see how their revised plans compared with those of other authorities whose areas are similar in population and character and with the trends revealed by the national tables.

In circular 13/64, which accompanied the published volume of the revised programmes, the Minister, however, indicated that whilst authorities would no doubt wish to review their plans every year—on each occasion carrying them forward one year—he did not require authorities to submit to him the results of such reviews in 1964 but that, in due course, he would advise them of his proposals for the year 1965.

Accordingly, only a limited revision of the Health Committee's plans was undertaken during 1964. This was confined to the building projects proposed to be undertaken during the three years 1964/65—1966/67 and the following statement summarises the revised proposals.



**HEALTH AND WELFARE PREMISES, ETC.**  
(The numbers of places, where appropriate, are shown in brackets.)

	Projects to be started in year			Remarks
	1964/65	1965/66	1966/67	
ESTABLISHMENTS :				
Welfare—				
Homes for the aged ... ..	5 (255)	6 (306)	3 (153)	One home (51 places) to replace existing accommodation.
Homes for the physically handicapped ... ..	—	—	1 (51)	
Mental Health—				
For the mentally subnormal—				
Junior training centres				One centre (69 places) to replace existing accommodation. One to provide special care unit and one to provide extra staff accommodation, store room, etc.
New premises ... ..	1 (69)	3 (180)	1 (60)	
Extensions and adaptations ...	2	—	—	
Adult training centres				To provide extra workshop space, classrooms, stores, etc. To provide extra workshop space, stores, class rooms, special care unit, etc.
New premises ... ..	—	8 (480)	11 (720)	
Extensions and adaptations ...	2	2	3	
Extensions to combined centre ...	1	—	—	
Adult hostels ... ..	2 (62)	7 (217)	—	
For the mentally ill—				
Hostel ... ..	1 (26)	—	—	
Ambulance—				
New stations ... ..	2 (18 bays)	2 (18 bays)	1 (6 bays)	Four stations (36 bays) to replace existing accommodation.
Adaptations and extensions ...	2 (7 bays)	1	1 (2 bays)	
Training school ... ..	—	1	—	
Care of Mothers and Young Children—				
Day nurseries ... ..	2 (100)	2 (100)	2 (100)	All (50 places each) to replace existing accommodation.
Health services clinics ... ..	6	1	2	
Combined library/mini-clinics ...	2	2	2	Eight to replace existing accommodation. Two to replace existing accommodation.
Hostel for pupil midwives ... ..	1 (6)	—	—	
EXPENDITURE :				
Total estimated capital costs on above projects during period ...	£ 1,092,882	£ 1,889,871	£ 1,404,400	

Note : The programme for 1964-65 excludes projects already started or for which loan consent had been received.

### HEALTH CENTRES

Under section 21 of the National Health Service Act, 1946, the County Council, as local health authority, were required to make provision for the setting up of "health centres" at which facilities for medical, dental, pharmaceutical, etc., services could be made available along with the County Council's health services.

Sites were earmarked for the establishment of such centres but for various reasons no health centre projects have been developed in the Administrative County area up to the present time.

In this connection, however, a new development has taken place in that during the year several groups of general practitioners have shown interest in the idea of establishing group practice centres in premises adjacent to the clinics or child welfare centres established by the County Council.

The proximity of such group practice centres to the County Council's clinics would, it is felt, establish conditions which would give the greatest possible likelihood of a very close co-operation between the doctors and the County Council's health and welfare services. The major distinction of this arrangement from the health centre as originally envisaged would be that the doctors would administer the practice centre themselves, whereas in the original health centre concept the whole centre would have been owned and administered by the County Council. During the year the Health Committee gave general consideration to the establishment of such group practice centres on sites adjacent to the County Council's own clinics and approved the proposals in principle. At the end of the year approaches were being made from groups of doctors in several areas throughout the Administrative County and it is hoped that this method of securing a greater measure of co-operation between the general practitioners and the County Council's health services can be developed further.

### 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. The conduct of all these services within the framework of County Council policy is delegated, for their respective areas, to the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.

**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.

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1960	91	4,673 (41)	18,073	81,298	17.6	4.5	2,550 (355)
1961	93	4,896 (36)	19,005	83,857	17.3	4.4	2,442 (337)
1962	92	4,987 (36)	19,306	85,249	17.2	4.4	2,455 (350)
1963	94	5,138 (37)	19,610	86,211	16.9	4.4	2,306 (364)
1964	95	5,154 (37)	19,808	87,731	17.1	4.4	2,227 (411)

Note : Particulars of special post-natal sessions are included and also given separately in brackets.

The great majority of post-natal examinations are carried out at sessions which are mainly antenatal but in Health Division No. 8 special post-natal sessions are arranged at three clinics. During 1964 such sessions numbered 37 and 340 women made 411 attendances, giving an average of 11.1 attendances per session.

Of the 95 clinics in operation at the end of the year 47 had the services of a consultant obstetrician in addition to County Council staff. The consultants conducted 1,917 of the 5,154 sessions held during the year (including all the 37 post-natal sessions), 1,816 were conducted by County Council medical officers, 1,291 by County Council midwives and 130 by general practitioners employed on a sessional basis.

Table 7, page 175, gives attendance particulars relating to the antenatal and post-natal clinics in the respective health divisions and delegate districts during 1964.

County patients in Health Division No. 9 attended antenatal and post-natal clinics of St. Helens C.B., payment being made according to the number of cases and attendances. During the year 103 expectant mothers made 626 attendances and in addition 62 post-natal attendances were recorded.



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
(a) Number of mothers investigated who were normally resident in the Administrative County and were confined during the year ... ..	29,591	988	11,943
(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 ... ..	25,606	921	9,999
Proportion (per cent.) of (b) to (a) ... ..	86.5	93.2	83.7

It is self-evident that as the scope for improvement diminishes, an intensification of effort is required to secure further progress. In the encouragement of mothers to seek post-natal examination this need would appear to have particular force at the present time. After the steady improvement of the position in previous years, particularly between 1957 and 1962, a hiatus occurred in 1963 and 1964, involving in one or other of these two years some slight regression of each of the three proportions quoted.

**Relaxation, Exercise and Mothercraft Classes.**—Classes have been organised at certain County Council clinics since 1951. At 31 classes the instruction in relaxation and exercises is given by qualified physiotherapists whilst at 31 other classes this work is carried out by County Council nurses, most of whom have attended a course on natural childbirth. In the past such courses have been provided at Leeds Maternity Hospital but as the County Council have been unable to obtain sufficient places they commenced in 1964 to hold courses of their own, the tutor in charge being a qualified physiotherapist with much practical experience in 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 1964 in each health division and delegate district are given in Table 7, on page 175, and set forth below are the totals for the County area for each year 1960 to 1964 :—

Year	No. of classes at end of year	No. of sessions	No. of women attending	No. of attendances
1960	42	1,668	3,039	17,319
1961	48	1,759	3,360	17,891
1962	52	2,074	3,790	19,339
1963	55	2,271	4,560	24,613
1964	62	2,464	4,812	26,620

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. Whilst the above figures reflect a continuing extension in the work, there is still scope for further 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, mainly through the provision of such facilities for new housing estates. The administration of existing centres has continued on the same lines as in previous years and at the end of 1964 there were 267 centres in operation. Of these the following were opened during the year on the dates shown :—

Health Division No.	Centre	Date opened
5 ...	St. Cuthbert's Parochial Hall, Earnsdale Road, Darwen ...	25th August
9 ...	35, Boundary Farm Road, Halewood ...	14th January
11 ...	Youth Centre, Higher Fold Estate, Leigh ...	28th October
12 ...	Methodist Church Hall, Rainsough, Prestwich ...	6th May
13 ...	33, Balmoral Drive, Darnhill Estate, Heywood ...	25th August

One child welfare centre in Health Division No. 1, at Beckside School, Kirkby-in-Furness, was closed on the 16th September because of low attendances. The Divisional Health Committee considered that child welfare centre facilities in Kirkby could be adequately maintained without this centre.

Of the centres available at the end of the previous year, the one at the Town Hall, Pickup Street, Clayton-le-Moors was closed on the 23rd September and re-opened on the 30th September at the County Council Clinic, Church Street, Clayton-le-Moors.

The following statement gives details of attendances of children at child welfare centres during each year from 1960 to 1964 and Table 8 on page 176 gives similar information for 1964 for each health division and delegate district.

	1960	1961	1962	1963	1964
No. of centres at end of year ...	248	249	254	263	267
No. of half-day sessions ...	13,432	13,643	14,169	14,669	15,313
No. of children who attended (age at end of year)—					
Under 1 ...	27,189	28,599	30,205	31,425	34,223
1- ...	22,163	24,257	25,306	25,901	28,888
2-4 (inclusive) ...	20,676	23,036	23,918	23,357	26,424
<b>TOTAL</b> ...	<b>70,028</b>	<b>75,892</b>	<b>79,429</b>	<b>80,683</b>	<b>89,535</b>
No. of attendances at ages (in years)—					
Under 1 ...	442,063	471,491	494,758	487,831	542,108
1- ...	80,753	84,089	88,687	87,067	105,916
2-4 (inclusive) ...	68,090	75,324	80,477	76,913	88,223
<b>TOTAL</b> ...	<b>590,906</b>	<b>630,904</b>	<b>663,922</b>	<b>651,811</b>	<b>736,247</b>
Average attendances per session ...	44	46	47	44	48

County Council medical officers conducted 11,380 of the 15,313 sessions held during the year under report, 3,645 were conducted by health visitors and the remaining 288 by general practitioners employed on a sessional basis. Of the 89,535 children who attended, 2,422 were referred, as a result of medical examination, either to a general practitioner or direct to a specialist for diagnosis and/or treatment. This total does not include children found to have some minor condition whose mothers are advised that this warrants a visit to the family doctor.



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
1960	...	...	...	77.7	...	32.4
1961	...	...	...	76.3	...	34.5
1962	...	...	...	78.0	...	34.4
1963	...	...	...	78.6	...	31.9
1964	...	...	...	83.3	...	34.3

The proportion of infants under one year of age, at 83.3 per cent., again represented the highest level so far recorded for this group. On the other hand there was no significant improvement over previous years in attendance by the older group.

Great importance continues to be attached to the educational work of the centres and group discussions, films, film strips, posters, etc., are used widely 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 1960 to 1964 :—

Year	No. of children who attended (age at end of year)—			No. of attendances by children at ages (in years)		
	Under 1	1—	2—4 (inclusive)	Under 1	1—	2—4 (inclusive)
1960	26	13	10	257	40	11
1961	23	18	13	241	17	7
1962	21	15	21	232	11	19
1963	39	27	11	344	24	2
1964	53	28	27	624	90	26

Generally speaking, the facilities provided for child welfare in the Administrative County insofar 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.

At the end of 1961 the Health Committee approved in principle the building of small clinics for health services purposes, including child welfare. The first of these clinics was opened at Clayton-le-Moors in September, 1964, and the building of another at Shevington will commence early in 1965.

**Incidence of Congenital Abnormalities.**—At the request of the Ministry of Health arrangements have been made to supply the Registrar General with details of infants in whom congenital defects are observed at birth. No central record of individual cases is maintained. The object of the scheme is to compile statistical information, some of which will be published regularly in the Registrar General's returns, from which it should be possible to detect any national or regional changes in the pattern.

The scheme commenced on the 1st January, 1964, and the following table shows the number of children born with a malformation or malformations during the period 1st January, 1964, to 31st December, 1964 :—

Health Division No.—	Total births (live and still)	No. of infants with malformations	No. of malformations	Rate per 1,000 total births	
				Infants with malformations	Malformations
1	599	18	21	30.1	35.1
2	1,902	27	30	14.2	15.8
3	2,197	37	44	16.8	20.0
4	3,684	124	136	33.7	36.9
5	2,602	29	33	11.1	12.7
6	1,475	37	40	25.1	27.1
7	2,790	57	63	20.4	22.6
8	2,420	23	31	9.5	12.8
9	4,254	60	72	14.1	16.9
10	2,053	36	46	17.5	22.4
11	3,453	22	28	6.4	8.1
12	2,369	36	45	15.2	19.0
13	1,429	24	30	16.8	21.0
14	1,688	37	50	21.9	29.6
15	2,161	49	50	22.7	23.1
16	1,224	21	24	17.2	19.6
17	2,396	50	56	20.9	23.4
Delegate District—					
Crosby M.B. ....	1,165	22	29	18.9	24.9
Huyton-w-Roby U.D. ....	1,492	19	20	12.7	13.4
Middleton M.B. ....	1,090	17	21	15.6	19.3
Stretford M.B. ....	1,323	28	30	21.2	22.7
TOTAL—Administrative County	43,766	773	899	17.7	20.5

The variations in the rates of incidence may be due to under reporting in some divisions and this is being investigated.

**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 that of 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.

**AUDIOLOGY CLINIC.**—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 served by the clinic at Manchester University and the Hearing Assessment Clinic, Crown Street, Liverpool.

The medical officer in charge is Dr. Jean Robson and four health visitors (Miss K. M. Johnstone, Miss G. K. Lamb, Mrs. J. M. Botes and Mrs. H. Shaw) are in attendance. One of the peripatetic teachers of the deaf employed in the school health service is also attached to the clinic and undertakes home training of the older children.

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

Dr. Jean Robson reports :—

“ During 1964 the testing and guidance of young deaf children at the Fulwood Audiology Clinic continued and there was an increase in the number of children referred for testing. This was partly due to the fact that screening tests had been carried out on a larger number of children and partly due to the improvement in general awareness of the importance of investigating minor as well as more severe degrees of deafness in infancy and early childhood.

After reference to a consultant E.N.T. surgeon many of the children with a minor degree of deafness have been found to be suffering from serous otitis media or exudative otitis. Following E.N.T. treatment their hearing has become normal, but permanent damage would probably have resulted if the condition had been left untreated.



It is disappointing that more children suffering from a severe degree of deafness are not referred to the clinic before the age of one year. It is so much easier for them to learn to use their residual hearing, to learn to watch for speech, to understand a few simple commands and subsequently to develop speech and language if they can be given help at this stage. It is much more difficult to help severely deaf children referred even at the age of two years because by this time they have passed the very receptive stage. They have become frustrated, withdrawn into their own little world and built up a barrier which one has to overcome before being able to help the child to listen and watch for speech.

In 1964 a parent group was started at the Fulwood Clinic. Six-monthly meetings are held on Saturday afternoons to which fathers and mothers of the young deaf children are invited. A talk is given on a subject of general interest to the group, and this is followed by tea and an informal discussion. The children are cared for during the talk by members of the clinic staff and by members of the staff of a local day nursery who very kindly offered to help and whose help is greatly appreciated. The parents appear to have found it a great help to have the opportunity of meeting other parents with the same problems and to discuss informally their different approach to these problems."

The work of the clinic during 1964 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
1960	88	258	2.9	23	64	2.8
1961	114	323	2.8	40	80	2
1962	131	402	3.1	46	89	1.9
1963	146	479	3.3	63	149	2.4
1964	167	610	3.7	71	126	1.8

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

(a) No. of individual children attending :—

(i) Old cases	...	...	...	...	...	...	167
(ii) New cases	...	...	...	...	...	...	191

(b) New cases :—

(i) Deafness confirmed	...	...	...	...	...	94
(ii) Under investigation at end of year	...	...	...	...	...	14
(iii) Found to have normal hearing after adequate investigation	...	...	...	...	...	83

Total ... .. 191

(c) No. in (a) (ii) who were mentally retarded	...	...	...	15
(d) No. in (b) (i) who were mentally retarded	...	...	...	4
(e) No. in (b) (iii) who were mentally retarded	...	...	...	11

*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.
Total attending	13	10	30	14	33	15	19	14	24	6	1	5	3	2	1	—	1	—	—	—	125	66
Deafness confirmed	6	1	14	6	12	9	9	12	13	3	—	4	1	2	1	—	1	—	—	—	57	37

## Results of Tests on the 94 Deaf Children

(a)	No. who had some hearing over the whole range of speech frequencies	...	...	...	...	...	89
(b)	No. who possessed merely an island of hearing	...	...	...	...	...	5
(c)	No. who did not respond to any sound stimuli	...	...	...	...	...	—
							<hr/> 94 <hr/>

Of those in group (a) above :—

No. whose hearing loss was more marked in the higher frequencies	...	...	...	...	...	...	16
No. whose hearing loss was more marked in the lower frequencies	...	...	...	...	...	...	26

## 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
1960	38	27	25	7	25	13	5	2	1	1	94	50
1961	26	15	29	7	33	18	3	1	3	2	94	43
1962	27	19	33	10	40	16	8	5	6	2	114	52
1963	33	24	33	7	47	21	19	11	5	2	137	65
1964	35	27	45	9	59	27	39	22	13	9	191	94

Note.—The figures in the above table include cases still under investigation.

**Vulnerable Groups.**—Dr. Jean Robson reports that of the 94 children diagnosed as deaf amongst the new cases attending during the year, 86 fell into vulnerable groups aetiologically. 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 a family history of congenital deafness	...	...	...	...	...	...	...	...	...	8
3	...	Children who were premature	...	...	...	...	...	...	...	...	...	9
4	...	Children with a history of abnormality in the antenatal period	...	...	...	...	...	...	...	...	...	4
5	...	Children with a history of perinatal abnormality	...	...	...	...	...	...	...	...	...	5
6	...	Children who have had a severe illness or have been treated with streptomycin for any illness	...	...	...	...	...	...	...	...	...	5
7	...	Children who are not speaking well by the age of two years and children aged 2.5 years with speech defects	...	...	...	...	...	...	...	...	...	10
8	...	Children with a history of otitis media and/or chronic upper respiratory tract infection	...	...	...	...	...	...	...	...	...	35
9	...	Children who are not included in any of the above categories but who have some congenital abnormality	...	...	...	...	...	...	...	...	...	3
10	...	Mother suspects that child is deaf	...	...	...	...	...	...	...	...	...	7
												<hr/> 86 <hr/>

Of the eight cases which did not fall into a vulnerable group according to the aetiological factor of the deafness, one child with conductive deafness was discovered because he was born by breech delivery and therefore tested as belonging to a vulnerable group. In another case in which the child was referred from a residential nursery the history of pregnancy and birth was not known.



SCREENING TESTS OF HEARING.—Health visitors need special training to carry out screening tests of hearing and an effort is made to train all the health visitors to carry out simple distracting tests suitable for children aged 7-16 months. Through the co-operation of Professor Ian G. Taylor and his staff at Manchester University a further 59 health visitors were trained in 1964. Practically all the health visitors on the staff at the end of 1964 have now been trained.

An endeavour is now being made to test all babies at the age of approximately 9-12 months by these simple tests, the babies in the "at risk" or vulnerable groups being recorded separately. From September, 1963, an additional group was added to the special groups, i.e., "Mother suspects that the child is deaf," in order to bring the groups into line with those defined by Dr. Mary Sheridan in the Monthly Bulletin of the Ministry of Health, December, 1962.

*Screening Tests, 1964*

	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)	Diagnosed as not deaf (5)	Still under consideration (6)	Moved to other areas (7)	Died before being diagnosed (8)
In vulnerable groups	6,387	106	16.6	31	43	30	*1	1
Not in vulnerable groups	7,868	30	3.8	4	13	13	—	—

\* This child has moved to Australia.

*Screening Test Failures by Vulnerable Group, 1964*

Group	No. of children					
	Failing screening tests	Diagnosed as deaf	Diagnosed as not deaf	Still under consideration	Moved to other areas	Died before being diagnosed
1. Children with cerebral palsy	1	—	—	1	—	—
2. Children with a family history of congenital deafness	10	5	4	—	—	1
3. Children who were premature	21	2	11	7	1	—
4. Children with a history of abnormality in the antenatal period	8	1	3	4	—	—
5. Children with a history of perinatal abnormality	20	—	7	13	—	—
6. Children who have had a severe illness or have been treated with streptomycin for any illness	3	2	—	1	—	—
7. Children who are not speaking well by the age of two years and children aged 2-5 years with speech defects	10	5	5	—	—	—
8. Children with a history of otitis media and/or chronic upper respiratory tract infection	14	10	4	—	—	—
9. Children who are not included in any of the above categories but who have some congenital abnormality	3	—	1	2	—	—
10. Mother suspects that child is deaf	16	6	8	2	—	—
TOTAL	106	31	43	30	1	1

*Screening Test Failures by Age Group, 1964*

(i) *Children in vulnerable groups*

Age (in years) at date of test	No. of children tested	No. failing screening tests	No. diagnosed as deaf	No. diagnosed as not deaf	No. still under consideration	No. moved to other areas	No. died before being diagnosed
0-	3,786	44	9	14	20	—	1
1-	1,591	26	6	14	6	—	—
2-	555	13	5	6	1	1	—
3-	273	13	7	6	—	—	—
4 and over	182	10	4	3	3	—	—
TOTAL	6,387	106	31	43	30	1	1

(ii) *Children not in vulnerable groups*

Age (in years) at date of test	No. of children tested	No. failing screening tests	No. diagnosed as deaf	No. diagnosed as not deaf	No. still under consideration
0-	5,539	15	3	7	5
1-	1,671	10	1	5	4
2-	287	2	—	1	1
3-	224	3	—	—	3
4 and over	147	—	—	—	—
<b>TOTAL</b>	<b>7,868</b>	<b>30</b>	<b>4</b>	<b>13</b>	<b>13</b>

Consolidated figures for 10 years are now available and these are shown in the following table :—

	No. of children tested	No. failing screening tests	Failure rate per 1,000 children tested	No. of children in col. (2) diagnosed as deaf	Rate of deafness per 1,000 children tested	No. of children still under consider- ation	No. of children who have moved to other areas	No. of children who died before being diagnosed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
General population tested, 1955, 1956 and 1st January–31st March, 1957	5,531	31	5.6	17	3.1	—	—	—
Vulnerable groups tested, 1st April, 1957– 31st December, 1964	18,443	277	15.0	115	6.2	37	*1	1
Others tested, 1st April, 1957–31st Decem- ber, 1964	16,795	60	3.6	†15	0.9	14	—	—

\* This child has moved to Australia.

† Seven of these children were suspected of deafness by parents or day nursery matron.

**Vulnerable Groups.**—The 17 deaf children diagnosed from screening tests of the general population from the 1st January, 1955, to the 31st March, 1957, and the 115 deaf children picked out from the vulnerable groups between the 1st April, 1957, and the 31st December, 1964, respectively fell into vulnerable groups as follows :—

Group								
1	...	Children with cerebral palsy	...	...	...	1	...	—
2	...	Children with a family history of congenital deafness	...	...	...	1	...	13
3	...	Children who were premature	...	...	...	4	...	24
4	...	Children with a history of abnormality in the antenatal period	...	...	...	1	...	9
5	...	Children with a history of perinatal abnormality	...	...	...	1	...	4
6	...	Children who have had a severe illness or have been treated with streptomycin for any illness	...	...	...	—	...	7
7	...	Children who are not speaking well by the age of two years and children aged 2.5 years with speech defects	...	...	...	6	...	26
8	...	Children with a history of otitis media and/or chronic upper respiratory tract infection	...	...	...	2	...	20
9	...	Children who are not included in any of the above categories but who have some congenital abnormality	...	...	...	1	...	3
10	...	Mother suspects that child is deaf	...	...	...	—	...	9
						<b>17</b>		<b>115</b>

**Dental Care of Mothers and Young Children.**—Since 1961 there has been a progressive decline in the number of expectant and nursing mothers receiving dental examination and in most forms of treatment given to them. This was expected, however, and was forecast in 1961 when charges were repealed for expectant and nursing mothers obtaining dental treatment in the general dental service. In the Ministry of Health publication "The State of the Public Health" for 1963 the following statement was made in connection with dental treatment in local authority clinics under section 22 of the Act—"The further decline in the number of mothers treated was not unexpected and need not be regretted because of the increasing use being made of the general dental service. . . . The local authority dental service can make a very useful contribution by treating mothers who are not in the habit of obtaining regular dental care." Wherever possible dental examination in the Administrative County is still carried out at the same time as the antenatal medical examination and advice on dental treatment and oral hygiene is given irrespective of the dental service the patient proposes to attend.



It appeared at first that the mothers transferring to the general dental service might well take the young children with them, but so far this has not been established. Indeed, since 1961 there has been an increase in the numbers of pre-school children examined which was proportionately not very much less than the decline in examinations of the mothers. On the other hand, there was no corresponding increase in treatments of pre-school children.

The following table gives particulars of the examinations and treatments given in the Administrative County area during each of the years 1961-64.

Expectant and nursing mothers					Pre-school children			
1961	1962	1963	1964		1961	1962	1963	1964
4,395	4,203	3,919	3,466	No. examined	3,294	3,581	3,786	3,838
2,769	2,624	2,615	2,218	No. of first visits	2,541	2,696	2,769	2,590
1,590	1,505	1,534	1,547	No. completing treatment	1,547	1,690	1,970	1,945
9,764	9,055	8,412	7,449	No. of attendances	4,502	4,876	4,700	4,511
8,631	7,941	6,328	5,698	No. of extractions	3,959	3,681	3,907	3,501
1,475	1,621	1,444	944	No. of local anaesthetics	214	191	185	149
1,184	1,027	875	716	No. of general anaesthetics	1,736	1,857	1,786	1,653
897	877	844	737	No. of scalings	66	133	123	113
2,599	3,250	3,062	2,683	No. of fillings	1,565	1,810	1,635	1,771
428	115	109	98	No. of silver nitrate treatments	446	470	467	378
*3,295	*3,289	*2,912	*2,744	No. of dressings	1,047	1,181	1,067	1,195
966	761	734	582	No. of complete dentures supplied	—	—	—	—
401	353	314	354	No. of partial dentures supplied	—	—	—	—
70	45	47	40	No. of dentures repaired	—	—	—	—
322	154	133	91	No. of radiographs	13	9	5	5

\* Includes operations in connection with the making of dentures.

The above figures do not include children under five years of age who received dental inspection at school. In 1964 they numbered 3,143.

**FLUORIDATION.**—It is now well established that a fluoride content of one part per million in the drinking water supply will reduce dental decay in children by more than 50 per cent. without harmful effects to the general health. The introduction of this measure would help to control the major problem of the school entrant presenting at the first dental inspection with teeth beyond repair. The need for a child's first visit to the dentist is too often for the removal of septic, aching teeth—one of the worst introductions to dental treatment that could be imagined. That this could be controlled by a simple public health measure is a fact well worthy of consideration by all those interested in children's health and welfare.

**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							
	1960	1961	1962	1963	1964	1960	1961	1962
Minor ailment	3,491	4,255	3,696	2,972	2,900	...	...	...
Ophthalmic	3,281	3,348	3,327	3,875	4,037	...	...	...
Ear, nose and throat	188	86	143	99	94	...	...	...
Orthopaedic	5,784	5,933	6,426	6,428	6,518	...	...	...
Ultra-violet light	2,735	2,300	2,587	2,284	2,317	...	...	...
Speech therapy	969	727	584	644	976	...	...	...
Orthoptic	718	954	907	1,119	1,407	...	...	...
Chiropody	514	348	335	280	263	...	...	...
TOTAL	17,680	17,951	18,005	17,701	18,512	...	...	...

**Family Planning Clinics.**—The County Council do not provide 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—				
	1960	1961	1962	1963	1964
1	—	—	1	—	—
2	13	20	22	27	34
3	—	3	—	1	—
4	7	6	3	2	—
5	—	—	—	—	—
6	—	—	—	—	1
7	—	—	—	—	—
8	10	4	11	6	11
9	—	—	—	—	—
10	—	—	—	—	—
11	2	2	5	2	2
12	2	—	—	—	—
13	35	27	49	53	32
14	11	2	—	—	—
15	12	2	3	11	5
16	13	31	22	21	20
17	13	32	9	18	3
Delegate District—					
Crosby M.B. ...	*1	2	2	—	—
Huyton-w-Roby U.D.	*—	—	—	—	—
Middleton M.B. ...	*1	5	1	4	—
Stretford M.B. ...	*—	1	—	—	—
TOTAL— Administrative County	120	137	128	145	108

\* Figures for 1960 relate to cases referred after date of delegation. Cases referred in period prior to delegation are included in appropriate divisional totals above.

Of the 108 cases in 1964, 32 were referred to a clinic operated by Rochdale County Borough Council and the remaining 76 to Family Planning Association clinics as follows :—

Area	Clinic	No. of cases
Ashton-under-Lyne and District ...	The School Clinic, Crickets Lane, Ashton-under-Lyne ...	3
Eccles and District ...	The School Clinic, Corporation Road, Eccles ...	25
Lancaster and District ...	The School Clinic, Ashton Road, Lancaster ...	34
Leigh and District ...	Stone House Clinic, St. Helens Road, Leigh ...	4
Nelson and District ...	The School Clinic, Leeds Road, Nelson ...	1
Wigan ...	Millgate, Wigan ...	9

**Care of Premature Infants.**—The importance of the care of premature infants becomes greater relatively as the infantile mortality declines. Of the total of 896 deaths of infants under one year occurring in 1964 and assigned to the Administrative County, 134 were certified as due to prematurity unqualified by any other cause. The neo-natal mortality rate of premature babies was 142 per thousand live premature births in 1964, compared with a total neo-natal rate of 15 per 1,000 live births.

If premature babies are born at home they require special care 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.



If the premature baby requires transfer to hospital it should, if possible, be transported in a special heated carrier with facilities for the administration of oxygen. These carriers have already been provided in some hospital groups and all County Council ambulances have been fitted with an electric point in order that the heating of the carrier may be continued during the ambulance journey.

Arrangements exist whereby the special attention of health visitors is 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 following table analyses by weight group and place of occurrence all notified premature births assigned to the Administrative County in 1964. The totals by weight for the four previous years are also shown.

	Weight at birth											
	2 lb. 3 oz. or less		Over 2 lb. 3 oz. to 3 lb. 4 oz.		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	Live births	Still-births
Number born—												
(i) At home or in private nursing homes (including maternity homes not in the National Health Service and Mother and Baby Homes) ...	13	5	14	6	45	10	72	4	334	11	478	36
(ii) in hospitals, including maternity homes in the National Health Service ...	117	72	199	107	467	115	501	47	1,098	51	2,382	392
TOTAL—1964 ...	130	77	213	113	512	125	573	51	1,432	62	2,860	428
1963 ...	117	98	212	122	488	121	572	42	1,392	71	2,781	454
1962 ...			307	224	473	127	603	52	1,493	67	2,876	470
1961 ...			328	196	434	143	530	55	1,388	55	2,680	449
1960 ...			283	214	455	135	521	53	1,286	75	2,545	477

Of the 478 premature infants born alive at home or in private nursing homes 61 were transferred to hospital, 25 of these being 4 lb. 6 oz. or less in weight.

The incidence of prematurity represented by the above totals for 1964 was 6.7 per cent. amongst live births, 56.3 per cent. amongst stillbirths and 7.5 per cent. amongst total (live and still) births.

The decline of prematurity amongst total births despite an increase amongst stillbirths during the last 10 years is shown in the statement below :—

Year	Proportion (per cent.) of prematurity amongst—		
	Live births	Stillbirths	Total births
1955 ...	7.6	54.4	8.8
1956 ...	7.5	53.4	8.7
1957 ...	7.3	53.9	8.4
1958 ...	7.3	54.2	8.3
1959 ...	6.9	54.0	7.9
1960 ...	6.8	56.3	7.9
1961 ...	6.9	58.4	7.9
1962 ...	7.1	58.5	8.1
1963 ...	6.7	61.4	7.7
1964 ...	6.7	56.3	7.5

Details of premature births taking place at home in relation to the total assigned to the Administrative County are given for each of the last five years in the following statement :—

Year	Total premature births			Premature births at home			Percentage of premature births occurring at home		
	Live births	Still births	Total	Live births	Still births	Total	Live births	Still births	Total
1960	2,545	477	3,022	504	44	548	19.8	9.2	18.1
1961	2,680	449	3,129	530	47	577	19.8	10.5	18.4
1962	2,876	470	3,346	562	44	606	19.5	9.4	18.1
1963	2,781	454	3,235	428	25	453	15.4	5.5	14.0
1964	2,860	428	3,288	446	33	479	15.6	7.7	14.6

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)
1960	37,199	2,545	6.8	2,313	90.9	2,165	85.1
1961	38,911	2,680	6.9	2,425	90.5	2,290	85.4
1962	40,704	2,876	7.1	2,644	91.9	2,483	86.3
1963	41,303	2,781	6.7	2,520	90.6	2,381	85.6
1964	43,006	2,860	6.7	2,599	90.9	2,453	85.8

A summary of the deaths within certain periods of the first month of life of the premature infants notified in 1964 whose mothers were normally resident in the Administrative County area is given by birthweight below :—

Weight at birth	Premature infants born in 1964—																	
	*At home or in private nursing homes (including maternity homes not in the National Health Service and Mother and Baby Homes)						At home or in private nursing homes and transferred to hospital						In hospitals, including maternity homes in the National Health Service					
	Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2 lb. 3 oz. or less ...	8	61.5	2	15.4	1	7.7	4	66.7	1	16.7	—	—	89	76.1	17	14.5	2	1.7
Over 2 lb. 3 oz. to 3 lb. 4 oz. ...	5	35.7	3	21.4	—	—	1	25	1	25	—	—	59	29.6	33	16.6	2	1.0
Over 3 lb. 4 oz. to 4 lb. 6 oz. ...	5	11.1	2	4.4	—	—	1	6.7	1	6.7	—	—	53	11.3	31	6.6	6	1.3
Over 4 lb. 6 oz. to 4 lb. 15 oz. ...	1	1.4	3	4.2	—	—	—	—	—	—	—	—	21	4.2	17	3.4	3	0.6
Over 4 lb. 15 oz. to 5 lb. 8 oz. ...	3	0.9	3	0.9	—	—	1	4.3	—	—	—	—	17	1.5	17	1.5	4	0.4
TOTAL—5½ lb. or less ...	22	4.6	13	2.7	1	0.2	7	11.5	3	4.9	—	—	239	10.0	115	4.8	17	0.7

\* Including any who were subsequently 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 177.

**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.

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.
1960	229	21	250	18
1961	272	15	287	18
1962	327	20	347	18
1963	323	21	344	17
1964	296	20	316	15

\* 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 1964 are shown in Table 10, page 178.

**Ophthalmia Neonatorum.**—Twelve cases of ophthalmia neonatorum were notified during 1964 in infants born to women resident in the Administrative County area, seven occurring in hospital and five amongst domiciliary births. In nine cases vision was subsequently ascertained to have been unimpaired and three were still under treatment at the end of the year.

**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 :—

	1963	1964
Child welfare centres and school clinics	247	249
Premises tenanted by the County Council for the sole purpose of distributing welfare foods	4	5
Others, e.g., shops, private houses and W.V.S. centres	41	40
<b>TOTAL</b>	<b>292</b>	<b>294</b>

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	254,833	33,930	41,739	399,692
N.H.S. hospitals	2,830	54	—	1,008
Day nurseries (including factory nurseries)	26	2,170	—	6,316
<b>TOTAL—1964</b>	<b>257,689</b>	<b>36,154</b>	<b>41,739</b>	<b>407,016</b>
<b>1963</b>	<b>231,840</b>	<b>37,773</b>	<b>43,165</b>	<b>367,082</b>

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.

**Day Nurseries.**—The total day nursery accommodation provided by the County Council at the end of 1964 is compared below with that for each of the previous five years :—

Year	Day nurseries	Child places
1959	55	2,552
1960	53	2,487
1961	52	2,418
1962	53	2,472
1963	53	2,488
1964	53	2,506

The increase in child places is due to the places of the Colne (Haverholt) day nursery being increased from 30 to 48 from the 1st December, 1964, this being the number originally provided. In January, 1961, the child places at this nursery were reduced from 48 to 30 but it has again been found necessary to utilise all the places due to an increase in demand.



Details of attendances, etc., at County Council day nurseries during 1964 are given in the following statement together with the corresponding figures for each of the previous four years. Particulars for 1964 in respect of each health division and delegate district are shown in Table 11 on page 179.

	1960	1961	1962	1963	1964
No. of children on registers at end of year ...	2,606	2,518	2,518	2,652	2,692
No. of children on waiting lists at end of year ...	1,374	1,802	1,576	1,432	1,709
Total No. of attendances ...	468,594	473,912	465,399	477,347	494,726
* No. of children on register at end of year whose parents or guardians were categorised as :—					
Social cases ...	627	709	880	1,032	1,105
Others ...	1,720	1,590	1,638	1,620	1,587
† Full-time equivalent of staff employed at end of year ...	638	648	671	669	664

\* Figures prior to 1962 refer to parents or guardians, not to children.

† 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 1964, 34 were approved for the training of nursery students. There were three nursery training schools in the Administrative County area—at Newton-le-Willows, Rossendale and Lancaster. In addition, there was an arrangement with the Burnley Education Authority to take nursery students into a County Council day nursery to obtain practical experience.

In September, 1962, the Lancashire Education Committee introduced a revised "full-time" National Nursery Examination Board training course under which students, although no longer employees of the County Council, will continue to attend day nurseries for training in the care of children under two years of age. Students accepted under the former scheme will complete their training under existing conditions and the N.N.E.B. training scheme at Rochdale has not been altered.

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 two refresher courses were held, each of a week's duration—the first for matrons and the second for deputy matrons. Visits were made to various day nurseries, nursery schools and school meals kitchens.

**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 was 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 include unmarried mothers, widows, widowers, mothers or fathers separated, divorced or deserted. They also include 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 and children of problem families and others in need of special day-time care.

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. Care has to be taken that the staff of a nursery are not overburdened by the admission of too many handicapped children to any nursery but there is no doubt that in suitable cases this arrangement is of benefit to the children and their parents.

**ACCIDENTS IN DAY NURSERIES.**—The following table gives information about accidents to children when attending County Council day nurseries during the five years 1960-1964 inclusive.

Year	No. of accidents reported	Accident rate per 10,000 attendances by age group (in years)		
		0—	2-4 inclusive	Total under 5 years
1960	78	1.1	1.9	1.7
1961	103	1.4	2.1	2.2
1962	118	2.6	2.5	2.5
1963	103	2.0	2.2	2.2
1964	99	1.8	2.1	2.0

The injuries were mostly of a minor nature although in some cases fractures were sustained. Of the 99 cases reported, 54 were referred to hospital and eight 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 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 and nursing staff to ensure that the conditions of registration are observed.

At the end of 1964, seven pre-school playgroups with 167 authorised places were registered. The primary purpose of these groups is to provide constructive group play for children approaching school age. It is also maintained by the sponsors that participation in such group activity considerably lessens the emotional strain on a child when starting full-time school attendance.

The normal method of operation is for the group to meet several times a week, each session lasting two to three hours, and for the children to be supervised by the mothers acting in a voluntary capacity in accordance with a rota. The group, according to its size, may be accommodated in one of the children's homes or in a hall hired specially for the purpose. Although the case for registration is, in fact, a very marginal one, the Health Committee consider it advisable to register playgroups in the interest of the children but agree that the conditions to be applied should be less stringent than those insisted upon in the case of full-time nurseries.

Particulars of the registrations at the end of 1964 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. The figures in respect of playgroups are included under the heading "Nurseries".

	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
<b>Health Division No.—</b>				
1 ... ..	1	24	—	—
2 ... ..	—	—	1	7
3 ... ..	4	116	6	48
4 ... ..	—	—	9	69
7 ... ..	—	—	3	30
8 ... ..	2	44	—	—
9 ... ..	4	113	1	16
10 ... ..	—	—	1	10
11 ... ..	2	70	5	29
13 ... ..	2	90	2	12
14 ... ..	16	769	1	4
15 ... ..	—	—	5	28
16 ... ..	—	—	2	8
17 ... ..	2	50	—	—
<b>Delegate District—</b>				
Crosby M.B. ... ..	—	—	3	25
Middleton M.B. ... ..	1	80	1	4
Stretford M.B. ... ..	2	85	4	21
<b>TOTAL—1964</b> ... ..	<b>36</b>	<b>1,441</b>	<b>44</b>	<b>311</b>
1963 ... ..	34	1,370	32	237
1962 ... ..	32	1,290	33	266
1961 ... ..	33	1,329	26	214
1960 ... ..	31	1,207	16	110

**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 1964 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.



	In hospitals, maternity homes, etc.								In the home								TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	Live births						Still-births	Live births						Still-births	Live births						Still-births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Premature		Mature		Total			Premature		Mature		Total			Premature		Mature		Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Health Div. No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									</

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 1964, 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- b'ths	Live births								Still- births	
	Preme- ature		Mature		Total					Preme- ature		Mature		Total			Preme- ature		Mature		Total					
	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.		
Total No. occurring in Administrative County ... ..	952	963	12,093	11,117	13,045	12,080	252	252	205	242	6,144	5,746	6,349	5,988	44	38	1,157	1,205	18,237	16,863	19,394	18,068	296	290		
No. transferred out of Administrative County to areas of other L.H. authori- ties ... ..	336	336	3,741	3,317	4,077	3,653	89	75	1	1	35	22	36	23	—	1	337	337	3,776	3,339	4,113	3,076	89	76		
No. occurring in and belonging to Admin- istrative County ...	616	627	8,352	7,800	8,968	8,427	163	177	204	241	6,109	5,724	6,313	5,965	44	37	820	868	14,461	13,524	15,281	14,392	207	214		
No. transferred into Administrative County from areas of other L.H. authorities ... ..	566	605	6,414	5,719	6,980	6,324	176	163	—	1	16	12	16	13	—	—	566	606	6,430	5,731	6,996	6,337	176	163		
Final No. belonging to Administrative County ... ..	1,182	1,232	14,766	13,519	15,948	14,751	339	340	204	242	6,125	5,736	6,329	5,978	44	37	1,386	1,474	20,891	19,255	22,277	20,729	383	377		

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



The widening of the ratio of institutional to domiciliary births which has been a feature of recent years was continued in 1964, as the following statement shows :—

Year			Proportion (per cent.) of notified births assigned to Administrative County area and occurring—	
			In hospitals, maternity homes, etc.	In the home
1960	...	...	68.2	31.8
1961	...	...	68.4	31.6
1962	...	...	68.2	31.8
1963	...	...	70.0	30.0
1964	...	...	71.7	28.3

### 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 is delegated to the councils of Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B. The numbers employed on the 31st December, 1964, 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				
		1960	1961	1962	1963	1964
Midwives	...	197	204	223	235	246
Nurse-midwives	...	65	70	70	73	69

Supervision of the midwives throughout the Administrative County area, including the delegate districts by agreement, is carried out by a non-medical supervisor of midwives, a deputy and two assistant supervisors, whilst the nurse-midwives are supervised by the district nursing superintendents.

Confinements occurring in the Administrative County area again increased in number although those attended by County Council midwives and nurse-midwives, accounting for 32.7 per cent. of the whole, showed a slight decrease from the previous year.

The following table shows the number of confinements attended by midwives in the various services during each year from 1960 to 1964. These figures do not include miscarriages.

		Total confinements attended				
		1960	1961	1962	1963	1964
(a) Local Health Authority services—						
County Council midwives	...	11,298	11,775	12,373	11,844	11,612
County Council nurse-midwives	...	720	732	772	725	723
(b) Hospital services—						
In State hospitals	...	21,344	22,032	22,911	23,534	24,736
In voluntary hospitals	...	—	—	—	—	—
(c) In private practice—						
Domiciliary	...	10	8	8	5	6
Nursing homes, etc.	...	547	562	561	583	604
<b>TOTAL—All services</b>	...	<b>33,919</b>	<b>35,109</b>	<b>36,625</b>	<b>36,691</b>	<b>37,681</b>

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, and during 1964 they made 45,036 visits to 11,984 such cases as compared with 26,375 visits to 6,989 cases in 1963. The 1964 figures represent an increase of approximately 71 per cent. over those for the preceding year and serve to illustrate the growing tendency towards the early discharge of mothers from hospitals.

The County Council midwives and nurse-midwives also attended 169 miscarriages.

**Oxygen Resuscitators.**—At the end of the year 307 midwives and nurse-midwives were in possession of oxygen resuscitators.

**Analgesic Apparatus for Pre-mixed Nitrous Oxide and Oxygen.**—Towards the end of the year the County Council were invited by the Ministry of Health to co-operate in trials on a recently developed apparatus for the administration of pre-mixed nitrous oxide and oxygen. Six of these machines were undergoing trials with County Council midwives at the end of the year.

**District Training of Pupil Midwives.**—Forty-four of the County Council's midwives are approved by the Central Midwives Board as pupil midwife teachers and give instruction in domiciliary midwifery to pupil midwives taking their Part II training. During the year 121 pupils, sent from six hospitals situated in the Administrative County area, completed their district training under these arrangements.



**Recruiting Publicity for Midwifery Staff.**—The Ministry of Health launched an extensive publicity drive early in the year in an endeavour to attract non-practising midwives back into service. The County Council's domiciliary midwifery supervisory staff attended the various functions organised by the hospital management committees as part of their publicity drive.

**Post-Graduate Training.**—In accordance with the rules of the Central Midwives Board, 59 County Council midwives and nurse-midwives attended a residential refresher course during 1964.

In addition, three of the County Council's supervisory midwifery and nursing staff attended a residential post-graduate course for supervisors of midwives at Bedford College, London, from the 12th to the 18th April, 1964.

A half-day refresher course was held at the County Hall, Preston, on the afternoon of the 11th February and repeated on the 20th. Dr. R. W. Smithells, consultant paediatrician at Alder Hey Children's Hospital, Liverpool, spoke on "Congenital Abnormalities and the Congenital Abnormality Register." Midwives and nurse-midwives attending numbered 327 including 53 from other authorities.

**First-Aid in Midwifery.**—As in previous years the County supervisor of midwives and her assistants gave lectures on "First-aid in midwifery" to newly appointed ambulance drivers and attendants.

**Motor Transport.**—At the end of 1964, 222 of the 240 whole-time midwives employed were using a motor car for official duties. Forty-one 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.**—During the year 19 pupil midwives stayed at the hostel whilst undertaking their three months district training. In addition to relieving pressure on the midwives working in Kirkby the provision of the hostel has stimulated recruitment to the County Council's domiciliary midwifery service.

**Housing of County Council Midwives.**—Of the 240 whole-time midwives employed on the 31st December, 1964, 58 occupied houses owned by the County Council, 51 occupied houses rented by the County Council from local district councils, one occupied a house rented by the County Council from a private owner, whilst 11 occupied houses let direct to them by local district councils. The remaining 119 midwives provided their own living accommodation.

## STATISTICS

### ALL 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, 1964, in the various types of service :—

Type of service	No. of Midwives
(a) Local Health Authority services—	
County Council midwives ... ..	246
County Council nurse-midwives ... ..	69
(b) Hospital services—	
In State hospitals ... ..	339
In voluntary hospitals ... ..	—
(c) In private practice—	
Domiciliary ... ..	1
Nursing homes, etc. ... ..	13
<b>TOTAL—All services ... ..</b>	<b>668</b>

## 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 1964 and the four previous years :—

	1960		1961		1962		1963		1964	
	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 ...	11,298	720	11,775	732	12,373	772	11,844	725	11,612	723
Miscarriages ...	261	31	207	16	235	15	207	18	148	21
TOTALS...	11,559	751	11,982	748	12,608	787	12,051	743	11,760	744
	12,310		12,730		13,395		12,794		12,504	

The numbers of visits made by County Council midwives and nurse-midwives during 1964 are given below, together with the figures for the previous four years.

	VISITS PAID				
	1960	1961	1962	1963	1964
Midwives ...	307,235	300,639	311,289	304,675	310,012
Nurse-midwives ...	23,346	22,110	23,678	21,218	21,888
TOTAL ...	330,581	322,749	334,967	325,893	331,900
*Night visits (i.e., between 9 p.m. and 8 a.m.) ...	17,064	17,334	18,435	17,511	17,877
Visits to mothers confined in hospital and discharged before the 10th day ...	†18,583	16,484	21,760	26,375	45,036

\* Included in totals above. † From 1st July, 1960, the Midwives (Amendment) Rules, 1960, reduced the minimum "lying-in period" from 14 to 10 days and these visits are recorded in accordance with the definition in force at the time.

Particulars of bookings of the general practitioners in connection with the confinements attended in 1964 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 ...	36	257	1,852	9,467	11,612	1,898	9,753	11,651
Nurse-midwives ...	4	18	255	446	723	261	465	726
TOTAL ...	40	275	2,107	9,913	12,335	2,159	10,218	12,377

Of the 12,335 mothers attended in confinement by County Council midwives and nurse-midwives 12,020 or 97.4 per cent. had also booked a doctor. The doctor was present at the delivery in 2,107 or 17.5 per cent. of these 12,020 cases. There was no doctor present at 10,188 deliveries—82.6 per cent. of the total attended by all midwives. For comparison, in 1963 a doctor was booked at 97.0 per cent. of the cases attended by County Council midwives and nurse-midwives and was present at the delivery of 16.8 per cent. of these. In that year there was no doctor present at 83.5 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 still increasing.

The following statement gives information on the administration of gas/air analgesia, pethidine and trilene during 1964 :—

	Gas/Air				Pethidine		Trilene alone
	Alone	With Pethidine	With Trilene	With Pethidine and Trilene	Alone	With Trilene	
Midwives—							
Doctor present at delivery ...	8	34	2	24	134	892	608
Doctor not present at delivery ...	26	121	18	127	890	4,216	3,449
Nurse-midwives—							
Doctor present at delivery ...	15	19	—	8	13	113	73
Doctor not present at delivery ...	11	17	2	20	27	204	144
TOTAL ...	60	191	22	179	1,064	5,425	4,274

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.
1960	12,018	10,875	90	1,284	11	6,570	55	9,426	78
1961	12,507	11,395	91	950	8	6,922	55	10,000	80
1962	13,145	11,949	91	672	5	7,283	55	10,654	81
1963	12,569	11,347	90	510	4	6,829	54	10,109	80
1964	12,335	11,215	91	452	4	6,859	56	9,900	80

\* 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 occurring in the Administrative County is shown in the statement below :—

	1960	1961	1962	1963	1964
(a) Total No. of live and still births occurring in the Administrative County ...	34,293	35,444	36,978	37,119	38,048
(b) No. of (a) which were domiciliary ...	12,146	12,611	13,254	12,643	12,419
(c) No. of (b) which were attended by County Council midwives and nurse-midwives ...	12,075	12,558	13,208	12,610	12,377
(d) Percentage of (c) to (a) ...	35.2	35.4	35.7	34.0	32.5
(e) Percentage of (c) to (b) ...	99.4	99.6	99.7	99.7	99.7

Of the total births to mothers normally resident in the Administrative County area 28.3 per cent. were domiciliary (see page 61).



In the following statement particulars are given, for 1964 and each of the four preceding years, of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives :—

	1960	1961	1962	1963	1964
<i>Deaths of mother or child (including deaths after removal to hospital)—</i>					
No. of live and still births attended ...	12,075	12,558	13,208	12,610	12,377
No. of deaths of mother ...	3	4	1	6	2
No. of deaths of child ...	74	75	87	55	54

**Criteria for Booking of Domiciliary Confinement.**—It is increasingly recognised that further improvement in the maternal mortality and perinatal mortality rates depends on the application of strict criteria for booking patients for either hospital or home confinement.

The older multipara is notoriously reluctant to have her baby in hospital and often insists on remaining at home in spite of the advice of the doctor and midwife. The County Council midwives are urged to do everything in their power to persuade such a woman to book for a hospital confinement but, if she steadfastly refuses to accept the advice, the midwife, of course, has to take the responsibility of attending her at home.

The generally accepted criteria for booking patients for home confinement were stated in the Ministry of Health Report on Confidential Enquiries into Maternal Deaths in England and Wales, 1958-1960, to be :—

1. As far as can be ascertained the woman's general physical state is unimpaired.
2. She is pregnant for the second, third or fourth time, the previous pregnancies, labours and puerperia have been normal and she is under 35 years of age.
3. She is a primigravida under 30 years of age.
4. She is Rhesus positive, or is known to have no antibodies.
5. The home conditions are suitable."

At the beginning of 1964 arrangements were made throughout the Administrative County area to ascertain how far these criteria are satisfied by the expectant mothers booking with County Council midwives for domiciliary confinement. This is achieved by the completion in duplicate by the midwife, at the time of booking, of a simple pre-coded form. One copy is retained by the divisional medical officer who, in any appropriate case, is in a position to follow-up and, in collaboration with the general practitioner, advise that the confinement should take place in hospital. The other copy is subjected centrally to punched card treatment and computer analysis at four-monthly intervals.

In order to keep to a minimum the additional work involved, particularly that falling upon the midwife, the application of the Rhesus criterion quoted above is modified in that, in the first place, the Rh. factor is treated as "not known" if it cannot be established either by reference to existing medical records or by blood test within two or three weeks of booking, the return of the form being delayed for this period if necessary. Secondly, the Rhesus negative patients are treated for the purposes of the analysis as unsuitable for home confinement without reference back for such information as may subsequently become available concerning the presence or otherwise of antibodies in the blood. To this extent, therefore, it was accepted at the outset that the findings would understate to a relatively small degree the true proportion of patients fulfilling the criteria laid down.

