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1956

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# Annual Report

on the

# Health

of the

County Borough of Wigan

by the

Medical Officer of Health

1956



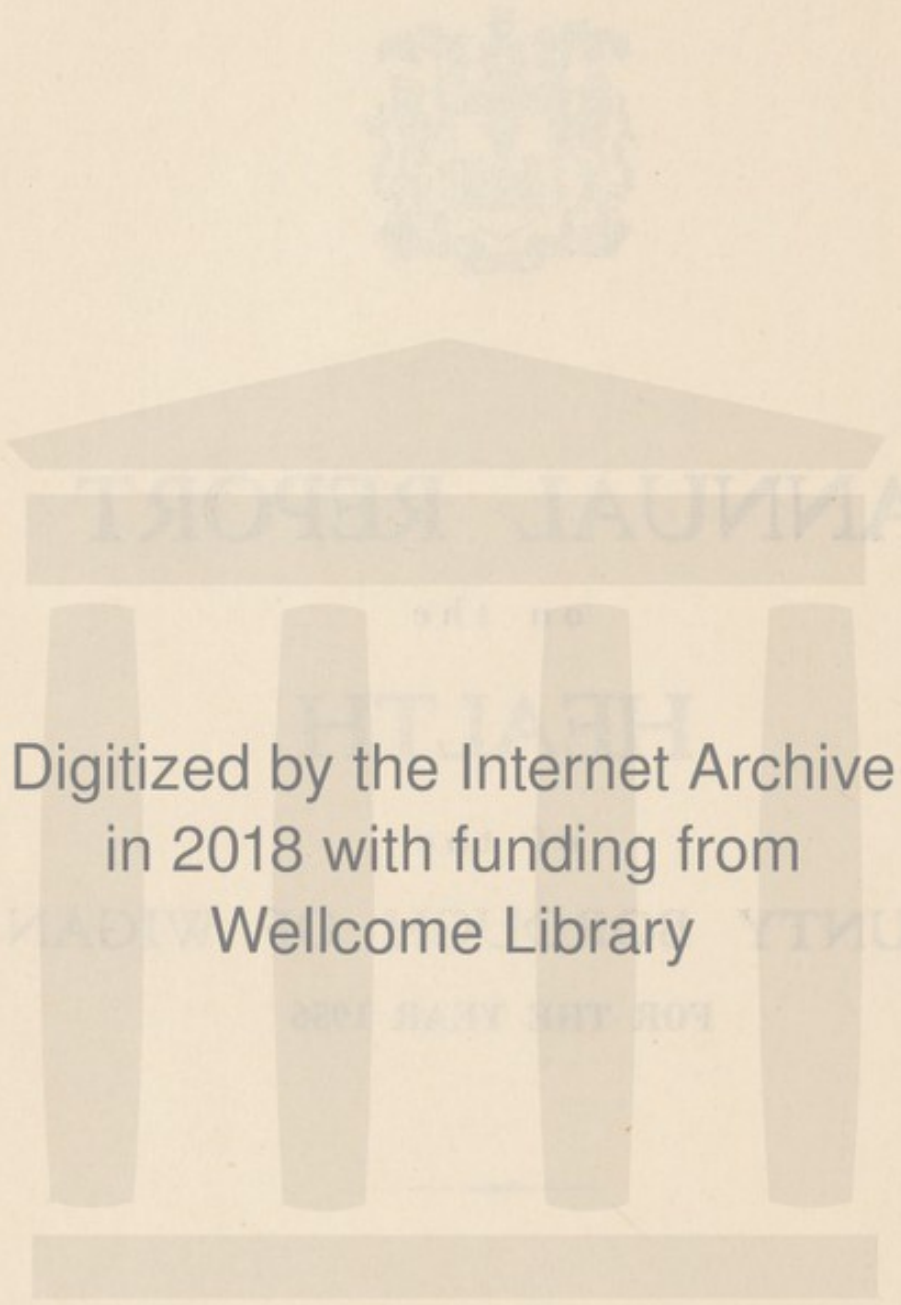




**ANNUAL REPORT**  
on the  
**HEALTH**  
of the  
**COUNTY BOROUGH OF WIGAN**  
**FOR THE YEAR 1956**

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**J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., (Vet.).**  
Medical Officer of Health.  
Principal School Medical Officer.  
Medical Referee of the Borough Crematorium.



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**HEALTH COMMITTEE, 1956**  
**(Appointed 23rd May, 1956)**

Chairman	.....	Councillor J. T. LYNCH, J.P.
Vice-Chairman	.....	Alderman MRS. E. ASHURST.
The Mayor	.....	Alderman A. HORROCKS, J.P.
The Ex-Mayor	.....	Councillor H. R. HANCOCK, J.P.
Alderman	.....	H. DOWLING, J.P.
Councillors	.....	J. BOWDEN
		F. CONNOLLY
		T. HIGHAM
		T. MONKS
		P. NOLAN
		O. SOMERS
		W. TAYLOR
		W. H. WALTERS
		J. COLLINS
		E. DRONEY
		H. D. LOWE
		MRS. E. NAYLOR
		J. RANKIN
		J. TABERNER
		S. TOWNLEY
Co-opted Members	.....	DR. D. W. JOHNSON
		MR. J. HEGARTY
		MRS. B. G. HOUGHTON
		MRS. C. RAYNER
		Councillor S. TAYLOR

**STAFF, 1956**

Medical Officer of Health	J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H. (Vict.).
Assistant Medical Officers	I. M. SMITH, M.B., Ch.B., D.P.H. *R. McLEAN BAIN, M.B., Ch.B., D.P.H.
Dental Officer	*C. F. L. PURSLOW, L.D.S., R.C.S., Eng.
Consultant Obstetric Surgeon	*R. L. HARTLEY, M.D., M.R.C.O.G., F.R.C.S. (E.).
Chest Physician	*C. D. RUSHWORTH, M.R.C.S. Eng. (Died 5th July.). *E. H. W. DEANE, M.B., B.S.
Consultant Venereologist	*PHILIP S. SILVER, M.R.C.S., L.R.C.P.
Orthopaedic Surgeon	*MISS M. F. JOHNSTONE, M.B., Ch.B.
Ophthalmic Surgeon	*E. H. L. COOK, M.B., F.R.C.S., D.O.M.S.

Public Analyst	.....	.....	*J. GRAHAM SHERRATT, B.Sc., F.R.I.C.
Chief Public Health Inspector			V. JONES ( <i>a</i> ) ( <i>b</i> ).
Deputy Chief Public Health			
Inspector	.....	.....	J. B. MARSH ( <i>a</i> ) ( <i>b</i> ) ( <i>f</i> ).
Public Health Inspectors	.....		R. C. WOODS ( <i>a</i> ) ( <i>b</i> )
			P. STRAFFORD ( <i>a</i> ) ( <i>b</i> ) ( <i>f</i> )
			C. JACKSON ( <i>a</i> ) ( <i>b</i> )
			M. RICHARDS ( <i>a</i> ) ( <i>b</i> ) ( <i>f</i> )
			E. HARRIS ( <i>a</i> ) ( <i>b</i> ) ( <i>f</i> ) (from 1st April).
			J. TINTO ( <i>a</i> ) (from 1st April).
			E. MARSDEN ( <i>a</i> ) ( <i>b</i> ) ( <i>f</i> ) (from 1st May).
Health Visitors	.....	.....	M. E. WHEAT ( <i>c</i> ) ( <i>d</i> ) ( <i>e</i> ) (to 8th Jan.).
			E. M. WRIGHT ( <i>c</i> ) ( <i>d</i> ) ( <i>e</i> ) ( <i>g</i> )
			C. JACKSON ( <i>c</i> ) ( <i>d</i> ) ( <i>e</i> ) ( <i>g</i> )
			C. V. KILCULLEN ( <i>d</i> ) ( <i>e</i> )
			A. PAINTER ( <i>c</i> ) ( <i>d</i> ) ( <i>e</i> ) ( <i>g</i> )
			V. M. PARKINSON ( <i>c</i> ) ( <i>d</i> ) ( <i>e</i> )
			M. J. WALMESLEY ( <i>c</i> ) ( <i>d</i> ) ( <i>e</i> )
			Z. M. VERNON ( <i>c</i> ) ( <i>d</i> ) ( <i>e</i> ) ( <i>g</i> ) (from 15th Oct.).
Tuberculosis Nurse	.....		E. CODY ( <i>c</i> ) ( <i>d</i> )
Supervisor of Midwives	.....		E. M. READING ( <i>c</i> ) ( <i>d</i> ) (to 31st Oct.).
			W. KAY ( <i>c</i> ) ( <i>d</i> ) (from 1st Dec.).



## Midwives :

R. M. HADDOCK (c) (d)	D. CAREY (c) (d)
M. QUINN (c) (d)	W. KAY (c) (d) (to 30th Nov.)
E. S. ROGERS (c)	C. MORRIS (c) (d)
M. STOREY (c) (d) (to 30th Apr.)	J. I. RAMSEY (c) (d) (from 9th Dec.)
E. WILLIAMS (c) (d)	C. RYDER (c) (d)
P. WAITE (c) (d)	M. WOODWARD (c)
	S. M. STUART (c) (d) (from 19th Nov.)

ELLESMERE ROAD NURSERY MATRON	M. F. LUCAS (d) (h)
HOME NURSING SUPERINTENDENT	.... L. MAHER (c) (d) (g)
OCCUPATION CENTRE SUPERVISOR	.... J. HANSON
CHIEF CLERK	.... A. N. BYERS

## Mental Health Service :

Authorised Officers and Mental Health Visitors	.... V. CROWLEY
	J. A. PIETRE, B.A.
	J. AINSCOUGH

## Welfare Services :

Senior Assistant	.... A. SIMM
------------------	--------------

## Ambulance Service :

Ambulance Officer	.... T. A. ATHERTON, B.E.M.
-------------------	-----------------------------

## \* Part-Time Officers.

- (a) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.
- (b) Meat Inspectors Certificate.
- (c) Certificate, Central Midwives Board.
- (d) General Trained.
- (e) The Royal Sanitary Institute Health Visitors Certificate.
- (f) The Royal Sanitary Institute Smoke Inspectors Certificate.
- (g) Queen's Nurse.
- (h) Registered Fever Nurse.

## INTRODUCTION

*To the Mayor, Aldermen and Councillors of the County Borough of Wigan.*

“Go, tell them what thou bringest exceeds the wealth  
Of all those countries, for thou bringest them health.  
Drink not much wine, sup light and soon arise ;  
Use three physicians still ; first Doctor Quiet,  
Next Dr. Merriman, and Dr. Dyet.”

*The School of Salerno*

(Translated by Sir John Harrington, 1607).

Thus wrote an ancient physician of Salerno giving advice to William the Conqueror's son. The poem from which this extract was taken enjoyed a wide circulation in manuscript and from 1460 onwards many hundreds of copies were printed. How true the message remains in this modern world of tensions and noise, where every second face in the street wears a worried or anxious expression and the pharmaceutical manufacturers are bombarding the family doctor with an ever-increasing stream of propaganda in support of new tranquillising drugs and anxiety or depression removers. Are we in danger of becoming a nation of pep-pill addicts or will common sense prevail ?

The three major causes of death as indicated in the statistical section of this report are firstly diseases of the heart and arteries, including coronary thrombosis, that disease predominant amongst the high pressure executive classes, especially the chair-borne gourmets. Secondly Cancer, which includes the rising epidemic of deaths from lung cancer, there were no fewer than 26 deaths in Wigan last year as against 23 in 1955. 14 were in the age group 45-65. In the present state of our knowledge these appear to be the results of a combination of over-indulgence in the nervous habit of cigarette smoking and the inefficient use by industry and domestic consumers of the once humble piece of coal—now fast becoming one of the more precious minerals. Finally death from respiratory diseases, including chronic bronchitis and emphysema, the diseases of excessive urbanisation and industrialisation, with their attendant poor overcrowded housing conditions.

The killing and disabling diseases of childhood and early adult life have in the past fifty years been brought under control. The infectious disease hospitals are being turned into geriatric units and many of the beds and cots in children's hospitals are empty. The two major infectious diseases of the first forty years of life are Poliomyelitis and Tuberculosis and both are now preventable. The same happy state does not however continue into the fifth and sixth decades of life. The man of 60 years has little greater expectation of life than his great grandfather.

The principal causes of death have already been mentioned but we must not overlook the appalling morbidity—the tide of illness amongst the most industrious classes of the population which is relentlessly undermining the productive capacity of the country. National figures of morbidity are only just beginning to represent a true picture but it has been said that 280 million working days are lost each year by insured persons in England and Wales.

An improvement in morbidity and mortality in the later years of life will not be achieved without patience nor will they come about without widespread changes in the standard and mode of living as we in the North West know it

today. If the approach to the first Industrial Revolution had been as carefully and painstakingly controlled as regards the possibilities of environmental hazards to mankind as is the approaching Atomic Age we should now be a much healthier nation. Crying for the moon never did any good and so we must make the best of the situation as it exists and improve our environment whenever and wherever we can. To this end the Department is dedicated and a perusal of the body of this report will indicate the volume and quality of the work done by all members of the staff during the year. There are fairly comprehensive notes supporting the statistics of each section so I intend in this introduction to do no more than refer briefly to the landmarks.

Rather surprisingly the birth rate, after a period of steady decline from 1947, has taken a dramatic upward turn and registers 15.63 as against 13.79 in 1955. Unfortunately the infant death rate at 35.8 (33.3) shows a similar upward swing, taking with it the perinatal rate to 54 (53). The maternal mortality rate was nil, there being no deaths attributable to pregnancy or lying-in.

A most interesting experiment in connection with the loan of medical and nursing equipment was planned during the year. I refer to the loan of clean bed linen and night attire to incontinent domiciliary cases. The soiled sheets are replaced as often as necessary and the laundering is undertaken in the Department, a small charge being made for the service. This is yet another instance of the many ways in which the local health authority services can support the chronic sick at home and thus save hospital beds for more acute or necessitous cases. In this respect the Meals on Wheels Service, the Home Help Service and the Home Nursing Service continue to do valiant work. In the latter no fewer than 29,108 injections were administered by the nurses during the year, with consequent relief to the family doctors who would otherwise have had to make special journeys.

Another scheme for the relief of the aged was provided with the introduction of a Chiropody Service in the old people's club. This was the outcome of combined operations by the local authority, who owned buildings, and the Rotarians of Wigan, who organised the service and provided the necessary equipment. The service is available to Old Age Pensioners at special rates which should cover the day to day expenses of the service. The Rotarians are to be congratulated for helping to mobilise a section of the community which could so easily become house-bound and view the outside world with hopeless eyes.

The advent of a reliable vaccine against poliomyelitis was heralded with a fanfare which was, to say the least, a little premature. The registration of the appropriate age groups and the subsequent vaccination in the face of continued difficulties connected with the manufacture of the vaccine provided us with an administrative exercise of no mean dimensions. I am glad to report that all is now going according to plan.

The Ambulance Service with its radio telephone control has now probably reached the peak of its efficiency under present operating circumstances. During the year we have managed through careful co-ordination of movement to reduce the number of miles run per patient by 12.3%. With increasing work at the hospitals the numbers of patients carried has increased and this trend will undoubtedly continue with the development of the new Physiotherapy Department at the Royal Albert Edward Infirmary. The

type of vehicle in use continues to give satisfactory service.

The work of the Welfare Section continues unabated but we were naturally disappointed to learn that shortage of architectural staff and economic considerations had delayed the Springfield Hostel project. The new hostel is badly needed to replace the unsatisfactory beds and amenities still remaining as part of the Institution. Later in the year however, a start was made on the plans. A detailed perusal of the section of the report dealing with Handicapped Persons reveals a large number of severely physically handicapped men and women who fall into the class "Incapable of normal work but mobile and capable of work in sheltered workshops" and again the group "Incapable of or not available for work," the majority of the cases in these groups being within the normal working age. Here perhaps is scope for an expansion of the Remploy Service coupled with a Home Workers Scheme, the great difficulty in connection with the latter being that the type of work offered by industry is usually tedious piece-work which is so badly paid as to be reminiscent of the classical stories of pin manufacturers of the nineteenth century.

In the field of environmental hygiene the public health inspectors have laboured to give meaning to the new food and drugs legislation. The Food Hygiene Regulations have been enforced wherever possible and good progress has been made in the majority of food premises, including the Market Hall. Always we are up against the human element. The most vigilant shop manager cannot prevent his more feckless employees from transgressing the code if they are ignorant of the consequences of their actions. Each shop and each cafe must build up, with the help of the Department, a tradition of cleanliness in food handling so that newcomers to the staff never have a chance to learn dangerous habits. The larger outbreaks of food poisoning are usually due to faulty technique in the handling of food after cooking, coupled with the growing practice of pre-cooking, storing and re-heating meat and meat products. To a certain degree catering for peak loads makes this method of food preparation inevitable but the greatest care should be taken to see that a 'no touch' technique is used for any manipulation and that adequate quick cooling and cold storage facilities are available.

The Clean Air Bill became law in July, 1956, although the "appointed day" was declared to be 31st December. The first logical step to implement the new legislation is the development of a smoke control area in the Borough. Preliminary investigations have been commenced with this in mind.

This preface would be incomplete without an expression of thanks to the staff of the Department for their loyal co-operation and for the good work which they have done throughout the year, similarly to the chief officers and technical advisers of other departments for their help from time to time, and lastly to the members of the Health Committee for their sustained interest and support in the many problems which are brought to them.

J. HAWORTH HILDITCH,  
*Medical Officer of Health.*

HEALTH OFFICE,  
MUNICIPAL BUILDINGS,  
LIBRARY STREET,  
WIGAN.

AUGUST, 1957.



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## Section I



# Natural and Social Conditions of the Area

## GENERAL

Area in Acres	5,082
Rateable Value of the Borough	£834,382
Sum represented by a Penny Rate	£2,008
Registrar General's estimated population on 1st July, 1956 (on which figure statistics in this report are based)	82,130
Number of inhabited houses on the 31st December, 1956 (according to the rate books)	24,384
Number of marriages solemnised within the Borough during 1956	736

A substantial portion of the Borough is used for agricultural purposes. These areas are sparsely populated. The average number of persons per acre varies in the fourteen wards within the Borough from 4 to 71, the overall average being 16.3. The Borough of Wigan forms a considerable part of the valley of the River Douglas. The river, which is the boundary on the north side, continues its course to the centre of the town and finally becomes the boundary at the west side. The levels on which the river enters and leaves are respectively 150 and 69 feet above sea level. Water taken from the river feeds the Leeds and Liverpool Canal which traverses the town. Due to the meagre drop in level the river water flows slowly and the bed is self-cleaning only during the winter months. The waters are badly polluted before they enter the Borough and as a result of this and subsequent pollution the river maintains little or no life—plant or animal. The maximum elevations of the town are at the extreme north 254 feet and at the south-west 260 feet. The lowest level is at the north-west boundary which is 69 feet above sea level.

Geologically, the whole of the Borough rests on the lower coal measures, or Gannister beds, which are here very superficial. This has led to outcrop mining in several parts of the district. The subsoil is mainly clay which in places has a depth of nearly 20 feet; but there is an important layer of sand covering a large part of the centre of the town and extending northwards in the direction of Standish. This sand is also found in "pockets" in other parts of the Borough. Much of the Western portion, beyond the Park, lies on a fairly extensive gravel bed.

Extensive mining operations over several generations have brought about subsidence in many parts of the Borough. In some areas this has had a disastrous effect on property and is a constant source of worry both as regards the condition of old sewers and water mains and planning sites for new buildings.

The population is essentially an industrial one, the principal industries being coal mining, iron and steel working, cotton spinning and weaving and the manufacture of clothing.

The development of the Lamberhead Green trading estate has brought new light industry to the town and a Ministry of Labour Remploy factory caters for the disabled who are able to perform useful work.

Work has continued on the large site in Kitt Green on which Messrs. H. J. Heinz and Co. Ltd. are building their food canning factory. Close liaison with the architects is being maintained to ensure that the best methods of securing a high standard of environmental hygiene for the workers are incorporated in the building. To provide the factory with an adequate water supply and to cope with the trade effluent the Corporation are involved in vast capital schemes which will also be of benefit to the Borough indirectly. Substantial extensions to the Hoscarr Sewage Works are long overdue and the water supply to the Pemberton area where much new house building is in progress is precarious in the summer months.

1001	1001	Deaths	1001
1002	1002	Deaths by age	1002
1003	1003	Deaths by sex	1003
1004	1004	Deaths by race	1004
1005	1005	Deaths by marital status	1005
1006	1006	Deaths by education	1006
1007	1007	Deaths by occupation	1007
1008	1008	Deaths by place of birth	1008
1009	1009	Deaths by duration of residence	1009
1010	1010	Deaths by duration of residence in the United States	1010
1011	1011	Deaths by duration of residence in the United States by race	1011
1012	1012	Deaths by duration of residence in the United States by sex	1012
1013	1013	Deaths by duration of residence in the United States by race and sex	1013
1014	1014	Deaths by duration of residence in the United States by race and sex, by duration of residence	1014
1015	1015	Deaths by duration of residence in the United States by race and sex, by duration of residence and duration of residence in the United States	1015
1016	1016	Deaths by duration of residence in the United States by race and sex, by duration of residence and duration of residence in the United States, by duration of residence in the United States	1016
1017	1017	Deaths by duration of residence in the United States by race and sex, by duration of residence and duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States	1017
1018	1018	Deaths by duration of residence in the United States by race and sex, by duration of residence and duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States	1018
1019	1019	Deaths by duration of residence in the United States by race and sex, by duration of residence and duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States	1019
1020	1020	Deaths by duration of residence in the United States by race and sex, by duration of residence and duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States, by duration of residence in the United States	1020

## Section II

# Statistics



## VITAL STATISTICS, 1955 - 56

	1955	1956
Area (acres) ....	5,082	5,082
Population (Estimated by Registrar General) ....	82,750	82,130
Live Births: Males 668 } Females 616 } Total ....	1,141	1,284
Birth Rate per 1,000 population ....	13.79	15.63
Adjusted Birth Rate per 1,000 Population (Area comparability factor 0.98) ....	13.37	15.32
Ratio of local adjusted rate to national rate ....	0.89	0.98
Birth Rate for England and Wales ....	15.0	15.7
Illegitimate Births number 22, or .27 per 1,000 of population, a percentage of ....	2.54	1.71
Deaths: Males 470 } Females 435 } Total ....	915	905
Death Rate per 1,000 population ....	11.06	11.02
Adjusted Death Rate per 1,000 population (Area comparability factor 1.22) ....	12.60	13.44
Ratio of local adjusted rate to national rate ....	1.08	1.15
Death Rate for England and Wales ....	11.7	11.7
Excess of Registered Births over Deaths ....	226	379
Maternal Death Rate per 1,000 live and still births ....	—	—
Tuberculosis Death Rates:—		
Pulmonary .... 0.12 } Other than Pulmonary 0.01 } Total ....	0.13	0.13
Total Deaths from Diarrhoea and Enteritis under two years ....	3	4
Death Rate (per 1,000 births from Diarrhoea and Enteritis) ....	2.63	3.11
Infantile Rate (deaths per 1,000 births) ....	33.3	35.8
Ditto for England and Wales ....	24.9	23.8
Neo-Natal Rate ....	29.8	24.1
Perinatal Rate (includes still births plus 1st week deaths)	53	54
Still-Birth Rate ....	32.23	39.64
Deaths of Infants under 1 day old ....	15	10
Ditto. 1 year (legitimate) ....	34	46
Ditto. 1 year (illegitimate) ....	4	—

## CAUSES OF DEATH WITH DEATH RATES, 1956

DISEASE						No. of Deaths	Rate
1.	Tuberculosis, Respiratory ...	...	...	...	...	10	.12
2.	Tuberculosis, Other...	...	...	...	...	1	.01
3.	Syphilitic Disease ...	...	...	...	...	2	.02
4.	Diphtheria ...	...	...	...	...	—	—
5.	Whooping Cough ...	...	...	...	...	1	.01
6.	Meningococcal Infections ...	...	...	...	...	—	—
7.	Acute Poliomyelitis...	...	...	...	...	—	—
8.	Measles ...	...	...	...	...	—	—
9.	Other Infective and Parasitic Diseases ...	...	...	...	...	1	.01
10.	Malignant Neoplasm Stomach ...	...	...	...	...	30	.37
11.	„ „ Lung, Bronchus ...	...	...	...	...	27	.33
12.	„ „ Breast ...	...	...	...	...	17	.21
13.	„ „ Uterus ...	...	...	...	...	6	.07
14.	Other Malignant and Lymphatic Neoplasms ...	...	...	...	...	51	.62
15.	Leukaemia, Aleukaemia ...	...	...	...	...	3	.04
16.	Diabetes ...	...	...	...	...	8	.10
17.	Vascular Lesions of Nervous System ...	...	...	...	...	142	1.73
18.	Coronary Disease, Angina ...	...	...	...	...	117	1.43
19.	Hypertension with Heart Disease ...	...	...	...	...	18	.22
20.	Other Heart Disease ...	...	...	...	...	141	1.72
21.	Other Circulatory Disease ...	...	...	...	...	18	.22
22.	Influenza ...	...	...	...	...	3	.04
23.	Pneumonia ...	...	...	...	...	34	.41
24.	Bronchitis ...	...	...	...	...	73	.89
25.	Other Diseases of Respiratory System ...	...	...	...	...	18	.22
26.	Ulcer of Stomach and Duodenum ...	...	...	...	...	10	.12
27.	Gastritis, Enteritis and Diarrhoea ...	...	...	...	...	9	.11
28.	Nephritis and Nephrosis ...	...	...	...	...	11	.13
29.	Hyperplasia of Prostate ...	...	...	...	...	5	.06
30.	Pregnancy, Childbirth, Abortion ...	...	...	...	...	—	—
31.	Congenital Malformations ...	...	...	...	...	10	.12
32.	Other Defined and Ill-Defined Diseases...	...	...	...	...	100	1.22
33.	Motor Vehicle Accidents ...	...	...	...	...	10	.12
34.	All Other Accidents ...	...	...	...	...	22	.27
35.	Suicide ...	...	...	...	...	6	.07
36.	Homicide and Operations of War ...	...	...	...	...	1	.01
						905	11.02

**REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH,  
1956**

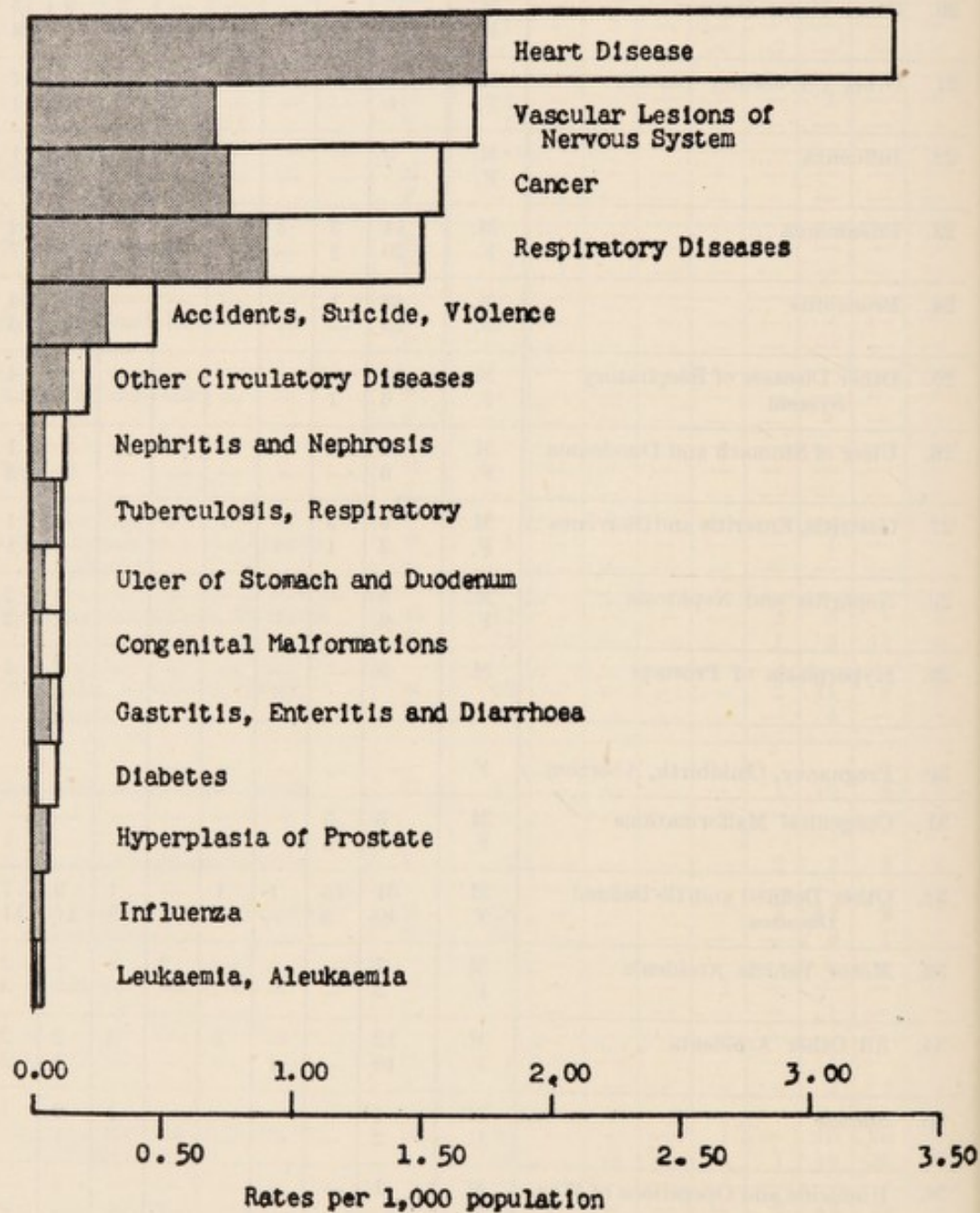
CAUSES	Sex	All Ages	0+	1+	5+	15+	25+	45+	65+	75+
ALL CAUSES ... ..	M.	470	26	5	5	6	21	145	140	122
	F.	435	20	1	—	—	15	103	130	166
1. Tuberculosis, Respiratory ...	M.	9	—	—	—	—	1	7	—	1
	F.	1	—	—	—	—	1	—	—	—
2. Tuberculosis, Other ... ..	M.	1	—	1	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease ... ..	M.	1	—	—	—	—	—	1	—	—
	F.	1	—	—	—	—	—	—	—	1
4. Diphtheria ... ..	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
5. Whooping Cough ... ..	M.	—	—	—	—	—	—	—	—	—
	F.	1	1	—	—	—	—	—	—	—
6. Meningococcal Infections ...	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ... ..	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
8. Measles ... ..	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ... ..	M.	1	—	—	—	—	—	1	—	—
	F.	—	—	—	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach	M.	12	—	—	—	—	2	6	1	3
	F.	18	—	—	—	—	1	3	11	3
11. Malignant Neoplasm, Lung, Bronchus ... ..	M.	23	—	—	—	—	2	11	8	2
	F.	4	—	—	—	—	—	4	—	—
12. Malignant Neoplasm, Breast ...	F.	17	—	—	—	—	1	10	3	3
13. Malignant Neoplasm, Uterus ...	F.	6	—	—	—	—	2	2	1	1
14. Other Malignant and Lymphatic Neoplasms ... ..	M.	28	—	—	—	—	3	12	9	4
	F.	23	—	—	—	—	—	8	7	8
15. Leukaemia, Aleukaemia ... ..	M.	2	—	—	—	2	—	—	—	—
	F.	1	—	—	—	—	—	1	—	—
16. Diabetes ... ..	M.	1	—	—	—	—	—	1	—	—
	F.	7	—	—	—	—	—	2	4	1
17. Vascular Lesions of Nervous System ... ..	M.	60	—	—	—	1	—	15	28	16
	F.	82	—	—	—	—	1	16	32	33
18. Coronary Disease, Angina ...	M.	81	—	—	—	—	2	42	29	8
	F.	36	—	—	—	—	1	11	10	14



## PRINCIPAL CAUSES OF DEATHS AT ALL AGES, 1956

SHADED PORTION = MALES

UNSHADED PORTION = FEMALES



## POPULATION OF WARDS, WITH COMPARATIVE DEATHS AND DEATH RATES

Ward	Ward No.	Estimated Population	Death Totals	Death Rate
St. George ... ..	1	2185	18	8.24
Lindsay ... ..	2	4588	69	15.04
St. Catharine ... ..	3	5225	67	12.82
St. Patrick ... ..	4	5756	73	12.68
St. Thomas ... ..	5	2272	30	13.20
Poolstock ... ..	6	3388	34	10.04
Victoria ... ..	7	2686	32	11.91
St. Andrew ... ..	8	15784	166	10.52
Swinley ... ..	9	9944	94	9.45
All Saints ... ..	10	1969	28	14.22
West Pemberton ... ..	11	6878	61	8.87
North Pemberton ... ..	12	6211	60	9.66
Central Pemberton ... ..	13	8956	110	12.28
South Pemberton ... ..	14	6288	57	8.16
<b>TOTALS ... ..</b>		<b>82130</b>	<b>899</b>	<b>10.95</b>

Estimated population of Wards is based on current Register of Electors.  
Death Rate is based on the Registrar General's estimated population  
of 82,130.

### Crude Death Rates for Wigan During the last Ten Years

1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
13.37	11.55	12.49	12.57	14.54	13.15	12.02	11.37	11.06	11.02

## INQUESTS AND UNCERTIFIED DEATHS

### (Wigan residents only)

The number of inquests held during 1956 was 83, and the following verdicts have been recorded :—

1. Natural Causes	39
2. Accidents—Falls	11
" Road	10
" Crushed	3
" Drowning	2
" Coal Gas	2
" Operation	2
" Burns	1
" Suffocation	1
3. Suicides—Coal Gas	5
" Cut Throat	1
4. Open—Coal Gas	3
" Drowning	1
5. War Service	2
	—
	83

There was one uncertified death in 1956.

## DEATHS REGISTERED DURING THE

(Classified locally under the Registrar General's  
causation, age and

CAUSES OF DEATHS	Class No.	Deaths at the sub-joined ages of "Residents" whether occurring in or beyond the District								
		All Ages	Under 1 year	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over
Tuberculosis, Respiratory ... ..	1	10	—	—	—	—	2	7	—	1
Tuberculosis, Other ... ..	2	1	—	1	—	—	—	—	—	—
Syphilitic Disease ... ..	3	2	—	—	—	—	—	1	—	1
Diphtheria ... ..	4	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	5	1	1	—	—	—	—	—	—	—
Meningococcal Infections ... ..	6	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ... ..	7	—	—	—	—	—	—	—	—	—
Measles ... ..	8	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	9	1	—	—	—	—	—	1	—	—
Malignant Neoplasm, Stomach ... ..	10	30	—	—	—	—	3	10	11	6
"  "  Lung, Bronchus ... ..	11	26	—	—	—	—	2	14	8	2
"  "  Breast ... ..	12	16	—	—	—	—	1	9	3	3
"  "  Uterus ... ..	13	8	—	—	—	—	2	3	2	1
Other Malig. & Lymphatic Neoplasms	14	45	—	—	—	—	1	19	14	11
Leukaemia, Aleukaemia ... ..	15	3	—	—	—	2	—	1	—	—
Diabetes ... ..	16	8	—	—	—	—	—	3	4	1
Vascular Lesions of Nervous System	17	140	1	—	—	1	2	30	57	49
Coronary Disease, Angina ... ..	18	105	—	—	—	—	2	48	36	19
Hypertension with Heart Disease ... ..	19	12	—	—	—	—	1	3	3	5
Other Heart Disease ... ..	20	150	—	—	—	—	6	24	43	77
Other Circulatory Disease ... ..	21	26	—	—	—	—	—	5	10	11
Influenza ... ..	22	2	—	—	—	—	1	1	—	—
Pneumonia ... ..	23	40	6	3	—	—	—	5	11	15
Bronchitis ... ..	24	75	1	—	—	—	—	24	20	30
Other Diseases of Respiratory System	25	12	—	—	—	—	—	9	2	1
Ulcer of Stomach and Duodenum ... ..	26	9	—	—	—	—	1	2	3	3
Gastritis, Enteritis and Diarrhoea ... ..	27	9	4	—	1	1	—	—	2	1
Nephritis and Nephrosis ... ..	28	11	—	—	—	—	—	4	5	2
Hyperplasia of Prostate ... ..	29	5	—	—	—	—	—	—	4	1
Pregnancy, Childbirth, Abortion ... ..	30	—	—	—	—	—	—	—	—	—
Congenital Malformations ... ..	31	8	8	—	—	—	—	—	—	—
Other Defined and Ill-defined Diseases	32	102	25	1	1	—	4	13	20	38
Motor Vehicle Accidents ... ..	33	10	—	—	—	2	2	1	5	—
All Other Accidents ... ..	34	25	—	1	3	—	3	5	5	8
Suicide ... ..	35	6	—	—	—	—	1	3	1	1
Homicide and Operations of War ... ..	36	1	—	—	—	—	—	1	—	—
TOTALS ... ..		899	46	6	5	6	34	246	269	287

## 52 WEEKS ENDED 29th DECEMBER, 1956

short list—grouped according to ward residence).

## DEATHS AT ALL AGES

Class. No.	St. George Ward	Lindsay Ward	St. Catharine Ward	St. Patrick Ward	St. Thomas Ward	Poolstock Ward	Victoria Ward	St. Andrew Ward	Swinley Ward	All Saints Ward	West Pem-ber-ton Ward	North Pem-ber-ton Ward	Central Pem-ber-ton Ward	South Pem-ber-ton Ward	Total Deaths
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1	—	2	2	2	—	—	—	—	2	—	—	—	2	—	10
2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
3	—	—	—	1	—	—	—	—	—	—	—	—	1	—	2
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
10	1	1	6	3	1	1	2	4	1	1	5	1	3	—	30
11	—	1	5	2	—	1	—	5	5	—	2	1	2	2	26
12	—	—	1	—	—	—	—	3	2	—	2	2	4	2	16
13	—	1	—	1	—	—	—	1	—	1	1	—	2	1	8
14	—	2	3	4	3	—	—	15	5	2	2	3	3	3	45
15	—	—	—	1	—	—	—	—	—	—	1	—	1	—	3
16	—	—	—	—	—	—	—	1	1	—	1	3	—	2	8
17	1	15	8	11	4	3	3	31	15	2	8	9	20	10	140
18	3	14	2	6	4	5	3	16	11	2	7	7	19	6	105
19	—	—	1	1	—	—	—	2	3	—	1	1	3	—	12
20	3	13	9	7	6	6	7	35	14	5	11	8	15	11	150
21	—	—	1	4	2	1	2	7	1	—	2	4	2	—	26
22	1	—	—	—	—	—	—	—	—	—	1	—	—	—	2
23	—	1	4	6	—	2	1	2	5	3	5	3	4	4	40
24	1	4	7	8	1	3	5	18	6	4	5	1	6	6	75
25	—	—	—	2	3	—	—	—	—	—	2	—	5	—	12
26	1	1	—	2	—	2	—	—	2	—	—	1	—	—	9
27	1	1	1	2	—	—	—	—	—	2	—	2	—	—	9
28	—	2	2	1	—	—	—	1	—	—	—	1	1	3	11
29	1	—	—	—	1	1	—	—	1	—	—	—	—	1	5
30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31	—	1	2	—	—	1	—	1	—	—	—	1	1	1	8
32	5	6	6	4	5	6	9	18	14	2	5	9	10	3	102
33	—	2	1	—	—	—	—	2	2	2	—	1	—	—	10
34	—	1	5	5	—	2	—	3	2	1	—	2	3	1	25
35	—	—	—	—	—	—	—	—	1	1	—	—	3	1	6
36	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
	18	69	67	73	30	34	32	166	94	28	61	60	110	57	899



**DEATHS FROM CERTAIN RESPIRATORY DISEASES**  
**Comparative Rates for the Past Five Years**

		<b>Bronchitis</b>				
		1952	1953	1954	1955	1956
Deaths	....	86	92	88	91	73
Rates	....	1.03	1.11	1.06	1.10	0.89

		<b>Pneumonia</b>				
		1952	1953	1954	1955	1956
Deaths	....	46	37	36	34	34
Rates	....	0.55	0.44	0.43	0.41	0.41

		<b>Pulmonary Tuberculosis</b>				
		1952	1953	1954	1955	1956
Deaths	....	10	20	24	10	10
Rates	....	0.12	0.24	0.29	0.12	0.12

		<b>Cancer of the Lung, Bronchus</b>				
		1952	1953	1954	1955	1956
Deaths	....	27	29	20	25	27
Rates	....	0.32	0.35	0.24	0.30	0.33

		<b>Other Diseases of Respiratory Organs</b>				
		1952	1953	1954	1955	1956
Deaths	....	11	13	15	18	18
Rates	....	0.13	0.16	0.18	0.22	0.22

		<b>Total from All Respiratory Causes</b>				
		1952	1953	1954	1955	1956
Deaths	....	180	191	183	178	162
Rates	....	2.15	2.30	2.20	2.15	1.97

**CANCER**

**Deaths 1896 - 1956**

	No.	Rate		No.	Rate
1896—1900	137	0.44	1926—1930	410	0.93
1901—1905	179	0.53	1931—1935	538	1.28
1906—1910	223	0.49	1936—1940	586	1.42
1911—1915	276	0.61	1941—1945	609	1.54
1916—1920	308	0.72	1946—1950	669	1.59
1921—1925	347	0.76	1951—1955	717	1.72
			1956	131	1.60

**C A N C E R**  
**Localisation of Disease, Number of Deaths and Rate per 1,000**  
**Population Annually for the Past Ten Years**

	1947		1948		1949		1950		1951		1952		1953		1954		1955		1956	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Buccal Cavity and Oesophagus	6	.07	5	.06	5	.06	4	.05	4	.05	12	.14	9	.11	3	.04	5	.06	6	.07
Uterus ... ..	6	.07	9	.11	7	.08	4	.05	4	.05	29	.32	29	.34	28	.34	17	.21	30	.37
Stomach and Duodenum ..	31	.37	23	.27	32	.38	27	.32	29	.34	13	.16	20	.24	14	.17	11	.13	17	.21
Breast ... ..	14	.17	13	.15	16	.19	15	.18	22	.26	27	.32	29	.35	20	.24	25	.30	27	.33
Lung, Bronchus							20	.24	19	.23	74	.88	81	.96	57	.69	71	.86	51	.62
Other Sites ...	74	.88	79	.94	87	1.03	75	.88	81	.96	155	1.84	156	1.88	122	1.48	129	1.56	131	1.60
Total Deaths from cancer ...	131	1.56	129	1.53	147	1.74	141	1.67	155	1.84	155	1.85	156	1.88	122	1.48	129	1.56	131	1.60
Total Deaths All Causes ...	1125	13.37	975	11.55	1059	12.49	1068	12.57	1224	14.54	1100	13.15	1001	12.02	944	11.37	915	11.06	905	11.02

NOTE.—Deaths from Cancer of Buccal Cavity and Oesophagus are included in 'other sites' from 1950.  
Deaths from Cancer of the Lung, Bronchus are included in 'other sites' to 1949.

## ANALYSIS OF LIVE PREMATURE BIRTHS, 1956

Weight at Birth	Born at Home and nursed at Home			Born at Home and transferred to Hospital			Born in Hospital			Born in Maternity Home		
	died under 24 hours	survived 28 days	Total	died under 24 hours	survived 28 days	Total	died under 24 hours	survived 28 days	Total	died under 24 hours	survived 28 days	Total
3lbs. 4ozs. or less (1500 gms. or less)	1	—	3	1	1	11	4	4	...	—	—	—
Over 3lbs. 4ozs. up to 4lbs. 6ozs. (1500-2000 gms.)	—	1	2	2	—	17	1	13	—	—	—	—
Over 4lbs. 6ozs. up to 4lbs. 15ozs. (2000-2250 gms.)	—	2	—	—	—	12	—	12	1	—	—	1
Over 4lbs. 15ozs. up to 5lbs. 8ozs. (2250-2500 gms.)	1	10	2	—	—	40	—	40	1	—	—	1
	2	13	7	3	1	80	5	69	2	—	—	2

## INFANTILE AND MATERNAL MORTALITY

### Infantile Mortality

The number of deaths of children under one year is 46, or 35.8 per 1,000 births, and of children over one year and under five years 6, or .07 per 1,000 of the population. (In 1955 there were 38 deaths under one year, a rate of 33.3 per 1,000).

The Neo-Natal death rate (deaths per 1,000 live births on or before the 28th day of life) was 24.1. The actual numbers:—

	M.	F.	TOTAL
Legitimate ....	20	11	31
Illegitimate ....	—	—	—
	20	11	31
	=	=	=

Of these 19, *i.e.*, 61% died during the first week of life.

The Infantile Mortality Rate at 35.8 is higher than the record low figure of 27.0 which was recorded in 1954.

The infant deaths occurred as follows:—

HOME	OTHER ADDRESS	HOSPITAL, ETC.
4	1	24 Billinge
		12 R.A.E. Infirmary
		4 Whelley Hospital
		1 Royal Manchester Children's Hospital

46 TOTAL.

Prematurity remains as the greatest single cause of death (18), whilst congenital malformations claimed 8, pneumonia 6 and gastro-enteritis 4. An analysis of live premature births is set out on p. 22.

The Still-birth rate for the year is 39.64. The average rates for the previous 25 years are as follows:—

1931-1935	54.2
1936-1940	48.8
1941-1945	38.4
1946-1950	36.1
1951-1955	32.7

The Peri-Natal rate, using the formula:

$$\frac{\text{Infant deaths under 1 week} + \text{stillbirths} \times 1,000}{\text{live births} + \text{stillbirths}}$$

gives a figure for the year of 54.

The average rates for the previous 25 years are as follows:—

1931-1935	81.4
1936-1940	78.4
1941-1945	62.4
1946-1950	55.4
1951-1955	58.0

### Maternal Mortality

No death was recorded.

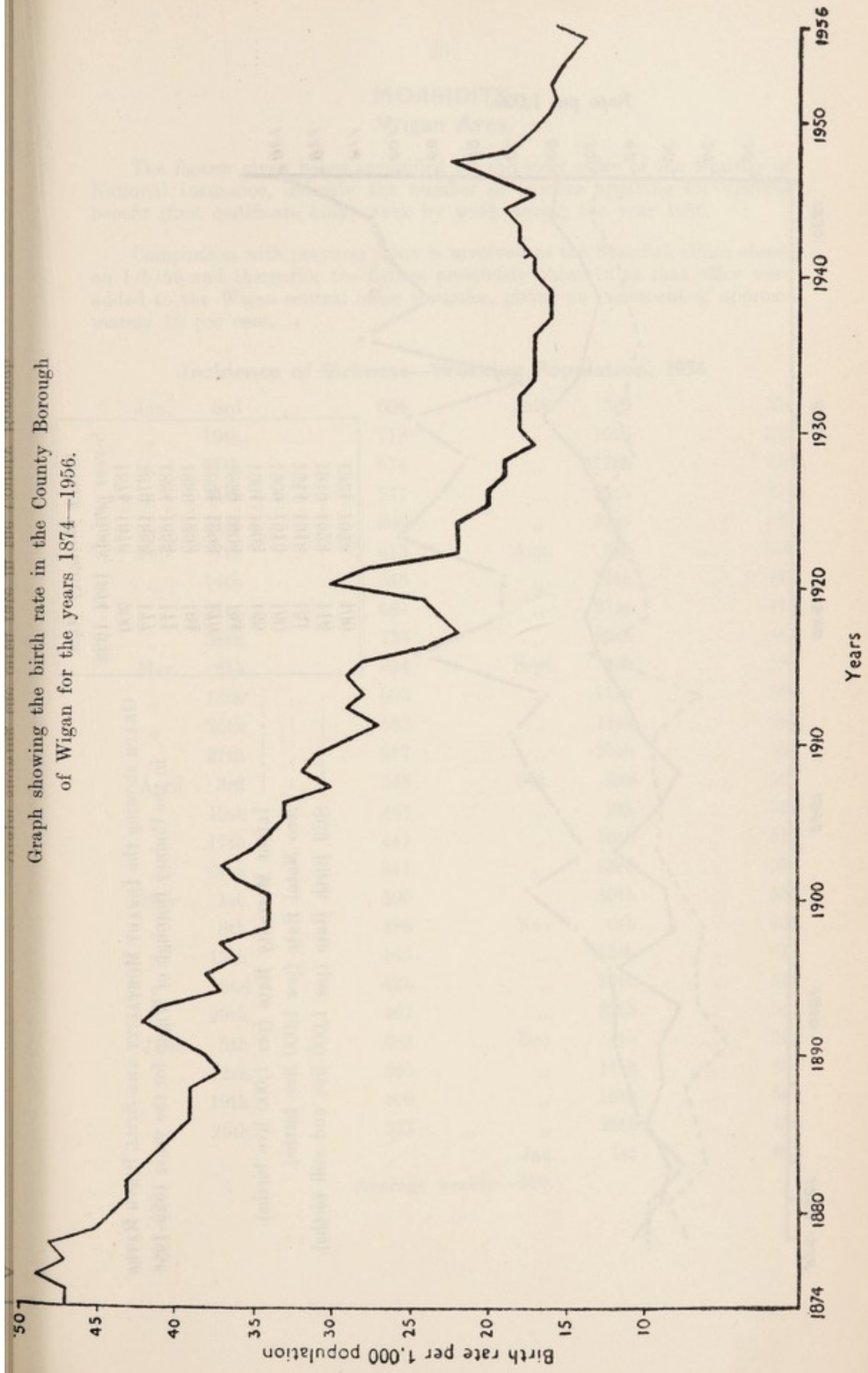
Comparative figures for the last five years:—

