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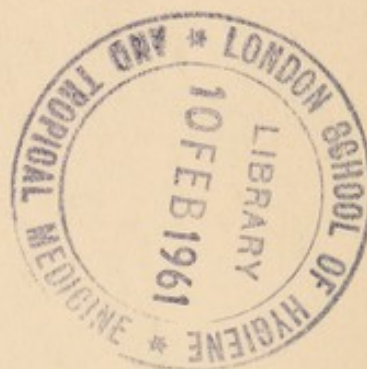


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COUNTY BOROUGH OF WIGAN



Annual Report
on the
Health
of the
County Borough of Wigan
by the
Medical Officer of Health
1958




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



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HEALTH COMMITTEE, 1958 (Appointed 21st May, 1958)

Chairman	Councillor J. T. LYNCH, J.P.	
Vice-Chairman	.....	Councillor J. BOWDEN	
The Mayor	.....	Councillor R. FISHER, J.P.	
Alderman	.....	H. DOWLING, J.P.	
Councillors	.....	J. COLLINS	F. CONNOLLY
		P. DONNELLY	C. FOSTER
		J. T. FARRIMOND	T. MONKS
		MRS. E. NAYLOR	S. SHERRATT
		J. RANKIN	O. SOMERS
		J. TABERNER	
Co-opted Members	.....	DR. D. W. JOHNSON	MR. J. HEGARTY
		MRS. B. G. HOUGHTON	MRS. C. RAYNOR
		Councillor S. TAYLOR	

STAFF, 1958

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	*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	*V. T. LEES, M.B., Ch.B., D.O.M.S.

Public Analyst *J. GRAHAM SHERRATT, B.Sc., F.R.I.C.

Chief Public Health Inspector V. JONES (a) (b).

Deputy Chief Public Health

Inspector J. B. MARSH (a) (b) (f).

Public Health Inspectors R. C. WOODS (a) (b)

P. STRAFFORD (a) (b) (f)

C. JACKSON (a) (b)

M. RICHARDS (a) (b) (f)

E. HARRIS (a) (b) (f)

J. TINTO (a)

E. MARSDEN (a) (b) (f)

Senior Health Visitor E. M. WRIGHT (c) (d) (e) (g)

Health Visitors C. JACKSON (c) (d) (e) (g)

C. V. KILCULLEN (d) (e)

A. PAINTER (c) (d) (e) (g) (to 6th Dec.).

V. M. PARKINSON (c) (d) (e)

M. J. WALMESLEY (c) (d) (e)

Z. M. VERNON (c) (d) (e) (g) (h)

P. M. KING (c) (d) (e)

J. WHALLEY (c) (d) (e)

Tuberculosis Nurse E. CODY (c) (d)

Supervisor of Midwives W. KAY (c) (d)

Midwives :

R. M. HADDOCK (c) (d)

D. HITCHEN (*née Carey*) (c) (d)

M. QUINN (c) (d)

J. I. RAMSAY (c) (d)

E. S. ROGERS (c)

C. RYDER (c) (d)

E. WILLIAMS (c) (d)

M. WOODWARD (c) (*retired* 25th Oct).

P. WAITE (c) (d)

S. M. STUART (c) (d)

A. PATTERSON (c) (d)

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.

When we survey the history of thought and likewise the history of practice we find that one idea after another is tried out, its limitations defined and its core of truth elicited. The proper test is not that of finality but of progress.

A. N. WHITEHEAD (1929)

"Process and Reality"

It is my practice in introducing my Annual Report to comment at some length on special features of the work of the various sections of the Department and particularly those dealing with the Council's duties under the National Health Service Acts. This year, however, the Ministry of Health have asked that a brief survey of these services be included in the report, so in order to avoid repetition I have somewhat curtailed this letter.

The occasion is of course the tenth anniversary of the National Health Services and a perusal of the review commencing on page 8 will perhaps serve to indicate to the Members of the Council the progress made and many of the tasks which still lie ahead.

Some of the services, such as the Ambulance and Home Help Services, follow a regular pattern and apart from fiscal changes involving the recipient on the one hand, and ministerial directives concerning who may or who may not participate in the service on the other, I can see no major change in these sections during the next ten years, albeit there will be a slight yearly increase in the use of both.

In contrast the future shape of the Maternity and Child Welfare Service is not so easy to assess. The Cranbrook Report has confirmed the tripartite administration but one wonders for how long. Much of what has been said in the Report concerning the general practitioner and local health authority services working in unison will be quite unpalatable to the general practitioners and the vision of a real "Obstetric List" will for long remain but a mirage.

All this does not mean that the present services are inadequate or inefficient. Far from it. I think Wigan can be rightly proud of its domiciliary and hospital midwifery services, which in the present administrative framework is well co-ordinated and is served by devoted staff.

In the past ten years there have been rapid strides in the field of mental health and the foundations have been laid on which can be raised the superstructure suggested by the Report of the Royal Commission. One of the initial problems will be the recruiting and training of suitable staff and in this context the mental hospitals might be willing to provide facilities for training.

The years since 1948 have been exciting yet frustrating. Shortage of staff or financial stringency have from time to time cramped our efforts but on the whole we have pioneered many useful services, some of which will endure.

Others will inevitably require modification. The quotation mentioned above is particularly apt in this respect. Service to the community is really the only criterion on which our efforts must be judged, and with this in mind we can with confidence enter the second decade of the National Health Service.

The Minister has also asked for information of any special ways in which it has been found possible to strengthen the domiciliary health services provided for the elderly sick and infirm. A brief indication of the services available will be found in Section V which deals with the Welfare Services. The administration of the Council's Welfare Services by the Health Department is of immense value in co-ordinating the various local authority and hospital services for the aged and handicapped. We receive the full co-operation of the Geriatric Department of the hospital group and our reciprocal arrangements are such that rarely are we short of a bed for the difficult marginal case.

In the field of general health it is disturbing to note that the rate due to deaths from coronary diseases has increased to 1.93 (1.59), whilst that for peptic ulceration has more than doubled 0.15 (0.06), the figures in parentheses being the comparable rates for 1957.

The infantile mortality rate at 26.6 is still far too high and the analysis given in the report shows that prematurity was the commonest cause of neonatal death. Much research is at present proceeding to elicit the cause of this and of toxæmia of pregnancy. Pending the discovery of any new factors we can certainly reduce foetal mortality if expectant mothers will attend regularly for ante-natal care and accept the advice given to them concerning diet and work during pregnancy.

On the credit side there were no maternal deaths and both notification of new cases and deaths from pulmonary tuberculosis showed an improvement on the figures for 1957.

The fact that there were as many deaths due to accidents in the home as were due to accidents on the road is a salutary warning that the Englishman's castle may contain an insidious "Fifth Column." I would make a plea, especially to those who have the charge of the aged, to look to their stairways, floor coverings and fire guards. The aged are sometimes unable to react sufficiently quickly to protect themselves from hazards which would not worry the younger generation.

The sanitary circumstances of the Borough and the labours of the public health inspectorate are detailed in the report. Housing, Clean Air and clean, wholesome food have been the main concerns and progress has been made in each sphere. In housing the pace depends ultimately on the rate of replacement—a factor little understood by many of the people who impatiently revisit the office of the Chief Public Health Inspector at frequent intervals and produce medical certificates indicating the unsuitability of present accommodation for their chronic bronchitis or general debility. They do not pause to think that the chest condition is a product of the smoky atmosphere which they help to create and which prevails in all parts of the town including the new housing estates, or that the debility is perhaps due to faulty habits of life and diet. It is always instructive to see a good mother raising a healthy,

happy family with the practical participation of an interested father in exactly the same type of house and location which is alleged by the less successful family to be the cause of their troubles. Good housing for all is essential in a progressive society but much can be done by individual effort to alleviate conditions during the inevitable waiting period.

In conclusion I would express my 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.

TELEPHONE No. WIGAN 44204.

AUGUST, 1959.

GENERAL REVIEW OF THE LOCAL HEALTH SERVICES IN THE WIDER SETTING OF THE NATIONAL HEALTH HEALTH SERVICE

At the request of the Ministry of Health the following brief general review of the developments in the Council's health services under the National Health Service Act has been prepared. No attempt has been made to set out in detail the services provided under the different headings as this was the subject of an earlier report in 1952. Few figures are included in the summary, except to bring out special points, but full statistical coverage of the various services will be found in the body of this and earlier annual reports.

Public Relations :

The general public are kept informed of the services available by judicious Press announcements, public lectures to selected groups, and by individual contact of health visitors, public health inspectors and other field workers in the normal course of duty. It is felt that this is a much more useful way of bringing new services to the notice of the general public than the distribution of a comparatively small number of illustrated brochures, full of advertisements which on the whole would have no connection with the health services. Periodic reminders are sent to general practitioners, consultants and the clergy concerning the various services available and no opportunity is lost when in contact with practitioners to keep them informed of new developments and to elicit their co-operation and support.

Administration :

No material changes have taken place in the administrative direction of the Department and there has been no increase in the numbers of established medical and dental officers. The gradual growth of the services over the ten years has inevitably increased the duties and responsibilities, particularly of the assistant medical officers and we are now in the position of having too much work for the present staff but perhaps insufficient to justify another full-time appointment. Any increase in the Mental Health Services over the next few years must inevitably lead to the need for more full-time staff. The expansion of the domiciliary and welfare food services has on the other hand led to some increases in lay staff. The mobility of assistant medical and dental officers and certain senior members of the staff of the domiciliary services is greatly restricted by the lack of reasonable transport facilities.