In all, 12,244 bookings during 1964 were analysed and these are summarised in the following table. It should be added that the apparent discrepancy whereby women stated to be pregnant for the first time are shown to have had previous abnormal pregnancies arises, of course, from differences of definition. For the purpose of the classification "Pregnant first time" previous abortions are disregarded, whereas under the heading "Previous pregnancies, labours and puerperia" abortions or ectopic gestations are treated as previous abnormal pregnancies.

Pregnancy/age	Total booked	Patient's physical state		Rhesus factor			Previous pregnancies labours and puerperia		Home conditions		All domiciliary criteria fulfilled
		Satisfactory	Not satisfactory	Positive	Negative	Not known	All normal	Not all normal	Suitable	Not suitable	
Pregnant 1st time—											
Under 30 years	952	944	8	706	125	121	—	34	941	11	672
30 years and over	49	47	2	38	6	5	—	8	49	—	—
Pregnant 2nd, 3rd or 4th time—											
Under 35 years	8,926	8,869	57	7,230	1,354	342	7,445	1,481	8,816	110	5,947
35 years and over	719	710	9	581	100	38	538	181	715	4	—
Pregnant for 5th or more times—	1,598	1,553	45	1,292	236	70	1,146	452	1,505	93	—
<b>TOTAL</b>	<b>12,244</b>	<b>12,123</b>	<b>121</b>	<b>9,847</b>	<b>1,821</b>	<b>576</b>	<b>9,129</b>	<b>2,156</b>	<b>12,026</b>	<b>218</b>	<b>6,619</b>



It will be seen that more than 13 per cent. of the total cases booked were fifth or subsequent pregnancies. Of the 9,645 second, third or fourth pregnancies 719 or 7.5 per cent. were of women aged 35 years and over, and of the 1,001 primiparae 49 or almost 5 per cent. were aged 30 years and over. In total, one in every five cases failed to satisfy the age/parity criteria alone. The 6,619 patients who were known at the time of booking to fulfil all the criteria amounted to only 54.1 per cent. of the total. That some improvement was achieved during the year is shown by the corresponding proportions for each of the three periodic analyses, which were as follows:—

					Percentages fulfilling domiciliary criteria	
					By age/parity only	All criteria
Four months ended	30.	4.64	...	...	79.0	49.8
"	"	"	31.	8.64	...	80.7
"	"	"	31.12.64	...	...	82.0
Year 1964					...	...

As indicated earlier the "all criteria" ratio understates the true position in that a proportion of the 576 cases where the Rhesus factor was not known and some of the 1,821 Rhesus negative cases will, at a later stage, have been found to be suitable for home confinement on the criteria laid down. However, the absolute upper limit of the true proportion can be established simply by disregarding the Rhesus factor as one of the criteria, *i.e.* by assuming that all cases satisfy the Rhesus factor criteria. On this basis the true proportion of women satisfying all criteria in the four months ended on the 31st December, 1964—the first period for which such information became available—lay between the ascertained minimum of 56.8 per cent. and a theoretical maximum of 69.2 per cent.

### HEALTH VISITING

The health visiting service of the County Council is provided by the direct employment of qualified health visitors, who also perform the duties of school health visitor within the school health service, and tuberculosis visitors who are primarily engaged in domiciliary visiting. In Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B. the conduct of the service within the general framework of County Council policy is delegated to the respective district councils.

The professional supervision of the service in the Administrative County, including the delegate districts by agreement, is carried out by the superintendent health visitor, a deputy and six assistants. At the end of the year there were 402 health visitor/school nurses, compared with 388 at the end of 1963, and 56 temporary school/clinic nurses assisting the health visitors with school health work and in clinics. There were also 21 tuberculosis visitors, compared with 25 at the end of 1963. In some areas the work of the tuberculosis visitors has been amalgamated with that of the health visitors. While the situation improves each year the number of health visitors employed is still short of the authorised establishment, in spite of continuous efforts to recruit the required staff.

The County Council continued with the scheme instituted in 1948 under which, in order to stimulate recruitment, financial assistance is granted to nurses undertaking training for the health visitor's certificate. During the year 29 nurses were assisted in this way and all succeeded in obtaining the certificate.

Details of visits paid by health and tuberculosis visitors in the Administrative County area during each of the last five years are shown below and similar information by health division and delegate district for 1964 is given in Table 12, page 180, together with an analysis of the cases visited, classified in accordance with the requirements of the Ministry of Health.

Year	Visits paid by health and tuberculosis visitors to—								Total
	Expectant mothers	Children under 5 years	Adults (excl. expectant mothers and tuberculous)		Tuberculosis				
					Cases		Contacts		
			Under 65 yrs.	65 yrs. and over	Under 65 yrs.	65 yrs. and over	Under 65 yrs.	65 yrs. and over	
1960	18,099	503,696	85,870		50,676		44,855		703,196
1961	18,465	511,131	87,974		45,620		44,557		707,747
1962	18,044	518,740	92,829		39,490		42,990		712,093
1963	20,666	475,071	24,103	55,530	32,307	2,401	39,093	1,351	650,522
1964	19,657	502,890	23,930	60,404	25,576	2,165	32,999	1,027	668,648



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

During the year the Ministry of Health arranged for Miss Jenson of the World Health Organisation, Denmark, to spend some time in the County. Other interesting visitors were Mrs. Abeyarathne from Ceylon, taking the public health administrator's course, and Miss Kunze from Germany, studying social science.

Lectures were given by the senior staff to student nurses in hospital, at a ward sisters' and charge nurses' refresher course in a mental hospital, and to a pre-nursing course at one of the technical colleges. Talks were also given at careers conventions on careers from nursery nursing through general and specialised training to the fields of post-graduate study.

Two health visitors again gave courses of talks to the mothers in the moral welfare homes at Wilpshire and Lancaster. Two other health visitors continue to act as health tutors to nursery students and nursing cadets at Lancaster and at Rossendale College of Further Education. Many more talks were given by the health visitors to such varied groups as the St. John Ambulance Brigade, Junior Red Cross, Mothers' Unions, Young Wives' Fellowships, Old People's Clubs, Parent Teacher Associations, Girls' Life Brigades, Boy Scouts and Girl Guides, Youth Clubs, Girls' Junior Air Corps, Women's Institutes, Social Workers' Groups and professional women's associations.

Mothers' clubs are continuing to flourish in several areas and help to form a much closer liaison between the parents attending and the health visitors. Talks are arranged on all aspects of mothercraft, health education and allied subjects, whereby a wider appreciation and understanding of the local health authority and other services is developed and the interest of the parents maintained in the well-being of their families. In one area a small discussion group was held in the evenings, meeting in various mothers' homes because of the geographical location. This seems to have met the need in this area and attendances, though small, were regular.

The health visitors continued to carry out screening tests of hearing on young children. In September, 1964, 59 more health visitors were trained to do such tests on children from 7 to 16 months old, and efforts are continuing to screen all children aged 9-12 months to ascertain whether or not their hearing is normal. Home guidance was given to deaf children by the two specially trained health visitors working from the Fulwood Audiology Clinic and Manchester University Clinic respectively. The work at the audiology clinic at Fulwood continued to expand and the health visitors' sessions for this work have increased. At Fulwood a parents' group has been formed (see page 48 for further details).

The amount of teaching in schools and clinics by health visitors continued to increase. More head teachers asked for the health visitors to take part in health education in schools and in some schools, including grammar schools, one session per week was set aside for talks by health visitors. Talks to senior boys and girls on first aid continued in accordance with the syllabus for the Duke of Edinburgh Award. The facilities provided at the new clinics have encouraged educational work, especially with antenatal clinics and relaxation classes. The health visitors assisted at dental health and smoking and health exhibitions in various divisions of the County. At Sedgwick House Special School, talks were given to the pupils on various aspects of health education. In another school the health visitor attends three times per week for health education to mixed groups and for mothercraft teaching to senior girls.

The number of girls taking the course of mothercraft as planned by the National Association for Maternal and Child Welfare has grown during the year, many taking the examination at the end of the course.

Active co-operation between the health visitors and general practitioners continues to increase and is fostered in all areas. Efforts are made by new staff to get to know the general practitioners in their areas and all health visitors are encouraged to contact general practitioners to discuss cases with them. Many general practitioners also contact the health visitors regarding specific cases. In two areas health visitors continue to attend child welfare sessions and antenatal clinics held by general practitioners in their surgeries and are thus able to interview the mothers as well as discuss the cases with their doctor. In one health division two schemes are in operation where a health visitor is linked with a group of general practitioners. There is a slight difference in the way these two schemes operate but both seem to be bringing good results. Two more general practitioners have commenced "Well baby sessions" in their own surgeries with the health visitor attending. In Morecambe seven health visitors have been linked with seven groups of general practitioners during the year and the scheme is working very successfully. In February, 1964, a scheme was commenced in Health Division No. 3.

Co-operation with the geriatrician varies in form, e.g., in one division a health visitor accompanies the geriatrician on domiciliary visits, 357 such visits being made during the year.



Liaison with hospitals continues to expand and in many areas health visitors, on a rota basis, attend paediatric clinics. Paediatricians thus come to know the health visiting staff and discuss cases with them and have expressed appreciation of the value of this close co-operation. Some health visitors attend hospital antenatal clinics and also visit the maternity wards so that they meet the mothers before and after babies are born to help with any problems. In one division a monthly meeting is held at the main hospital when clinical work in relation to the expectant mother and after-care of mothers is discussed. The consultant staff attend together with the hospital and domiciliary midwives, district nurses and health visitors. Co-operation between health visitors and hospital social workers continues to prove of value. In one maternity hospital a County health visitor and a County Borough health visitor visit the lying-in wards for mothercraft teaching and discussion groups, which is proving most successful. A further extension of this scheme in other hospitals would be welcomed by the health visitors. In some areas health visitors take groups of expectant mothers to visit the maternity hospital in their areas. Midwifery sisters from hospitals have attended local authority antenatal clinics to inform the mothers of the hospital regime.

In Health Division No. 4 at Chorley Hospital and Sharoe Green Hospital, two health visitors are attached to the diabetic clinic for liaison purposes and this is proving a very useful piece of work. There has been an extension of the liaison between health visitors and consultants during the year at diabetic clinics at Salford Royal, Hope and Park Hospitals. At the health visitors' conference recently, Dr. Evans from Hope Hospital stated how much he valued this link with local authority services.

Members of the staff again attended post certificate refresher courses organised by the Royal College of Nursing and the Health Visitors' Association. Many attended the intensive teaching courses organised by the Health Visitors' Association, the Central Council for Health Education course and courses run by other local authorities. Much benefit has obviously been derived from attendance at teaching courses and the staff are applying what they have learned in their work. The superintendent health visitor attended the National Deaf Children's Society conference at Oxford as a delegate from the Royal College of Nursing and one of the health visitors attended a conference on deafness at Blackpool as a delegate from the Health Visitors' Association.

The annual one-day conference for the health visiting staff was held at the County Hall, Preston, on the 25th February, and repeated on the 3rd March. The speakers were Dr. P. Henderson, Principal Medical Officer, Ministry of Health, on "The Health Visitor and the School Health Service," and Dr. P. S. Silver, Consultant Venereologist, Manchester Regional Hospital Board (Bolton area) on "Present day Problems in Venereal Disease." Following the lectures there was general discussion in which various questions were answered. The matrons of the County special schools and superintendent health visitors and tutors from County Boroughs in Lancashire also attended.

The new Council for the Training of Health Visitors published a new syllabus of training and regulations during the year. A conference on this subject was held in London and some of the training centres with which the County is linked invited the superintendent health visitor to attend meetings. One important feature of the new training is to be the field work instructor, who will be responsible for the basic practical field work instruction of the individual student. The health visitor is to have in-service training for this task. Another feature is the higher academic level required of the student. Thus if born since 1936, she will be expected to have five subjects at "O" level in the G.C.E. examination. The new training commences in 1965.



**Screening for Phenylketonuria.**—Since May, 1961, arrangements have existed for health visitors to undertake the routine testing of the urine of infants for phenylketonuria and the results are shown in the table below. Since the scheme started and up to approximately the end of September, 1963, one test was carried out at 4-6 weeks of age, but since that date, on the recommendation of the Ministry of Health, this has been preceded by a test at the age of 10-14 days where arrangements can be made. There are now 12 children in the County area known to be suffering from this condition and they call for concentrated after-care by the health visitors regarding the special diet necessary. The health visitors attended the paediatric clinics with these children during the year and maintained close liaison with consultants.

Year	No. of tests	No. positive to screening tests	Failure rate per 1,000 tests	Results of further investigation		
				Phenylketonuria confirmed	Rate of phenylketonuria per 1,000 tests	Phenylketonuria not confirmed
			<i>Tests carried out at ages of 10-14 days</i>			
1963 (from October)	8,221	1	0.12	—	nil	1
1964	37,213	* 3	0.08	* 1	0.03	2
TOTAL	45,434	* 4	0.09	* 1	0.02	3
			<i>Tests carried out at ages of 4-6 weeks</i>			
1961 (from May)	15,347	—	nil	—	nil	—
1962	32,295	3	0.09	1	0.03	2
1963	34,403	8	0.23	4	0.12	4
1964	33,917	* 4	0.12	* 2	0.06	2
TOTAL	115,962	* 15	0.13	* 7	0.06	8

\* One case included in both groups.

### HOME NURSING

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses. The exercise of this function within their respective areas is delegated 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 1964 and in each of the four preceding years, including those in the delegate districts, are given in the statement below :—

Staff category	1960	1961	1962	1963	1964
District nurses (general nursing only) ... ..	373	378	407	427	449
District nurses (general nursing and midwifery) ... ..	62	61	64	65	61
District nurses (general nursing, midwifery and health visiting) ... ..	3	6	5	7	5
<b>TOTAL</b> ... ..	<b>438</b>	<b>445</b>	<b>476</b>	<b>499</b>	<b>515</b>

Of the 515 nurses employed on the 31st December, 1964, 431 were state registered of whom 391 or 90.7 per cent. were "district" trained and 84 were state enrolled nurses engaged in the main in nursing the aged and chronic sick. In addition 15 nurses were employed part-time, 12 in general nursing and three in general nursing and midwifery.

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

**GERIATRIC NURSING TEAM.**—A new development has been the setting up of a specialised geriatric nursing team, comprising one state registered and two state enrolled nurses, to visit homes for the aged. The object of this team is to instruct wardens and attendants in simple measures to deal with the problems of aging amongst the residents, the most urgent of which is incontinence. The experimental period of nine months proved the need for regular in-service training and a second team has now been recruited to carry out regular courses of such training of three weeks duration at each home for the aged.



**NURSING AUXILIARIES.**—During the year the employment of male nursing auxiliaries was introduced in an effort to reduce the time spent by district nurses in the bathing of substantially handicapped and aged male patients already receiving the services of the district nursing staff. Twelve months' experience indicates that whilst the service has its merits difficulties in the recruiting of staff have severely limited its development.

**Cases Attended.**—In the following statement particulars are given of the number of cases attended by the district nurses during 1964 together with the number of visits involved. For comparative purposes, corresponding figures for the previous four years are also given.

	1960	1961	1962	1963	1964
General nursing cases attended ...	43,848	44,029	43,403	45,259	45,054
No. of visits paid to these cases ...	1,261,008	1,269,422	1,274,043	1,308,392	1,334,775
Average No. of visits per case ...	28.8	28.8	29.4	28.9	29.6
No. of casual advisory visits ...	50,970	49,832	55,407	66,038	68,512
No. of other advisory interviews ...	39,951	40,113	50,347	71,110	74,043

Although the number of general nursing cases attended during 1964 was slightly lower than in the previous year, the continued extension of the service, in terms of all types of visits and advisory interviews, will be noted.

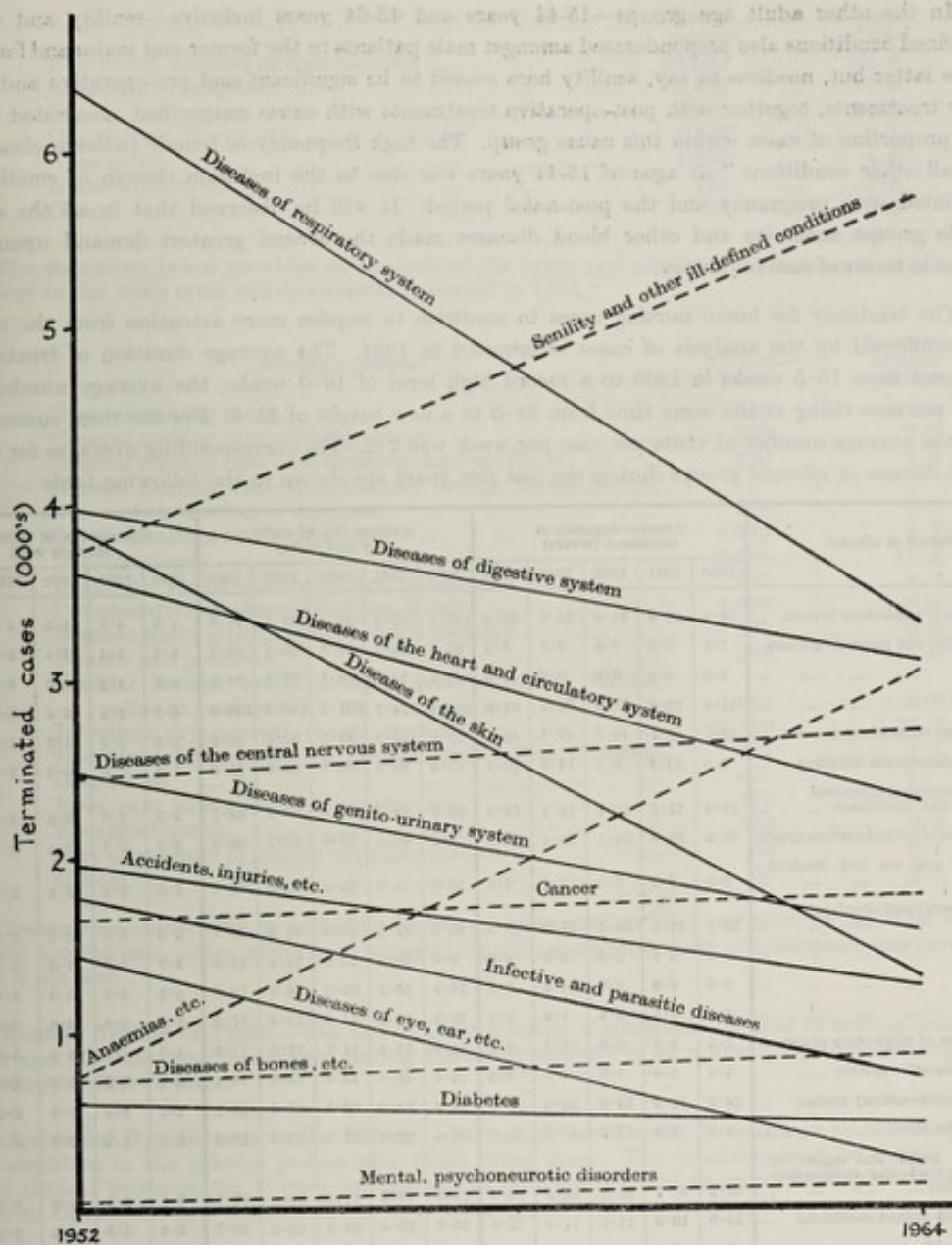
**Analysis of Completed Cases.**—Patients upon whom nursing attendance was terminated during 1964 numbered 30,481 and represented 67.7 per cent. of the total persons receiving home nursing care. In the following table they are analysed by disease or ailment in order of frequency and by age group, and a similar but more detailed statement is given in Table 13, page 181.

Disease or ailment	Total cases	Age group (years)				
		0-	5-	15-	45-	65-
Senility and other ill-defined conditions ...	5,333	43	57	806	1,345	3,082
Diseases of digestive system ...	3,352	104	166	668	928	1,486
Diseases of respiratory system (other than tuberculosis) ...	3,070	319	100	606	820	1,225
Anaemias and other blood diseases ...	3,060	14	8	602	778	1,658
Diseases of the central nervous system ...	2,712	2	1	117	503	2,089
Diseases of the heart and circulatory system ...	2,294	3	4	127	557	1,603
Cancer ...	1,886	1	3	104	756	1,022
Diseases of the skin ...	1,729	57	86	356	420	810
Diseases of the genito-urinary system ...	1,633	217	27	407	377	605
Accidents, injuries, etc. (including burns and scalds) ...	1,397	128	92	212	285	680
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	861	3	21	83	248	506
* Infective and parasitic diseases ...	842	33	26	276	258	249
Diabetes ...	482	6	13	25	118	320
Diseases of eye, ear and mastoid process ...	339	107	60	64	34	74
Mental, psychoneurotic disorders ...	156	—	—	28	39	89
All other conditions ...	1,335	38	20	1,092	100	85
TOTAL—All conditions ...	30,481	1,075	684	5,573	7,566	15,583

\* Including tuberculosis of respiratory system.

Compared with the previous year the above frequency distribution of cases terminated in 1964 shows little change, but since 1952 certain clearly defined trends have, of course, become apparent and reference to some of these was made in the Report for 1962 in relation to the increased demands made upon the service by the aged infirm. It is not easy to present a clear picture of the relative movements except in very general terms. This the graph below attempts to do by depicting the linear trend of the terminated case frequencies for the period 1952-64 for each of the cause groups classified in the above table. It will be appreciated, of course, that as each line of the graph represents a mathematically derived description of the overall trend throughout the period the case values falling against any given year are unlikely and are not intended to correspond with the true numbers of terminated cases for that year.





The above represents only one side of the picture, however. Showing only the movements in total terminated cases for each ailment, it in no sense reflects such changes as have occurred in the nature of the cases. In almost all ailment groups, for instance, the proportion of aged persons requiring longer term treatment has increased steadily throughout the period. Whilst cases classified to senility and other ill-defined conditions increased in number by approximately two-thirds between 1952 and 1964 the average duration of treatment of such cases virtually doubled during the same period. On the other hand, although diseases of the skin declined in number until in 1964 they were less than a half of the 1952 level, the average duration of treatment of such cases was more than trebled in the same period. Again, terminated cases classified to diseases of the eye, ear and mastoid process amounted in 1964 to little more than a quarter of the corresponding total for 1952, but the average duration of treatment had almost quadrupled. Indeed, a similar compensatory change in the nature of the case, involving extension in the period of service required, can be quoted for all the ailment groups shown in the above graph to have been numerically in decline throughout the period.

As in the two preceding years, rather more than 51 per cent. of the total terminated cases in 1964 were persons aged 65 years and over. A reference to Table 13 shows that in this age group senility and other ill-defined conditions was the cause group with the highest case frequency for each sex, with diseases of the heart and circulatory system falling next in order of importance amongst males and anaemias and other blood diseases amongst females.



In the other adult age groups—15-44 years and 45-64 years inclusive—senility and other ill-defined conditions also preponderated amongst male patients in the former and males and females in the latter but, needless to say, senility here ceased to be significant and pre-operative and pre-x-ray treatments, together with post-operative treatments with cause unspecified, accounted for a high proportion of cases within this cause group. The high frequency of female patients classified to "all other conditions" at ages of 15-44 years was due to the inclusion therein of conditions associated with pregnancy and the post-natal period. It will be observed that in all the adult female groups anaemias and other blood diseases made the second greatest demand upon the service in terms of case frequency.

The tendency for home nursing cases to continue to require more attention from the nurse was confirmed by the analysis of cases terminated in 1964. The average duration of treatment increased from 15.5 weeks in 1963 to a record high level of 16.0 weeks, the average number of visits per case rising at the same time from 34.5 to a new height of 35.6. For the third successive year the average number of visits per case per week was 2.2. The corresponding averages for each of the disease or ailment groups during the last five years are shown in the following table:—

Disease or ailment	Average duration of treatment (weeks)					Average No. of visits (day and night)					Average No. of visits per case per week				
	1960	1961	1962	1963	1964	1960	1961	1962	1963	1964	1960	1961	1962	1963	1964
Tuberculosis of respiratory system ...	24.0	22.6	21.6	21.8	20.3	107.1	97.6	93.4	97.1	77.0	4.5	4.3	4.3	4.5	3.8
Other infective and parasitic diseases	7.5	7.8	7.8	6.7	8.4	24.4	24.9	26.3	25.2	29.2	3.2	3.2	3.4	3.8	3.5
Cancer ...	8.2	9.3	8.9	8.7	9.4	35.1	39.0	36.1	37.1	38.8	4.3	4.2	4.0	4.3	4.1
Diabetes ...	41.4	32.0	37.6	29.4	34.6	194.4	174.7	201.5	153.2	193.9	4.7	5.5	5.4	5.2	5.6
Anaemias and other blood diseases	42.1	45.7	45.7	42.4	40.3	51.9	57.7	53.1	51.2	46.9	1.2	1.3	1.2	1.2	1.2
Mental, psychoneurotic disorders ...	9.6	10.3	9.1	13.6	19.1	17.9	26.4	20.4	28.9	31.0	1.9	2.6	2.2	2.1	1.6
Cerebral haemorrhage, cerebral embolism and thrombosis ...	11.9	11.7	10.8	10.1	13.4	39.7	38.8	34.2	32.2	38.7	3.3	3.3	3.2	3.2	2.9
Other diseases of central nervous system	26.8	23.8	24.1	26.4	25.9	72.3	65.0	58.9	63.7	66.5	2.7	2.7	2.4	2.4	2.6
Diseases of eye, ear and mastoid process ...	2.0	3.9	5.0	3.6	6.5	10.0	14.8	25.8	19.8	26.6	5.0	3.8	5.2	5.5	4.1
Diseases of heart and circulatory system ...	22.2	21.6	20.4	21.0	19.4	45.4	47.1	45.3	47.2	43.1	2.0	2.2	2.2	2.2	2.2
Influenza ...	1.8	3.9	2.6	5.9	4.2	8.5	15.1	12.0	14.1	11.8	4.7	3.9	4.6	2.4	2.8
Pneumonia ...	3.6	3.8	5.0	4.2	5.1	15.5	16.2	20.2	16.3	19.0	4.3	4.3	4.0	3.9	3.8
Bronchitis ...	5.7	4.5	4.4	4.6	5.3	18.1	16.3	14.8	17.4	17.6	3.2	3.6	3.4	3.8	3.3
Other diseases of respiratory system ...	2.5	2.8	2.5	2.9	2.5	11.9	13.4	11.1	17.0	11.2	4.8	4.8	4.4	5.9	4.5
Diseases of digestive system ...	4.4	4.5	4.8	4.8	4.9	13.4	13.3	15.6	13.8	14.4	3.0	2.9	3.3	2.9	2.9
Diseases of genito-urinary system ...	24.2	25.3	29.0	29.0	30.8	24.2	24.0	26.1	26.2	25.2	1.0	0.9	0.9	0.9	0.8
Diseases of the skin ...	8.6	9.0	12.2	10.3	12.1	26.4	28.6	37.2	32.8	37.4	3.1	3.2	3.1	3.2	3.1
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	26.1	32.7	35.2	35.9	33.0	53.7	69.3	67.4	78.8	81.5	2.1	2.1	1.9	2.2	2.5
Senility and ill-defined conditions ...	10.0	10.0	11.7	11.4	12.4	23.8	23.4	26.2	25.5	28.7	2.4	2.3	2.2	2.2	2.3
Burns and scalds ...	5.0	5.6	5.8	5.7	7.7	18.7	20.4	21.4	19.1	25.2	3.7	3.7	3.7	3.4	3.3
Other accidents, injuries, etc. ...	9.4	7.4	9.4	9.8	9.0	26.4	24.4	25.8	26.1	24.8	2.8	3.3	2.7	2.7	2.8
All other conditions ...	7.0	5.7	6.4	6.2	5.6	21.3	17.6	17.7	19.9	15.0	3.0	3.1	2.8	3.2	2.7
TOTALS—Administrative County ...	14.4	14.3	15.4	15.5	16.0	33.9	33.6	34.7	34.5	35.6	2.3	2.4	2.2	2.2	2.2

In Table 14, page 182, a detailed analysis is provided of the duration of treatments and frequency of visits to the nursing cases, classified by ailment group, on which attendance ceased during 1964.

Whilst the great majority of cases have always been referred to the nurses by general practitioners, there has been a slow decline in this proportion between 1952 and the year under report. During the same period the proportion referred by hospital staffs has almost continuously increased. Of the 30,481 cases terminated during the year 25,416 or 83.4 per cent. (88.1 per cent. in 1952) were referred by general practitioners and 3,657 or 12.0 per cent. (6.5 per cent. in 1952) by hospitals. The remaining calls upon the service were made directly by the patients themselves or their relatives or friends (2.2 per cent.), by public health authorities (2.1 per cent.) and from miscellaneous sources such as chest physicians and the police (0.2 per cent.).

The principal reasons for the cessation of the nurses' attendances on the cases under review in 1964 are summarised below. These are analysed in detail, according to disease or ailment and by health divisions and delegate districts, in Tables 14 and 15 on pages 182 and 183.



	No. of patients	Per cent. of total
Recovered, relieved or convalescent ... ..	16,225	53.2
Admitted to hospital ... ..	5,463	17.9
Died ... ..	4,930	16.2
Out-patient, X-ray, etc. ... ..	1,847	6.1
Gone away ... ..	1,216	4.0
Nurse withdrawn ... ..	730	2.4
Others ... ..	70	0.2

The statement below provides an analysis of the types and numbers of treatments which were involved in the cases upon which attendance ceased in 1964.

Nursing treatment	No. of cases	Proportion of total (per cent.)
General nursing care ... ..	7,388	24.2
General nursing care with injections ... ..	886	2.9
General nursing care with dressings and poultices ... ..	420	1.4
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata ... ..	269	0.9
Septic dressings and poultices ... ..	1,445	4.7
Dry dressings ... ..	3,594	11.8
Burns and scalds—dressings and treatments ... ..	357	1.2
Pre-operative treatment and pre-X-ray ... ..	1,826	6.0
Blanket baths (once, twice or thrice weekly) ... ..	802	2.6
Douche and pessaries ... ..	306	1.0
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout ... ..	1,844	6.0
Injections (hypodermic or intramuscular) ... ..	10,719	35.2
Injections (hypodermic or intramuscular) with dressings ... ..	321	1.1
Operations ... ..	—	—
Eyes, ears, nose and throat treatments ... ..	115	0.4
Skin treatments ... ..	103	0.3
Care of patients in plaster casts and splints ... ..	20	0.1
Others ... ..	66	0.2

Treatments comprising or including injections amounted to 39.1 per cent. of the total whilst general nursing care, either alone or in conjunction with some other form of treatment, was involved in 29.4 per cent.

**Routine Testing of Urine.**—The use of Uristix strips, a simplified method of testing urine for sugar and albumin, was introduced during 1964 and resulted in 36 positive reactions for sugar in previously unknown cases.

**Accidental Hypothermia in the Elderly.**—Attention has recently been drawn to the danger of this condition in the elderly, particularly those living alone. The condition may be missed if the usual clinical thermometer is used for taking the temperature and in order to help in detecting cases all County Council district nurses have been issued with low-reading thermometers.

**Post-Certificate Training.**—During the year three training courses for state registered nurses were held at the County Council's district nurse training centre at the Garstang Road Congregational Sunday School, Preston. Twenty-seven County Council district nurses and nine from other local health authorities qualified as district trained nurses and were enrolled as Queen's nurses.

It has for some years been the County Council's policy to employ state enrolled nurses on the district under the supervision of Queen's nurses. During the year 24 County Council state enrolled nurses gained the Queen's Institute of District Nursing certificate of proficiency following a ten-week training course at the County Council's district nurse training centre.

The deputy superintendent of district nurses and an assistant attended a one-day conference in London on the 22nd May when Professor Richard Scott, M.D., D.P.H., of Edinburgh University, read a paper on "The potential diagnostic and therapeutic range of the community health services" and led the subsequent discussion. The following day these officers attended the study day and conference for county nursing superintendents and tutors of training and non-training areas.

A series of twelve evening lectures and discussions on mental disorder was held at the William Rathbone Staff College, Liverpool, during the period from September to December and one of the County Council's assistant superintendents attended. Two assistant superintendents of district nurses also attended a residential refresher course for senior administrative staff at this establishment from the 5th to 12th June.

A senior district nurse assisting in the training of student Queen's nurses attended a course on "The principles and practice of health education" at Bolton Training College for Teachers from the 30th August to the 11th September.



Four residential courses, held at Nottingham, London, Bristol and Cambridge were attended by a total of 50 County Council district nurses.

Eight state enrolled nurses and two male district nurses attended residential refresher courses at the William Rathbone Staff College, whilst two district nurses attended the same establishment from the 27th April to the 7th May for a course for senior district nurses.

A mental health course for district nurses was held at Knuston Hall, Northampton, from the 21st to 29th April and four County Council nurses attended.

All these courses were organised by the Queen's Institute of District Nurses.

A one-day refresher course was held at the County Hall, Preston, on the 20th October and repeated on the 27th October. The morning sessions were devoted to demonstrations in sterile dressing techniques. "Multiple sclerosis and other neurological conditions" was the subject on both afternoons, the lecturers being Dr. J. B. Cook, consultant neurologist at Pinderfields General Hospital, Wakefield, on the 20th and Dr. L. A. Liversedge, consultant neurologist at the Royal Infirmary, Manchester, on the 27th October. Present at these lectures were 487 County Council nurses and 65 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 1960-64 :—

Ownership of vehicles	Motor vehicles in use at 31st December									
	1960		1961		1962		1963		1964	
	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles
District nurses and Superintendents ...	280	4	315	3	334	4	383	2	392	2
County Council ... ..	100	—	98	—	90	—	100	—	95	—
<b>TOTAL ... ..</b>	<b>380</b>	<b>4</b>	<b>413</b>	<b>3</b>	<b>424</b>	<b>4</b>	<b>483</b>	<b>2</b>	<b>487</b>	<b>2</b>
Proportion (per cent.) of total staff ...	85	1	90	1	87	1	95	0.4	93	0.4

*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				
	1960	1961	1962	1963	1964
Owned by County Council ... ..	56	60	58	61	58
Rented by County Council from District Councils ...	41	44	45	44	36
Rented by County Council from private owners ...	8	8	8	5	4
Rented by nurses from District Councils ... ..	27	18	18	14	16
Owned by nurses or rented by them from private owners...	316	331	358	386	412
<b>TOTAL ... ..</b>	<b>448</b>	<b>461</b>	<b>487</b>	<b>510</b>	<b>526</b>



## 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 divisional medical staffs 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.

The following statement shows the numbers of primary vaccinations and re-vaccinations performed in the Administrative County during 1964 and each of the preceding five years. Similar information is given for 1964 for each health division and delegate district in Table 16, page 184. In all cases the figures, whilst relating to vaccinations and re-vaccinations actually performed during the years indicated, take into account all records cards received from general practitioners up to the 31st March, 1965.

Year	PRIMARY VACCINATIONS PERFORMED					RE-VACCINATIONS PERFORMED			
	Age in years					Age in years			
	Under 1	1–	5–	15–	Total	Under 5	5–	15–	Total
1959	16,768	1,233	675	1,219	19,895	172	397	2,585	3,154
1960	15,759	1,384	558	1,011	18,712	181	348	2,527	3,056
1961	15,194	2,166	761	1,204	19,325	192	349	2,752	3,293
1962	21,605	14,622	29,552	36,279	102,058	1,376	14,513	57,416	73,305
1963	3,765	2,712	667	1,499	8,643	219	546	3,483	4,248
1964	3,597	9,624	645	1,505	15,371	219	671	3,831	4,721

In the Report for 1963 it was pointed out that the figures above for 1962 and 1963 constituted deviations from the normal in that the former resulted from an unprecedented demand occasioned by the incidence of smallpox in a neighbouring area and the latter from a change of policy whereby it was recommended that the primary vaccination of infants should be undertaken during the second year of life instead of at ages of four to five months. It will be seen that the anticipated return to a more normal vaccination rate occurred during the year under report, although the level reached was still lower than that recorded in the years 1959–61.

The following table shows for the Administrative County the numbers by age groups of primary vaccinations and re-vaccinations undertaken during 1964 and each of the preceding five years 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. Similar information for each health division and delegate district in 1964 is given in Table 16, page 184.

Year	No. of vaccinations and re-vaccinations performed during the year																	
	At clinics												By general practitioners in course of private practice					
	By authority's medical staff						By general practitioners on sessional basis						Total all ages		0– years		5– years	
	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						
1959	10,251	37	170	33	184	308	182	—	4	—	—	—	10,791	378	7,568	135	501	364
1960	10,303	48	167	38	92	286	119	—	8	—	1	1	10,690	373	6,721	133	383	310
1961	10,523	76	315	59	174	299	145	—	1	4	—	6	11,159	435	6,691	116	445	286
1962	20,859	336	11,908	4,369	8,494	11,502	372	10	202	30	27	54	41,862	16,301	14,996	1,030	17,442	10,114
1963	3,338	63	249	168	265	637	214	—	2	3	3	3	4,071	874	2,925	156	416	375
1964	8,604	77	264	196	216	602	197	2	4	2	3	1	9,288	880	4,420	140	377	473

P—Primary vaccinations.

R—Re-vaccinations.

No cases were reported during 1964 of vaccination with which there occurred generalised vaccinia, post-vaccinal encephalomyelitis or death from any other complication of vaccination.



**Vaccination against Poliomyelitis.**—Throughout 1964 vaccination against poliomyelitis continued to be available under local health authority arrangements to all persons who, at the time of their application for vaccination, had not reached the age of 40 years provided, in the case of infants, they were at least six months old. It was also available to persons aged 40 years or over if they were in one of the following special groups—general medical practitioners; ambulance personnel; hospital staff who come into contact with patients; medical students; practising dental surgeons, dental students, dental hygienists, student hygienists and dental surgeons' chairside assistants; the families of the previously mentioned groups; expectant mothers; and persons going to visit or reside in a country outside Europe, other than Canada or the United States of America. Anyone not included could be vaccinated by his general practitioner with inactivated poliovirus vaccine made available through the pharmaceutical service.

The generally favoured method of vaccination comprises three oral doses at intervals of four to eight weeks of a vaccine (Sabin) containing attenuated strains of poliomyelitis virus. A single reinforcing dose is offered to vaccinated children who are joining school and to the groups of adults at special risk as defined above. The other method, now used in only a very small minority of vaccinations, consists of two injections of inactivated poliovirus vaccine (Salk) followed after an interval of some seven months by a reinforcement injection and, in the case of children aged five but under 12 years, a fourth injection at the beginning of or during school life. Single doses of the Sabin vaccine can be given in substitution for the reinforcing injections to a primary vaccination with Salk, with the exception that for the third injection at pre-school ages two oral doses are substituted, separated by an interval of not less than four weeks.

Following the occurrence of a case of paralytic poliomyelitis the emergency administration of a single dose of oral vaccine to all children in the neighbourhood of the case (e.g. living nearby or attending the same school) may be undertaken regardless of their vaccination state. Though in this event the main objective will be the vaccination of these children, the vaccination of adults of all ages in the neighbourhood of the case might, in the light of local circumstances, be a secondary aim. Any child given such an emergency dose of vaccine should, if not already fully vaccinated, have his routine vaccination completed by further doses of oral vaccine.

The following table shows, by age groups, the numbers of primary vaccinations and reinforcement doses given during 1964 and each of the preceding five years:—

Year	Primary vaccinations completed (by age at end of year)					Reinforcement doses given (by age at end of year)				
	Under 5 years	5-14 years	Total under 15 years	15 years and over	Total— all ages	Under 5 years	5-14 years	Total under 15 years	15 years and over	Total— all ages
1959	42,067	65,889	107,956	99,129	207,085	44,848	145,650	190,498	43,139	233,637
1960	24,423	8,436	32,859	44,549	77,408	33,378	50,729	84,107	85,524	169,631
1961	44,710	32,817	77,527	114,129	191,656	24,200	118,458	142,658	42,988	185,646
1962	27,946	25,951	53,897	21,519	75,416	31,390	64,169	95,559	86,544	182,103
1963	27,516	3,731	31,247	4,354	35,601	3,366	25,809	29,175	3,480	32,655
1964	31,367	2,848	34,215	1,627	35,842	2,838	21,904	24,742	522	25,264

The suggestion made in this section of the Report for 1963 that future demand for primary vaccination against poliomyelitis is likely to be concentrated in the pre-school group and settle at roughly the same level as that for primary immunisation against diphtheria and whooping cough is borne out by the above figures for 1964.

The decline in the use of Salk vaccine continued during the year under report. Sabin vaccine (oral) was given in all but 750 of the primary vaccinations and all but 376 of the reinforcements. The great majority of these exceptions—586 of the former and 330 of the latter—were performed by general practitioners in the course of private practice, who were responsible for 6,815 (approximately one-fifth) of the total primary vaccinations and 2,174 (approximately one-twelfth) of the total reinforcements.

The numbers of primary vaccinations and reinforcement doses in 1964 by age group and type of vaccine are given for each health division and delegate district in Table 17, page 185. The total primary vaccinations and reinforcement doses given by general practitioners in the course of private practice are also shown.

**Vaccination against Yellow Fever.**—The County Council's yellow fever vaccination centre at the Ashton Road clinic, Lancaster, provides vaccination for any persons proceeding abroad, irrespective of their area of residence. A charge for vaccination is made and an international certificate for production in countries other than the United Kingdom is supplied to each person vaccinated.



During 1964 the following numbers of persons were vaccinated at the centre :—

Children under nine months	...	...	1
Children over nine months	...	...	37
Adults	...	...	88
TOTAL			126

Of the 126 persons vaccinated, 90 were residents of Lancashire, 26 came from Westmorland, four from Yorkshire, two from Anglesey, and one respectively from Cumberland, Sussex, County Down and Lanarkshire.

### 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.

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 between the ages of one and six months—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 1964.

Antigen used	Primary immunisations							Reinforcement injections				
	(a)	Under 1	1-	2-	Total-under 5	5-	Total-under 15	Under 5	5-	10-	Total-5-14	Total-under 15
	(b)	1964	1963	1960-62	1960-64	1950-59	1950-64	1960-64	1955-59	1950-54	1950-59	1950-64
Diphtheria only	...	28	98	42	168	244	412	99	3,021	5,312	8,333	8,432
Whooping cough only	...	—	4	4	8	1	9	—	1	3	4	4
Diphtheria and whooping cough (combined)	...	15	53	18	86	6	92	19	132	18	150	169
Diphtheria, whooping cough and tetanus (combined)	...	13,480	15,983	2,574	32,037	564	32,601	9,341	2,980	461	3,441	12,782
Diphtheria and tetanus (combined)	...	205	212	256	673	2,194	2,867	2,179	15,644	3,732	19,376	21,555
Tetanus only	...	1	3	14	18	1,065	1,083	13	121	81	202	215

(a) Age, in years, at end of 1964. (b) Year of birth.



The following table shows the relationship between the total numbers of immunisations performed with the various antigens during 1964 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				
		By authority's medical staff			By general practitioners on sessional basis			Total- all ages					
		(a)	Under 5	5-	15-	Under 5	5-		15-	Under 5	5-	15-	Total- all ages
			(b)	1960-64	1950-59	Prior to 1950	1960-64		1950-59	Prior to 1950	1960-64	1950-59	
Diphtheria only	...	P	50	140	—	34	38	—	262	84	66	54	204
		R	80	7,008	7	1	1,239	1	8,336	18	86	2	106
Whooping cough only	...	P	2	—	—	—	—	—	2	6	1	—	7
		R	—	4	—	—	—	—	4	—	—	—	—
Diphtheria and whooping cough (combined)	...	P	5	4	—	2	—	—	11	79	2	—	81
		R	2	103	—	2	—	—	107	15	47	—	62
Diphtheria, whooping cough and tetanus (combined)	...	P	21,970	336	3	1,347	23	—	23,679	8,720	205	19	8,944
		R	7,589	2,159	1	391	29	—	10,169	1,361	1,253	57	2,671
Diphtheria and tetanus (combined)	...	P	527	1,791	8	67	129	—	2,522	79	274	50	403
		R	2,019	17,925	13	78	1,020	—	21,055	82	431	25	538
Tetanus only	...	P	11	949	218	1	12	—	1,191	6	104	135	245
		R	4	113	26	—	—	—	143	9	89	20	118
TOTAL	...	P	22,565	3,220	229	1,451	202	—	27,667	8,974	652	258	9,884
		R	9,694	27,312	47	472	2,288	1	39,814	1,485	1,906	104	3,495

(a)—Age, in years, at end of 1964.

P—Primary immunisation (complete course).

(b)—Year of birth.

R—Reinforcement injection.

Of the total primary immunisations and reinforcement injections, 74 per cent. and 92 per cent. respectively were performed 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.**—The following statement shows the numbers of primary immunisations and reinforcement injections given against diphtheria to children under 15 years of age in the Administrative County during 1964 and each of the preceding five years. Similar information is given for 1964 for each health division and delegate district in Table 18, page 186. Any necessary adjustments have been made to all totals so as to take into account all record cards received up to the 31st March, 1965, in respect of both primary immunisations and reinforcement injections performed in the years shown. It must be pointed out, however, that, in order to meet the statistical requirements of the Ministry, the analyses for 1961–64 are by age as at end of year (i.e., by year of birth), whilst those for earlier years are by age as at date of final injection. The former are therefore not directly comparable with the latter but together they give a reasonably valid appreciation of overall progress during the period.

#### Diphtheria Immunisation

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)							No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1–	2–	Total—under 5	5–	10–	Total—under 15	Under 5	5–	10–	Total—under 15
1959	20,313	3,700	2,020	26,033	2,166	538	28,737	2,395	12,506	5,275	20,176
1960	22,550	3,436	3,169	29,155	5,303	1,458	35,916	4,588	25,302	12,080	41,970
1961	11,617	16,962	5,359	33,938	6,220	2,440	42,598	6,452	20,073	11,818	38,343
1962	11,350	14,859	1,978	28,187	2,532	902	31,621	6,639	14,978	7,377	28,994
1963	12,288	15,582	1,967	29,837	2,153	847	32,837	8,276	17,583	7,395	33,254
1964	13,728	16,346	2,890	32,964	2,274	734	35,972	11,638	21,777	9,523	42,938

**DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION.**—For the fourth successive year no case of diphtheria was notified amongst the child population of the Administrative County.



**Immunisation against Whooping Cough.**—In the following statement details are given of children under 15 years of age protected by immunisation against whooping cough in the Administrative County during 1964 and each of the preceding five years. Similar information for the year 1964 for each health division and delegate district appears in Table 18, page 186. All figures have been adjusted as necessary to take account of all record cards received up to the 31st March, 1965. As pointed out earlier in connection with diphtheria immunisation the details for 1961–64 have been analysed by age as at end of year so that the analyses for earlier years in the table below, being by age as at date of final injection, are not directly comparable therewith. They do serve, however, to give an overall appreciation of progress during the period.

*Whooping Cough Immunisation*

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)							No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1–	2–	Total— under 5	5–	10–	Total— under 15	Under 5	5–	10–	Total— under 15
1959	20,004	3,553	1,723	25,280	867	83	26,230	1,262	1,718	261	3,241
1960	22,245	3,268	2,554	28,067	1,280	233	29,580	2,607	4,438	806	7,851
1961	11,561	16,699	4,759	33,019	2,339	528	35,886	5,260	4,613	810	10,683
1962	11,212	14,687	1,800	27,699	661	135	28,495	5,718	3,417	573	9,708
1963	12,182	15,308	1,777	29,267	653	110	30,030	7,007	3,352	606	10,965
1964	13,495	16,040	2,596	32,131	465	106	32,702	9,360	3,113	482	12,955

**WHOOPING 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, 1964, in relation to immunisation. For comparative purposes the corresponding figures are given for each of the five previous years.

Notifications							Age (in years)		Deaths					
1959	1960	1961	1962	1963	1964				1959	1960	1961	1962	1963	1964
227	271	108	25	247	182	C	Under 1	D	—	—	—	1	2	1
10	33	14	—	15	20	I		I	—	—	—	—	—	—
276	298	98	30	249	210	C	1-	D	—	—	—	—	—	—
50	64	25	3	74	34	I		I	—	—	—	—	—	—
327	358	117	40	302	209	C	2-	D	—	—	—	—	—	—
61	87	33	13	66	54	I		I	—	—	—	—	—	—
335	329	121	38	297	223	C	3-	D	—	—	—	—	—	—
71	82	34	12	83	65	I		I	—	—	—	—	—	—
316	373	120	30	245	207	C	4 but under 5	D	—	—	—	1	—	—
65	96	35	6	77	51	I		I	—	—	—	—	—	—
1,481	1,629	564	163	1,340	1,031	C	Total under 5 years	D	—	—	—	2	2	1
257	362	141	34	315	224	I		I	—	—	—	—	—	—

C=No. of cases notified.

D=No. of deaths.

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



**Immunisation against Tetanus.**—Provision for protection against tetanus is included in the County Council's immunisation scheme and in the great majority of cases is given by means of the triple antigen incorporating protection also against diphtheria and whooping cough. A statement of the numbers of immunisations performed with the different antigens is given earlier in this section of the Report. In all, 36,551 children under 15 years of age at the end of the year were immunised against tetanus, 13,686 of them being under one year of age and all but 3,823 being of pre-school age. In addition, 34,552 reinforcement injections were given.

**Immunisation and Vaccination.**—PERCENTAGES VACCINATED AS AT 31st DECEMBER, 1964.—In the following table indices of acceptance of vaccination against the diseases specified, which are calculated on the same basis as those issued annually by the Ministry of Health to all local health authorities, are given as at the 31st December, 1964, for each health division and delegate district and for the Administrative County as a whole. Comparative figures for the Administrative County for the two previous years are also given.

Health Division No.—	Percentages vaccinated			
	Smallpox	Polio-myelitis	Whooping cough	Diphtheria
	*Under 2 years	†Born in 1963	†Born in 1963	†Born in 1963
1	59	66	75	75
2	45	64	78	78
3	35	67	67	67
4	30	66	72	72
5	14	50	50	51
6	18	94	66	67
7	36	58	79	80
8	26	69	69	70
9	33	39	59	60
10	34	63	73	76
11	21	47	67	67
12	23	65	78	79
13	31	56	62	62
14	34	63	78	78
15	20	65	72	73
16	35	74	78	84
17	11	50	72	73
Delegate District—				
Crosby M.B.	32	46	62	63
Huyton-with-Roby U.D.	34	43	53	57
Middleton M.B.	24	54	68	69
Stretford M.B.	30	40	63	63
Administrative County—				
1964	28	58	68	69
1963	14	52	65	66
1962	70	55	67	68

\* Children vaccinated during 1964 at ages under two years, as percentage of live births during 1963.

† Children born in 1963 and vaccinated at any time, as percentage of live births during 1963.

Reference is made on page 75 to the reasons for the wide variation shown in the above small-pox vaccination indices for the Administrative County for the years 1962–64.

## AMBULANCE SERVICE

**Radio Communication Scheme.**—The installation of radio equipment throughout the ambulance service was completed in June, 1959. In its broader aspects, however, the radio communication scheme remains incomplete, as the process of dispensing with telephone manning at ambulance stations and concentrating telephone calls on the five radio control centres is still in progress. In addition, there are one or two areas where the deployment of vehicles is still undertaken on a local basis rather than by the control centres. Progress has continued, however, and the telephone watch at two further stations was terminated during the year under report. At the 31st December, 1964, there were eight stations which still had telephone watches but it is intended to proceed with the withdrawal of these as soon as possible.

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 division 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



Particulars of the radio equipment in use at the 31st December, 1964, are given below :—

		Mobile sets		Installation parts
Fitted to :—				
Operational vehicles	...	199	...	215
Reserve vehicles	...	—	...	55
Supervisory cars	...	6	...	6
In reserve, at wireless work-shops, etc.	...	8	...	7
<b>TOTAL</b>	...	<b>213</b>	...	<b>283</b>

During the year provision was made for a radio telephone link between those emergency vehicles normally conveying patients to the Preston Royal Infirmary and the casualty department of that hospital. This link, which has proved most successful, enables the crews of the emergency vehicles to have direct contact with the duty casualty officer at the hospital, thus enabling them to seek advice in dealing with emergency cases. It is hoped to extend this facility in the future to incorporate other hospitals and controls.

**Ground Communications.—PRIVATE TELEPHONE NETWORK.**—At the end of 1964, of the 47 County ambulance stations 41 were linked together by the private telephone network. Certain of the six stations not connected into the network were linked to an adjacent main station by a private wire. To increase the speed with which stations can contact their control centres, auxiliary ringing apparatus is installed on the telephones at these centres. 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. During 1963 adjustments were made to the private wire network shortening the distance over some of the lines where transmission difficulties had been experienced and in 1964 adjustments were carried out on two further lines. By this action transmission difficulties over long lines have been overcome.