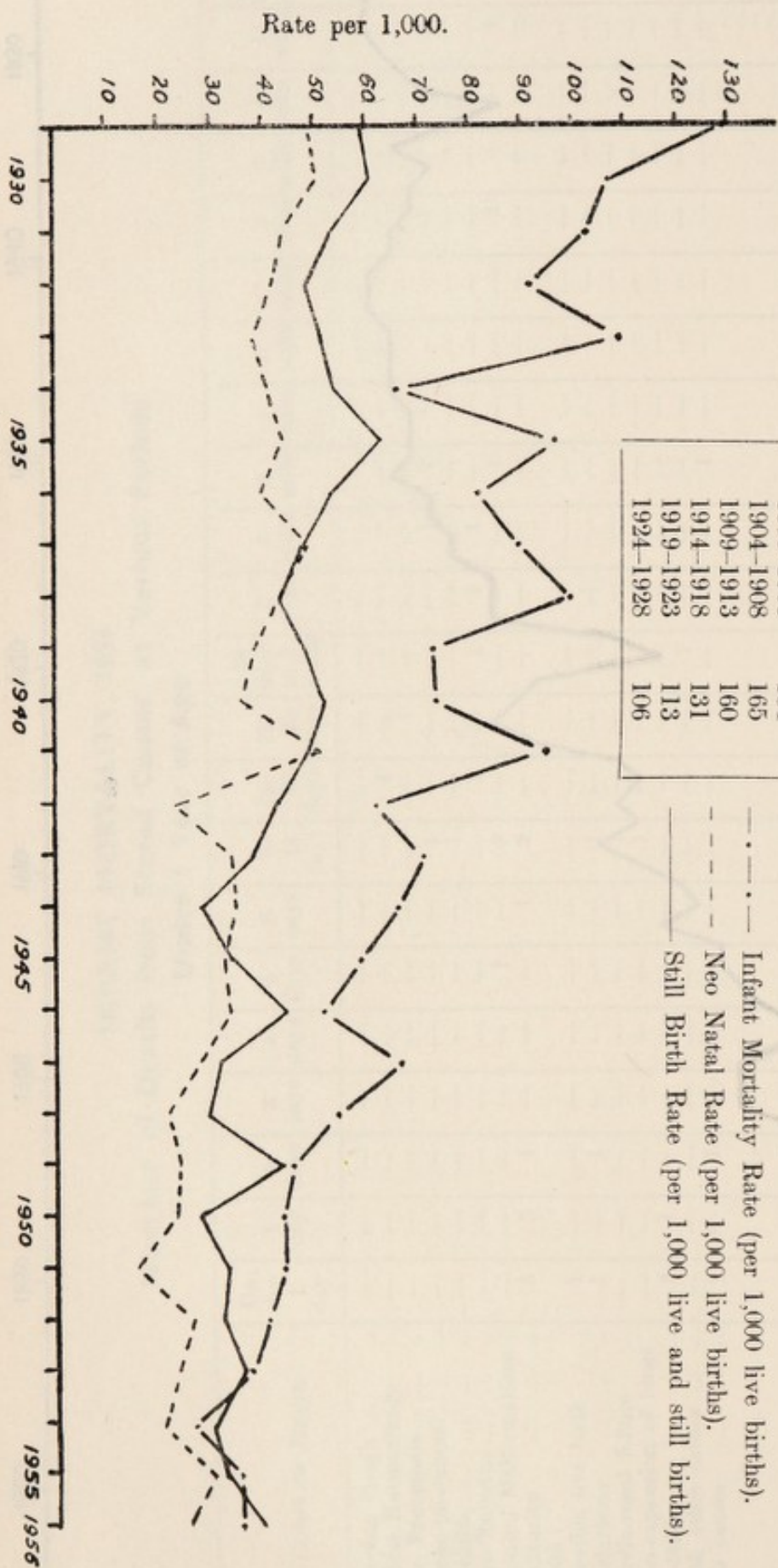
	1952	1953	1954	1955	1956
Deaths ....	—	1	—	—	—
Rate ....	—	0.74	—	—	—
Births ....	1,347	1,303	1,224	1,141	1,284

**INFANT MORTALITY, 1956**  
**Number of Deaths from Stated Causes at Various Periods**  
**Under 1 Year of Age**

Class. No.	CAUSE OF DEATH	Un-der 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7-13 days	14-20 days	21-28 days	28 days to 2 mths	2 mths	3 mths	4 mths	5 mths	6 mths	7 mths	8 mths	9 mths	10 mths	11 mths	Total Deaths under 1 yr.	
5	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
17	Cerebral Haemorrhage ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
23	Acute Pneumonia ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
24	Broncho-pneumonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
27	Bronchitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
31	Gastro Enteritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
32	Congenital Malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
	Prematurity ...	5	3	1	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
	<i>with:</i>																							
	Previsible live birth ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Atelactasis ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
	Cardio-renal failure ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Non-expansion of lungs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Atelactasis ...	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
	with other causes ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Other causes ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
		10	4	3	—	—	1	1	9	2	1	2	1	2	4	—	—	1	3	1	—	1	—	46

Graph showing the birth rate in the County Borough of Wigan for the years 1874—1956.





5-year periods, 1874-1928	Infant Mortality Rate
1874-1878	200
1879-1883	177
1884-1888	171
1889-1893	184
1894-1898	175
1899-1903	184
1904-1908	165
1909-1913	160
1914-1918	131
1919-1923	113
1924-1928	106

GRAPH showing the INFANT MORTALITY AND STILL BIRTH RATES in the County Borough of Wigan for the years 1929-1956

- · - · - Infant Mortality Rate (per 1,000 live births).  
 - - - - Neo Natal Rate (per 1,000 live births).  
 - - - - Still Birth Rate (per 1,000 live and still births).

## MORBIDITY

### Wigan Area

The figures given below, compiled by the local office of the Ministry of National Insurance, indicate the number of persons applying for sickness benefit (first certificate only) week by week during the year 1956.

Comparison with previous years is involved as the Standish Office closed on 1/5/56 and thereafter the figures previously obtained at that office were added to the Wigan central office statistics, giving an increment of approximately 10 per cent.

#### Incidence of Sickness—Working Population, 1956

Jan.	3rd	....	604	July	3rd	....	336
"	10th	....	718	"	10th	....	392
"	17th	....	674	"	17th	....	229
"	24th	....	571	"	24th	....	336
"	31st	....	560	"	31st	....	409
Feb.	7th	....	615	Aug.	7th	....	400
"	14th	....	645	"	14th	....	445
"	21st	....	681	"	21st	....	478
"	28th	....	733	"	28th	....	444
Mar.	6th	....	694	Sept.	4th	....	536
"	13th	....	603	"	11th	....	559
"	20th	....	532	"	18th	....	569
"	27th	....	517	"	25th	....	555
April	3rd	....	343	Oct.	2nd	....	500
"	10th	....	461	"	9th	....	528
"	17th	....	441	"	16th	....	510
"	24th	....	411	"	23rd	....	575
May	1st	....	500	"	30th	....	532
"	8th	....	489	Nov.	6th	....	631
"	15th	....	485	"	13th	....	612
"	22nd	....	431	"	20th	....	616
"	29th	....	467	"	27th	....	564
June	5th	....	383	Dec.	4th	....	598
"	12th	....	395	"	11th	....	453
"	19th	....	406	"	18th	....	399
"	26th	....	377	"	25th	....	465
				Jan.	1st	....	642

Average weekly—510.



MORBIDITY  
WISCONSIN

The above data were obtained from the Wisconsin State Department of Health, and are based on reports from the local health departments. The figures are for the calendar year 1922, and are based on the number of cases reported to the State Department of Health. The figures are for the calendar year 1922, and are based on the number of cases reported to the State Department of Health.

Incidence of Sickness—Wisconsin Population, 1922

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1922	100	100	100	100	100	100	100	100	100	100	100	100
1921	100	100	100	100	100	100	100	100	100	100	100	100
1920	100	100	100	100	100	100	100	100	100	100	100	100
1919	100	100	100	100	100	100	100	100	100	100	100	100
1918	100	100	100	100	100	100	100	100	100	100	100	100
1917	100	100	100	100	100	100	100	100	100	100	100	100
1916	100	100	100	100	100	100	100	100	100	100	100	100
1915	100	100	100	100	100	100	100	100	100	100	100	100
1914	100	100	100	100	100	100	100	100	100	100	100	100
1913	100	100	100	100	100	100	100	100	100	100	100	100
1912	100	100	100	100	100	100	100	100	100	100	100	100
1911	100	100	100	100	100	100	100	100	100	100	100	100
1910	100	100	100	100	100	100	100	100	100	100	100	100
1909	100	100	100	100	100	100	100	100	100	100	100	100
1908	100	100	100	100	100	100	100	100	100	100	100	100
1907	100	100	100	100	100	100	100	100	100	100	100	100
1906	100	100	100	100	100	100	100	100	100	100	100	100
1905	100	100	100	100	100	100	100	100	100	100	100	100
1904	100	100	100	100	100	100	100	100	100	100	100	100
1903	100	100	100	100	100	100	100	100	100	100	100	100
1902	100	100	100	100	100	100	100	100	100	100	100	100
1901	100	100	100	100	100	100	100	100	100	100	100	100
1900	100	100	100	100	100	100	100	100	100	100	100	100

Source: Wisconsin State Department of Health

*Section III*

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**National Health Service Act, 1946**

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**Provision of  
Health Services**

## CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

The undermentioned Centres are open on the days and at the times stated:—

Centre	Days Open
<p><b>WIGAN CENTRAL CLINIC,</b> Health Centre, Millgate.</p>	<p>Infant and Young Children's Clinic :  Wednesday afternoons, 2 to 4-0 p.m. Ante-Natal Clinic : Tuesdays, 10 a.m. and 2 p.m. A Consultant attends on one Thursday of each month. Post-Natal Clinic : On two Thursdays each month at 2 p.m. Dental Clinic for expectant and nursing mothers and young children : Tuesday and Wednesday mornings. Class for expectant mothers : Friday afternoons at 2 p.m.</p>
<p><b>PEMBERTON CLINIC :</b> 15, Billinge Road.</p>	<p>Infant and Young Children's Clinic : Monday afternoons, 2 to 4 p.m. Ante-Natal Clinic : Thursday afternoons at 2 p.m. A Consultant attends on one Thursday of each month. Class for Expectant Mothers : Wednesday afternoons at 2 p.m.</p>
<p><b>SCHOLES CLINIC :</b> St. Catharine's Mission, Platt Lane.</p>	<p>Infant and Young Children's Clinic : Friday afternoons, 2 to 4 p.m.</p>
<p><b>WORSLEY MESNES CLINIC :</b> Methodist Church, Poolstock Lane.</p>	<p>Infant and Young Children's Clinic : Wednesday mornings, 10 a.m. to 12 noon.</p>
<p><b>SPRINGFIELD CLINIC :</b> St Andrew's Church House, Woodhouse Lane.</p>	<p>Infant and Young Children's Clinic : Tuesday afternoons, 2 to 4 p.m.</p>
<p><b>LAMBERHEAD GREEN CLINIC :</b> Methodist Church, Fleet Street.</p>	<p>Infant and Young Children's Clinic : Thursday mornings, 10 a.m. to 12 noon.</p>
<p><b>GOOSE GREEN CLINIC :</b> Methodist Church, Northumberland Street.</p>	<p>Infant and Young Children's Clinic : Thursday afternoons, 2 to 4 p.m.</p>
<p><b>ORTHOPAEDIC CLINIC :</b> Wigan Central Clinic, Millgate.</p>	<p>Open each Monday morning. Surgeon attends twice monthly. Cases from Ince, Hindley and Standish also attend.</p>

### Ante - Natal Clinics

Two ante-natal clinics are held each week—one in the Clinic, Millgate, the other in Billinge Road, Pemberton. An Assistant Medical Officer conducts each Clinic and a Consultant attends at each on one session per month. The midwives attend in turn and are encouraged to bring their booked cases.

	WIGAN CENTRE		PEMBERTON	
	Weekly Clinic	Special Clinic	Weekly Clinic	Special Clinic
Number of Primary Cases attending Clinic during year ....	329	3	148	64
Total number of attendances ....	1,662	178	744	303

### Post - Natal Clinics

For post-natal care two sessions per month are held at one centre, each alternate session being attended by a consultant. Domiciliary cases where no doctor was engaged and cases delivered in hospital may attend for examination. 168 new cases were examined during the year and there were 38 return cases, a total of 206.

### Care of Expectant Mothers

A mothercraft training and exercise class for expectant primiparae meets at the Central Clinic each week. It is conducted by a Health Visitor and the Supervisor of Midwives. 51 classes were held during the year 1956 and 634 attendances were made by mothers.

Whilst individual patients are submitted for chest X-ray on clinical grounds routine chest X-ray of expectant mothers has not yet been developed. Blood-testing for the rhesus factor, the Wasserman reaction and Haemoglobin estimation is part of the routine of ante-natal care. Some general practitioners send their patients to have this procedure carried out at the clinics. Iron therapy in the form of Fersolate tablets is available and a supply of welfare orange juice and vitamins may also be obtained from the clinics. Maternity outfits are available for domestic confinements and are under the charge of the non-medical supervisor of midwives. The midwife engaged is responsible for ensuring that each of her patients is provided with an outfit.

### Care of Unmarried Mothers

There is one residential home in Wigan for expectant and nursing unmarried mothers. It is under the control of the Liverpool Diocesan Church Council but is not restricted to Church of England members and the local authority pay a substantial amount yearly towards its maintenance. The local health authority clinics are available to the girls and full advantage is taken of these facilities.

### Child Welfare Centres

The local authority has provided seven child welfare centres, at which one clinic is held each week. Each is in the charge of a Health Visitor and an Assistant Medical Officer attends at each session. During the year attendances were as follows:—

CLINIC	Children			Total	Primary Cases	Cases examined by medical attendant	Mothers Attend'g
	under 1 year	over 1 and under 2	2 and under 5				
Central ... ..	2197	304	305	2806	282	996	2625
Scholes ... ..	1575	228	289	2092	157	731	1913
Pemberton ... ..	1537	216	297	2050	184	837	1890
Worsley Mesnes	541	146	143	830	66	269	773
Springfield .....	1533	290	242	2065	164	606	1926
Fleet Street ...	966	181	266	1413	122	405	1243
Goose Green ...	802	172	194	1168	84	299	1090
	9151	1537	1736	12424	1059	4143	11460

Comparative attendances for the last 5 years :

INFANTS :	1952	1953	1954	1955	1956
Total Attendances ...	11328	12748	10929	10687	12424
Primary Attendances....	1179	1117	1071	1021	1059

Expectant Mothers :

Central :

Weekly Clinic	1879	1679	1412	1426	1662
Special Clinic	168	146	144	134	178

Pemberton :

Weekly Clinic	847	870	743	687	744
Special Clinic	353	428	398	261	303

No consultant attends at the child welfare centres but cases are referred from them to the Paediatrician at the Royal Albert Edward Infirmary. A Health Visitor attends the Paediatric Clinic at the Infirmary weekly as liaison officer and adviser on the social aspects of the cases. Cases are also referred to the Infirmary for orthoptic treatment.

Orthopaedic treatment and speech therapy are available at the local authority's clinic in Millgate.

### Distribution of Welfare Foods

A Welfare Foods Shop is situated in the Municipal Buildings and from it welfare foods are distributed.

The quantity of Welfare Foods distributed during the year is shown below :

National Dried Milk	....	....	....	67,326 tins.
Orange Juice	....	....	....	76,280 bottles.
Cod Liver Oil	....	....	....	12,361 bottles.
Vitamin A and D tablets	....	....	....	6,629 packets.

### Dental Care and Treatment

I am indebted to the Principal School Dental Officer for the following summary of the dental work carried out during the year for the Maternity and Child Welfare Section :—

Arrangements for the dental examination and treatment of children and expectant mothers under the Priority Service have been continued as in previous years.

Two sessions each week were allocated for this work and mothers at the Ante-Natal Clinic were urged to attend for a dental inspection. In some cases there was still reluctance to accept dental treatment but in many instances there was a favourable response.

In addition to the inspections carried out at The Elms and Ellesmere Road nurseries, children of pre-school age are referred for dental treatment by the Assistant Medical Officers and Health Visitors.

#### Analysis of Priority Dental Care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	226	124	104	92
Children under five ... ..	90	39	38	38

## Forms of Dental Treatment provided :—

	Scalings and Gum Treatmt	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaes- thetics	Dentures provided		Radio graphs
							Full Up. or Lr.	Part. Up. or Lr.	
Expectant and Nursing Mothers	37	65	—	—	52	—	2	—	—
Children under Five ...	10	25	5	—	28	—	—	—	—

In addition to the above, 386 children under five years of age were inspected under the School Dental Service.

**NURSERY**

The 24-hour Nursery provided by the Local Authority is situated at Ellesmere Road, Pemberton, and since August, 1954, when the extension was opened, has accommodation for 67 children during the day and 17 at night.

The Nursery is recognised as a Training Nursery for the National Nursery Examination Board Certificate for Nursery Nurses. During the year three students were presented for examination and all obtained the Certificate.

The demand for admission of children to the nursery continues and there is still a short waiting list.

More settled conditions in industry and a slackening in the demand for textiles has obviated the necessity for women to work night shifts. This has been reflected in the very few requests now being made for 24 hour accommodation. This facility is being used mainly on social grounds, *e.g.*, for the overnight care of children whose parents are temporarily unable to care for them due to bereavement or acute illness. It has also been used in connection with the re-habilitation of children from problem families.

The average attendances during the year were :

	DAY (including those who remain at night)	NIGHT
Children under 2 years of age ....	14	2
Children between 2 and 5 years ....	38	2
	—	—
TOTALS ....	52	4
	—	—

**Nursery and Child Minders' Regulations Act, 1948**

There are no industrial nurseries in the area but one person is registered as a child minder. Regular visits have been paid by the department to ensure that the provisions of the Act are complied with.

## FAMILY PLANNING CLINIC

The authority is sympathetic towards the dissemination of information regarding infertility and the spacing of families, and grants the use of the premises in Millgate to the Wigan Branch of the Family Planning Association. An evening session is held once each week and is well attended, the average attendance per session being 9 new cases and nearly 30 return cases. For lay staff the clinic relies on voluntary workers from the association. In addition specially trained women doctors and nurses are employed at each session. The service, although not in any way advertised in the public press is still increasing in popularity. There were 461 new patients during the year. There is no doubt that the clinic is contributing greatly to the sum of social medicine undertaken by the authority. The professional and voluntary workers deserve the highest praise for their efforts.

## DOMICILIARY MIDWIFERY

The establishment of the service is now one non-medical Supervisor and 11 municipal midwives.

The total number of cases attended by them during the year was 634, compared with 598 in 1955. The midwives acted as maternity nurses in 63 cases. The average number of cases attended by each was 57. Although the doctor was engaged in 85% of the cases he was present at the delivery of only 10% of the cases engaged.

Booking for confinement in hospital is restricted to certain categories of patients, *i.e.*, where there is some obstetrical abnormality, for primiparae who seek admission, for cases where there is some associated medical condition and for those whose home conditions are unsuitable. The supervisor of midwives visits the homes of all who apply on social grounds and there is good co-operation in this direction between the hospital, the general practitioners and the clinics.

No fewer than 49% of the births in Wigan took place on the district.

The midwives are on duty by rota at the ante-natal clinics. This helps to keep them up-to-date in modern methods and also gives them an opportunity of having their clinical findings confirmed.

At the ante-natal clinics 270 samples of blood were taken for Wasserman reaction and 298 for the rhesus factor.

### Medical Aid

By the rules of the Central Midwives Board, midwives are required to send for medical aid under conditions and for reasons which are specified. Medical aid was summoned in 140 cases—in 125 cases for the mother alone, in 13 cases for the child alone, and in 2 cases for both mother and child. The general practitioner had been engaged in 93 of these cases.



### **Analgesia and Anaesthesia**

Both Gas and Air Analgesia and Trilene Analgesia are provided by the Department and all the municipal midwives are qualified to administer them.

The outfits are available at the Clinic and they are transported to and from the homes of the patients by the midwife if she has a car, or by the Ambulance Service.

The Service is growing in popularity.

All the midwives have been instructed in the use of Pethidine and it was administered in 293 cases during 1956.

The midwives advise all their patients on the advantages of having analgesia unless it is contra-indicated on medical grounds.

Two midwives attended refresher courses during the year.

The Authority provides district training for pupil midwives taking Part II of the C.M.B. Course. Six students received the training during the year.

### **Transport of Midwives**

" Essential User " car allowances are made to six midwives who use their own motor cars whilst on approved duties. They travelled an aggregate of 11,118 miles in the year. A petrol allowance is paid to one midwife who uses a motor scooter.

Midwives without motor transport are allowed to use the Corporation's bus service free of charge when on duty.

### **Maternity Homes**

The Christopher Home, administered by the Wigan and Leigh Hospital Management Committee, is the only Nursing or Maternity Home within the Borough. Six beds are available for maternity cases and during the year there were 51 Wigan births in the Home.

### **Ophthalmia Neonatorum**

No case has been notified during the last five years.

### **Emergency Obstetrical Unit**

By arrangement with the Wigan and Leigh Hospital Management Committee a mobile Obstetrical Unit based on Billinge Hospital is available for cases of obstetrical emergency occurring within the Borough. The unit, composed of an obstetrician and an experienced hospital nurse, along with equipment for blood transfusion, is transported to the home by the Ambulance Service. Three calls were made upon this service during the year.

### Care of Premature Infants

The number of premature infants (*i.e.*, weighing  $5\frac{1}{2}$  lbs. or less at birth) notified during the year was 104; of these 22 were born at home and 82 in hospital.

The early care of the premature infants born at home is undertaken by one midwife, who has shown special aptitude for this work.

The arrangement is that on receiving information of the birth the "premature baby" midwife takes over the case entirely and attends both mother and baby. Visits are paid daily or more often if necessary, special attention being given to the feeding and handling of the baby. Special equipment in the form of a draught-proof cot with bedding and hot water bottles is available on loan.

Daily record charts are made out for each infant and these are made available to the doctor attending the cases.

The intensive visiting is continued during the first month or until such time as baby has attained normal standards. By these means the mother is given every opportunity of learning how to handle and tend the infant.

During the year 14 premature babies received this concentrated attention. The results are very good and fully justify the time devoted to them.

There is a premature baby unit at Billinge Hospital under the control of the Consultant Paediatrician. Close liaison is maintained with the Department, especially when babies are about to be discharged to home.

### Retrolental Fibroplasia

No cases were reported during 1956.

## HEALTH VISITING

Summary of visits during the year 1956 :—

No. of primary	visits to births	1288
„	visits to infants under one year	5090
„	„ infants over one year and under two years	2422
„	„ infants over two and under three years	2071
„	„ infants over three and under four years	1834
„	„ infants over four and under five years	1931
„	„ expectant mothers	27
„	„ cases of infectious disease	52
„	„ <i>re</i> deaths under one year	41
„	„ abortions	—
„	„ still births	56
„	„ aged persons	265
Other visits		446
No. of visits—no reply		527

During the year there were only seven health visitors instead of ten. On this reduced establishment it is quite impossible to do all the preventive work which the service demands and although we do not favour the policy we have been obliged to adopt the method of selective visiting.

One Health Visitor attended a post-graduate refresher course.

During the year, four student Health Visitors from the Bolton Training School have received practical training in the Department.

A Health Visitor continues to attend the Out-Patient Paediatric Clinic held each week at the Royal Albert Edward Infirmary. This has proved to be a valuable link between the home and the hospital as the Department is able to advise the specialist on the social and environmental aspects of cases. Also, the Health Visitor, having first-hand knowledge of the treatment recommended, can help the mother to carry it out in the home.

Two Clinic Nurses, one a trained midwife and one an enrolled assistant nurse, give part-time help at the Infant Clinics. They release the Health Visitors from minor routine duties so that their specialised knowledge can be used to the best advantage.

### THE CHILDREN ACT, 1948

On the 1st September, 1954, the Children's Officer and the Children's Department were placed under the general supervision of the Medical Officer of Health.

Medical and dental examination of children in the family group homes or who are to be boarded out is undertaken by the Department and weekly visits are paid by an Assistant Medical Officer of Health to the residential nursery at 'The Elms.' Health Visitors undertake visits to the homes of foster-mothers and prospective adopters when required.

## **CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES**

The local authority implemented the recommendations contained in circular 78/50 and designated the Medical Officer of Health as the officer responsible for liaison and co-ordination in matters affecting children neglected or ill-treated in their own homes.

The Council also appointed the Chairmen and Vice-Chairmen of the Children's Education, Estates and Health Committees to determine questions of a special nature on the subject of the circular at elected representative level.

During the year it has not been found necessary to call this Committee but many cases have been dealt with at officer level with encouraging results.

As most problem families seem eventually to become unhoused and gravitate to the Welfare Home for temporary accommodation under Part III of the National Assistance Act, 1948, the policy of the Health Committee to set up nine family units of accommodation at the Welfare Home has eased the problem considerably, and has enabled a useful amount of preventive rehabilitation to take place. Further reference to this unit is made under Problem Families, page 73.

## **PREVENTION OF BREAK - UP OF FAMILIES**

Ministry of Health Circular 27/54 led to a review of those local authority services and personnel who are in a position to see the first signs of family breakdown and who may be able to help. The situation is simplified by the unified control of Health, Welfare and Children's Services. Thus there is complete liaison within the Department between the Children's Officer and her case workers, the Welfare Services Section and its officers in charge of temporary accommodation as mentioned above, the Assistant Medical Officers of Health, Health Visitors, School Nurses and the Mental Health Services.

The Day - 24 hour Nursery has also played a part when parents have been unable easily to care for their children for brief periods.

The Home Help Service is involved in this to a minor degree due to the high incidence of cost which is liable to fall upon the family.

A close liaison is maintained with all local voluntary agencies and officials of government departments who come into contact with cases of child neglect.

## **HOME NURSING**

The Home Nursing Service has continued to function from the Nurses' Home, New Market Street. Difficulty continues to be experienced in obtaining nurses who are willing to be resident in the home. At present only the Superintendent and her deputy are in residence. The opportunity has been taken to offer accommodation in the building to other members of the Health Department staff, and this has helped to keep the costs of running the home within reasonable limits. In the interests of further economy the possibility of running the service on a wholly non-resident basis from the Health Department has been considered. The building in New Market Street would then be converted into flats for the use of nursing and other staff of the Department.

There have so far been no requests by the area paediatrician for the district nurse to undertake the care of children discharged from hospital.