Co-ordination :

In this direction we have been exceedingly fortunate. It had been realised before the "appointed day" that good co-ordination was the key to success in the service and the steps indicated in my earlier review were taken. The Chairman of the Health Committee is also Chairman of the Wigan and Leigh Hospital Management Committee and the Wigan Executive Council, a situation which should ensure useful degree of co-ordination of services.

The Medical Officer of Health is a member of the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee, but in common with the Lancashire County Council Divisional Medical Officers in the area is restricted in his attendances to certain meetings at which "the more domestic affairs of the staff and hospitals are not aired."

The Medical Officer of Health is a full member of the Whittingham Hospital Management Committee, a most useful and productive appointment, especially in view of the coming expansion of the mental health service.

Membership of the Local Medical Committee and the Obstetric Committee ensures a useful degree of co-ordination with the general practitioner services.

Perhaps the most useful local link is a liaison committee at officer level with representatives from the hospital service, medical and lay, local authority medical officers, and divisional medical officers of No. 8 and 11 divisions of the Lancashire County Council, along with medical and administrative representatives of the general practitioner service. The object of this body is "to deal with any matter under the National Health Service Acts where co-operation between the various interests concerned can lead to smooth working and greater efficiency." I cannot speak too highly of the results achieved and would have no hesitation in suggesting that a comparable body should be set up in the area of each H.M.C. if this has not already been done.

Wherever possible links have been forged at field level between the three services and notable success has been achieved in the mental health section and maternity and child welfare service, where there is exceptionally close co-operation with the hospital service. A few general practitioners on the other hand are still inclined to view the health visitor with suspicion and to court the midwife only on the night of the delivery.

Joint Use of Staff :

The Authority employ no part-time general practitioners and no definite arrangements have been made for local authority officers to work in the hospital service, although the Mental Health Bill now before Parliament gives great scope for this form of co-operation.

Since 1948 arrangements have continued whereby the services of the Chest Physician employed by the hospital service are available to the local health authority for the purpose of the prevention of tuberculosis and other chest conditions. The authority have the services of a Consultant Obstetrician in the ante-natal clinics and a Consultant Orthopaedic Surgeon is made available for work in the child welfare service.

A nursing officer of the health authority is seconded for work in the Chest Clinic and in the domiciliary tuberculosis service.

Shortage of health visiting staff has prevented more liaison with hospital clinics but a health visitor attends a paediatric clinic at the Royal Albert Edward Infirmary and gives advice on social problems and follows up cases in the home.

Collaboration with Voluntary Organisations :

Although in the years immediately following the introduction of the Act voluntary organisations were of the opinion that they had no place in the new set-up, a gradual change has taken place and now there is no doubt that they have carved a niche for themselves and indeed render considerable help to the Department. Perhaps the most active local bodies are the Wigan After-Care Committee, the Wigan Branch of the Family Planning Association, the W.V.S. and the Rotary Club, closely followed by the National Association for the Parents of Backward Children and the Y.W.C.A.

In addition a good deal of quiet voluntary work is done by the various members of the staff, particularly health visitors, welfare officers and mental health workers. We intend to foster the spirit of voluntary co-operation wherever possible.

Section 22. Care of Mothers and Young Children :

Following the inception of the National Health Service the local effects on maternal and child care are not revolutionary. The structure is much as before but there have been some extensions and some additions all of which have improved the service to the community.

With regard to the care of mothers our liaison with the hospitals and with the general practitioners is improved. Many ante-natal patients booked for hospital confinement attend the local authority ante-natal clinic for supervisory care. The consultant obstetrician holds regular sessions at the local authority clinic and sees all cases presented to him. Cases are also referred by the general practitioners to the clinic for the consultant's opinion.

The same arrangements exist for the post-natal examination of hospital deliveries and the consultant also sees domiciliary cases where no practitioner was engaged. There is a free exchange of information between local authority consultant and general practitioner in many cases, but we have some way to go before this procedure is universally accepted.

Priority dental care for mothers and young children has been continued until recently but owing to the fact that only one dental officer is now available for all the school and local authority dental work only urgent maternity and child welfare cases are receiving treatment at the clinic.

Premature babies continue to receive early intensive visiting by the supervisor and two domiciliary midwives. Only when the infant has reached 'normal' standards is it transferred to the care of the health visitor.

The Day Nursery has accommodation for 67 children and is available primarily for those whose mothers go out to work or who are temporarily unable to care for them. From time to time other cases are admitted as emergencies. In 1954 an extension was added to the Nursery and this enables the children to be divided into three age groups, each with its own appropriate equipment. The accommodation was increased from 52 to 67 places. Due to lack of support 24-hour facilities were discontinued on the 1st January, 1957. The Nursery is recognised as a training nursery for the N.N.E.B. examination. There are usually eight students in training at a time. Three students gained their certificates during 1958.

Section 23. Midwifery :

In 1948 the local authority employed one supervisor and thirteen midwives but in 1958 the establishment is one supervisor and eleven midwives. Car allowances were introduced in 1955 and only two midwives do not at present run cars. This gives the midwife much greater mobility and as the number of home confinements has decreased to some extent, *e.g.* 60% in 1948 as against 45.5% in 1958, the fewer number of midwives is adequate. Although the doctor was engaged in 90% of the cases in 1958 he was present at the delivery of only 6%. Analgesia and anaesthesia during childbirth have become much more popular over the years, over 90% of patients now taking advantage of it.

The provision of free maternity outfits for all domiciliary confinements is of real value in ensuring a 'clean' delivery. In addition to their booked cases the midwives have frequently to take over the nursing of mothers discharged early from hospital.

A Part II training school for the S.C.M. examination was begun at Billinge Hospital in 1955 and district training is provided by the local authority for the pupil midwives. Three domiciliary midwives are approved teachers. The midwives all attend refresher courses in rotation and one has been specially trained as a premature baby nurse.

The relationship between general practitioners and domiciliary midwives is in general satisfactory and there seems to be an improved patient—general practitioner relationship, *e.g.* the general practitioner is now more readily accessible to the public.

The service has been further helped by the establishment by the Hospital Management Committee of the Obstetric Flying Squad in 1953 and by the provision of an up-to-date Premature Baby Unit at Billinge Hospital in 1954.

The attendances at the ante-natal clinics have remained fairly steady but the post-natal attendances have almost doubled in the past ten years. Routine measures followed at the ante-natal clinics include blood and rhesus grouping, WR tests, Hb. estimations and chest X-ray.

Section 24. Health Visiting :

The scope of the work of the Health Visitor has increased over the period and she now goes to the home as general adviser to the family on health matters.

The number of health visitors on the staff has varied from seven to nine, though our establishment is ten.

Three additional child welfare centres have been opened since 1948 and the numbers of mothers and children attending continue to increase.

Visits to births continue as previously but selective visiting has largely replaced routine age visits. Repeated visits to problem families take up far too much of the health visitors' time and visits to the elderly, which have proved to be very necessary and are appreciated by the old people, are time consuming.

Regular talks to mothers on mothercraft and health topics and classes on relaxation for expectant mothers continue to be an important part of the health visitors' work.

One health visitor attends a refresher course annually. Since 1948 thirty-four student health visitors from the Bolton Training College have received practical training in the Department and during that time the local authority has sponsored the training of seven students all of whom passed the certificate examination and were accepted on the staff. The maintenance of health visitor personnel would otherwise have been very difficult.

There is good liaison with the Maternity Hospital regarding the discharge home of mother and infant and liaison with the paediatric hospital clinic is also good, *e.g.* a copy of the notes on individual cases sent by the paediatrician to the general practitioner is available to the health visitor and she also attends the paediatric clinic as liaison officer and advises on the social aspect of the cases.

Better co-operation with the general practitioners would have good results but it is difficult to achieve as many practitioners still do not appreciate the value of the health visitors' services.

Section 25. Home Nursing :

A quicker turn round in acute hospital beds and an overall shortage of chronic sick accommodation has led to a gradual increase in the number of patients seen and visits made by the home nurses. This increase has been contained only by providing three motor cars, particularly for the use of the male nurses, as alternatives to the usual bicycles.

The Nurses' Home with only two members of the district nursing staff living in, is something of a millstone and if adequate district room and office accommodation could be found elsewhere I have no doubt that a completely non-resident service would prove no less efficient than the present one.

Although the general practitioners and paediatrician have been informed that the home nurses are available to nurse sick children, few calls have in fact been made, probably because there is no shortage of paediatric beds in the group. The pattern of hospitalisation of children seems to vary very much from area to area throughout the country. Similarly the use by general practitioners of drugs which must be given by injection, very much the fashion at present, varies in different areas and even between different practices and causes great fluctuations in the calls on the home nurses.

Section 26. Vaccination and Immunisation :

The most noticeable progress in this field is in connection with the B.C.G. vaccination of school children, which after a pilot scheme, is now being applied in full force, only to be overshadowed by the advent of poliomyelitis vaccination. Here after much tribulation a smooth running scheme embracing day and evening clinics caters for all the eligible groups. There has been a particularly good response from the age group 16-25 years but expectant mothers are not coming forward in any significant numbers.

Section 27. Ambulance Service :

The first decade of the Ambulance Service has been one of unprecedented growth. From 1948 the demand on the service grew by leaps and bounds until by 1953 a levelling out began and a more stabilised service emerged.

During this time the ambulance authority was busy assessing its position and adjusting its resources in relation to the demand for services and planning for the future. In 1953 the Health Committee assumed control of the whole service, part of which had been previously administered by the fire service.

Ambulances taken over on vesting day were, in the majority of cases, old and unsuited for the requirements of the new service. They had to be replaced as soon as possible and experiments began to find the most suitable replacements. Generally speaking, vehicles became larger with greater emphasis on the carriage of sitting patients in an endeavour to increase the number of patients carried per journey and so satisfy the demands of out-patient clinics.