**TELEPHONE ANSWERING MACHINES.**—In 1958 it was decided that wherever expedient the number of ambulance service telephone reception centres should be reduced and calls routed direct to the control centres. This policy, which has led to increased efficiency and also effected savings in staff wages, has, however, resulted in an increased volume of calls at control centres. In 1963 telephone answering machines were installed at the Swinton and Radcliffe control centres to deal with the extra telephone traffic and in 1964 one was installed at the Whiston control centre. These machines are capable of answering telephone calls on an unattended line and recording any messages spoken by the caller. Messages which have been recorded are dealt with by the control room staff as pressure of work permits. Requests for urgent removals are, of course, dealt with personally so as to ensure that no delay occurs. So that there is no interruption on the answering service, completed tapes are transferred to a transcribing unit, one of which has been provided at each control which has an answering machine. The machines are utilised mainly for dealing with calls from selected hospitals within the respective radio areas, and in one or two cases calls from group practices.

**TELEPHONE RECEPTION CENTRES.**—In pursuance of the policy of reducing the number of stations receiving telephone requests for transport from doctors, hospitals, etc., the telephone watch at Leigh ambulance station was discontinued in August, 1964, when a new station was opened at Leigh to replace the existing Leigh and Atherton stations. Similarly, the telephone watch at Reedley ceased in October when the new ambulance station at Nelson was opened to replace the Colne and Reedley stations. Telephone calls which were formerly received at Leigh are now routed to the Swinton control centre and those received at Reedley to the Accrington control centre.

**COMMUNICATION WITH HOSPITALS.**—At the present time there are eight of the larger hospitals in the Administrative County area connected to County ambulance stations by private wire and transport officers on the staff of the County ambulance service are stationed at four of them. Certain of the lines were installed at the request of the hospital authorities and the remainder by the County ambulance service. Having in mind the mutual responsibility of the hospitals and ambulance service in the removal of cases, the principle has been accepted whereby the hospital authorities and the County Council share the cost of these lines on a fifty per cent. basis.



**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, 1964, still served by agency agreements with the authorities indicated :—

Agency	Area served	Estimated population, 1964
Westmorland C.C.	North Lonsdale R.D. (part)—(Skelwith; Hawkshead; Claife)	1,340
Blackburn C.B.C.	Blackburn R.D. (part)—(Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley) ... ..	10,700
	Preston R.D. (part)—Samlesbury (part) ... ..	
Burnley C.B.C. ... (Emergency service only)	Burnley R.D. (part)—(Worsthorne; Cliviger; Habergham Eaves; Dunnoekshaw) ... ..	—
Warrington C.B.C.	Warrington R.D. (part)—(Penketh; Great Sankey; Burtonwood (part); Winwick (part); Croft; Poulton-with-Fearnhead; Woolston; Rixton-with-Glazebrook) ... ..	32,350
Bolton C.B.C. ...	Turton U.D. ... ..	16,400

During the year negotiations were completed for the termination, with effect from the 1st April, 1965, of the agency agreement with the Warrington County Borough Council and for the provision of a direct service by the County Council to the parts of Warrington Rural District served by the County Borough ambulance service.

**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, mental health, health education and civil defence.

At the 31st December, 1964, 467 vehicles were operated by the Health Department, of which 271 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 ... ..	146
---------------------------------------------------------------------------------------------	-----

*Dual Purpose Vehicles*

Twelve-seater vehicles capable of adaptation to carry up to two stretcher cases	5
Ten-seater vehicles capable of adaptation to carry one stretcher case ... ..	28
Eight-seater vehicles capable of adaptation to carry one stretcher case ... ..	71

*Sitting Case Vehicles*

Four-seater estate car type vehicles, capable of carrying one stretcher case ... ..	20
-------------------------------------------------------------------------------------	----

*Miscellaneous Vehicles*

Stores/radio collection and delivery ... ..	1
<b>TOTAL</b> ... ..	<b>271</b>

The average age of the ambulances in service at the 31st December, 1964, was 2·8 years, of the dual purpose vehicles 3·7 years and of the sitting case cars 3·6 years.

**VEHICLE MILEAGES.**—The gross mileage (*i.e.*, both operational and non-operational) of the ambulance service fleet in 1964 was 4,902,404—for the second successive year the highest total on record. It represented an increase of 121,070 or 2·5 per cent. over that for 1963 and was slightly more than double the corresponding total for 1949, the first complete year of operation of the County service. Details of the gross mileages in 1964 and each of the preceding 10 years are as follows :—



Year	Total annual mileage				Increase or decrease on previous year (per cent.)
	Ambulances	Dual purpose vehicles	Sitting case cars	Total	
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
1961	2,525,350	1,327,180	716,122	4,568,652	— 3.3
1962	2,484,161	1,533,360	620,343	4,637,864	+ 1.5
1963	2,641,971	1,766,815	372,548	4,781,334	+ 3.1
1964	2,745,641	1,837,994	318,769	4,902,404	+ 2.5

The average annual mileages of the main types of vehicle in service during each of the last five years are shown in the following statement :—

Type of vehicle	Average annual mileage per vehicle				
	1960	1961	1962	1963	1964
Ambulance ... ..	17,940	17,598	17,251	18,096	18,808
Dual purpose ... ..	19,543	18,181	17,037	16,827	17,673
Sitting case car ... ..	18,631	18,601	20,678	18,627	15,938
All vehicles ... ..	17,799	17,572	17,501	17,643	18,157

**NEW VEHICLES.**—Six new dual purpose ambulances were delivered and brought into service during 1964 in completion of an order for 22 such vehicles. The 1964 programme for new vehicles consisted of 19 replacement eight-seat dual purpose ambulances which, it was decided, should be converted from the standard Morris J.2 13-seat mini-bus by the Central Vehicle Maintenance Unit. At the end of the year the basic vehicles were on order.

**SALE OF VEHICLES.**—Five ambulances, four eight-seater dual purpose and one twelve-seater dual purpose vehicles were sold during the year, being vehicles replaced under the 1963 programme. In addition, one vehicle had been withdrawn from service and was awaiting disposal at the end of the year.

**MAINTENANCE AND REPAIR OF VEHICLES.**—The Central Vehicle Maintenance Unit, which is under the control of the Chief Fire Officer, is responsible for the routine inspection, maintenance and repair of ambulance service vehicles through the agencies of mobile service vans and workshops situated at Lancaster, Bamber Bridge and Worsley.

During 1964 the Chief Fire Officer suggested the revision of the servicing scheme of the C.V.M.U. This principally involved a change from the previous mileage based system to one based on time.

Under the time based system it was decided that ambulance service vehicles would initially follow a thirty week cycle, subject to review in the light of experience, involving three inspections by C.V.M.U. at ten week intervals. Two types of inspection would be used, "intermediate" and "workshop," a full thirty week cycle consisting of two intermediate inspections and one workshop inspection. Between each attention by C.V.M.U. is an inspection by ambulance service personnel termed "lubrication and inspection."

The revised system was introduced on the 1st July, 1964, at selected stations in the Worsley workshop area where all C.V.M.U. servicing is now done at workshops, and in the Bamber Bridge workshop area where intermediate inspections are done by service van mechanics at ambulance stations and workshops inspections, as the title implies, at workshops. The revised scheme is to run for one year when the experiences under each workshop system will be analysed and studied.



**HEALTH SERVICE CARS/VANS.**—At the 31st December, 1964, the number of motor vehicles operated by the County Health Department for use by nurses and midwives on official duty was 164. Although this was 10 less than the corresponding total for the previous year the annual mileage increased by 56,163 in 1964 to 930,473. As a result of the policy of replacing vehicles by the purchase of mini-type vans 87 per cent. of the fleet consisted of such vans at the end of the year.

**Staff.**—The following table shows the approved establishment of operational and control room staffs together with the number employed at the 31st December, 1964.

	Approved establishment	Employed 31st December, 1964
Operational staff (including station officers) ...	705	690
Control room staff :—		
Radio controllers ...	5	5
Assistant radio controllers ...	25	25
Control room assistants ...	24	22

Reference has been made in previous Annual Reports to the need for the recruitment of younger personnel to compensate for the high proportion of staff in the upper age groups. A further inquiry was carried out during 1964 and this indicated that there had been little or no improvement in the general situation. Of the new appointments, 63 per cent. were above the age of 31 and the age structure of the personnel as a whole showed little change. In consequence, a further reminder was sent to divisional health committees on the need to recruit younger men and the position will be kept under review.

**TRAINING.**—On the 1st April, 1964, the extended training allowance was increased from 4s. 0d. to 6s. 0d. per week. No change was made in the training programme and the conditions governing the payment of proficiency allowances remain as follows :—

*First-aid payment of 9s. per week.*

First-aid examination to be taken biennially.

*Extended training allowance of 6s. 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 1964, 23 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.

**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, 1964, the strength of the Corps was 660, comprising one corps officer, 56 divisional officers and 603 other ranks.

**EFFICIENCY COMPETITION.**—The competition for the Alderman Lord Trophy for the year 1963–64 was won by Health Division No. 4. Second place was gained by Health Division No. 7, who were also placed second in the two previous competitions, and third place was gained by Health Division No. 3, who thus maintained their remarkable record of being placed in the first three in 13 of the 14 competitions which have been held.

**NATIONAL SAFE DRIVING COMPETITION.**—All eligible staff of the County ambulance service took part in the National Safe Driving Competition for 1964 and of the 645 drivers entered awards were made to 495.

**NATIONAL AMBULANCE SERVICE COMPETITION.**—As in previous years a team was entered in the above competition, which has the approval of the Ministry of Health and is designed to encourage ambulance staffs to maintain a high standard of efficiency.

Preliminary eliminating competitions were held in the five radio areas and the winning teams from each area took part in the area competition which was held at Ambulance Service Headquarters, Broughton, on the 24th May, 1964. The area competition was won by the Farnworth team who thereby qualified to enter the regional competition and hold the "Geere Cup," presented by County Councillor J. W. Geere, J.P., for a period of twelve months.

The regional competition took place at Liverpool Ambulance Depot, Lower Breck Road, Liverpool, 6, on the 6th June, 1964, and the Farnworth team were placed second out of eight entrants.

**Premises.**—During the year under review the work which was started on the undermentioned new ambulance stations during 1962 and 1963 was completed.

**Blackrod.**—This five-bay station became operational on the 3rd February, 1964, and replaced a station at Horwich which had operated from rented premises since 1952.



*Standish.*—A four-bay station opened on the 17th February, 1964, to replace the old station which had operated from County Council owned premises at Ashfield House, Standish, since 1952.

*Urmston.*—A six-bay station opened on the 2nd March, 1964, to replace the station in Bowfell Road, Urmston, which had operated in adapted premises since 1949.

*Ashton-under-Lyne.*—A twelve-bay station which became operational on the 17th August, 1964. This station replaced stations at Mossley, Droylsden and Ashton-under-Lyne. The Mossley and Droylsden stations operated from leased premises and that at Ashton-under-Lyne from premises owned by the County Council.

*Atherton.*—A twelve-bay station which became operational on the 31st August, 1964. This station replaced stations at Atherton and Leigh which had operated from premises owned by the County Council.

*Nelson.*—This ten-bay station became operational on the 26th October, 1964, and replaced stations at Reedley and Colne, which had operated from premises leased to the County Council.

All the above stations were built in accordance with the new type of ambulance station design which was developed by the County Architect's Department in 1961.

The number of ambulance stations in use at the 31st December, 1964, was as follows :—

Main stations as radio control centres ... ..	5
Main stations (full time service with 24-hour telephone watch) ... ..	8
Depots (full time service without telephone watch) ... ..	25
Garages (day or alternating shift service only, without telephone watch) ... ..	9
<b>TOTAL</b> ... ..	<b>47</b>

**Service Statistics.**—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		
1960	53,606	721,864	775,470	53,182	828,652
1961	53,094	722,990	776,084	50,921	827,005
1962	52,551	765,000	817,551	50,042	867,593
1963	54,722	836,287	891,009	50,827	941,836
1964	56,734	†870,925	927,659	52,808	980,467

\* Includes National Coal Board cases. † In addition, 4,264 patients (day care cases) were transported to hospital by taxi.

It will be seen that in 1964 there was again an increase in the number of cases conveyed under the provisions of section 27 of the National Health Service Act, 1946, which was mainly the result of a further rise in the number of non-urgent removals. With the exception of the years 1956 and 1957, the demand on the ambulance service for conveyance of general treatment cases has risen steadily from year to year since the inception of the service, and the increase which occurred during 1964 suggests that there is little immediate prospect of the demand attaining any degree of stability.

With regard to emergency cases, a further rise of 3.7 per cent. took place in 1964, as compared with 4.1 per cent. in the previous year, and this was largely attributable to road accident cases, which increased by 10 per cent. (866 cases) during the year.

In addition to dealing with the above-mentioned emergency cases certain journeys were made 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., (b) abortive journeys where it was found that a vehicle was not required. During the year under review 4,145 such journeys were made and these are not included in the total of 56,734 cases given in the table.

Regarding cases moved on behalf of other departments of the County Council, i.e., outside the provisions of section 27 of the National Health Service Act, an increase, equivalent to 3.9 per cent. took place during the year and this was mainly due to an increase in the number of cases moved on behalf of the welfare and nursing services. The majority of the cases moved on behalf of the welfare services are handicapped persons attending social and handicraft centres, whilst the majority of those of the nursing services are patients taken for daily care to the Laburnum House home for the aged, Crompton. As in previous years there was again a reduction in the number of cases moved on behalf of the mental health services.



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 call being 8.0 minutes, the highest station average being 14.4 minutes and the lowest 5.4 minutes. Journeys to hospital averaged 23.1 minutes from the time of call, the highest station average being 59.2 minutes and the lowest 17.8 minutes. This highest station average is in respect of Grange ambulance station, where emergency cases have usually to be taken a considerable distance to hospital.

A summary of the average time factor in dealing with emergency calls during the last five years is reproduced below :—

Year	Number of journeys	Average time taken to reach case (mins.)	Average time taken to reach hospital (mins.)
1960 ... ..	51,459	8.4	24.9
1961 ... ..	50,813	8.5	24.7
1962 ... ..	50,231	8.2	24.0
1963 ... ..	52,008	8.1	23.7
1964 ... ..	53,924	8.0	23.1

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

Type of case	1960	1961	1962	1963	1964
Emergency ...	24.6	24.1	24.1	24.8	25.4
Non-urgent ...	355.0	351.5	373.3	401.5	414.1
TOTAL ... ..	379.6	375.6	397.4	426.3	439.5

In the following table the patients carried during 1964 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... ..	55.8	8.1	10.9
Sitting I ... ..	34.6	77.3	74.8
Sitting II ... ..	9.6	14.6	14.3

LONG DISTANCE SERVICE.—The table below gives particulars of the long distance service provided during each of the five years, 1960–64 :—

Year	Cases moved			Case mileage (road journeys only)
	By road	By rail	Total	
1960	6,000	389	6,389	243,876
1961	4,378	708	5,087	148,719
1962	4,950	821	5,771	158,312
1963	4,911	1,042	5,953	149,556
1964	6,362	1,125	7,487	188,260



The figures given on the previous page for 1964 include the following particulars of long distance road journeys carried out by vehicles of the Accrington, Whiston and Swinton control centres from the 19th April to the 31st December inclusive :—

<i>Control centre</i>	<i>Patients moved</i>	<i>Case mileage</i>
Accrington	149	2,930
Whiston	273	5,398
Swinton	653	8,052

With regard to the 1,125 rail journeys the ambulance service was required to pay the cost of the patient's fare on 673 occasions. In every case, however, 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. The majority of the patients travelling by rail were accompanied by a relative or friend but ambulance service escorts were required on eight occasions. In addition the County Council is indebted to the British Red Cross Society who rendered valuable assistance to the ambulance service by providing escorts for 49 railway journeys. Despite the curtailment of railway services and the closure of certain stations the increase in the use of rail transport continued in 1964 and there is as yet no indication that rail transport has reached its peak. 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 geographical 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. Whenever possible, however, subject to the consent of the doctor or hospital in charge of the patient and providing a reasonable train service is available, combined rail and road transport is used.

**NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.**—This Act empowers ambulance authorities to carry out duties, on a chargeable basis, which do not fall within the scope of section 27 of the National Health Service Act, 1946. Such duties include the provision of stand-by cover at sports meetings and other large gatherings of public bodies, the conveyance of private individuals for holidays and certain house to house removals of a temporary nature, etc. The provision of such facilities is, of course, made only in cases where the necessary arrangements can be carried out without prejudice to the normal running of the County ambulance service.

Vehicles from County ambulance stations were in attendance at sporting or race meetings on 45 days during the year, the majority of these attendances being made at Aintree for car and horse race meetings and Haydock Park for horse race meetings.

**OPERATIONAL MILEAGE.**—The following table shows the operational mileage run by the ambulance service during the last five years. The expression "operational mileage" includes the total mileage covered in respect of (a) cases conveyed under section 27 of the Act, (b) chargeable journeys undertaken on behalf of other County services and (c) certain special journeys referred to earlier which were outside the scope of section 27, but does not include "dead" mileage run for maintenance and similar purposes.

Year	Total operational mileage	Section 27 cases	
		Mileage	Average miles per case
1960	4,673,862	4,473,796	5.77
1961	4,516,305	4,324,843	5.57
1962	4,577,540	4,402,270	5.38
1963	4,724,035	4,559,637	5.11
1964	4,847,902	4,676,592	5.04

In comparison with the previous year, the total operational mileage increased in 1964 by 123,867 miles, equivalent to a rise of 2.6 per cent. This increase in mileage relates mainly to cases moved under section 27 of the Act and it is interesting to note that whereas the number of such patients carried during 1964 increased by 4.1 per cent. (36,650 cases) the corresponding increase in mileage amounted to only 2.6 per cent., the average mileage per case thereby being reduced. The average mileage run on each case has, in fact, shown a falling characteristic since 1956. 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.



With regard to journeys undertaken on behalf of other County services, particulars for each of the last five years are given below. The mileage run on behalf of the National Coal Board and chargeable to that authority is also shown for record purposes although both mileage and cases dealt with are included in the above statistics as removals under section 27.

Service	Mileage				
	1960	1961	1962	1963	1964
Mental health ... ..	65,718	55,218	40,045	27,393	27,386
Nursing ... ..	9,215	9,391	7,337	10,608	14,048
School health ... ..	23,407	21,985	19,736	22,628	18,401
Welfare ... ..	100,977	95,267	89,739	83,495	89,757
Coroner's ... ..	749	790	1,006	867	234
Education ... ..	—	—	—	—	12
<b>TOTAL—Other County services</b>	<b>200,066</b>	<b>182,651</b>	<b>157,863</b>	<b>144,991</b>	<b>149,838</b>
National Coal Board ... ..	20,751	16,429	17,350	17,394	15,845

**Civil Defence.—Ambulance and First Aid Section.**—Normal training and lectures continued during the year and following several recruiting campaigns, at which volunteers played an active part by giving demonstrations of civil defence technique and equipment, sufficient response was evoked to necessitate the formation of three new classes.

Many exercises, designed to give volunteers useful practical experience, were held throughout the year, and details of three of the larger scale ones are as follows :—

One hundred volunteers participated in exercise “Mammoth” held at Ashton-under-Lyne on the 21st June, 1964, when two ambulance and two first aid platoons evacuated over 150 ‘casualties’ from two sectors to a forward medical aid unit during the casualty evacuation phase. The exercise was a valuable experience and helped volunteers appreciate the need for the utmost liaison between the various sections of the Civil Defence Corps.

A very successful “survival” and navigational exercise “Con-Voyage” was held on the 15th and 16th August, 1964, in which 24 volunteers from Chorley, Lancaster, Leyland, Longridge and Morecambe participated. Each area manned an ambulance and provided a first aid party and the exercise, which involved an overnight stay on Clapham Common, Yorkshire, with emergency feeding teams, was designed to test skill in navigation and driving, the route covering a distance of about 70 miles of quite difficult country roads.

A column of vehicles of various types, including a platoon of 17 ambulances, travelled to Barrow-in-Furness on the 12th September, 1964, and after an overnight stay 37 volunteers participated in a casualty evacuation exercise in the Barrow-in-Furness Steel Works. The volunteers gained considerable experience in convoy driving and the organisers practical experience which was of great value in planning subsequent week-end exercises.

At courses held during 1964 at the Home Office School, Falfield, one instructor successfully undertook a long-qualifying course, five instructors requalifying courses, and one instructor a potential officers’ course. Two instructors also successfully undertook a local ambulance and first aid course held at the Royal Ordnance Factory, Euxton, near Chorley. It is interesting to note that a civil defence volunteer also attended the potential officers’ course at Falfield, the first occasion on which a volunteer from the ambulance and first aid section has attended such a course.

### 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. So far as the Municipal Boroughs of Crosby, Middleton and Stretford and the Urban District of Huyton-with-Roby are concerned, however, these functions, excepting those concerned with the care and after-care in residential accommodation of persons suffering from mental illness, have been delegated to the councils of those districts.

**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. In recent years the number of tuberculosis visitors employed by the County Council has declined and in some areas the work which they carry out is gradually being absorbed in the general duties of health visitors. 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. 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 on duties on behalf of the local health authority advising on the problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's staff. During 1964 the chest physicians, on behalf of the local health authority, carried out 354 home visits to new patients and contacts and 378 home visits to old cases and contacts. Tuberculosis visitors and health visitors made 27,741 visits to cases and 34,026 visits to contacts. The number of tuberculous households visited was 13,173.

The following extra facilities are also available for tuberculous patients :—

*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 496 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.

**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.

**VACCINATION AGAINST TUBERCULOSIS.**—*Contacts.*—Since 1949 B.C.G. vaccinations of suitable contacts of cases of tuberculosis 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 :—

	1960	1961	1962	1963	1964
Number of persons tested for suitability for B.C.G. vaccination ... ..	2,608	2,892	2,664	2,191	2,726
Number of persons vaccinated ... ..	2,235	2,661	2,599	2,345	2,396



*School children.*—The County Council's proposals under section 28 of the National Health Service Act provide for B.C.G. vaccination to be offered to (i) school children who are approaching 13 years of age or are older and (ii) students attending universities, teacher training colleges or other establishments of further education.

During 1961 the Minister approved an extension of this scheme so that at the discretion of the local health authority B.C.G. vaccination may be offered to school children aged 10 years or more. It is not expected that any general extension on these lines will be necessary but it will enable appropriate steps to be taken immediately in any area where the need for early B.C.G. vaccination might arise.

The following table summarises the results of B.C.G. vaccination programmes completed at schools during 1964 and the previous four years and similar information for each health division and delegate district for 1964 is given in Table 19, page 187.

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						
1960 ...	249	25,841	5,635	18,544	71.8	17,412	3,295	18.9	13,730	78.9	13,513
1961 ...	265	28,769	5,597	21,119	73.4	19,910	3,178	16.0	16,115	80.9	15,901
1962 ...	206	22,316	4,906	16,209	72.6	15,101	2,723	18.0	11,927	79.0	11,773
1963 ...	227	22,573	4,926	16,490	73.1	15,435	2,422	15.7	12,660	82.0	12,483
1964 ...	257	27,542	5,142	20,064	72.8	18,911	3,092	16.4	15,351	81.2	15,055

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 1964 such accommodation was provided for one case 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).
Mental health training centre staffs.	Part III accommodation—attendants.
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).
	School meals service—all staff.

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

**MENTAL ILLNESS.**—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, follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. Local health authority activity in this field is, of course, mainly dependent upon the venereologist for its initiation in any particular case and the existing facilities provided by the County Council are adequate to meet the demands made upon them. Some hospitals employ their own social workers for the specialised work of following up contacts of cases of venereal disease.

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
1960	137	489	2,342	2,968
1961	137	560	2,288	2,985
1962	103	564	2,230	2,897
1963	103	622	2,400	3,125
1964	91	787	2,427	3,305

**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.

Towards the end of 1961 the County Council agreed to administer a day and night nursing and night sitter service for cancer cases, financed by the Marie Curie Memorial Foundation. Its main purpose is to assist the relatives of patients to obtain adequate rest periods from the responsibility of nursing, in addition to caring for those who live alone. During 1964 assistance was given in 79 cases.



In anticipation of any temporary or emergency need which might arise for voluntary assistance 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 21 convalescent homes in various parts of the country to accept cases from the Administrative County. 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 1964 there were admitted to convalescent homes 231 individuals compared with 279 in 1963. The following statements give particulars of the admissions :—

*Adults admitted to Convalescent Homes*

Name and address of home	Male	Female
Barrow War Memorial Convalescent Home ... ..	31	36
Binswood Red Cross Home, Didsbury ... ..	3	4
Blackburn and District Convalescent Home, St. Annes ... ..	1	3
Boarbank Hall Convalescent Home, Grange-over-Sands ... ..	—	6
Evelyn Devonshire Convalescent Home, Buxton ... ..	2	3
Heath Memorial Convalescent Home, Llanfairfechan ... ..	9	—
Horncliffe Convalescent Home, Blackpool ... ..	—	13
Lady Forester Trust, Llandudno ... ..	3	5
Lear Home, West Kirby ... ..	—	55
Metcalf Smith Convalescent Home, Harrogate ... ..	1	—
Seabright, St. Annes ... ..	—	14
Delton, Blackpool ... ..	13	1
<b>TOTAL ... ..</b>	<b>63</b>	<b>140</b>

*Unaccompanied Children under School Age admitted to Convalescent Homes*

Name and address of home	Male	Female
Bryn Aber, Abergele ... ..	3	4
Ellen Gonner Home, Hoylake ... ..	1	2
Thursby, St. Annes ... ..	—	2
West Kirby Home ... ..	3	4
<b>TOTAL ... ..</b>	<b>7</b>	<b>12</b>

*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
Grey Court, Hest Bank ... ..	1	1	1



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 :—

	1960	1961	1962	1963	1964
Adults ... ..	482	466	281	245	203
Unaccompanied children under school age ...	15	22	13	27	19
Mothers accompanied by children—					
Mothers ... ..	26	6	5	3	3
Children ... ..	41	8	9	4	6
<b>TOTAL ... ..</b>	<b>564</b>	<b>502</b>	<b>308</b>	<b>279</b>	<b>231</b>

It will be seen that after 1961 there has been a substantial decline in the numbers of admissions to convalescent homes. Because of a reduction in the number of convalescent home places available it has been necessary to limit admission to cases recovering from acute illness or acute exacerbations of chronic illnesses. Notwithstanding this, of the 203 adults having convalescence during 1964, 108 were over 60 years of age, 56 being between 60 and 70 years, 48 between 70 and 80 years and four over 80 years of age.

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 2,821 night attendances were paid to 278 cases; corresponding figures for 1963 were 2,675 attendances and 311 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 7,268 evening visits were paid to 96 cases, compared with 6,644 visits to 90 cases in 1963.

**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, County Council clinics, chest clinics and ambulance stations as determined by local needs. 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 or polythene laundry bags 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.

From the 1st January, 1964, the County Council have provided, where appropriate, disposable incontinence pads as a supplement or, in some cases, an alternative to the normal laundry service. This has enabled some form of service to be provided in all divisions. Later in the year a further supplement was made to the existing service by agreeing to provide protective pants and interliners for some incontinent patients who are able to be dressed during some part of the day.

During the first year in which incontinence pads have been provided the question of their disposal has presented few problems in most divisions, many houses still having open fires. Where smoke control areas have been introduced arrangements for disposal are made with officers of local district councils.

The service which was given during 1964 comprised 432 cases where normal laundry was provided, 29 cases where normal laundry was supplemented by the supply of incontinence pads and 124 cases where incontinence pads only were supplied.

**Problem Families.**—Prior to the passing of the Children and Young Persons Act, 1963, the County Medical Officer of Health was 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 acted on his behalf at local level. In the four County districts having delegation schemes this function was performed by the local medical officer of health. Under this arrangement informal consultations between field workers concerned with a particular family frequently took place and in more difficult cases case conferences were held either on a local basis to deal with one or two cases or on a larger scale at divisional level.

Following a meeting of representatives of the Clerk's, Health, Children's and Education Departments of the County Council in 1963, a working party was set up to consider the probable impact of the new powers and duties of the Council under the Children and Young Persons Act, 1963, on the existing system of co-ordinating the work of the Health, Children's and Education Departments in connection with problem families and families with problems. Following the recommendations in the report of the working party the initiative now rests upon each department and its staff to bring cases forward for discussion with other departments, particularly when there appears to be the need for a case conference to be held as distinct from informal consultation on any particular aspect of a case, and no one officer is responsible for convening conferences and co-ordinating work with families needing help.

Any officer actually concerned with a family in need of help may initiate a case conference with the appropriate officials of other departments and bodies as and when necessary. The senior officers of the three departments at area or divisional level may initiate discussions at their discretion on matters of policy arising within the work with families in need of help or advice. The discussions may take place at area/divisional level or district/sub-district level. Although the new arrangements may result in more case conferences being held, it is important that the value of early informal consultation with other departments is not forgotten.

During 1964, 131 case conferences were held throughout the Administrative County area. New cases dealt with during the year comprised 310 families with 1,307 children. The number of families on the books at the end of 1964 was 999 with 4,279 children.



The statutory focus of responsibility for ensuring that action is taken to give timely and effective help to families in need rests with the County Council as the Children's Authority, but it is not the intention of the Act to disturb existing satisfactory arrangements for carrying out preventive work.

The present link with housing authorities, basically through the divisional medical officer because of his responsibilities as district medical officer of health, will be retained. This is materially assisted by the close contact maintained with many housing managers through the case conferences which they attend. During 1964, 68 families with 269 children were re-housed, 41 of these, with 175 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. During 1964 training was given to one mother with one child at the Elizabeth Fry Home, York.

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

Year	Mothers	Children	Year	Mothers	Children
1959	6	11	1962	7	21
1960	6	12	1963	5	17
1961	12	27	1964	8	30

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 54 cases during 1964 indicates that 30 families were considered to have improved their conditions, in 19 cases the conditions of the family have not materially altered and in five cases there was a deterioration.

Particulars of the five families considered to have shown or continued a deterioration in 1964 are :—

1. The mother has been in a mental hospital since 1962, and the one child is cared for by the grandparents. The husband has disappeared.
2. This family first deteriorated in 1960. The father has deserted, the mother has been in and out of gaol and is now in a mental hospital and the children are in care.
3. This family was considered to have deteriorated in 1963 when the husband left home ostensibly to seek work elsewhere. He was killed in a road accident in August, 1964, and the mother and five children, of whom the oldest was not quite six, were admitted to temporary accommodation in November, 1964.
4. This family was considered to be in a precarious state in 1963 and early in 1964 conditions deteriorated to such an extent that the N.S.P.C.C. took the case to court in February, 1964. The mother was sent to prison for six months and the two children taken into care. The husband had been in and out of prison for some years.



5. This family of a mother and five children had given cause for anxiety since the death of the father in 1958 and the mother and the three youngest children were in Brentwood in 1960. They just managed to keep going with help until in 1964 the mother was admitted to a mental hospital and the children were taken into care.

(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 1964, two cases were dealt with; eight cases received help in 1963.

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, 1964, allow for the employment of social case workers either directly or through a voluntary agency.

Up to the 30th September, 1964, arrangements were made with the Oldham and Liverpool Family Service Units to undertake social case work in County areas adjacent to these County Boroughs and the equivalent of one whole-time case worker was provided by each unit. As a result of the new duties and powers of the Children's Committee under the Children and Young Persons Act, 1963, the Health Committee and the Children's Committee agreed that the Children's Committee should take over the responsibility for the payment of the grants to the units, in the case of Liverpool with effect from the 1st October, 1964, and Oldham with effect from the 1st April, 1965.

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. Up to the 30th September, 1964, 14 cases were dealt with by the Liverpool Family Service Unit and 17 cases were dealt with by the Oldham Family Service Unit. Since the 1st October, 1964, the case reports have been sent direct to the Children's Officer.

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 113 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 were 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 is 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 committees and councils of delegate districts are responsible for the administration of the services within their areas and these may be provided directly by such bodies or by arrangements with local voluntary associations.



During 1964 the service provided directly by the County Council continued to expand. Fourteen additional chiropody clinics were opened, bringing the total to 108. In areas where it has not been possible to set up a clinic, arrangements have been made for treatment to be carried out in private surgeries. The table below shows that during 1964 approximately two-thirds of the patients treated under the direct services were treated in clinics.

The indirectly provided services are organised by voluntary associations who claim grants from the County Council in respect of expenditure on chiropodists' fees and certain other expenses. Almost all of these services were founded prior to 1st January, 1960, and have expanded rapidly since that date. The composition of the indirect services differs considerably from that of the direct services since there has been less tendency on the part of the voluntary associations to concentrate treatment in clinics. Consequently the number of patients treated in surgeries is a much higher proportion of the total than in the direct services.

A comparison and summary of the direct and indirect services for 1964 is given in the table below together with the totals of patients and treatments provided in each of the last four years. Detailed statistics for each area are given on pages 188 and 189, Table 20 covering the services provided directly by the County Council and Table 21 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 ... ..	28,295	149,338	18,870	97,530	47,165	246,868
Handicapped persons ...	359	2,307	223	983	582	3,290
Expectant mothers ...	63	97	5	7	68	104
<b>TOTAL ... ..</b>	<b>28,717</b>	<b>151,742</b>	<b>19,098</b>	<b>98,520</b>	<b>47,815</b>	<b>250,262</b>
<i>Place of treatment—</i>						
Clinic ... ..	19,010	96,225	8,149	41,720	27,159	137,945
Surgery ... ..	1,558	7,976	6,237	31,663	7,795	39,639
Home ... ..	8,149	47,541	4,712	25,137	12,861	72,678
<b>TOTAL ... 1964 ...</b>	<b>28,717</b>	<b>151,742</b>	<b>19,098</b>	<b>98,520</b>	<b>47,815</b>	<b>250,262</b>
<b>... 1963 ...</b>	<b>22,557</b>	<b>118,394</b>	<b>20,034</b>	<b>116,726</b>	<b>42,591</b>	<b>235,120</b>
<b>... 1962 ...</b>	<b>19,568</b>	<b>101,352</b>	<b>21,417</b>	<b>117,527</b>	<b>40,985</b>	<b>218,879</b>
<b>... 1961 ...</b>	<b>15,060</b>	<b>73,451</b>	<b>20,349</b>	<b>114,500</b>	<b>35,409</b>	<b>187,951</b>

On average the number of treatments given per patient in the year 1964 was 5.1 to those attending clinics, 5.1 to those attending surgeries and 5.7 to patients treated at home.

An examination was made during the year of the high number of treatments being performed by certain of the chiropodists employed in a part-time capacity. This revealed that some chiropodists were committing themselves to a work output far in excess of that recommended by one of the principal representative bodies of the profession. The Health Committee felt that an overload of cases could result in a lowering of clinical standards which would not be in the patients' interests and accordingly it was decided that a limitation of the number of cases treated by chiropodists should be imposed so as not to exceed the accepted standard.

The introduction of this limitation could require the services of additional chiropodists and to ensure a fair method of allocating chiropody time to persons in need of the service a normal frequency of treatment of not more than one treatment in eight weeks was established. Whilst these measures were decided during the year the effective date of introduction was 1st January, 1965.

**Health Education and Propaganda.**—The year 1964 has been a busy one for the health education unit with a gradual expansion of the topics and a greater availability of material. Once again, special attention has been paid to activities involving health education programmes in schools, youth clubs and clinics.

**LECTURE/DISCUSSIONS.**—Lecture/discussions have again been very popular and have covered a wide range of subjects from sex education and venereal diseases to more general topics on the prevention of accidents in and around the home. This type of health education is, besides being



popular, a very valuable medium as the personal contact between lecturer or group leader and audience encourages audience participation and allows for the putting and answering of personal questions. It is also an ideal way of maintaining interest and passing on specific information.

**FILMS AND FILM STRIPS.**—This medium continues to be very popular and is obviously valuable, both for the introduction and/or illustration of a talk or group discussion. Misuse of the medium still occurs when films are provided to fill a gap, or for entertainment, or even to make up for the shortcomings of the person giving the talk or leading the discussion. Occasionally, requests try to cover too wide a range of subjects in too short a time and there is sometimes a tendency to ask for films which bear little relation to the subject matter under discussion. The film strip is in some ways superior to the moving film in that it is possible to take the frames at such a speed as to allow them to be digested by the group; also reference back can be made to pictures already shown. The moving film, on the other hand, continues at its 24 frames a second and anything missed or misunderstood is, perhaps, beyond recall. At all times it is essential that a suitable speaker should accompany the film or film strip and that the material presented should be easily understood by the audience for whom it is intended.

During 1964, 559 film shows were given, compared with a total of 428 for 1963.

Film strip projectors have now been supplied to all health divisions, complete with a selection of suitable film strips.

The film and film strip library was kept under review and the following films have been added :—

#### *Films*

- |                             |                                         |
|-----------------------------|-----------------------------------------|
| "Smoking and You"           | "The New Baby"                          |
| "The Smoking Machine"       | "You and Your Sense of Smell and Taste" |
| "From One Cell"             | "Congenital Dislocation of the Hip"     |
| "Bronchitis"                | "Learning to Live"                      |
| "The Innocent Party"        | "Our Responsibility"                    |
| "Quarter Million Teenagers" |                                         |

#### *Film Strips*

- |                                      |                      |
|--------------------------------------|----------------------|
| "Making the Most of Retirement"      | "Phenylketonuria"    |
| "Keep Smiling"                       | "Your Teeth"         |
| "Vaccination and Immunisation"       | "Breast Feeding"     |
| "Cigarettes and You"                 | "Human Reproduction" |
| "Is your Home Fireproof?"            | "Emotional Health"   |
| "The Management of Diabetes at Home" |                      |

**POSTERS AND PAMPHLETS.**—Many requests for health education literature were received and dealt with during the year. The requests were for posters, pamphlets, hand-outs, and similar types of material. This still provides one of the main means of presenting information or reinforcing campaigns or supplementing a talk to the public.

A large stock of items is kept and new material is constantly being added. During 1964 some 313,000 leaflets and 33,000 posters were supplied on request. In two instances, due to the fact that material previously supplied by a national society was no longer available, the department, after obtaining permission, redesigned and reprinted the pamphlet.

Special poster campaigns were held during the year dealing with smoking and health, food hygiene, and the dangers of the misuse of fireworks. All this material was supplied by the Ministry of Health. Some 14,500 posters were distributed.

Further progress was made in the printing of divisional handbooks and new handbooks were supplied to two divisional areas.

The demand for the health service leaflets continued and the new print of 100,000 leaflets early in 1963 has now been exhausted.

**CAMPAIGNS.**—*Smoking and Health.*—The education of young people and adults on the dangers of smoking continued to be one of the main themes of health education during the year. This largely took the form of exhibitions held in central halls, to which young people were brought, with a follow-up at a later date by a team supported by films and filmstrips. In this way discussion is promoted and misunderstood points explained. There was much activity in the divisions and all of them made great efforts to present educational and informative films on smoking and health, supported by a suitable speaker who discussed and explained points which arose in the films. On the rare occasions when one of the more gruesome films has been used it has often been followed by complaints, principally from the staff, as to its effect on the pupils. During the screening of these shock films it has not been unknown for members of the teaching staff to faint and require some medical attention, but on the whole the school audiences have accepted them cheerfully. Exhibitions were held at Fleetwood and Kirkham, where some 4,000 children of secondary school age were taken round the various stands. In consultation with the head teachers of the schools, follow-up talks and film shows were arranged.

Educative and informative films on smoking were shown to some 24 groups of school children and youth clubs, forming a total audience of just below 4,000.



The remaining hiring period for the Central Council for Health Education Smoking and Health Unit was taken this year and it toured six health divisions, and two of the delegate authority areas. In all, the unit visited 47 schools, three youth groups and three adult groups.

Four new posters carrying the message "Now is the time to stop smoking" over a humorous background were designed and produced by the health education section and freely distributed throughout the County area. Many enquiries were received from other authorities and the Ministry of Information requested that samples should be posted to Tanganyika and also to a Smoking and Health Exhibition to be held in Spain.

The smoking and health exhibition was presented stand by stand, piecemeal, in canteens in the Royal Ordnance Factory, Chorley, and the United Kingdom Atomic Energy Authority Factory at Salwick. Special stands were designed for display in industrial premises with such titles as "Is your holiday going up in smoke" and "What a waste of money". These arrangements were made possible through the very valued co-operation of the medical officers of the factories concerned and the trade union groups within the factories.

**Dental Health.**—The dental health education exhibition continued to attract interest during the year and appeared in areas in three health divisions—Colne/Nelson, Swinton and Pendlebury/Eccles and Coppull/Adlington. More than 8,000 children from 51 different schools were conducted round the exhibition by health visitors and dental staff. In every case, dental officers were in attendance to make friends with the children and answer their questions. Each campaign finished with a closing ceremony, usually on the last day, at which prizes were presented to successful contestants from various schools. These closing ceremonies are very popular and attract a very good attendance of parents. They are an ideal means of bringing the parents into the campaign itself and inviting them to encourage good oral hygiene habits in their children. From time to time the exhibition has had material added to it and an attempt is being made to provide more movement and variable lighting to attract and hold young people's attention.

The current dental health education campaign material was constructed for the age group 7-11 years. It has been realised, however, that there is a group below these ages where some interest may be created in oral hygiene and a beginning was therefore made in the construction of material for a "Happy Lion Campaign" for use with the 5-7 year old group. Briefly, this material consists of a playlet, enacted by children and written around a circus and an unhappy lion. The central figure, the unhappy lion, is believed to be suffering from bad teeth brought on by eating soft, starchy foods, mistakenly fed to him by kind-hearted people. Once the lion's teeth are treated the pain vanishes and he becomes a "Happy Lion" who sings a "Happy Lion" song, and then asks the audience to join in. The material has been tried out at two schools, and although there are various problems to be overcome the idea has great promise. One suggestion is that the Happy Lion might expand into Happy Lion Clubs with a Happy Lion newspaper, Happy Lion membership cards and badges, etc. Obviously, a large amount of work still remains to be done before the campaign can develop on these lines.

**Home Safety.**—Real progress was made on the home safety front during the year and everything possible has been done to stimulate voluntary committees, in the formation of new committees, and the resuscitation of others. During the year a Home Safety Conference was held at East Cliff County Offices, when representatives from 15 voluntary committees spent a very enjoyable and instructive day. Speakers were obtained from the Lancashire County Council Fire Brigade, the North Western Electricity Board and the North Western Gas Board. The County ambulance organiser spoke on the working of the ambulance service and the part to be played in calling the ambulance for accidents in the home. A further meeting in July was called to discuss appropriate resolutions for submission to the National Home Safety Conference in London. One of the two resolutions submitted to the national conference was later passed on to the Ministry of Health. This resolution dealt with legislation concerning flame proof nightwear.

Amongst the new material constructed was the "Birdbrayne" exhibition which deals in cartoon form with the adventures of the Birdbrayne family. This material has proved very popular as it uses humorous backgrounds to point out some of the more dangerous situations which give rise to accidents in the home. Exhibitions were staged at the Royal Lancashire Show, the Garstang Show, the English Electric Company's Annual Fete at Clayton-le-Moors and at a Christmas Fair in Litherland. Other exhibits were staged in connection with home safety at a number of different places in the County.

The County Council were invited to erect the "Birdbrayne" and other exhibits on home safety at the National Home Safety Conference held in London in October, 1964. The material attracted much favourable comment and many requests have been received from other authorities for information or for the loan of the material. At the end of the year, a request was received from the Scottish Office of Information for help in connection with a mobile home safety exhibition which was to be constructed. The assistance given was much appreciated.

The low loading trailer which is much in use to carry special displays has been enthusiastically received by the press and members of the public. The tableau for the June/July carnivals was a dodgem car display with the theme "Don't spend your life dodging home accidents." This tableau attended carnivals or fetes at a number of places.



In November a special feature was made of Guy Fawkes, who bore in his hand a placard bearing the words "Burn Me—Not Yourselves" and this trailer toured all districts of the Administrative County area where there were voluntary home safety committees. In addition, of course, it passed through many areas where it is hoped to foster interest in the creation of home safety committees. As a rule the trailer was met by a representative of the local committee and taken round the schools. This activity was reinforced by a poster campaign in which suitable posters were sent to every school in the County area. Talks on the dangers of the misuse and abuse of fireworks were also given to school children by members of the home safety group or the Lancashire Constabulary.

The trailer and campaign received a large amount of publicity, both on television and through the press, and it is interesting to note that this "Fifth of November" in the Lancashire area was free from any major accident or fatality due to the misuse of fireworks. There is little doubt that the campaign played its part.

The Christmas trailer was a great success and consisted of a large Father Christmas drawn by a reindeer and supported in sound by carols and by messages from the Chairman of the Lancashire County Council, County Alderman F. Longworth, and the Chief Constable, Colonel T. E. St. Johnston, on the subject of the special need of the public to take more care and avoid accidents during the Christmas period. With the co-operation of the Chief Constable, the trailer was strategically sited in most of the townships in the County area whilst it relayed its messages of good will and advice for the Christmas period.

There has been the usual year's activity in the distribution of posters, pamphlets and throw-away material and the five home safety "shop windows" were kept appropriately dressed with the current theme. A special exhibit consisting of a crocodile bristling with broken glass was staged at Crosby during the summer season and drew attention to the dangers of broken glass on the beach.

*Venereal Diseases.*—During the year the Ministry of Health drew attention to the growing incidence of venereal diseases and asked that an attempt should be made to inform and educate members of the public on the subject. The Ministry drew attention to the disturbing fact that many new cases were occurring in the younger teenage groups and especially asked that some effort be directed to this section of the public. After some discussion, and with the help of the venereologist from Bolton, Dr. Silver, a prototype exhibition was constructed having particular reference to the teenager. Basically, the exhibition material, besides being informative, sets the stage for a discussion with the teenager group. It is reinforced by a talk by a medical officer, by showing a suitable film and film strip and by inviting the audience to submit questions or raise points upon which they require further information. The campaign is still really in its experimental stage and there have been modifications both to the exhibition material and to the type of film and film strip used.

*Food Hygiene.*—The outbreak of typhoid in Aberdeen raised interest in the question of food hygiene and the opportunity was taken to draw the attention of firms who deal with foodstuffs or who have a canteen to the constant need for hygiene in the handling and preparation of foodstuffs. A campaign was held using posters supplied by the Ministry of Health, dealing with food hygiene, and this was supported with a "leaflet for food hygiene" taking the form of a letter from the medical officer of health to all persons concerned in the preparation, serving or manufacture of foodstuffs. This was distributed throughout all the health divisions. Special requests were received from large factories with canteens for the presentation of films and a talk to the canteen workers on the question of food hygiene. In one division a general meeting of food handlers was called and was well supported by catering and food manufacturing firms. Small exhibits dealing with food poisoning were shown and a very wide and interesting discussion held, supported by the medical staff.

*Mental Health Exhibition.*—The mental health exhibition consisting of stands with examples of the type of material produced at mental health training centres formed the major part of the County Council's exhibition at the Royal Lancashire Show in July, 1964, and was very well received. There was a general air of disbelief by visitors that work of such excellence of quality could be produced by mentally handicapped people working in these centres, and staff in attendance at the exhibition were kept busy explaining and reassuring the public that these items were indeed highly representative. The exhibition was also staged at Middleton.

*TOPICS.*—There was a continued supply of small, portable, exhibition material provided to major clinics in each division throughout the County area. In most cases, topics dealt with items of interest to expectant mothers, mothers of infants and parents of school children, and with special items as requested by the divisional medical officers. In one area where there was found to be a particularly high rate of infestation among school children a minor campaign was mounted, centred on the local school clinics. Talks were given by medical staff in schools supported by film strips and demonstration material.



**HEALTH TALKS.**—A total of 843 health talks was given during the year and, excluding routine talks at school clinics and child welfare sessions, 649 of these were given in schools and dealt with the following subjects :—

Subject	No. of talks
Feet and posture ... ..	12
Hygiene ... ..	118
Mothercraft ... ..	271
Dental hygiene ... ..	48
Home safety ... ..	24
Immunisation, vaccination and infectious diseases ... ..	7
Work of the health visitor, etc. ... ..	4
First aid and anatomy ... ..	45
General health ... ..	36
Smoking and lung cancer ... ..	13
Growing up ... ..	55
Diet and food hygiene ... ..	16

In the remaining 194 talks, subjects covered included :—

Subject	No. of talks
Antenatal and child care ... ..	43
Training lectures to the public (first aid, home nursing, etc.) ... ..	12
The health services ... ..	32
Home safety ... ..	8
Work of the assistant divisional medical officer, health visitor ... ..	26
Training lectures to staff and students ... ..	10
Mental health ... ..	20
Smoking and lung cancer ... ..	7
Dental hygiene ... ..	1
Care of the aged and handicapped ... ..	12
Diet and food hygiene ... ..	7
General subjects ... ..	16

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

Medical officers ... ..	50
Assistant superintendent health visitors ... ..	4
District nurses ... ..	15
Home help organisers ... ..	5
Mental welfare officers ... ..	7
School nurse/health visitors ... ..	739
Speech therapists ... ..	1
Training centre supervisors ... ..	8
Welfare organisers ... ..	11
Administrative staff ... ..	2
Nursery nurse tutors ... ..	1

**GENERAL.**—The health education workshop continues to work under great difficulty in regard to the lack of space but, in spite of this, the excellence of the exhibition material is of a very high order. Since the appointment of a trained artist the volume and nature of the work has steadily expanded and the increasing provision of woodworking and metal-working machinery has helped the workshop staff to keep up with the demand for material. Perhaps the greatest problem is the storage of exhibition material whilst it is not being used and the situation is somewhat aggravated by the increasing popularity of the trailer for home safety displays and tableaux. However, plans are well ahead for the provision of a health education workshop and storage space which are to be incorporated into the proposed extension to the East Cliff County Offices.

In June the establishment was increased by the appointment of a deputy health education officer. As a result, it has been possible to plan and arrange for a much greater number of exhibitions and campaigns and it is now possible to think of playing a much more active part in the formation of new voluntary home safety committees within the County. This is a particularly valuable part of the work of the health education section.

**Mental Health.**—Mental health education for all staff is of the highest importance and Dr. W. Mary Burbury, consultant psychiatrist, has continued her in-service training programme, holding conferences with groups of medical officers, head teachers of primary and secondary schools, probation officers, children's officers, health visitors and staffs of special schools and mental health training centres.

#### HOME HELP SERVICE

The continued increase in the demands on the home help service in 1964 again necessitated the recruitment of additional staff so that, by the 31st December, the total number of home helps, including those employed in the four delegate districts, had risen to 4,101, an increase of 118 over the previous year's figure. Of these, four were employed whole-time and the remainder part-time for varying periods. The full-time equivalent of the 4,101 home helps, i.e., 2,165, was 58 more than



the corresponding figure at the end of the previous year. The number 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, was 53 full-time and three half-time.

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 96.

**Service Statistics.**—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 those 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					
1960	3,200	1,651	14	725	114	123	15,130	1,549	17,655	8.1
1961	3,449	1,780	24	735	130	122	16,619	1,429	19,059	8.6
1962	3,788	1,994	13	725	132	116	17,808	1,593	20,387	9.1
1963	3,983	2,107	20	673	141	122	19,412	1,613	21,981	9.7
1964	4,101	2,165	15	658	176	126	20,792	1,626	23,393	10.2

Table 22, page 190, gives for the year 1964 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.

In four selected weeks of the year (normally the 11th week of each quarter) a survey is undertaken of the amount of help provided for each category of case and Table 23, page 191, reproduces the resultant analysis for the 11th week of the December quarter, 1964, 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 15,327 cases attended, 13,922 or 91 per cent. were persons aged 65 years and over and these cases received 81,329 hours or 89 per cent. of the total amount of help provided during the week (90,942 hours). Not shown in the table is the fact that 13,934 cases either lived alone or lived with another person incapable of housework. The table also illustrates the distribution of help to the ten 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 15,327 cases attended, 11,449 required help on only one or two days of the week and 13,607 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
1960	11,108	72,635	6.54
1961	11,729	74,779	6.38
1962	13,198	83,832	6.35
1963	14,418	88,504	6.14
1964	15,327	90,942	5.93



**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 mental health service is concerned with the prevention of mental illness and the care and after-care of mentally disordered children and adults. Training centres, special care units and hostels for both children and adults are provided and mental welfare officers undertake social work. Social clubs for the mentally subnormal and the mentally ill are established in co-operation with local voluntary societies and hospitals, and the County Council also supervise patients placed under guardianship.

**Administration.**—The routine administration of the service is delegated to divisional health committees and delegate district councils, but policy is decided by the County health committee through the mental health sub-committee.

**VOLUNTARY ASSOCIATIONS.**—No duties have been delegated by the County Council to voluntary associations but a grant is made annually to the National Association for Mental Health in recognition of its work, particularly in the organisation of conferences and training courses.

A number of branches of the National Society for Mentally Handicapped Children are active in the County area and are of considerable support in the local administration of the service. Two of them provide voluntary staff for special care units which are maintained by the County Council independently of training centres, and two others have donated vehicles for use at adult training centres. The societies are also particularly helpful in organising and supporting, in association with the County Council, social and recreational clubs for mentally subnormal people.