It has been observed that adult hospital patients are now frequently discharged home earlier than previously and receive nursing attention at home.

The number of injections required to be given for many various conditions takes up a very considerable part of the nurses' time. The total number for the year was 29,108 and these entailed many special visits.

### Transport

Three new Ford Popular cars were received during the year and the two cars AJP 275 and AJP 334 were disposed of.

Reg. No.	Date of Delivery	Mileage		Fuel Consumption		Average	
		1956	Total	Petrol	Oil	M.P.G.	M.P.P.
AJP275	Dec.1953	1,749	19,949	90	19	19.4	92
AJP334	Dec.1953	3,340	20,024	164	29	20.3	115
CEK644	1-4-56	5,628	5,628	207	4	27.2	1407
CEK682	11-4-56	5,086	5,086	199	3	25.5	1695
CEK820	17-4-56	5,208	5,208	200	3	26.0	1736
		21,011		860	58	24.4	362

Bicycles are provided and an allowance of 5/- per week is made towards maintenance if a nurse provides her own autocycle.

The establishment remains as in previous years—one Superintendent, one Deputy Superintendent and eleven nurses, two of whom are male nurses.

The following is a record of work done during 1956 :—

No. of cases on the books on 1st January, 1956	....	....	....	....	....	....	318
No. of new cases during 1956	....	....	....	....	....	....	1767
No. of visits paid by the nurses	....	....	....	....	....	....	51861
No of cases ceased to be visited :—							
Now convalescent	....	....	....	....	....	....	643
Removed to hospital	....	....	....	....	....	....	203
Deaths	....	....	....	....	....	....	211
Other reasons	....	....	....	....	....	....	673
							1730
No. of cases remaining on the books on the 31st December, 1956	....						355

A classification of cases attended during 1956 will be found as an appendix to this report on pages 108-110.

### Refresher Courses

One nurse is sent each year to a Refresher course organised by the Queen's Institute of District Nurses. No arrangements exist for the local training of district nurses.

## Classification of Cases

Table I — All Ages

Tuberculosis of Respiratory System	3
Tuberculosis, other forms	4
Erysipelas	5
Whooping Cough	5
Measles	3
Diseases due to helminths	2
Malignant neoplasms	124
Benign and unspecified neoplasms	20
Diabetes mellitus	75
Vascular lesions affecting central nervous system	122
Conjunctivitis	5
Blepharitis	—
Cataract	5
Glaucoma	—
Acute otitis media	39
Mastoiditis	4
Rheumatic Fever	5
Arteriosclerotic and degenerative heart disease	240
Other diseases of circulatory system	127
Acute pharyngitis	1
Tonsillitis	36
Laryngectomy	2
Tracheotomy	1
Influenza	44
Pneumonia	58
Bronchitis	205
Quinsy	6
Empyema	2
All other respiratory diseases	61
Appendicitis	15
Hernia of Abdominal Cavity	13
Laparotomy	10
Enteritis	3
Gastrectomy	9
Cholecystectomy	13
Diseases of gall bladder and biliary ducts	17
Other diseases of digestive system	14
Diseases of genital organs	13
Prostatectomy	8
Supra-pubic drainage	—
Cystotomy	4
Diseases of uterus	55
Hysterectomy	5
Complications of pregnancy	5
Complications of puerperium (hyperpyrexia)	2
Post caesarian (from 7th day)	5
Post natal	6



Table II — Aged 65 Years and Over

	1956			1955		
	Male	Female	Total	Male	Female	Total
Tuberculosis, Respiratory .....	1	—	1	2	1	3
Tuberculosis, other forms .....	—	1	—	—	—	—
Malignant neoplasms.....	8	15	23	17	12	29
Benign and unspecified neoplasms	5	10	15	1	3	4
Diabetes Mellitus .....	8	25	33	6	17	23
Vascular lesions affecting central nervous system .....	20	32	52	18	33	51
Arteriosclerotic and degenerative heart disease .....	26	25	51	30	32	62
Other diseases of circulatory system .....	17	35	52	12	32	44
Diseases of digestive system .....	4	6	10	2	—	2
Influenza .....	3	7	10	3	5	8
Gastric Influenza .....	1	—	1	—	—	—
Pneumonia .....	11	15	26	6	8	14
Bronchitis .....	36	34	70	19	30	49
Other diseases of respiratory system	18	13	31	—	—	—
Rheumatism .....	12	18	30	—	1	1
Arthritis .....	3	18	21	3	13	16
Varicose ulcers .....	5	15	20	8	8	16
Phlebitis .....	1	2	3	—	2	2
General rashes on body .....	4	2	6	2	4	6
Dermatitis .....	2	1	3	—	1	1
Eczema .....	1	—	1	2	1	3
Erysipelas .....	1	—	1	—	1	1
Scabies .....	3	5	8	1	2	3
Cellulitis .....	—	—	—	1	1	2
Abscesses, Boils, Carbuncles .....	6	15	21	11	7	18
Bedsores .....	5	2	7	—	1	1
Senility, Constipation, Debility, Neurasthenia .....	27	38	65	28	66	94
Injuries due to falls .....	3	5	8	1	2	3
Fractures .....	3	9	12	1	7	8
Burns .....	2	—	2	—	—	—
Scalds .....	—	1	1	1	3	4
Supra-pubic drainage .....	—	—	—	3	—	3
Prostatectomy .....	3	—	3	4	—	4
Cystotomy .....	3	—	3	—	—	—
Gastrectomy .....	1	2	3	—	—	—
Hysterectomy .....	—	—	—	—	—	—
Cholecystectomy.....	2	2	4	2	1	3
Diseases of the uterus .....	—	31	31	—	36	36
Preparation for x-ray .....	10	5	15	8	4	12
Excision of eye .....	—	—	—	1	—	1
Cataract .....	1	—	1	—	1	1
Conjunctivitis .....	—	—	—	1	1	2



## NURSING EQUIPMENT

The stock of nursing equipment and apparatus previously held at the Home in New Market Street was transferred to the Health Office in Library Street early in the year.

The following goods are available on loan at a nominal charge :—

Air beds	Bed tables
Air rings	Rubber sheets
Backrests	Urinals
Bed cradles	Wheelchairs
Bed pans	Crutches

The service is in constant demand and is running fairly smoothly.

### Bedding Loan Service

After a good deal of preliminary planning in 1956 a service to loan certain articles of bedding for the use of bedfast incontinent persons was inaugurated on the 7th January, 1957.

The patient is supplied with clean bedding—sheets, drawsheets, pillow cases, pyjama jackets—as required.

The soiled articles are collected for laundering and replaced by clean bedding at regular intervals.

A charge of 6d. per week is made for the service.

At the commencement the service was made available for five persons.

## VACCINATION

### Small Pox

The following vaccinations were carried out during 1956 :—

	Under 1 year	1 year	2-4 yrs. inclusive	5-14 yrs. inclusive	Over 15 yrs.	TOTAL
Primary .....	334	22	46	4	51	457
Re-vaccination	—	—	—	2	39	41
<b>TOTALS</b> .....	<b>334</b>	<b>22</b>	<b>46</b>	<b>6</b>	<b>90</b>	<b>498</b>

334 children under the age of one year were vaccinated during the year. Comparing this figure with the number of births during the same period, it will be seen that only 26 per cent. of the infants were vaccinated.

### Poliomyelitis

Following upon the receipt of Ministry of Health circular 2/56 the Council approved in principle the scheme for the vaccination of children against poliomyelitis and after Ministry approval steps were taken to register children born between 1947 and 1954.

Individual letters were sent to the parents or guardians explaining the advantages and limitations of the new British vaccine. At the same time an explanatory letter was sent to all medical practitioners practising in the area, inviting their co-operation.

Children to be vaccinated with supplies of "Polivirin" vaccine which became available between May and June, 1956 were selected by their month of birth as directed by the Medical Research Council who were carrying out an extensive investigation of the results of vaccination.

Vaccination of children born in November, 1947 to 1954 commenced on May 9th but was suspended between the end of June and November (the poliomyelitis season).

The Ministry had intimated that when larger supplies of vaccine were available general practitioners should be given the opportunity of vaccinating their own patients. In Wigan, however, the family doctors decided to leave the scheme entirely in the hands of the Health Department, at any rate until all registered children had been dealt with.

Special sessions were arranged at the Millgate Health Centre where all vaccinations were carried out. Health visitors and clinic doctors kept a careful check for untoward reactions but none were noted.

The statistical research unit of the London School of Hygiene and Tropical Medicine collated national information concerning cases of poliomyelitis occurring in vaccinated children in an attempt to evaluate the efficiency of the vaccine and to prove its safety. This was essential following the publicity given to the "Cutter incident" in the United States, an accident which nearly brought the new vaccines into disrepute.

At the end of the year the following were the numbers of children registered or vaccinated under the scheme.

	Males	Females	Total
No. of acceptances .....	1499	1375	2874
No. of children vaccinated .....	173	137	310

## IMMUNISATION

Preventive inoculation against Diphtheria has been offered in the Borough since December, 1936, for children of pre-school and school age. The use of a combined vaccine giving protection against both diphtheria and whooping cough was introduced in the clinics in July, 1954.

Although the local health authority expend time and money on joining in with the national advertising campaigns, the Health Visitor with her personal approach is the spearhead of the drive for a high level of primary protection against Diphtheria, while the school nurse is in a unique position to coax the reluctant parent of the primary school child to agree to the child receiving a booster dose of prophylactic.

Inoculation carried out during 1956 :—

### Diphtheria

	M. & C.W. Clinic	School Clinic	Private Doctors	TOTAL
Primary	11	178	21	210
Re-inoculation	—	1421	29	1450
	11	1599	50	1660

### Combined Diphtheria and Pertussis

Primary	482	—	185	667
Re-inoculation	5	—	6	11
	487	—	191	678

### Pertussis

Primary	20	—	9	29
	Under 1 year.	1-4 years.	5-14 years.	TOTAL
Estimated present child population immunised against Diphtheria	37%	52%	51%	51%
Estimated present child population immunised against Pertussis	37%	30%	2%	11%

Whilst showing an increase on previous years the above figures must be taken with guarded satisfaction. An overall percentage of 51 immunised against Diphtheria cannot be regarded as adequate and we must strive for a figure of at least 80%.

## AMBULANCE SERVICE

### Introduction

This report covers the first full year of operation since the termination of the agency agreement by the Lancashire County Council and is, therefore, the first from which detailed comparison may be made in the future.

Despite the fact that we have no control over the demand on the service, economies in operation have been effected wherever possible.

An increase in the mileage run and the patients carried reflects the increasing use to which the service is put and it is interesting to note that the bulk of the increase once again occurs in the "Other Cases," which covers normal admissions, discharges, etc., and the clinic cases.

As indicated above it would be misleading to compare many of the statistics of the service with previous years' working but I think we can assume that in the past two years all the factors influencing the mileage run per patient have been brought to a common level. It is interesting to note in this respect that the average mileage per patient run in 1956, excluding all repayment work, shows a reduction of .7 miles or a reduction of .3 miles when repayment work is included when compared with the equivalent figures in 1955.

All Driver/Attendants attended a course on First Aid during the year and successfully passed the re-qualifying examination.

### Civil Defence

The Ambulance and Casualty Collecting Section has been very active during the year and great use has been made of the recently acquired training ground.

The members attending are most regular and enthusiastic and an average attendance of 15 volunteers has been maintained.

A team was entered in the Regional Tourney held at Blackpool on the 22nd and 23rd September and although they did not qualify for the final heats, the marks gained reflected great credit on the section as a whole.

A full First Aid course has been run during the year and a study circle of the Casualties Union has been formed to further the members' knowledge of First Aid.

The Ambulance Superintendent attended the North Eastern Regional Tourney held at Leeds on 1st July in the capacity of an adjudicator.

A restricted local instructor's certificate was gained by the Deputy Ambulance Superintendent following a course of instruction at Broughton House, Preston.

### Maintenance of Vehicles

All vehicles have been serviced as and when required in accordance with the maintenance programme. No breakdown has occurred during the year which could be attributed to mechanical failure.

Ambulance No. 2 was re-painted at Transport Department following major body, chassis and engine repairs.

### Age of Vehicles in Years

Under one year	One to two years	Two to three years	Three to four years	Four to five years	Five to six years	Six to seven years	Seven to eight years	Eight to nine years
—	1	1	2	1	1	2	—	1

### Total Mileage Run by Each Vehicle

Registered Number	Year of Purchase	Make	Type	Total Mileage Run
AEK 432	1953	Bedford	Ambulance	61,774
JP 9609	1952	Bedford	Ambulance	87,168
AJP 500	1954	Daimler	Ambulance	33,607
JP 8560	1950	Bedford	Ambulance	128,737
JP 7252	1948	Austin	Ambulance	99,652
BJP 947	1955	Bedford	Ambulance	16,195
JP 8879	1951	Bedford	Ambulance	105,675
JP 8800	1950	Bedford	Ambulance	51,074
AEK 319	1953	Austin	Car	100,664

During the year tests were made with several diesel engined vehicles but on balance it was decided to recommend the Health Committee to retain the petrol engines, at any rate for the time being.

#### Communications

All radio telephone equipment installed has given very satisfactory service during the year under review.

Under the terms of maintenance agreements the main and all mobile stations were serviced five times and the mast on two occasions.

#### Patients Carried and Mileage Incurred—Jan., 1956—Dec., 1956.

	No. of Patients.	No. of Journeys.	No. of Miles.
County Borough of Wigan ....	19,849	—	112,835
Other Authorities ....	110	—	1,514
Mentally Defective Children	12,740	—	10,281
Gas and Air Analgesia ....	—	270	1,115
Welfare Services ....	721	—	2,614
Service Journeys ....	—	197	919
Hospital Management ....	—	—	—
Civil Defence ....	—	—	—
District Nurses ....	—	1	5
<b>TOTAL</b> ....	<b>33,420</b>	<b>468</b>	<b>120,283</b>

## Analysis

	Patients Carried	Mileage
Maternity ....	558	6,109
Street Accidents ....	243	899
Home Accidents ....	125	507
Works Accidents ....	88	334
Other Accidents ....	217	924
Street Illnesses ....	207	712
Home Illnesses ....	51	212
Works Illnesses ....	20	69
Other Illnesses ....	8	24
Authorised Officers ....	69	1,700
Infectious Diseases ....	594	1,947
National Coal Board ....	11	63
Deceased Persons ....	35	196
Other Cases....	17,623	90,139
	<u>19,849</u>	<u>112,835</u>

GROSS MILEAGE for the year ended 31st December, 1956 : 144,856 miles.

## Petrol and Oil Consumption for the Year ended 31st December, 1956

	Galls.
Petrol Supplied by the Wigan Transport Department ....	9,511
Diesel Oil ....	8
TOTAL ....	<u>9,519</u>

Vehicle	Make	Registered Number	Mileage	Petrol Galls.	Oil Pints	Average M.P.G.	M.P.P.
1	Bedford	AEK 432	15,075	1,247	107	12.1	141
2	Bedford	JP 9609	16,679	1,210	39	13.8	428
3	Daimler	AJP 500	8,245	923	75	8.9	110
4	Bedford	JP 8560	16,940	1,343	83	12.6	204
5	Austin	JP 7252	7,109	704	68	10.0	105
6	Bedford	BJP 947	11,978	1,050	27	11.4	444
7	Bedford	JP 8879	13,725	1,096	163	12.5	84
8	Bedford	JP 8800	8,366	673	82	12.4	102
Car	Austin	AEK 319	22,166	1,259	165	17.6	134
			<u>120,283</u>	<u>9,505</u>	<u>809</u>	<u>12.7</u>	<u>149</u>

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Health Education

Each month 1,150 copies of the journal "Better Health" are distributed in the district.

Classes for mothers are held each week at the Central Maternity and Child Welfare Centre.

Propaganda regarding Diphtheria immunisation has been carried out in conjunction with the National Campaign.

Efforts are being maintained to bring to the notice of the public, and especially to food handlers, the need for cleanliness and care in the preparation of food.

Measures for the dissemination of information to the public are being developed. They include publication of literature, display of posters, etc., and opportunities are taken to give lectures on various health subjects from time to time. Lack of suitably qualified personnel is the limiting factor at the present time.

A subscription is paid each year by the Borough Council to the Central Council for Health Education. This enables us to receive from the Central Council much valuable help and information as to the best methods of approaching the public.

### Convalescence

During the year 1956, no case requiring convalescence was dealt with under Section 28 of the National Health Service Act, 1946.

### Venereal Disease

The treatment of Venereal Diseases is the responsibility of the Hospital service, and in Wigan the clinic is under the direction of Dr. Philip S. Silver, M.R.C.S., L.R.C.P.

### No. of Wigan Cases Dealt With for the First Time at the V.D. Treatment Centres

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Syphilis ....	27	29	37	21	23	11	4	11	12	7
Gonorrhoea	49	29	33	22	9	9	13	10	13	10
Other										
Conditions	108	91	86	69	62	41	59	36	39	37
<b>TOTAL</b> ....	<b>184</b>	<b>149</b>	<b>156</b>	<b>112</b>	<b>94</b>	<b>61</b>	<b>76</b>	<b>57</b>	<b>64</b>	<b>54</b>

The Health Committee have continued their arrangements whereby the V.D. Orderly of the Royal Albert Edward Infirmary undertakes the duties of Almoner.

Efforts are made to persuade persons who are a source of infection to attend for treatment at the Centre. Contact is made with patients who fail to attend for treatment with a view to stressing the importance of continued attendance at the clinic. The work done by the Almoner has been found to produce satisfactory results.

The following is an extract from the Almoner's report for the year 1956 :—

Total number of contacts persuaded to attend were :—

Males 13 ; Females 19.

Patients failing to attend for treatment, etc., are the biggest problem and the following action has been taken to try and persuade them to attend.

169 letters were sent to patients failing to attend. Of these it was found :  
134 reported for treatment, etc.

1 left district.

5 transferred to clinics near their present address.

2 patients transferred to own doctor as in need of treatment, but not suffering from V.D.

1 patient died.

6 patients defaulted before completion of treatment.

3 patients who had previously defaulted returned for treatment.

20 personal visits were made to the home addresses of patients who failed to attend after several letters had been sent.

### Tuberculosis

Statistical information regarding the prevalence of and mortality from tuberculosis will be found in that section of the Report dealing with infectious diseases.

The Tuberculosis Visitor is a full-time member of the Local Authority Health Visiting Staff, the work of this health visitor being divided between attendance with the Chest Physician at the Dispensary and visiting patients in their homes.

During the year, 1,681 home visits were paid by the tuberculosis health visitor.

The number of new contacts examined during the past three years was as follows :—

1954			1955			1956		
Adults	Children	Total	Adults	Children	Total	Adults	Children	Total
182	155	337	116	108	224	137	106	243

Contacts of positive cases under supervision, 31st December, 1956 .... 453

Contacts under supervision after B.C.G. inoculation .... 308

The average number of contacts per case of pulmonary T.B. is as follows :—

NOTIFICATIONS :	1954	1955	1956
Tuberculosis : Pulmonary	81	55	46
Other forms	7	11	7
No. of contacts per case (pulmonary only)	4.2	4.1	5.3



All cases of death from respiratory tuberculosis which remained un-notified during life are the subject of special contact investigations.

The responsibility of the Council for providing care and after-care services at present is being discharged through a voluntary Care Committee. The aims of this Committee may be stated as follows:—

1. To provide extra nourishments, nursing utensils, wheel chairs, etc.
2. To help in providing extra clothing needed by the patients, especially when they go into sanatorium and on their return home.
3. To visit and give friendly advice.
4. To assist in educating public opinion in matters of health in regard to Tuberculosis.
5. To give assistance in providing tools in cases where tuberculous persons entering into employment are not so assisted by the Ministry of Labour.

The Chest Physician acts as an honorary Medical Officer to this Committee.

During the year arrangements were continued for organised classes in all manner of light craft work and sewing. These were well attended and should form a prominent feature of the work of the Committee in the future, although we lack a suitable building where fixed equipment can be erected.

### Housing of Tuberculous Cases

During the year 15 cases of Infectious Tuberculosis involving 12 families residing in houses where this disease was known to exist were re-housed in accommodation which ensured adequate isolation. Visits were paid to a large number of dwellings following reports of suspected tuberculosis and a thorough investigation was carried out in each case.

In every instance contact was made with the Consultant Chest Physician who gave every assistance in arriving at a decision as to the degree of priority to be given in each case submitted to the Committee.

### Rehabilitation

Very few known sputum positive cases are actually employed in permanent positions, and constant supervision by the Tuberculosis Health Visitor ensures that these few do not become a danger to other susceptible groups.

Cases who are fit for light work are referred to the Disablement Rehabilitation Officer with suitable recommendation.

Patients have been admitted for training and colonization at Barrowmere Hall, the local health authority undertaking part maintenance.

### Bacille Calmette Guerin Vaccination

At present this is limited to hospital staff, contacts and children of infected families. The Chest Physician has supplied the following figures showing the numbers dealt with during 1956:—

Children under 15 years of age:—

Total No.	Doctors	Contacts	Positive	Negative	B.C.G.
Skin Patch tested	Requests				Vaccinated
231	52	149	122	109	53

51 children were re-patchtested after B.C.G.—all showed a positive skin reaction.

These figures do not include work carried out amongst hospital staff,

### **Mental Illness and Defectiveness**

Details of work under this section are given under Mental Health Service, page 52.

### **Other Illnesses**

Close liaison between the health visitors and the social worker engaged on work amongst the physically handicapped under the Council's scheme (see Page 80) ensured that advice and help are readily available to those in need once their condition becomes known to the Department.

### **Meals on Wheels Service**

A Scheme (within the Council's proposals under Section 28 of the National Health Service Act, 1946) for the delivery of a mid-day meal to individuals unable, because of illness or physical disability, to provide their own was put into operation in May, 1951.

Members of the Women's Voluntary Services take part in the delivery of the meals and we are much indebted to them for the service they have given.

The meals were prepared by the School Meals Service.

The food is served in individual covered containers. The charge per meal is 1s. 4d., but in necessitous cases it is reduced to 1s.

9,445 meals were provided during the year.

A maximum of three meals per week are provided in each case and the service is greatly appreciated.

Besides its value in preventing malnutrition, a regular visit by an interested voluntary worker and a member of the staff of the department has a beneficial effect on the morale of the recipients who feel that they are not forgotten and can ask for help if they require it.

### **DOMESTIC HELP SERVICE**

Two helps are employed full time and at the end of the year 42 part-time helps were on the register.

There has been a considerable increase in the number of families availing themselves of the Service. During 1956 domestic help was provided in 539 cases—71 confinements, 5 tuberculous, 436 chronic sick including aged and infirm and 27 others—compared with a total of 460 in 1955.

The Home Help and Meals on Wheels Services form the backbone of the department's effort to maintain the aged in their own homes and so relieve pressure on Part III Hostel beds. Any expenditure on these services must therefore be looked upon as an economy in the long run.

### **Charges for Service**

The standard charge operating during the year was 3s. 5d. per hour but in very few cases was the recipient called upon to pay the full cost. All cases whose family income is such that they must ask for relief are assessed according to a scale agreed by the Health Committee. The aged and chronic sick now form the bulk of the cases helped by the service and as these are invariably at reduced rates a great deal of work is involved in arriving at the final assessment.

### **Staff**

Good home helps are difficult to recruit and the applicants who are usually housewives whose families are grown up are prone to leave the service at short notice for domestic or health reasons. Sickness amongst home helps is a constant problem especially during the first quarter of the year when the demands on the service are greatest. The ingenuity of the Organiser is taxed to the utmost in making the best use of the available woman power.

## MENTAL HEALTH

No major alterations to the service have been made during the year. The service includes :—

- (i) The ascertainment of cases of mental ill-health and mental deficiency in the community.
- (ii) The initial proceedings for obtaining detention and reception orders and transferring persons of unsound mind to establishments administered by the Regional Hospital Board.
- (iii) The statutory supervision, guardianship, provision of after-care, etc. of mental defectives, living in the community.
- (iv) The provision of occupational treatment for mental illness.
- (v) Preventive measures in connection with Mental Health.

### Administration

(a) The Health Committee is responsible for the control of this service and deals with all matters appertaining thereto.

(b) The Medical Officer of Health is the Executive Officer.

The Medical Officer of Health, together with Dr. McL. Bain, Assistant Medical Officer and Dr. D. M. Mather, are appointed as approved medical practitioners for the purpose of giving certificates of mental defect under Sections 3 and 5 of the Mental Deficiency Act, 1913.

The Medical Officer of Health, together with Dr. D. M. Mather, Medical Officer at Billinge Hospital, Dr. J. S. Mather and Dr. D. N. Mackinnon, general practitioners with extensive experience of mental illness, are appointed as approved for the purpose of giving certificates of mental defect under Section 1 (3) and 5 (3) of the Mental Treatment Act, 1930.

Three full-time authorised officers and mental health visitors—two male and one female—are employed. One male duly authorised officer and mental health visitor attended the special refresher course for Mental Health Workers run by the National Association for Mental Health in conjunction with the Extra Mural Department of Leeds University. This course consisted of one month's residence at Leeds followed by 20 weekly casework seminars and a final week's residence at Leeds.

### Mental Deficiency

All mental defectives under the supervision of the local authority are visited regularly by the mental health workers who deal with all matters relating to their welfare.

The difficulty of obtaining permanent institutional care is still a pressing problem but the number of cases awaiting admission in the borough is below the average for many towns of similar size.