Over a period control procedure has been perfected and streamlined by trial and error methods but the one single factor which has helped to contain the increased demand on the service and make the unit more efficient has been the introduction of V.H.F. Radio-Telephone equipment. Without such means of control more staff and vehicles would most certainly have had to be employed. Administrative efficiency and co-ordination of journeys have resulted in an overall reduction in the miles run per patient.

Close co-ordination with hospital authorities and medical practitioners has resulted in a much greater understanding of each other's problems in relation to the carriage of the sick and to the elimination of unnecessary demands. Unfortunately there is still no consultation with ambulance authorities before decisions are taken to introduce new services or extend existing hospital facilities. This is particularly so in the case of out-patient departments and results in "peaks" which need not have occurred.

The discontinuance of the County agencies, a policy which was strenuously opposed by the Borough, has had the effect of decreasing the overall economy of the service.

What of the future ? If the service is to provide transport as and when it is required and remain an economical unit, there must be much closer consultation between ambulance and hospital authorities. Planning at all levels must include service representatives, more so in the second decade than in the first, when it is likely that hospital building and re-siting may occupy much greater prominence than hitherto.

On purely domestic matters a new ambulance station is urgently required to give a measure of comfort to the staff on duty and adequate protection of vehicles in the winter months.

Section 28. Prevention of Illness, Care and After - Care :

Tuberculosis :

Although the original proposals allowed for the establishment of a sheltered workshop and a night sanatorium, the numbers of patients who could or would take advantage of such expensive services would not now justify their establishment for the population of the Borough. However, there are still many chronic infectious patients, mainly in the older age groups, who frequent the less salubrious lodging houses and for these some form of night accommodation would be a good preventive measure, always assuming that they could be persuaded to use it.

Care Committee :

A voluntary After-Care Committee, heavily subsidised by the Council, continues to look after the creature comforts and recreation of patients attending for out-patient treatment or after discharge from hospital.

Other Illnesses :

Developments in the service include a "Meals on Wheels" service for persons who are so ill or debilitated that they are unable to cook a satisfactory mid-day meal. A small charge is made for this service and contrary to expectations the demand has reached saturation point at less than 50 meals a day.

In 1956 an extension of the loan goods service to include the loaning and laundering of sheets, draw sheets, pillow cases and pyjamas of incontinent domiciliary patients was inaugurated. A nominal charge has been levied and numbers have remained static at about six cases at any one time.

The wise application of these two domiciliary services has done much to relieve the patients and those who look after them and has been the means of keeping many patients from filling hospital or "Part III" beds when other hospital care was not required.

Section 29. Domestic Help :

Along with the ambulance service the domestic help service has been since its inception subject to increasing use on a scale which was never anticipated. Thus in 1949 we employed four full-time and seven part-time helps dealing with 179 cases during that year. In 1958 our cases had grown to 712 and our staff to two full-time and 79 part-time home helps. The mounting cost of the service is causing some concern and there is no sign that the peak of demand has yet been reached. On the credit side many aged persons are, with the help of the service enabled to lead an independent existence outside hospitals and other institutions, where their care would prove much more costly to the national exchequer. It is regrettable that financial considerations prevent many women from making use of the service during and after confinement.

Health Education :

Apart from special campaigns such as "Home Accidents," "Guard that Fire," and "Food Hygiene in the Kitchen," the Department pins its faith on the steady individual work of the nursing officers and social workers, both in clinics and in the homes. In addition some 2,000 copies of the journal "Better Health" are distributed to schools, clinics, members of the Borough Council and other organisations. Expansion in this field waits on the employment of a trained Health Education Officer.

Sections 28 and 51. Mental Deficiency :

The Authority were fortunate in having one of the first post-war purpose-built occupation and training centres in this country. For those of us who were able to watch the progress of the children and adolescents as they used the new facilities there was no doubt that good buildings and a large range of equipment and tools help immeasurably in the training. They also serve to encourage staff in what is otherwise a very tedious and undoubtedly "vocational" occupation. At the present time we have a bottleneck at the top end of the centre which can only be relieved by the setting-up of an adult training unit. It is sometimes discouraging when a good deal of training has been put in upon a particular child to see the patient translated to a mental deficiency institution through inadequacies in the home situation. The answer to this of course is residential accommodation of a type suited to the needs of the individual. This we hope to provide in the future.

Mental Treatment and After-Care :

The aim here has been co-operation and co-ordination with the hospital services. The Duly Authorised Officers regularly visit the Psychiatric units and hospitals to which their patients have been admitted and there is close liaison with the Consultant Psychiatrist. Follow-up on discharge and after-care is only limited by staff.

The greater emphasis now placed on out-patient electro-convulsive therapy treatment will undoubtedly place a growing burden on mental health visitors. The future of the service is outlined in the Report of the Royal Commission on Mental Illness and in the memoranda which have followed it. The will to go ahead is present but how long will it take to assemble staff, buildings and money to make a real impact? We have been extremely successful with in-service training and by continued use of this method we shall continue to recruit and train staff of good calibre which is absolutely essential in this service.

Section I

Natural and Social Conditions of the Area

GENERAL

Area in Acres	5,082
Rateable Value of the Borough, 31st December, 1958	£807,935
Sum Represented by a Penny Rate	£3,200
Registrar General's estimated population on 1st July, 1958, (on which figure statistics in this report are based)	81,330
Number of inhabited houses on the 31st December, 1958 (according to the Rate books)	24,625
Number of marriages solemnised within the Borough during 1958	730

Employment has continued at a high level during the year and those who have been displaced due to the vicissitude in the cotton industry have usually been able to find alternative employment. The establishment of the Heinz food factory, said to be the greatest in the Commonwealth, has helped considerably both as regards labour employed in its building and eventually the personnel to operate the vast factory.

Wigan is an exceptionally good shopping centre and many firms are taking advantage of this. However, I would issue a word of warning. By and large the Wigan people are keen shoppers, not easily attracted by flashy display, and knowing value for money when they see it.

Section II

Statistics

VITAL STATISTICS, 1957 - 58

	1957	1958
Area (acres)	5,082	5,082
Population (Estimated by Registrar General)	81,670	81,330
Live Births : Males 620 } Females 619 } Total	1,251	1,239
Live Birth Rate per 1,000 population	15.32	15.23
Still - Births	44	38
Still - Births Rate per 1,000 live and still - births	34.0	30.65
Total live and still - births	1,295	1,277
Infant deaths	31	33
Infant mortality rate per 1,000 live births—Total	24.8	26.6
" " " " " " " legitimate	26.6	26.6
" " " " " " " illegitimate	—	—
Neo-Natal " " " " " " (first four weeks)	14.4	16.9
Illegitimate live births per cent. of total live births	2.16	1.69
Maternal deaths (including abortion)	—	—
Maternal mortality rate per 1,000 live and still-births	—	—
Adjusted Birth Rate per 1,000 Population (Area comparability factor 0.98)	15.01	14.93
Ratio of local adjusted rate to national rate	0.93	0.91
Birth Rate for England and Wales	16.1	16.4
Deaths of Infants under 1 day old	4	4
Ditto. 1 year (legitimate)	31	33
Ditto. 1 year (illegitimate)	—	—
Perinatal Rate (includes still births plus 1st week deaths)	43	43
Excess of Registered Births over Deaths	309	298
Deaths: Males 497 } Females 444 } Total	942	941
Death Rate per 1,000 population	11.53	11.57
Adjusted Death Rate per 1,000 population (Area comparability factor 1.21)	14.07	14.00
Ratio of local adjusted rate to national rate	1.22	1.20
Death Rate for England and Wales	11.5	11.7
Infantile mortality rate per 1,000 births for England and Wales	23.0	22.5

CAUSES OF DEATH WITH DEATH RATES, 1958

	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	—	—
6.	Meningococcal Infections	—	—
7.	Acute Poliomyelitis... ..	1	.01
8.	Measles	—	—
9.	Other Infective and Parasitic Diseases	3	.04
10.	Malignant Neoplasm Stomach	33	.41
11.	„ „ Lung, Bronchus	27	.33
12.	„ „ Breast	14	.17
13.	„ „ Uterus	7	.09
14.	Other Malignant and Lymphatic Neoplasms	52	.64
15.	Leukaemia, Aleukaemia	5	.06
16.	Diabetes	3	.04
17.	Vascular Lesions of Nervous System	122	1.50
18.	Coronary Disease, Angina	157	1.93
19.	Hypertension with Heart Disease	10	.12
20.	Other Heart Disease	137	1.69
21.	Other Circulatory Disease	36	.44
22.	Influenza	6	.07
23.	Pneumonia	38	.47
24.	Bronchitis	88	1.08
25.	Other Diseases of Respiratory System	22	.27
26.	Ulcer of Stomach and Duodenum	12	.15
27.	Gastritis, Enteritis and Diarrhoea	3	.04
28.	Nephritis and Nephrosis	9	.11
29.	Hyperplasia of Prostate	5	.06
30.	Pregnancy, Childbirth, Abortion	—	—
31.	Congenital Malformations	6	.07
32.	Other Defined and Ill-Defined Diseases... ..	99	1.22
33.	Motor Vehicle Accidents	5	.06
34.	All Other Accidents	16	.20
35.	Suicide	11	.14
36.	Homicide and Operations of War	1	.01
		941	11.57

**REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH,
1958**

CAUSES	Sex	All Ages	0+	1+	5+	15+	25+	45+	65+	75+
ALL CAUSES	M. F.	497 444	19 14	2 3	1 3	6 4	20 21	160 95	129 125	160 179
1. Tuberculosis, Respiratory ...	M. F.	6 4	— —	— —	— —	— 1	1 1	2 2	3 —	— —
2. Tuberculosis, Other	M. F.	1 —	— —	— —	— —	— —	— —	— —	— —	1 —
3. Syphilitic Disease	M. F.	2 —	— —	— —	— —	— —	1 —	— —	— —	1 —
4. Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
5. Whooping Cough	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
6. Meningococcal Infections ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
7. Acute Poliomyelitis	M. F.	1 —	— —	1 —	— —	— —	— —	— —	— —	— —
8. Measles	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
9. Other Infective and Parasitic Diseases	M. F.	1 2	— 1	— —	— 1	— —	1 —	— —	— —	— —
10. Malignant Neoplasm, Stomach	M. F.	18 15	— —	— —	— —	— —	1 —	10 6	4 7	3 2
11. Malignant Neoplasm, Lung, Bronchus	M. F.	25 2	— —	— —	— —	— —	1 —	13 2	8 —	3 —
12. Malignant Neoplasm, Breast ...	F.	14	—	—	—	—	—	8	3	3
13. Malignant Neoplasm, Uterus ...	F.	7	—	—	—	—	3	3	1	—
14. Other Malignant and Lymphatic Neoplasms	M. F.	21 31	— —	— —	— 1	— —	1 —	6 14	10 9	4 7
15. Leukaemia, Aleukaemia ...	M. F.	2 3	— —	— 2	— —	1 —	— —	1 —	— 1	— —
16. Diabetes	M. F.	1 2	— —	— —	— —	— —	— —	— —	1 1	— 1
17. Vascular Lesions of Nervous System	M. F.	67 55	— —	— —	— —	— —	2 3	17 7	14 17	34 28
18. Coronary Disease, Angina ...	M. F.	102 55	— —	— —	— —	— —	4 —	45 17	32 25	21 13

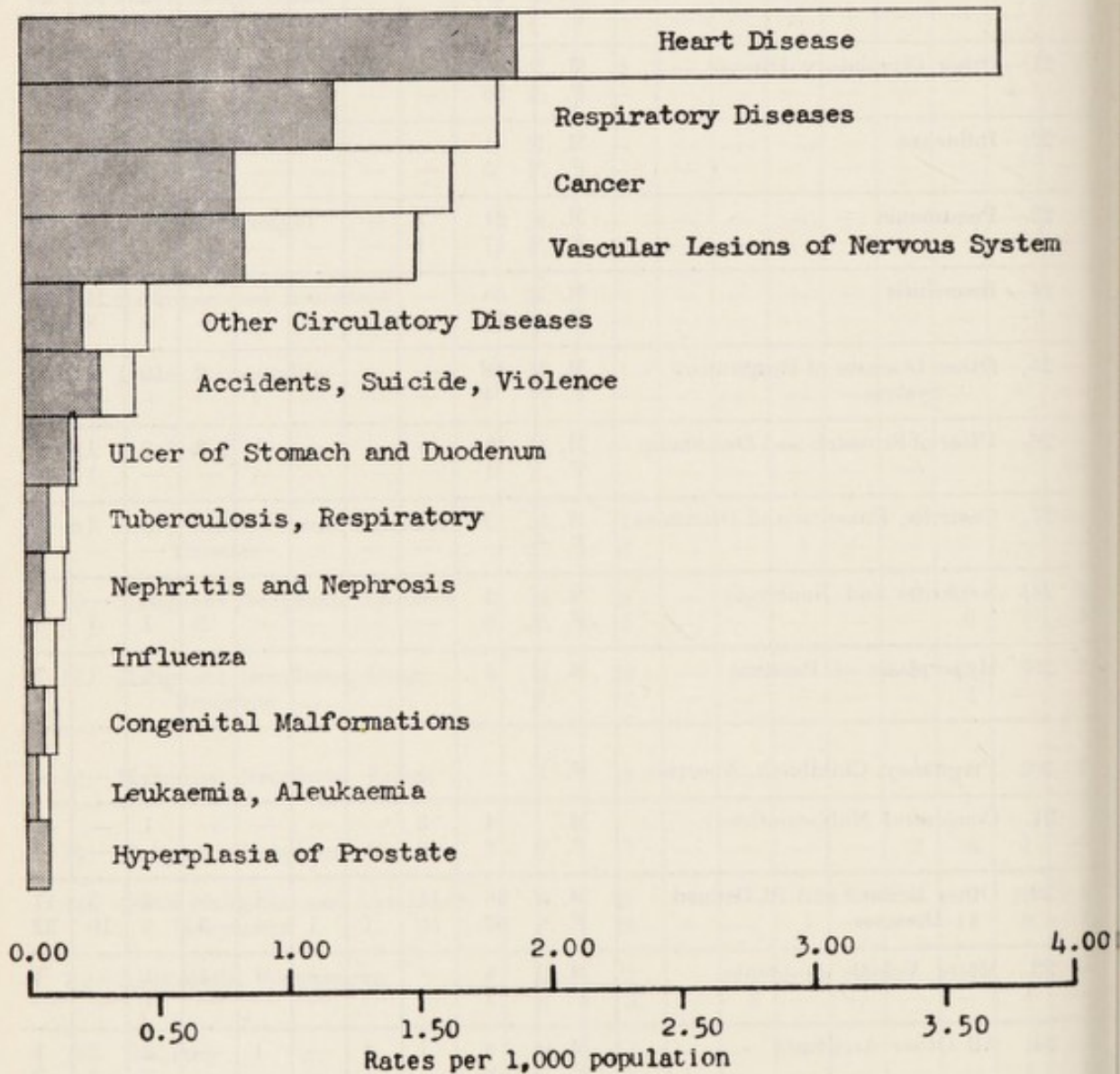
**REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH,
1958—continued**

CAUSES	Sex	All Ages	0+	1+	5+	15+	25+	45+	65+	75+
ALL CAUSES	M. F.	497 444	19 14	2 3	1 3	6 4	20 21	160 95	129 125	160 179
19. Hypertension with Heart Disease	M. F.	3 7	— —	— —	— —	— —	— —	1 1	1 3	1 3
20. Other Heart Disease	M. F.	49 88	— —	— —	— —	— 1	— 6	3 14	10 21	36 46
21. Other Circulatory Disease ...	M. F.	16 20	— —	— —	— —	1 —	— 1	3 2	4 8	8 9
22. Influenza	M. F.	1 5	— —	— —	— —	1 —	— 2	— 1	— —	— 2
23. Pneumonia	M. F.	21 17	2 1	— —	1 —	— —	2 —	8 2	6 5	2 9
24. Bronchitis	M. F.	58 30	— —	— —	— —	— —	— —	21 6	24 8	13 16
25. Other Diseases of Respiratory System	M. F.	18 4	— —	— —	— —	— 1	2 —	10 —	2 —	4 3
26. Ulcer of Stomach and Duodenum	M. F.	11 1	— —	— —	— —	— —	2 —	3 —	1 1	5 —
27. Gastritis, Enteritis and Diarrhoea	M. F.	3 —	2 —	— —	— —	— —	— —	— —	1 —	— —
28. Nephritis and Nephrosis ...	M. F.	3 6	— —	— —	— —	— —	— 2	3 1	— 1	— 2
29. Hyperplasia of Prostate ...	M.	5	—	—	—	—	—	1	1	3
30. Pregnancy, Childbirth, Abortion	F.	—	—	—	—	—	—	—	—	—
31. Congenital Malformations ...	M. F.	4 2	3 2	— —	— —	— —	— —	1 —	— —	— —
32. Other Defined and Ill-Defined Diseases	M. F.	36 63	11 10	— 1	— 1	1 1	— 3	4 5	3 10	17 32
33. Motor Vehicle Accidents ...	M. F.	4 1	— —	— —	— —	1 —	1 —	1 1	— —	1 —
34. All Other Accidents	M. F.	8 8	1 —	1 —	— —	1 —	— —	2 3	2 2	1 3
35. Suicide	M. F.	9 2	— —	— —	— —	— —	1 —	4 —	2 2	2 —
36. Homicide and Operations of War	M. F.	1 —	— —	— —	— —	— —	— —	1 —	— —	— —

PRINCIPAL CAUSES OF DEATHS AT ALL AGES, 1958

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	2022	24	11.87
Lindsay	2	4506	61	13.54
St. Catharine	3	5181	60	11.58
St. Patrick	4	5426	78	14.38
St. Thomas	5	2114	28	13.24
Poolstock	6	3469	48	13.84
Victoria	7	2655	28	10.55
St. Andrew	8	15616	209	13.38
Swinley	9	9760	102	10.45
All Saints	10	1895	18	9.50
West Pemberton	11	7081	62	8.76
North Pemberton	12	6909	72	10.42
Central Pemberton	13	8488	103	12.13
South Pemberton	14	6208	48	7.73
TOTALS... ..		81330	941	11.57

Estimated population of Wards is based on current Register of Electors.
Death Rate is based on the Registrar General's estimated population
of 81,330.

Crude Death Rates for Wigan During the last Ten Years

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
12.49	12.57	14.54	13.15	12.02	11.37	11.06	11.02	11.53	11.57

INQUESTS AND UNCERTIFIED DEATHS (Wigan Residents Only)

The number of inquests held during 1958 was 72, and the following
verdicts have been recorded :—

1.	Natural Causes	...	...	...	...	...	...	...	39
2.	Accidents : Falls at home	...	...	...	...	...	...	...	5
	" " Street	...	...	...	...	...	...	...	1
	" Road	...	...	...	...	...	...	...	5
	" Colliery	...	...	...	...	...	...	...	1
	" Drowning	...	...	...	...	...	...	...	1
	" Burns	...	...	...	...	...	...	...	1
3.	Suicides : Coal Gas	...	...	...	...	...	...	...	10
	" Drowning	...	...	...	...	...	...	...	1
4.	Open Coal Gas	...	...	...	...	...	...	...	2
	" Drowning	...	...	...	...	...	...	...	3
	" Gunshot	...	...	...	...	...	...	...	1
5.	War Service	...	...	...	...	...	...	...	2
	Murder	...	...	...	...	...	...	...	—

72

There was no uncertified death in 1958.