**STAFF.—Medical Officers.**—Most of the medical staff of the County Council are approved under the Mental Health Act, 1959, for giving medical recommendations in respect of mentally disordered patients and have one of the qualifications prescribed under the Medical Examination (Subnormal Children) Regulations, 1959.

**Consultant Psychiatrists.**—The close relations and co-operation which have been established between the County Council's mental welfare staff and the consultant psychiatrists at hospitals serving the County area have continued during the year.

The four consultant psychiatrists who were appointed in a part-time capacity by the County Council between 1953 and 1955 continued to advise the County Council's mental welfare officers on the care and after-care of mentally ill patients.

**Mental Welfare Officers.**—At the end of the year, 67 mental welfare officers, including two psychiatric social workers and two welfare assistants, were employed.

To meet the need for expansion in the numbers and improvement in the qualifications of mental welfare officers a recruitment and training scheme, designed to provide the additional qualified staff required, was introduced during the year. With regard to numbers, the Ministry of Health recommends a minimum of 120 as being necessary for a population the size of Lancashire's and it is estimated that a further 50 staff will be required. So far as qualifications are concerned, the bulk of the County Council's staff have had no formal training, although recognised as qualified by experience.

The pattern for the recruitment and training of mental health officers was laid down in the Younghusband Report, published in 1959, which recommended that the appropriate qualifications should be either a university degree, diploma or certificate in social science, or a new general certificate in social work to be introduced as an acceptable alternative. The course leading to the latter qualification was to be whole-time for two years and to be preceded by a period of in-service training. Following these recommendations, the Health Visiting and Social Work (Training) Act of 1962 set up a National Council of Social Work Training to supervise the provision of courses of an appropriate standard by colleges of further education and to issue a National Certificate in Social Work to successful students. A number of such courses has since been inaugurated and for a transitional period the National Council has also instituted one-year courses, leading to the same certificate, for existing mental welfare officers whose age and experience make it unreasonable to expect them to take the two-year course.



The recruitment and training scheme, which was approved by the Health Committee in June, 1964, provides that appointments shall be restricted to qualified officers or, where these are not available, to trainee welfare assistants with the educational attainments required of entrants to the two-year training course who are prepared to take the course after a period of practical training in field work. At the same time the Committee approved the secondment of officers to both the one-year and the two-year training courses.

During 1964 two mental welfare officers obtained the general certificate in social work and at the end of the year two were taking the course. Two mental welfare officers attended a five-day refresher course and a number of conferences were also attended. The area meetings for mental welfare officers, which were inaugurated in 1963 in order to give them greater opportunities to discuss with their colleagues the points of importance, problems and difficulties arising from their work, continued during the year.

**Hostel Staff.**—The numbers of hostel supervisory staff employed at the end of the year were five wardens, two deputy wardens, two matrons, one deputy matron and 30 attendants, of whom 18 were part-time. Cooks and domestics were also employed.

**Training Centre Staff.**—The numbers of supervisory staff at training centres at the end of 1964 were as follows :—

	Junior and mixed centres			Adult centres
Superintendents	...	...	...	11
Supervisors	...	...	...	—
Handicraft instructors	...	...	...	46
Assistant supervisors	...	...	...	—
Trainee assistant supervisors	...	...	...	—

General helpers, cooks, meals assistants, guides and domestics were also employed and four physiotherapists were engaged in part-time work at junior centres.

Reference has been made in previous annual reports to the large proportion of untrained staff employed at training centres and to the efforts being made to establish an in-service training scheme for junior training centre staff. The Central Health Services Council of the Ministry of Health, in considering the Scott Report, recommended that pilot training schemes be started and a National Training Council was subsequently set up to consider and advise upon such schemes. In the light of these developments, the Health Committee in 1964 approved the establishment of an in-service training scheme for junior training centre staffs, and seven students commenced training on the first course which began in October. The courses, which are held at the Harris College of Further Education, Preston, last for two years and lead to a diploma issued by the National Training Council. They are primarily intended for young students who are new entrants to the service and at the end of the year plans were being made to hold a second series of courses at the Harris College for older students with experience in training centre work, but not necessarily possessing the academic qualifications required of candidates for the two-year course. These courses will also lead to the National Training Council's diploma.

In conjunction with the two-year training scheme the Health Committee also approved a variation in the staff establishment of training centres to provide for two trainee assistant supervisors to be appointed for each vacancy for an assistant supervisor, subject to a maximum of four trainees at each centre. The trainees are between 16 and 18 years of age, with the necessary academic qualifications, and spend a period of practical training at a centre before being seconded to the training course.

Four members of the training centre staff obtained places on the one-year diploma course of the National Association for Mental Health which began in September, 1964, and staff also attended refresher courses at Birmingham and Manchester during the year.

**Building Programme.**—It is pleasing to be able to report that, despite continuing difficulty in finding sites, considerable progress has been made in the implementation of the County Council's building programme, the position being as follows.

	Training centres			Hostels	
	Adult	Junior and mixed	Adult	Junior	
Existing at 1.1.64. ...	8	20	1	—	
Completed during 1964 ...	3	1*	3	2	
Under construction at 31.12.64 ...	11	—	9	1	
TOTALS ...	22	20	13	3	

\* Replacement of existing centre (Oswaldtwistle)

The acquisition of suitable sites in heavily built-up areas still presents difficulties. Building sites of the right shape and size, in or close to the areas the projects are to serve if unduly heavy transport costs are to be avoided, are not readily available. If they are found, an involved and lengthy procedure of satisfying owners and occupiers of adjacent properties that the mental health service is a community responsibility and that the proximity of the mentally handicapped does



not constitute a threat to themselves or to the value of their property must be followed before planning approval can be obtained. Any weight of local objection delays the granting of planning approval, the matter being referred to the Ministry who may grant planning permission or may decide to hold a public local inquiry.

The need for extensive health services propaganda to enlighten the public on the policy that the mentally handicapped are the responsibility of the community, and as such should be integrated with community life, is fully recognised by the Health Committee which commissioned the production of the film "Our Responsibility" covering the work of the mental health service in Lancashire. It was considered that a film of this nature, in addition to having a general educational value, would be of particular benefit in allaying the misgivings of residents in localities where sites were being sought for mental health service premises. This film was completed only at the end of the year and the opportunity to assess its precise value in this latter respect has not yet arisen. It has been found to be extremely useful in the training of staff and has been in wide demand by the various branches of national voluntary societies concerned with mental health and by other local authorities, training hospitals, etc.

**SPECIAL CARE UNITS.**—Facilities for dealing with cases requiring special care due to severe subnormality or to additional physical handicaps are provided in all the recently built junior training centres and at many of the earlier ones. It is the policy of the County Council that such services shall be available at all junior centres. The Health Committee considered that similar provision should be made at selected adult training centres throughout the County and sought Ministry approval to the establishment in the first instance of special care units at four adult centres, but the Ministry had reservations about the scheme and agreed to units being provided at Fleetwood and Accrington on an experimental basis. Neither of these was actually in operation at the end of the year under review. Subsequent to further discussion and investigation, the Ministry have suggested that the cases in question fall into one of three categories, viz:—

- (a) Very severely retarded persons who need a period of special training before they are able to join the normal activities of the main part of the training centre.
- (b) Immobile patients who may be suffering from severe physical handicaps.
- (c) Hyperkynetic or overactive patients.

The Ministry agree that it would be suitable for local authorities to provide accommodation for those falling in group (a) above, but express grave doubts as to whether it is properly a function of local authorities to attempt to provide the services needed by adults in the other two groups, even when such patients have attended junior training centres in childhood.

The Ministry view is that these cases fall more properly within the field of the hospital services, but it is admitted that it may be some time before suitable provision can be made by the hospital authorities.

A review of the 305 special care cases in the County area showed that 144 fell into category (a), to which figure must be added 74 juniors who will attain the age of 16 years during the ensuing five years. To deal with these cases, the provision of pre-vocational training accommodation is planned for at least one adult training centre in each health division.

**FUTURE POLICY.**—The ten-year building programme originally called for by the Ministry in 1962 has been reviewed annually in the light of the latest statistics available, and the latest revision of the Council's proposals for the mental health service are summarised in the table on page 42.

**Training Centres.**—Particulars of the training centres provided by the County Council at the end of 1964 and of attendance at the centres during the year are given below, together with the corresponding figures for the three previous years. Similar information for each centre for the year under report is given in Table 24, page 192.

Year		Position at 31st December			Attendances during year		Proportion (per cent.) of attendances to nominal places available
		No. of centres	No. of places nominally available	No. on register	Total day places nominally available	Total attendances	
1961	(a)	20	1,071	967	208,351	158,764	76
	(b)	3	180	168	19,420	11,896	61
	(c)	—	—	—	—	—	—
	(d)	23	1,251	1,135	227,771	170,660	75
1962	(a)	20	1,098	1,037	212,994	160,987	76
	(b)	4	240	258	49,420	43,121	87
	(c)	1	20	22	3,740	2,860	76
	(d)	25	1,358	1,317	266,154	206,968	78
1963	(a)	20	1,091	1,034	214,925	165,873	77
	(b)	8	480	478	91,220	74,014	81
	(c)	1	20	22	4,140	3,476	84
	(d)	29	1,591	1,534	310,285	243,363	78
1964	(a)	20	1,115	1,060	217,669	172,977	79
	(b)	11	517	678	93,717	110,339	118
	(c)	1	20	27	4,880	4,494	92
	(d)	32	1,652	1,765	316,266	287,810	91

(a) Junior and mixed centres. (b) Adult centres.  
(c) Separate special care units. (d) All centres.



The following table shows the total County cases attending day training centres and special care units at the end of 1964 and each of the previous five years :—

Year	No. of County cases attending —				
	County Council centres		Other authorities' centres	Other bodies' centres	Total
	Junior and mixed	Adult			
1959	807	—	87	18	912
1960	964	—	123	25	1,112
1961	966	168	115	38	1,287
1962	1,056	257	81	19	1,413
1963	1,108	410	52	27	1,597
1964	1,087	678	45	22	1,832

**Residential Accommodation.—HOSTELS.**—During the year the following five new hostels for the mentally subnormal were opened by the County Council :—

Health Division No.	Hostel	No. of places	Date opened
4	Weldbank House, Chorley (adult) ...	28	16th November
5	Hargreaves House, Oswaldtwistle (junior) ...	25	1st September
8	Hyndelle Lodge, Hindley (adult) ...	28	15th June
10	The Willows, Newton-le-Willows (junior) ...	25	6th July
13	Pennine View, Wardle (adult) ...	28	10th July

At 31st December, 1964, the number of residents in the County Council's six hostels was 124 (85 adults and 39 children). In addition, 53 adults and 13 children were maintained by the County Council in residential accommodation provided by other authorities and bodies.

**GROUP HOMES.**—The erection of two hostels planned for former patients at mental hospitals who require a short period of rehabilitation on discharge has been delayed because of site difficulties and in September the Health Committee considered a proposal to use a former nurses' home in Chorley to house a small number of women residents whilst they re-adjust themselves to ordinary life and find work and lodgings. At the end of the year repairs and redecoration of the premises were in hand.

**SHORT-TERM CARE.**—During the year 120 patients stayed at Orchard Dene or other private establishments and 24 adults and 29 children at County Council hostels for mentally subnormal persons.

**Registration and Inspection of Mental Nursing Homes and Residential Homes for Mentally Disordered Persons.**—Four mental nursing homes and one residential home for mentally disordered persons were registered with the County Council during the year. These, together with the five mental nursing homes and one residential home already registered, are inspected at six-monthly intervals and all inspected during the year were found to be satisfactory.

**Guardianship.**—Twenty-one patients were under guardianship on the 31st December, 1964. National assistance grants were made in all cases.

**Holidays.**—Arrangements were made for 22 children attending the Mayfield Junior Training Centre, Chorley, and four children attending Preston County Borough Training Centre to spend a week's holiday at Penmaenmawr. In addition, 22 children from the Laurels Training Centre, Chadderton, and 38 mentally subnormal persons from the "Oak Bank" Adult Training Centre, Chadderton, spent a week's holiday at St. Annes.

In order to help parents faced with difficulty in looking after their mentally subnormal children during the daytime at holiday periods, particularly during the long summer break, the Health Committee, in July, 1964, considered a recommendation that the yearly period of closure of junior training centres be reduced from about twelve weeks to five. The Committee approved the proposal in principle and authorised its implementation as and when suitable arrangements could be made.

In December the Committee also decided that a fortnight's holiday should be provided for those children living in hostels who would not otherwise have one, the cost of accommodation and transport for both children and supervisory staff being met by the County Council.

**Social Activities for the Mentally Disordered.**—Evening social centres for the mentally subnormal are organised in co-operation with voluntary organisations, whose generosity and enthusiasm are greatly appreciated. Two new clubs opened during the year and at the end of the year 15 were functioning.

Four new clubs for mentally ill patients also opened in 1964, bringing the total to 12, of which five are operated jointly with County Boroughs.



**General Statistics.**—The following tables show the numbers of cases in the four categories of mental disorder in County Council care on the 31st December, 1964, with corresponding figures for the four previous years. The total of 8,685 cases in all four categories of mental disorder was equivalent to 3.79 per 1,000 of the estimated home population in 1964. A detailed analysis is given in Table 25, page 193.

*Mentally ill and psychopathic cases*

Category	1960	1961	1962	1963	1964
Mentally ill—					
Aged under 16 years... ..	31	17	3	10	11
Aged 16 years and over ...	5,840	5,970	7,436	5,035	5,366
Psychopathic—					
Aged under 16 years... ..	—	—	1	—	—
Aged 16 years and over ...	21	5	1	5	5
<b>TOTAL</b> ... ..	<b>5,892</b>	<b>5,992</b>	<b>7,441</b>	<b>5,050</b>	<b>5,382</b>

*Subnormal and severely subnormal cases*

Category	1960	1961	1962	1963	1964
Subnormal—					
Aged under 16 years... ..	329	276	283	277	311
Aged 16 years and over ...	953	1,117	1,140	1,237	1,351
Severely subnormal—					
Aged under 16 years ...	549	663	684	707	730
Aged 16 years and over ...	577	730	786	814	911
<b>TOTAL</b> ... ..	<b>2,408</b>	<b>2,786</b>	<b>2,893</b>	<b>3,035</b>	<b>3,303</b>

The total of mentally ill and psychopathic cases in 1964 was equivalent to 2.35 per 1,000 of the estimated home population, whilst that for subnormal and severely subnormal cases represented a rate of 1.44 per 1,000. The trend of a small but steady rise in total subnormal and severely subnormal cases, with adults showing a greater proportionate increase than juniors, was again maintained in 1964.

The table below shows the number of new cases of mental subnormality (including severe subnormality) referred to the County Council from 1958 onwards :—

Year	Children under 16 years	Adults of 16 years and over	Total
1958 ...	184 ...	88 ...	272
1959 ...	205 ...	58 ...	263
1960 ...	189 ...	118 ...	307
1961 ...	218 ...	185 ...	403
1962 ...	230 ...	239 ...	469
1963 ...	235 ...	242 ...	477
1964 ...	286 ...	311 ...	597

It will be noted that there was a large proportionate increase by comparison with previous years, but this in the case of the adults reflects to some extent the County Council's policy in returning hospital patients to the community by providing hostel places.

#### 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, 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 1964. Similar information is given by health divisions and delegate districts in Table 26, page 194.

*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. ...	1,027
Posts requiring compulsory examination ...	1,116
Fitness to enter other local authority superannuation schemes ...	369
Fitness to enter other local authority sickness pay schemes ...	17
Fitness to resume work—County Council employees ...	151
Children in care of Children's Committee ...	2,161
Entry to teachers' training colleges ...	1,908
Entrants to teaching profession (Form 28 RQ) ...	568
Mental Health Act, 1959 ...	129
Boothstown Remand Home ...	1,443
Others ...	346

\* During the year 7,908 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 Homes.**—The law relating to nursing homes is contained in sections 187–195 of the Public Health Act, 1936, the Nursing Homes Act, 1963, and the Conduct of Nursing Homes Regulations, 1963.

At the end of 1964, there were 26 registered nursing homes in the Administrative County area, all of which were inspected periodically by the divisional medical staffs.

The 26 nursing homes are situated in the following districts :—

<i>Health Division No.1—</i>		<i>Health Division No.10—</i>	
Dalton-in-Furness U.D. ...	1	Golborne U.D. ...	1
Grange U.D. ...	2		
Ulverston U.D. ...	1	<i>Health Division No.11—</i>	
North Lonsdale R.D. ...	1	Turton U.D. ...	1
<i>Health Division No.2—</i>		<i>Health Division No.12—</i>	
Lancaster M.B. ...	1	Radcliffe M.B. ...	1
Lunesdale R.D. ...	1		
Lancaster R.D. ...	1	<i>Health Division No.13—</i>	
<i>Health Division No.3—</i>		Heywood M.B. ...	1
Lytham St. Annes M.B. ...	4	Littleborough U.D. ...	2
Poulton-le-Fylde U.D. ...	1	Milnrow U.D. ...	1
<i>Health Division No.7—</i>		<i>Health Division No.16—</i>	
Crosby M.B. ...	2	Urmston U.D. ...	1
Formby U.D. ...	2		
West Lancashire R.D. ...	1		

The following is a summary of the action taken with regard to the registration of nursing homes during 1964 :—

No. of applications for registration received during 1964 ...	3
No. of applications for registration under consideration at 31st December, 1963 ...	nil
No. of certificates of registration issued ...	2
No. of applications withdrawn ...	nil
No. of applications refused ...	nil
No. of applications under consideration at 31st December, 1964 ...	1
No. of certificates of registration cancelled ...	1
No. of inspections carried out during 1964 ...	25

Particulars of the cases admitted to and treated in the nursing homes during 1964 are given in the following statement :—

(a) Maternity cases—

(i) No. admitted	...	...	...	...	...	...	620
(ii) No. of confinements	...	...	...	...	...	...	602
(iii) No. of live births	...	...	...	...	...	...	602
(iv) No. of stillbirths	...	...	...	...	...	...	2
(v) No. of miscarriages	...	...	...	...	...	...	6
(vi) No. of deaths— mother	...	...	...	...	...	...	—
child	...	...	...	...	...	...	—
(vii) No. of confinements at which analgesia used	...	...	...	...	...	...	487

(b) Medical cases—

(i) No. admitted	...	...	...	...	...	...	2,143
(ii) No. of deaths	...	...	...	...	...	...	248

(c) Surgical cases—

(i) No. admitted	...	...	...	...	...	...	566
(ii) No. of operations performed	...	...	...	...	...	...	602
(iii) No. of deaths	...	...	...	...	...	...	4

**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. The Minister of Health, in exercise of the powers conferred on him by section 7 of the Act, made the Nurses Agencies Regulations, 1961, which came into operation on the 4th July, 1961. These Regulations are a consolidation of the Nurses Agencies Regulations, 1945, and the Nurses Regulations, 1947, with minor amendments, and include the addition of the classes of persons which a nursing agency may supply.

At the end of 1964 there was one licensed agency in the Administrative County area which had nine nurses available. During the year two patients were provided with nurses.

**Visitors from other Countries, Organisations, etc.**—Many requests are received from organisations for their officers to visit the Administrative County of Lancaster to study the administration of the County health services, to make visits of observation with nursing, midwifery and health visiting and other field staff on their rounds, and to visit the various establishments.

During 1964, the County Health Department officers, who spend an appreciable amount of time arranging programmes for such visitors, were pleased to welcome the following :—

March 16th/20th	...	...	...	Mrs. K. Lyde Miss J. Williams	Per William Rathbone College, Liverpool.
April 6th/17th	}			Miss E. Baxendale, Community Nurse	Via Manchester University.
June 22nd/July 3rd					
July 6th/10th					
December 28th/January 15th					
March 24th/25th	...	...	...	Mr. B. K. Sinha, Nepal	Arranged by British Council.
May 4th/15th	...	...	...	Miss I. Lund, Tutor, Red Cross School of Nursing, Stockholm	Per Royal College of Nursing.
September 21st/October 10th			...	Miss K. Kunze, Bremen, Germany	Sponsored by own Government. Studying Social Science at Edin- burgh University.
November 2nd/6th	...	...	...	Miss Jensen, World Health Organisa- tion, Denmark	Arrangements made by Ministry of Health.
November 30th/December 4th			...	Miss M. Monteil, Trinidad and Tobago	Per William Rathbone College Liverpool.
December 9th/23rd	...	...	...	Mrs. C. Abeyasiriwardane, Ceylon	Per Royal College of Nursing.



## WELFARE SERVICES

## WELFARE OF THE AGED

Section 21 of the National Assistance Act, 1948, requires local welfare authorities to provide residential accommodation for those who are in need of care and attention which is not otherwise available to them. This obligation has been made the basis of a large and growing variety of services about which some details are given below. During the year under review policy continued to be guided by a desire to diversify services as far as is practicable, so as to be able to meet individual needs rather than to force the applicant to accept a rigid and preconceived "solution" to his difficulties.

**Residential Homes.**—The Health Committee have given high priority during the past seventeen years to vacating former poor law institutions and during the year the completion of new homes in Health Division No. 3 allowed The Highlands at Wesham to be relinquished. Although the total amount of accommodation available by 31st December, 1964, had increased substantially (there were then 2,840 persons accommodated in County Council homes compared with 2,720 twelve months earlier), the rate of progress attained was not sufficient to make any inroads into the waiting list, which rose from 980 to 986 over the period.

Tables 27 and 29, pages 195 and 200, give details of persons accommodated in County Council homes, etc., during 1964. Similar information in respect of County residents in premises managed by other local authorities and by voluntary organisations is given in Tables 28, 30 and 31.

The following six homes completed during the year were of a new type with fifty places, all in single or double rooms.

Milbanke (Kirkham)  
Castleford (Clitheroe)  
Heathside (Penketh)

Crossacres (Lytham St. Annes)  
Beaconview (Skelmersdale)  
Birchfold (Worsley)

The layout of these buildings represented a complete departure from principles adopted in previous purpose-built homes, and in them a thoroughgoing effort was made to mitigate any untoward consequences of their rather large size by breaking the accommodation into several separate blocks, by eliminating all long corridor stretches and by judicious use of variety in floor finishes and decorations. Work continued during the year on five 51-place homes commenced during 1963, at Walton-le-Dale, Ashton-in-Makerfield, Haydock, Failsworth and Ashton-under-Lyne, and the erection of seven more was put in hand at Lancaster, Colne, Kirkby, Tyldesley, Worsley, Irlam and Denton. The design of these homes involves an even more radical response to the challenge posed by the need to achieve a domestic scale in a comparatively large unit. In principle the homes are built up of three wings that should each operate substantially as a self-contained unit, thereby (it is hoped) both reducing the somewhat oppressive impact that living in a large communal home can have and increasing the possibilities for each resident of membership of a congenial group.

During recent years it has proved increasingly difficult to obtain suitable sites for the erection of old people's homes and, in fact, for this reason it was possible to obtain loan sanction for only one project during the period under review. At the end of the year the first steps were being taken by the County Architect to produce new plans for the consideration of the Health Committee that might be expected to mitigate this difficulty.

**Day Care Service.**—The success of the scheme at Laburnum House, Crompton, started in 1963 and using a purpose built annexe to the existing welfare home, prompted the County Council to approve the expansion of the service during the year in furtherance of their policy of assisting old people to live out their lives in their own homes and familiar surroundings as far as this is reasonably practicable. The Crompton centre provides accommodation for twelve old people daily, most of whom attend two or three times a week. Handicraft training and the usual amenities of the home are available and a midday meal and tea provided for 2s. 0d., a charge sufficient to cover the approximate cost of the food. Those requiring transport are conveyed by sitting-case car.

In expanding the service the County Council accepted the principle of setting up day care services gradually at existing premises wherever room is available and the newcomers can be accommodated without the need for substantial capital expenditure. The largest single difficulty in the way of expanding the service was found to be transport and to relieve the ambulance service extensive use was made of taxis on a contract basis. At the 31st December, 1964, sixteen schemes were in operation with a total daily average attendance of approximately 50.

The selection of the old people is by reference to their need for care or their relatives' need for relief, so that in the main they are people whose names are already on the waiting list for admission to a welfare home. Applicants requiring specialised care more appropriately supplied by the hospital service are not eligible.



**Short Stay Scheme.**—Quite frequently old people are admitted to residential homes on a temporary basis, sometimes to help them over a period of temporary difficulty and sometimes to allow them some experience of life in welfare accommodation before they finally decide whether to give up their own homes. In addition to these informal arrangements, however, twenty places at The Empress, Morecambe, and ten at The Cumberland, Fleetwood, are used for short-stay accommodation. Those admitted (generally for a fortnight) are people deemed to be in need of care (a) to restore their capacity for independent living, (b) to allow relatives a respite, (c) during the temporary absence of those who normally look after them, or (d) during their absence from an old people's home to facilitate redecoration or maintenance work.

During 1964, 613 residents were admitted for short-stay periods to these two homes (411 at The Empress and 202 at The Cumberland). The average occupancy rate was 23·5 for the year, but as usual demand was greatly in excess of the available supply during the summer months. For this reason the places were for the first time allocated to divisions on a basis of relative pensionable populations.

**Sheltered Housing for the Aged.**—One of the most striking developments that has taken place since the war in the welfare field has been the widespread provision by local housing authorities of warden-supervised accommodation for the elderly. In Lancashire a formal scheme was drawn up in 1956 after consultations with the district councils associations whereby the County Council agreed to make grants towards the cost of approved sheltered housing schemes. The purpose of the annual grant (which is fixed initially on estimated costs and is not normally expected to exceed £40 a unit) is to meet expenditure by the district council on what are broadly described as "welfare" facilities—i.e. the call-bell or audible intercommunication system, any communal rooms or laundry, and the remuneration and accommodation provided for the resident part-time warden. The grant is payable in respect of each unit of accommodation occupied by a tenant approved by the appropriate divisional medical officer as being in need of the special facilities provided and is also payable during void periods.

During the year under review 25 schemes were approved for grant purposes, viz.,

County district	No. of units of accommodation	Estimated annual cost of welfare facilities		Estimated annual cost per unit of accommodation		
		£		£	s.	d.
Accrington M.B. ...	30	...	891	...	29	14 0
Accrington M.B. ...	22	...	847	...	38	10 0
Aspull U.D. ...	32	...	1,114	...	34	16 3
Eccles M.B. ...	*18	...	322	...	17	17 9
Eccles M.B. ...	*16	...	353	...	22	1 3
Farnworth M.B. ...	34	...	1,323	...	38	18 2
Formby U.D. ...	*25	...	357	...	14	5 7
Golborne U.D. ...	20	...	734	...	36	14 0
Leyland U.D. ...	30	...	871	...	29	0 7
Littleborough U.D. ...	32	...	1,126	...	35	3 9
Little Lever U.D. ...	19	...	858	...	45	3 2
Longridge U.D. ...	32	...	1,125	...	35	3 1
Morecambe & Heysham M.B. ...	30	...	1,059	...	35	5 0
Orrell U.D. ...	24	...	847	...	35	5 10
Poulton-le-Fylde U.D. ...	*12	...	443	...	36	18 4
Ramsbottom U.D. ...	*24	...	431	...	17	19 2
Ulverston U.D. ...	*16	...	387	...	24	3 9
Urmston U.D. ...	37	...	1,397	...	37	15 2
Walton-le-Dale U.D. ...	* 4	...	65	...	16	5 0
Whitworth U.D. ...	32	...	1,059	...	33	1 10
Widnes M.B. ...	*29	...	433	...	14	18 8
Burnley R.D. ...	* 8	...	216	...	27	0 0
Burnley R.D. ...	* 9	...	216	...	24	0 0
Chorley R.D. ...	*22	...	455	...	20	13 8
West Lancashire R.D. ...	57	...	1,701	...	30	0 0

\* No communal facilities provided.

This brought the total of approved schemes to 115, and when all are completed the 67 district councils concerned will be providing sheltered housing for 2,793 persons. They vary very widely in character but all have the essential minimum requirements of a resident warden and a call-bell or "intercom" system. The warden is not employed to provide care for the tenants in the usual sense, but to see that the necessary domiciliary services are brought in as required. The knowledge that such a "good neighbour" is available in case of need provides a strong sense of reassurance for many tenants who would otherwise be beset by anxieties if they were living alone and her watchful eye can detect the early signs of neglect as well as the unforeseen emergency.

The very encouraging rate of progress achieved during the year must be attributed to a series of regional conferences held with representatives of county district councils and addressed by the Chairman and Vice-Chairman of the Health Committee and of the Welfare Services Sub-Committee. These undoubtedly created a good deal of interest amongst those district councils that had not previously submitted proposals, but the councils putting forward second and subsequent schemes were generally motivated by the successful results of their own experience.



Two minor amendments to the scheme were adopted during the year. It was agreed that expenditure on the remuneration of a relief warden during the sickness of the warden or her two weeks annual leave should be eligible for reimbursement, and also that (exceptionally) registered handicapped persons who were in need of warden-supervised housing could be approved as tenants even if they were not of pensionable age. The scheme was also extended in a modified form to cover similar projects provided by voluntary housing associations, which can now qualify for a unit grant of £10 a year.

The scheme can only be described as an unqualified success, both in the extent to which it has encouraged district councils to embark upon such projects and in the degree to which the desirable results that were expected to flow from these initiatives have already been realised in practice. Two county-wide surveys have indicated that despite the fact that the applicants are selected for this accommodation as "at-risk" cases, very few of them deteriorate in sheltered housing to a level that necessitates their transfer to a welfare home. Experiments in still further narrowing the gap between housing and welfare accommodation are in hand, in that about a dozen schemes are at various stages of planning which involve the provision of 24-hour supervision of housing by the staff of an adjacent welfare home. This principle has been very successful at The Limes/The Hollies (Swinton) and is to be followed at two other homes opened during 1964—*viz.*, Castleford (Clitheroe) and Birchfold (Worsley).

**Care of the Aged in their Own Homes.**—The objects of the County Council's scheme to promote the care of old people in their own homes 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 127,000 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. A grant of £1,200 was paid to the Community Council for the financial year ending 31st March, 1965.

**The National Assistance Act 1948 (Amendment) Act, 1962.**—The effect of this Act, which came into operation in May, 1962, to amend section 31 of the principal Act, was to extend the existing powers of local authorities (within a County the County Council and the County District Councils) relating to the provision of recreation or meals for old people. Previously limited to making contributions to the funds of any voluntary organisation providing such services, local authorities may now make available further assistance in the form of premises, staff, furniture, vehicles, etc., and are authorised to provide meals and recreation for old people either directly or through the agency of voluntary organisations.

The County Council policy had hitherto been to assist voluntary organisations at County level, grants to old people's clubs and meals services being dealt with by the County Districts and understood to amount to approximately £25,000 a year.

During the year the County Council and the County District Council Associations formulated a common policy for the exercise of their new concurrent powers and in doing so agreed that it would be undesirable to upset the work at present being generally well done by voluntary bodies in providing meals and recreation facilities for old people. Under the scheme, which was welcomed



by a conference of the County Council, County District Council Associations and the major voluntary bodies—the British Red Cross Society, the Lancashire Community Council County Old People's Welfare Committee and the Women's Voluntary Services) the County District Councils have the primary responsibility for expanding the services and for sponsoring and encouraging voluntary effort.

Applications from voluntary bodies are to be dealt with by the County District Councils and the County Council have agreed to an equal partnership with the County Districts on the cost of assistance from public funds. The initial limit from the County Council to a County District will be 4/- per head of pensionable population on an equal partnership basis and when this is matched by the County Districts there will be available a total of about £130,000 a year.

The new arrangements for joint financial responsibility and the expansion of the existing services will come into operation from the 1st April, 1965.

**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) such person may not always have made arrangements for the disposal or safekeeping of his property. If 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.

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 homes 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 ...	13
Action to dispose of property of deceased patients/residents, including reports to solicitor for the Duchy of Lancaster ...	10
Cases referred in respect of debts due to the County Council where a charge was established with the court ...	17*
Miscellaneous ...	24
	64

\* The total sum recovered as a result of this action was £1,965.

### WELFARE OF THE HOMELESS

**Accommodation for Homeless Families.**—The policy of the County Council concerning families falling within the scope of section 21 (1) (b) is 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 are in use as special family unit accommodation, *viz.*, Hollins Cottage Homes, Farnworth, providing for 21 families, and 31 Ashburton Road, Trafford Park, housing six families. 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.

In order to ease the pressure for accommodation and at the same time provide temporary housing for families where close supervision is not considered necessary, it has been possible to arrange temporary leases on properties purchased by the Lancashire County Council for purposes such as future road works, etc. These properties are all due for demolition at the end of a given period and in December, 1964, six properties were being used as individual units of temporary accommodation.

A comparative statement of the families in temporary accommodation at the end of 1963 and 1964 is given below.

Premises	December, 1963			December, 1964		
	No. of families	Total persons		No. of families	Parents	Children
Hollins Cottage Homes, Farnworth ... ..	18	122	...	17	21	87
31 Ashburton Road, Trafford Park ... ..	5	22	...	5	5	12
Individual units ... ..	—	—	...	6	11	25
	23	144	...	28	37	124
						161

During the year 132 families were admitted and 127 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 ... ..	...	...	...	...	...	...	72
One to three months ... ..	...	...	...	...	...	...	30
Three to six months ... ..	...	...	...	...	...	...	15
Six to 12 months ... ..	...	...	...	...	...	...	9
Over 12 months ... ..	...	...	...	...	...	...	1
<i>Reason for discharge—</i>							
Obtained tenancy of Council house ... ..	...	...	...	...	...	...	2
Obtained private accommodation ... ..	...	...	...	...	...	...	54
Placed in "intermediate" accommodation ... ..	...	...	...	...	...	...	10
Returned to husband or other relative ... ..	...	...	...	...	...	...	30
Took own discharge—address unknown ... ..	...	...	...	...	...	...	28
Mother admitted to hospital ... ..	...	...	...	...	...	...	3

*Intermediate Housing.*—In 1956 the County Council approved a scheme for dealing with the problems of homelessness in co-operation with district councils as housing authorities. The scheme provides for the County Council to reimburse district councils with certain financial losses incurred in respect of intermediate houses made available for the accommodation of homeless families.

Offers of such accommodation have been accepted as follows :—

Authority	No. of houses	Authority	No. of houses
Chadderton U.D.C. ... ..	2	Stretford M.B.C. ... ..	1
Dalton-in-Furness U.D.C. ... ..	2	Swinton & Pendlebury M.B.C. ... ..	2
Eccles M.B.C. ... ..	2	Turton U.D.C. ... ..	1
Great Harwood U.D.C. ... ..	1	Tyldesley U.D.C. ... ..	1
Kirkby U.D.C. ... ..	2	Up Holland U.D.C. ... ..	1
Leyland U.D.C. ... ..	2	Worsley U.D.C. ... ..	1
Newton-le-Willows U.D.C. ... ..	3	Blackburn R.D.C. ... ..	2
Rawtenstall M.B.C. ... ..	2		

A total of 25 intermediate houses from only 15 of 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.



## 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 these persons are carried into effect in accordance with schemes approved by the Minister of Health.

**Blind Persons.**—During the year under report the County Council in association with local agencies for the blind continued 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 1964, 1,405 examinations or re-examinations were arranged in consequence of which 652 persons were certified for the first time or confirmed 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 1964 :—

Referred for examination by—

(a) General practitioner	...	...	...	...	...	...	27
(b) Medical source other than general practitioner	...	...	...	...	...	...	206
(c) National Assistance Board	...	...	...	...	...	...	189
(d) Lay source other than National Assistance Board	...	...	...	...	...	...	364
<b>TOTAL</b>	...	...	...	...	...	...	<b>786</b>

At the end of 1964 there were 4,440 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—	50—	65—	
1963 ...	20	98	41	539	832	2,766	4,296
1964 ...	18	99	42	522	851	2,908	4,440

**REHABILITATION OF THE NEWLY BLIND.**—The work of rehabilitating the newly blind prior to training and employment is carried out by the Royal National Institute for the Blind at the Queen Elizabeth Homes of Recovery at Torquay. Arrangements for the attendance of people who it is thought will benefit by a course of industrial rehabilitation are made by the Ministry of Labour.

Equally in need of help and guidance in adjusting themselves to their new condition of blindness, however, are those many others—elderly people and housewives, for example—who are required to live and work, not in factories and offices, but within the environment of their own homes. Home teachers do much work in this respect, but their ability to help is inevitably restricted because of the large number of blind persons within the care of each.

To meet this need the Royal National Institute for the Blind provides a special residential home of recovery at Oldbury Grange, Bridgnorth, Shropshire, where people are helped to become active and independent. A course of training for day-to-day living is usually of about three months' duration.

Where the full cost of the social rehabilitation course cannot be met by the person concerned the County Council grant financial assistance in accordance with a scale used for various services provided for handicapped persons. During 1964 assistance was given in five such cases.

**WORKSHOP EMPLOYMENT.**—At the end of 1964 the following 17 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.
Leeds County Borough Council ... ..	Roundhay Road, Leeds.
Liverpool Cornwallis Street Workshops for the Blind ...	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Institute ... ..	Brunswick Road, Liverpool.
General Welfare of the Blind, London ... ..	Tottenham Court Road, W.1.
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
Brush maker ... ..	45	3	48
Skip and basket maker ... ..	43	2	45
Machine knitter ... ..	—	29	29
Mat maker ... ..	16	—	16
Mattress maker ... ..	4	3	7
Boot and shoe repairer ... ..	3	—	3
Chair caner ... ..	1	3	4
Furniture maker ... ..	2	—	2
Piano tuner ... ..	2	—	2
Other ... ..	2	—	2
<b>TOTAL ...</b>	<b>118</b>	<b>40</b>	<b>158</b>

*Remuneration.*—The earnings of blind persons employed in workshops are augmented by the County Council so that every employee receives a living wage—at the present time in accordance with Group IV of the scales approved by the National Joint Council for Local Authority Services (Manual Workers). In addition to the standard rate an employee may receive a service supplement and/or production bonus.

All the blind persons employed at workshops for the blind are registered under the Disabled Persons (Employment) Acts, 1944 and 1958, and are approved as blind workers by the Ministry of Labour.

*HOME WORKERS SCHEME.*—The County Council operate a home workers scheme in accordance with the recommendations of the Local Authorities Advisory Committee. This lays down minimum net weekly earnings for different occupations which must be attained before a blind person is eligible for admission to the scheme.



As from the 1st January, 1965, the minimum rate of augmentation will be raised from £4 11s. 0d. to £5 5s. 0d. per week for men and from £4 1s. 0d. to £4. 15s. 0d. per week for women. The increased minimum rate will be paid on earnings up to and including £5. 5s. 0d. per week instead of £4. 10s. 0d. as previously. For earnings over £5. 5s. 0d. per week a reduced amount of augmentation will be paid by the County Council in accordance with a sliding scale.

All home workers are registered under the Disabled Persons (Employment) Acts, 1944 and 1958, and approved by the Ministry of Labour.

The following agencies for the blind supervise on behalf of the County Council the blind persons included in the home workers' scheme :—

Accrington and District Institution for the Blind.  
Ashton-under-Lyne and District 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.  
St. Helens and District Workshops for the Blind.  
Wigan, Leigh and District Workshops for the Blind.

The occupations of the home workers at the end of 1964 were as follows :—

Occupation	Men	Women	Total
Piano tuner ... ..	4	—	4
Hand/machine knitter ... ..	—	6	6
Braille copyist and proof-reader ... ..	2	3	5
Firewood dealer ... ..	1	—	1
Boot and shoe repairer ... ..	1	—	1
Poultry keeper ... ..	2	1	3
Shopkeeper ... ..	2	—	2
News vendor ... ..	2	—	2
Music teacher ... ..	—	1	1
Tea agent ... ..	1	—	1
<b>TOTAL</b> ...	<b>15</b>	<b>11</b>	<b>26</b>

**OTHER TYPES OF EMPLOYMENT.**—As from the 1st October, 1963, the Minister of Labour has been responsible for the placing of blind persons in employment. Although the County Council have no direct responsibility in this sphere, it is nevertheless relevant to their welfare responsibilities to note that blind persons resident in Lancashire were at the end of the year engaged in occupations (other than in sheltered workshop employment) as shown in the following table :—

Ministry of Health Classification	Occupation	No.	Ministry of Health Classification	Occupation	No.
I 1	Masseurs and physiotherapists ...	3	III 1	Working proprietors, shop managers ...	2
I 2	Lecturers, teachers, instructors (including craft instructors) ...	2	III 2	Shop assistants, salesmen ...	4
I 3	Clergy and members of religious orders ...	4	III 3	Street vendors, newsvendors, hawkers ...	2
I 4	Barristers, solicitors and related workers ...	1	III 4	Sales representatives, agents, collectors, commercial travellers ...	3
I 5	Musicians (including music teachers) ...	4	IV 1	Farmers, farm managers, market gardeners, farm workers ...	3
I 6	Social, welfare and related workers (including placement officers) ...	3	IV 2	Gardeners, groundsmen ...	2
I 7	Proprietors, managers and executive workers in industry and commerce ...	3	IV 3	Animal husbandry (including poultry keeping) ...	4
I 8	Other workers in Group I (not elsewhere classified) ...	1	V 1	Machine tool operators ...	44
II 1	Typists, shorthand typists, secretaries ...	14	V 2	Fitters and assemblers ...	23
II 2	Braille copyists and proof readers ...	5	V 3	Viewers, inspectors, testers ...	13
II 3	Clerical workers ...	1	V 4	Boxers, fillers, packers ...	11
II 4	Telephone operators ...	16	V 5	Warehousemen, storekeepers and assistants ...	3
			V 6	Carpenters and joiners ...	1
			V 7	Knitters (hand and machine), weavers, netting makers ...	6



Ministry of Health Classification	Occupation	No.	Ministry of Health Classification	Occupation	No.
V 8	Upholsterers, machinists (bedding, etc), mattress makers ... ..	—	V 17	Craftsmen and production process workers (not elsewhere classified) ... ..	18
V 9	Basket makers ... ..	—	V 18	Labourers (not elsewhere classified) ... ..	25
V 10	Mat makers ... ..	—	VI 1	Domestic/canteen workers, cleaners, caretakers, porters ... ..	15
V 11	Chair seaters... ..	—	VI 2	Launderers, dry cleaners ... ..	17
V 12	Brush makers ... ..	1	VI 3	Miscellaneous workers (not elsewhere classified) ... ..	3
V 13	Wireworkers ... ..	1			
V 14	Boot and shoe repairers ... ..	1			
V 15	Piano tuners ... ..	4			
V 16	Firewood workers ... ..	1			264

**HOME TEACHERS OF THE BLIND.**—At the 31st December, 1964, the County Council employed 46 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 ;
- (ix) care of the pre-school child and school child on holiday.

**SOCIAL AND HANDICRAFT CENTRES.**—At the end of 1964 there were 58 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	Orrell
Ashton-under-Lyne	Fulwood	Padiham
Ashton-in-Makerfield	Golborne	Prestwich
Atherton	Heywood	Radcliffe
Bacup	Hindley	Rishton
*Barrow-in-Furness	Horwich	*Rochdale
*Blackpool (2)	Huyton	Standish
*Burnley	Kearsley	*St. Helens
Chadderton	Kirkby	Stretford
Chorley	Lancaster	Swinton and Pendlebury
Clitheroe	Leigh	Thornton Cleveleys
Colne	Litherland	Turton
Crompton	Little Lever	Ulverston
Crosby	Lytham St. Annes	Walton-le-Dale
Darwen	Middleton	Westhoughton
Denton	Morecambe	Widnes
Droylsden	Mossley	*Wigan (2)
Eccles	Nelson	Worsley
Failsforth	Ormskirk	

\* 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.**—The Nuffield Talking Book Library for the Blind is organised by the Royal National Institute for the Blind in co-operation with St. Dunstan's. Originally library members used disc machines, but in May, 1964, the Library Committee decided not to issue any more machines of this type nor sanction their transfer to new users. Thus eventually all library members will use tape machines, which remain the property of the library and are only available on rental.



At the end of the year machines as under were in use by County residents :—

Disc type—						Blind	Partially sighted
Owned by user	...	...	...	...	...	12	2
Loaned to user by :—							
Agencies for the Blind	...	...	...	...	...	14	—
County Council	...	...	...	...	...	7	—
Other bodies, e.g. Rotary, Inner Wheel, Round Table, etc.	...	...	...	...	...	12	—
Tape type—							
Rental paid by :—							
User	...	...	...	...	...	182	12
Agencies for the Blind	...	...	...	...	...	85	8
Other bodies, e.g. Rotary, Inner Wheel, Round Table, etc.	...	...	...	...	...	22	—

The County Council have decided that as from April, 1966, they will pay the rentals for all County users of tape machines. As postal charges for tapes are already met by the County Council this will give a completely free service to library members.

**FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.**—The following statement gives details of the follow-up in 1964 of persons registered as blind or partially sighted :—

	Cause of disability						
	Cataract	Glaucoma	Senile macular degeneration	Myopia	Blindness from Diabetes	Trauma	Others
(i) No. of cases registered as blind or partially sighted during 1964 in respect of which section F of form B.D.S. recommends :—							
(a) No treatment ...	98	41	85	13	7	3	129
(b) Treatment (medical, surgical or optical) ...	224	68	65	26	20	3	152
(ii) No. of cases at (i) (b) above which on follow-up action have received treatment ...	142	59	32	14	18	—	127
(iii) No. of cases registered in 1963 which on follow-up action have received treatment but which were not included in item (ii) in the Report for 1963 ...	11	—	3	1	—	—	—

**HOLIDAYS FOR BLIND AND PARTIALLY SIGHTED 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 and partially sighted persons at holiday homes. During 1964 holidays were arranged for 137 such persons as follows :—

Home	No. of persons
Godfrey Ermen Home, Southport ...	80
Henderson Holiday Home, Blackpool ...	28
Princess Alexandra Home, Blackpool ...	4
*“ Monarch ” and “ Heatherlands ” Hotels, Bridlington ...	†14
Royal National Institute for Blind Homes—	
Leeds House, New Brighton ...	1
The Haven, Scarborough ...	2
“ Bannow ”, St. Leonards ...	1
London Association for Blind Home—	
Orton Rigg, Bournemouth ...	3
Jewish Home, Southport ...	2
Boarding houses ...	2
	137

\* Holidays arranged by North Regional Association for the Blind.

† Includes five deaf/blind.



Transport was provided by an ambulance service vehicle between residence and holiday home for 24 of the persons referred to above, 42 were supplied with a railway warrant and 44 were conveyed to the holiday home under arrangements made by the Blind Society.

**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 requisite certificate is issued.

During the year 469 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 652 persons who were registered as blind during the year 1964 were forwarded to the National Assistance Board.

**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 services and facilities provided for the blind or general classes of the handicapped, as appropriate, are made available to them.

At the end of 1964 there were 1,682 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—	50—	65—	
1963 ... ..	9	105	60	156	243	1,016	1,589
1964 ... ..	6	130	54	175	245	1,072	1,682

**Deaf or Dumb Persons.**—Local Societies for the Deaf act as agents of the County Council in regard to the provision of welfare services in accordance with the Council's scheme and provision is made for minority representation of the Council on the committees of the various societies. Qualified welfare officers employed by the societies assist deaf people in many ways—by visiting, acting as interpreters, in obtaining employment, etc. In addition, they supervise institutes which cater for the religious, recreational and welfare needs of deaf and dumb people.

The County Council make a grant to each society based on the number of deaf persons over 16 years of age resident in the County area supervised by the society.

The following statement shows the Societies for the Deaf which received payments from the County Council for 1964 and the number of deaf persons resident in the Administrative County area who were supervised by these societies :—

Deaf Society	No. of deaf persons aged 16 years and over
Blackpool and Fylde ... ..	33
Bolton, Leigh and District ... ..	112
Bury and District ... ..	12
Carlisle (Barrow) Diocesan Mission ... ..	14
Liverpool Adult Deaf and Dumb Society ... ..	124
Liverpool Catholic Deaf Society of St. Vincent de Paul ... ..	45*
Manchester Institute for the Deaf ... ..	211
North and East Lancashire Welfare Association ... ..	240
Oldham ... ..	49
Rochdale and District ... ..	46
Salford and District Association ... ..	53†
Southport and District ... ..	22
St. Helens and District ... ..	33
Warrington, Widnes and District ... ..	45
Wigan and District ... ..	82
	<hr/> 1,023

\* Included in the 124 supervised by the Liverpool Adult Deaf and Dumb Society.

† Included in the 211 supervised by the Manchester Institute for the Deaf.



The amount paid to the North Regional Association for the Deaf for the financial year 1964-65 was £895 4s. 0d.

**Handicapped Persons other than the Blind, Partially Sighted, Deaf and Dumb.—REGISTER.**—There were more names on the County Council's register of handicapped persons at the end of the year than on the 31st December, 1963—5,572 as compared with 4,853. Details of those registered on the 31st December, 1964, classified in accordance with the Ministry of Labour's code for disabled persons, are as follows :—

Code	Classification of handicap	Sex	Age in years					
			0—	16—	30—	50—	65—	Total (all ages)
A/E	Amputation ... ..	M.	—	11	65	97	140	313
		F.	1	4	23	42	57	127
F	Arthritis and rheumatism ... ..	M.	—	7	28	114	98	247
		F.	2	16	79	359	329	785
G	Congenital malformations and deformities	M.	8	28	32	29	12	109
		F.	12	42	36	46	25	161
H/L	Diseases of digestive and genito-urinary systems, of heart or circulatory system, of respiratory system (other than tuberculosis) and of skin.	M.	4	29	46	197	82	358
		F.	3	22	56	154	92	327
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.	4	37	77	86	68	272
		F.	2	20	36	96	60	214
V	Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	M.	44	166	285	414	125	1,034
		F.	24	135	325	386	128	998
U/W	Neurosis, psychoses and other nervous and mental disorders not included in V.	M.	1	18	42	38	12	111
		F.	—	30	45	45	13	133
X	Tuberculosis (respiratory) ... ..	M.	—	2	21	37	12	72
		F.	—	2	14	12	6	34
Y	Tuberculosis (non-respiratory) ... ..	M.	—	4	7	9	1	21
		F.	1	3	12	10	4	30
Z	Diseases and injuries not specified above	M.	3	24	26	38	18	109
		F.	2	14	21	58	22	117
	TOTAL ... ..	M.	64	326	629	1,059	568	2,646
		F.	47	288	647	1,208	736	2,926

**OCCUPATIONAL THERAPY.**—Occupational therapists and handicraft instructors employed by the County Council attended handicapped persons in their own homes and gave instruction at social centres. In some divisions they taught handicrafts to residents of County Council Part III establishments. A full-time occupational therapist or handicraft teacher is employed in thirteen divisions, whilst part-time staff are employed in the remaining four divisions. One of the delegate authorities has a full-time and another a part-time occupational therapist. In some of the larger divisions two full-time officers are employed.

In 1964, 15,460 domiciliary visits were made to 1,503 persons as compared with 15,197 visits to 1,302 persons in 1963. Handicraft classes were held in some districts under the Further Education Regulations, teaching staff being employed by the Education Committee. The number of persons attending classes, including those held at social centres, was 1,111. The comparable figure for 1963 was 1,085.

**SOCIAL CENTRES.**—County Council social centres have now been set up in all but one of the 17 health divisions and also in two of the four delegate districts. At the end of the year there were 34 in operation with a total active membership of 1,217. Voluntary organisations 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. Financial assistance was given to various local branches of these organisations.

**SOCIAL WORKERS.**—Bearing in mind the recommendations of the Younghusband Committee, the County Council decided to employ a social worker in every division except Health Division No. 1 where it was considered more appropriate to employ a welfare assistant.

The social workers on the staff are employed to provide services for the aged and the physically handicapped, and their duties include the maintenance of waiting lists for County Council residential accommodation. To carry out the necessary re-organisation of social welfare work it was obvious that the duties of divisional welfare organisers would have to be modified. Initially they had been appointed to encourage voluntary effort for the aged, as well as to co-ordinate the services provided



by the County Council and voluntary organisations, and as such they were primarily administrative officers whose duties included some social welfare work. Following this re-appraisal the divisional welfare organiser is now employed as a senior social worker with some administrative duties.

By the end of the year the County Council were employing 17 divisional welfare organisers as senior social workers, 16 social welfare officers and 20 welfare assistants of whom one was part-time. Included in these figures are four officers who during the year were sent on two-year training courses in social welfare work.

**RESIDENTIAL ACCOMMODATION.**—*Lakeland View Home for the Physically Handicapped, Fleetwood.*—Work was completed on this 50-place specialised home for the handicapped at the end of 1963. The home which has 38 permanent and 12 temporary places admitted its first residents on the 20th January, 1964. Initially 11 permanent residents were admitted but by the end of the year 35 permanent places had been filled.

It is proposed to build other homes for the handicapped during the next few years in Crosby and Worsley.