Where necessary it has been possible to obtain short-term care for mental defectives. In some cases accommodation has been used in mental deficiency hospitals or if this has not been available, in cases of urgency children have been sent to Orchard Dene Short Stay Home—a private home run by the National Association for Mental Health on behalf of the National Association for the Parents of Backward Children. The Authority has where necessary paid all or part of the charge for such private accommodation. This arrangement has been of great help to parents and relatives in danger of a breakdown themselves from the burden of caring for a defective child.

Help has been given to defectives seeking employment and in several cases outside employers have been contacted on their behalf and suitable employment arranged. In one case employment was found for a patient who had been in an institution for 21 years. This person has up to the present proved a most satisfactory worker.

Co-ordination is maintained with Regional Hospital Boards and Hospital Management Committees, the local authority providing all appropriate reports. These consist of home reports in connection with the supervision of defectives on licence from Mental Deficiency Hospitals and the completion of home reports in respect of all patients where the licensing or holiday of a patient is under consideration.

The Medical Superintendent of Brockhall Hospital is available for consultation on cases of mental deficiency which present special difficulty. His services were not required during the year.

### **Mental Illness**

This consists of the work done in connection with the prevention, care and after-care of persons suffering from mental illness.

A 24-hour service is operated by the department in connection with the admission to hospital of patients requiring urgent removal. It is interesting to note that in this connection only one person during the year was certified prior to removal to hospital, other urgencies being dealt with under Sections 20 and 21 of the Lunacy and Mental Treatment Act. The number of voluntary admissions to hospital continues to increase.

A close liaison with the Consultant Psychiatrist employed by the Wigan and Leigh Hospital Management Committee is maintained. The female Duly Authorised Officer and Mental Health Visitor attends the Psychiatric Clinic each week at the Infirmary obtaining the Social Histories of all patients attending there from the County Borough. An opportunity is also afforded for regular discussion with the Consultant Psychiatrist of the care and after-care of patients discharged from hospital whose cases present special difficulty.

In addition to the Social Histories of patients obtained at the Clinic, Social Histories are completed in respect of all patients admitted to hospital and forwarded to the appropriate hospital. Many relatives seek the help of the department in matters concerned with the welfare of relatives in hospital.

**After Care** has steadily increased and is playing an important part in the rehabilitation of patients discharged from hospitals. They are visited on discharge and where necessary further follow-up visits are carried out until recovery is complete. General Practitioners are making increasing use of the Department in this connection in referring patients for after care or prevention. It has been found that effective after-care has avoided serious relapse in many instances and in this sphere close liaison is maintained with the out-patient psychiatric department at Billinge Hospital.

**Prevention.** This is emerging to the forefront in the field of mental health. The mental health staff is co-operating with other social workers such as the Health Visitors, Child Care Officers, Probation Officers, etc. in tackling this tremendous problem. Many cases of potential breakdown are referred to the Department by General Practitioners and other social workers and it has been found that a satisfactory solution of social problems ranging from debts, bad housing, unsatisfactory personal relationships, etc. has been instrumental in avoiding mental illness.

Much remains to be done and outside circumstances—especially the problem of re-housing—limit the constructive work which can be attempted in many cases.

**Account of Work Undertaken in the Community**

Visits to Office by relatives and patients for advice ....	160
<b>I.—Under Lunacy and Mental Treatment Acts</b>	
Cases notified .....	163
Notified cases dealt with as follows :—	
Section 16 Lunacy Act, 1890 .....	1
Section 20 Lunacy Act, 1890 .....	22
Section 21 Lunacy Act, 1890 .....	53
Voluntary Patients, Section 1 Mental Treatment Act, 1930 .....	82
Admitted to Hospital as ordinary sick cases .....	3
No action taken .....	2
	163
Cases admitted to hospital under Sec. 20 and 21 Lunacy Act, 1890 were dealt with as follows :—	
Section 16 Lunacy Act, 1890 .....	13
Voluntary Patients, Section 1 Mental Treatment Act, 1930 .....	55
Temporary Patients, Section 5 Mental Treatment Act, 1930 .....	2
Discharged following expiration of order under Sec. 21 (A) Lunacy Act, 1890 .....	1
Discharged following expiration of order....	1
Died .....	3
	75
No. of cases visited under Sec. 28 of the National Health Service Act, 1946 .....	
	119
No. of visits under Sec. 28 of the National Health Service Act, 1946 .....	
	379
Social Histories for Wigan Infirmary Psychiatric Clinic .....	
	124
No. of cases in Mental Hospitals on 31/12/56 .....	
	282
Discharges from Hospitals .....	
	159
Deaths .....	
	16
<b>2.—Under the Mental Deficiency Acts, 1913 - 1938.</b>	
Cases in M.D. Hospitals at 31/12/56 .....	82
Cases under Guardianship Sec. 6 M.D. Act, 1913 .....	1
Cases under Statutory Supervision .....	110
Cases under Voluntary Supervision .....	10
Cases under training (occupation centres) Sec. 30 M.D. Act, 1913 .....	37
Cases admitted to hospitals :—	
Admitted to special hospital accommodation .....	2
Short term care of Mental Defectives, Sec. 28 National Health Service Act, 1946 :—	
Admitted to National Health Service Hospitals .....	4
Admitted to Short Stay Homes .....	2
Special Reports made on behalf of M.D. Hospitals .....	36
Home Visits .....	341



## TRAINING OF MENTAL DEFECTIVES

### OCCUPATION CENTRE

**Terms:** The Centre is open on all normal school days.

**Staff :** Supervisor.  
Deputy Supervisor.  
Three Assistant Supervisors.  
One full-time guide help.  
One part-time guide help (17½ hours per week).  
One caretaker.

**Transport :** As in previous years ambulance transport is used to convey children to and from the Centre. Collecting points are arranged wherever possible, but door-to-door transport is necessary in many cases. This form of transport is necessarily costly but the alternatives, buses or private cars, have been considered and rejected on the grounds either that they would be almost as expensive and more difficult to administer in the case of private cars or taxis, whilst the problem associated with the use of buses is that the first child to enter the bus would be in the vehicle for more than an hour as the round proceeded. This is thought to be inadvisable, especially during the winter months. The provision of transport ensures almost 100% attendance at the Centre.

**Meals :** A mid-day meal is provided on school days. This is cooked and conveyed to the centre by the School Meals Service. The cost to the children is 1/- per meal.

**School Milk:** All children under the age of 18 years have received one-third pint of pasteurised milk daily.

**Medical and Dental Services :** The following services are provided, either directly or through the School Health Service: Inspection on entry and routine medical inspection (this includes re-assessment of mental ability from time to time); cleanliness inspections; dental treatment; minor ailment treatment (a school nurse attends twice weekly for dressings).

**Curriculum:** Instruction has been given in the following subjects:—

Infants : Speech training ;  
Sense training ;  
Percussion band, singing ;  
Music and movement, physical training, simple folk dancing ;  
Personal hygiene and habit training.

In addition the junior boys do handwork, woodwork and gardening and the junior girls handwork and simple domestic duties.

The senior boys attempt more advanced handwork and rug making, whilst the senior girls do hand loom weaving, needlework, country dancing and receive instruction in all domestic duties and housecraft.

Certain of the children are taught numbers, letters, telling the time, money values, etc.

**Other Activities:** 24 girls and 22 boys spent a happy and successful week's holiday at Lytham St. Annes in May.

**Training of Students:** During the year we have accepted 4 students for practical training in connection with the course for Supervisors organised by the National Association for Mental Health.

Ages of children attending Centre :

	8	9	10	11	12	13	14	15	16-27	Total.
M. ....	3	3	1	4	3	3	4	3	11	35
F. ....	1	2	5	1	2	5	1	2	12	31

The following is an extract from the attendance register :—

	Borough.	County.	Total.
No. of Children on the register at 1st Jan., 1956	36	27	63
No. of admissions during the year	2	1	3
No. of children who ceased to attend	1	2	3
No. of children remaining on the register at 31st December, 1956	37	26	63
Average daily attendance during the year	33	23	56

### CO-ORDINATION OF HEALTH SERVICES

No changes have been found necessary during the year in the machinery for co-ordination of the three branches of the Health Services in this area.

There is plenty of good will at all levels and the Liaison Committee mentioned in my earlier reports has held regular meetings. Items for discussion included :—

Ante-natal Care

Geriatric Service ;

Transmission of information concerning in-patients to School Medical Officers ;

Co-ordination of demands for ambulance transport ;

Attendance of Health Visitors at Paediatric Clinics ;

Sharing of cost of training pupil midwives ;

Service of T.B. Health Visitors in Chest Clinics.

I think that all concerned can look back on a fruitful year and can go forward into 1957 with the knowledge that any difficulties which arise between the services will if brought to the Committee be examined impartially and more often than not a reasonable solution will be found which is acceptable to all parties.

#### Ante-Natal Care

Following the report submitted by the Standing Maternity and Midwifery Advisory Committee to the Ministry of Health, Hospital Management Committees were asked to arrange for the holding of meetings of professional representatives from the three parts of the National Health Service to discuss the issues raised by the report.

Five meetings were held and were attended by representatives of the Lancashire County Medical Committee, the Wigan Local Medical Committee, medical staff of the hospital, the Divisional Medical Officers of the surrounding county districts and the Medical Officer of Health and one of the Assistant Medical Officers of the County Borough of Wigan.



Two main factors in effective ante-natal care were emphasised, *viz.*, maximum co-operation between the general practitioner, local health authority and hospital services, and full interchange of information between all concerned. The following items were also fully discussed :—

- Effective ante-natal care by general practitioners ;
- Appropriate follow-up of patients who fail to attend for ante-natal examinations ;
- Need for more ante-natal beds in hospitals ;
- Chest X-ray examinations at first ante-natal visit ;
- Blood testing, blood grouping and haemoglobin estimations.

The various forms and records in use were examined and modified slightly and a standard form of ante-natal record was recommended for use by general practitioners.

### **Major Accident Organisation**

In the event of a major catastrophe it is essential that all those officers and services who will inevitably be involved shall be aware of the resources, commitments and liabilities of each other and that pre-arranged conventions governing the alerting of the services shall be widely known. To achieve this the co-operation of ambulance, fire, hospital, police and welfare services, both statutory and voluntary, in the County Borough and the surrounding area was obtained. During the year the Department published in booklet form comprehensive schemes drawn up and co-ordinated by officers of the various authorities involved. It is to be hoped that we shall never be in need of the Major Accident Organisation but should we be so unfortunate I am sure that it will operate to minimise the impact of the catastrophe on those who are involved.

## Section IV

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# Prevalence of and Control over Infectious Disease

## PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

It has become commonplace in recent years to refer to our experience of infectious diseases in minor terms and 1956 shows little exception.

There were no notified cases of Diphtheria, thus continuing the happy state of affairs which has proceeded now for several years.

Scarlet Fever amounted to 44 cases spread fairly evenly through the town and more than half occurred in the age group 5-10 years.

Measles showed the usual trend for a non-epidemic year with some 96 cases, fairly evenly spread amongst the under tens.

Whooping Cough is without doubt one of the most serious of the childish ailments with the possible sequela of chest disease. There were 133 cases notified, of which 17 were in the dangerous age group under one year. These were fairly widespread through the town with the preponderance in the Pemberton wards. I appeal to all mothers to have their children protected against Whooping Cough in early infancy.

Food Poisoning and Dysentery accounted for 14 and 64 cases respectively. Of the latter 24 occurred in May at The Elms Children's Nursery. *Shigella sonnei* was the organism involved in this outbreak.

Despite the slow but gradual reduction in recent years 46 cases of Pulmonary Tuberculosis were notified, 14 of which were in the age group 15-25. This period when young adolescents leave school to enter industry is undoubtedly one of great risk. It is for this reason that protection with B.C.G. of children in their 13th year has been advocated. It is hoped that we shall soon be able to introduce this in the Borough.

It is gratifying to record that no case of acute paralytic poliomyelitis was notified during 1956. This disease gets far too much press publicity and in an effort to put it in its proper perspective so far as Wigan is concerned a follow-up has been undertaken by Dr. Bain. The following represents the results of a review of all known cases which have occurred in the Borough during the years 1947-1955 :—

**POLIOMYELITIS**

No of cases	52
No. of notifications (corrected)	46
No. of fatal cases	5
No. not interviewed (other than fatal and known non-paralytic cases)	8
No. of Paralytic cases (excluding the 8 not interviewed)	37
No. of Non-Paralytic cases (excluding the 8 not interviewed)	7

**Incidence in Each Year (All Cases):**

1947	1948	1949	1950	1951	1952	1953	1954	1955
27	0	2	9	2	3	6	0	3

**Age at Onset (All Cases):**

Under 2 years	2-5 years	5-10 years	10-20 years	20-30 years	30-40 years	40-50 years	50-60 years
18	12	7	5	4	5	0	1

**Age Incidence of Fatal Cases**

3 years	5 years	24 years	34 years	38 years
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**Assessment of Residual Disability (Interviewed Cases):**

No. who made a perfect recovery	8
No. showing negligible disability	3
No. showing slight disability	9
No. showing moderate disability	10
No. showing marked disability	2

**Cases Who Made a Perfect Recovery (8):**

Of these eight cases a history of the attack revealed a total inability to use the muscles involved in two cases, weakness only being present in five cases. The remaining case had had only minor involvement of the face muscles.

**Cases Showing Negligible Disability (3):**

In one case, though no muscle weakness could be detected, there was a slight tendency to trip when walking or running, which will in all probability disappear with time; the recovery was practically perfect. The second case showed slight facial palsy; the face muscles only had been affected. A shoulder muscle had been affected in the last case, the residual disability being slight weakness in abduction of the arm above shoulder level.

**Cases Showing Slight Disability (9):**

Seven cases had involvement of a lower limb only, in two the effects being confined to muscles below the knee (two of these seven had had originally involvement of an upper limb which had recovered completely and a third had had involvement of the other lower limb which had recovered completely). Another case had involvement of a lower limb and left upper limb and the last case had involvement of the left upper limb only.

The atrophy in the lower limb was very slight or slight in five cases, moderate in one and considerable in three. In the case with the double limb involvement the arm atrophy was slight. Where the upper limb alone was involved atrophy was moderate.

Muscle weakness was in proportion to the atrophy in all cases.

In the lower limb cases there was no limp present in two cases, a trace of limp in two cases, slight limp in four cases. Six of the lower limb cases could walk the normal distance, two could walk several miles. All could run moderately well. The arm in the case with double limb involvement was almost normally useful. Where the arm alone was involved this limb was moderately useful.

Two of the cases were wearing a short caliper and one had had an operation on the foot (tendon transplant). Arthrodesis of ankle joint is contemplated in another.

### **Cases Showing Moderate Disability (10):**

Five cases had one lower limb involved. In one atrophy was moderate, in two considerable and in two marked, muscle weakness being in proportion to the atrophy. Limp was slight in one, moderate in two and marked in two. One case could walk any distance, two a mile, one somewhat less than a mile and one half a mile. One case only could run. One was wearing a short caliper and thick-soled boot, two a long caliper, and one a long caliper and thick-soled boot. Stapling of the epiphyses to retard growth in the sound limb had been performed in one case and in another arthrodesis of ankle joint. In two cases the latter operation is contemplated.

Two cases had both lower limbs involved. In one a lower limb had recovered completely except for a residual pes cavus, the other limb showing marked atrophy below the knee with almost complete paralysis. Limp was marked but she said she could walk any distance wearing her short caliper. Operative treatment of the cavus and arthrodesis of the ankle are contemplated. The other case showed considerable atrophy in both lower limbs with considerable weakness in all muscles and a right flail knee. One foot had been stabilised by operation. Limp was considerable. With a long and a short caliper and walking stick half a mile could be covered. Neither case could run.

One case had both lower limbs and the left upper limb involved plus spinal deformity necessitating the wearing of a support. Atrophy and weakness were considerable. With two long calipers a mile could be managed. The upper limb was still fairly useful. Arthrodesis of ankle joint is contemplated.

One lower limb and the right upper limb were affected in another case. the arm atrophy being considerable, the leg atrophy moderate. There was moderate muscle weakness in both. Limp was slight. She could walk about a mile and run but not well. The arm was useful but function considerably impaired.

The remaining case had had all four limbs and trunk muscles involved and had been treated for six weeks in a respirator. The right upper limb had almost fully recovered, the other limbs showed moderate atrophy and weakness. There was a slight limp, a half mile could be walked, running was not possible.

All these cases could negotiate stairs with varying degrees of difficulty.

### Cases Showing Marked Disability (2):

The first case in this group showed complete paralysis of the lower limbs with very considerable weakness of the flexors and extensors of the spine. There is marked spinal deformity which is controlled by a support. Walking is, of course, impossible, and a wheel-chair is used for getting about.

The other case had had a very severe attack of poliomyelitis, affecting all the limbs and trunk, and necessitating eighteen months' use of an iron lung. There is very considerable weakness of the spinal muscles with spinal deformity for which a support is worn. The limb muscles show marked atrophy and weakness, worse in the legs. A stabilisation operation has been carried out on one foot. There is a tendency to lung infections. A wheel chair is used, but, with two long calipers and a stick, about fifty yards can be covered. The upper limbs have moderate function.

### Review of the Eight Cases Not Interviewed:

For various reasons it was not possible to interview eight cases but a certain amount of information is available regarding three of them. These were all paralytic cases: one has made what is probably a perfect recovery, another is slightly handicapped (impaired function in left upper limb), while the third is wearing two long calipers and would be classified as moderately handicapped. The remaining five have left the district and cannot be traced: as they all occurred in 1947 the notification records do not reveal whether they were paralytic or non-paralytic.

Eleven children received part of their treatment at the Local Authority Orthopaedic Clinic, three attending for physiotherapy, three for swimming and four for both physiotherapy and swimming.

A noteworthy feature is the large number of notifications of paralytic cases in relation to non-paralytic cases. In this connection one must remember that non-paralytic poliomyelitis may present a very difficult diagnostic problem and may be a comparatively slight illness. This difficulty was even greater during the period of the early cases in the survey before the recent advances in laboratory methods of diagnosis.

The survey gives us cause for serious reflection. The death rate was 9.6% and of the 35 surviving persons for whom reliable information is available, no fewer than 26 will carry the mark of the disease all their lives and in only two of these is the damage insignificant. Much can be done to minimise the effects of the illness by skilled surgery and time-consuming and painstaking physiotherapy, but, as yet, we have no drug effective in its treatment. Our efforts therefore must be focussed on prevention and it is to be hoped that the new vaccine will fulfil its early promise for then it will prove a major weapon in the battle against this disease.

## MASS RADIOGRAPHY

Arrangements were made for a short visit of the No. 4 Mass Radiography Unit during the year.

The examinations were carried out at the Thomas Linacre School during the period 21st to 24th August, 1956.

The main purpose of the visit was to undertake a routine check on members of the staff who are regularly in contact with groups of children and members of the teaching staffs were also invited to visit the unit.

In addition X-ray examination was carried out on 797 'school leavers.'

I am indebted to the Medical Director of the Unit for the following report of the number of persons X-rayed:—

	Males	Females	Both Sexes
Education Department (excluding teachers) ....	30	230	260
Teachers ....	7	12	19
Welfare Department ....	—	2	2
Children's Department ....	4	24	28
Health Department ....	—	24	24
School Leavers ....	426	371	797
Individuals ....	1	4	5
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>
	468	667	1135
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>

I think you will agree that the response from teachers was very disappointing.

Fourteen school leavers were recalled for large films.

Of the fourteen children recalled eight were boys and six girls.

Of the boys one was found to be suffering from pulmonary fibrosis and was referred to his own doctor and in the remaining seven cases no further action was necessary.

One of the girls was found to be suffering from tuberculosis and was referred to the Chest Clinic. No further action was taken in regard to the other five girls.

## Notifications

## CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1956.

NOTIFIABLE DISEASE	CASES NOTIFIED																								
	AGE GROUPS										WARD RESIDENCE														
	At all Ages	under 1	1 and 3	3 and 5	5 and 10	10 and 15	15 and 25	25 and 45	45 and under 65	65 and over	St. George	Lindsay	St. Cath.	St. Patrick	St. Thomas	Poolstock	Victoria	St. Andrew	Swinley	All Saints	West Pem.	North Pem.	Central Pem.	South Pem.	
Acute Poliоencephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	3	—	—	—	1	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—
Diphtheria and Memb. Croup	64	4	14	16	12	3	4	3	2	1	—	—	—	4	6	5	2	30	1	4	2	2	5	4	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	3	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	1	—
Erysipelas ...	14	—	—	2	2	—	3	5	—	—	—	—	—	—	—	4	5	2	—	—	1	1	1	1	—
Food Poisoning ...	96	11	23	24	37	1	—	—	—	—	—	1	3	1	3	2	19	1	—	21	16	16	13	—	
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	12	1	—	—	—	—	1	6	4	—	—	—	1	1	—	1	1	2	—	1	—	—	3	2	—
Pneumonia ...	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	44	—	3	6	27	6	1	—	—	—	—	3	3	2	3	3	4	4	1	5	7	6	6	—	
Scarlet Fever ...	46	1	—	—	1	3	18	7	2	—	—	3	3	3	2	3	9	5	1	3	2	8	1	—	
Tuberculosis: Pulmonary	7	1	1	—	—	—	4	—	—	—	—	—	1	2	3	1	15	—	—	15	22	24	17	—	
Other Forms	133	17	23	35	56	2	—	—	—	—	—	8	18	8	3	1	15	—	—	—	—	—	—	—	
Whooping Cough ...	35	17	23	35	56	2	—	—	—	—	—	8	18	8	3	1	15	—	—	—	—	—	—	—	
TOTALS	423	35	64	84	136	17	33	23	8	5	16	29	13	10	18	16	56	45	3	50	52	65	45	—	



## Analysis of Notifications by Months, 1956

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Polioencephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic ...	—	—	—	—	—	—	—	3	—	—	—	—	3
Diphtheria and Memb. Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	1	—	26	5	1	2	—	4	5	20	64
Enteric or Typhoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	1	1	—	—	—	—	1	—	3
Food Poisoning ...	1	2	—	—	1	1	2	1	1	1	2	2	14
Measles ...	—	—	6	1	6	4	20	7	3	9	19	21	96
Meningococcal Infection ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	—	2	5	1	2	—	1	—	—	1	—	—	12
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Scarlet Fever ...	5	4	3	1	6	3	2	2	4	4	4	6	44
Tuberculosis: Pulmonary ...	6	—	4	1	2	4	3	3	5	6	7	5	46
Other Forms ...	—	—	—	2	3	—	1	1	—	—	—	—	7
Whooping Cough ...	8	2	16	22	7	16	12	8	4	7	22	9	133
	20	9	36	28	54	34	42	27	17	32	60	64	423

## Comparative Notifications for the Past Ten Years

DISEASE	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Acute Polioencephalitis ...	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic ...	24	1	1	5	—	2	5	—	1	—
Non-Paralytic ...										
Diphtheria and Memb. Croup ...	27	8	1	—	1	2	—	—	—	—
Dysentery ...	1	—	60	3	7	1	1	106	9	64
Enteric or Typhoid Fever ...	1	—	—	—	—	—	2	—	—	—
Erysipelas ...	11	18	14	11	3	9	8	5	4	3
Food Poisoning ...	—	—	—	—	—	—	3	1	3	14
Measles ...	510	1465	321	544	1059	539	1219	271	1400	96
Meningococcal Infection ...	5	4	1	1	3	—	—	1	1	—
Ophthalmia Neonatorum ...	2	4	—	1	—	—	—	—	—	—
Pneumonia ...	31	45	73	89	97	69	28	24	19	12
Puerperal Pyrexia ...	2	4	4	4	1	1	—	2	2	1
Scarlet Fever ...	532	839	146	138	85	44	180	155	44	44
Tuberculosis: Pulmonary ...	86	79	72	73	73	56	67	81	55	46
Other Forms ...	27	24	12	14	21	15	16	7	12	7
Whooping Cough ...	31	104	157	106	202	29	278	55	89	133
	1294	2595	862	991	1554	768	1808	708	1641	423

**Tuberculosis**  
**Notifications, 1956**

**Formal Notifications**

	Number of Primary Notifications of new cases of Tuberculosis													Total (all ages)
	0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75		
Respiratory—Males ... ..	—	—	1	1	1	2	5	1	7	2	3	1	—	24
Respiratory—Females ... ..	—	—	—	—	2	3	4	8	2	2	—	1	—	22
Non-Respiratory—Males ... ..	1	—	—	—	—	—	—	1	—	—	—	—	—	2
Non-Respiratory—Female... ..	—	—	2	—	—	—	—	—	3	—	—	—	—	5

**Cases Coming to the Notice of the Medical Officer of Health  
Otherwise than by Formal Notification**

SOURCE OF INFORMATION			0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	Total
Death Returns from Local Registrars	Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	A
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	B
	Non-Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	C
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	D
Death Returns from Registrar General-Transferable Deaths	Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	A
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	B
	Non-Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	C
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	D
Posthumous Notifications	Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	A
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	B
	Non-Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	C
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	D

TOTALS : A—0, B—0, C—0, D—0.