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	—	—	—	1	2	4	3	—
Tuberculosis, Other	2	1	—	—	—	—	—	—	—	1
Syphilitic Disease	3	3	—	—	—	1	1	1	—	—
Diphtheria	4	—	—	—	—	—	—	—	—	—
Whooping Cough	5	—	—	—	—	—	—	—	—	—
Meningococcal Infections	6	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	7	1	—	1	—	—	—	—	—	—
Measles	8	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	9	3	2	—	—	—	1	—	—	—
Malignant Neoplasm, Stomach	10	34	—	—	—	—	1	15	13	5
" " Lung, Bronchus	11	26	—	—	—	—	1	14	8	3
" " Breast	12	13	—	—	—	—	—	7	3	3
" " Uterus	13	7	—	—	—	—	3	3	1	—
Other Malig. & Lymphatic Neoplasms	14	50	—	—	1	—	1	18	19	11
Leukaemia, Aleukaemia	15	6	1	2	—	1	—	1	1	—
Diabetes	16	3	—	—	—	—	—	—	2	1
Vascular Lesions of Nervous System	17	120	—	—	—	—	3	23	33	61
Coronary Disease, Angina	18	142	—	—	—	1	3	54	51	33
Hypertension with Heart Disease	19	9	—	—	—	—	1	3	1	4
Other Heart Disease	20	138	—	—	—	—	8	20	32	78
Other Circulatory Disease	21	42	—	—	—	—	1	5	14	22
Influenza	22	3	—	—	—	1	—	—	—	2
Pneumonia	23	47	4	—	1	—	5	13	11	13
Bronchitis	24	87	—	—	—	—	—	25	32	30
Other Diseases of Respiratory System	25	17	—	—	—	—	2	7	4	4
Ulcer of Stomach and Duodenum	26	7	—	—	—	—	1	2	2	2
Gastritis, Enteritis and Diarrhoea	27	2	2	—	—	—	—	—	—	—
Nephritis and Nephrosis	28	9	—	—	—	—	2	4	1	2
Hyperplasia of Prostate	29	4	—	—	—	—	—	1	1	2
Pregnancy, Childbirth, Abortion	30	—	—	—	—	—	—	—	—	—
Congenital Malformations	31	4	4	—	—	—	—	—	—	—
Other Defined and Ill-defined Diseases	32	120	20	1	1	4	4	19	18	53
Motor Vehicle Accidents	33	4	—	—	—	1	1	1	—	1
All Other Accidents	34	18	1	1	—	1	—	6	4	5
Suicide	35	10	—	—	—	—	1	4	4	1
Homicide and Operations of War	36	1	—	—	—	—	—	1	—	—
TOTALS		941	34	5	3	11	42	251	258	337

52 WEEKS ENDED 27th DECEMBER, 1958

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- berton Ward	North Pem- berton Ward	Central Pem- berton Ward	South Pem- berton Ward	Total Deaths
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1	—	—	1	—	—	—	—	1	2	—	2	—	4	—	10
2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
3	—	—	2	—	—	1	—	—	—	—	—	—	—	—	3
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	1	—	—	—	2	—	—	—	—	—	—	3
10	1	3	1	3	1	1	2	6	5	2	—	2	7	—	34
11	—	3	3	2	1	1	2	5	3	1	1	1	3	—	26
12	—	—	—	—	1	—	1	2	2	1	—	2	3	1	13
13	—	1	—	—	—	2	—	1	—	—	1	1	1	—	7
14	1	6	1	8	—	2	2	11	5	1	3	5	4	1	50
15	—	1	2	—	—	—	—	1	1	—	—	1	—	—	6
16	—	—	1	—	—	—	—	1	—	—	—	—	1	—	3
17	6	10	7	11	4	4	2	30	16	3	8	8	10	1	120
18	1	13	3	9	2	9	3	38	15	1	11	15	17	5	142
19	—	—	—	2	1	1	—	3	1	—	—	—	—	—	9
20	3	3	11	12	4	6	2	36	11	1	10	16	16	7	138
21	—	3	3	3	3	2	3	9	2	1	2	2	5	4	42
22	—	1	—	—	1	—	—	1	—	—	—	—	—	—	3
23	3	2	4	7	2	4	2	4	1	2	6	1	4	5	47
24	3	5	8	9	3	4	3	19	11	2	1	6	7	6	87
25	1	1	1	2	—	—	—	4	2	1	1	1	2	1	17
26	—	—	1	—	—	1	—	3	2	—	—	—	—	—	7
27	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2
28	—	—	—	—	—	—	—	1	3	—	3	1	—	1	9
29	—	2	—	—	—	2	—	—	—	—	—	—	—	—	4
30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31	—	—	—	—	—	—	—	—	—	—	3	—	1	—	4
32	4	7	8	7	3	5	4	20	18	—	8	8	17	11	120
33	—	—	—	—	1	—	—	2	1	—	—	—	—	—	4
34	1	—	3	—	1	2	1	5	—	—	1	1	1	2	18
35	—	—	—	1	—	—	1	3	1	1	1	—	—	2	10
36	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	24	61	60	78	28	48	28	209	102	18	62	72	103	48	941

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

Bronchitis

	1954	1955	1956	1957	1958
Deaths	88	91	73	79	88
Rates	1.06	1.10	0.89	0.97	1.08

Pneumonia

	1954	1955	1956	1957	1958
Deaths	36	34	34	37	38
Rates	0.43	0.41	0.41	0.45	0.47

Pulmonary Tuberculosis

	1954	1955	1956	1957	1958
Deaths	24	10	10	13	10
Rates	0.29	0.12	0.12	0.16	0.12

Cancer of the Lung, Bronchus

	1954	1955	1956	1957	1958
Deaths	20	25	27	38	27
Rates	0.24	0.30	0.33	0.47	0.33

Other Diseases of Respiratory Organs

	1954	1955	1956	1957	1958
Deaths	15	18	18	18	22
Rates	0.18	0.22	0.22	0.22	0.27

Total from All Respiratory Causes

	1954	1955	1956	1957	1958
Deaths	183	178	162	185	185
Rates	2.20	2.15	1.97	2.27	2.27

CANCER

Deaths 1896 - 1958

	No.	Rate		No.	Rate
1896—1900	137	0.44	1931—1955	538	1.28
1901—1905	179	0.53	1936—1940	586	1.42
1906—1910	223	0.49	1941—1945	609	1.54
1911—1915	276	0.61	1946—1950	669	1.59
1916—1920	308	0.72	1951—1955	717	1.72
1921—1925	347	0.76	1956	131	1.60
1926—1930	410	0.93	1957	135	1.65
			1958	133	1.64

CANCER **Localisation of Disease, Number of Deaths and Rate per 1,000** **Population Annually for the Past Ten Years.**

	1949		1950		1951		1952		1953		1954		1955		1956		1957		1958	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Buccal Cavity and Oesophagus	5	.06																		
Uterus ...	7	.08	4	.05	4	.05	12	.14	9	.11	3	.04	5	.06	6	.07	6	.07	7	.09
Stomach and Duodenum ...	32	.38	27	.32	29	.34	29	.35	34	.41	28	.34	17	.21	30	.37	28	.34	33	.41
Breast ...	16	.19	15	.18	22	.26	13	.16	20	.24	14	.17	11	.13	17	.21	11	.13	14	.17
Lung, Bronchus			20	.24	19	.23	27	.32	29	.35	20	.24	25	.30	27	.33	38	.47	27	.33
Other Sites ...	87	1.03	75	.88	81	.96	74	.88	64	.77	57	.69	71	.86	51	.62	52	.64	52	.64
Total Deaths from Cancer ...	147	1.74	141	1.67	155	1.84	155	1.85	156	1.88	122	1.48	129	1.56	131	1.60	135	1.65	133	1.64
Total Deaths All Causes ...	1059	12.49	1068	12.57	1224	14.54	1100	13.15	1001	12.02	944	11.37	915	11.06	905	11.02	942	11.53	941	11.57

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' in 1949.

ANALYSIS OF LIVE PREMATURE BIRTHS, 1958

Weight at Birth	Born at Home and nursed at Home			Born at Home and transferred to Hospital			Born in Hospital			Born in Maternity Home		
	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	died under 24 hours	survived 28 days
3lbs. 4ozs. or less (1500 gms. or less)	—	—	—	2	—	2	11	4	4	—	—	—
Over 3lbs. 4ozs. up to 4lbs. 6ozs.	2	—	2	3	—	2	17	2	15	—	—	—
(1500-2000 gms.)												
Over 4lbs. 6ozs. up to 4lbs. 15ozs.	7	—	7	—	—	—	15	—	15	—	—	—
(2000-2250 gms.)												
Over 4lbs. 15ozs. up to 5lbs. 8ozs.	14	—	14	3	—	2	34	—	34	—	—	—
(2250-2500 gms.)												
	23	—	23	8	—	6	77	6	68	—	—	—

INFANTILE AND MATERNAL MORTALITY

Infantile Mortality

The number of deaths of children under one year is 33, or 26.6 per 1,000 births, and of children over one year and under five years 5, or .06 per 1,000 of the population. (In 1957 there were 31 deaths under one year, a rate of 24.8 per 1,000).