On the 31st December, 1964, the County Council were maintaining 184 epileptics in colonies and homes and 48 handicapped persons in homes run by voluntary organisations. In addition, 994 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 had handicaps associated with old age, but nine men and five women between the ages of 16 and 30 years, and 16 men and 18 women between the ages of 30 and 50 years, were living in welfare homes provided by the County Council.

**HOLIDAYS.**—Arrangements were made for 590 handicapped persons to have a holiday during the year, either two weeks at a convalescent home or at Lakeland View, Fleetwood, or one week at a holiday camp. Details are as follows :—

	No. of handicapped persons			
Convalescent homes ... ..	...	...	...	186
Prestatyn Holiday Camp ... ..	...	...	...	301
Lakeland View, Fleetwood ... ..	...	...	...	103
				<hr/> 590 <hr/>

Handicapped persons staying at holiday camps were conveyed by motor coach except for a small number who preferred to travel in their own motor invalid tricycles. Others staying in Lakeland View and convalescent homes were conveyed by ambulance transport (235 cases) or were able to use public transport.

**TRANSPORT.**—*General.*—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 303 persons were regularly conveyed by ambulance service vehicles, 462 by private hire transport and 132 by the specialised vehicle operating in Health Division No. 14 and the specially adapted coaches in Health Division No. 4 and Huyton-with-Roby delegate district.

There is no doubt that the provision of suitable transport is a vital need in the establishment and operation of satisfactory services for all types of handicapped persons and it can be assumed that expenditure will continue to rise as the County Council's services for the handicapped develop and expand. There is a particular need for specialised vehicles in several health divisions and it is hoped to obtain delivery of four more in 1965.

**CAR PARKING BADGES.**—On a recommendation of his Advisory Committee on Health and Welfare Services the Minister of Health, in 1961, asked local welfare authorities to issue badges to identify the vehicles of handicapped drivers whose disability allowed only limited mobility. Each local authority was left to make its own arrangements for the issue of badges. The scheme has now been reviewed by the Ministry who have recommended no changes in its operation but have clarified the categories of handicapped persons eligible to receive badges, viz. :—

1. Those with invalid carriages supplied by the Ministry of Health.
2. Those with defects of locomotion who need specially adapted vehicles.
3. Those who as a result of amputations or with heart and chest conditions have really severe difficulty in walking or who have a defect of the spine or central nervous system which makes control of the lower limbs difficult.

The County Council are issuing these badges in appropriate cases, and by the end of the year they had been supplied to 601 handicapped persons. The number of badges issued or renewed during the year was 150. The badges are valid for a period of three years from date of issue.

**SHELTERED WORKSHOPS.**—Consideration was given in 1961 to the provision by the County Council of sheltered workshops for the physically handicapped and an approach was made to 18 County Borough Councils to ascertain their views on the possibility of joint action. Of the nine County Borough Councils expressing interest, one (Manchester) indicated that there would be the possibility of the employment of a limited number of handicapped persons from the Administrative



County if a proposed new workshop scheme were put into operation, another (Warrington) pointed out that joint action had already been taken by the employment of two severely disabled sighted persons from the Administrative County in Warrington Blind Workshops. The other County Borough Councils interested in joint action were Barrow-in-Furness, Blackpool, Bolton, Bury, Liverpool, Rochdale, Salford and Southport. After further consideration it was decided not to pursue the question of joint action for the time being. Enquiries continued to be made, however, to ascertain the need for sheltered workshops for the physically handicapped and it was eventually decided in 1963 that there was insufficient demand to justify setting up sheltered workshops in the County area.

**SCALE OF CHARGES FOR SERVICES PROVIDED FOR HANDICAPPED PERSONS.**—During the year a scale of charges for services provided for handicapped persons was brought into operation and applicants may now be required to contribute towards holidays, adaptations to their homes and small items of equipment.

**ADAPTATIONS AT THE HOMES OF HANDICAPPED PERSONS.**—Assistance was given to 80 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, 108 persons were assisted with alterations designed to afford them greater comfort or convenience. The cost to the County Council was £4,829.

**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. However, when help is requested with the purchase of an item costing £5 or less the handicapped person's contribution will be assessed in accordance with the scale of charges. Equipment costing more than £5, such as lifting hoists, page turners, etc., are supplied on loan and can be withdrawn and re-issued when no longer needed by the handicapped person.

**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	...	...	...	...	207	335	542
In epileptic colonies	...	...	...	...	—	194	194
In other Part III accommodation			...	...	—	27	27
					207	556	763

*Spastics—*

At home or in special schools	...	...	...	...	180	283	463
In homes run by voluntary organisations	...	...	...	...	—	12	12
In other Part III accommodation	...	...	...	...	—	3	3
					180	298	478

The services provided for epileptics and spastics and the liaison between the local health services and the diagnostic and remedial services provided by regional hospital boards continued unchanged throughout the year.

#### 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 65 such homes were registered at 31st December, 1964. 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. ... ..	1
	Lancaster R.D. ... ..	3
	Morecambe and Heysham M.B. ... ..	3
3	Fleetwood M.B. ... ..	4
	Lytham St. Annes M.B. ... ..	12
	Thornton Cleveleys U.D. ... ..	3
4	Fulwood U.D. ... ..	1
	Clitheroe R.D. ... ..	1
	Preston R.D. ... ..	2
5	Accrington M.B. ... ..	2
	Oswaldtwistle U.D. ... ..	1
6	Nelson M.B. ... ..	2
	Burnley R.D. ... ..	1
7	Crosby M.B. ... ..	8
	Formby U.D. ... ..	2
	West Lancashire R.D. ... ..	1
9	Widnes M.B. ... ..	1
10	Haydock U.D. ... ..	1
11	Leigh M.B. ... ..	1
12	Prestwich M.B. ... ..	2
	Haslingden M.B. ... ..	1
	Tottington U.D. ... ..	2
14	Lees U.D. ... ..	1
	Royton U.D. ... ..	1
15	Eccles M.B. ... ..	2
	Swinton and Pendlebury M.B. ... ..	1
16	Urmston U.D. ... ..	3
17	Ashton-under-Lyne M.B. ... ..	1
	<b>TOTAL—Administrative County ... ..</b>	<b>65</b>

**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, 1964, there were 92 charities registered.

**Charities Act, 1960.**—The County Council maintain an index of local charities in accordance with information supplied by the Charity Commission.

**Civil Defence—Welfare Section.**—In February, 1964, an instruction was received from the Ministry of Housing and Local Government for county councils to prepare plans for the care of the homeless, including the provision of rest centres, and if necessary to carry them out.

The County Medical Officer of Health has been appointed by the County Council as Head of the Welfare Section and also as County Emergency Homeless Officer and is responsible for planning the arrangements made under the Ministry instructions.



The County Council, on the recommendation of the Civil Defence Committee and with the approval of the Ministry of Housing and Local Government, decided to delegate to district councils responsibility for the staffing and local operation of rest centres.

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.

**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.

Seventeen instances of use of the above powers were reported by local medical officers of health in 1964. Removal to hospital was ordered in 10 cases. The remaining seven persons were transferred to accommodation provided under Part III of the Act, where three decided to remain voluntarily and four died within the period of their respective orders.



## SANITARY CIRCUMSTANCES OF THE COUNTY

**Water Supply.**—With the exception of a comparatively small and slowly diminishing number of isolated areas the Administrative County is, generally speaking, well provided with a constant, plentiful and wholesome water supply.

The following tabular statement shows the statutory water undertakers covering the whole of the Administrative County area, the types of supply and the County districts served by each at the end of 1964.

## LOCAL WATER SUPPLIES

Statutory water undertaker	Type of supply	Districts served
<i>Joint Bodies—</i>		
Ashton-under-Lyne, Stalybridge, Dukinfield and District Water Board.	Upland surface water.	Ashton-under-Lyne M.B. Audenshaw U.D. Failsworth U.D. (part) Mossley M.B.
Calder Water Board ... ..	Upland surface water and deep wells.	Accrington M.B. Church U.D. Clayton-le-Moors U.D. Great Harwood U.D. Haslingden M.B. (part) Oswaldtwistle U.D. Padiham U.D. Rishon U.D. Burnley R.D. (part)
Furness Water Board ... ..	Upland surface water.	Dalton-in-Furness U.D. Grange U.D. Ulverston U.D. North Lonsdale R.D.
Fylde Water Board ... ..	Upland surface water.	Clitheroe M.B. Darwen M.B. Fleetwood M.B. Kirkham U.D. Lytham St. Annes M.B. Poulton-le-Fylde U.D. Preesall U.D. Thornton Cleveleys U.D. Blackburn R.D. Clitheroe R.D. Fylde R.D. Garstang R.D. Lancaster R.D. (part) Preston R.D. (part)
Heywood and Middleton Joint Water Board...	Upland surface water.	Chadderton U.D. (part) Heywood M.B. Middleton M.B. Prestwich M.B. (part)
Lune Valley Water Board ... ..	Upland surface water.	Carnforth U.D. Lancaster M.B. Morecambe and Heysham M.B. Lancaster R.D. (part) Lunedale R.D.
Makerfield Water Board... ..	Upland surface water and deep wells.	Abram U.D. Ashton-in-Makerfield U.D. Aspull U.D. (part) Golborne U.D. (part) Hindley U.D. Ince-in-Makerfield U.D. Leigh M.B. Newton-le-Willows U.D. Orrell U.D. Standish-with-Langtree U.D. Up Holland U.D. West Lancashire R.D. (part) Wigan R.D.



LOCAL WATER SUPPLIES (*continued*).

Statutory water undertaker	Type of supply	Districts served
North Calder Water Board ... ..	Upland surface water and springs.	Barrowford U.D. Brierfield U.D. Colne M.B. Nelson M.B. Trawden U.D. Burnley R.D. (part)
Preston and District Water Board ... ..	Upland surface water.	Fulwood U.D. Leyland U.D. Longridge U.D. Walton-le-Dale U.D. Preston R.D. (part) West Lancashire R.D. (part)
West Lancashire Water Board ... ..	Deep wells.	Formby U.D. Ormskirk U.D. Skelmersdale U.D. West Lancashire R.D. (part)
<i>County Borough Councils—</i>		
Bolton C.B.C. ... ..	Upland surface water.	Aspull U.D. (part) Bacup M.B. Farnworth M.B. Haslingden M.B. (part) Kearsley U.D. Little Lever U.D. Radcliffe M.B. Ramsbottom U.D. Rawtenstall M.B. Tottington U.D. Turton U.D. Westhoughton U.D. Whitefield U.D. Worsley U.D. (part) Burnley R.D. (part)
Liverpool C.B.C. ... ..	Upland surface water.	Chorley M.B. (part) Crosby M.B. Huyton-with-Roby U.D. Kirkby U.D. (part) Litherland U.D. Prescot U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part)
Manchester C.B.C. ... ..	Upland surface water.	Atherton U.D. Chadderton U.D. (part) Chorley M.B. (part) Denton U.D. Droylsden U.D. Eccles M.B. Failsworth U.D. (part) Irlam U.D. Prestwich M.B. (part) Stretford M.B. Swinton and Pendlebury M.B. Tyldesley U.D. Urmston U.D. Worsley U.D. (part)
Oldham C.B.C. ... ..	Upland surface water.	Chadderton U.D. (part) Crompton U.D. Failsworth U.D. (part) Lees U.D. Royton U.D.
Rochdale C.B.C. ... ..	Upland surface water.	Littleborough U.D. Milnrow U.D. Wardle U.D. Whitworth U.D.
St. Helens C.B.C.... ..	Upland surface water and deep wells.	Billinge and Winstanley U.D. Haydock U.D. Kirkby U.D. (part) Rainford U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part)
Warrington C.B.C. ... ..	Upland surface water.	Golborne U.D. (part) Warrington R.D. (part)



LOCAL WATER SUPPLIES (*continued*).

Statutory water undertaker	Type of supply	Districts served
<i>County District Councils—</i>		
Adlington U.D.C. ... ..	Upland surface water and springs.	Adlington U.D.
Blackrod U.D.C. ... ..	Upland surface water and springs.	Blackrod U.D.
Horwich U.D.C. ... ..	Upland surface water, deep well and springs.	Horwich U.D.
Widnes M.B.C. ... ..	Deep wells.	Widnes M.B. Whiston R.D. (part)
Withnell U.D.C. ... ..	Upland surface water.	Withnell U.D.
Chorley R.D.C. ... ..	Upland surface water.	Chorley R.D. West Lancashire R.D. (part)

**PUBLIC MAINS SUPPLIES.**—The following table, compiled from the local health reports, shows the approximate number of houses and population at the end of 1964 and the preceding year receiving water from the public mains. Almost all received their water supply direct, less than 40 houses being served by stand-pipes at the end of 1964.

*Water supplied from public mains*

	1963		1964	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts ... ..	644,100	1,913,500	654,700	1,925,900
Total Rural Districts ... ..	105,300	333,400	110,900	346,300
Administrative County ... ..	749,400	2,246,900	765,600	2,272,200

In addition to 20,600 new houses reported to have been connected during the year to the public mains supply, there were also 331 existing houses provided with such a supply for the first time.

With regard to new sources of supply it was reported from the area served by the Heywood and Middleton Joint Water Board that during the year supplies became available as required from the new Greenbooth reservoir. At Tarbock (Whiston R.D.) a new borehole was brought into use by Widnes M.B.C. in November, 1964. The test pumping of trial boreholes at Knowsley (Whiston R.D.) and Haydock U.D. which was reported in 1963 was successfully concluded in 1964 and the St. Helens Corporation intend to develop these for additional supplies. New boreholes were also being sunk at Lightshaw (Golborne U.D.) by the Makerfield Water Board.

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 1964, however, 231 samples of the untreated water were submitted from 15 County districts for bacteriological examination and of these 31 were reported to be unsatisfactory. Of 18 samples submitted from seven districts for chemical analysis, none was unsatisfactory. Where apparatus is installed for the treatment of water going into supply, samples of the treated water numbered 2,017 from 63 districts for bacteriological examination and 98 from 22 districts for chemical analysis. Unsatisfactory results were reported on 104 of the former and none of the latter.

**Fluoridation of Public Water Supplies.**—At the end of 1964 the hearing was still awaited of the case originating in the issue of a writ against the Watford Borough Council challenging their powers as water authority to fluoridate their water supply. Pending the outcome of this case the Health Committee of the County Council have deferred action in the matter of fluoridation.



**PRIVATE SUPPLIES.**—According to local reports some 7,400 dwellings, housing an estimated population of 19,500, were still dependent upon supplies from wells, springs, etc., at the end of 1964. Bacteriological examination of the untreated water was made in 370 instances and 193 of the samples were found to be unsatisfactory. Chemical analyses numbered 18, of which 10 gave unsatisfactory results. Of treated water where treatment was installed, 96 samples taken for bacteriological examination gave 25 unsatisfactory results and two of four submitted for chemical analysis were unsatisfactory. 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 1964 some 19,800 newly built houses, flats, etc., were connected to the drainage and sewerage systems and a further 993 existing houses, previously dependent upon other and less preferable methods, were also connected. Whilst there still remains a number of small localities lacking proper drainage and/or sewerage systems, this in the main is due to physical barriers such as inclined ground, mining subsidence, canals and railways. Septic tanks are widely used in such areas and during the year 196 new houses and 254 existing houses were so connected.

**RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-61.**—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.

The Act enables the Minister of Housing and Local Government 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 are also required to contribute.

The Act provides County Councils with 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, by requiring local authorities to consult with the County Council before submitting schemes to the Minister.

The Act of 1955 amended the requirements of section 1 of the Act of 1944 with regard to contributions towards expenses incurred by local authorities in connection with water supplies, sewerage and sewage disposal in rural localities.

The Rural Water Supplies and Sewerage (No. 2) Act, 1955, increased the limit of contributions out of money provided by Parliament which may be made under the section referred to above.

With the formation during recent years of a number of water boards which included county borough council undertakings, doubts arose as to the legality of continued contributions to rural district councils under the above Acts as long as a county borough council were a constituent member of a joint water board covering the area of the rural district. The position was clarified by the Rural Water Supplies and Sewerage Act, 1961, which, *inter alia*, provides that where a contribution towards the expenses of a scheme under the Rural Water Supplies and Sewerage Acts is made by the Minister in respect of any rural locality, it continues to be obligatory for the County Council to make a contribution, whatever may be the nature of the water authority to whom the Minister makes his contribution.

Particulars of applications received during 1964 are given in the following table :—

Authority	Nature of scheme and estimated cost	Action taken by County Council	Action taken by Ministry of Housing and Local Government
Calder Water Board ...	Extension of water main—Burnley Road, Cliviger (£1,500)	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make lump sum payment of £479 and County Council agreed payment of £445.
Calder Water Board ...	New water main—Dean Lane, Gt. Harwood (£2,200).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make lump sum payment of £630 and County Council agreed payment of £585.



Authority	Nature of scheme and estimated cost	Action taken by County Council	Action taken by Ministry of Housing and Local Government
Calder Water Board ...	Water supply—Oswaldtwistle (£2,830).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make lump sum payment of £888 and County Council agreed payment of £824.
Fylde Water Board ...	Extension of water main—Pleasington, Woodcock Hill (£1,828).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make lump sum payment of £551 and County Council agreed payment of £512.
Fylde Water Board ...	Water supply—Pilling, Fluke Hall, Preesall, Sandside (£1,690).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make lump sum payment of £546 and County Council agreed payment of £512.
Fylde Water Board ...	Water supply—north west of Parsonage Reservoir (£4,045).	Approved for submission to Minister of Housing and Local Government.	Minister decided not to give grant aid.
Fylde Water Board ...	Water supply—Radfield Road, Darwen (£230).	Approved for submission to Minister of Housing and Local Government.	Minister decided not to give grant aid.
Preston & District Water Board	Reorganisation of Longridge Fell water supplies (£29,350).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to contribute £348 half-yearly for 30 years and County Council agreed to contribute £323 half-yearly for 30 years.
Turton U.D.C. ...	Water supply—Round Barn, Entwistle (£3,600).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make a grant of 35 per cent. of the first annual guarantee payment that Turton U.D.C. will make to Bolton Corporation water undertaking. County Council's contribution will be 32½ per cent. (at present estimated at £114) of the first annual guarantee payment, payable for a period of 12 years.
Blackburn R.D.C. ...	Sewerage—Common Lane area, Balderstone—Osbaldeston (£29,650).	Approved for submission to Minister of Housing and Local Government.	—
Burnley R.D.C. ...	Sewerage—Habergham Eaves (£9,000).	Under consideration.	—
Burnley R.D.C. ...	Sewer extension—Hapton (£653).	Approved for submission to Minister of Housing and Local Government.	—
Burnley R.D.C. ...	Sewer extension—Sabden (£309).	Approved for submission to Minister of Housing and Local Government.	—
Chorley R.D.C. ...	Water supply—Croston (£2,314).	Approved for submission to Minister of Housing and Local Government.	—
Chorley R.D.C. ...	Water supply—Rivington (£8,840).	Approved for submission to Minister of Housing and Local Government.	—
Fylde R.D.C. ...	Sewer extension—School Lane, Newton—Phase I (£2,638).	Approved for submission to Minister of Housing and Local Government.	—
Lunesdale R.D.C. ...	Sewerage and sewage disposal—Halton (£29,950).	Under consideration.	—
Lunesdale R.D.C. ...	New sewer—School House Lane, Halton (£1,575).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make lump sum payment of £510 and County Council agreed payment of £474.



Authority	Nature of scheme and estimated cost	Action taken by County Council.	Action taken by Minister of Housing and Local Government
North Lonsdale R.D.C.	Sewerage and sewage disposal—Low Furness (£164,500).	Approved for submission to Minister of Housing and Local Government.	—
North Lonsdale R.D.C.	Sewerage and sewage disposal—Far Sawrey and Town End (£6,500).	Under consideration.	—
North Lonsdale R.D.C.	Sewerage and sewage disposal—Coniston (£54,500).	Under consideration.	—
Preston R.D.C.	Water supply—Wadigar, Parish of Goosnargh (£5,350).	Under consideration.	—
Warrington R.D.C.	Connection of sewage disposal works to properties in Rixton (£3,600).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to make lump sum payment of £766 and County Council agreed payment of £711.
Warrington R.D.C.	Foul sewer—Spring Lane, Croft (£6,500). Developers to pay 65 per cent. of cost.	Approved for submission to Minister of Housing and Local Government.	—
West Lancashire R.D.C.	Extension of Tarleton and Mere Brow sewerage scheme to Sollom (£25,000).	Approved for submission to Minister of Housing and Local Government.	—
West Lancashire R.D.C.	Sewerage—Summerwood Lane, Halsall (£5,885).	Under consideration.	—
West Lancashire R.D.C.	Sewerage and sewage disposal works — Bispham Green (£7,817).	Under consideration.	—

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
Calder Water Board	Water supply to Shawcliffe Lane, Gt. Harwood (£1,302).	This scheme was approved in December, 1962, and the Minister has now undertaken to make a grant of £420 and the County Council have agreed a lump sum payment of £390.
Fylde Water Board	Water supply—Bog Height Road, Darwen (£2,026).	In February, 1964, a scheme to supply water to properties in Bog Height Road, Darwen, was approved for grant purposes. The Minister has now undertaken to make payment of £664 towards the cost of the scheme and the County Council have agreed a lump sum payment of £617.
Blackburn R.D.C.	Mellor sewerage (£26,300).	This scheme was carried out in three stages and, following his approval of stage III, the Minister undertook to make half-yearly payments of £200 for 30 years as a contribution towards the cost of the scheme and in July, 1958, the County Council decided to make a grant of £187 half-yearly for 30 years. The Minister has now decided, on the final cost of the scheme (£30,404), to increase his grant to the equivalent of half-yearly payments of £240 for 30 years and the County Council have also increased their grant to that amount.
Chorley R.D.C.	Sewerage of Clancutt Lane, Coppull (£18,338).	In July, 1961, the County Council agreed to make a contribution, equal to that of the Minister, of £1,600. The Minister has now decided, on review, to reduce his payment to £1,450 and the County Council's grant has been reduced to that amount.
Fylde R.D.C.	Wharfedale sewerage scheme (£5,237).	In February, 1963, a scheme was approved for sewerage and sewage pumping for the district of Wharfedale. The Minister has now undertaken to make a payment of £1,335 and the County Council have agreed a lump sum payment of £1,240.
Garstang R.D.C.	Sewerage—Forton (£90,000).	In April, 1963, a scheme was approved for sewerage the Hollins Lane area, Forton, at an approximate cost of £90,000; of this amount £63,100 was to be met by the Minister of Transport towards the cost of sewerage the motorway service area on the new M6 motorway at Forton, leaving £26,900 as the District Council's proportion. The Minister of Housing and Local Government has now agreed to contribute £247 half-yearly for 30 years and the County Council to a grant of £229 half-yearly for 30 years.



Authority	Nature of scheme and estimated cost	Action taken
North Lonsdale R.D.C.	Bouth sewerage and sewage disposal scheme (£6,135).	In July, 1960, the County Council approved the payment of a grant of £1,200 towards the cost of works then estimated at £6,315, towards which the Minister was making a grant of £1,200. In June, 1962, further works in connection with this scheme were approved at an additional cost of £1,434. As a result of this the Minister has undertaken to increase his grant to a lump sum of £1,500 and the County Council have also increased their grant to that amount.
North Lonsdale R.D.C.	Sewerage and sewage disposal—Hamlet of Ayside (£5,579).	In November, 1961, the County Council agreed to make a contribution of £1,283, equal to that of the Minister. The Minister has now decided, in view of the reduced final cost of this work, to reduce his grant to £983, and the County Council's grant has been reduced similarly.
North Lonsdale R.D.C.	Sewerage—Village of Outgate (£3,580)	In December, 1961, the County Council agreed to make a lump sum payment of £549 after the Minister had decided to make a payment of £591. In view of the reduced final cost of the scheme, the Minister has reduced his payment to £587 and the County Council's grant has been reduced to £545.
Warrington R.D.C.	Winwick-Sankey Valley tributary sewer (£48,596).	In July, 1956, the County Council agreed to make a contribution, equal to that of the Minister's, of £180 half-yearly for 30 years. The Minister has now decided, in view of the reduced final cost of the work, to reduce his payments to £145 half-yearly for 30 years and the County Council's grant has been reduced similarly.
Warrington R.D.C.	Poulton and Woolston sewerage—Phase I (£64,799).	The County Council in December, 1956, decided to make a contribution equal to that of the Minister of £365 half-yearly for 30 years. The final cost of this scheme was £79,442 and both the Minister and the County Council have increased their grant to half-yearly payments of £445 for 30 years.
Warrington R.D.C.	Winwick, Croft and Houghton Green main drainage—Stage II (£90,700).	This scheme was approved in February, 1964, and it was decided to ignore for grant purposes any contribution from the Warrington County Borough Council. The Minister has now decided to contribute £922 half-yearly for 30 years and the County Council's contribution will be £856 half-yearly for 30 years.
West Lancashire R.D.C.	Sewerage—Tarleton and Mere Brow (£396,594).	This scheme was approved in March, 1964, and the Minister has now undertaken to make half-yearly payments of £2,662 for 30 years and the County Council have agreed half-yearly payments of £2,472 for 30 years.

LOCAL GOVERNMENT ACT, 1958—SECTION 56.—Prior to the operation of this Act, grant assistance to local authorities from the County Council towards the cost of schemes was given largely through the medium of section 307 of the Public Health Act, 1936. The 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 these 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 1964 for financial assistance from the County Council in respect of water supply and sewage disposal schemes are set out below:—

Authority	Nature of scheme and estimated cost	Action taken
Ashton-in-Makerfield U.D.C.	Improvement to Down Brook (£1,778.14s. 0d.).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-in-Makerfield U.D.C.	Cranberry ejector station—proposed pump and ancillary equipment (£750).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-in-Makerfield U.D.C.	Sewerage—Jennet Hey Estate (£16,645).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-under-Lyne M.B.C.	Main sewer reconstruction (Stage I) (£83,997).	Under consideration.



Authority	Nature of scheme and estimated cost	Action taken
Ashton-under-Lyne M.B.C.	(a) Storm water overflow (£4,880) and (b) river bank protection—Plantation Farm sewage works (£11,458—£2,500 contributed by a factory, net cost £8,958).	Under consideration.
Ashton-under-Lyne M.B.C.	Sewer reconstruction—Water Street (£6,136).	Under consideration.
Ashton-under-Lyne M.B.C.	Sewer reconstruction—Warrington Street (£4,326).	Under consideration.
Ashton-under-Lyne M.B.C.	Sewer reconstruction—Jeremy Brook (£1,878).	Under consideration.
Ashton-under-Lyne M.B.C.	Sewer reconstruction—Katherine Street (£3,838).	Under consideration.
Ashton-under-Lyne M.B.C.	Sewerage—Hartshead Estate (£14,393—developers contributing half—net cost £7,000).	Under consideration.
Ashton-under-Lyne M.B.C.	Sewage ejector—Hazlehurst (£1,684).	Under consideration.
Denton U.D.C.	Sludge lifting equipment (£16,000).	Approved for the purposes of the County Council's scheme of financial assistance in the sum of £11,468—this amount not being attributable to overspill.
Failsworth U.D.C.	Woodhouses sewerage scheme (£44,021).	Under consideration.
Fleetwood M.B.C.	Culverting watercourse—Copse Road (£43,000).	Under consideration.
Fulwood U.D.C.	Relief sewers—Cadley Causeway (£10,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Fulwood U.D.C.	Sewerage and house connection scheme—Lightfoot Lane (£4,050).	Approved for the purposes of the County Council's scheme of financial assistance.
Fulwood U.D.C.	Sewerage—Sharoe Green (£33,000).	Under consideration.
Haydock U.D.C.	Storm water sewer—Haydock Industrial Estate (£8,573).	Under consideration.
Heywood M.B.C.	New sewer—Hopwood area (£85,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Horwich and Blackrod U.D.C.'s.	Extensions to Horwich sewage disposal works (£230,000).	Under consideration.
Huyton-with-Roby U.D.C.	Additional wedge wire sludge drying bed—sewage disposal works (£1,100).	Under consideration.
Huyton-with-Roby U.D.C.	Sewer extension—Link Road (£1,795).	Approved for the purposes of the County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C.	Culverting Log Wood Brook (£21,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C.	Relief sewer—Childwell Lane (£1,800).	Under consideration.
Huyton-with-Roby U.D.C.	Relief sewer—Hillcrest Parade (£540).	Under consideration.
Longridge U.D.C.	Relaying sewer—Whittingham Road to Shay Lane (£5,138).	Approved for the purposes of the County Council's scheme of financial assistance.
Oswaldtwistle U.D.C.	New sewer—Hawthorn Avenue area (£7,763).	Approved for the purposes of the County Council's scheme of financial assistance.
Rawtenstall M.B.C.	Conversion of private water supplies, 1, 3, 6–16 Ash Mount (£208).	Under consideration.
Standish-with-Langtree U.D.C.	Internal drainage (£364,000).	Under consideration.
Turton U.D.C.	Sewerage—Hillside Avenue, Bromley Cross (£2,493).	Approved for the purposes of the County Council's scheme of financial assistance.
Ulverston U.D.C.	Sewerage—Priory Park Factory (£13,454).	Approved for the purposes of the County Council's scheme of financial assistance.
Up Holland U.D.C.	Sewerage and sewage disposal—Dams Head (£51,750).	Approved for the purposes of the County Council's scheme of financial assistance.



Authority	Nature of scheme and estimated cost	Action taken
Up Holland U.D.C. ...	Sewerage—Appley Bridge (£15,802).	Approved for the purposes of the County Council's scheme of financial assistance.
Up Holland U.D.C. ...	Tributary sewer—Chequer Lane (£9,318).	Approved for the purposes of the County Council's scheme of financial assistance.
Up Holland U.D.C. ...	Extension to Holland Moor sewage disposal works (£3,000).	Under consideration.
Westhoughton U.D.C.	Surface water drainage—Newbrook Road area (£3,750).	Approved for the purposes of the County Council's scheme of financial assistance.
Blackburn R.D.C. ...	Enlargement of Billington, Langho and Copster Green sewage disposal works (£54,450).	Approved for the purposes of the County Council's scheme of financial assistance.
Garstang R.D.C. ...	Extension of sewage disposal works—Cabus, Garstang, Churchtown (£138,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Preston R.D.C. ...	Sewerage and sewage disposal—Penwortham (£645,000).	Under consideration.

In respect of schemes submitted prior to 1964, development occurred during the year as follows :—

Authority	Nature of scheme and estimated cost	Action taken
Haslingden, Rawtenstall and Bacup Sewerage Board.	Redevelopment of Ewood Bridge sewerage works (Original cost £562,900; revised cost £762,900).	Approved for the purposes of the County Council's scheme of financial assistance.
Abram U.D.C. ...	Replacement of sewers and treatment of sewage disposal (Original cost £143,710; revised cost £203,376).	Approved for the purposes of the Council Council's scheme of financial assistance.
Ashton-in-Makerfield U.D.C.	Culverting watercourse—Carr Mill Tip (£11,200).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-in-Makerfield U.D.C.	Main sewer—Tithebarn Road/Carswood Road (£6,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-in-Makerfield U.D.C.	Sewerage—Stubshaw Cross recreation ground (£4,300).	Approved for the purposes of the County Council's scheme of financial assistance.
Farnworth M.B.C. ...	Main drainage—Stage I (Original cost £136,000; revised cost £742,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Golborne U.D.C. ...	Enlargement of Golborne and Glazebury sewage disposal works (£340,000).	Approved for the purposes of the County Council's scheme of financial assistance subject to the later submission of more detailed information.
Hindley U.D.C. ...	Dog Pool Brook—improvement scheme (District Council's share of cost—£4,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Nelson M.B.C. ...	Sewage disposal works—new humus tanks, pumping station and ancillary works (£38,200).	Approved for the purposes of the County Council's scheme of financial assistance.
Tottington U.D.C. ...	New sewer and storm water overflow—Bury Road (£20,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Tyldesley U.D.C. ...	Sewerage—Chaddock Lane (£11,955).	Approved for the purposes of the County Council's scheme of financial assistance.



**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 1964 as compiled from the local health reports. The number of dwellings on the water carriage system was approximately 760,000.

*Closet Accommodation at end of 1964*

	Urban districts	Rural districts	Administrative County
Privy middens ... ..	650	1,830	2,480
Privy closets ... ..	760	2,010	2,770
Pail closets ... ..	4,440	4,560	9,000
Fresh-water closets ... ..	717,000	118,000	835,000
Waste-water closets ... ..	28,700	2,200	30,900

A summary of the action taken in the County districts during 1964 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 ... ..	37	143	180
Privy closets to pail closets ... ..	44	14	58
Pail closets to fresh-water closets ... ..	239	334	573
Waste-water closets to fresh-water closets ...	2,348	73	2,421

Eighteen trough closets were converted to fresh water closets during 1964 and at the end of the year the total number of trough closets remaining in the Administrative County area was reported to be 251.

**Public Cleansing.**—At the end of 1964 there were reported to be 857,000 movable dustbins in use in the Administrative County area and the number of dry ashpits had declined to approximately 400. 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. The use on a limited scale of the paper sack system of refuse collection was made at Aspall U.D., Brierfield U.D., Horwich U.D., Kirkby U.D. and Litherland U.D. 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 62 of the 109 County districts the owner or occupier was responsible for the renewal of movable dustbins, in 39 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 six districts a combination of these means of renewal was in operation at the end of the year.

**Sanitary Inspections.**—The following table gives the numbers of premises visited and visits paid during 1964 by local public health inspectors, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 71 cases.

	No. of premises visited	No. of visits made	Defects or nuisances		No. of notices served	
			No. discovered	No. abated	Informal	Statutory
Urban districts ... ..	216,536	386,825	49,983	45,223	14,562	2,597
Rural districts ... ..	24,451	47,908	3,046	2,443	1,577	105
Administrative County...	240,987	434,733	53,029	47,666	16,139	2,702



**Prevention of Atmospheric Pollution.**—There was a substantial and not unanticipated decline during 1964 in activity related to the making of smoke control areas under the Clean Air Act, 1956. Only 12 orders, involving less than 10,000 houses and other buildings, were submitted to the Ministry of Housing and Local Government. Twelve, involving 9,200 properties, received confirmation and the actual number of orders in force at the end of the year increased by six to 115, involving some 75,500 properties. This slackening of activity, which occurred generally throughout the country, was no doubt largely due to the problems dealt with in Ministry Circular No. 69/63, to which reference was made in the Report for 1963. The actual and anticipated future shortage of gas coke resulting from the rundown in coal carbonisation in the gas industry has necessitated a re-shaping of arrangements under the Act, the practical effects of which in 1964 would appear to have been threefold—in the Administrative County area, at least. In the first place, some local authorities have been deterred by the general uncertainty of the fuel supply situation to the extent of suspending their smoke control programmes. Secondly, the revision of their programmes by those authorities determined to proceed will entail estimated delays of up to two years. Thirdly, the revised grant arrangements designed to encourage householders to install heating appliances other than the open grate have substantially raised the estimated costs with the result that some authorities have had to reduce the scale of their programmes. Estimated increases from £19,000 to £52,600 and from £18,190 to £83,000 are examples of the financial effect upon their schemes quoted by the medical officers of health of two districts in the south-east of the County.

Authority was given to district councils under the Act 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. At the end of 1964 such byelaws were operative in 73 of the 109 County districts.

Progress achieved in the elimination and prevention of atmospheric pollution is kept under review by a Clean Air Council, appointed under the Act by the Minister, and the National Clean Air Society, of which the County Council and some of the County district councils are members, is also active in this matter. At regional and local level various voluntary associations of local authorities, such as the Manchester and District Regional Clean Air Council and the West Lancashire and Cheshire Smoke Abatement Committee, have been established as advisory and technical bodies for the purpose of improving the control of and reducing atmospheric pollution in the areas represented.

Co-operation between industrial managements and public health officials in the individual and practical problems involved in the elimination of black smoke continued to be very good. Legal proceedings were taken in eight instances.

**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 1964 was 498, 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 71 in respect of sites and 596 in respect of individual movable dwellings. There were reported to be 1,826 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 purpose of the Act 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.

At the end of the year the total number of site licences in operation under this Act was 551 involving some 10,644 caravans. The adoption of the Model Standards issued by the Ministry of Housing and Local Government in conjunction with the Act was reported from 32 County districts in respect of permanent residential caravan sites and from 21 in respect of holiday caravan sites.

**Swimming Baths and Pools.**—New public swimming baths were opened in Tyldesley U.D. in May, 1964. They are filled by mains water and continuous filtration is used, the turnover period being four hours. Public swimming baths exist in 33 of the County districts and privately owned swimming baths or pools are used by the public, or specific groups thereof, in 13 districts. In nearly all instances filtration and chlorination plants are installed and the frequency of water change



generally varies between three and five hours. During the year 741 samples of the water were submitted to bacteriological examination and 964 to chemical analysis. Eighty-two of the former and six of the latter were found to be unsatisfactory.

**Disinfestation.**—Some degree of infestation of dwellings during 1964 was reported by the medical officers of health of all but 19 of the 109 County districts, but in the majority of districts only a few houses were involved. The 3,453 houses found to be infested included 1,513 council houses.

The most commonly used method of disinfestation was spraying and/or dusting with insecticides and 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.

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 1964 there were 56 full-time rodent operatives employed by local authorities within the Administrative County area. A further 78 had been employed part-time during the year. Inspections totalling 142,285 were made of 61,477 properties and infestations were discovered to the following degree: major infestation by rats, 314; minor by rats, 14,980; major infestation by mice, 317; minor by mice, 6,691. In all, 32,705 treatments (including re-treatments) were carried out to 22,295 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, 1961.**—The following tables provide a summary of the action taken during 1964 in all County districts in connection with the administration of Parts I and VIII of the Factories Act, 1961.

## 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 ... ..	1,269	1,846	22	—
(ii) Factories not included in (i) in which section 7 (relating to sanitary conveniences) enforced by the local authority ... ..	8,368	6,072	296	—
(iii) Other premises in which section 7 enforced by the local authority *(excluding out-workers' premises)...	852	802	47	2
<b>TOTAL ... ..</b>	<b>10,489</b>	<b>8,720</b>	<b>365</b>	<b>2</b>

\* *i.e.*, Electrical stations, institutions, sites of building operations and works of engineering construction, slaughter-houses and railway running sheds.



## 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) ... ..	185	172	2	15	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	8	4	—	1	—
Inadequate ventilation (S.4) ... ..	8	6	—	2	—
Ineffective drainage of floors (S.6) ... ..	8	6	1	—	—
Sanitary conveniences (S.7)—					
(a) insufficient ... ..	92	74	2	19	1
(b) unsuitable or defective ... ..	613	445	55	111	—
(c) not separate for sexes... ..	13	5	—	3	—
Other offences against the Act (not including offences relating to Outwork) ... ..	18	15	—	2	—
<b>TOTAL ... ..</b>	<b>945</b>	<b>727</b>	<b>60</b>	<b>153</b>	<b>1</b>

## PART VIII OF THE ACT

## OUTWORK

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	Number of out-workers in August list required by Section 133 (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....	500	1	—	—	—	—
Curtains and furniture hangings	8	—	—	—	—	—
Furniture and upholstery ...	2	—	—	—	—	—
Iron and steel anchors and grapnels ... ..	9	—	—	—	—	—
Umbrellas, etc. ... ..	18	—	—	—	—	—
Nets, other than wire nets ...	65	—	—	—	—	—
Sacks ... ..	1	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper ... ..	70	—	—	—	—	—
Carding, etc., of buttons, etc.	1	—	—	—	—	—
Stuffed toys ... ..	2	—	—	—	—	—
Basket making ... ..	24	—	—	—	—	—
Cosques, Christmas stockings, etc. ... ..	3	—	—	—	—	—
Textile weaving ... ..	17	—	—	—	—	—
Rubber trimming ... ..	6	—	—	—	—	—
Sewing chamois leather ...	1	—	—	—	—	—
Paper hats ... ..	3	—	—	—	—	—
Slipper making ... ..	29	—	—	—	—	—
Textile finishing ... ..	1	—	—	—	—	—
Gold thread embroidery ...	1	—	—	—	—	—
Cloth repairing ... ..	2	—	—	—	—	—
Raddler ... ..	1	—	—	—	—	—
<b>TOTAL ... ..</b>	<b>764</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>



**Offices, Shops and Railway Premises Act, 1963.**—Prescribing standards which must be observed in a wide field of conditions affecting the safety, health and welfare of employees in all offices and shops, and in most railway buildings near to the permanent way, this Act came into operation in 1964. For most offices and shops the general provisions other than those relating to fire precautions are enforced within the Administrative County area by the district councils, by whom such premises have been registered. The general provisions include matters relating to cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, accommodation for clothing, seating arrangements, eating facilities, etc., and every local authority was required to appoint inspectors for the purpose of enforcement.

The following table summaries the work done by the constituent local authorities of the Administrative County area in 1964 :—

	Class of premises				
	Offices	Retail shops	Wholesale shops, warehouses	Catering establishments open to public, canteens	Fuel storage depots
No. of registered premises at end of year ... ..	3,587	10,531	634	2,128	124
No. of registered premises receiving a general inspection during year ... ..	505	2,023	69	338	13
No. of exemptions current at end of year—					
Space (s.5.(2) ) ... ..	—	—	—	—	—
Temperature (s.6) ... ..	—	—	—	—	—
Sanitary conveniences (s.9) ... ..	—	1	—	—	—
Washing facilities (s.10) ... ..	—	—	—	—	—

The total numbers of visits of all kinds made by the inspectors to registered premises was 11,612.

**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 1964 there were reported to be 74 registered premises in the County area and the number of licensed premises was 24, of which four were used for the manufacture or manufacture and storage of rag flock and 20 for its storage only. Inspections of all premises during the year numbered 62. Twenty-four samples of rag flock and other filling materials were submitted for examination of which four were found to be unsatisfactory.

**Premises and Occupations which can be Controlled by Byelaws and Regulations.**—**OFFENSIVE TRADES.**—Offensive trades were carried on in 38 districts during 1964, the premises numbering 99. 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 30 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 1964 there were 10 common lodging houses on the registers of seven district councils in the Administrative County. All were reported to be in a satisfactory condition.

**CANAL BOATS.**—No action was reported during the year relating to the inspection of canal boats.

**Inspection of County Districts.**—Staff shortages imposed some restriction during 1964 on the work of carrying out surveys of the housing, sanitary circumstances, etc., of districts in the Administrative County area. One report—on Great Harwood U.D.—was considered by the Public Health and Housing Committee and copies, incorporating recommendations for improvements, were forwarded to the district council for consideration and any necessary action.



## HOUSING

More new houses and flats were completed in the Administrative County area during 1964 than in any other post-war year. The 19,777 new housing units, comprising 17,189 houses and 2,588 flats, were almost 2,500 more than the previous highest total, recorded in 1961, and nearly 4,000 more than the annual average for the preceding five years, 1959-63. Local authorities were responsible for the building of 3,815 houses and 2,397 flats, so that the proportionate contribution made by them to the total provision of new housing declined from 33 per cent. in 1963 to 31 per cent. in 1964. Particulars of the dwellings completed in each County district during 1964 are shown in Table 33, page 206.

At the end of 1964 there were approximately 773,000 houses, including flats, etc., in the Administrative County area of which some 236,000 were of post-war construction and 163,000 were owned by local authorities. Dwellings reported to be unfit for human habitation numbered 25,110 of which 7,468 were the subject of demolition and clearance orders made.

Table 33, page 206, 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, 48,482 houses were inspected under the Public Health or Housing Acts for housing defects, 98,908 inspections being made for the purpose. In consequence of action taken by the local authorities or their officers, 14,024 houses found to be not in all respects reasonably fit were rendered fit during the year. Of these, 11,670 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 1,567 cases by the owners and in 744 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 36 houses and on seven the work was carried out by the local authorities in default of the owners.

Demolition carried out during 1964 accounted for 3,159 houses, of which 2,217 were in clearance areas, and displaced 6,720 persons. The 2,217 in clearance areas related to 2,059 found unfit for human habitation, 44 included by reason of bad arrangements, etc., and 114 which were on land acquired under section 43(2) of the Housing Act, 1957. Of the 942 demolished houses not in clearance areas 787 were the result of formal or informal procedure under section 17(1) of the Act of 1957, 140 were local authority owned houses certified unfit by the medical officer of health and 15 resulted from action taken under local Acts.

Closures were applied to 319 houses under sections 16(4), 17(1) and 35(1) of the Housing Act, 1957, to seven 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 703.

At the end of 1964 there were reported to be 34 houses, subject to existing demolition or clearance orders, which had been retained for temporary accommodation, 19 under section 48 of the Act of 1957, 12 under section 17(2) and three under section 46.

**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. Further encouragement was provided by improvement of the conditions under which discretionary grants may be made through the operation, from the 16th August, 1964, of Part III of the Housing Act, 1964.

The number of dwellings or other buildings involved in improvement schemes of private bodies or individuals approved for grant by local authorities within the Administrative County during 1964 was 886. In schemes submitted by local authorities to the Minister 58 properties were approved during the year, 36 of which belonged to local authorities. Schemes actually completed during 1964 involved 909 properties of which 768 were owned by private bodies or persons.

**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.

The standard amenities necessary to qualify for the standard grant were amended by the Housing Act, 1961, and with effect from the 16th August, 1964, were again amended by section 49 of the Housing Act, 1964, as a result of which they stand defined as (a) a fixed bath or shower which, if reasonably practicable, is to be in a bathroom; (b) a wash-hand basin; (c) a hot and cold water supply at a fixed bath or shower which, if reasonably practicable, is to be in a bathroom; (d) a hot and cold water supply at a wash-hand basin; (e) a hot and cold water supply at a sink; (f) a water closet and (g) satisfactory facilities for storing food. Essentially, therefore, they remain the five standard amenities originally stipulated. Section 45, however, relaxes the requirement previously excluding from the benefit of standard grant a dwelling which, after improvement, would be provided with less than all the standard amenities. This relaxation does not apply to dwellings which it would be practicable to improve at reasonable expense so as to be provided with all the standard amenities. The reduced standard is defined by items (e), (f) and (g) quoted above.

During the year under report 5,317 applications were made to local authorities within the Administrative County area and all but 88 were to the full standard. In all, 5,089 applications were approved. By the end of the year work had been completed in 4,771 schemes. Although it may be too early for the effects of the 1964 Act to manifest themselves the reports of local medical officers of health continue to show quite clearly that applications are mainly made by owner/occupiers, relatively few private landlords having so far taken advantage of the grants. The Ministry of Housing and Local Government have emphasised the need to concentrate upon effecting by voluntary means the required rate of improvement to sub-standard dwellings but at the same time provision has been made in Part II of the Act to extend the powers of local authorities to secure compulsory improvement. The commencement of surveys was reported from several County districts with a view to defining improvement areas within which such powers may be applied as needed.

**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.

The Housing (Financial Provisions) Act, 1958, which became operative as from the 23rd October, 1958, repealed 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 paid by the County Council to district councils under the above Acts during the financial year ended the 31st March, 1965, amounted to £2,857.



## INSPECTION AND SUPERVISION OF FOOD

**Milk Supply.**—From the 1st April, 1964, the number of County districts for which the County Council are Food and Drugs Authority declined from 93 to 91 as the result of transfers of authority following the publication of the Census, 1961, enumeration of population. Within these districts the County Council are responsible for the licensing and inspection of heat treatment plants and premises and for the licensing, under the Milk (Special Designation) Regulations, 1960 and 1963, of all milk dealers other than producer-retailers (who are licensed by the Ministry of Agriculture, Fisheries and Food). They are also concerned with milk sampling and testing generally and with the administration of the Milk and Dairies (General) Regulations, 1959, insofar as they relate to the general sanitation of dairies and plant licensed by them.

The enforcement of those provisions of the Food and Drugs Act, 1955, relating to milk supplies for which the County Council are the responsible authority include 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 also 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 whole of the Administrative County area is a "specified area" where only milk of a special designation may be sold by retail for human consumption. During the year under report, 1,303 samples of designated milk (497 pasteurised, 161 sterilised and 645 untreated) were obtained by sampling officers of the County Council from retailers in the 91 districts comprising the County Food and Drugs area. On submission to the prescribed tests, two samples of pasteurised milk failed the phosphatase test and 13 the methylene blue test. Appropriate action was taken to ensure adequate heat treatment of these supplies in future. All the samples of untreated milk examined for the presence of tubercle bacilli were reported to be satisfactory.

Under the provisions of the Milk (Special Designation) Regulations, 1963, which became operative in 1964, the designation "tuberculin tested" ceased to operate and was replaced by the designation "untreated". Although the designation "tuberculin tested" ceased from the 1st October, 1964, it was agreed that until 31st December, 1964, the provisions of the Regulations about the labelling of untreated milk would be deemed to be satisfied if the milk was labelled "tuberculin tested", although any milk so labelled would be required to comply with the conditions applicable to the sale of milk under the special designation "untreated". This was done to enable dealers to use up stocks of containers bearing the words "tuberculin tested milk".

**THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1960 AND 1963.**—The following statement gives particulars of the dealers' licences issued by the County Council as Food and Drugs Authority :—

Licence	No. issued in 1964	Total No. in operation at 31.12.64
(1) Dealer's (Untreated) Licence—required by a dealer obtaining untreated milk (other than prepacked milk) for the purpose of resale	6	91
(2) Dealer's (Pasteuriser's) Licence—required by anyone operating a pasteurising plant	1	14
(3) Dealer's (Steriliser's) Licence—for the operation of a sterilising plant	—	4
(4) Dealer's (Prepacked Milk) Licence—for the purpose of buying and selling prepacked milk (untreated, pasteurised, sterilised or all three kinds)	287	4,462

The number of dealers authorised by the above licences to handle and distribute each of the types of designated milk was as follows :—

Designation	No. of dealers licensed	
	In 1964	At 31.12.64
Tuberculin tested	43	1,346
Pasteurised	131	1,716
Sterilised	245	3,977
Untreated	64	64

From the premises licensed for the heat treatment of milk, 366 samples were obtained during the year and submitted to the prescribed tests. One sample failed the phosphatase test. In this case the cause of the failure was discovered and subsequent samples were satisfactory.

In the 18 other County districts autonomous for Food and Drugs purposes there were operative at the end of 1964 six Dealer's (Pasteuriser's) Licences in respect of premises and plant used for the heat treatment of milk, 2,741 Dealer's (Prepacked Milk) and 128 Dealer's (Untreated) Licences. The numbers of dealers authorised to deal in the respective designations of milk by virtue of these licences were—tuberculin tested 471, pasteurised 1,186 and sterilised 2,103.



**PROVISION OF MILK TO SCHOOLS, DAY NURSERIES AND HOMES FOR THE AGED.**—Of the 1,303 samples of designated milks obtained by the County Council's sampling officers (see above), 193 were of milk as supplied to schools, day nurseries and homes for the aged.

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, untreated milk has been supplied.

**SAMPLING BY LOCAL AUTHORITIES.**—The number of milk samples reported to have been taken during 1964 by officers of the local authorities within the Administrative County and submitted to biological examination for either tuberculosis or brucellosis, or both, was 6,693. The results were as follows :—

					Positive		Negative		No result
Tuberculosis	...	...	...	...	—	...	1,588	...	183
<b>Brucellosis—</b>									
Ring test	...	...	...	...	1,439	...	4,353	...	224
Culture test	...	...	...	...	566	...	1,533	...	216
Biological test	...	...	...	...	218	...	898	...	77

Particulars of the milk samples submitted to the statutory tests are given in the following statement :—

			No. of samples		Satisfactory		Results— Unsatisfactory		Void samples
<b>Raw milk—</b>									
Methylene blue test	...	...	1,323	...	1,007	...	264	...	52
<b>Heat treated milk—</b>									
Methylene blue test	...	...	1,509	{	1,351	...	56	...	38
Phosphatase test	...	...			1,352	...	44	...	2
Turbidity test	...	...	405	...	404	...	1	...	—

For the sixth 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.**—According to local reports regular supervision and inspection of food shops, stalls and vehicles, places where food is prepared and slaughter-houses was maintained in all districts throughout the year. In all there would appear to be more than 28,000 such premises in the Administrative County area and their classification into clearly defined categories is dependent upon individual definitions applied in each of the 109 County districts. However, as nearly as can be ascertained they included approximately 7,340 general grocers and provision dealers, some 1,680 greengrocers and fruiterers (including those selling wet fish, game, etc.), 320 fishmongers (including those selling poultry and game), 2,180 meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.), 1,880 bakers and/or confectioners, 1,290 fried fish and chip shops, 2,480 shops selling mainly sugar confectionery, minerals, ice-cream, etc., over 9,000 licensed premises, canteens, restaurants, cafes, snack-bars and similar catering establishments and a further 1,800 food premises which were not classifiable under the above general headings. Premises registered under the Food and Drugs Act or corresponding provisions of local legislation numbered 9,714 and 11,648 inspections of such premises were made during the year.