### Notifications and Deaths in Wards

WARDS	Estimated Population	NOTIFICATIONS			DEATHS		
		Pulmonary Tuberculosis	Other forms of Tuberculosis	TOTALS	Pulmonary Tuber- culosis	Other forms of Tuber- culosis	TOTALS
No. 1—St. George ...	2185	2	—	2	—	—	—
No. 2—Lindsay ...	4588	4	—	4	—	—	2
No. 3—St. Catharine ...	5225	3	—	3	—	—	2
No. 4—St. Patrick ...	5756	3	1	4	1	—	1
No. 5—St. Thomas ...	2272	—	2	2	—	—	—
No. 6—Poolstock ...	3388	2	—	2	—	—	—
No. 7—Victoria ...	2686	3	—	3	—	—	—
No. 8—St. Andrew ...	15784	9	—	9	—	1	1
No. 9—Swinley ...	9944	5	—	5	—	—	2
No. 10—All Saints ...	1969	1	—	1	—	—	—
No. 11—West Pemberton	6878	3	—	3	1	—	1
No. 12—North	6211	2	1	3	—	—	—
No. 13—Central	8956	8	2	10	2	—	2
No. 14—South	6288	1	1	2	—	—	—
TOTALS ...	82,130	46	7	53	10	1	11

Estimated Population of Wards is based on current Voters' List.

### New Cases and Mortality During 1956

AGE PERIODS :	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ... ..	—	—	1	—	—	—	—	—
1— ... ..	1	—	—	2	—	—	1	—
5— ... ..	2	2	—	—	—	—	—	—
15— ... ..	7	7	—	—	—	—	—	—
25— ... ..	8	10	1	3	1	1	—	—
45— ... ..	5	2	—	—	7	—	—	—
65— ... ..	1	1	—	—	—	—	—	—
75— ... ..	—	—	—	—	1	—	—	—
<b>TOTALS</b> ... ..	<b>24</b>	<b>22</b>	<b>2</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>—</b>

The number of deaths from Pulmonary Tuberculosis was 10, against 10 in 1955, and 24 in 1954. The number of deaths from other tubercular infections was 1, against 1 in 1955, and 1 in 1954.

The rates are as follows :—

Pulmonary Tuberculosis .... 0.12 per 1,000 of population.  
 Other Tuberculous Diseases .... 0.01 per 1,000 of population.

If taken together as tuberculous infections, we have 11 deaths or a rate of 0.13 per 1,000 of the population.

#### Comparative Statistics, 1952 to 1956

##### Cases Notified

	1952	1953	1954	1955	1956
Pulmonary ... ..	56	67	81	55	46
Other forms of tuberculosis	15	16	7	12	7
<b>TOTALS</b> ... ..	<b>71</b>	<b>83</b>	<b>88</b>	<b>67</b>	<b>53</b>

##### Deaths

	1952	1953	1954	1955	1956
Pulmonary ... ..	10	20	24	10	10
Other forms of tuberculosis	4	1	1	1	1
<b>TOTALS</b> ... ..	<b>14</b>	<b>21</b>	<b>25</b>	<b>11</b>	<b>11</b>

##### Death Rates

	1952	1953	1954	1955	1956
Pulmonary ... ..	0.12	0.24	0.29	0.12	0.12
Other forms of tuberculosis	0.05	0.01	0.01	0.01	0.01
<b>TOTALS</b> ... ..	<b>0.17</b>	<b>0.25</b>	<b>0.30</b>	<b>0.13</b>	<b>0.13</b>

## DISINFECTION

Arrangements have been made to use the old disinfector at the Welfare Home, Frog Lane, for the disinfection of bedding, etc. which has been associated with cases of certain infectious diseases.

Disinfection of rooms has been criticised, and in fact described as a useless procedure. Assuming that disinfection does not totally destroy the infecting organisms, it does impress the persons concerned of the necessity for cleanliness and care, and ensures a thorough scrubbing and cleansing of the rooms, which is doubtless of great hygienic value, especially in dirty houses.

### Distribution of Disinfectants

Disinfectants are provided free to the occupiers of houses where infectious disease has occurred, and in cases where there are exceptional circumstances. Other persons who desire supplies are charged a small amount to meet the cost of the disinfectant.

Information on the correct use of these agents is given by the public health inspectors.

## Section V

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# National Assistance Act, 1948

## Part III

# Welfare Services

## ADMINISTRATION

The Authority's Welfare Services, under the National Assistance Act, continue to be controlled by the Health Committee. Two sub-committees have been concerned with the Welfare functions as follows :—

The Health (Accommodation) Sub-Committee, which deals with the provision of residential and temporary accommodation, with the assistance of aged in their own homes and with the administration of social and handicraft centres.

The Health (Blind and Other Handicapped Persons) Sub-Committee, which deals with the provisions of Welfare Services for the Blind and partially Sighted, for the Deaf and Hard of Hearing and for the general classes of Handicapped Persons. All services are administered by the Welfare Services Section of the Department and the total number of staff employed on Welfare Services at 31st December, 1956, was 84, made up as follows :—

Administrative and Clerical (including persons in charge of Homes)	14
Homes Staffs (Other than persons in charge) ....	66
Staff employed at Social and Handicraft Centres (including Occupational Therapist) ....	4
	84
	84

## RESIDENTIAL ACCOMMODATION

### Sec. 21 (a).

Provision is now available for accommodating some 88 persons in the small modern home and a further 55 in an adapted portion of the former Institution, which has been re-named and improved. In the remainder of the former Institution there is accommodation for some 70-80 aged men who require less attention and whose need for care arises principally from their lack of supervised accommodation and elementary comforts. The total available accommodation is therefore 223 Aged Beds, as shown by the following table :—

Accommodation	Type	Number of Beds	
		Male.	Female.
Douglas Bank House	Adapted Small Home ....	7	24
Norley Hall....	New Home ....	19	19
"Rockwood," Rhos-on-Sea	Adapted Small Home ....	9	10
St. Stephen's House	Improved Sec. of former Institution	25	30
Hostel for Men	Former Institution ....	80	—
		140	83

In addition to the above, 2 aged persons are accommodated in Homes provided by other Local Authorities.

An analysis of the ages of persons accommodated in the Council's Homes at the 31st December, 1956, shows a very high average and is an indication of the age at which so many old folk require care and attention which is not available to them in their own homes.

Age	Douglas Bank		Norley Hall		Rockwood		St. Stephen's	
	Men	Women	Men	Women	Men	Women	Men	Women
Over 90	—	—	1	—	—	—	1	1
85-90	1	8	—	3	—	—	3	2
80-85	2	6	4	5	1	2	6	3
75-80	1	5	8	6	5	3	8	3
70-75	1	3	2	1	4	1	4	6
65-70	1	2	2	1	—	—	2	4
Infirm	—	—	—	3	—	1	—	7
Average Ages	82		79		76		78	

Overall Average Age 79.

### PROBLEM FAMILIES

#### Sec. 21 (b).

During the year, case investigation was carried out in 63 cases. 70% of this number were supposedly "evicted" cases. The fact that out of this number only five families were actually admitted to the flatlets at the Welfare Home might be taken as an obvious sign of success in this difficult branch of Welfare Services. This, however, is only true insofar as the Department was able, in the majority of cases, to persuade the present landlord or a member of the husband's or wife's family to grant some shelter for a further period. This does not by any means represent any solution to the problem. It may be true that "pseudo-eviction" does account for a number of those seeking help but it became quite evident during the year that what is presented to us is the climax of a situation which has been developing for years.

Analysis of families applying for help:—

Number of children.		Financial circumstances.	
One child	12	*Low family income	9
Two children	13	Husband working (income	
Three children	7	over £8)	28
Four children	3	Husband and wife working	3
Five or more children	5	Woman alone in work	4
Expectant mothers	4		

\*"Low income" means some form of public support (National Assistance, Sickness Benefit, Widow's Pension, etc.), or self-supporting families maintaining that the husband's income was less than £7 per week.

Two factors emerge from the above analysis:—

(a) In the majority of cases, the financial position of potential eviction cases is evidently satisfactory.

(b) That most of those seeking help had small families.

(c) That the traditional set-up of the poverty-stricken families with many children have definitely not been in evidence. It was borne out in practice that "eviction" cases can be divided into two categories:—



(1) A very small percentage of "hard-core" cases, *i.e.*, families who would come back after a satisfactory solution had been found and had been "evicted" once again. Any attempt to rehabilitate such families would presuppose their accommodation at the Family Unit. This, however, would have to be the initial step only with a view to re-housing these families when their general situation and social behaviour make them suitable for a fresh start.

(2) The other group, by far the larger contingent, suffer from difficulties that can very often be eased and ameliorated by explanation and a frank discussion of the factors involved. "Eviction" is very often more a fear than a reality, a fear aggravated by months and years of psychological strain of family discord (living with in-laws and relatives) and the seemingly insuperable difficulty in obtaining separate housing. Very often help with budgeting, even if only undertaken in one or two interviews, was useful. In other cases, the very discussion and realisation of the necessity to plan, and an analysis of the factors involved, was sufficient. It would be wrong to classify the majority of this group as "pseudo-eviction" cases. Although most of them were in trouble which they considered very grave indeed, the work of the Department was helped by one factor outside the actual activities and co-operation of any organisation, namely, the continued prosperity and near full employment in this country. In most cases where saving for a deposit on a house seemed the only solution, it was possible for the wife to find employment without difficulty, thereby enabling larger savings to be made. In some cases, the day nursery co-operated by accommodating small children and, in other cases, relatives helped.

The success of the Council's scheme for the provision of temporary accommodation and rehabilitation of homeless families is dependent upon full co-operation between the Health Department and the Housing Department. Unfortunately, in Wigan, the housing situation is so acute that the Department is left without the possibility of active rehabilitation by stages. The Department is faced with the likelihood of permanently housing families in flats meant to be temporary abodes, resulting in unavoidable stagnation and discouragement of all efforts.

#### Charges for Accommodation :

The Standard Charges for the year were :

St. Stephen's House, Hostel for Men : £3 15s. 3d.

Douglas Bank House, Norley Hall, Rockwood : £5 4s. 5d.

The following amounts were received on assessments made against residents according to the Scale in use at the present time :—

HOME.	£	s.	d.
St. Stephen's House	4,921	14	3
Hostel for Men	3,484	2	0
Douglas Bank House	2,812	16	0
Norley Hall	3,092	1	10
Rockwood	1,563	4	2

## DOMICILIARY WELFARE OF THE ELDERLY

### Sec. 22.

The Committee recognise that in spite of the provision that can be made in the way of residential accommodation, there will still be a very large proportion of the aged population who are able to, and would desire to, continue living in their own homes.

During the year 270 visits were made by Welfare Services staff, and help was given on a variety of problems, such as supplementary pensions, grants for bedding, clothing, spectacles, hearing aids and dentures. Every effort is made to bring a measure of relief to elderly persons by means of the Domestic Help Service which is described earlier in this report. In addition, the Home Nursing Service, Meals on Wheels Service, Health Visiting Service, and the recently instituted Laundry Service are fully at the disposal of the aged and infirm.

### CHIROPODY SERVICE

October 26th, 1956, saw the inauguration of the chiropody service for aged persons who are unable, through limited means, to visit a chiropodist in the normal way. The service is sponsored by the Rotary Club and the Committee, being well aware of the need of this service, have granted the use of Crompton Street Centre for this purpose. By the end of the year, 10 sessions had been held and 152 old people received treatment.

### GERIATRIC SERVICE

In November of this year, the Wigan and Leigh Hospital Management Committee appointed a consultant geriatrician. Close liaison is maintained with the geriatrician and welfare officers of the Department visit and provide social reports for aged persons awaiting hospital beds.

### OTHER SERVICES

#### **Holidays at Rockwood, Colwyn Bay**

Holidays at the Council's Aged Persons' Home at Colwyn Bay were provided for a number of aged persons who were in need of care and attention for a limited period, whose relatives or friends were themselves desirous of taking a holiday but who for the remainder of the year were prepared to care for them in their own homes.

#### **Removal of Persons in Need of Care and Attention (Section 47)**

It was not found necessary to take action under this Section during the year.

#### **Protection of Movable Property (Section 48)**

No applications were received during the year requesting the Authority to provide protection of movable property.

#### **Burial of the Dead (Section 50)**

During the year there were 6 applications to the Authority for action to be taken under Section 50 regarding the burial of persons dying in the area of the Council. The service was provided in 1 case.

## WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS Section 29.

### Welfare of the Blind

The functions of the Authority are administered on an agency basis by the Wigan, Leigh and District Society for the Blind. Two Home Teachers are employed and seconded to the Society for duty. The Society provide sheltered employment and training for suitable blind persons, enabling them to engage in work in Workshops for the Blind.

The Home Teaching Service is operated by the Society and is available to all types of people who have become blind. Their needs vary considerably—financial assistance, education, training for employment, pastime occupations, handicrafts and cultural interests. In the course of their duties, the Home Teachers endeavour to establish a friendly contact between themselves and the blind person, so as to inspire confidence and understanding in their association. Regular visiting in their homes is carried out and help given regarding housing, home-help service, etc. The Home Teachers also act as escorts to blind persons attending hospital.

The care of the Deaf Blind Persons without speech is one of the most difficult problems confronting the Home Teacher. All Deaf Blind Persons must have regular visits and means of communication (*e.g.*, The Manual Alphabet) must be taught and used.

The Society act as agents for the "British Wireless for the Blind" Fund and install and maintain all sets free of charge.

Extra amenities such as trips to the seaside, holiday grants, Christmas grants and all kinds of social activities are provided by the Society from the Voluntary Fund and it is only by the generosity of the many donors to the Fund that the Society is able to provide these services to the Blind people of the area.

The following table shows the number of registered blind persons on 31st December, 1956.

0-1		2-4		5-15		16-20		21-39		40-49		50-64		65-69		70 & over		Total	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
—	—	1	1	1	—	1	—	6	9	6	5	12	11	8	9	43	58	171	

*i.e.* 78 males, 93 females, of whom 133 are over the age of 50 years.

During the year 1956, 23 persons were examined and 8 persons were re-examined by the Ophthalmic Surgeon. 20 of these were certified as blind, 9 were placed on the Observation Register and 2 cases were certified "Not Blind." Two cases were transferred out of the area and two cases into the area. There were 23 deaths of registered blind persons.

The following table shows the age and sex distribution of the 29 persons concerned.

0-15	15-30	30-45	45-60	60-65	65-70	70-75	75-80	80-85	85-90	Total
Males	—	—	—	2	—	1	1	3	3	10
Females	1	2	—	—	—	5	2	5	2	19

The cause of blindness in the above cases was as follows :—

	Males	Females.
Congenital, hereditary and developmental defects ....	—	2
Myopic error .....	1	—
Primary glaucoma .....	1	2
Primary cataract .....	4	13
Bilateral Corneal Dystrophy .....	—	2
Bilateral Senile Choroidal Atrophy .....	1	—
Bilateral Senile Macular Degeneration .....	2	—
Bilateral Corneal Scarring .....	1	—

### Follow-up of Registered Blind and Partially-Sighted Persons :

(i) Number of cases registered during the year in respect of which Sect.on F Para. 1 of Forms B.D.8 recommends :—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental	
			Fibroplasia	Others
(a) No treatment .....	4	—	—	4
(b) Treatment (medical, surgical or optical) .....	11	2	—	4
(ii) No. of cases at (i) (b) above, which on follow-up action have received treatment .....	4	1	—	3

### Ophthalmia Neonatorum

(i) Total number of cases notified during the year .....	Nil.
(ii) Number of cases in which	
(a) Vision lost .....	Nil.
(b) Vision impaired .....	Nil.
(c) Treatment continuing at end of year .....	Nil.

### Welfare of the Partially Sighted

At the end of 1956, there were 37 persons registered in the Observation Register. All these people are substantially and permanently handicapped by defective vision.

The following table shows the age groups of persons on the register :—

0-1	2-4	5-15	16-20	21-39	40-49	50-64	65-69	70 & over	Total
M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
— —	1 —	— 3	— —	3 —	3 1	3 2	3 2	7 9	37

### Welfare of Blind Children

Two blind children and one partially sighted child, who have been ascertained under the Education Act (Handicapped Pupils and School Health Service) Regulations, 1945, as being in need of special educational treatment, are being maintained by the Authority as follows :—

	M.	F.
St. Vincent's School for the Blind .....	—	2
Preston School for the Partially Sighted .....	1	—

### Workshop Employment

Workshops for the Blind are provided in Darlington Street East, Wigan. The Workshops are owned and maintained by the Wigan County Borough Council and the Lancashire County Council, and are administered by a voluntary committee, which has adequate representation of members of the two authorities.

The types of employment and extent of provision available for Borough cases is as follows:—

Brush making ... ..	5 males
Basket making ... ..	2 males
Mat making ... ..	—
Machine knitters and chair seating ... ..	4 females
Others ... ..	1 male

On the 31st December, 1956, there were 12 blind persons from the County Borough of Wigan employed in the Workshops.

### Home Workers

There is no Home Workers Scheme in Wigan.

### Placement in Open Industry

The following arrangements have been made for carrying out the placement of blind persons in open industry.

- (1) Each case within the area of the Wigan County Borough be dealt with as it arises.
- (2) That the operation of the placement service be dealt with jointly by the Medical Officer of Health through the Welfare Services Section, the Voluntary Society for the Blind through the Superintendent, and the Local Disablement Resettlement Officer.

### Welfare of the Deaf

The functions of the Authority are in accordance with the approved Scheme administered on an agency basis by the Wigan and District Deaf and Dumb Society, acting as agents for the County Borough of Wigan. There are 72 deaf adults and 10 deaf children within the County Borough, a total of 82 at 31st December, 1956. This includes 6 persons who are deaf/blind.

### Deaf Register—Grouping

Children under 16 :	Male	Female
Attending Special School ... ..	10	1
Attending Other School ... ..	—	—
Not at School, but Educable ... ..	—	—
Ineducable ... ..	—	—
Persons aged 16 and upwards :		
Employed ... ..	22	21
Undergoing Vocational Training ... ..	—	—
Unemployable but available for and capable of training for work ... ..	2	1
Incapable of or not available for work ... ..	10	10
<b>TOTAL</b> ... ..	<b>44</b>	<b>33</b>

With the recent improvements and additions, all the rooms at the Institute, Swinley Road are now available for use, making possible a more varied and extended programme of social and recreational welfare for the members.

During the year, 1,050 visits were made by the Missioner and Welfare Officer to or on behalf of Deaf and Dumb members.

72 Religious Services were provided for members at the Institute Chapel, during the year, at which there were 1,200 attendances. A unique feature of these Services is that they are attended by Anglican, Roman Catholic and Free Church members. A Confirmation Class was organised during the year and five young members were confirmed into the Church of England at St. Michael's Church, Wigan.

During the year, one Deaf and Dumb man completed forty years continuous service as a dental mechanic and was presented with a gold wristlet watch by his employer; one other member has been 39 years, and four others completed 25 years, with their employers. Only one deaf and dumb person was out of work for more than three consecutive weeks during the year.

36 placements in employment were effected—12 of these being school-leavers and new employments, and 24 changes of employment.

### Welfare of the Hard of Hearing

There are 478 known hard-of hearing persons in the Wigan Borough area.

During the year, help was provided through the local Society for the Deaf in obtaining and repair of Medresco Hearing Aids. Advice and assistance has also been given in individual cases. There is a local Hard of Hearing Fellowship which has a membership of 47.

### Handicapped Persons (General Classes):

#### Classification of Generally Handicapped Persons

Handicap	Adults :		Children :		TOTAL
	Male	Female	Male	Female	
Amputation	34	2	—	—	36
Arthritis and Rheumatism	13	5	—	—	18
Congenital Malformations	13	9	6	—	28
Diseases	66	10	—	—	76
Injuries	54	5	1	—	60
Organic Nervous Diseases	32	33	5	8	78
Other Nervous and Mental					
Deformities	14	11	—	—	25
T.B. (Respiratory)	5	1	—	—	6
T.B. (Non-respiratory)	1	—	—	—	1
Other disorders (not specified above)	9	4	—	—	13
	<u>241</u>	<u>80</u>	<u>12</u>	<u>8</u>	<u>341</u>

**Handicapped Persons (General Classes):—continued.**

GROUPING	Male	Female	TOTAL
Persons 16 and upwards capable of work under ordinary industrial conditions ....	85	9	94
Persons 16 and upwards incapable of normal work but mobile and capable of work in sheltered workshops ....	79	18	97
Persons 16 and upwards capable of work only in own home ....	28	12	40
Persons 16 and upwards incapable of or not available for work ....	49	41	90
Children under 16 years ....	12	8	20
	<u>253</u>	<u>88</u>	<u>341</u>

The varied needs of this group is shown by the tables below.

After an initial period of registration and assessment, the main work during 1956 consisted of follow-up case-work and rehabilitation. Constant liaison with the Disablement Resettlement Officer has been maintained and in one case a girl aged 21 was given a special psycho-technical test previous to a course at the Ministry of Labour Rehabilitation Centre at Egham, Surrey. On her return, she continued to receive speech therapy lessons, and was found employment at Remploy.

Voluntary organisations have been most helpful during the year. Through the interests of the Y.W.C.A. several young handicapped people attended social functions and the W.V.S. provided elementary education for four young people who had been practically analphabets. Constant contact with Remploy was maintained and leave was given to those who attended the special lessons mentioned above.

The main difficulties are in connection with appropriate housing and the extension of possibilities for remunerative work. In one case only was it possible during 1956 to re-house a handicapped person in a specially adapted bungalow although at least four cases would be urgent candidates for special houses.

GROUPINGS	MALE					FEMALE					TOTAL	
	Under 16-16	21-20	51-50	65 & 64	over	Under 16-16	21-20	51-50	65 & 64	over	M.	F.
Persons 16 and upwards capable of work under ordinary industrial conditions ...	—	7	26	39	13	—	5	4	—	—	85	9
Persons 16 and upwards incapable of normal work but mobile and capable of work in sheltered workshops ...	—	3	23	44	9	—	—	14	4	—	79	18
Persons 16 and upwards capable of work only in own home ...	—	1	12	11	4	—	1	9	2	—	28	12
Persons 16 and upwards incapable of or not available for work ...	—	1	17	12	19	—	2	20	18	1	49	41
Children under 16 years	12	—	—	—	—	8	—	—	—	—	12	8

This table illustrates the need for arrangements to provide further opportunities for work, possibly on a home worker's scheme, as applied by certain other authorities. This applies especially to women. As can be seen from this table, the largest single group of women (20) occurs in the "incapable of or not available for work" class. This is even more significant when we note that this particular group covers the main working age. Although a few would be incapable of any work, the majority of this category, as well as those over 51, would be suitable for various kinds of home work. Apart from the financial help, this would give them it is well known that earning capacity has a stimulating effect, especially on the more severely handicapped persons. A home worker's scheme is contemplated by Remploy, Limited, but unfortunately nothing has yet materialised. There is also the problem of the large group covered in the second category, especially for men (79), the chief problem here being the 44 persons aged above 51; the only suitable employment is provided by Remploy and there is some reluctance to employ this older age group. On the other hand, most of the men concerned are reasonably fit and often become disgruntled because no employment can be found for them. Possibilities for outdoor employment are limited by the total number of vacancies available and the natural preference for able-bodied persons by the employers.

CLASSIFICATION	MALE					FEMALE					TOTAL	
	Under 16-	16-20	21-50	51-64	65 & over	Under 16-	16-20	21-50	51-64	65 over	M.	F.
	16	20	50	64	over	16	20	50	64	over		
Amputation ... ..	—	—	6	18	10	—	1	—	1	—	34	2
Arthritis & Rheumatism	—	—	2	6	5	—	—	3	1	1	13	5
Cong. Malformations	6	2	6	4	1	—	2	6	1	—	19	9
Diseases ... ..	—	3	16	36	11	—	2	7	1	—	66	10
Injuries ... ..	1	—	12	27	15	—	—	—	5	—	55	5
Organic Nervous Diseases	5	3	22	6	1	8	2	21	10	—	37	41
Other Nervous and												
Mental Disorders ...	—	1	8	4	1	—	—	8	3	—	14	11
T.B. (Respiratory) ...	—	—	2	2	1	—	—	1	—	—	5	1
T.B. (Non-Respiratory)	—	—	1	—	—	—	—	—	—	—	1	—
Other Disorders ...	—	3	3	3	—	—	1	1	2	—	9	4

Another angle to the facts in the last paragraph is given by this analysis. The largest single group comprises a large majority of ambulant persons. The main difficulty with employment in this group is not physical immobility but fluctuation in their working capacity. In a few cases visited, preoccupation through inability to work played an eminent part. Constant encouragement is necessary here, but just as important is the possibility of finding suitable employment when the disabled person is mentally ready. In a few cases, especially in the higher age group, occupational therapy and class-work did result in the desire to undertake full-time paid work. This, however, was not always found and in a few cases had to be given up again. Increased opportunities for work are thus essential as the aim of case-work and occupational therapy. Owing to the comparatively low number of female handicapped persons, any assessment regarding their employment situation must be largely guesswork. It is hoped that through the handicraft classes and the closer co-operation with medical practitioners, there will be an increase in the registration, especially in the younger groups.



### Other Services

Holidays have been arranged for several blind and other severely disabled persons at the Aged Persons' Home at Colwyn Bay.

### Handicapped Persons in Part III Accommodation

16 Handicapped Persons are at present in Part III Accommodation in Wigan. (Hostel for Men 6, St. Stephen's House 7, Norley Hall 3).

16 Handicapped Persons are in accommodation provided by other local authorities as follows:—

	Males	Females
Maghull Homes for Epileptics	1	3
Langho Epileptic Colony, Blackburn	1	1
White Cross Home, Warrington	2	—
Tate House, Harrogate (Blind)	1	—
North London Homes for the Blind	1	—
Sunshine Homes for Blind Babies, Southport	—	1
Oaklands Home for the Blind	1	—
Cripples' Help Society, Tan-y-Bryn, Abergele	—	1
St. Elizabeth's Home for Epileptics, Much Hadam, Herts.	—	1
"Delphside," Whiston	1	—
"Beachways," Southport	1	—
	9	7
	==	==

## EPILEPTICS AND SPASTICS

### Incidence of Epilepsy

30 adult persons (11 men, 19 women) suffering from epilepsy have been notified to the Welfare Services Section from various sources and their names have been placed on the Register of Handicapped Persons.