The Neo-Natal death rate (deaths per 1,000 live births on or before the 28th day of life) was 16.9. The actual numbers :—

	M.	F.	TOTAL
Legitimate	13	8	21
Illegitimate	—	—	—
	<u>13</u>	<u>8</u>	<u>21</u>

Of these 17, *i.e.*, 81% died during the first week of life.

The Infant Deaths, totalling 33, occurred as follows :—

HOME	OTHER ADDRESS	HOSPITAL, ETC.
4	—	15 Billinge Hospital
		11 R.A.E. Infirmary
		2 Whelley Hospital
		1 Royal Manchester Children's Hosp.

Prematurity was the greatest single cause of death (13), congenital malformations coming second with 5. An analysis of live premature births is set out on page 30.

The Still-Birth Rate for the year is 30.6 compared with 34.0 in 1957 and 39.6 in 1956.

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 :

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

gives a figure for the year of 43, compared with 43 in 1957 and 54 in 1956.

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

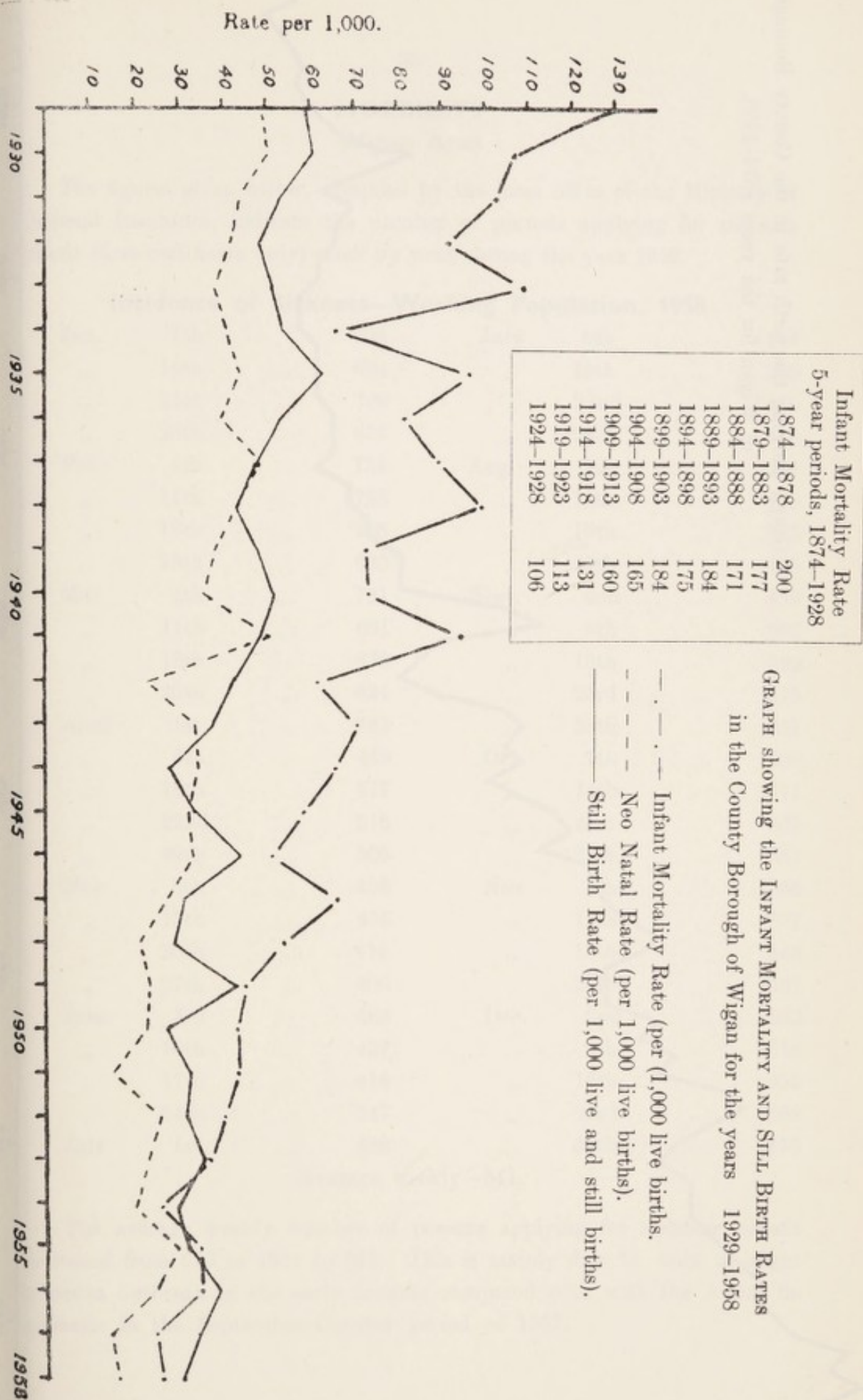
No death was recorded.

Comparative figures for the last five years :—

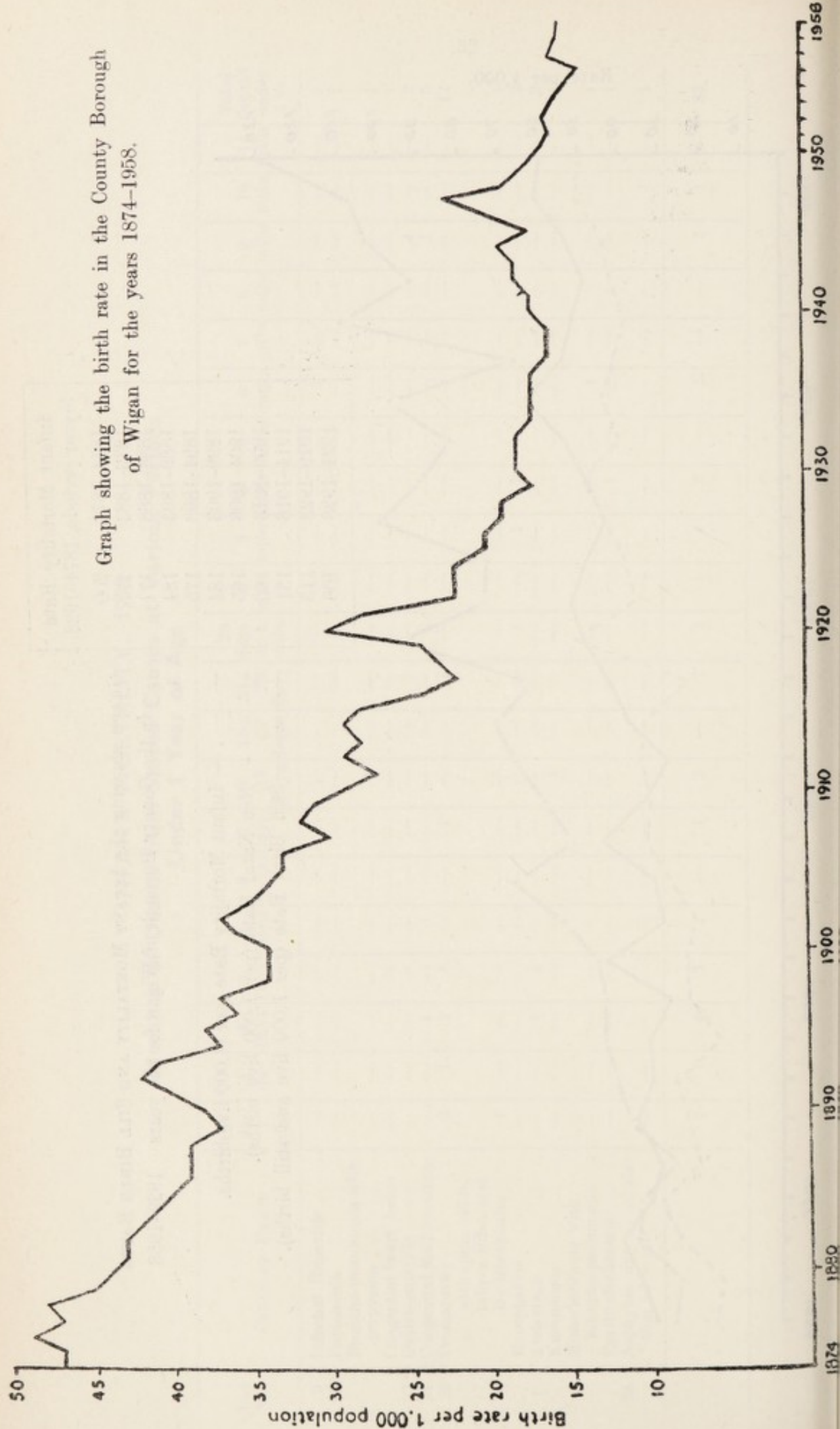
	1954	1955	1956	1957	1958
Deaths	—	—	—	—	—
Rate	—	—	—	—	—
Births	1,224	1,141	1,284	1,251	1,239

INFANT MORTALITY, 1958
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.
9	Infected Hepatitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
23	Pneumonia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
	Broncho-pneumonia with empyema	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Congenital heart lesion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
27	Gastro-enteritis	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	2
31	Congenital Malformations	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
32	Prematurity	6	1	2	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	12
	" with spina bifida, talipes Bilat. and Hydrocephalus ...	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1
	Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3
	Atelectasis	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	Kernicterus	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Mucoviscidosis with broncho-pneumonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
	Erythroleukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
34	Asphyxia due to inhala- tion of vomit	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
		7	1	4	3	1	—	1	2	—	2	3	1	1	2	—	2	—	—	2	1	—	33



Graph showing the birth rate in the County Borough
of Wigan for the years 1874-1958.



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 1958.