Byelaws relating to the handling of food intended for sale were in operation in almost all 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 37 instances in 18 districts.

Licensed private slaughter-houses and public abattoirs in operation at the end of the year numbered 95 and six respectively. 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 1964 together with the numbers and results of inspections carried out.

*Carcases Inspected and Condemned, 1964*

	Cattle including cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	120,581	1,159	423,541	252,558	—
Number inspected ... ..	117,573	1,155	405,887	246,726	—
<i>All diseases except tuberculosis and cysticerci :</i>					
Whole carcasses condemned ... ..	258	88	650	829	—
Carcasses of which some part or organ was condemned ... ..	38,460	41	27,232	30,754	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ... ..	32.9	11.2	6.9	12.8	—
<i>Tuberculosis only :</i>					
Whole carcasses condemned ... ..	7	—	—	24	—
Carcasses of which some part or organ was condemned ... ..	99	—	—	1,999	—
Percentage of the number inspected affected with tuberculosis ... ..	0.1	—	—	0.8	—
<i>Cysticercosis :</i>					
Carcasses of which some part or organ was condemned ... ..	382	—	—	—	—
Carcasses submitted to treatment by refrigeration ... ..	170	—	—	—	—
Generalised and totally condemned ...	2	—	—	—	—

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959-63.—During the year 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 generally maintained but in one instance registration was revoked.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.—There were two egg pasteurisation plants in operation at the end of the year and all of the 72 samples of liquid egg submitted to the Alpha-Amylase test proved satisfactory.

FOOD POISONING.—During 1964 cases of food poisoning formally notified in the Administrative County area numbered 250 and a further 187, although not notified formally, were ascertained by local medical officers of health. The total of 437 cases was 16 more than the corresponding total for the previous year but 152 fewer than the annual average for the preceding five years, 1959-63. There were no deaths.



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 28 outbreaks involving 301 cases, the remaining 136 being apparently isolated and unrelated. Brief particulars of the 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. ...	13	—	<i>Staphylococcus aureus</i> ...	Meat pie, salmon sandwiches, cream trifle	Home (private party).
Ashton-under-Lyne M.B. ...	2 2 2	— — —	} <i>Salm. typhi-murium</i> ...	Not ascertained ...	Not ascertained.
Chorley M.B. ...	2	—			
Crompton U.D. ...	5	—			
Crosby M.B. ...	55	—	<i>Cl. welchii</i> ...	Stock (suspected) ...	Hotel.
Darwen M.B. ...	2	—	<i>Salm. virchow</i> ...	Not ascertained ...	Not ascertained.
Denton U.D. ...	4 2 2 2	— — — —	<i>Salm. saint-paul</i> ... <i>Salm. typhi-murium</i> ... <i>Salm. typhi-murium</i> ... <i>Salm. Gr. 'B'</i> ...	} Not ascertained ...	Not ascertained.
Droylsden U.D. ...	32	—	<i>Salm. typhi-murium</i> ...	Pork pies (from same bake-house/shop)	Home.
Eccles M.B. ...	2	—	<i>Salm. ibadan</i> ...	Not ascertained ...	Not ascertained.
Heywood M.B. ...	4	—	<i>Salm. typhi-murium</i> ...	Not ascertained ...	Not ascertained.
Kirkby U.D. ...	2 2	— —	} <i>Salm. typhi-murium</i> ...	Not ascertained ...	Not ascertained.
Lancaster M.B. ...	5	—			
Lees U.D. ...	5	—	<i>Salm. typhi-murium</i> ...	Not ascertained ...	Not ascertained.
Lytham St. Annes M.B. ...	2	—	<i>Salm. typhi-murium</i> ...	Not ascertained ...	Not ascertained.
Middleton M.B. ...	8 14	— —	<i>Salm. typhi-murium</i> ... <i>Cl. welchii</i> ...	Not ascertained ... Pork ...	Not ascertained. Home for the Aged.
Westhoughton U.D. ...	33	—	<i>Cl. welchii</i> (suspected) ...	Roast pork (suspected) ...	Primary school.
Widnes M.B. ...	27 7 3	— — —	<i>Salm. oranienburg</i> ... <i>Staphylococcus pyogenes</i> (suspected) ... Not ascertained ...	Pork ... Boiled bacon (suspected) ... Not ascertained ...	Works canteen. Home. Home.
Lancaster R.D. ...	60	—	<i>Cl. welchii</i> ...	Boiled fresh tongue ...	School.
Wigan R.D. ...	2	—	<i>Salm. anatum</i> ...	Not ascertained ...	Not ascertained.

\* Including non-notified cases ascertained during investigations.

Of the 136 isolated cases of food poisoning which occurred during 1964 the responsible organisms in 38 were reported to be salmonellae, including 15 of *s. typhi-murium*, four of *s. anatum*, three of *s. bredeney*, two each of *s. dublin*, *s. enteritidis* and *s. oranienburg* and one each of *s. agama*, *s. brandenburg*, *s. derby*, *s. newport*, *s. poona*, *s. tennessee*, *s. tuebinger* and *s. virchow*. One further case was due to *clostridium welchii*. In the remaining 97 isolated cases the responsible agents or organisms were not identified.

**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 Meat (Treatment) Regulations, 1964.
- The Soft Drinks Regulations, 1964.
- The Dried Milk Regulations, 1964.
- The Mineral Hydrocarbons in Food Regulations, 1964.
- The Milk (Great Britain) (Amendment No. 2) Order, 1964.
- The Therapeutic Substances (Preservation of Raw Fish) Regulations, 1964.

Of the above regulations probably the most important are the Meat (Treatment) Regulations, 1964, which prohibit the sale of raw and unprocessed meat containing nicotinic acid or certain



other chemicals; the Soft Drinks Regulations, 1964, which replace previous regulations and which, in addition to other amendments, increase the proportion of sugar and decrease the proportion of saccharin in soft drinks; the Dried Milk Regulations, 1964, which replace previous regulations and which follow the recommendations for dried milk of the Food and Agriculture Organisation of the United Nations, (standards are now laid down for six descriptions of dried milk); and the Mineral Hydrocarbons in Food Regulations, 1964, which replace the previous Mineral Oils in Food Orders and Regulations and introduce amendments, the most noticeable of which is probably that the maximum permitted level of 12.5 per cent. of microcrystalline wax in chewing compounds has been increased to allow up to 60 per cent. of paraffin or microcrystalline wax in these compounds.

**FOOD AND DRUGS SAMPLES.**—The number of food and drugs samples (excluding appeal-to-cow samples) submitted by the County Public Health Officers during the year 1964 was 7,766 as against 8,243 during the previous year and 8,784 in the year 1962. The rate of samples per 1,000 of the population was 5.41 in the year under review, 5.39 in 1963 and 5.86 in 1962.

**Total Adulteration.**—Of the 7,766 samples of food and drugs submitted for examination under the Food and Drugs Act, 1955, 562 were reported upon adversely; the total adulteration was, therefore, 7.2 per cent. This is higher than the percentage of adulteration for the previous year when the figure was 5.8 per cent.

In the following table the percentages of adulteration are given for the past ten years. It will be seen that during this period the lowest figure is 3.8 which was reached during the year 1962 and that the average figure is 4.9 per cent. In general, the adulteration rate during and immediately subsequent to the war was considerably greater than that found in preceding years. The figure for the year under review is rather high when compared with those for the last ten years and it does not fall within the range of the adulteration rate during the ten years, 1929-1938, which preceded the war, when the percentage adulteration varied from as little as 2.6 to 4.2. The increase during 1964 is, however, due to increased testing of milk for antibiotics and is not, therefore, directly comparable with figures in previous years.

*Percentage of Adulteration of County Samples of Food and Drugs, 1955-64*

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
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
1961 ... ..	8,352	414	4.9
1962 ... ..	8,784	334	3.8
1963 ... ..	8,243	480	5.8
1964 ... ..	7,766	562	7.2
1955-1964 ... ..	82,310	4,031	4.9

**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	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Percentage of adulteration ...	4.9	4.1	4.2	4.9	4.5	4.6	4.9	3.8	5.8	7.2
Total samples ...	8,373	8,215	8,239	8,225	8,256	7,857	8,352	8,784	8,243	7,766
Formal samples ...	3,300	3,474	3,331	3,337	3,321	3,012	2,995	3,230	2,686	2,528
Informal samples ...	4,744	4,404	4,589	4,568	4,627	4,589	5,025	5,122	5,211	4,855
Private samples ...	329	337	319	320	308	256	332	432	346	383
No. of samples per 100,000 of the population ...	613	594	588	581	576	548	557	586	539	541



**MILK.—Adulteration.**—The number of milk samples submitted under the Food and Drugs Act during the year was 4,268 and, of these, 319 were reported against ; the amount of adulteration was, therefore, 7.5 per cent. This figure, as will be seen from the following table, is higher than the average for the last 10 years and is, in fact, the highest shown in the table. As already mentioned, the increase is due to the testing of samples for antibiotics.

*Percentage of Adulteration of Milk Samples, 1955-64*

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
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 ... ..	5,011	178	3.5
1961 ... ..	5,201	180	3.5
1962 ... ..	5,403	156	2.9
1963 ... ..	4,823	250	5.2
1964 ... ..	4,268	319	7.5
1955-64 ... ..	51,970	2,178	4.2

**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 1964 in the following table, where it will be seen that the average figure for fat is 3.70 per cent., for solids-not-fat 8.60 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, 1964*

Month	No. of samples *	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
January ... ..	356	3.69	8.49	12.18
February ... ..	440	3.63	8.51	12.14
March ... ..	298	3.58	8.51	12.09
April ... ..	461	3.61	8.48	12.09
May ... ..	343	3.58	8.61	12.19
June ... ..	342	3.64	8.72	12.36
July ... ..	352	3.67	8.64	12.31
August ... ..	347	3.70	8.62	12.32
September ... ..	357	3.73	8.69	12.42
October ... ..	391	3.85	8.72	12.57
November ... ..	403	3.92	8.67	12.59
December ... ..	193	3.77	8.60	12.37
Whole year ... ..	4,283	3.70	8.60	12.30

\* Includes Appeal-to-Cow samples, but excludes Channel Islands milk.

The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that March and May have the lowest figure, 3.58 per cent., and November the highest, 3.92 per cent. In respect of solids-not-fat, the lowest figure was obtained in April, 8.48 per cent., and the highest in June and October, 8.72 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 1910-1964. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there has been 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 8.60 per cent., while the average for the whole period for which records have been kept is 8.78 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, 1910-64*

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
1961 ...	5,216	3.66	8.66	12.32
1962 ...	5,420	3.70	8.61	12.31
1963 ...	4,825	3.69	8.60	12.29
1964 ...	4,283	3.70	8.60	12.30
1910-64 ...	*191,852	3.71	8.78	12.49

\* Excludes Channel Islands milk and 34 samples examined for foreign matter only.

**ARTICLES OTHER THAN MILK.—Adulteration.**—During the year under review, 3,498 samples other than milk were examined on behalf of the County Council. Of these, 243 were reported against, corresponding to an adulteration rate of 6.9 per cent., which is higher than the figure recorded in 1963, viz., 6.7 per cent. The percentage of adulteration in articles other than milk was lower than that for milk, viz., 7.5 per cent. Sausages, samples containing extraneous matter or insects, and samples whose labels did not conform to the requirements of the Labelling of Food Order, contributed especially to the overall adulteration rate. Of the 243 unsatisfactory samples, 23 consisted of sausage, 41 were incorrectly labelled and 76 contained extraneous matter or insects. These three classes of samples, therefore, accounted for 4.0 per cent. of the total of 6.9 per cent. adulterated.

**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 Public Health 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 562 County food and drug samples were reported upon adversely and in respect of 32 of these prosecutions were instituted. Eighteen of the samples consisted of milk which were found to contain extraneous water or to be deficient in fat. As regards other types of samples, three contained extraneous matter, four contained insects, one gin contained excess water, one sauce had excess sulphur dioxide, one mixed cut peel was deficient in soluble solids,



one cake was infested with mould and one peeled shrimps (canned) contained benzioc acid. In addition, of two samples of Channel Islands milk which were the subject of prosecutions, one was found to contain extraneous water and the other was deficient in fat. There were 32 convictions or orders to pay costs. The total fines and costs during the year amounted to £474 2s. 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 of 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 standard incorporated in these regulations and which is in force to-day 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 no minimum standard for sugar content but there is a specific prohibition to the use of artificial sweeteners. The most important change, however, was the introduction of the special standards for dairy ice-cream, dairy cream ice, cream ice and milk ice which are all 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 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 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 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. Furthermore, the Ice Cream (Heat Treatment, etc.) (Amendment) Regulations, 1963, also permit sugar to be added to a complete cold mix after it has been heat treated and before it is sent out by the manufacturer. 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 was 8.2 per cent. and that this is below the figure recorded for the previous year although the general improvement in the fat content of ice-cream found over the last 16 years has been maintained. A perusal of the table shows that the average fat content in 1946 was only 2.3 per cent. whereas for 1964 it was 8.2 per cent. Furthermore, the lowest fat content found during 1964 was 4.5 per cent., whereas in the four years 1946 to 1949 fats as low as 0.3 and even 0.1 per cent. were found. All samples of ice cream examined, whether submitted on behalf of the County Council or by autonomous Food and Drugs Authorities, are included in the table.

During the year 1964, 127 samples of ice-cream (excluding samples of dairy ice-cream and milk ice) were submitted for chemical analysis, 66 by County Public Health Officers and 61 by autonomous Food and Drugs Authorities. Of these, seven samples (all County) were reported upon adversely. In the year 1963 the number reported upon adversely was five. Of the seven unsatisfactory samples six were deficient in fat and one was deficient in milk solids other than fat.

The average figures found for the 127 samples were—total solids 34.1 per cent. (maximum 49.7; minimum 24.2) and for fat content 8.2 per cent. (maximum 14.4; minimum 4.5.) These figures, as will be seen from the following table, which includes figures for the last 19 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 75 samples out of the total of 127 showed fat contents varying from 8.0 to 14.4 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	Less than 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
1961	114	9.7	35.7	14.8	4.6	50.1	27.1
1962	121	9.1	35.1	13.3	3.3	50.5	24.8
1963	95	8.5	34.1	13.8	2.7	50.4	26.0
1964	127	8.2	34.1	14.4	4.5	49.7	24.2

*Dairy Ice-Cream.*—Eighteen samples (13 County) of dairy ice-cream, not included in the foregoing table, were also submitted for chemical analysis. The average figures found for the 18 samples were—total solids 32.0 per cent. (maximum 38.5; minimum 26.2) and for milk fat content 7.1 per cent. (maximum 12.9; minimum 2.9).

Of the 18 samples examined four (all County) were reported upon adversely. Two samples contained only 4.85 and 2.95 per cent. of milk fat respectively (the minimum standard being 5.0 per cent.) and the vendors concerned were cautioned. One sample had a milk solids other than fat content of only 7.1 per cent. (the minimum standard being 7.5 per cent.) and the manufacturer was interviewed. The remaining sample had a milk fat content of only 4.9 per cent. and a milk solids other than fat content of only 7.0 per cent. In this instance also the vendor was cautioned.

*Milk Ice.*—Three samples of milk ice submitted during the year by an autonomous authority were found to be satisfactory.

*ICE LOLLIES.*—During the year under review 29 samples of ice lollies were submitted for examination under the Food and Drugs Act. Fifteen of the samples were submitted by County Public Health Officers and fourteen by autonomous Food and Drugs Authorities. Unlike ice-cream there is no statutory standard for the composition of ice-llollies. 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, indirectly or directly, in the Arsenic in Food Regulations and in the Lead in Food Regulations which were published in the years 1959 and 1961 respectively. In these, maximum limits of only one part per million for lead and 0.5 part per million for arsenic (as As) are specified for both commodities (the standard of one part per million for lead in ice lollies to become 0.5 part per million on the 20th April, 1964). The limits for the majority of other foods are two parts per million and one part per million respectively. In addition to the statutory 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 and in ice-cream than in other foods, lower limits for copper and zinc might also be desirable for these particular types of commodities. All the samples were found to be satisfactory.

Of the 29 samples of ice lollies submitted, two (one County) were reported upon adversely. One contained no ice-cream yet bore a label showing a list of ingredients appropriate to a lolly containing ice-cream. The other sample, submitted by an autonomous authority, contained 1.0 per cent. fat not declared in the list of ingredients on the label. In both instances the manufacturers concerned are now using correct labels.







## 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 with a population of less than 20,000 at the last published census. In the municipal boroughs the respective councils are the local authority.

At the end of the year the County Council were responsible for enforcing the provisions of the Shops Act in 71 of the 109 sanitary districts in the Administrative County; 26 Municipal Borough Councils and 12 Urban District Councils being responsible for their own areas.

The power to make closing, half-holiday and other orders conferred on the County Council has been delegated to 24 of the urban district councils, but the County Council still retain the right of enforcement in these districts.

The public health inspectors of 58 of the district councils in the Administrative County Shops Act area have undertaken certain of the inspectorial duties assigned to the County Council, namely the provisions of the Act with regard to the hours of employment and the exhibiting of records and notices for young persons.

In the remaining 13 districts, *viz.*, the Urban Districts of Ashton-in-Makerfield, Carnforth, Church, Great Harwood, Hindley, Kirkham, Poulton-le-Fylde, Prescott, Ramsbottom, Tottington, Up Holland and Withnell, and the Rural District of Blackburn, the duties are undertaken by the County shops inspectors.

In respect of the inspections so carried out by the district public health inspectors, the County Council paid the district councils at the rate of 2/6d. per shop per annum (two inspections), with a minimum of £6 per annum for those districts with less than 48 shops.

During 1964 inspection reports received under this scheme numbered 6,327 and there were 169 contraventions of the Act reported. In addition the County shops inspectors made 1,365 inspections in the 13 districts referred to above and in 100 instances contraventions of the Act were noted. Where any contraventions are observed the shopkeepers concerned are communicated with and the provisions of the Act are explained.

Throughout the year the County shops inspectors paid visits to shops in each of the 71 districts for which the County Council is the "shops authority". During 1964, 2,716 such visits were made and as a result 945 shopkeepers were written to and the requirements of the Act explained in so far as they relate to the general closing hours, the weekly half-holiday and Sunday trading. In each case the inspectors later made a "follow up" visit and in this connection 87 Sunday or evening visits were made to the various districts concerned.

From time to time complaints are received concerning such matters as alleged illegal Sunday trading, failure to close on one half-day a week and various other infringements of the Act. Seventeen such complaints were received during the year under review, all from individual shopkeepers. In each case a County shops inspector investigated the circumstances of the complaint and appropriate action was taken.

Legal proceedings were instituted in six cases, all of which were contraventions of the Sunday trading restrictions and fines and costs totalling £8. 0s. 0d. were imposed.



ADMINISTRATIVE

At the end of the year the County Council was responsible for enforcing the provisions of the Public Health Act, 1902, in all rural districts of the Administrative County and in all urban districts with a population of less than 20,000 at the last published census. In the municipal boroughs the administrative functions were the responsibility of the local authority.

At the end of the year the County Council was responsible for enforcing the provisions of the Public Health Act, 1902, in all rural districts of the Administrative County and in all urban districts with a population of less than 20,000 at the last published census. In the municipal boroughs the administrative functions were the responsibility of the local authority.

The power to make bye-laws, regulations, orders, and other orders was vested in the County Council. The power to make bye-laws, regulations, orders, and other orders was vested in the County Council.

The public health inspectors of 68 of the districts were in the Administrative County. The public health inspectors of 68 of the districts were in the Administrative County.

In the remaining 13 districts, viz. the Urban Districts of Ashton-in-Makerfield, Chorley, Great Harwood, Huddersfield, Rochdale, Salford, St. Helens, Wigan, and Whitehaven, the public health inspectors were the responsibility of the local authority.

In respect of the inspection of the public health inspectors, the County Council had the districts under its control at the rate of 1902. The public health inspectors of 68 of the districts were in the Administrative County.

During 1904 inspection reports received under this scheme numbered 4,327 and there were 100 contraventions of the Act reported. In addition the County Council inspectors made 1,112 inspections in the 13 districts referred to above and in 1904 no contraventions of the Act were reported. Where any contraventions are observed the inspectors reported the contraventions with and the provisions of the Act are explained.

Throughout the year the County Council inspectors made 4,327 inspections in each of the 13 districts. The County Council inspectors made 4,327 inspections in each of the 13 districts.

From time to time complaints are received, sometimes with reference to alleged contraventions of the Act. These complaints are investigated by the County Council inspectors. The County Council inspectors investigate the complaints of the public health inspectors.

Legal proceedings were instituted in six cases, all of which were discontinued. The County Council inspectors made 4,327 inspections in each of the 13 districts.

During 1904 inspection reports received under this scheme numbered 4,327 and there were 100 contraventions of the Act reported. In addition the County Council inspectors made 1,112 inspections in the 13 districts referred to above and in 1904 no contraventions of the Act were reported.



## TABLES, ETC.



## ADMINISTRATIVE COUNTY OF LANCASTER

## Birth and Death Rates, 1889-1964

Crude Live Birth Rate - - - - - Crude Death Rate ———

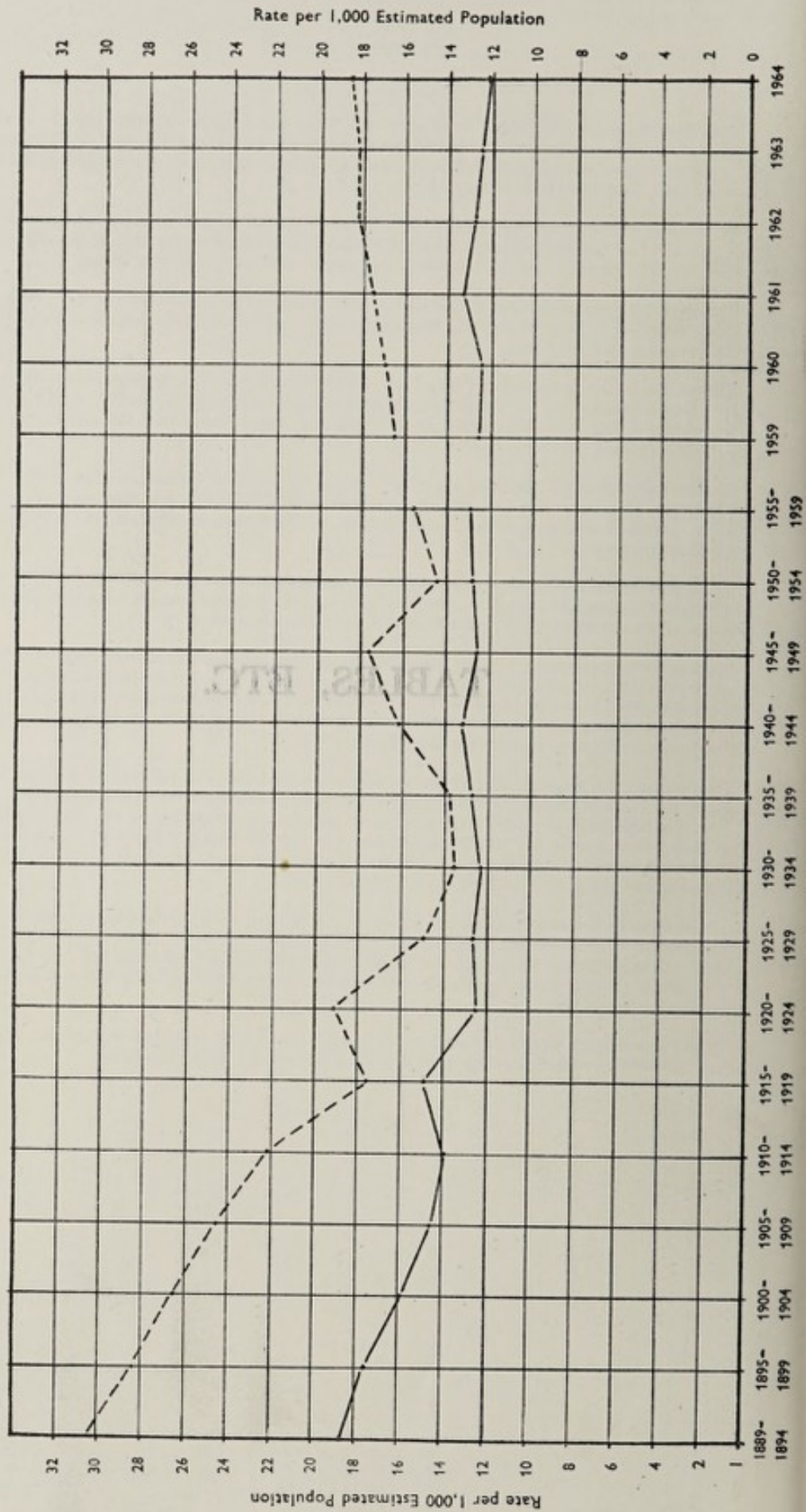




TABLE 1—COUNTY BIRTH AND DEATH RATES 1889-1964

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
<b>AVERAGE 5 YEARS—</b>									
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
<b>YEAR—</b>									
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	13-96	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
1961 ...	17-45	17-41	17-65	13-31	13-40	12-74	24-1	24-9	19-4
1962 ...	18-28	18-29	18-23	12-85	12-89	12-64	24-0	24-9	19-1
1963 ...	18-28	18-27	18-34	12-69	12-77	12-22	23-3	24-1	18-8
1964 ...	18-68	18-64	18-87	12-09	12-13	11-88	21-4	21-2	22-3



TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1964

Notes: The Census, 1961, populations given in this table refer to the areas as constituted at 31st December, 1964. 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 166. 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	Average (land and inland water) at 31st Dec. 1964	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 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		Rate per 1,000 live births		Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Census, 1961	Est. Home, at 30th June, 1964																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

L—Legitimate.

L—Lastimate.

• See page 15



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																													
	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	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																												
	Est. Home, at 30th June, 1964	Census, 1961														Number registered	Live birthrate per 1,000 population	Ad-justed rate	Still-birth rate per 1,000 total births	M.	F.	Total		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total								
Church	...	5,888	57	56	123	21.0	22.1	L. 1	—	—	1	—	—	41	46	87	14.9	18.3	L. 1	—	—	—	3	—	—	—	24.4	32.3	24.4	3	—	—	—	1	—	—	—	24.4	32.3				
Clayton-le-Moors	...	6,421	54	57	118	18.4	19.7	L. 1	—	—	1	—	—	58	40	98	15.3	16.7	L. 1	—	—	—	2	—	—	—	1	—	—	—	8.5	16.8	8.5	1	—	—	—	1	—	—	—	8.5	16.8
Clietheroe (B)	...	12,158	119	91	215	17.1	20.0	L. 1	—	—	2	—	—	95	117	212	16.9	14.0	L. 4	—	—	—	4	—	—	—	2	—	—	—	9.3	18.4	9.3	2	—	—	—	2	—	—	—	9.3	18.4
Coleby (B)	...	19,030	139	126	265	15.4	18.6	L. 3	3	6	6	20.1	—	139	152	291	15.3	14.7	L. 1	—	—	—	3	—	—	—	3	—	—	—	10.2	30.1	10.2	3	—	—	—	3	—	—	—	10.2	30.1
Crompton	...	12,708	128	129	274	19.6	20.6	L. 3	3	6	6	21.4	—	88	112	200	14.3	15.5	L. 5	3	8	—	8	—	—	—	6	—	—	—	21.9	42.9	21.9	6	—	—	—	6	—	—	—	21.9	42.9
Crosby (B)	...	56,166	565	500	1,126	18.8	19.3	L. 8	9	22	19.2	—	338	354	692	11.5	11.3	L. 18	10	—	—	28	—	—	—	21	—	—	—	18.7	35.7	18.7	21	—	—	—	21	—	—	—	18.7	35.7	
Dalton-in-Furness	...	10,316	95	92	193	18.6	19.6	L. 2	4	6	6	30.2	—	55	55	110	10.6	11.2	L. 1	—	—	—	3	—	—	—	2	—	—	—	10.4	35.2	10.4	2	—	—	—	2	—	—	—	10.4	35.2
Darwen (B)	...	29,475	243	230	507	17.4	19.3	L. 4	3	10	19.3	—	182	195	377	13.0	13.0	L. 7	3	—	—	12	—	—	—	8	—	—	—	15.8	32.9	15.8	8	—	—	—	8	—	—	—	15.8	32.9	
Denton	...	31,089	305	306	695	21.2	18.6	L. 7	5	14	19.7	—	185	145	330	10.1	13.1	L. 7	4	—	—	11	—	—	—	10	—	—	—	14.4	32.4	14.4	10	—	—	—	10	—	—	—	14.4	32.4	
Droylsden	...	25,461	195	229	453	17.7	18.1	L. 4	4	9	19.5	—	154	149	303	11.9	14.9	L. 7	5	—	—	13	—	—	—	13	—	—	—	23.7	34.6	23.7	13	—	—	—	13	—	—	—	23.7	34.6	
Eccles (B)	...	42,530	346	325	717	16.9	17.5	L. 5	9	20	27.1	—	280	272	552	13.0	12.8	L. 10	7	—	—	19	—	—	—	19	—	—	—	26.5	42.1	26.5	19	—	—	—	19	—	—	—	26.5	42.1	
Fallowworth	...	19,819	224	220	468	21.8	20.7	L. 5	3	8	16.8	—	122	102	224	10.4	12.8	L. 1	4	—	—	6	—	—	—	6	—	—	—	12.8	25.2	12.8	6	—	—	—	6	—	—	—	12.8	25.2	
Farnworth (B)	...	27,502	228	231	481	17.9	19.7	L. 5	1	8	16.4	—	199	201	400	14.9	13.5	L. 5	4	—	—	9	—	—	—	9	—	—	—	18.7	26.6	18.7	9	—	—	—	9	—	—	—	18.7	26.6	
Fleetwood (B)	...	27,686	256	243	534	18.8	19.7	L. 2	5	7	12.9	—	190	173	363	12.8	13.4	L. 6	13	—	—	19	—	—	—	19	—	—	—	24.3	29.6	24.3	19	—	—	—	19	—	—	—	24.3	29.6	
Formby	...	11,734	177	154	335	23.3	24.5	L. 2	3	5	14.7	—	85	75	160	11.1	11.2	L. 3	1	—	—	4	—	—	—	4	—	—	—	11.9	20.6	11.9	4	—	—	—	4	—	—	—	11.9	20.6	
Fulwood	...	16,016	168	145	316	17.9	18.1	L. 1	—	—	3	9.4	—	121	168	289	10.4	9.7	L. 1	4	—	—	5	—	—	—	5	—	—	—	15.8	18.8	15.8	5	—	—	—	5	—	—	—	15.8	18.8

L.—Illegitimate.

L.—Legitimate.



TABLE 2—continued

URBAN DISTRICTS	Average (land and inland water) at 31st Dec. 1964	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		Number registered		Still-birth rate per 1,000 total births		M.						F.		M.		F.		M.		F.		M.			F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.	

• See page 15

L.—Legitimate.

I.—Illegitimate.



TABLE 2—continued

URBAN 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 births												
			LIVE BIRTHS			STILLBIRTHS			Number registered		Deaths of infants under one year		Deaths of infants under four weeks			Deaths of infants under one week																		
	Est. Home, 30th June, 1964	Census, 1961	Number registered		Live birthrate per 1,000 population	Number registered		Still- birth rate per 1,000 total births											M.	F.	Total	Crude justed 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 justed rate		Ad- justed rate	M.	F.	Total	M.	F.	Total	M.	F.	Total														M.	F.	Total
	Average (land and water) at 31st Dec. 1964																																	
Leigh (B) ...	...	6,359	46,174	422 L. 18	394 F. 15	816 Total	18.3	11 L. 2	5 F. 1	16 Total	20.1	7 L. 1	1 F.	8 Total	12.3	14.0	14.0	16.5	4 L. 1	3 F.	7 Total	9 L. 1	3 F.	12 Total	10.6	3 L. 1	—	3 Total	7 L. 1	—	7 Total	8.2		
Leyland ...	...	3,804	19,413	211 L. 11	223 F. 20	434 Total	22.5	3 L. 1	2 F.	5 Total	21.8	6 L. 1	—	6 Total	9.8	13.7	13.7	28.0	2 L. 1	3 F.	5 Total	3 L. 1	—	3 Total	10.8	2 L. 1	—	2 Total	5 L. 1	—	5 Total	10.8		
Litherland ...	...	1,210	24,871	237 L. 12	263 F. 14	500 Total	20.9	5 L. 2	4 F.	9 Total	20.3	3 L. 1	—	3 Total	8.9	13.0	13.0	19.0	2 L. 1	6 F.	8 Total	2 L. 1	—	2 Total	15.2	2 L. 1	—	2 Total	6 L. 1	—	6 Total	11.4		
Littleborough ...	...	7,855	10,552	93 L. 10	93 F. 4	186 Total	18.5	2 L. 1	1 F.	3 Total	19.8	2 L. 1	—	2 Total	14.2	15.4	15.4	25	2 L. 1	3 F.	5 Total	1 L. 1	—	1 Total	15	1 L. 1	—	1 Total	2 L. 1	—	2 Total	10		
Little Lever ...	...	807	5,085	74 L. 6	53 F. 1	127 Total	24.0	23 L. 1	—	—	23.3	13 L. 1	—	—	11.6	13.6	13.6	22.4	1 L. 1	2 F.	3 Total	1 L. 1	—	1 Total	22.4	1 L. 1	—	1 Total	2 L. 1	—	2 Total	22.4		
Longridge ...	...	3,285	4,686	55 L. 5	54 F. 2	109 Total	21.9	23 L. 1	1 F.	2 Total	23.2	1 L. 1	—	—	8.6	10.2	10.2	8.9	1 L. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	17.5	
Lytham St. Annes (B) ...	...	5,814	36,189	222 L. 18	204 F. 16	426 Total	12.6	15 L. 3	4 F.	19 Total	15.7	1 L. 1	—	—	17.3	12.1	12.1	5.7	1 L. 1	2 F.	3 Total	1 L. 1	—	1 Total	8.7	1 L. 1	—	1 Total	2 L. 1	—	2 Total	8.7	21.4	
Middleton (B) ...	...	5,172	56,668	514 L. 44	485 F. 31	999 Total	18.4	17 L. 11	7 F.	24 Total	17.8	15 L. 1	—	—	9.1	14.0	14.0	25.1	9 L. 1	6 F.	15 Total	1 L. 1	—	1 Total	15.8	8 L. 1	4 F.	12 Total	14 L. 1	—	14 Total	13.0		
Millarow ...	...	5,194	8,129	83 L. 8	75 F. 4	158 Total	19.5	22 L. 1	—	—	22.0	15 L. 1	—	—	15.4	15.1	15.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Morecambe and Heysham (B) ...	...	3,794	40,228	253 L. 24	238 F. 22	491 Total	13.2	16 L. 1	4 F.	20 Total	16.7	5 L. 1	—	—	17.6	12.7	12.7	18.6	4 L. 1	1 F.	5 Total	4 L. 1	—	4 Total	11.2	3 L. 1	—	3 Total	4 L. 1	—	4 Total	7.4		
Mossley (B) ...	...	3,661	9,776	84 L. 3	70 F. 13	154 Total	17.5	20 L. 1	1 F.	2 Total	20.1	12 L. 1	—	—	11.7	12.6	12.6	3.9	1 L. 1	—	—	1 L. 1	—	—	—	—	—	—	—	—	—	—	—	17.6
Nelson (B) ...	...	3,445	32,292	240 L. 20	243 F. 15	483 Total	16.4	18 L. 2	2 F.	4 Total	18.7	5 L. 1	—	—	14.7	13.4	13.4	21.2	5 L. 1	4 F.	9 Total	5 L. 1	—	5 Total	19.3	4 L. 1	—	4 Total	8 L. 1	—	8 Total	15.4		
Newton-le-Willows ...	...	3,105	21,768	212 L. 14	193 F. 7	405 Total	19.4	19 L. 6	5 F.	5 Total	19.6	6 L. 1	—	—	11.5	13.2	13.2	23.5	4 L. 1	3 F.	7 Total	4 L. 1	—	4 Total	16.4	4 L. 1	—	4 Total	3 L. 1	—	3 Total	16.4		
Ormskirk ...	...	15,608	21,828	233 L. 8	220 F. 10	453 Total	19.7	19 L. 2	1 F.	3 Total	19.9	2 L. 1	—	—	10.3	10.3	10.3	19.4	2 L. 1	2 F.	4 Total	2 L. 1	—	2 Total	8.3	1 L. 1	—	1 Total	2 L. 1	—	2 Total	4.2		
Orrell ...	...	1,616	10,664	96 L. 4	94 F. 2	190 Total	17.2	16 L. 1	1 F.	2 Total	16.7	2 L. 1	—	—	11.9	14.8	14.8	19.2	2 L. 1	—	—	2 L. 1	—	—	—	19.2	2 L. 1	—	—	—	—	—	19.2	
Oswaldtwistle ...	...	4,885	11,018	119 L. 6	117 F. 7	236 Total	19.9	21 L. 1	3 F.	5 Total	21.9	3 L. 1	—	—	14.6	14.4	14.4	16.1	2 L. 1	1 F.	3 Total	2 L. 1	—	2 Total	12.0	2 L. 1	—	2 Total	3 L. 1	—	3 Total	12.0		

L.—Legitimate.

I.—Illegitimate.



TABLE 2—continued

URBAN DISTRICTS	Average (land and inland water) at 31st Dec. 1964	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 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			Number registered																					
			M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	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					
Padiham	975	9,809	10,130	L. 70 I. 6	89	170	17.7	19.6	L. 6 I. 1	1	7	37.6	65	124	13.2	13.4	L. 4 I. 1	1	6	23.5	L. 3 I. 1	5	27.9	L. 3 I. 1	5	27.9	
Positron-le-Pyde	2,272	12,726	14,670	L. 124 I. 3	124	257	17.5	17.9	L. 3 I. 1	2	6	22.8	89	173	11.8	11.9	L. 4 I. 1	1	6	23.3	L. 3 I. 1	4	15.6	L. 3 I. 1	4	15.6	
Presall	3,277	2,357	3,000	L. 17 I. 1	13	31	10.3	12.6	L. 1 I. 1	1	1	31.3	25	46	15.3	12.4	L. 1 I. 1	1	1	nil	L. 1 I. 1	1	nil	L. 1 I. 1	1	nil	
Prescot	871	13,079	13,350	L. 142 I. 10	111	268	20.1	19.1	L. 1 I. 1	1	1	nil	69	155	11.6	14.6	L. 1 I. 1	1	2	7.5	L. 1 I. 1	2	7.5	L. 1 I. 1	2	7.5	
Prestwich (B)	2,421	34,209	34,010	L. 234 I. 13	222	479	14.1	15.1	L. 7 I. 1	5	13	26.4	224	492	14.5	11.3	L. 4 I. 1	5	9	18.8	L. 4 I. 1	8	16.7	L. 4 I. 1	8	16.7	
Radcliffe (B)	4,957	26,726	26,920	L. 278 I. 15	209	516	19.2	20.5	L. 5 I. 1	1	7	13.4	187	384	14.3	15.5	L. 13 I. 1	5	19	36.8	L. 9 I. 1	3	25.2	L. 8 I. 1	3	25.2	
Rainford	5,877	5,385	5,940	L. 51 I. 1	74	125	21.0	18.3	L. 3 I. 1	3	3	23.4	26	54	9.1	11.8	L. 1 I. 1	1	1	8	L. 1 I. 1	1	nil	L. 1 I. 1	1	nil	
Ramsbottom	9,562	13,817	13,970	L. 125 I. 7	102	239	17.1	19.2	L. 4 I. 1	2	8	32.4	95	176	12.6	12.3	L. 4 I. 1	2	9	37.7	L. 3 I. 1	8	32.5	L. 3 I. 2	8	32.5	
Rawtenstall (B)	9,528	23,890	23,510	L. 162 I. 14	166	354	15.1	16.7	L. 1 I. 1	4	5	13.9	188	357	15.2	14.1	L. 3 I. 1	6	10	28.2	L. 3 I. 1	7	19.8	L. 3 I. 1	7	19.8	
Ribbles	2,879	5,433	5,370	L. 51 I. 1	28	83	15.5	17.5	L. 3 I. 1	2	5	26.8	34	49	83	15.5	14.5	L. 1 I. 1	1	2	24.1	L. 1 I. 1	1	22.6	L. 1 I. 1	1	22.6
Royston	2,148	14,474	15,550	L. 142 I. 10	160	317	20.4	21.2	L. 1 I. 1	2	3	9.4	109	198	12.7	14.0	L. 4 I. 1	3	7	22.1	L. 1 I. 1	2	9.5	L. 1 I. 1	2	9.5	
Skelmersdale	1,941	6,309	6,410	L. 55 I. 2	59	117	18.3	19.0	L. 3 I. 1	2	5	41.0	47	80	12.5	15.6	L. 1 I. 1	1	1	8.5	L. 1 I. 1	1	8.5	L. 1 I. 1	1	8.5	
Standish-with-Langtree	3,266	9,692	10,150	L. 87 I. 2	87	179	17.6	17.3	L. 2 I. 1	2	4	21.9	84	142	14.0	17.1	L. 3 I. 1	4	4	22.3	L. 2 I. 1	2	11.2	L. 2 I. 1	2	11.2	
Stretford (B)	3,533	60,364	60,270	L. 567 I. 63	539	1,207	21.0	21.4	L. 9 I. 1	10	20	15.5	337	654	10.9	13.2	L. 15 I. 2	15	33	26.0	L. 12 I. 2	27	21.3	L. 9 I. 1	23	18.2	
Sutton and Pendlebury (B)	3,362	40,470	41,140	L. 344 I. 19	336	712	17.3	17.6	L. 3 I. 1	4	7	9.7	231	475	11.5	13.5	L. 6 I. 1	8	14	19.7	L. 5 I. 1	10	14.6	L. 5 I. 1	10	14.6	
Thornton Cleveleys	3,358	20,648	22,020	L. 198 I. 11	142	356	16.2	19.4	L. 1 I. 1	4	5	13.9	194	392	17.8	13.5	L. 3 I. 1	4	4	11.2	L. 3 I. 1	4	11.2	L. 3 I. 1	4	11.2	

L—Legitimate.

I—Illigimate.



TABLE 2—continued

URBAN DISTRICTS	Average (land and water) at 31st Dec. 1964	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	Number registered		Still-birth rate per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		M.	F.	Total	Crude rate		Ad-justed rate	M.		F.	Total	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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
		Est. Home, 20th June, 1964	Census, 1961																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													

\* See page 15

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

RURAL DISTRICTS	Average (land and inland water) at 31st Dec. 1964	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one 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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
				Number registered		Live birth rate per 1,000 population	Number registered		Stillbirth rate per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
		M.	F.	Total	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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		Census, 1961	Est. Home, 30th June, 1964																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					

L.—Legitimate.

I.—Illegitimate.









TABLE 4—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1964

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		Tuberculosis, respiratory, other	Syphilis disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant neoplasms	Leukaemia, lymphoma	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	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
										Stomach	Lung, bronchus	Breast	Uterus																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Abram ...	...	—	—	—	—	—	—	—	—	1	4	2	—	5	—	—	9	18	—	9	1	—	—	1	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 4—continued

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																		
			Tuberculosis, respiratory, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasms				Other malignant 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	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophy of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																							
Denton ...	...	...	2	—	—	—	—	—	1	7	15	3	1	26	2	1	44	78	4	55	12	—	14	22	—	—	2	3	4	2	—	1	21	6	2	4	—
Droyliden ...	...	...	1	1	—	—	—	—	—	8	17	2	3	29	2	1	37	55	5	34	16	1	16	23	3	4	1	2	4	24	5	2	3	—			
Eccles (B) ...	...	...	2	—	—	—	—	—	—	21	28	7	8	44	—	3	91	102	2	75	36	—	15	35	5	1	5	—	5	39	7	9	6	—			
Fallowfield ...	...	...	2	—	—	—	—	—	—	7	12	6	—	13	1	—	34	45	3	31	6	—	6	26	3	4	—	—	2	15	2	4	2	—			
Farnworth (B) ...	...	...	4	2	—	—	—	—	3	9	22	6	3	32	1	3	56	73	6	43	24	—	15	28	2	2	—	—	3	46	4	10	3	—			
Fleetwood (B) ...	...	...	2	—	—	—	—	—	—	6	19	12	6	28	1	1	55	64	4	63	11	1	7	13	4	4	1	1	10	29	3	16	1	—			
Formby ...	...	...	—	—	—	1	—	—	—	8	8	3	—	19	—	—	24	39	2	12	5	—	5	6	1	—	—	1	1	2	16	1	5	—			
Fulwood ...	...	...	1	1	—	—	—	—	2	3	7	6	1	14	—	3	54	60	10	57	10	—	14	13	1	2	1	—	1	14	4	6	3	—			
Golborne ...	...	...	1	1	—	—	—	—	1	6	7	3	2	16	2	4	37	39	4	27	8	—	7	10	2	4	—	1	—	2	28	4	8	2	—		
Grange ...	...	...	—	—	—	—	—	—	—	1	2	2	—	6	—	1	13	11	—	16	4	—	—	2	—	—	2	—	—	—	—	—	2	1	—		
Great Harwood ...	...	...	1	—	—	—	—	—	1	5	4	1	—	16	—	1	26	30	3	17	4	—	9	11	3	1	—	1	—	2	10	2	2	1	—		
Haslingden (B) ...	...	...	1	—	—	—	—	—	—	8	9	2	—	19	—	1	23	49	2	33	10	—	4	13	—	3	—	1	1	14	2	7	—	—			
Haydock ...	...	...	3	—	—	—	—	—	—	3	7	4	2	15	—	3	21	14	—	24	1	1	8	6	2	2	—	3	1	—	9	3	3	1	—		
Heywood (B) ...	...	...	1	—	—	—	—	—	—	6	11	8	4	34	—	1	51	64	3	43	15	—	22	24	2	—	—	—	2	18	3	4	7	2			
Hindley ...	...	...	1	—	—	—	—	—	—	6	12	3	1	11	—	1	33	39	2	28	7	5	10	15	2	1	—	4	1	—	3	22	3	5	1	—	
Horwich ...	...	...	—	—	—	—	—	—	1	3	7	1	1	26	—	—	35	36	2	18	12	—	8	11	—	1	1	1	1	12	4	4	—	—			
Huyton-with-Roby ...	...	...	3	—	—	—	—	—	2	10	30	6	1	47	4	2	45	95	14	43	12	—	39	42	3	2	2	1	—	4	39	10	11	8	2		
Ince-in-Makerfield ...	...	...	—	—	—	—	—	—	—	7	7	1	1	14	—	5	27	31	3	26	9	1	5	20	2	3	1	3	—	—	29	—	2	5	1		
Irlam ...	...	...	2	—	—	—	—	—	—	5	10	2	1	17	2	1	21	45	1	17	9	—	2	7	3	1	2	—	—	1	26	5	6	—	1		
Kearsley ...	...	...	—	—	—	—	—	—	—	5	6	2	—	17	—	—	21	33	2	9	7	—	4	5	—	1	2	1	—	2	15	3	4	—	—		
Kirkby ...	...	...	4	—	—	—	—	—	1	5	21	1	—	21	1	2	17	46	5	19	9	—	20	13	3	2	4	3	—	1	4	30	4	8	3	—	
Kirkham ...	...	...	—	—	—	—	—	—	—	1	6	—	2	3	—	—	16	15	—	9	4	—	4	2	1	—	—	—	—	—	7	7	1	1	—		
Lancaster (B) ...	...	...	2	1	3	—	—	—	1	21	20	6	4	52	2	5	123	203	12	51	28	—	76	34	3	2	3	—	5	—	7	50	8	17	9	—	
Leas ...	...	...	—	—	—	—	—	—	—	—	1	—	—	11	—	—	9	12	2	10	12	—	3	4	1	2	—	—	—	—	5	—	—	—	1	—	
Leigh (B) ...	...	...	3	—	2	—	—	—	—	15	19	10	4	47	5	8	81	118	7	83	12	—	17	25	11	4	5	9	5	—	5	40	11	17	8	—	





TABLE 4—continued

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																				
			Tuberculosis, respiratory, other	Tuberculosis, syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, 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	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
											Stomach	Lung, bronchus	Breast	Uterus																									
Rishton...	...	83	—	—	—	—	—	1	—	1	—	4	1	6	—	—	—	12	27	2	2	2	—	—	6	2	—	—	—	—	1	—	—	1	7	1	1	4	—
Royton...	...	198	—	—	—	—	—	—	—	3	12	2	4	15	—	—	—	40	35	3	27	4	—	—	13	16	—	—	—	—	1	—	—	1	16	1	1	1	—
Skelmersdale...	...	80	—	—	—	—	—	—	—	1	2	—	1	8	1	1	9	14	—	15	3	—	—	—	4	4	3	1	2	1	—	—	—	—	5	2	2	—	—
Standish-with-Langtree	...	142	—	—	—	—	—	—	—	5	3	3	—	13	—	5	20	30	1	16	6	—	—	—	3	6	2	3	1	1	—	—	4	15	2	3	—	—	
Stretford (B)...	...	654	2	1	—	—	—	1	—	19	33	9	9	37	5	—	90	128	5	101	28	1	31	42	4	7	2	4	7	2	1	—	6	57	11	14	9	1	—
Swinton & Pendlebury (B)	...	475	1	1	—	—	—	—	1	19	26	5	4	50	1	2	68	116	5	40	13	2	18	35	7	3	2	1	2	1	2	—	3	33	2	8	7	—	—
Thornton Cleveleys...	...	392	1	—	—	—	—	—	—	8	17	12	2	38	—	3	56	68	7	80	15	—	10	22	1	4	3	1	1	1	—	1	27	3	5	2	—	—	
Tottington...	...	98	1	—	—	—	—	—	—	4	4	1	—	7	1	1	14	11	3	15	10	—	2	6	—	—	—	—	—	2	—	1	6	2	5	2	—	—	
Trawden...	...	24	—	—	—	—	—	—	—	—	2	—	—	2	—	—	8	4	—	2	—	—	—	—	1	—	—	—	—	—	—	—	4	—	1	—	—	—	
Turton...	...	173	—	—	—	—	—	—	1	6	8	3	2	10	—	1	31	40	1	15	11	—	7	4	1	1	1	1	1	1	3	2	—	3	14	2	6	—	—
Tyldesley...	...	200	—	—	—	—	—	—	—	3	6	2	—	17	—	3	28	43	5	23	5	—	7	3	9	4	1	—	2	1	—	2	14	5	14	3	—	—	
Ulverston...	...	182	—	1	—	—	—	—	—	6	6	2	2	12	3	—	48	54	—	8	1	—	6	3	1	—	2	1	—	2	1	1	12	4	6	1	—	—	
Up Holland...	...	94	1	—	—	—	—	—	—	1	2	3	1	6	2	1	19	21	1	14	2	—	4	3	1	—	1	—	—	—	—	—	8	—	3	—	—	—	
Urmston...	...	452	3	—	—	—	—	—	1	12	24	8	5	58	1	2	63	91	5	49	19	—	19	18	4	3	2	—	2	1	3	38	8	6	7	—	—		
Walton-le-Dale...	...	208	—	—	—	—	—	—	1	6	3	5	—	22	—	3	22	52	3	23	5	—	6	15	1	—	1	—	2	—	5	22	8	1	2	—	—		
Wardle...	...	68	—	—	—	—	—	—	—	—	3	—	1	10	—	—	10	8	—	24	2	—	5	3	1	—	—	—	—	—	—	—	—	—	—	1	—	—	
Westhoughton...	...	219	—	1	—	—	—	1	—	2	7	1	—	19	1	1	33	41	10	30	14	1	12	17	4	2	1	1	2	—	1	10	1	2	3	—	—		
Whitefield...	...	166	3	—	—	—	—	—	—	7	7	4	2	20	—	—	20	37	1	24	9	1	1	5	—	1	2	—	—	—	—	—	13	3	5	1	—	—	
Whitworth...	...	85	—	—	—	—	—	—	—	3	3	3	1	6	—	—	9	21	—	9	4	—	10	6	—	1	—	—	—	—	—	1	3	1	2	2	—	—	
Widnes (B)...	...	542	3	—	—	—	—	—	1	22	33	11	3	44	3	5	77	95	10	42	18	—	45	33	2	5	—	—	—	3	1	1	50	11	12	2	—	—	
Withnell...	...	28	—	—	—	—	—	—	—	—	1	1	—	2	—	1	8	7	—	2	—	—	5	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
Worsley...	...	435	4	1	—	—	—	—	1	10	12	8	2	43	2	4	63	89	3	45	20	1	16	34	6	4	3	4	—	—	3	29	8	15	4	—	—	—	
Total Urban Districts...	...	23,474	98	10	25	—	—	11	26	626	962	352	165	1971	90	160	3579	4889	336	2933	974	35	1021	1312	215	151	111	118	90	12	161	1877	330	545	245	12	—	—	