These names include 2 male and 5 female persons who are in Colony Care provided at the following Institutions:—

	Male	Female
Maghull Epileptic Colony	1	3
Langho Epileptic Colony, Blackburn	1	1
St. Elizabeth's Home for Epileptics	—	1

The local office of the Ministry of Labour are aware of 28 persons who were registered as disabled due to epilepsy. Of this number, 7 persons (6 men and 1 woman) are unemployed.

The above figures represent only those epileptics whose condition was so severe as to need special arrangements for their employment or maintenance.

### Welfare of Spastics

Although it is difficult to ascertain the total number of spastics resident in the County Borough by utilising various sources of information a record is available of some 26 persons. 3 adults (2 men, 1 woman) have been notified to the Welfare Services Section and their names have been entered on the Register of Handicapped Persons.

Information received from the Royal Albert Edward Infirmary shows that 5 children have received treatment at the out-patients' department during the year.

Clinical and diagnostic services are available at Wigan Infirmary and an Orthopaedic Surgeon and Physiotherapist are employed on the staff of the School Health Service, and their services are available for the treatment of spastics as and when required.

## CIVIL DEFENCE

### Rest Centres

The Medical Officer of Health is responsible for the planning of the Rest Centre Service and during the year there has been maintained a list of 34 premises which have been earmarked for this purpose.

### Billeting

Further progress has been made during the year in compiling a register of accommodation in the Borough which could be made available for the billeting of the homeless in the event of war.

### Training

At the 31st December, 1956, 372 members of the Civil Defence Corps had been allotted to the Welfare Section.

Sanitary Circumstances  
of the Area

Orthopedic Surgeon and Physiotherapist etc. employed on the staff of the  
General Health Service, and their services are available for the treatment of  
patients as and when required.

### CIVIL DEFENCE

#### First Centre

The Medical Officer of Health is responsible for the planning of the first  
Centre Service and during the year there has been completed a list of  
premises which have been earmarked for this purpose.

#### Billeting

Further progress has been made during the year in completing a list of  
accommodation in the Borough which could be made available for the billeting  
of the members in the event of war.

#### Training

At the 31st December, 1955, 212 members of the Civil Defence Corps had  
been allotted to the Walsley District.

### EXTRAITS AND REPORTS

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## Section VI

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# Sanitary Circumstances of the Area

## WATER SUPPLY

The Borough Engineer has kindly supplied the following information on the Borough Water Supply :—

The Borough is supplied with water for domestic and trade purposes from the Arley, Worthington and Pemberton impounding reservoirs, which have a total capacity of 278,000,000 gallons, and from wells at Nicholson's Pit, Winstanley and Bispham Shaft, Billinge. In addition to these local sources, bulk supplies of water are obtained from Manchester Corporation by means of a pipe line connected to the Thirlmere Aqueduct.

The Corporation also own Reservoirs at Adlington and Pemberton, which are used for compensation purposes only, and a Reservoir at Whitley provides water for industrial use. A further source has been developed at Newfoundland Shaft, Adlington, to assist the Corporation in meeting their compensation water obligations.

The catchment areas feeding the impounding reservoirs are mainly devoted to agricultural use, and both areas contain farms and isolated dwellings. The Worthington catchment has suffered due to sporadic development along the main roads traversing the area. Constant supervision is necessary to minimise the danger of pollution, and local improvements are made from time to time at points of suspected pollution.

Slow sand filters are provided at Worthington, and slow sand and mechanical filters at Edgewood (for Pemberton water). Chlorination plants are installed at Boars Head Pumping Station, Boars Head Water Tower, Edgewood and Bispham. Thus, all water supplies are chlorinated before distribution, with the exception of the trade supply from Whitley Reservoir.

Tap samples are taken every month from four dwellings selected at random in the Borough, and are dispatched for chemical and bacteriological examination. Samples of raw and filtered waters are also obtained and tested. A few adverse tap samples were reported during the year, but local mains flushing and chlorination resulted in satisfactory analyses in later samples.

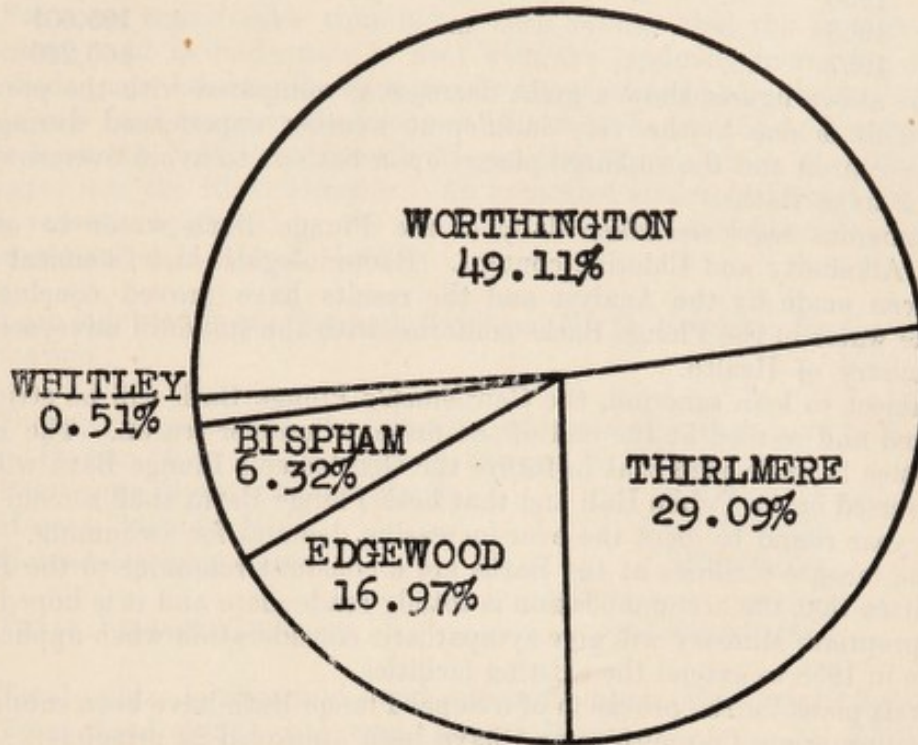
The approximate average daily consumption for domestic purposes reached 1,980,000 gallons, representing approximately 23.9 gallons per head per day for a population of 83,000.

Bulk supplies of water are made to the Orrell U.D.C., and the Billinge and Winstanley U.D.C., under agreements between the Corporation and the respective Councils. Some dwellings situated on the Borough boundaries are supplied with water by the Orrell U.D.C. and the Billinge and Winstanley U.D.C.

The scheme for the augmentation of water supplies was put in hand during the year, and the laying of the 10 miles of mains from the Thirlmere aqueduct at Adlington should be substantially completed by the summer of 1957. The pipe line now being laid permits not only for increased domestic supplies but also for large industrial supplies, particularly to the new factory being built for Messrs. H. J. Heinz Co. Ltd., at Kitt Green. In addition to the new pipelines, a Pumping Station is being erected at the Worthington Waterworks and new Service Reservoirs at Prospect, Standish.

The following diagram showing the percentages of water supplied from the various sources is extracted from the report on the Waterworks by the Borough and Water Engineer.

### Water Supplied from Various Sources, 1956-1957



(Edgewood and Bispham quantities include water pumped from Nicholson's Pit).

### PUBLIC BATHS

The Baths Superintendent, Mr. J. H. Cockrell, has kindly supplied the following statistics and report:—

#### Particulars of the Borough Bathing Establishment for the Year ended 31st March, 1957

Number of Plunge Baths	2
Number of Private Baths	16

#### Bathers:

Male Plunge Baths	71,100
Male Private Baths	16,642
Female Plunge Baths	32,503
Female Private Baths	8,215
Mixed Bathing: Adults and Juniors	10,640
Contracts, Free Passes, Season Tickets, etc.	26,160
	<hr/>
	165,260
	<hr/>

Number of Bathers during the past five years :—  
Year ended 31st March,

1953	....	....	....	....	....	....	164,026
1954	....	....	....	....	....	....	161,013
1955	....	....	....	....	....	....	135,859
1956	....	....	....	....	....	....	195,601
1957	....	....	....	....	....	....	165,260

The above figures show a great decrease as compared with the previous year. This is due to the very indifferent weather experienced during the Summer Season and the embargo placed upon bathers to avoid overcrowding in the Plunge Baths.

Numerous tests are taken daily of the Plunge Bath water to ensure correct Alkalinity and Chlorine content. Bacteriological and Chemical tests have been made by the Analyst and the results have proved conclusively that the water in the Plunge Baths conforms with the standard advocated by the Ministry of Health.

Subject to loan sanction, the Gentlemen's Plunge Bath will be stripped, re-tanked and re-tiled at the end of the present Summer season. The Baths Committee have decided that in future the Gentlemen's Plunge Bath will not be converted into a Public Hall and that both Plunge Baths shall remain open all the year round to meet the ever-increasing demand for swimming.

The meagre facilities at the Baths are a constant reminder to the Baths Committee that the accommodation is totally inadequate and it is hoped that the appropriate Ministry will give sympathetic consideration when application is made in 1958 to extend the existing facilities.

Draft plans for the provision of a Super Plunge Bath have been submitted to the appropriate Committees and have been approved in principle.

### RIVERS AND STREAMS

The River Douglas and the streams running into it are the natural means of draining the Borough.

The River is badly polluted before entering the Borough and a certain amount of pollution occurs within. The extremely dry weather experienced during the summer months has caused further deterioration in the general condition of the river bed and banks so far as the accumulation of filth is concerned.

The River Douglas is under the control of the Lancashire Rivers Board who are constantly engaged in work of dredging and straightening of the River.

The Lancashire Rivers Board also clean the River, remove sludge, etc., from the bed, as required.

### DRAINAGE AND SEWERAGE

Practically the whole of the Borough is sewered and drained.

The sewage is conducted from the town by two main outfall sewers, 27 inches and 36 inches diameter, to the Sewage Disposal Works at Hoscar, which are seven miles distant. Before leaving the town the sewage passes through two detritus tanks and also through coarse and fine screens, and at this point the storm water is diverted from the outfall sewers and is conveyed to the storm water treatment works at Pemberton.

Alumino-ferric is added to the sewage at Hoscar, which then passes through Preliminary and Secondary Settling Tanks and a battery of circular percolating filters. The effluent from the filters before it is discharged to the River Douglas is passed through humus tanks.

For some considerable time it has been evident that the present sewage treatment plant is inadequate to deal with the gradually increasing outflow. This inadequacy has been accentuated by the need to handle the trade effluent from a new food canning plant soon to be established in the area and also the liquor from the N.W. Gas Board's Wigan Gas Works which at present flows untreated into the River Douglas. An extensive modernisation of the sewage plant, recently approved by the Ministry of Housing and Local Government, was commenced in March, 1956.

I am indebted to the Borough Engineer, Mr. G. Keighley, for the following information :—

During the year 1956, the following amounts of sewage have been treated at the Hoscar Moss and Pemberton Sewage Works :—

Pemberton Storm Water Works	....	....	424,620,000	gallons
Hoscar Bacteria Beds	....	....	1,059,664,000	„
Hoscar Drainage Area	....	....	510,756,000	„
<b>TOTAL SEWAGE TREATED</b>	....	....	<b>1,995,040,000</b>	„

Total solids, detritus tanks and screen chambers, Pemberton	3,483	tons
Total dried sludge recovered, Hoscar Works	2,784	„
Weight of dried sludge per million gallons of sewage	1.39	„
Rainfall for year	26.31	inches (Hoscar).

## PUBLIC CLEANSING

Mr. W. Smith, the Director of Public Cleansing, has supplied the following particulars :—

**REFUSE COLLECTION AND DISPOSAL.**—The collection of dry house refuse and trade refuse is carried out by both horse and mechanical transport, working as separate units, and by the Pagefield container system, and the percentage of refuse collected by each system is as follows :—

Horse	....	....	....	....	....	....	17	per cent.
Pagefield container	....	....	....	....	....	....	8	„
Mechanical vehicles	....	....	....	....	....	....	75	„

74 per cent. of the refuse collected is disposed of by tipping.

**NIGHTSOIL AND PAIL REFUSE.**—The refuse (500 tons) is disposed of direct to farmers as manure. All pails are washed and disinfected after each collection.



**Trade Refuse.**—Fixed charges were introduced on November 1st, 1950 for the removal of this refuse. The shops and business premises in the town centre have a daily collection.

1,200 tons of trade refuse was delivered at the tipping site by private traders and contractors.

A scale of charges, in accordance with vehicle capacity, is operated.

**Gully Cleansing.**—During the year, 16,108 gullies were emptied.

**Public Conveniences.**—The following conveniences and urinals are maintained and cleansed by the department :—

2 public conveniences for ladies and gents, with attendants.

4 public conveniences for ladies and gents, without attendants.

19 public urinals.

All urinals are cleansed and inspected twice per day, including Sundays.

**General.**—The quantity of refuse dealt with by the Refuse Disposal Plant during the year 1956 was 7,814 tons, and the quantity tipped was 22,083 tons. In April, 1950, the Corporation introduced a Dust Bin Renewal Scheme, as a direct rate charge.

During the year 1,196 bins were renewed and 336 sold to private properties not included in the scheme.

123,520,000 square yards of street have been swept during the year.

**Closet Accommodation.**—The estimated number of water closets in the Borough was 29,826, waste water closets 75, pail closets 43, and privy middens 30.

The majority of pail closets and privy middens are attached to houses unfit for human habitation or premises where the drainage cannot be connected to the sewer.

On April 1st, 1926 the Local Authority inaugurated a scheme for the conversion of waste water closets to closets on the water carriage system with proper flushing apparatus and if this work was carried out to the satisfaction of the Local Authority a grant of £5 was made towards the cost of each conversion. Since that date, 960 closets have been converted.

This scheme is still in operation and in all cases where notices have been served for foul or defective waste water closets the owner or agent has been advised to convert them to closets on the water carriage system. During 1951 the Local Authority grant was increased to £10.

## CREMATION

The Medical Officer of Health and two Assistant Medical Officers on the Health Department staff act as medical referees to the Corporation Crematorium. This is a new venture in Corporation enterprise in this Borough. The first cremation took place on the 28th June, 1955. During the year under review 353 certificates for cremation were issued.

**PUBLIC HEALTH INSPECTION**

*To the Medical Officer of Health.*

Sir,

The Food Hygiene Regulations, made under certain sections of the Food and Drugs Act, 1955, came into operation during the year and provide a detailed code of requirements applicable to a wide variety of food premises. The inspectors have made progress in this field. A considerable number of premises have been visited and the requirements of the Act have been outlined to the traders, who seem to exhibit a genuine desire to carry them out. The general public are also observant and well-informed about food hygiene practices generally.

The officers of the local authority responsible for the promotion of environmental hygiene have received a change of title. The former sanitary inspector is now named the public health inspector. As the appointment is a statutory one the change was effected by Parliament. It is now reasonable to expect that with a title more in keeping with the work to be performed more members will be recruited to this profession. Three inspectors were appointed during the year and this improved the staffing position, though one vacancy still exists for a district inspector.

Housing has received considerable attention. Progress in this direction has resulted in the re-housing of persons living in dangerously unfit dwellings and houses subject to periodic flooding. Repairs to houses not included in the slum clearance programme have received attention and chiefly concerned defective roofs, eaves gutters and general exterior work.

Attention has been paid to smoke nuisances arising from bakehouses, laundries, institutions and other businesses, the majority of complaints being received from the residential areas in which these premises are situated. Useful results have been obtained by personal contact and discussion of the means to be employed to eliminate this nuisance.

It is regrettable to report slow progress in the field of re-housing. The need for houses is great. Bare areas of land caused by the demolition of insanitary houses are only harmful to the public eye but continuous occupation of insanitary houses is harmful to the constitution of those people who have no alternative but to live in them and await their turn for re-housing.

The general public paid 950 visits to this office during the year to register complaints. These complaints chiefly related to housing defects.

249 food and drugs samples were taken, 14 samples of fertilisers and feeding stuffs and 4 samples of rag flock.

With a depleted staff for the early part of the year it can be recorded to their credit that a fair field of public health inspection has been covered during the year.

Yours respectfully,

VINCENT JONES,

*Chief Public Health Inspector.*

### Summary of Work Undertaken During the Year

Houses and premises inspected and visited <i>re</i> nuisances and complaints	2916
Re-visits to Nuisances	8382
Other visits made	356
Visits to premises (testing of drainage)	330
Nuisances discovered	5153
Nuisances abated	6456
Notices issued (preliminary)	1607
Notices issued (formal)	821
Letters issued <i>re</i> Nuisances	885
Visits to premises <i>re</i> Housing Act	942
Re-visits to premises <i>re</i> Housing Act	498
Visits <i>re</i> Certificates of Disrepair	154
"    Infectious disease	165
Visits to slaughterhouses	3000
Visits <i>re</i> offensive trades	6
Visits to markets	154
"    butchers shops	280
"    food preparers	150
"    caterers	159
"    other food shops	871
"    dairies	97
"    milkshops	105
"    ice-cream manufacturers	35
"    ice-cream shops....	58
"    bakehouses	77
"    common lodging houses	52
"    factories—power	123
"    factories—non-power	38
"    cinemas	16
"    places of entertainment	5
"    caravans	9
"    caravans on fairgrounds	15
"    canal boats	2
" <i>re</i> means of escape in case of fire	21
"    rats and mice—dwellings	2163
"    "    "    other premises	18280
"    smoke abatement	62
No. of shops observations	259
Visits to Shops under Shops Act	466
Visits <i>re</i> Poisons Act	59
Visits to premises <i>re</i> applications for tenancy of Council houses	108
" <i>re</i> Merchandise Marks Act	87
"    conversions	3
"    to verminous premises	134
Reports to Borough Engineer <i>re</i> dangerous structures	44
Watercourse Inspections	10

### Samples Obtained

Food and Drugs	.....	249
Water (for chemical analysis)	.....	48
Water, Milk and Ice-cream (for bacteriological examination)	.....	289
Fertilisers and Feeding Stuffs	.....	14
Rag flock	.....	4

### Atmospheric Pollution

The extent of pollution carries on at roughly the same level as before, except for a small general improvement on that pollution due to industrial installations. The improvement is due to observations and subsequent visits to offending chimneys by the inspectorate who have informed the users of these installations of the expected provisions of the draft legislation of the Clean Air Bill. Pollution from domestic sources, the major local problem, carries on unabated with no statutory powers available to combat this increasing problem.

The expected Clean Air Act, 1956, and complementary regulations came into force on the 31st December, 1956, too late to be effective in that year.

The main provisions of this Act coming into immediate effect allow for the establishment of smoke control areas, the compulsory notification of new fuel burning installations above a certain size and prior approval of such installations by the local authority if requested, and approval of new chimneys for fuel installations.

That part of the Act relating to industrial installations for preventing smoke emission above a certain density, the provision and maintenance of smoke recording apparatus and grit arresting plant in installations above a certain capacity is still to be brought into force.

In spite of criticism of the new Act, in some instances justified, it is expected that a great reduction, especially of domestic pollution, can be effected in the future.

### Offensive Trades

The offensive trade premises in the Borough comprise: 1 fell-monger, 1 fat boiler, 1 gut scraper and fat boiler and 1 gut scraper.

Visits have been paid to these premises and no cause for complaint has been found.

### The Rag Flock and Other Materials Regulations, 1951

Four samples were taken during the year and the results of the examinations were satisfactory.

### Canal Boats Act, 1877 and 1884, and Public Health Act, 1936

No. of boats registered at Wigan and still in use or available	.....	10
„ inspections	.....	2
„ letters sent out <i>re</i> defects	.....	0

### Factories Acts, 1937 and 1948

The inspection of factories is carried out by the Factory Inspector and the Public Health Inspectors, there being an obligation on both inspectors to report defects. It is very pleasing to report that there is happy co-operation between the two departments. Complaints concerning matters of hygiene reported by the Factory Inspector have always received prompt attention by the factory owners at the request of the Health Department. The Fire Service are deserving of our thanks for the advice tendered by them in deciding on the Means of Escape in case of fire in factories and other buildings in the town.

Certificates granted for adequate means of escape in case of fire	7
Letters sent out	6
No. of factories on register....	428
„ visits to factories	161
„ visits to bakehouses	77

The following defects were dealt with :—

Insufficient sanitary accommodation	4
Unsuitable or defective sanitary accommodation	12
Require limewashing or cleansing	2
No. of defects remedied	18
„ notices received from H.M. Inspector	18

### Shops Act, 1950

The provisions of this Act are carried out by the Inspectors and deal with Young Persons and Assistants, times of employment, meal times and general sanitary conditions, etc.

Complaints are received from time to time of infringements by the small shops not taking the weekly half-holiday or selling prohibited articles of food on Sundays. In every case it has been found sufficient to warn the offenders by letter.

No. of observations	259
No. of visits	466

### Pharmacy and Poisons Act, 1933

No. of "Listed Sellers" on register	101
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## Section VII

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# Housing



## HOUSING ACCOMMODATION

Progress in slum clearance has not moved as quickly as was envisaged by the Repairs and Rents Act, 1954. The building of new houses to re-house the occupiers of condemned property has been insufficient to meet the demand. Slum clearance so far has only touched on individual unfit houses. This has enabled dangerous and unfit dwelling-houses and houses which have been subject to periodic flooding to be demolished and the occupants re-housed.

A general speeding up of the housing programme is the only means of ensuring an effective slum clearance programme.

The condemning of houses with no immediate prospect of re-housing makes the situation most difficult from the householder's angle. Once the house is condemned the owners are not prepared to spend money in maintaining it reasonably weatherproof until the people are re-housed. In the meantime the deterioration of the houses continues. People are required to live on in houses unfit for reconditioning by reason of structural weaknesses and lack of space.

The majority of scheduled houses have no electricity laid on and the occupants are therefore deprived of the advantages of many useful and labour-saving electrical gadgets. At the present rate of progress in re-housing the hopes of many for suitable living accommodation will not be fulfilled.

Housing accommodation as at 31st December, 1956 :—

No. of dwelling-houses	23,455
„ business premises with living accommodation	957
„ licensed premises with living accommodation	148
	24,560

No. of dwelling-houses erected in 1956 :—

By Local Authority	182
By Private Enterprise	53

### Common Lodging Houses

No. of common lodging houses in the Borough	3
„ lodgers allowed nightly	177
„ visits	52

### Houses Let-in Lodgings

No. of houses on register	3
„ visits	2

### LEGAL PROCEEDINGS TAKEN DURING THE YEAR

In 13 cases it was necessary to issue summonses against persons for non-compliance with abatement notices and in each case nuisance orders were made by the Court for the work to be carried out within one month.

### THE HOUSING REPAIRS AND RENTS ACT, 1954

54 applications for Certificates of Disrepair were received. 23 of these were from tenants who had not been served with a notice of increase of rent by the landlord and were dealt with under the 1920 Act, and 31 were from tenants who had received the notices of increase of rent as required by Housing Repairs and Rents Act, 1954.

1 application was withdrawn, 2 were refused, and 51 certificates were granted.

41 applications for revocation of Certificates were received. 6 applications were refused and 32 Certificates revoked. 3 were outstanding at the end of the year.

### CARAVANS

The old practice of business men and others of obtaining 'digs' whilst conducting their business in the town has been changed by the advent of the caravan. In the public health world, however, the parking of caravans on unpaved and undrained sites is frowned upon and steps are taken to ensure that their stay is short. But another situation arises when vans are accommodated in private car parks where there is no provision laid down relating to paved and drained sites for cars, and it is difficult to bring pressure to bear for the removal of these caravans.

If a caravan site becomes a necessity owing to this change of affairs it is considered that the centre of town is not ideal, nor any place bounded on any side by a watercourse. A caravan site should be some distance from the town centre, with a paved site, suitable drainage, water supply and the usual sanitary amenities.

LEGAL PROCEEDINGS TAKEN DURING THE YEAR

In 1934 it was necessary to issue summonses against persons for non-compliance with abatement notices and to seek court orders and judgments by the Court for the recovery of costs incurred in connection with the abatement of nuisances.

THE HOUSING REPAIRS AND RENTS ACT, 1934

Under the provisions of the Housing Repairs and Rents Act, 1934, 23 applications for Certificates of Disrepair were received. 12 of these were from tenants who had not been served with a notice of disrepair by the landlord and were dealt with under the 1934 Act and 11 were from tenants who had received the notice of disrepair of their premises by Housing Repairs and Rents Act, 1934.

17 applications were refused and 6 were granted. 11 applications for possession of premises were received and 10 were refused and 13 Certificates revoked. 3 were outstanding at the end of the year.

CARAVANS

The old practice of business men and others of placing their caravans on their premises in the town has been changed by the effect of the Caravan Act. In the public health work, however, the parking of caravans on paved and un-paved sites is treated upon an equal basis in order that they may be dealt with alike. But certain attention must be given to the fact that in private caravans where there is no provision for the removal of refuse and drained sites for cars, and it is difficult to bring pressure to bear for the removal of these caravans.

If a caravan site becomes a nuisance owing to the number of caravans it is considered that the centre of town is not ideal, nor any place bounded on any side by a watercourse. A caravan site should be 250 yards from the town centre, with a paved site, suitable drainage, water supply and the usual amenities.