Incidence of Sickness—Working Population, 1958

Jan.	7th	....	708	July	8th	....	444
„	14th	....	694	„	15th	....	205
„	21st	....	709	„	22nd	....	360
„	28th	....	812	„	29th	....	436
Feb.	4th	....	734	Aug.	5th	....	388
„	11th	....	723	„	12th	....	458
„	18th	....	708	„	19th	....	383
„	25th	....	630	„	26th	....	435
Mar.	4th	....	751	Sept.	2nd	....	459
„	11th	....	631	„	9th	....	562
„	18th	....	679	„	16th	....	522
„	25th	....	634	„	23rd	....	513
April	1st	....	662	„	30th	....	531
„	8th	....	449	Oct.	7th	....	558
„	15th	....	577	„	14th	....	571
„	22nd	....	516	„	21st	....	601
„	29th	....	505	„	28th	....	581
May	6th	....	452	Nov.	4th	....	556
„	13th	....	456	„	11th	....	577
„	20th	....	416	„	18th	....	543
„	27th	....	406	„	25th	....	527
June	3rd	....	483	Dec.	2nd	....	583
„	10th	....	427	„	9th	....	618
„	17th	....	414	„	16th	....	636
„	24th	....	347	„	23rd	....	658
July	1st	....	432	„	30th	....	476

Average weekly—541.

The average weekly number of persons applying for sickness benefit decreased from 670 in 1957 to 541. This is mainly due to only a slight influenza outbreak in the early months compared with the Asian 'flu epidemic in the September-October period of 1957.

MORBIDITY

1912

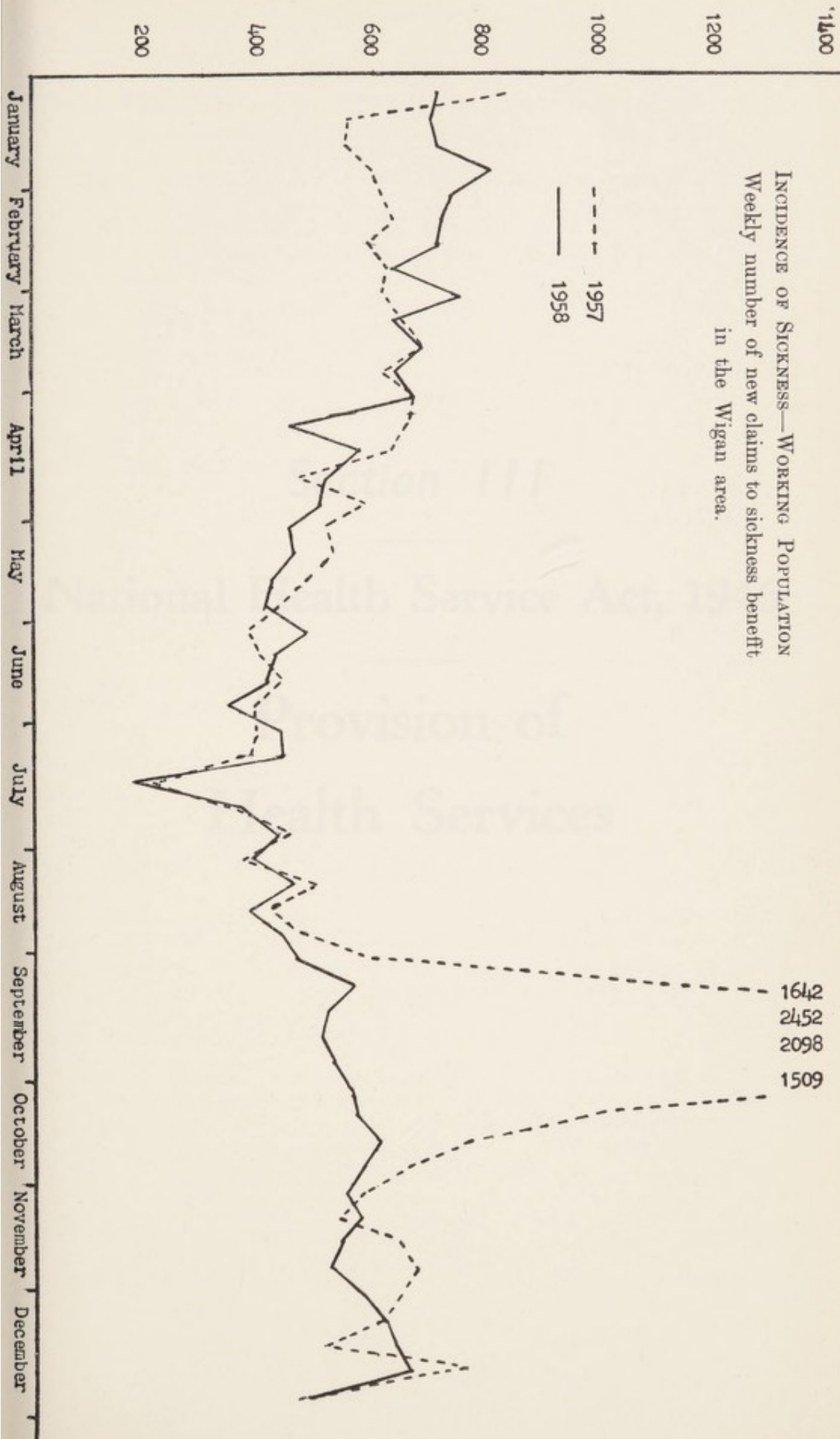
The above table shows the number of cases of the various diseases reported during the year 1912, and the number of deaths resulting therefrom. The figures are based on the reports of the physicians and surgeons of the city, and are not necessarily complete.

INCIDENCE OF DISEASES—WHITE, 1912

DISEASE	MALES	FEMALES	TOTAL
Acute Infectious Diseases	1,234	1,098	2,332
Chronic Infectious Diseases	567	489	1,056
Non-Infectious Diseases	3,456	3,214	6,670
Unlabeled	1,234	1,098	2,332
Total	6,491	5,899	12,390
Deaths	123	98	221
Rate per 1,000	12.3	9.8	11.1

The above table shows the number of cases of the various diseases reported during the year 1912, and the number of deaths resulting therefrom. The figures are based on the reports of the physicians and surgeons of the city, and are not necessarily complete.

INCIDENCE OF SICKNESS—WORKING POPULATION
Weekly number of new claims to sickness benefit
in the Wigan area.



1000 2000 3000 4000 5000 6000

Project number 1000
Project number 2000
Project number 3000
Project number 4000
Project number 5000
Project number 6000



Section III

National Health Service Act, 1946

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
WIGAN CENTRAL CLINIC, Health Centre, Millgate.	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.
PEMBERTON CLINIC : 15, Billinge Road.	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.
SCHOLES CLINIC : St. Catharine's Mission, Platt Lane.	Infant and Young Children's Clinic : Friday afternoons, 2 to 4 p.m.
WORSLEY MESNES CLINIC : Methodist Church, Poolstock Lane.	Infant and Young Children's Clinic : Wednesday mornings, 10 a.m. to 12 noon.
SPRINGFIELD CLINIC : St Andrew's Church House, Woodhouse Lane.	Infant and Young Children's Clinic : Tuesday afternoons, 2 to 4 p.m.
LAMBERHEAD GREEN CLINIC : Methodist Church, Fleet Street.	Infant and Young Children's Clinic : Thursday mornings, 10 a.m. to 12 noon.
GOOSE GREEN CLINIC : Methodist Church, Northumberland Street.	Infant and Young Children's Clinic : Thursday afternoons, 2 to 4 p.m.
MARSH GREEN CLINIC : St. Barnabas Church, Scot Lane.	Infant and Young Children's Clinic : Wednesday mornings, 10 a.m. to 12 noon.
ORTHOPAEDIC CLINIC : Health Centre Millgate.	Open each Monday morning. Surgeon attends twice monthly. Cases from Ince, Hindley and Standish also attend.

Ante - Natal Care

Although as a whole the existing provisions for midwifery work fairly well in this area, I am not satisfied that they do as yet solve the problem of obtaining the full co-operation of the general practitioners with the Local Authority's services. There is no doubt that without the latter many patients may not in fact receive adequate ante-natal care. The results of the deliberation of the Cranbrooke Committee are eagerly awaited by all who labour in this service.

Ante - Natal Clinics

Four ante-natal clinic sessions are held each week—two at the Clinic, Millgate, the other two at Billinge Road, Pemberton. An Assistant Medical Officer is present at three of the sessions and a Consultant attends at each centre one session per month. At Billinge Road Clinic the midwives conduct a weekly session to which they invite their own booked cases for examination.

	WIGAN CENTRE		PEMBERTON	
	Weekly Clinic	Special Clinic	Weekly Clinic	Special Clinic
Number of Primary Cases attending Clinic during year	422	5	254	22
Total number of attendances	1744	192	1299	197

One midwives' ante-natal clinic is held each week at Pemberton Clinic. There the midwives can carry out their ante-natal examinations of doctors' cases and arrange for blood tests and chest x-rays of each patient. This arrangement has resulted in these services reaching more doctors' cases than previously.

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. 183 new cases were examined during the year and there were 25 return cases, a total of 208.

Care of Expectant Mothers

Two mothercraft training and exercise classes for expectant primiparae are held, one at the Central Clinic, the other at Billinge Road Clinic, each week. They are conducted by the Health Visitors and the Supervisor of Midwives. 53 classes were held during the year 1958 and 854 attendances were made by mothers.

Routine chest x-ray of expectant mothers and the taking of blood samples for testing for the rhesus factor, the Wasserman reaction and the haemoglobin content are all part of the routine ante-natal care undertaken at Clinics. Iron therapy in the form of Fersolate tablets is available and a supply of welfare orange juice, vitamins and welfare foods may also be obtained. Maternity outfits are provided 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 the patients receives 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 advantage is taken of these facilities. A Health Visitor visits the Home regularly which ensure liaison with the staff at the Home.