TABLE 4—continued

RURAL DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																				All other accidents	Subside	Hostile and operations of war													
		Tuberculosis, respiratory	Tuberculosis, other	Syphilis disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aetkenia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease				Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Liver of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophy of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents
											Stomach	Lung, bronchus	Breast	Uterus																							
Blackburn ...	219	2	—	—	—	—	—	—	—	—	2	5	5	3	15	2	—	37	41	3	25	9	—	19	6	2	1	1	—	—	1	1	6	23	7	1	2
Burnley ...	260	—	—	—	—	—	—	—	—	—	1	9	7	2	15	1	1	49	45	7	36	14	—	7	12	1	1	—	—	3	—	—	1	21	5	14	3
Chorley ...	365	1	—	—	—	—	—	—	1	—	2	6	8	2	25	3	—	72	71	13	53	19	—	8	18	3	—	—	—	—	—	3	29	7	6	2	
Clitheroe ...	126	—	—	—	—	—	—	—	2	—	—	2	3	—	7	—	—	16	28	1	15	4	1	7	7	2	—	—	—	3	—	—	1	17	2	5	—
Fylde ...	254	—	—	—	—	—	—	—	—	—	5	6	2	3	14	2	2	57	25	2	28	10	2	6	4	1	—	—	—	1	—	3	68	5	7	—	
Garstang ...	188	1	—	—	—	—	—	—	—	—	4	4	6	—	16	—	2	37	30	6	33	6	—	4	9	1	—	—	—	1	2	—	1	17	6	1	1
Lancaster ...	202	—	—	1	—	—	—	—	—	—	4	4	2	1	15	1	1	35	54	3	30	5	—	7	10	—	1	1	3	2	—	—	—	13	1	5	3
Lunesdale ...	118	—	—	—	—	—	—	—	—	—	3	5	—	1	9	1	1	20	27	—	12	3	—	5	7	—	1	—	2	1	—	1	14	2	2	1	
North Lonsdale ...	234	—	1	—	—	—	—	—	—	—	7	8	5	1	15	2	2	44	58	3	35	9	—	9	5	—	—	—	—	—	—	—	—	15	3	3	2
Preston ...	633	3	1	4	—	—	—	—	—	—	11	20	10	7	56	1	7	89	122	14	102	17	—	30	27	11	3	—	—	2	4	—	9	59	4	13	7
Warrington ...	458	5	—	1	—	—	1	—	1	2	11	12	5	6	32	1	3	41	86	12	49	30	1	44	22	1	2	1	3	1	—	7	40	13	16	9	
West Lancashire ...	579	1	1	—	—	—	—	—	—	—	11	28	6	5	58	3	2	71	106	10	66	31	3	35	15	4	1	2	4	4	—	8	69	12	18	4	
Whiston ...	486	2	—	—	—	—	—	—	—	—	11	18	8	5	31	6	2	61	106	8	40	22	—	41	28	4	2	3	6	—	—	8	48	10	13	3	
Wigan ...	112	—	—	—	—	—	—	—	1	1	1	4	3	—	11	2	2	19	29	1	15	1	—	3	3	1	2	1	—	—	—	1	7	2	3	—	
Total Rural Districts ...	4,234	15	3	6	—	—	1	—	2	6	85	136	70	36	319	25	25	648	828	83	539	180	7	225	173	31	14	19	31	14	1	49	440	79	107	37	—
Total Urban Districts...	23,474	98	10	25	—	1	2	—	11	26	626	962	352	165	1971	90	160	3579	4889	336	2933	974	35	1021	1312	215	151	111	118	90	12	191	1877	330	545	245	12
Administrative County	27,708	113	13	31	—	1	3	—	13	32	711	1098	422	201	2290	115	185	4227	5717	419	3472	1154	42	1246	1485	246	165	130	149	104	13	240	2317	409	652	282	12

TABLE 5—CAUSES OF DEATH at different periods of life  
Year ended 31st December, 1964

CAUSES OF DEATH	Col.	Sex	ADMINISTRATIVE COUNTY													Col.
			Deaths at ages (in years)													
			All ages	0-wks.	4-wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-		
ALL CAUSES ... ..		M. F.	14,112 13,597	391 269	130 126	66 60	95 56	180 63	157 106	474 283	1,167 766	3,140 1,753	4,006 3,497	4,306 6,618		
Tuberculosis, respiratory ...	1	M. F.	87 26	— —	— —	1 —	— —	— —	1 2	4 9	13 8	21 3	30 2	17 2	1	
Tuberculosis, other ...	2	M. F.	6 7	— —	— —	— —	1 —	— —	— —	1 2	1 2	2 2	1 1	— —	2	
Syphilitic disease ...	3	M. F.	18 13	— —	— —	— —	— —	— —	1 —	— 1	3 1	4 —	7 8	3 3	3	
Diphtheria ...	4	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	4	
Whooping cough ...	5	M. F.	— 1	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	5	
Meningococcal infections ...	6	M. F.	3 —	— —	2 —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	6	
Acute poliomyelitis ...	7	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	7	
Measles ...	8	M. F.	6 7	— —	1 —	5 4	1 —	— —	— —	— —	1 —	— —	— 1	— —	8	
Other infective and parasitic diseases ...	9	M. F.	17 15	— —	1 2	2 —	1 —	1 1	— —	2 1	3 1	3 2	2 3	4 3	9	
Malignant neoplasm, stomach ...	10	M. F.	375 336	— —	— —	— —	— —	1 —	1 —	9 5	30 30	112 54	125 106	97 141	10	
lung, bronchus ...	11	M. F.	942 156	— —	— —	— —	— —	— —	1 2	32 3	137 25	363 55	307 48	102 23	11	
breast ...	12	M. F.	5 417	— —	— —	— —	— —	— —	— 8	— 30	— 76	1 107	3 101	1 95	12	
uterus ...	13	F.	201	—	—	1	—	—	2	12	43	60	51	32	13	
Other malignant and lymphatic neoplasms ...	14	M. F.	1,175 1,115	— —	1 1	7 7	9 10	10 5	15 10	51 39	120 123	293 253	368 329	301 338	14	
Leukaemia, aleukaemia ...	15	M. F.	72 43	— —	— —	2 4	5 3	3 3	3 3	10 1	8 2	19 7	11 13	11 7	15	
Diabetes ...	16	M. F.	57 128	— —	— —	— —	2 —	— 3	— —	3 3	3 2	14 11	14 48	21 61	16	
Vascular lesions of nervous system ...	17	M. F.	1,740 2,487	— 1	2 —	— —	2 —	9 2	7 4	26 19	75 101	282 243	573 681	764 1,436	17	
Coronary disease, angina ...	18	M. F.	3,549 2,168	— —	— —	— —	— —	— —	12 3	137 17	412 81	1,051 345	1,126 777	811 945	18	
Hypertension with heart disease ...	19	M. F.	161 258	— —	— —	— —	— —	— —	2 1	2 1	11 5	35 22	53 91	58 138	19	
Other heart disease ...	20	M. F.	1,303 2,169	— —	1 —	— —	2 —	7 1	8 18	38 32	40 62	156 162	329 412	722 1,482	20	
Other circulatory disease ...	21	M. F.	524 630	— —	— 1	— —	— —	2 3	6 4	13 5	21 17	76 56	127 132	279 412	21	
Influenza ...	22	M. F.	19 23	— —	— 1	— —	— 1	— 1	1 —	— —	3 2	4 2	4 5	7 11	22	
Pneumonia ...	23	M. F.	582 664	26 10	37 35	10 5	4 3	4 —	6 —	13 7	22 13	82 48	138 141	240 400	23	
Bronchitis ...	24	M. F.	1,056 429	— 1	8 15	2 2	— 1	2 —	2 —	8 3	63 17	274 59	336 119	311 212	24	
Other diseases of respiratory system ...	25	M. F.	167 79	— —	2 —	— 1	2 1	1 —	3 —	1 5	17 13	50 9	54 16	37 33	25	
Ulcer of stomach and duodenum ...	26	M. F.	112 53	— —	— —	— —	— —	1 —	1 —	6 5	13 2	26 12	36 13	29 21	26	
Gastritis, enteritis and diarrhoea ...	27	M. F.	48 82	2 2	9 10	3 2	1 —	3 2	3 3	5 3	5 10	4 7	10 16	3 27	27	
Nephritis and nephrosis ...	28	M. F.	83 66	— —	1 —	1 —	— —	1 3	5 —	10 5	14 7	18 9	16 18	17 24	28	
Hyperplasia of prostate ...	29	M.	104	—	—	—	—	—	—	—	1	2	35	66	29	
Pregnancy, childbirth, abortion ...	30	F.	13	—	—	—	—	5	5	3	—	—	—	—	30	
Congenital malformations ...	31	M. F.	126 114	65 52	34 28	5 4	5 12	5 3	2 3	2 2	1 2	4 4	2 1	1 3	31	
Other defined and ill-defined diseases ...	32	M. F.	1,020 1,297	296 197	15 14	11 7	16 10	19 12	13 19	37 38	59 79	126 151	154 260	274 510	32	
Motor vehicle accidents ...	33	M. F.	287 122	— —	— —	8 7	21 11	89 10	38 7	24 8	25 13	28 13	30 25	24 28	33	
All other accidents ...	34	M. F.	297 355	2 5	17 16	10 12	23 3	12 3	14 5	19 11	37 9	40 26	36 49	87 216	34	
Suicide ...	35	M. F.	165 117	— —	— —	— —	— —	10 3	12 6	21 14	28 19	50 30	27 30	17 15	35	
Homicide and operations of war ...	36	M. F.	6 6	— 1	— 1	1 2	1 —	— —	— —	— —	— 1	— 1	— —	— —	36	



TABLE 5 (cont'd.)—CAUSES OF DEATH at different periods of life  
Year ended 31st December, 1964

Col.	Sex	AGGREGATE OF URBAN DISTRICTS														AGGREGATE OF RURAL DISTRICTS														Col.
		Deaths at ages (in years)														Deaths at ages (in years)														
		All ages	0- wks.	4- wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	0- wks.	4- wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-					
	M. F.	11920 11555	318 229	112 107	56 52	75 43	139 48	122 93	390 241	980 654	2701 1487	3443 2982	3584 5619	2192 2042	73 40	18 19	10 8	20 13	41 15	35 13	84 42	187 112	439 266	563 515	722 999					
1	M. F.	75 23	—	—	1	—	—	2	4 9	11 8	17 1	27 1	14 2	12 3	—	—	—	—	—	—	—	2	4 2	3 1	3	1				
2	M. F.	4 6	—	—	—	1	—	—	1 1	2 2	1 1	1 1	—	2 1	—	—	—	—	—	—	1	1	—	—	2					
3	M. F.	14 11	—	—	—	—	—	1	1	2 1	3 7	6 2	2 2	4 2	—	—	—	—	—	—	1	1	1 1	1 1	3					
4	M. F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4					
5	M. F.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5					
6	M. F.	2	—	1	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	6					
7	M. F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7					
8	M. F.	5 6	—	1 3	5 3	1	—	—	—	—	—	—	1	1 1	—	—	1	—	—	—	1	—	—	—	8					
9	M. F.	13 13	—	1 1	1 2	1	1	—	2	2 1	2 2	4 3	4 3	4 2	—	1	—	—	1	—	1	3	—	—	9					
10	M. F.	329 297	—	—	—	—	1	1	8 5	25 27	100 43	112 92	82 130	46 39	—	—	—	—	—	1	5 3	12 11	13 14	14 11	10					
11	M. F.	824 138	—	—	—	—	—	1	29 3	122 21	312 48	270 43	90 21	118 18	—	—	—	—	—	3	15 4	51 7	37 5	12 2	11					
12	M. F.	5 347	—	—	—	—	—	8	24 65	65 89	89 79	82 82	70	—	—	—	—	—	6	11	18	22	13	—	12					
13	F.	165	—	—	1	—	—	2	7	40	44	45	26	36	—	—	—	—	5	3	16	6	6	13	—					
14	M. F.	1011 960	—	1 7	6 9	9 7	14 8	41 36	99 107	247 219	323 275	264 235	164 155	—	—	1	1	3 1	10 2	21 16	46 34	45 54	27 43	14	—					
15	M. F.	54 36	—	—	1 4	4 2	3 2	2 3	7 1	8 2	14 5	7 12	8 5	18 7	—	—	1	1	1	3	—	5 2	4 1	3 2	15					
16	M. F.	49 111	—	—	—	2	3	—	3 3	10 2	12 8	19 42	8 53	—	—	—	—	—	—	—	4 3	2 6	2 8	16	—					
17	M. F.	1454 2125	—	2 1	—	2	7 2	7 4	22 16	56 90	248 211	487 575	623 1226	286 362	—	—	—	—	2	—	4 3	10 11	34 32	86 106	141 210					
18	M. F.	3026 1863	—	—	—	—	—	9 3	112 14	357 69	905 302	969 670	674 806	523 306	—	—	—	—	3	25 55	146 146	157 137	137 140	18	—					
19	M. F.	130 206	—	—	—	—	—	2 1	2 4	8 21	32 74	44 105	42 31	31 52	—	—	—	—	—	—	3 1	3 1	9 17	16 33	19					
20	M. F.	1102 1831	—	1	—	2	5 1	7 16	33 28	133 50	282 141	603 354	201 1241	201 338	—	—	—	2	1 2	5 4	4 12	23 21	47 58	119 241	20					
21	M. F.	424 550	—	—	1	—	3	1	6 4	9 15	62 49	103 112	228 362	100 80	—	—	—	1	—	4 1	6 7	14 2	24 7	51 50	21					
22	M. F.	13 22	—	—	—	—	—	1	—	2 2	3 2	3 11	4 1	6 1	—	—	—	—	1	—	1 1	1 1	2 3	22	—					
23	M. F.	474 547	21 8	33 28	9 4	1 2	2 2	2	7 6	15 9	68 34	118 120	198 334	108 117	5 2	4 7	1 1	3 1	2	4	6 1	7 4	14 14	20 21	42 66	23				
24	M. F.	932 380	—	8 15	2 1	—	2	2	6 3	50 16	250 50	341 107	271 187	124 49	1	—	—	1	—	—	2 13	24 9	45 12	40 23	2					
25	M. F.	146 69	—	2	—	2	—	1	2 3	13 11	46 9	32 15	21 29	21 10	—	—	—	1	1	—	4 2	4 2	6 1	5 4	25					
26	M. F.	100 51	—	—	—	—	1	1	6 5	13 2	24 11	29 13	26 20	12 2	—	—	—	—	—	—	—	7 1	3 1	26	—					
27	M. F.	39 72	2 2	8 10	1 2	3	2 2	2	5 2	5 8	3 6	9 16	1 22	9 10	—	1	2	1	—	1 1	1 1	2 2	1 5	2 2	27					
28	M. F.	61 57	—	1	1	—	1	4	5 5	11 6	16 9	10 14	12 22	22 9	—	—	—	2	1	5 1	3 1	2 4	6 2	5 2	28					
29	M.	90	—	—	—	—	—	—	—	1	2	29	58	14	—	—	—	—	—	—	—	—	6	8	29					
30	F.	12	—	—	—	—	5	4	3	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	30					
31	M. F.	104 87	52 42	28 20	3 4	5 8	5 1	1 2	2 1	1 2	4 3	2 3	1 3	22 27	13 10	6 8	2	4	2	1	1	1	—	—	31					
32	M. F.	819 1058	241 170	12 13	8 6	10 10	10 15	32 63	117	25 32	49 63	102 117	223 219	233 405	201 239	55 27	3 1	3 2	6 2	9 4	6 16	10 34	24 41	25 105	32					
33	M. F.	228 102	—	—	8 5	15 9	70 5	29 7	22 6	21 10	22 12	24 22	17 26	59 29	—	—	2	6	19 5	9	2 3	4 3	6 3	7 3	33					
34	M. F.	248 297	2 5	14 15	10 10	20 2	11 2	10 4	17 9	32 6	34 20	37 37	71 187	29 58	—	3 1	3 2	3 1	4 1	2 1	5 3	6 6	9 12	16 29	34					
35	M. F.	139 106	—	—	—	—	9 3	10 6	18 13	22 14	42 28	24 27	14 15	26 11	—	—	—	—	1	2	3 1	6 5	8 2	3 3	35					
36	M. F.	6 6	—	1 1	1 2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	36					





TABLE 7—ANTENATAL AND POST-NATAL CLINICS  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ANTENATAL AND POST-NATAL ATTENDANCES AND OF RELAXATION CLASSES DURING 1964

Health Division No.	No. of clinics at 31st December, 1964	No. of sessions during year conducted by—				Antenatal attendances				Post-natal attendances		Relaxation classes				
		Medical officers		Midwives	G.P.'s on sessional basis	Hospital medical staff	No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of women attending	No. of attendances	No. of classes at end of year	No. of sessions	No. of women attending	No. of attendances
1 ...	2	—	—	—	92	561	1,804	19.6	3.2	184	191	2	47	94	328	
2 ...	1	—	23	—	—	75	302	13.1	4.0	—	—	3	87	234	1,072	
3 ...	4	—	20	—	153	1,092	3,847	22.2	3.5	402	408	4	168	344	1,769	
4 ...	4	—	—	—	183	1,566	5,277	28.8	3.4	118	118	4	60	129	521	
5 ...	8	442	41	—	82	2,156	8,582	15.2	4.0	24	25	4	267	504	3,255	
6 ...	4	48	153	—	—	464	2,684	13.4	5.8	—	—	2	58	53	561	
7 ...	2	75	—	—	26	325	1,554	15.4	4.8	15	17	1	36	17	117	
8 ...	7	—	—	27	*231	1,496	7,406	33.5	5.0	*476	*607	4	187	229	1,184	
9 ...	5	—	—	53	283	1,167	5,478	16.3	4.7	306	372	3	87	72	362	
10 ...	5	73	169	—	58	1,194	4,318	14.6	3.6	17	18	4	134	207	1,151	
11 ...	11	50	85	50	375	2,968	10,761	19.2	4.5	180	201	6	307	775	3,967	
12 ...	7	251	48	—	94	1,251	6,193	15.8	5.0	2	2	5	237	448	2,776	
13 ...	6	136	136	—	12	686	3,714	13.1	5.4	19	23	1	13	10	30	
14 ...	6	128	150	—	—	966	5,614	20.2	5.8	1	1	4	79	198	612	
15 ...	6	433	—	—	45	1,213	7,168	15.0	5.9	156	166	5	286	485	2,094	
16 ...	2	46	50	—	—	338	764	8.0	2.3	56	56	1	97	260	1,062	
17 ...	6	27	77	—	139	1,970	4,360	17.9	3.4	1	1	4	162	210	1,234	
TOTAL ...	86	1,709	952	130	*1,768	18,188	79,826	17.7	4.4	*1,957	*2,196	57	2,962	4,279	22,995	
Delegate District— Crosby M.B. ...	1	1	52	—	20	356	1,332	18.2	3.7	13	17	1	48	122	1,099	
Hayton-w-Roby U.D.	2	—	33	—	110	385	1,252	8.8	3.3	8	10	2	60	57	275	
Middleton M.B. ...	2	48	172	—	19	666	4,429	18.5	6.7	—	—	1	43	142	850	
Stretford M.B. ...	4	58	82	—	—	213	892	6.4	4.2	4	4	1	51	212	1,401	
TOTAL ...	9	107	339	—	149	1,620	7,905	13.3	4.9	25	31	5	202	533	3,625	
TOTAL— Administrative County	95	1,816	1,291	130	*1,917	19,808	87,731	17.1	4.4	*1,982	*2,227	62	2,464	4,812	26,020	

\*Includes 37 sessions for post-natal purposes only, at which 340 women made 411 attendances.

TABLE 8—CHILD WELFARE CENTRES  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ATTENDANCES DURING 1964

Health Division No.	No. of centres at—		No. of sessions during year	No. of children who attended and were born in—				No. of attendances by children at ages (in years)				Average attendances (all children) per session
	1st January, 1964	31st December, 1964		1964	1963	1959-62		0-	1-	2-4 (inclusive)		
1	8	7	210	340	281	354		3,653	748	1,073		26.2
2	10	19	956	1,574	1,484	2,441		29,094	8,221	8,361		48.7
3	18	18	918	1,966	1,230	944		28,198	4,641	2,712		38.7
4	31	31	1,323	2,962	2,749	2,827		49,083	10,605	7,959		51.1
5	17	18	1,022	1,795	1,524	1,896		35,602	8,107	9,713		52.3
6	15	15	778	975	992	1,843		17,626	4,693	5,732		36.1
7	13	13	707	2,338	1,867	1,846		32,224	5,502	5,089		61.4
8	12	12	752	1,817	1,686	1,212		28,605	5,575	5,023		52.9
9	17	18	1,183	3,038	2,283	1,882		41,567	5,246	3,298		42.4
10	12	12	660	1,577	1,282	1,103		24,533	4,806	3,597		49.9
11	18	19	1,100	2,689	2,222	1,724		43,784	7,597	4,414		48.1
12	18	19	1,119	2,692	1,679	1,759		30,051	6,519	5,061		37.2
13	9	10	444	1,109	936	961		16,578	3,399	3,928		53.8
14	6	6	562	1,326	1,153	896		21,574	3,329	1,315		46.7
15	12	12	887	1,919	1,817	2,018		36,708	8,120	4,771		55.9
16	6	6	415	1,055	1,047	797		23,468	4,442	2,864		74.2
17	14	14	805	1,950	1,822	1,310		32,461	6,051	3,514		52.6
TOTAL	245	249	13,001	30,522	26,054	23,723		495,739	97,601	79,924		48.4
Delegate District— Crosby M.B.	4	4	356	914	783	1,135		14,542	3,437	4,533		63.2
Huyton-with-Roby U.D.	5	5	364	1,205	693	355		11,855	1,410	1,613		40.9
Middleton M.B.	5	5	379	717	640	483		9,824	1,454	508		31.1
Stretford M.B.	4	4	313	865	709	728		10,148	2,014	1,645		44.1
TOTAL	18	18	1,412	3,701	2,834	2,701		46,369	8,315	8,299		44.6
TOTAL— Administrative County...	263	267	15,313	34,223	28,888	26,424		542,108	105,916	88,223		48.1





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 1964

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	Creaby M.B.	Huyton- w-Lobley U.D.	Middle- ton M.B.	Street- ford M.B.	Others	
Fylde House of Help, 141 Hornby Road, Blackpool	—	—	—	2	—	—	—	—	—	—	2	—	—	—	—	—	—	5	—	—	—	—	
"The Grange," Wilshire, near Blackburn	—	4	3	5	7	12(2)	1	2	4	1	8	3	5	7	7	3	16(1)	82(3)	1	2	5	4	
Heworth Moor House, 56 Heworth Green, York	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—		
Home of the Good Samaritan, Grappenhall	—	—	—	—	—	—	3(1)	5(1)	—	2	—	—	—	1	—	—	11(2)	3	—	—	—		
Lancaster, Morecambe and District Moral Welfare Association, Girls' Hostel, 7, Queen Street, Lancaster	3	2(1)	3	2	—	—	1	—	—	—	—	1	1	—	—	—	13(1)	—	—	—	—		
Liverpool Catholic Children's Protection Society—Affiliated Homes	—	—	—	4	—	—	6(2)	2	11(3)	2	—	—	—	—	—	—	25(5)	3	2	—	—		
Lorna Lodge, Barlow Moor Road, Manchester, 20	—	—	—	—	3	—	—	1	—	1	1	1	1	2	—	—	11	—	—	—	—		
Preston Moral Welfare Council, Parkinson House, 68 West Cliff, Preston	1	4	1	1	—	1	—	—	—	—	—	—	—	—	—	—	8	—	—	—	—		
Sacred Heart Maternity Home, Brettham Holt, near Kendal	—	—	3	4	—	—	—	—	—	—	—	1	—	—	1	1	11	—	—	1	—		
Salvation Army Home, North Moseley Hill Road, Liverpool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Salvation Army Home, Bury New Road, Salford	—	—	—	4	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
St. Agnes' House, 15 Mauleth Road, Manchester, 20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	10	—	—	—		
St. Anne's Maternity Home, Simpson Hill, Heywood	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	—	2	1(1)		
St. Bridget's Home, Lache Lane, Chester	—	—	—	—	—	—	—	—	—	3	—	—	—	3	2	—	3	11	—	3(1)	2		
St. Margaret's Home, Goose Green, Wigan	—	—	—	—	—	—	—	—	1	2	—	—	—	1	—	—	4	—	—	—	—		
St. Mary's Home, Colendale Hall, Carlisle	3(2)	—	—	—	—	—	1	—	3	1	4	—	—	—	—	—	12	2	1	—	—		
St. Mary's Home, 153 Stamford Hill, London, N.16	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3(2)	—	—	—	—		
St. Monica's Home, 13 Croxteth Place, Liverpool, 8	—	—	—	1	—	—	3	—	14	2	—	1	1	—	1	1	3	27	2	10	—		
St. Monica's Maternity Home, 8 Dalton Drive, Sedburgh Road, Kendal	1	3	—	2	—	—	—	—	—	3	—	—	—	—	—	—	9	—	—	—	—		
St. Monica's Maternity Home, 8 Dalton Drive, Sedburgh Road, Kendal	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—		
St. Roman's Home, Dalkeith Road, Dundee	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
St. Teresa's Home, 61 Broom Lane, Salford, 7	—	—	—	—	3(1)	—	—	—	—	—	—	3	2	—	2	3	2	15(1)	—	—	4(3)		
Stretton House, 273 Baring Road, Grove Park, Lee, London, S.E. 12	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—		
TOTAL	8(2)	13(1)	10	27	16(1)	14(2)	16(3)	11(1)	33(3)	10	21	12	12	11	15	10	24(1)	263(14)	11	15	14(4)	12(2)	1
																						316(20)	

\* 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.  
† Resident outside Administrative County area but referred by County Children's Committee.





TABLE 12—HEALTH VISITING  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF HOME VISITS DURING 1964

Health Division No.		* Cases visited by—										Visits paid by health visitors and tuberculosis visitors											
		Health visitors										T.B. visitors											
		Children born in					T.B. home-holds					Children under 5 years					Adults (excl. expectant mothers and tuberculosis)		Cases		Contacts		Total
		1964	1963	1959-62	† Aged 65 years or over	‡ Mentally disordered	†† Discharged from hospital	T.B. home-holds	Infectious diseases (other than T.B.)	T.B. home-holds	Expectant mothers	Under 65	65 and over	Under 65	65 and over	Under 65	65 and over	Under 65	65 and over				
1	...	524	406	1,062	505 (31)	13 (2)	18 (13)	41	1	88	6,466	252	1,040	262	31	110	3	8,555					
2	...	2,074	2,199	4,593	1,558 (254)	25 (13)	75 (21)	1	5	423	26,107	1,600	3,834	873	138	3,520	12	37,276					
3	...	2,208	2,143	4,820	1,259 (78)	14 (3)	42 (10)	14	489	259	25,433	773	3,551	331	13	721	8	31,981					
4	...	3,376	3,730	8,606	2,200 (126)	55 (15)	307 (59)	—	179	1,693	47,869	2,775	5,935	1,580	110	1,169	14	60,949					
5	...	1,703	1,805	3,912	311 (18)	8 (3)	125 (8)	14	40	451	23,960	1,392	744	1,807	109	898	52	30,307					
6	...	1,426	1,771	3,579	1,137 (174)	42 (7)	53 (40)	206	26	—	23,177	1,101	4,447	330	120	248	23	30,589					
7	...	2,541	2,133	5,129	556 (44)	26 (2)	25 (10)	5	12	836	31,583	647	2,030	1,122	72	1,542	15	38,111					
8	...	2,359	2,342	7,400	1,240 (22)	24 (1)	24 (8)	18	24	534	33,292	1,360	2,604	2,888	233	3,462	115	45,931					
9	...	4,392	4,096	12,303	3,160 (154)	65 (9)	123 (78)	242	21	2,044	43,319	2,583	5,621	3,456	384	9,119	216	66,518					
10	...	2,103	1,944	6,166	1,101 (38)	50 (3)	26 (21)	52	55	380	22,327	1,152	1,562	1,391	109	1,745	59	29,445					
11	...	3,325	3,036	8,226	3,046 (256)	31 (18)	177 (120)	15	37	683	36,404	1,864	5,707	1,512	240	1,782	156	49,204					
12	...	2,353	2,212	4,560	1,796 (32)	23 (8)	13 (9)	9	68	437	25,280	1,081	3,432	1,137	68	1,094	74	33,299					
13	...	1,408	1,363	3,608	1,017 (10)	8 (1)	20 (4)	1	20	414	18,498	711	2,752	1,331	84	433	40	24,563					
14	...	1,666	1,409	4,426	904 (67)	22 (6)	18 (12)	3	271	333	20,444	688	2,779	276	16	571	9	25,385					
15	...	1,992	1,733	5,047	1,205 (264)	18 (5)	93 (33)	16	18	453	18,623	643	2,712	2,002	100	526	10	25,800					
16	...	1,249	1,040	2,247	456 (143)	8 (1)	15 (12)	33	5	120	12,727	632	1,173	382	20	359	5	15,604					
17	...	2,702	2,376	6,110	2,279 (156)	7 (4)	71 (37)	11	10	1,939	24,938	1,821	5,009	1,754	159	1,482	152	35,940					
TOTAL		37,431	35,738	91,503	22,880 (1,867)	439 (101)	1,225 (406)	681	1,281	11,087	440,477	21,075	54,992	23,154	2,006	28,781	963	589,287					
Delegate District—																							
Crosby M.B.	...	1,253	1,050	3,340	610 (11)	17 (2)	40 (13)	15	20	344	11,155	246	1,121	692	87	1,225	28	14,772					
Hayton-with-Roby U.D.	...	1,511	1,390	3,966	966 (58)	11 (1)	121 (74)	393	7	105	19,348	353	1,845	576	64	1,349	35	24,176					
Middleton M.B.	...	1,073	910	2,756	341 (76)	28 (9)	58 (43)	44	18	239	10,840	1,666	1,439	251	2	736	1	21,624					
Stretford M.B.	...	1,301	1,109	2,264	400 (20)	12 (1)	7 (7)	5	7	280	15,061	590	1,067	903	6	908	—	18,789					
TOTAL		5,138	4,459	12,426	2,317 (165)	68 (13)	226 (137)	457	52	948	62,413	2,855	5,472	2,422	159	4,218	64	79,361					
TOTAL—Administrative County		42,569	40,197	104,029	26,197 (2,032)	507 (114)	1,451 (632)	1,138	1,333	12,035	502,890	23,930	60,404	25,576	2,165	32,909	1,027	668,648					

\* The classifications are not comprehensive and other cases which may have been visited are not included. A case which can be classified to more than one category is included under each appropriate heading. No adult case is included unless some advice or service was given.

† Cases visited at the request of a G.P. or hospital are included and also shown separately in brackets.

‡ Excludes maternity cases, and persons discharged from mental hospitals.



TABLE 13—HOME NURSING  
ANALYSIS OF COMPLETED CASES BY SEX AND AGE GROUPS—YEAR ENDED 31ST DECEMBER, 1964

Disease or ailment	Total cases (both sexes)			Age in years						65—						All ages								
				0—		5—		15—		45—		65—		F.		M.		F.						
	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.						
	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 ...	250	0.8	—	2	0.5	—	12	3.0	54	3.6	63	1.6	64	2.2	28	0.6	32	0.6	150	1.4	100	0.5		
Other infective and parasitic diseases ...	592	1.9	20	11	2.7	—	39	2.6	62	4.1	97	2.4	55	1.9	111	2.4	65	1.2	214	2.0	378	1.9		
Cancer ...	1,886	6.2	1	0.1	—	1	0.2	39	2.6	65	1.6	330	11.3	426	9.2	456	8.5	566	5.6	827	7.6	1,059	5.4	
Diabetes ...	482	1.6	4	0.6	2	0.5	8	2.0	13	0.9	12	0.3	34	1.2	84	1.8	63	1.2	122	1.1	360	1.8		
Anaemias and other blood diseases ...	3,060	10.0	8	1.2	6	1.5	2	0.5	24	1.6	578	14.2	144	4.9	634	13.6	336	6.2	514	4.7	2,546	13.0		
Mental, psychoneurotic disorders ...	156	0.5	—	—	—	—	—	—	8	0.5	20	0.5	14	0.5	25	0.5	26	0.5	48	0.4	105	0.6		
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,283	4.2	—	—	—	—	—	—	—	—	5	0.1	90	3.1	85	1.8	435	8.1	525	4.8	758	3.9		
Other diseases of central nervous system ...	1,429	4.7	1	0.1	1	0.2	—	—	41	2.7	71	1.7	115	3.9	213	4.6	350	6.5	508	4.7	921	4.7		
Diseases of eye, ear and mastoid process ...	339	1.1	54	8.0	53	13.2	32	7.9	16	1.1	48	1.2	7	0.2	27	0.6	21	0.4	130	1.2	209	1.1		
Diseases of heart and circulatory system ...	2,294	7.5	1	0.1	2	0.5	2	0.5	40	2.6	87	2.1	253	8.7	304	6.5	612	11.4	991	9.7	1,386	7.1		
Influenza ...	57	0.2	3	0.4	1	0.2	6	1.5	5	0.3	7	0.2	3	0.1	12	0.3	8	0.1	17	0.2	38	0.2		
Pneumonia ...	465	1.5	17	2.5	10	2.5	6	1.5	20	1.3	21	0.5	53	1.8	76	1.6	122	2.3	138	1.4	247	1.3		
Bronchitis ...	1,575	5.2	117	17.4	92	22.8	18	4.4	47	3.1	88	2.2	250	8.6	293	4.4	380	7.1	512	4.7	763	3.9		
Other diseases of respiratory system ...	973	3.2	38	5.7	41	10.2	36	8.9	161	10.6	257	6.3	117	4.0	106	2.3	77	1.4	429	3.9	544	2.8		
Diseases of digestive system ...	3,352	11.0	53	7.9	51	12.7	91	22.5	295	19.5	373	9.2	403	13.8	525	11.3	543	10.1	1,385	12.7	1,967	10.0		
Diseases of genito-urinary system ...	1,033	5.4	209	31.1	8	2.0	24	5.9	3	1.1	31	2.0	86	3.0	291	6.3	246	4.6	596	5.5	1,037	5.3		
Diseases of the skin ...	1,729	5.7	29	4.3	28	6.9	51	12.6	175	11.6	181	4.5	151	5.2	269	5.8	236	4.4	642	5.9	1,087	5.5		
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	861	2.8	2	0.3	1	0.2	16	4.0	33	2.2	50	1.2	55	1.9	193	4.1	96	1.8	202	1.9	659	3.4		
Senility and ill-defined conditions ...	5,333	17.5	26	3.9	17	4.2	30	7.4	311	20.5	495	12.2	567	19.5	778	16.7	1,109	20.6	1,973	19.4	2,043	18.8		
Burns and scalds ...	418	1.4	55	8.2	39	9.7	19	4.7	24	1.6	29	0.7	20	0.7	62	1.3	40	0.7	114	1.1	158	1.5		
Other accidents, injuries, etc. ...	979	3.2	19	2.8	15	3.7	44	10.9	89	5.9	70	1.7	65	2.2	138	3.0	112	2.1	329	3.0	650	3.3		
All other conditions ...	1,335	4.4	15	2.2	23	5.7	12	3.0	26	1.7	1,066	26.3	36	1.2	64	1.4	24	0.4	113	1.0	1,222	6.2		
Total—Administrative County	30,481	100	672	100	403	100	405	100	279	100	1,514	100	4,059	100	2,912	100	5,389	100	10,194	100	10,892	100	19,589	100

Note: Percentages are of the total cases of the particular sex/age group.

TABLE 14—HOME NURSING  
ANALYSIS OF COMPLETED CASES BY DURATION OF TREATMENTS, FREQUENCY OF VISITS AND DISPOSAL OF CASES  
YEAR ENDED 31ST DECEMBER, 1964

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 ...	250	5,085.1	20.3	19,232	7	77.0	3.8	164	65.6	35	14	6	2.4	15	6	2	0.8	27	10.8	1	0.4
Other infective and parasitic diseases ...	592	4,985.1	8.4	17,260	2	29.2	3.5	509	86.0	46	7.8	9	1.5	7	1.2	3	0.5	18	3.0	—	—
Cancer ...	1,886	17,688.3	9.4	71,623	1,570	38.8	4.1	203	10.8	373	19.8	1,241	65.8	32	1.7	14	0.7	18	1.0	5	0.3
Diabetes ...	482	16,667.6	34.6	93,420	36	193.9	5.6	107	22.2	124	25.7	49	10.2	107	22.2	2	0.4	93	19.3	—	—
Anaemias and other blood diseases ...	3,060	123,351	40.3	143,350	76	46.9	1.2	1,726	56.4	510	16.7	294	9.6	350	11.4	12	0.4	155	5.1	13	0.4
Mental, psychoneurotic disorders ...	156	2,986.6	19.1	4,805	36	31.0	1.6	75	48.1	44	28.2	18	11.5	7	4.5	2	1.3	9	5.8	—	—
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,283	17,129	13.4	49,531	153	38.7	2.9	195	15.2	426	33.2	619	48.2	22	1.7	5	0.4	12	0.9	4	0.3
Other diseases of central nervous system ...	1,429	37,039.4	25.9	94,746	295	66.5	2.6	353	24.7	506	35.4	437	30.6	88	6.2	5	0.3	38	2.7	2	0.1
Diseases of eye, ear and mastoid process ...	339	2,211.3	6.5	9,002	—	26.6	4.1	304	89.7	21	6.2	3	0.9	4	1.2	3	0.9	3	0.9	1	0.1
Diseases of heart and circulatory system ...	2,294	44,390.7	19.4	98,552	257	43.1	2.2	889	38.8	638	27.8	549	23.9	108	4.7	23	1.0	78	3.4	9	0.4
Influenza ...	57	240.3	4.2	671	—	11.8	2.8	45	78.9	10	17.5	1	1.8	1	1.8	—	—	—	—	—	—
Pneumonia ...	465	2,359.9	5.1	8,815	41	19.0	3.8	296	63.7	82	17.6	79	17.0	4	0.9	—	—	4	0.9	—	—
Bronchitis ...	1,575	8,316.9	5.3	27,542	127	17.6	3.3	1,173	74.5	187	11.9	181	11.5	15	1.0	—	—	18	1.1	1	0.1
Other diseases of respiratory system ...	973	2,441	2.5	10,840	37	11.2	4.5	849	87.3	62	6.4	34	3.5	10	1.0	2	0.2	15	1.5	1	0.1
Diseases of digestive system ...	3,352	16,376.7	4.9	48,165	110	14.4	2.9	2,614	78.0	344	10.3	117	3.5	49	1.5	207	6.2	18	0.5	3	0.1
Diseases of genito-urinary system ...	1,633	50,351.6	30.8	41,141	47	25.2	0.8	1,249	76.5	173	10.6	96	5.9	63	3.9	27	1.7	22	1.3	3	0.2
Diseases of the skin ...	1,729	20,972.1	12.1	64,578	61	37.4	3.1	1,335	77.2	213	12.3	89	5.1	39	2.3	22	1.3	30	1.7	1	0.1
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	861	28,401.9	33.0	69,736	476	81.5	2.5	326	37.9	293	34.0	118	13.7	83	9.6	7	0.8	29	3.4	5	0.6
Senility and ill-defined conditions ...	5,333	66,104.4	12.4	153,028	234	28.7	2.3	1,665	31.2	1,060	19.9	883	16.6	154	2.9	1,480	27.8	77	1.4	14	0.3
Burns and scalds ...	418	3,211.3	7.7	10,519	5	25.2	3.3	355	84.9	40	9.6	11	2.6	6	1.4	2	0.5	4	1.0	—	—
Other accidents, injuries, etc. ...	979	8,776.1	9.0	24,285	43	24.8	2.8	734	75.0	130	13.3	51	5.2	34	3.5	21	2.1	7	0.7	2	0.2
All other conditions ...	1,335	7,413	5.6	19,973	93	15.0	2.7	1,059	79.3	146	10.9	45	3.4	18	1.3	8	0.6	55	4.1	4	0.3
TOTAL—Administrative County ...	30,481	486,519.3	16.0	1,080,814	3,706	35.6	2.2	16,225	53.2	5,463	17.9	4,930	16.2	1,216	4.0	1,847	6.1	730	2.4	70	0.2

Note: Percentages are of the total cases of the particular disease or ailment.



TABLE 15—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, 1964

Health Division No.	TOTAL CASES				DURATION OF TREATMENT						DISPOSAL OF CASES										Other					
	Both sexes	Male		Female	Length of treatment (weeks)	Average duration of treatment (week-mo)	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			
		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	670	217	32.4	453	67.6	11,154.1	16.6	22,563	24	33.7	2.0	320	47.8	141	21.0	104	15.5	59	8.8	14	2.1	24	3.6	8	1.2	
2	1,797	668	37.2	1,129	62.8	31,590.6	17.6	71,447	82	39.9	2.3	881	49.0	306	17.0	302	16.8	134	7.5	119	6.6	54	3.0	1	0.1	
3	2,143	745	34.8	1,398	65.2	26,654.6	12.4	62,672	152	29.3	2.4	956	44.6	409	19.1	359	16.8	182	8.5	182	8.5	49	2.3	6	0.3	
4	3,460	1,167	33.7	2,293	66.3	52,313.1	15.1	111,757	1,092	32.6	2.2	1,953	56.4	475	13.7	518	15.0	156	4.5	268	7.7	84	2.4	6	0.2	
5	2,457	979	39.8	1,478	60.2	38,762.3	15.8	86,100	72	35.1	2.2	1,320	53.7	453	18.4	360	14.7	65	2.6	222	9.0	31	1.3	6	0.2	
6	1,372	500	36.4	872	63.6	29,695.7	21.6	63,518	132	46.4	2.1	556	40.5	287	20.9	313	22.8	45	3.3	135	9.8	25	2.6	1	0.1	
7	1,421	464	32.7	957	67.3	25,570.3	18.0	48,806	107	34.5	1.9	862	60.7	269	18.9	180	12.7	63	4.4	7	0.5	34	2.4	6	0.4	
8	1,769	621	35.1	1,088	63.7	26,878.6	15.7	53,645	258	31.5	2.0	1,009	59.0	239	14.0	270	15.8	30	1.8	134	7.8	27	1.6	—	—	
9	2,334	919	39.4	1,415	60.6	25,056	10.7	70,380	318	30.3	2.8	1,679	71.9	347	14.9	211	9.0	45	1.9	8	0.3	29	1.7	5	0.2	
10	1,023	411	40.2	612	59.8	16,451.1	16.1	41,169	83	40.3	2.5	669	59.5	203	19.8	143	14.0	22	2.2	28	2.7	17	1.7	1	0.1	
11	2,388	872	36.5	1,516	63.5	38,762.3	16.2	85,339	166	35.9	2.2	1,268	53.1	449	18.8	407	17.0	72	3.0	151	6.3	34	1.4	7	0.3	
12	2,050	698	33.9	1,351	66.1	40,322.3	19.6	80,068	117	38.9	2.0	1,052	51.1	341	16.6	372	18.1	71	3.4	167	8.1	52	2.5	4	0.2	
13	1,083	395	36.5	688	63.5	18,504.6	17.2	38,559	31	35.6	2.1	582	53.7	191	17.6	152	14.0	18	1.7	106	9.8	31	2.9	3	0.3	
14	990	365	36.9	625	63.1	14,610	14.8	35,033	302	35.7	2.4	476	48.1	227	22.9	215	21.7	39	3.9	18	1.8	12	1.2	3	0.3	
15	1,145	292	25.5	853	74.5	16,895.4	10.5	41,811	136	36.6	2.2	494	43.1	249	21.7	211	18.4	45	3.9	86	7.5	57	5.0	3	0.3	
16	661	226	34.2	435	65.8	13,994.6	21.2	28,105	119	42.7	2.0	328	49.6	146	22.1	103	15.6	32	4.8	21	3.2	31	4.7	—	—	
17	1,412	548	38.8	864	61.2	20,209.7	14.4	52,774	374	37.6	2.6	584	41.4	322	22.8	288	20.4	53	3.8	89	6.3	70	5.0	6	0.4	
TOTAL	28,124	10,087	35.9	18,037	64.1	449,575.3	16.0	994,226	3,565	35.5	2.2	14,929	53.1	5,054	18.0	4,508	16.0	1,131	4.0	1,755	6.2	681	2.4	66	0.2	
Delegate District—																										
Crosby M.B.	452	147	32.5	305	67.5	9,537.4	21.1	17,452	46	38.7	1.8	225	40.8	103	22.8	89	19.7	16	3.5	2	0.4	16	3.5	1	0.2	
Huyton-w-R. U.D.	672	231	34.4	441	65.6	7,769.0	11.5	22,385	25	33.3	2.0	447	60.5	119	17.7	77	11.5	18	2.7	—	—	10	1.5	1	0.1	
Middleton M.B.	571	214	37.5	357	62.5	5,678.4	9.9	17,169	27	30.0	3.0	336	58.8	96	16.8	103	18.0	23	4.0	9	1.6	3	0.5	1	0.2	
Stretford M.B.	662	213	32.2	449	67.8	13,967.3	21.1	29,632	43	44.8	2.1	288	43.5	91	13.7	153	23.1	28	4.2	81	12.2	20	3.0	1	0.2	
TOTAL	2,357	805	34.2	1,552	65.8	36,944	15.7	86,578	141	36.8	2.3	1,296	55.0	409	17.4	422	17.9	85	3.6	92	3.9	49	2.1	4	0.2	
TOTAL—Admin. County	30,481	10,892	35.7	19,589	64.3	486,519.3	16.0	1,080,814	3,706	35.6	2.2	16,225	53.2	5,403	17.9	4,930	16.2	1,216	4.0	1,847	6.1	730	2.4	70	0.2	

Note: Percentages are of the total cases in the particular area.







TABLE 18—IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF IMMUNISATIONS PERFORMED DURING 1964

Health Division No.	AGAINST DIPHTHERIA										AGAINST WHOOPING COUGH									
	No. who completed a full course of primary immunisation					No. who were given a reinforcement injection					No. who completed a full course of primary immunisation					No. who were given a reinforcement injection				
	(a) Under 15					Under 15					Under 15					Under 15				
	1—	2—	Total— under 5	5—	10—	Under 5	5—	10—	Total— under 15	Under 15	1—	2—	Total— under 5	5—	10—	Under 5	5—	10—	Total— under 15	Under 15
1	210	217	427	18	12	245	386	351	982	982	1964	209	217	426	3	233	52	5	290	290
2	722	694	1,416	91	41	1,507	1,048	757	2,930	2,930	717	693	1,386	1,546	24	939	118	26	1,083	1,083
3	705	775	1,480	72	24	1,602	951	523	2,424	2,424	699	772	1,115	1,586	11	736	91	12	839	839
4	1,084	1,003	2,087	322	80	3,389	2,509	1,746	5,396	5,396	1,978	1,594	2,84	2,956	27	873	218	30	1,121	1,121
5	722	824	1,546	72	18	1,806	990	188	1,322	1,322	718	815	1,02	1,605	40	54	256	31	341	341
6	509	499	1,008	119	2	1,148	176	100	924	924	471	481	108	1,000	10	96	89	6	191	191
7	935	1,251	2,186	84	74	2,315	1,098	221	1,308	1,308	930	1,240	158	2,328	17	41	96	2	139	139
8	726	893	1,619	107	15	1,816	1,263	408	1,011	1,011	719	875	59	1,653	40	139	79	28	256	256
9	1,164	1,275	2,439	465	125	3,244	1,895	473	2,606	2,606	1,160	1,245	210	2,615	68	216	245	18	479	479
10	719	736	1,455	87	75	1,714	1,083	351	1,878	1,878	716	693	94	1,503	29	359	480	41	920	920
11	1,227	1,300	2,527	118	14	2,748	1,653	286	3,481	3,481	1,212	1,196	181	2,589	87	1,222	561	40	1,823	1,823
12	780	1,056	1,836	114	23	2,105	1,291	571	3,378	3,378	753	1,035	109	1,897	11	1,439	79	11	1,529	1,529
13	346	521	867	90	55	1,122	890	449	2,201	2,201	340	516	95	951	—	610	8	1	619	619
14	537	672	1,209	64	17	1,402	828	297	1,494	1,494	537	670	111	1,318	15	322	45	6	373	373
15	744	837	1,581	38	21	1,746	1,033	686	2,864	2,864	739	833	96	1,608	13	1,084	250	189	1,523	1,523
16	493	551	1,044	22	2	1,128	910	472	1,779	1,779	429	491	38	958	9	968	86	9	304	304
17	703	929	1,632	73	10	1,905	823	55	1,434	1,434	691	918	163	1,772	10	437	126	5	568	568
TOTAL	12,326	14,533	29,210	1,846	608	31,664	19,305	7,964	38,307	38,307	12,118	14,284	2,140	28,542	414	9,049	2,879	470	12,398	12,398
Delegate District— Crosby M.B.	287	502	789	20	1	966	5	6	171	171	285	494	149	928	14	2	95	2	99	99
Huyton-with-Roby U.D.	336	513	849	280	73	1,432	1,291	1,123	2,412	2,412	320	476	170	906	20	17	34	6	57	57
Middleton M.B.	407	403	810	92	52	1,047	560	376	1,333	1,333	402	396	82	880	9	3	39	3	253	253
Stretford M.B.	372	395	767	36	—	863	110	54	655	655	370	390	55	815	8	81	66	1	148	148
TOTAL	1,402	1,813	3,754	428	136	4,308	2,472	1,559	4,571	4,571	1,377	1,756	456	3,589	51	311	234	12	557	557
TOTAL— Administrative County	13,728	16,346	32,064	2,274	734	35,972	21,777	9,533	42,938	42,938	13,495	16,040	2,596	32,131	465	9,560	3,113	482	12,955	12,955

(a) Age, in years, at end of 1964. (b) Year of birth.