Year	Number of Caravans	Number of Sites
1933	12	12
1934	15	15
1935	18	18
1936	20	20
1937	22	22
1938	25	25
1939	28	28
1940	30	30
1941	32	32
1942	35	35
1943	38	38
1944	40	40
1945	42	42
1946	45	45
1947	48	48
1948	50	50
1949	52	52
1950	55	55

EXAMINATION OF WATER  
Chemical Analysis  
The results of these examinations are given in the following table.

No.	Name of the Source	Temperature	Total Solids	Total Hardness	Calcium	Magnesium	Iron	Aluminum	Chloride	Sulfate	Nitrate	Ammonia	Phosphate	Fluoride	Other
1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

## Section VIII

# Inspection and Supervision of Food

MILK SUPPLY  
The milk supply is a very important factor in the health of the community. It is essential that the milk supply be pure and free from all impurities. The inspection and supervision of the milk supply is a very important part of the public health work. The following are some of the things that should be done to insure a pure and safe milk supply.

1. The milk should be obtained from healthy cows. The cows should be kept clean and free from all diseases. The milk should be obtained from the udder of the cow and should be free from all impurities.

2. The milk should be cooled immediately after it is obtained. This will kill the bacteria that may be present in the milk.

3. The milk should be stored in clean, cool places. It should be protected from all sources of contamination.

4. The milk should be distributed in clean, cool containers. The containers should be kept clean and free from all impurities.

5. The milk should be distributed to the public as soon as possible after it is obtained. This will insure that the milk is fresh and pure.

## EXAMINATION OF WATER

### Chemical Analysis

During the year 48 routine samples of water were sent to the Public Analyst for examination.

The results of these examinations, expressed in averages, are given below :—

	Bispham and Nicholson's Pit	Edgewood and Nicholson's Pit	Worthington & Thirlmere No. 1	Worthington & Thirlmere No. 2
	Parts per 100,000	Parts per 100,000	Parts per 100,000	Parts per 100,000
Temporary Hardness .....	13.3	13.2	4.8	3.2
Permanent Hardness .....	9.2	8.2	10.1	6.3
Total Hardness .....	22.5	21.4	14.9	9.5
Alkalinity .....	15.2	15.0	4.8	3.6
Combined Chlorine .....	3.31	3.14	2.27	1.85
Ammoniacal Nitrogen .....	0.0	0.0	0.00008	0.0002
Albuminoid Nitrogen .....	0.00025	0.0031	0.0032	0.002
Nitrogen as Nitrites .....	—	—	—	—
Nitrogen as Nitrates .....	0.138	0.155	0.19	0.153
Oxygen absorbed in 4 hrs. at 27 C. ....	0.040	0.091	0.127	0.094
PH Value .....	6.95	6.83	6.97	6.95

### Bacteriological Examination

During the year 60 routine samples of water were sent to the Public Health Laboratory, Manchester, for examination. The results of 3 of these examinations were unsatisfactory and in consequence 3 further samples were taken, all of which were satisfactory. Owing to the drought, 10 special samples were taken to ascertain a possible new source of supply. 7 further special samples were taken to find possible sources of pollution from farms in the district.

### MILK SUPPLY

There are four dairies in the Borough where milk is heat treated. At one dairy a high-temperature short-time pasteurising plant is installed and in the other three the pasteurising of milk is carried out by the 'holder' type of plant.

Milk samples are taken twice a month from each dairy and are submitted for tests as regards the keeping quality of the milk and efficient pasteurisation. Raw milk supplies arriving at these dairies are sampled periodically for quality under the procedure laid down in the Food and Drugs Act.

Raw milk samples are obtained from vendors in the street and are submitted for tests for the presence of tuberculosis. All positive cases of tuberculous infection found are reported to the Ministry of Agriculture, Fisheries and Food so that the herd from which the milk was derived may be inspected by a veterinary surgeon and the offending cow or cows dealt with under the Tuberculosis Order.

Thus by constant supervision of the dairies and regular sampling of the milk both before and after pasteurisation, every effort is made to ensure a good-quality and pure milk supply for the general public.

Attention is also paid to the bottle washing plants at these premises by submitting washed milk bottles for examination by the bacteriologist.

No. of visits to dairies	.....	.....	.....	.....	.....	.....	.....	.....	.....	97
"    milkshops	.....	.....	.....	.....	.....	.....	.....	.....	.....	105
No. of dealers licensed for the sale of sterilised milk	.....	.....	.....	.....	.....	.....	.....	.....	.....	395
"    licensed for the sale of pasteurised milk	.....	.....	.....	.....	.....	.....	.....	.....	.....	167
"    licensed for the sale of tuberculin tested milk	.....	.....	.....	.....	.....	.....	.....	.....	.....	58
No. of dealer (pasteuriser's) licences	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
"    persons registered as distributors of milk	.....	.....	.....	.....	.....	.....	.....	.....	.....	406
"    premises registered as dairies	.....	.....	.....	.....	.....	.....	.....	.....	.....	9

76 samples of milk were obtained for analysis and submitted to the Public Analyst. 6 of these were the subject of adverse reports.

### Bacteriological Examination of Milk

145 samples of milk were submitted for bacteriological examination :—

PASTEURISED :	121	In 1 case the Phosphatase Test was unsatisfactory. All other samples passed the Phosphatase and Methylene Blue Tests.
TUBERCULIN TESTED : (pasteurised)	12	All samples passed the Phosphatase Test and 11 passed the Methylene Blue Test. 1 sample was declared void.
STERILISED :	12	In all cases the Turbidity Test was negative.

6 samples of raw milk were submitted to the Public Health Laboratory for the T.B. inoculation test. In all cases there was no evidence of tuberculous infection.

Eight samples of milk bottles were obtained for Colony Counts. The results were as follows :—

Not more than 600 (satisfactory)	.....	.....	.....	.....	.....	.....	.....	7
Over 600 but less than 2,000 (fairly satisfactory)	.....	.....	.....	.....	.....	.....	.....	1

### ICE CREAM

There are four registered manufacturers of ice cream in the Borough. They employ up-to-date pasteurising and freezing plants for the making of ice cream.

Samples taken during the year and submitted for examination have produced good results from the point of quality and purity.

The retailing of ice cream from vehicles on the streets has received special attention. These vehicles are equipped with facilities for hand washing.

The bacteriological reports are expressed in grades and their quality is determined as satisfactory when classed in Grades 1 and 2, and unsatisfactory when placed in Grades 3 and 4.

Grade 1.—52.

Grade 2.—9.

Grade 3.—2.

Grade 4.—2.

9 samples of ice cream were also taken under the Food and Drugs Act and submitted to the Public Analyst. These were reported as satisfactory.

### Retailers

The number of premises registered under Section 34 of the Wigan Corporation Act, 1933 for the sale of ice cream on 31st December, 1956 was 263.

**FOOD PREMISES**

Number of food premises in the Borough :—

' Purveyors of Meat ' premises	92
Restaurants, cafes and snack bars	39
Fried Fish shops	77
Grocery shops....	382
Greengrocery shops	57
Number of food premises registered :	
Section 16, Food and Drugs Act, 1955—	
Butchers	7
Wholesale grocers	1
Pie maker	1
Confectioner	1
Section 34, Wigan Corporation Act, 1933—	
Ice cream premises	263
Milk and Dairies Regulations, 1949-54—	
Dairies	9

**Inspection of Food Premises**

The following is a summary of the defects discovered at food premises upon inspection :—

Defective floor	20
Defective floor covering	18
Lack of cleanliness of floor....	9
Defective walls	25
Lack of cleanliness of walls	9
Defective ceilings	18
Lack of cleanliness of ceilings	3
Defective doors	4
Defective windows	3
Lack of cleanliness of windows	6
Inadequate natural and/or artificial lighting	5
Inadequate ventilation	3
Insufficient personal washing facilities	71
Inadequate sinks	19
Defective sinks	8
Inadequate hot water supply	22
Defective yard	1
Insufficient refuse accommodation	10
Defective drainage	2
Sanitary Accommodation—	
Defective	5
Lack of cleanliness	3
Inadequate artificial lighting	7
No first aid kit	19
Absence of clothes lockers	18
Danger of contamination	29
Lack of cleanliness of equipment	5
' Hand washing ' notices absent	1
Defective benches, counters, etc.	41

## Education

Education of shopkeepers in connection with 'clean food' has been carried out by means of individual talks on the premises and by the distribution of suitable pamphlets obtained from the Central Council for Health Education.

## Food Hygiene

A considerable number of visits have been paid to premises which are subject to the Food Hygiene Regulations. Very little difficulty has been experienced in dealing with premises used solely for the food trade. The position is appreciated by the traders and necessary work is readily carried out.

Food premises set up in the front ground floor rooms of dwelling-houses present quite a problem. These premises are often restricted in shop space with a living room in the rear and do not lend themselves to the installations necessary where open food is sold. In such cases every endeavour is made to convince the shopkeepers that only prepacked articles should be sold.

When dealing with food hygiene cases the inspectors exercise the utmost discretion and tact to bring about conformity with the food laws.

It is very gratifying to hear from the traders that the general public are noting the improvements which have been introduced, such as the screening of food, and that the display of food behind glass, once considered by them to be detrimental to trade, has now acquired merit.

All catering premises have been inspected several times during the year. The staff in these establishments is more or less constant and thereby are usually well versed in the hygiene of food handling.

There were two prosecutions during the year for extraneous matter in food. One concerned a loaf of bread with oil stains and the other a bottle of orange drink containing suspended matter. Fines were imposed in these cases of £5 and £11, respectively. In this mechanical age in the food industry where cases of foreign matter in food may arise the gravity of the offence must be dictated by the nature of the foreign matter.

## MARKET HALL

The Market Hall has been extended and now contains the wholesale and retail fruit and vegetable market. There are 21 retail fruit stalls and 5 wholesale fruit and vegetable stands in this new extension.

The fruit retailers formerly traded from wooden stalls under a veranda and also in the open air on the Market Street side of the Market Hall.

The new stalls fully comply with the Food Hygiene Regulations. There are facilities for vegetable washing and adequate supplies of hot water for other purposes conveniently accessible.

Many inspections paid to these premises have not disclosed any real cause for complaint. The former practice of stacked vegetables on pavements has been eliminated.



## MEAT INSPECTION

The supervision of the slaughterhouses has been well maintained. The inspectors on the staff hold the Certificate for Meat and Other Foods and carry out meat and food inspection at varied times. This system helps to achieve full inspection by competent inspectors of all animals slaughtered in the slaughterhouses and ensures that only sound meat is passed for human consumption.

The slaughterhouses are well equipped and admirably conducted so far as location and their limited areas will permit. Yet it must be stated that a modern abattoir of sufficient size to permit private slaughterings for the wholesale trade, situated in a non-populous area, would meet with the approval of the public and be advantageous to the community in general and the inspectors in particular.

Slaughtered calves which on inspection are found to be suffering from congenital tuberculosis are reported to the Animal Health Division of the Ministry of Agriculture, Fisheries and Food. If the parents are found to be suffering from tuberculosis slaughter can be carried out under the Tuberculosis Order. These cases are fortunately rare. Several cases of cystercercosis were dealt with during the year.

59 slaughtermen applied for the renewal of their licences during the year.

All condemned meat and offal is subject to staining, prior to being disposed of by a local firm of fat boilers.

No. of visits to slaughterhouses	....	....	....	....	....	3000
„ markets	....	....	....	....	....	154
„ butchers' shops	....	....	....	....	....	280
„ certificates issued (condemned food)	....	....	....	....	....	566

## Carcases Examined During the Year 1956

	Cattle exc. Cows	Cows	Calves	Pigs	Sheep	TOTAL
Carcases examined .....	2431	7725	548	18404	13952	43060
Carcases totally condemned.....	4	21	2	12	3	42
Percentage totally condemned.....	0.16	0.27	0.37	0.07	0.02	0.10

## Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ... ..	2431	7725	548	13952	18404	—
Number inspected ... ..	2431	7725	548	13952	18404	—
<b>ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI :</b>						
Whole carcases condemned ... ..	1	4	2	3	6	—
Carcases of which some part or organ was condemned ... ..	322	2116	5	632	2097	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ... ..	13.3	27.4	1.3	4.6	11.4	—
<b>TUBERCULOSIS ONLY :</b>						
Whole carcases condemned ... ..	3	17	—	—	6	—
Carcases of which some part or organ was condemned ... ..	157	2197	1	—	646	—
Percentage of the number inspected affected with tuberculosis ... ..	6.6	28.7	0.2	—	3.5	—
<b>CYSTICERCOSIS :</b>						
Carcases of which some part or organ was condemned ... ..	7	24	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	1	7	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following meat and offal from the slaughterhouses was surrendered and destroyed, or sold for manufacturing purposes, during the year 1956.

	Whole carcass and all Offal Condemned	Part of Carcass Condemned	OFFAL CONDEMNED									
			Heads	Lungs	Livers	Hearts	Stomachs	Spleens	Skirts	Kidneys	Udders	Mesenteries
Affected with Tuberculosis :												
Cattle (exc. cows) ...	3	6	49	123	14	1	3	6	7	2	—	21
Cows ... ..	17	43	774	1986	359	7	37	96	59	28	26	165
Calves ... ..	—	—	—	1	—	—	—	—	—	—	—	—
Pigs ... ..	6	5	467	249	252	99	6	1	—	5	—	18
Sheep ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Affected with Cysticercosis :												
Cattle (exc. cows) ...	—	—	3	—	—	4	—	—	—	—	—	—
Cows ... ..	—	—	20	—	—	5	—	—	—	—	—	—
Calves ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Pigs ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Sheep ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Affected with other Diseases :												
Cattle (exc. cows) ...	1	—	8	36	298	1	—	4	—	4	—	6
Cows ... ..	4	—	13	128	1955	32	16	49	7	200	169	11
Calves ... ..	2	—	—	4	—	—	—	—	—	—	—	1
Pigs ... ..	6	—	6	1852	382	348	5	8	—	117	5	11
Sheep ... ..	3	—	—	93	612	23	—	—	—	—	—	—
	42	54	1340	4472	3872	520	67	164	73	356	200	233

#### Summary of Other Food Condemned, 1956

Imported Meat	27 lbs.
Other Meat and Offal	1563 lbs.
Sausages	25 lbs.
Canned Meat	633
Fish	567 lbs.
Canned Fish	300
Fruit	7683 lbs.
Canned Fruit	2698
Vegetables	9128 lbs.
Canned Vegetables	331
Canned Milk	244
Canned Jam	6
Canned Soup	16
Packages of Other Food	149
Other canned or bottled foods	1305
Fowl	1
Bacon	45 lbs.
Butter	20 lbs.
Eggs (frozen)	28 lbs.
Cakes	96 lbs.
Dried Fruit	1348 lbs.

All food condemned, other than meat, is destroyed at the Frog Lane Depot of the Corporation Cleansing Department.

### FOOD AND DRUGS ACT, 1955 - SAMPLING

During the year 249 samples of milk and various other foods obtained under the above Act were submitted to the Public Analyst for examination.

#### Samples Taken During 1956

Articles	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements		Articles	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements	
		Number	Percentage			Number	Percentage
Almond flavg.	1	...	...	Lard .....	3	...	...
Almonds (grd.)	2	...	...	Lemon curd ...	1	...	...
Angelica .....	1	...	...	Lemon juice	1	...	...
Arrowroot pdr.	1	...	...	Lemonade pdr.	2	...	...
Aspirin .....	1	...	...	Linseed, liq.			
Baking pdr. ...	1	...	...	and chol. ...	1	...	...
Barley .....	1	...	...	Liquid paraffin	1	...	...
Beer .....	1	...	...	Margarine ...	5	...	...
Biscuits .....	1	...	...	Marmalade ...	3	...	...
Bismuth tabs.	2	...	...	Marzipanfruits	1	...	...
Black puddings	1	...	...	Mayonnaise ...	1	...	...
Blancmange pr.	1	...	...	Meat paste ...	3	...	...
Bread .....	1	1	100	Meat pie .....	9	...	...
Butter .....	6	...	...	Meat (tinned)	1	...	...
Cake mixture	2	...	...	Milk .....	76	6	7.9
Caraway seeds	1	...	...	Milk of Magn.	1	...	...
Cascara tabs. ...	1	...	...	Milk (tinned)	7	...	...
Cheese .....	4	...	...	Mince meat ...	1	...	...
Cherries (glace)	1	...	...	Mince pie ...	1	...	...
Choc. spread ...	1	...	...	Mustard .....	1	...	...
Coconut .....	2	...	...	Olive oil .....	1	...	...
Cod Liver Oil				Peas (dried) ...	2	...	...
Emulsion ...	1	...	...	Pepper .....	3	...	...
Coffee .....	6	...	...	Pickles .....	1	...	...
Cough mixture	1	...	...	Rice .....	1	...	...
Curry pdr. ....	1	...	...	Rum .....	1	...	...
Custard pdr. ...	1	...	...	Saccharin .....	1	...	...
Dripping .....	1	...	...	Sago .....	1	...	...
Egg albumen	1	...	...	Salad cream	1	...	...
Epsom salts ...	1	...	...	Sauce .....	1	...	...
Eucalyptus oil	1	...	...	Sausages .....	7	4	57.1
Fish paste .....	6	...	...	Semolina .....	1	...	...
Fish (tinned) ...	7	1	14.3	Soup .....	1	...	...
Flour .....	1	...	...	Soup pdr. ....	2	...	...
Fruit drink ...	4	1	25.0	Spice .....	1	...	...
Fruit (tinned)	2	...	...	Sponge cake	4	...	...
Gin .....	1	...	...	Sulphur &			
Glauber's salts	1	...	...	yeast tabs. ...	1	...	...
Glucodin .....	1	...	...	Tapioca .....	1	...	...
Glycerin, lemon				Tea .....	5	...	...
and honey ...	1	...	...	Throat lozs. ...	1	...	...
Honey .....	1	...	...	Toffee .....	4	...	...
Ice cream .....	9	...	...	Treacle .....	1	...	...
Icing sugar ...	1	...	...	Vinegar .....	1	...	...
Jam .....	1	...	...	Whisky .....	1	...	...
Jelly .....	1	...	...	Wine (tonic)	1	...	...
				Wintergreen			
				ointment ...	1	...	...
Action taken in regard to 13 unsatisfactory samples is given on page 110.					249	13	5.2

### Samples Not Up to Satisfactory Standards

Article	No. of Sample		Report	Remarks
	Informal	Formal		
Milk .....	29		Deficient in fat 6.6% deficient in solids-not fat 3.5%	Genuine but abnormal.
Sausage .....		31	Deficient in meat 26.1%	Conviction quashed on appeal.
Sausage .....		33	Deficient in meat 31.5%	No action following above.
Sausage .....	47		Containing preservative	Informal sample only. Formal sample taken.
Sardines .....	59		1.5 parts per million excess of lead.	Formal sample taken. - Satisfactory.
Milk .....		92	Deficient in solids-not- fat 2.3%	Genuine but abnormal.
Orange drink	100		Contaminated with mould and foreign mineral matter.	Fined £1 and costs. Fined £10 and costs
Bread .....	103		Contaminated with oil. Infested with small beetles.	Fined £5 and costs.
Sausage .....		215	Containing preservative	Analyst advised no action.
Milk .....		222	Deficient in solids-not- fat 2.3%	Genuine but abnormal.
Milk .....		223	Deficient in solids-not- fat 1.1%	Genuine but abnormal.
Milk .....		224	Deficient in solids-not- fat 4.7%	Genuine but abnormal.
Milk .....		226	Deficient in solids-not- fat 2.3%	Genuine but abnormal.

## ANNUAL REPORT OF THE PUBLIC ANALYST

I am indebted to the Borough Analyst, Mr. J. Graham Sherratt, B.Sc., F.R.I.C., for the following remarks on the work carried out on behalf of the Corporation during the 12 months ended 31st December, 1956.

### Food and Drugs Act, 1955

	1956	1955	1954	1953
Total number of samples of Foods and Drugs analysed	249	256	252	254
Number of samples not up to satisfactory standards	13	25	16	34
Percentage unsatisfactory	5.2	9.8	6.3	13.4

The total of 249 samples analysed in 1956 included 76 samples of milk, of which 6 were below standard. Five of these samples of milk contained less than 8.5 per cent. of solids-not-fat, which is the presumptive minimum (established by the Sale of Milk Regulations, 1939) for genuine milk; the deficiencies in solids-not-fat varied between 1.1 and 4.7 per cent., and the application of the freezing point test indicated that all the samples were "genuine but abnormal." The remaining sample of non-standard milk was 6.6 per cent. deficient in fat and 3.5 per cent. deficient in solids-not-fat; in this sample also the freezing point did not indicate extraneous water. The average composition of all the samples of milk analysed during 1956 was:—

	per cent.
Fat	3.61
Solids-not-fat	8.81
Water	87.58

If the non-standard samples are excluded, the average for the 70 "genuine" samples was:—

	per cent.
Fat	3.63
Solids-not-fat	8.86
Water	87.51

### Other Samples of Foods and Drugs

Seven of the 173 samples of miscellaneous foods and drugs were not regarded as satisfactory. They included four samples of sausage, one sample of sardines, one of orange drink and one sample of bread.

Two of the samples of sausage contained undeclared preservative, contrary to the Preservative Regulations, and two samples, which were pork sausage, were regarded as deficient in meat. The degree of protection afforded to the purchaser of sausage by food legislation is wholly inadequate. There is no legal standard for meat content, and attempts by local authorities to establish local standards by proceedings in the Magistrates' Courts have led to conflicting and anomalous decisions throughout the country. Moreover, it has become very common for Magistrates' decisions to be reversed on Appeal, and this appears to be well-known to the vendors of sausages. The problem is well illustrated by experience in Wigan during the year, when a vendor who had

been convicted and fined by magistrates for selling pork sausages that contained only 48 per cent. of total meat (of which 26 per cent. was fat) had the conviction quashed on Appeal to Quarter Sessions on the ground that there is no statutory standard, and that there was evidence that some purchasers were satisfied with the quality of the article they bought. The Food Standards Advisory Committee, established by the Ministry of Food, issued a report in 1956 to the Minister of Agriculture, Fisheries and Food recommending that the meat content of pork sausage should not be less than 65 per cent., and that not more than half of this should be fat. Up to the present time, however, the Minister has not made any Order giving effect to these recommendations. In the circumstances, it appears that at present the public cannot be protected by the Food and Drugs Act against the sale of sausages grossly deficient in meat, and that no effective action can be taken under the Act unless it can be shown that the article is actually harmful.

One sample of sardines in tomato sauce contained an excess of lead. The Food Standards Committee, in a report to the Ministry of Food dated 1954, recommended that the limit for lead in canned fish should not exceed 5 parts per million. The sample contained 6.5 parts per million of lead, which was 1.5 parts per million in excess. A formal sample of the same brand of sardines was subsequently found only to contain 4 parts per million of lead, so that it appears that the contamination was not uniform.

A sample of orange drink, No. 100, was contaminated with mould and foreign matter, which rendered it unfit for human consumption.

The only other sample that was reported to be unsatisfactory was a sliced loaf; this was heavily contaminated with oil, distributed in the form of a dark stain throughout most of the loaf. The oily parts were infested with small beetles and the bread was unfit for human consumption. Probably the oil had fallen into the dough from mixing machinery before the loaf was baked, but the presence of beetles suggests an unsatisfactory condition in the bakery.

### **Ice Cream**

Nine samples of ice-cream were analysed during the year. The proportion of fat in the samples varied between 5.0 and 11.3 per cent., with an average of 9.1 per cent.; the range of sugar in the samples was between 12.1 and 15.5 per cent. (average 13.7 per cent.) and milk solids not fat varied between 8.2 and 14.8 per cent. (average 9.8 per cent.). The minimum limits established by the Food Standards (Ice-Cream) Order are:—fat 5.0 per cent., sugar 10.0 per cent. and milk solids-not-fat 7.5 per cent. The samples of ice-cream analysed were all of satisfactory quality.

The remaining samples of miscellaneous foods and drugs were of satisfactory quality and do not call for individual comment.

### Fertilisers and Feeding Stuffs Act, 1926

Fourteen samples, comprising 7 samples of compound fertiliser and 7 samples of feeding stuffs were analysed during the year 1956. One of the samples of feeding stuffs and two samples of fertiliser did not conform to the statutory declaration. Details of these samples are given below :—

Sample No.	Nature of Sample	Details of Analysis		Extent of variation outside permitted limits.	
		Declared	Found		
6	Sheep and lamb Cakettes	Oil	3½%	3.64%	Protein 3.1% excess
		Protein	14%	18.5%	
		Fibre	5½%	5.8%	
10	Superior Top Dressing	Nitrogen	8%	7.86%	Potash 0.19% excess.
		Sol. P <sub>2</sub> O <sub>5</sub>	8%	8.45%	
		Insol. P <sub>2</sub> O <sub>5</sub>	0.5%	0.45%	
		Potash	5.0%	5.69%	
11	Grass & grain Manure	Nitrogen	2.0%	2.9%	Nitrogen 0.4% excess.
		Sol. P <sub>2</sub> O <sub>5</sub>	10.75%	9.54%	
		Insol. P <sub>2</sub> O <sub>5</sub>	0.75%	0.57%	Potash 1.3% excess.
		Potash	12.5%	15.3%	

### Waters

During the year 52 samples of water were examined. They included 50 samples of tap water for routine analysis and 2 samples of baths water. The organic condition of the routine samples was satisfactory and all were safe for domestic use. In addition to the ordinary analysis, all the samples were specially tested for lead, but no significant concentration of this harmful metal was found on any occasion.

The samples of baths water were satisfactory.

J. GRAHAM SHERRATT

*Public Analyst.*



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