TABLE 20—CHIROPODY SERVICE—(a) PROVIDED DIRECTLY BY THE COUNTY COUNCIL

Health Division No.	No. of clinics opening at end of year	Total No. of clinic sessions 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	Clinic	Surgery	Home	Aged persons	Handicapped persons	Expectant mothers		
															Total	
1	...	203	1,723	989	1,285	3,935	61	1	3,997	151	354	228	720	12	1	733
2	...	1,058	7,543	—	2,635	10,151	22	5	10,178	1,662	—	533	2,185	6	4	2,195
3	...	1,907	13,621	—	3,043	16,388	276	—	16,664	2,187	—	419	2,500	46	—	2,546
4	...	895	5,047	2,891	7,380	14,940	349	29	15,318	1,046	400	1,215	2,659	51	11	2,721
5	...	1,777	14,461	—	6,144	20,433	172	—	20,605	2,715	—	1,050	3,733	32	—	3,765
6	...	693	5,577	601	1,792	8,032	28	—	8,060	1,182	121	459	1,753	9	—	1,762
7	...	394	3,536	—	935	4,392	76	3	4,471	904	—	237	1,123	17	1	1,141
8	...	484	3,807	—	3,622	7,323	106	—	7,429	971	—	599	1,557	13	—	1,570
9	...	714	4,812	—	1,692	6,484	19	1	6,504	897	—	315	1,297	4	1	1,312
10	...	368	4,124	990	3,613	8,581	141	14	8,736	789	123	559	1,449	12	10	1,471
11	...	165	1,549	—	—	1,199	350	—	1,549	197	—	—	132	65	—	197
12	...	496	3,558	1,724	2,339	7,414	7	—	7,421	679	402	591	1,668	4	—	1,672
13	...	716	5,497	—	2,916	7,058	441	14	8,413	813	—	363	1,128	37	11	1,176
14	...	634	5,844	—	2,427	8,217	54	—	8,271	979	—	348	1,324	3	—	1,327
15	...	568	4,583	4	4,923	9,413	88	9	9,510	906	—	652	1,526	26	6	1,558
16	...	318	2,494	—	175	2,641	17	11	2,669	856	—	44	885	6	9	900
17	...	91	726	—	370	1,076	20	—	1,096	191	—	86	274	3	—	277
Total	...	98	88,302	7,298	45,291	138,577	2,227	87	140,891	17,125	1,400	7,998	25,883	346	54	26,283
Delegate District—																
Crosby M.B.	...	3	1,649	—	48	1,697	—	—	1,697	381	—	21	402	—	—	402
Huyton-with-Roby U.D.	...	2	2,895	1	1,216	4,045	63	4	4,112	592	1	224	803	10	4	817
Middleton M.B.	...	1	582	677	923	2,165	17	—	2,182	137	97	191	422	3	—	425
Stretford M.B.	...	4	2,797	—	63	2,854	—	6	2,860	775	—	15	785	—	5	790
Total	...	10	7,923	678	2,250	10,791	80	10	10,851	1,885	98	451	2,412	13	9	2,434
TOTAL—Administrative County	...	108	96,225	7,976	47,541	149,338	2,307	97	151,742	19,010	1,558	8,149	28,295	359	63	28,717



TABLE 21—CHIROPODY SERVICE—(b) PROVIDED BY VOLUNTARY ASSOCIATIONS

Health Division No.	No. of clinics operating at end of year	Total No. of clinic sessions 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	6	303	2,003	1,134	1,440	5,113	64	—	5,177	369	171	186	717	9	—	726						
2	7	242	2,008	—	128	2,126	9	1	2,136	467	—	37	499	4	1	504						
8	4	938	5,894	830	1,174	7,815	82	1	7,898	900	77	180	1,143	13	1	1,157						
4	2	164	1,403	10,146	3,901	15,450	—	—	15,450	182	1,517	542	2,241	—	—	2,241						
5	—	—	—	—	1,593	1,571	22	—	1,593	—	—	344	340	4	—	344						
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
7	2	157	1,190	—	380	1,564	6	—	1,570	240	—	64	303	1	—	304						
8	1	85	479	3,556	4,025	7,983	75	2	8,060	40	714	586	1,328	10	2	1,340						
9	5	309	1,616	285	888	2,784	5	—	2,789	219	34	114	363	4	—	367						
10	3	144	1,286	—	351	1,624	10	3	1,637	310	—	163	467	5	1	473						
11	13	874	10,249	5,673	4,780	20,558	144	—	20,702	2,016	1,239	782	3,086	51	—	4,037						
12	8	660	5,249	3,282	2,250	10,781	—	—	10,781	994	657	601	2,252	—	—	2,252						
13	—	112	887	4,510	595	5,843	149	—	5,992	331	1,542	213	2,036	50	—	2,086						
14	—	—	—	2,247	394	2,576	65	—	2,641	—	286	49	328	7	—	335						
15	2	289	2,283	—	—	2,283	—	—	2,283	529	—	—	529	—	—	529						
16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
17	6	631	5,765	—	3,238	8,451	352	—	9,003	1,285	—	851	2,071	65	—	2,136						
Total	87	4,858	40,912	31,663	25,137	90,722	983	7	97,712	7,882	6,237	4,712	18,603	223	5	18,831						
Delegate District—																						
Crosby M.B.	1	97	808	—	—	808	—	—	808	267	—	—	267	—	—	267						
Hayton-with-Roby U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Middleton M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Stretford M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Total	1	97	808	—	—	808	—	—	808	267	—	—	267	—	—	267						
TOTAL—Administrative County																						
	88	4,955	41,720	31,663	25,137	97,530	983	7	98,520	8,149	6,237	4,712	18,870	223	5	19,098						





TABLE 23—HOME HELP SERVICE  
ADMINISTRATIVE COUNTY—ANALYSIS OF CASES ATTENDED IN WEEK ENDED 28TH NOVEMBER, 1964

Category	No. of cases attended		No. of hours of service	No. of case days	No. of cases in which home help was provided—											
					On days during week							For total hours during week				
	Male	Female	1	2	3	4	5	6	7	Under 6	6–	10–	14–	18–		
SPECIAL CASES—																
Problem families	—	4	73	13	2	—	—	—	1	1	—	2	—	—	1	1
CONFINEMENTS—																
At home	—	26	417	101	4	3	2	1	15	1	—	5	3	3	5	10
Away from home	—	15	141	42	4	4	3	—	3	1	—	5	5	1	1	3
TUBERCULOSIS—																
Aged 65 years and over	15	16	176	62	9	15	6	—	1	—	—	10	20	1	—	—
Aged under 65 years	8	26	237	90	5	18	4	1	3	3	—	10	17	6	1	—
MENTALLY DISORDERED—																
Aged under 65 years	4	15	162	56	5	5	3	—	4	2	—	10	4	2	—	3
CHRONIC SICK—																
Aged under 65 years	100	716	5,464	2,063	254	294	82	22	112	37	15	369	312	72	31	32
CHRONIC SICK, AGED AND INFIRM—																
Aged 65 years and over	2,070	11,786	80,907	30,805	5,072	5,382	1,272	202	1,368	415	145	6,956	5,435	953	262	250
ILLNESS AND OTHERS—																
Aged 65 years and over	4	31	246	107	10	7	5	2	6	5	—	14	13	7	—	1
Aged under 65 years	45	446	3,119	1,089	187	169	59	10	51	13	2	231	186	44	19	11
All categories—																
Week ended 28th November, 1964	2,246	13,081	90,942	34,428	5,552	5,897	1,436	238	1,564	478	162	7,612	5,995	1,089	320	311
Week ended 7th December, 1963	2,192	12,226	88,504	32,741	5,070	5,629	1,361	230	1,485	516	127	6,770	5,904	1,018	366	360

TABLE 24—MENTAL HEALTH SERVICE  
ATTENDANCES AT COUNTY COUNCIL TRAINING CENTRES AND SPECIAL CARE UNITS DURING 1964

Health Division No.	Location of centre	Attendances during 1964			Position at 31st December, 1964		Remarks
		Total day places nominally available	Total attendances	Proportion (per cent.) of attendances to nominal places available	No. of places nominally available	No. on register	
	<i>Junior and Mixed Centres—</i>						
1	Ulverston ... ..	3,564	3,066	86.0	18	17	
2	*Lancaster ... ..	11,340	8,625	76.1	60	38	
3	Kirkham ... ..	11,700	10,466	89.5	60	73	
4	*Chorley ... ..	10,547	10,661	101.1	53	39	
5	Accrington ... ..	4,428	3,956	89.3	—	—	Closed 17th July
	Oswaldtwistle ... ..	4,440	2,572	57.9	60	44	Opened 1st Sept.
6	Nelson ... ..	10,050	9,494	94.5	50	59	
7	Burseough ... ..	11,760	6,511	55.4	60	45	
	Crosby ... ..	14,625	11,755	80.4	75	75	
8	Hindley ... ..	12,000	6,606	55.1	60	47	
9	Huyton ... ..	15,920	15,109	94.9	80	96	
	Widnes ... ..	9,850	8,534	86.6	50	51	
10	Newton-le-Willows ...	9,750	9,846	101.0	50	81	
11	Atherton ... ..	10,100	8,924	88.4	50	51	
	Farnworth ... ..	6,984	4,645	66.5	36	28	
12	Prestwich ... ..	9,800	8,923	91.1	50	52	
	Rawtenstall ... ..	11,880	10,677	89.9	60	67	
14	Chadderton ... ..	16,351	11,602	71.0	83	73	
15	Swinton ... ..	7,680	6,717	87.5	40	39	
16	Stretford ... ..	11,760	5,417	46.1	60	33	
17	Ashton-under-Lyne...	13,140	8,871	67.5	60	52	
	<b>TOTAL</b> ... ..	<b>217,669</b>	<b>172,977</b>	<b>79.5</b>	<b>1,115</b>	<b>1,060</b>	
	<i>Adult Centres—</i>						
2	Lancaster ... ..	4,005	3,558	88.8	45	45	Opened 24th August
4	Chorley ... ..	1,755	1,580	90.0	45	45	Opened 26th October
5	Accrington ... ..	4,047	2,353	58.1	57	43	Opened 21st Sept.
8	Hindley ... ..	10,215	12,207	119.5	45	74	
9	Huyton ... ..	13,800	23,440	169.9	60	124	
11	Atherton ... ..	10,395	16,011	154.0	45	75	
13	Wardle ... ..	9,630	7,113	73.9	45	46	
14	Chadderton ... ..	10,260	13,294	129.6	45	68	
15	Eccles ... ..	10,260	12,127	118.2	45	61	
16	Urmston ... ..	10,350	9,786	94.6	45	54	
17	Droylsden ... ..	9,000	8,870	98.6	40	43	
	<b>TOTAL</b> ... ..	<b>93,717</b>	<b>110,339</b>	<b>117.7</b>	<b>517</b>	<b>678</b>	
	<i>Special Care Unit—</i>						
15	Eccles ... ..	4,880	4,494	92.1	20	27	
<b>TOTAL—ALL CENTRES</b> ...		<b>316,266</b>	<b>287,810</b>	<b>91.0</b>	<b>1,652</b>	<b>1,765</b>	

\* Re-classified to exclusively junior centre on opening of adult centre in same health division.



TABLE 25—MENTAL HEALTH SERVICE  
ANALYSIS OF PERSONS UNDER THE CARE OF THE COUNTY COUNCIL AT 31st DECEMBER, 1964

	Mentally ill						Psychopath						Subnormal						Severely subnormal						Totals						Grand Total
	Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			
	M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		
1(a) Total numbers of persons under care at 31st December, 1964	6	5	2,131	3,235	—	—	—	—	—	—	—	—	177	134	702	649	411	319	450	461	594	458	3,288	4,345	8,085						
(b) Attending training centres	1	—	13	17	—	—	—	—	—	—	—	—	162	128	226	223	356	259	245	239	519	387	485	479	1,870						
(c) On waiting list for training centres*	—	—	17	11	—	—	—	—	—	—	—	—	9	—	79	94	24	31	107	123	33	31	203	228	495						
(d) Resident in County Council hostels	—	—	6	7	—	—	—	—	—	—	—	—	10	9	24	26	14	6	11	11	24	15	41	44	124						
(e) On waiting list for residence in County Council hostels†	—	—	1	18	—	—	—	—	—	—	—	—	5	4	8	8	3	3	4	4	8	7	13	30	58						
(f) Resident at County Council expense in other residential homes or hostels	—	—	2	4	—	—	—	—	—	—	—	—	7	2	20	3	2	2	13	1	9	4	45	8	66						
(g) Other persons than those in (b) to (f) who are receiving home visits	5	5	1,192	3,188	—	—	—	—	—	—	—	—	—	4	370	329	29	27	85	98	34	36	1,651	3,615	5,336						
2. Persons on waiting list for hospital care—																															
(a) Urgent cases	—	—	—	2	—	—	—	—	—	—	—	—	1	1	1	1	4	8	2	5	5	9	3	8	25						
(b) Non-urgent cases	—	—	—	3	—	—	—	—	—	—	—	—	2	2	4	3	17	10	18	11	19	12	22	17	70						
3. Persons admitted for temporary residential care—																															
(a) To National Health Service hospitals	—	3	—	—	—	—	—	—	—	—	—	—	12	5	7	5	59	39	24	37	71	47	31	42	191						
(b) To County Council residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	10	5	6	7	9	5	6	5	19	10	12	12	53						
(c) Elsewhere	—	—	1	—	—	—	—	—	—	—	—	—	18	9	5	14	35	50	7	9	53	59	13	23	148						
4. Sources of information in respect of cases referred to the County Council during 1964—																															
(a) General practitioners	4	1	835	1,309	—	—	—	—	—	—	—	—	4	—	8	12	5	3	—	2	13	5	843	1,323	2,184						
(b) Hospitals, on discharge	—	—	758	1,241	—	—	—	—	—	—	—	—	1	—	33	23	—	—	15	14	1	—	807	1,278	2,086						
(c) Hospitals, out-patients	4	8	185	349	—	—	—	—	—	—	—	—	1	2	2	—	2	7	—	—	7	17	187	349	560						
(d) Local education authorities	—	—	6	7	—	—	—	—	—	—	—	—	37	19	5	2	40	30	—	—	77	49	11	9	146						
(e) Police and courts	2	3	108	91	—	—	—	—	—	—	—	—	2	—	7	1	—	1	1	1	4	4	118	93	219						
(f) Other sources	—	1	276	481	—	—	—	—	—	—	—	—	29	22	65	68	46	35	25	27	75	58	366	576	1,075						

\* Excludes County cases attending other authorities' or other bodies' centres.

† Excludes persons in hospitals who are considered suitable for transfer to County Council hostels.

**TABLE 26—MEDICAL EXAMINATIONS**  
**SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF MEDICAL EXAMINATIONS CARRIED OUT BY COUNTY COUNCIL MEDICAL STAFFS DURING 1964**

Health Division No.	Medical examinations undertaken in respect of—									
	Fitness for job— County Council employees			Fitness to enter other local authorities' pay schemes	Fitness to resume work—County Council employees	Children in care of Children's Committee	Entry to teachers' training colleges	Entrants to teaching profession (form 28 R.Q.)	Mental Health Act, 1959	Others
	No. of Examinations M.E.s. scrutinised	Medical examinations carried out by County Council staffs of fitness of forms M.E.s.	Posts requiring compulsory examination							
1	146	—(1)	34	3	14	36	31	1	—	2
2	113	13 (2)	62	12	5	101	102	6	35	—
3	462	40 (8)	79	12	6	143	112	10	—	—
4	561	202 (94)	81	14	14	258	163	30	—	—
5	435	67	168	180	3	194	163	25	2	4322
6	303	44	76	16	32	99	87	25	6	—
7	384	58 (9)	50	5	12	90	108	10	10	16
8	385	11	16	7	1	95	94	10	1	—
9	722	130 (21)	26	11	14	217	160	136	52	—
10	481	69 (1)	21	3	5	83	44	5	—	—
11	554	24 (7)	73	6	8	187	155	61	—	41,443
12	367	34	40	11	21	106	112	19	—	—
13	297	13 (11)	23	4	—	52	49	29	2	6
14	141	8 (1)	21	2	3	26	70	20	4	—
15	482	6 (1)	66	90	7	105	94	15	—	—
16	167	11	55	16	2	35	51	6	—	—
17	144	55	77	7	—	54	98	38	5	—
Delegate District—										
Creeby M.B.	50	10	9	2	—	21	79	4	1	—
Hayton-with-Roby U.D.	183	33	12	2	3	153	41	43	10	—
Middleton M.B.	295	9	12	15	—	84	39	40	—	—
Stretford M.B.	279	31 (3)	24	1	1	22	56	35	—	—
TOTAL—Administrative County	17,908	868 (159)	**1,116	369	17	131	1,908	568	129	1,789
						2,161				9,235

\* In addition, examinations were carried out of employees referred by C.M.O.H. (Central Office). These are shown in brackets.  
 † Includes 303 in respect of day nurseries. ‡ Boothtown Remand Home. § Includes 1,038 scrutinised by C.M.O.H. (Central Office).  
 \*\* Includes 91 arranged by C.M.O.H. (Central Office)



TABLE 27—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1964—  
(1) In Homes— (a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Div. No.	Home	* Accommodation capacity at 31st Dec., 1964				Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities										
		M.		F.		No. at 31st Dec., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1964		No. at 31st Dec., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1964		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
1	Marsh House, Ulverston ...	14	21	14	21	1	6	—	4	1	2	14	21	2	—	—	—	—	—	—	—	—	2	—	—	—
	Millwood House, Barrow-in-Furness ...	17	24	17	23	1	8	1	3	—	6	17	22	—	—	—	—	—	—	—	—	—	—	—	—	—
	†The Empress, Morecambe ...	16	34	15	35	3	5	3	3	2	5	13	32	—	—	1	—	—	—	—	—	—	1	—	—	—
2	Moor Platt, Caton ...	7	20	8	21	3	5	2	1	1	4	8	21	—	—	—	—	—	—	—	—	—	—	—	—	—
	The Hermitage, Caton ...	15	25	16	24	8	4	4	2	5	2	15	24	—	—	—	—	—	—	—	—	—	—	—	—	—
	The Laurels, Lancaster ...	11	18	12	19	2	4	2	5	1	—	11	18	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Fair Elms, Lancaster ...	10	15	11	14	2	6	2	3	1	2	10	15	—	—	—	—	—	—	—	—	—	—	—	—	—
	Dolphinlee House, Lancaster ...	15	35	15	35	8	15	6	7	3	8	14	35	—	—	—	—	—	—	—	—	—	—	—	—	—
	Norcross House, Carleton, Thornton Cleveleys ...	10	14	9	14	7	7	4	5	3	2	9	14	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Milbanke, Kirkham ...	22	28	—	—	26	35	3	3	1	4	22	28	—	—	—	—	—	—	—	—	—	—	—	—	—
	‡The Cumberland, Esplanade, Fleetwood ...	7	32	7	32	3	12	1	7	2	5	7	32	—	—	—	—	—	—	—	—	—	—	—	—	—
	Crossacres, St. Annes ...	12	28	—	—	15	39	3	2	—	2	12	35	—	—	—	—	—	—	—	—	—	—	—	—	—
5	The Woodlands, St. Andrew's Rd. South, St. Annes ...	8	16	7	13	4	8	3	6	1	1	7	14	1	—	—	—	—	—	—	—	—	—	—	—	1
	The Beeches, Bonds, Garstang ...	20	24	19	24	9	15	5	8	3	7	20	24	—	—	—	—	—	—	—	—	—	—	—	—	—
	Withnell Fold, near Chorley ...	19	21	19	20	8	9	4	7	4	1	19	21	—	—	—	—	—	—	—	—	—	—	—	—	1
6	Peterfield House, Penwortham ...	13	37	13	39	5	18	5	16	—	4	13	37	—	—	—	1	—	—	—	—	—	—	—	—	1
	Broadfield House, Leyland ...	14	36	12	39	6	20	7	17	—	2	11	40	—	—	—	—	—	—	—	—	—	—	—	—	1
	Coniston House, Chorley ...	8	27	7	29	6	11	4	10	—	—	9	30	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Hill Top, Manchester Road, Accrington ...	16	—	16	—	8	—	6	—	2	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Warren Holt, Wilpshire ...	15	11	15	11	7	7	7	5	—	2	15	11	—	—	—	—	—	—	—	—	—	—	—	—	—
	Glendene, Knowsley Road, Clayton-le-Dale ...	—	21	—	21	—	18	—	22	—	2	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Broad Oak, Accrington ...	22	20	23	21	15	5	13	4	3	2	22	20	—	—	—	—	—	—	—	—	—	—	—	—	—
	Northlands, Great Harwood ...	14	25	14	25	17	12	17	11	—	1	14	25	—	—	—	—	—	—	—	—	—	—	—	—	—
	Greenways, Darwen ...	20	30	22	29	13	16	12	14	3	1	20	30	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Castleford, Clitheroe ...	20	30	—	—	15	40	3	4	—	2	12	34	—	—	—	2	—	—	—	—	—	—	—	—	2





TABLE 27—continued.

Health Div. No.	Home	* Accommodation capacity at 31st Dec., 1964				Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities												
		No. at 31st Dec., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1964		Admissions		Discharges		Deaths		No. at 31st Dec., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1964		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
12	Hazeburton, Ramsbottom ...	9	9	8	8	2	3	1	2	1	—	—	—	—	8	9	—	—	—	—	—	—	—	—	—	—	—	
	Croft Hey, Hawshaw ...	10	17	10	16	4	1	5	—	—	—	—	—	9	17	1	—	—	—	—	—	—	—	—	—	1		
	Redcliffe, Prestwich ...	14	18	14	18	3	4	2	2	1	2	1	2	14	18	—	—	—	—	—	—	—	—	—	—	—		
	Horncliffe House, Rawtenstall ...	10	28	9	28	4	7	2	6	1	—	—	—	10	29	—	—	—	—	—	1	—	—	—	—	1		
13	Red Bank House, Radcliffe...	20	30	19	29	5	15	2	11	3	4	19	29	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Ravensgarth, Helmshore ...	14	36	14	36	4	8	4	7	1	1	13	36	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Oaklands, Rochdale Road, Milnrow ...	—	12	—	12	—	3	—	2	—	1	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Brooklyn, Rochdale Road, Heywood ...	12	9	10	8	5	2	2	1	1	—	12	9	—	—	—	—	—	—	—	—	—	—	—	—	—		
14	Olive House, Bacup ...	5	9	5	9	1	4	1	2	1	2	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Birch View, Wardle ...	14	36	14	36	9	22	5	14	7	9	11	35	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Claremont, 78 Windsor Road, Oldham ...	—	17	—	17	—	4	—	4	—	—	—	17	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Schofield House, Middleton...	14	26	13	28	3	17	4	12	—	4	12	29	—	—	—	—	—	—	—	—	—	—	—	—	—		
15	The Coppice, 84 Windsor Road, Oldham ...	16	6	16	5	5	—	3	—	2	—	16	5	—	—	—	—	—	—	—	—	—	—	—	—	1		
	Broadway House, Chadderton ...	14	36	14	37	5	13	2	9	1	6	16	35	1	1	—	—	—	—	—	—	—	—	—	—	1		
	Laburnum House, Crompton ...	12	23	13	24	7	15	9	10	—	6	11	23	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Saxonside, Middleton ...	12	23	9	25	8	15	5	11	2	5	10	24	—	—	—	—	—	—	—	—	—	—	—	—	3		
16	Gilda Brook, Preston Avenue, Eccles ...	10	40	10	39	7	20	6	16	2	6	9	37	—	—	—	—	—	—	—	—	—	—	—	—	2		
	The Limes, Moorfield Close, Swinton ...	14	21	10	23	13	17	11	15	3	3	9	22	—	—	—	—	—	—	—	—	—	—	—	—	1		
	Birchfold, Worsley ...	10	40	—	—	29	69	12	34	1	3	16	32	—	—	—	—	—	—	—	—	—	—	—	—	1		
	Grangehorpe, 98-100 Talbot Road, Stretford ...	9	16	8	16	2	10	1	6	1	4	8	16	1	—	—	—	—	—	—	—	—	—	—	—	1		
17	The Harry Lord House, Old Trafford ...	20	30	20	30	7	11	4	10	1	1	22	30	—	—	—	—	—	—	—	—	—	—	—	—	—		
	The Katharine Lowe House, Davyhulme ...	12	38	12	41	9	15	7	16	1	3	13	37	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Holme Lea, Astley Road, Stalybridge ...	8	12	8	12	3	5	2	4	2	1	7	12	—	—	—	—	—	—	—	—	—	—	—	—	1		
	Sunnyside, Sunnyside Road, Droylsden ...	12	24	9	26	3	6	3	6	—	—	1	9	25	—	—	—	—	—	—	—	—	—	—	—	—		
		TOTAL		976	1,631	829	1,463	512	911	336	543	116	182	889	1,649	9	13	5	8	—	—	—	—	—	—	2	14	18

\* Variable in most cases according to need for male or female accommodation.

† A further 20 places are available at this Home for short stay cases.

‡ A further 10 places are available at this Home for short stay cases.





TABLE 28—continued.

Managing Authority	Home	Cases which were County Council responsibility									
		No. at 31st December, 1963		Admissions		Discharges		Deaths		No. at 31st December, 1964	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Manchester C.B.C.	...	...	...	...	...	...	...	...	...	...	...
	Lawnhurst, Didsbury ...	...	1	...	...	...	...	...	1	...	...
	Newbury, Victoria Park ...	...	1	...	...	...	...	...	...	...	1
	Whitmore, Blackley ...	...	1	...	...	...	...	...	...	...	1
	Reston, 19 Park Avenue, Southport	...	...	...	...	...	...	...	...	...	...
	Weylands, Baguley ...	...	...	...	...	...	...	...	...	...	...
	Alaror, Haleburn ...	...	...	...	...	...	...	...	...	...	...
	Waverley, Manchester ...	...	...	...	...	...	...	...	...	...	...
	Fairholme, Higher Blackley ...	...	...	...	...	...	...	...	...	...	...
	Doxford Hall, Chatthill, Alnwick	...	...	...	...	...	...	...	...	...	...
	Holly Court, Scarborough ...	...	...	...	...	...	...	...	...	...	...
	The Old Vicarage, Southwell	...	...	...	...	...	...	...	...	...	...
	Limecroft, Oldham ...	...	...	...	...	...	...	...	...	...	...
	Fairhaven, Oldham ...	...	...	...	...	...	...	...	...	...	...
	Stamford House, Oldham ...	...	...	...	...	...	...	...	...	...	...
	Shillingford House, Warborough	...	...	...	...	...	...	...	...	...	...
	Ashton Civic Hostel, Preston ...	...	...	...	...	...	...	...	...	...	...
	Sunny Bank, Preston ...	...	...	...	...	...	...	...	...	...	...
	Wilson House, Preston ...	...	...	...	...	...	...	...	...	...	...
	Kempock House, Gourock ...	...	...	...	...	...	...	...	...	...	...
	Moss Bank, St. Helens ...	...	...	...	...	...	...	...	...	...	...
	Astons Green, Berwyn Grove, St. Helens	...	...	...	...	...	...	...	...	...	...
	The Haven, Boundary Road, St. Helens	...	...	...	...	...	...	...	...	...	...
	Nutgrove Hall, St. Helens ...	...	...	...	...	...	...	...	...	...	...
	Evasholme, Park Road, Salford	...	...	...	...	...	...	...	...	...	...
	Cranbrook, Prestwich ...	...	...	...	...	...	...	...	...	...	...
	Wentworth, 8 Westminster Rd., Eccles	...	...	...	...	...	...	...	...	...	...
	Granville, Eccles ...	...	...	...	...	...	...	...	...	...	...
	Glencorse, Salford ...	...	...	...	...	...	...	...	...	...	...
	The Homestead, Salford ...	...	...	...	...	...	...	...	...	...	...
	Stanhurst, Eccles ...	...	...	...	...	...	...	...	...	...	...
	Heathfield, Weston-super-Mare	...	...	...	...	...	...	...	...	...	...
	Fernleigh, Staffordshire ...	...	...	...	...	...	...	...	...	...	...
	The Orchards, Southport ...	...	...	...	...	...	...	...	...	...	...
	Craig House, Southport ...	...	...	...	...	...	...	...	...	...	...
	St. James', Farnham, Surrey	...	...	...	...	...	...	...	...	...	...
	The Abbey, Staveley ...	...	...	...	...	...	...	...	...	...	...
	Howard House, Kendal ...	...	...	...	...	...	...	...	...	...	...
	Elm Court, Stratton St. Margaret	...	...	...	...	...	...	...	...	...	...
	Hillworth Lodge, Oakworth Road, Keighley	...	...	...	...	...	...	...	...	...	...
	Highfields, North Austen, nr. Sheffield	...	...	...	...	...	...	...	...	...	...
	TOTAL	18	34	10	12	4	5	3	4	21	37





TABLE 30—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1964 (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., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1963		Admissions		Discharges	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blackburn C.B.C.	Park View, Blackburn	6	2	1	—	1	—	1	—	—	—	—	—	—	—
Burnley C.B.C.	Moorfields, Burnley	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Liverpool C.B.C.	New Grafton House, Liverpool	—	—	—	1	1	—	—	—	—	—	—	—	—	—
London C.C.	Westminster House, London, S.E. 17	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Manchester C.B.C.	Newholme, Withington	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Preston C.B.C.	Preston Civic Hostel, Fulwood	15	14	—	—	1	—	2	1	12	13	—	—	—	—
Salford C.B.C.	The Homestead, Salford	2	1	—	—	1	—	—	—	1	1	—	—	—	—
Warrington C.B.C.	Whitecross Welfare Homes, Warrington	2	3	—	—	—	—	—	—	2	3	—	—	—	—
Wigan C.B.C.	Social Welfare Home, Frog Lane, Wigan	1	2	—	—	1	—	—	—	—	2	—	—	—	—
	TOTAL—Former Public Assistance Institutions	28	27	2	2	6	1	3	1	21	27	—	—	—	—
Manchester C.B.C.	Langho Epileptic Colony, Langho	55	73	9	3	4	3	—	3	60	70	—	—	—	—
	TOTAL—All above establishments	83	100	11	5	10	4	3	4	81	97	—	—	—	—







TABLE 31—continued.

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1964	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Northern Counties Eventide Homes	36, Lancaster Road, Birkdale	...	...	...	...	...	...	...	...	...	...
Papworth Village Settlement	Papworth Village Settlement, Cambridge	...	...	...	...	...	...	...	...	...	...
Peasehaven House Committee	115 Roe Lane, Southport	...	...	...	...	...	...	...	...	...	...
Pentecostal Eventide Housing Association	Melbourne House, Wakefield	...	...	...	...	...	...	...	...	...	...
St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham	...	...	...	...	...	...	...	...	...	...
St. Joseph's Convent	Hilton Hall, Wolverhampton	...	...	...	...	...	...	...	...	...	...
St. Joseph's Hospital	St. Joseph's Hospital, Manchester	...	...	...	...	...	...	...	...	...	...
Salvation Army Eventide Homes	Blenheim House, Oldham	...	...	...	...	...	...	...	...	...	...
	Elizabeth Walker Home, Orrell Hey, Bootle	...	...	...	...	...	...	...	...	...	...
	Holm Hill, West Kirby	...	...	...	...	...	...	...	...	...	...
	Holt House, Frestwich	...	...	...	...	...	...	...	...	...	...
	Laurel Bank, Salford	...	...	...	...	...	...	...	...	...	...
	Mary Fowler Home, Allerton, Liverpool	...	...	...	...	...	...	...	...	...	...
	Mildred Duff Memorial Home, North Walsham	...	...	...	...	...	...	...	...	...	...
	The Hawthorns, Buxton	...	...	...	...	...	...	...	...	...	...
	Wickstead Hall, Whitechurch	...	...	...	...	...	...	...	...	...	...
Sisters of Charity of Jesus and Mary	Sunnyside, Edinburgh	...	...	...	...	...	...	...	...	...	...
Society of Friends	Stella Matutina Convent, Ansdell	...	...	...	...	...	...	...	...	...	...
Society of Friends of Foreigners in Distress	Holly Mount Convent, Tooting	...	...	...	...	...	...	...	...	...	...
Sons of Divine Providence	Beechville, Lostock Park, Bolton	...	...	...	...	...	...	...	...	...	...
Stapely Home for Aged Jews	Liberty Hall, Munden, Hertis	...	...	...	...	...	...	...	...	...	...
Stone Bower Fellowship	Fatima House, London S.W.2	...	...	...	...	...	...	...	...	...	...
Turner Memorial Home of Rest	Stapely, Liverpool 18	...	...	...	...	...	...	...	...	...	...
Urmston Housing Association	The Cove, Silverdale	...	...	...	...	...	...	...	...	...	...
	Turner Memorial Home, Dingle Head, Liverpool	...	...	...	...	...	...	...	...	...	...
Welwyn Spastics Home	Ann Challa Eventide Home, Urmston	...	...	...	...	...	...	...	...	...	...
Women's Voluntary Services Residential Clubs	Haylands Eventide Home, Urmston	...	...	...	...	...	...	...	...	...	...
	1, Bolton Road, Birkdale	...	...	...	...	...	...	...	...	...	...
	Aroona, Limpley Stoke	...	...	...	...	...	...	...	...	...	...
	58 Elworthy Road, Hampstead	...	...	...	...	...	...	...	...	...	...
Yorkshire Association for the Care of Cripples	St. George's Training Centre, Harrogate	...	...	...	...	...	...	...	...	...	...
	TOTAL ...	203	393	54	112	33	51	24	53	200	401



TABLE 32—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1964 (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., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1964	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blackpool and Fylde Society for the Blind ...	Princess Alexandra Home for the Blind, Bosworth Place, Squires Gate, Blackpool ...	6	13	4	8	2	2	3	4	5	15
Catholic Blind Institute ...	59 Brunswick Road, Liverpool 6 ...	3	1	—	1	—	1	1	—	2	1
Child Memorial Home for the Blind ...	Child Memorial Home for the Blind, Sunny Lawns, Sandy Walk, Wakefield ...	—	1	—	—	—	—	—	—	—	1
Fulwood Workshops for the Blind ...	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston ...	3	14	1	1	1	—	—	4	3	11
Henshaw's Institution for the Blind ...	Mary Ann Scott Home, Southport ...	—	9	—	3	—	—	—	1	—	11
Hereford County Association for the Blind ...	Thomas Briggs Lomas Home, Rhyl ...	3	—	—	—	—	—	—	—	3	—
Liverpool Home Teaching Society for the Blind ...	Hampton Grange, Hereford ...	—	1	—	—	—	—	—	—	—	1
Manchester Jewish Blind Society ...	Ash Lea Boarding House for Women, Aigburth Road, Liverpool ...	—	2	—	—	—	—	—	—	—	2
Jewish Homes for Blind Persons ...	Jewish Blind Society Home, Albert Road, Southport ...	1	2	1	1	1	—	—	1	1	2
Manchester and Salford Blind Aid Society ...	Mary Alexander Home for Infirm Jewish Blind, London Rockefield, Westcott, Dorking ...	—	1	—	—	—	—	—	—	—	1
North Regional Association for the Blind ...	"Elmas," Pendleton ...	—	7	—	2	—	—	—	—	—	9
Northern Counties Eventide Home ...	Godfrey Ermen Memorial Home, Southport ...	1	2	—	—	—	1	—	2	1	1
Royal National Institute for the Blind ...	"Oaklands," Pendleton ...	3	8	—	—	2	3	—	—	1	3
	"Oaklands," Huddersfield Road, Holmfirth ...	1	5	4	6	—	1	1	—	4	10
	"Springhill," Nelson ...	6	17	—	4	—	1	1	4	5	16
	Northern Counties Eventide Home, Lancaster Road, Southport ...	1	—	1	3	1	—	—	1	1	2
	Royal School for the Blind, Leatherhead ...	2	—	—	—	—	—	—	—	2	—
	"Tate House," Home for the Deaf-Blind, Harrogate ...	2	1	—	—	—	—	—	—	2	1
	"Wilton Grange," West Kirby ...	—	2	—	—	—	1	—	—	—	1
	"Kathleen Chambers" Home, Burnham-on-Sea ...	1	—	—	—	—	—	—	—	1	—
	Westcliffe House, Westgate-on-Sea ...	—	1	—	—	—	—	—	—	—	1
	TOTAL ...	33	87	12	29	7	10	6	17	32	89

TABLE 33—HOUSING  
SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1964

NEW HOUSES ERECTED DURING YEAR										DEFECTIVE AND 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	Unfit dwellings			
			Houses	Flats	Houses	Flats	Houses	Flats				No. demolished during year	No. remaining at end of year	In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
URBAN DISTRICTS															
Abram ...	6	—	—	—	—	—	—	6	—	321	547	83	2	23	33
Accrington (B) ...	63	—	—	53	—	—	—	10	—	909	1,357	558	20	24	781
Adlington ...	28	—	—	22	—	—	—	6	—	203	305	147	7	9	23
Ashton-in-Makerfield ...	336	—	—	4	—	—	—	332	—	529	1,201	150	26	36	224
Ashton-under-Lyne (B) ...	109	132	—	—	130	—	—	109	2	1,205	2,414	470	331	508	*
Aspull ...	56	24	—	—	24	—	—	56	—	172	588	184	29	12	380
Atherton ...	315	—	—	93	—	—	—	222	—	418	547	185	81	20	183
Audenshaw ...	44	16	—	25	16	—	—	19	—	240	1,276	29	40	14	—
Bacup (B) ...	22	—	—	20	—	—	—	2	—	514	993	69	58	116	1,561
Barrowford ...	19	—	—	—	—	—	—	19	—	171	203	32	31	—	235
Billinge and Winstanley ...	194	28	—	16	28	—	2	176	—	123	541	1	18	51	69
Blackrod ...	75	—	—	—	—	—	—	75	—	78	95	16	19	11	—
Brierfield ...	21	—	—	—	—	—	—	21	—	98	207	47	—	3	1
Carnforth ...	16	—	—	—	—	—	—	16	—	28	56	—	—	—	—
Chadderton ...	35	—	—	16	—	—	—	19	—	2,874	5,530	180	48	107	629
Chorley (B) ...	221	24	—	8	24	—	—	213	—	696	1,448	317	44	44	300
Church ...	6	—	—	—	—	—	—	6	—	83	155	5	6	—	12
Clayton-le-Moors ...	—	29	—	—	—	—	—	—	29	52	113	17	5	—	31
Clitheroe (B) ...	106	—	—	22	—	—	—	84	—	153	226	25	51	24	92
Colne (B) ...	32	60	—	10	60	—	—	22	—	420	1,552	133	30	98	300

Not available

\*Not available



TABLE 33—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE AND 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	Unfit dwellings		
														No. demolished during year
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Crompton ...	262	—	—	—	—	—	262	—	346	893	57	10	44	263
Crosby (B)...	60	16	42	—	—	—	18	16	3,082	5,788	1,215	82	1,817	251
Dalton-in-Furness	95	—	—	—	—	—	95	—	79	112	16	—	17	6
Darwen (B)	54	46	—	46	—	—	54	—	112	288	5	83	116	117
Denton ...	464	—	32	—	204	—	138	—	1,156	1,532	126	20	40	126
Droylsden ...	5	26	—	26	—	—	5	—	240	400	154	12	97	600
Eccles (B) ...	86	106	71	106	—	—	15	—	3,948	5,144	215	207	476	1,230
Failssworth...	402	21	48	—	—	—	354	21	429	1,428	157	21	41	62
Farnworth (B)	62	—	53	—	—	—	9	—	450	1,225	138	28	217	146
Fleetwood (B)	150	4	—	4	—	—	150	—	887	1,072	93	9	62	—
Formby ...	350	20	—	20	—	—	350	—	161	254	118	8	—	30
Fulwood ...	124	—	—	—	—	—	124	—	256	448	198	—	—	—
Golborne ...	500	—	21	—	—	—	479	—	420	770	129	19	8	47
Grange ...	21	3	—	—	—	—	21	3	72	110	61	—	—	—
Great Harwood	17	—	—	—	—	—	17	—	80	150	14	3	—	180
Haslingden (B)	32	60	—	60	—	—	32	—	226	749	55	19	27	186
Haydock ...	97	—	56	—	—	—	41	—	279	631	204	11	28	2
Heywood (B)	132	220	—	—	45	220	87	—	1,338	4,016	81	26	8	166
Hindley ...	294	—	142	—	—	—	152	—	313	1,043	254	50	13	60
Horwich ...	15	—	—	—	—	—	15	—	835	1,487	612	—	8	6
Huyton-with-Roby	163	159	101	150	2	2	60	7	1,048	1,814	82	—	—	31

TABLE 33—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE AND 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	Unfit dwellings		
												No. demolished during year	In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
		Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					
Ince-in-Makerfield	30	—	8	—	—	—	22	—	456	644	234	46	105	700
Irlam	110	3	—	—	—	—	110	3	142	603	83	6	2	—
Kearsley	229	8	18	8	—	—	211	—	93	186	21	34	73	—
Kirkby	200	352	134	—	—	352	66	—	286	507	221	4	—	25
Kirkham	52	—	—	—	—	—	52	—	355	573	9	—	4	32
Lancaster (B)	96	—	12	—	—	—	84	—	222	314	59	31	—	22
Lees	74	—	35	—	—	—	39	—	129	166	78	9	44	50
Leigh (B)	191	16	2	16	2	—	187	—	338	1,055	95	18	122	320
Leyland	201	24	—	24	1	—	200	—	50	72	22	3	30	—
Litherland	13	12	10	12	—	—	3	—	655	1,409	462	32	1	72
Littleborough	50	8	—	8	—	—	50	—	614	928	83	—	—	—
Little Lever	100	—	—	—	—	—	100	—	84	84	71	30	8	150
Longridge	50	—	—	—	—	—	50	—	150	215	23	—	5	20
Lytham St. Annes	144	42	—	42	—	—	144	—	102	350	7	1	1	15
Middleton (B)	65	169	27	169	—	—	38	—	1,430	2,477	625	231	2	—
Milnrow	156	—	58	—	—	—	98	—	72	120	39	—	14	—
Morecambe and Heysham (B)	226	32	27	—	199	32	—	—	960	1,469	674	—	—	—
Mossley (B)	12	6	8	6	—	—	4	—	198	367	81	33	—	134
Nelson (B)	15	—	—	—	—	—	15	—	118	728	99	—	12	—
Newton-le-Willows	87	18	35	18	—	—	52	—	270	700	154	6	6	19
Ormskirk	313	—	52	—	—	—	261	—	734	1,082	153	25	50	76



TABLE 33—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR								DEFECTIVE AND 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	Unfit dwellings		
			Houses	Flats	Houses	Flats	Houses	Flats				No. demolished during year	In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
	Houses	Flats												
Orrell ...	180	—	41	—	—	—	139	—	370	650	110	38	30	200
Oswaldtwistle ...	184	—	—	—	—	—	184	—	37	37	28	15	2	—
Padlham ...	60	—	—	—	—	—	60	—	246	460	110	45	18	151
Poulton-le-Fylde ...	240	6	—	—	—	—	240	6	22	61	3	10	2	13
Preesall ...	110	—	—	—	—	—	110	—	6	6	—	—	—	—
Prescot ...	38	32	29	32	—	—	9	—	438	1,207	161	33	6	22
Prestwich (B) ...	46	45	1	20	—	—	45	25	341	997	54	4	118	143
Radcliffe (B) ...	79	6	—	—	—	—	79	6	306	1,764	65	34	111	288
Rainford ...	113	—	12	—	—	—	101	—	12	40	—	14	—	5
Ramsbottom ...	99	—	—	—	—	—	99	—	26	136	9	10	31	323
Rawtenstall (B) ...	78	40	48	40	—	—	30	—	272	864	105	44	411	1,600
Rishton ...	9	—	4	—	—	—	5	—	57	203	42	—	—	—
Royton ...	233	30	24	30	—	—	209	—	620	948	61	92	142	189
Skelmersdale ...	122	—	36	—	—	—	86	—	411	1,429	304	17	50	200
Standish-with-Langtree ...	112	—	18	—	—	—	94	—	248	297	36	8	6	22
Stretford (B) ...	19	144	12	144	—	—	7	—	2,053	4,014	436	159	532	1,360
Swinton and Pendlebury (B) ...	206	28	108	28	—	—	98	—	1,754	6,268	201	234	399	3
Thornton Cloveleys ...	417	—	—	—	—	—	417	—	86	118	12	5	14	2
Tottington... ..	110	—	—	—	—	—	110	—	25	25	—	5	1	217
Trawden ...	—	—	—	—	—	—	—	—	73	95	—	10	—	40
Turton ...	172	—	—	—	—	—	172	—	504	551	100	13	7	15

TABLE 33—continued.

URBAN DISTRICTS		NEW HOUSES ERECTED DURING YEAR										DEFECTIVE AND 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 during year	Unfit dwellings		In respect of which clearance, demolition, etc., orders have been made
		Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Tyldesley ...	...	238	—	18	—	—	—	220	—	196	695	64	58	14	1	1
Ulverston ...	...	34	11	—	—	—	—	34	—	117	248	20	20	52	56	56
Up Holland ...	...	115	—	—	—	—	—	115	—	120	120	20	12	71	162	162
Urmston ...	...	92	—	37	—	—	—	55	—	196	443	51	6	26	30	30
Walton-le-Dale ...	...	360	9	—	—	1	—	359	9	308	586	260	—	43	8	8
Wardle ...	...	44	—	—	—	—	—	44	—	4	6	21	1	3	—	—
Westhoughton ...	...	52	—	—	—	—	—	52	—	957	2,022	160	5	63	108	108
Whitefield ...	...	163	—	12	—	—	—	151	—	173	326	35	2	54	—	—
Whitworth ...	...	88	—	84	—	—	—	4	—	275	315	83	79	59	42	42
Widnes (B) ...	...	480	54	201	54	—	—	279	—	820	2,401	312	101	184	1,261	1,261
Withnell ...	...	10	—	—	—	—	—	10	—	210	270	—	—	—	60	60
Worsley ...	...	431	104	288	104	2	—	141	—	732	1,355	203	8	126	48	48
<b>Total Urban Districts</b> ...	...	<b>12,237</b>	<b>2,193</b>	<b>2,254</b>	<b>1,460</b>	<b>548</b>	<b>606</b>	<b>9,435</b>	<b>127</b>	<b>44,517</b>	<b>91,774</b>	<b>12,981</b>	<b>3,045</b>	<b>7,173</b>		<b>16,627</b>



TABLE 33—continued.

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE AND 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	Unfit dwellings		
												No. demolished during year	In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Blackburn...	...	...	210	—	—	—	210	—	137	211	33	—	1	25
Burnley ...	...	...	66	—	—	—	66	—	83	250	107	5	24	345
Chorley ...	...	...	378	—	—	—	356	—	169	876	55	10	78	112
Clitheroe ...	...	...	65	—	—	—	49	—	177	197	17	—	1	—
Fylde ...	...	...	176	27	24	27	152	—	15	22	11	8	19	54
Garstang ...	...	...	134	4	—	—	134	4	109	134	29	5	10	31
Lancaster ...	...	...	308	2	11	—	297	2	415	825	70	4	1	3
Lunesdale ...	...	...	134	—	—	—	134	—	89	127	49	5	2	—
North Lonsdale ...	...	...	101	12	34	—	67	12	474	692	29	2	91	105
Preston ...	...	...	632	17	14	1	618	16	72	109	14	22	11	36
Warrington ...	...	...	704	—	—	—	704	—	687	1,038	126	16	15	49
West Lancashire ...	...	...	534	30	37	—	490	30	433	736	285	17	19	21
Whiston ...	...	...	1,295	303	101	—	747	303	935	1,316	110	—	2	204
Wigan ...	...	...	215	—	—	—	215	—	170	601	108	20	21	30
Total Rural Districts ...	...	...	4,952	395	259	28	754	303	3,965	7,134	1,043	114	295	1,015
Total Urban Districts ...	...	...	12,237	2,193	2,254	1,460	548	606	44,517	91,774	12,981	3,045	7,173	16,627
Total Administrative County ...	...	...	17,189	2,588	2,513	1,488	1,302	909	48,482	98,908	14,024	3,159	7,468	17,642

## INDEX

	Page		Page
Accidents, deaths due to ...	25, 167, 172	Diphtheria ...	30, 32, 33, 167, 172
Accommodation provided—		immunisation ...	78, 186
Welfare Services ...	110, 195–205	Disinfestation ...	137
Acute encephalitis ...	31, 32, 33	Divisional health administration ...	36
Acute poliomyelitis ...	30, 32, 33, 167, 172	Drainage and sewerage ...	129
vaccination against ...	76, 185	Dysentery ...	31, 32, 33
Acute rheumatism ...	34		
Adjusted birth rates ...	18, 158	Encephalitis, acute ...	31, 32, 33
death rates ...	21, 158	Epileptics and spastics ...	123
Adulteration, food and drugs ...	146	Erysipelas ...	32, 33
Aged, welfare of ...	110, 195–203	Evening helps ...	93
Agencies for supply of nurses ...	109		
Aleukaemia ...	23, 167, 172	Factories, etc., inspection of ...	137
Ambulance Service ...	80	Family planning clinics ...	52
Analgesia ...	61, 64	Financial assistance ( <i>see</i> Grants)	
Analyses, food and drugs ...	146	Fluoridation of water supplies ...	52, 128
milk ...	143, 147	Food, inspection and supervision of ...	142
Angina, etc. ...	22, 167, 172	Food and drugs, sampling ...	145
Antenatal clinics ...	43, 175	Food poisoning ...	31, 32, 144
Anthrax ...	31, 32		
Area, Administrative County ...	15	Gas/air analgesia ...	64
health divisions ...	37	Gastritis, enteritis and diarrhoea ...	167, 172
urban and rural districts ...	158	Grants to local authorities—	
Atmospheric pollution ...	136	drainage and sewerage ...	129
Audiology clinic ...	47	housing ...	141
		special housing for the aged ...	111
		water supplies ...	129
B.C.G. vaccination ...	89, 187		
Birth rates ...	17, 18, 157, 158	Handicapped persons, welfare of ...	115, 202–205
Births ...	18, 59, 158	Health centres ...	42
Blind persons, welfare of ...	115, 205	Health education ...	97
Bronchitis ...	25, 167, 172	Health services ...	36
		Health visiting ...	66, 180
Camping sites ...	136	Heart disease ...	22, 167, 172
Canal boats, inspection of ...	139	Home help service ...	101, 190, 191
Cancer death rates ...	17, 23	Home nursing ...	69, 181–183
deaths ...	23, 167, 172	Homeless families, welfare of ...	113
Caravan sites ...	136	Homes, for aged ...	110, 195–201
Care and after-care of sick persons ...	88	for the blind ...	205
Care of aged persons in their own homes ...	112	disabled and/or old persons ...	123
children neglected or ill-treated in their own		mother and baby ...	55, 178
homes ...	94	nursing ...	108
mothers and young children ...	43	mental, etc. ...	106
premature infants ...	53, 177	Homicide, etc. ...	25, 171, 172
unmarried mothers and their children ...	55, 178	Hostels (mental health) ...	106
Charities Act, 1960 ...	124	Houses, for midwives ...	62
Chickenpox ...	32	for nurses ...	74
Child welfare centres ...	45, 176	Housing ...	140, 206
Chiropody service ...	96, 188, 189	special, for the aged ...	111
Circulatory disease, other ...	25, 167, 172	Hyperplasia of prostate ...	167, 172
Civil defence, ambulance and first aid section ...	88	Hypertension with heart disease ...	22, 167, 172
welfare section ...	124		
Clean Air Act, 1956 ...	136	Ice-cream ...	144, 149
Cleansing, public ...	135	Ice lollies ...	151
Clinics, antenatal and post-natal ...	43, 175	Illegitimate births ...	19, 158
audiology ...	47	Illegitimate infant deaths ...	27, 158
family planning ...	52	Immunisation ...	77, 186
relaxation ...	44, 175	Infant mortality ...	27, 157, 158, 172
special ...	52	rates ...	17, 27, 157, 158
Closet accommodation ...	135	Infectious diseases ...	30
Common lodging houses ...	139	death rates ...	33
Comparability factors ...	18, 21, 166	notifications ...	32, 33
Congenital malformations ...	26, 46, 167, 172	Infective and parasitic diseases, other ...	167, 172
Convalescent home care ...	92	Influenza ...	167, 172
Coronary disease, angina ...	22, 167, 172	Inspection and supervision of food ...	142
Day nurseries ...	56, 179	Laundry service ...	94
Deaf or dumb, welfare of ...	120	Leukaemia ...	23, 167, 172
Deafness in young children, ascertainment of ...	47	Liquid egg (pasteurisation) Regs. 1963 ...	144
Death rates ...	17, 20, 157, 158	Live births ...	18, 59, 158
Deaths ...	20, 158, 167, 172	Lodging houses, common ...	139
causes of ...	21, 167, 172	Lollies, ice ...	151
infant ...	27, 158, 172		
maternal ...	26, 167, 172		
investigation of ...	27		
neo-natal ...	27, 158		
perinatal ...	29, 158		
transferable ...	26		
Delegation of functions ...	36		
Dental care of mothers and young children ...	51		
Diabetes, deaths from ...	167, 172		



	Page		Page
Malaria	32	Rag Flock and Other Filling Materials Act, 1951	139
Malignant neoplasms	23, 167, 172	Registration of blindness	115
Mass radiography	89	homes for disabled and/or old persons	123
Maternal mortality	26, 167, 172	nursing homes	106, 108
investigation of	27	Relaxation classes	44, 175
rates	17, 26	Respiratory diseases, other	167, 172
Measles	30, 32, 33, 167, 172	Respiratory tuberculosis	34
Meat and other foods	143	death rates	17, 35
Medical examinations	107, 194	deaths	35, 167, 172
Meningococcal infection	30, 32, 33, 167, 172	notifications	34, 174
Mental health	103, 192, 193	Rheumatism, acute	34
Midwifery	61	Roll of midwives	62
Midwives, domiciliary, confinements attended by	61, 63	Rural Water Supplies and Sewerage Acts, 1944	
housing of	62	to 1961	129
motor transport for	62		
roll of	62		
Milk	142	Sampling, food and drugs	146
adulteration of	147	milk	143, 147
in schools, etc.	143	Sanitary circumstances of County	126
licences	142	Sanitary inspections	135, 139
Mother and baby homes	55, 178	Scarlet fever	31, 32, 33
Mothercraft training	44, 95	Sewerage, etc.	129
Mothers and young children, care of	43	Shops Act, 1950	153
Motor transport, midwives	62	Smallpox	30, 32, 33
nurses	74	vaccination against	75, 184
Motor vehicle accidents, deaths due to	25, 167, 172	Smoke abatement	136
Movable dwellings	136	Spastics and epileptics	123
		Special care units (mental health)	105
		Statistics, vital	15
		Stillbirths	19, 59, 158
		Suicide	25, 167, 172
		Swimming baths and pools	136
		Syphilitic disease, deaths from	167, 172
		Tetanus, immunisation against	80
		Training centres (mental health)	105, 192
		Transferable deaths	26
		Trilene, administration of	64
		Tuberculosis	34
		care and after-care	88
		death rates	17, 35
		deaths	35, 167, 172
		notifications	34, 174
		vaccination against	89, 187
		Typhoid fever	31, 32, 33
		Ulcer of stomach and duodenum	167, 172
		Unmarried mothers and their children, care of	55, 178
		Vaccination, poliomyelitis	76, 185
		smallpox	75, 184
		tuberculosis	89, 187
		yellow fever	76
		Vascular lesions of nervous system	24, 167, 172
		Veneral disease, care and after-care	91
		Violence, deaths from	25, 167, 172
		Vital statistics	15
		Voluntary organisations, use of	55, 89, 103, 115, 117, 120, 202-205
		War Charities Act, 1940	124
		Water supplies	126
		Welfare foods	56
		Welfare Services	110
		accommodation provided	110, 195-205
		Whooping cough	30, 32, 33, 167, 172
		immunisation	79, 186
		Wireless Telegraphy Acts, 1949 and 1955	120
		Yellow fever, vaccination against	76