Child Welfare Centres

Because of the migration of families from the centre of the town to the new housing estates especially to the Pemberton district it was considered advisable to open an additional Child Welfare Centre in that area. Premises were therefore secured at Marsh Green and the Centre was opened in December.

The local authority now has eight 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	1987	351	433	2771	243	807	2523
Scholes	2547	411	426	3384	218	1008	3103
Pemberton	1623	272	229	2124	163	718	1969
Worsley Mesnes	601	112	145	858	62	293	744
Springfield	2013	283	311	2607	217	845	2442
Fleet Street	1009	217	218	1444	87	316	1334
Goose Green	672	208	348	1228	56	264	1094
Marsh Green	20	7	13	40	10	17	31
(from 17th Dec)							
	10472	1861	2123	14456	1056	4268	13240

Comparative attendances for the last 5 years:

	1954	1955	1956	1957	1958
INFANTS:					
Total Attendances	10929	10687	12424	13760	14456
Primary Attendances	1071	1021	1059	1028	1056

EXPECTANT MOTHERS:

Central:

Weekly Clinic	1412	1426	1662	1555	1744
Special Clinic	144	134	178	231	192

PEMBERTON:

Weekly Clinic	743	687	744	946	1299
Special Clinic	398	261	303	238	197

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	....	....	....	36,867 tins.
Orange Juice	....	....	....	50,862 bottles.
Cod Liver Oil	....	....	....	7,026 bottles.
Vitamin A and D tablets	....	....	....	6,169 packets.

In addition the following other commodities are sold at the Welfare Foods Shop and the various Maternity and Child Welfare Clinics :

Proprietary Dried Milks	....	....	....	19,932
Vitamin Supplements	....	....	....	5,493
Rose Hip Syrup	....	....	....	2,456
Cereals	....	....	....	2,932
Malt Extract	....	....	....	1,831

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 ...	294	101	83	75
Children under five	79	43	39	39

Forms of Dental Treatment provided :—

	Sealings and Gum Treatmt	Fillings	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaest- hetics	Dentures provided		Radio graphs
							Full Up. or Lr.	Part Up. or Lr.	
Expectant and Nursing Mothers	39	51	—	—	22	—	2	—	1
Children under Five ...	7	12	6	—	23	—	—	—	—

In addition to the above, 242 children under five years of age were inspected under the School Dental Service.

DAY NURSERY

There is accommodation for 67 children and the nursery is open Monday to Friday, 7 a.m. to 7 p.m. and on Saturday until noon.

It is provided primarily for children of mothers who go out to work and also for children whose parents are temporarily unable to care for them. Provision for social cases requiring residential accommodation is made at The Elms Nursery, which is under the control of the Children's Committee. "Short time" in the cotton industry has been reflected in the lower attendance figures.

The average attendances during the year were :

Children under 2 years of age	....	....	....	....	15
Children between 2 and 5 years	....	....	....	....	38
TOTAL	....	....	....	....	53

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 attendances per session being 53 per session compared with 49 per session in 1957. 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 412 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 585, compared with 579 in 1957. The midwives acted as maternity nurses in 32 cases. The average number of cases attended by each was 53. Although the doctor was engaged in 90% of the cases he was present at the delivery of only 6% 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.

45% of the births in Wigan took place in the patient's own home.

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 samples of blood were taken, 355 for Wasserman reaction and 450 for the Rhesus factor and 742 for haemoglobin estimation.

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 177 cases—in 142 cases for the mother alone, in 25 cases for the child alone, and in 10 cases for both mother and child. The general practitioner had been engaged in 139 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 popular with the mothers. During the year Gas and Air was administered in 371 cases and in 66 cases Trilene was used.

All the midwives are instructed in the use of Pethidine and it was administered in 322 cases during 1958.

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

One midwife attended a refresher course during the year.

The Authority provides district training for pupil midwives taking Part II of the C.M.B. Course. 8 students received training during the year.

Transport of Midwives

"Essential User" car allowances are made to eight midwives who use their own motor cars whilst on approved duties. They travelled an aggregate of 11,946 miles in the year.

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 52 Wigan births in the Home.

Ophthalmia Neonatorum

No case has been notified during the year.

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. Four calls were made upon this service during the year, and all had a satisfactory outcome.

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 108; of these 31 were born at home and 77 in hospital.

The early care of premature infants born at home is undertaken by the Supervisor and two midwives, who have 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 draught-proof cots with bedding and hot water bottles, an oxygen resuscitator and baby clothing are provided.

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 48 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 and specialised nursing is continued where necessary.

Retrolental Fibroplasia

No case was reported during 1958.

HEALTH VISITING

Summary of visits during the year 1958 :—

No. of primary visits to births	1239
„ visits to infants under one year	7806
„ „ infants over one year and under two years	3899
„ „ infants over two and under three years	3084
„ „ infants over three and under four years	2443
„ „ infants over four and under five years	2887
„ „ expectant mothers	25
„ „ cases of infectious disease	266
„ „ <i>re</i> deaths under one year	29
„ „ abortions	—
„ „ still births	36
„ „ aged persons	355
Other visits	533
No. of visits—no reply	1543

There were 9 Health Visitors on the staff instead of 7 for practically the whole year and this permitted more frequent visiting in the homes. The duties of the Health Visitor now extend to visiting the aged and she has found in that a fruitful field for rendering assistance which the old people greatly appreciate.

One Health Visitor attended a post-graduate refresher course.

During the year, two student Health Visitors from the Bolton Training School have received practical training in the Department and the Committee have sponsored the training of one student at the Bolton Training College.

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. A copy of the clinical notes sent to the general practitioner is available to the assistant medical officer in charge of the clinic at which the child attends and to the Health Visitor.

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.

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 and Welfare Services. Thus there is complete liaison within the Department between the Welfare Services Section and its officers in charge of temporary accommodation, the Assistant Medical Officers of Health, Health Visitors, School Nurses and the Mental Health Services. Friendly co-operation is forthcoming from the Children's Officer and his case workers.

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

The Home Help Service is involved in this to only 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, although we have been no more successful in recruiting resident nurses this year than in the previous five years. Only the Superintendent and her deputy are resident at the present time.

The number of injections have steadily increased. This would be higher still but for some diabetics in the age group 65 years and over who now have Rastinon tablets orally instead of injections of insulin, and some of the patients suffering from cardiac oedema are now taking Diuretic tablets instead of injections of Mersalyl.

Patients continue to be visited two or three times daily when necessary and a nurse is on duty 6 - 11 p.m. to give sedatives prescribed by the general practitioner and to make the patients comfortable for the night.

Advantage has been taken of the hospital scheme for admitting patients of long standing illness at regular intervals for a period of six weeks thus temporarily relieving relatives.

There has been a decrease in the number of children under five years who have required nursing attention and also a reduction in cases of burns and scalds in all age groups. An increase is noted in the number of carcinoma of lung and stomach and also in cases of bronchitis.

The extra services available, *i.e.*, loan of nursing equipment, laundry service, home help service, continue to be appreciated by many patients. Doctors make full use of the service and are very co-operative.

Two nurses attended a refresher course organised by the Queens Institute of District Nursing.

Requests have been made periodically for extra assistance to look after patients during the day or to sit with patients during the night.

This hardly warrants a special service although it would help to relieve the demand for hospital beds.

Transport

The three Ford Popular cars were replaced during the year by three new cars of the same make.

During the year the vehicles covered 22,519 miles and the average consumption of petrol was 25.7 miles per gallon.

The Ambulance Service provided drivers for Home Nursing Service cars on 136 occasions for conveying District Nurses.

This represents a total of 141 hours 5 minutes.

Bicycles are provided and a maintenance allowance is made 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 1958 :—

No of cases on the books on 1st January, 1958	....	....	....	393
No. of new cases during 1958	....	....	....	1752
No. of visits paid by the nurses	....	....	....	53743
No of cases ceased to be visited :—				
Now convalescent	....	....	....	520
Removed to hospital	....	....	....	242
Deaths	....	....	....	194
Other reasons	....	....	....	802
				1758
No. of cases remaining on the books on the 31st December, 1958	....			387

A classification of cases attended during 1958 will be found on pages 46–49.

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 1 — All Ages

Tuberculosis of Respiratory System	14
Tuberculosis, other forms	3
Erysipelas	—
Whooping Cough	—
Measles	—
Diseases due to helminths	—
Malignant Neoplasms	120
Benign and unspecified neoplasms	40
Diabetes mellitus	33
Vascular lesions affecting central nervous system	140
Conjunctivitis	3
Blepharitis	—
Cataract	1
Glaucoma	—
Iridectomy	1
Acute otitis media	19
Mastoiditis	3
Rheumatic Fever	3
Arteriosclerotic and degenerative heart disease	252
Other diseases of circulatory system	201
Acute pharyngitis	—
Tonsillitis	23
Laryngectomy	—
Tracheotomy	—
Influenza	26
Pneumonia	54
Bronchitis	312
Quinsy	4
Empyema	—
All other respiratory diseases	90
Appendicitis	3
Hernia of Abdominal Cavity	8
Laparotomy	6
Enteritis	—
Gastrectomy	1
Cholecystectomy	10
Diseases of gall bladder and biliary ducts	23
Other diseases of digestive system	22
Diseases of genital organs	17
Prostatectomy	4
Supra-pubic drainage	2
Cystotomy	4
Diseases of uterus	76
Hysterectomy	6
Complications of pregnancy	2
Complications of puerperium (hyperpyrexia)	3
Post caesarian (from 7th day)	2
Post natal	2

Miscarriages	2
Threatened miscarriages	—
Infections of the skin: Boils	6
Abscesses: Breast	4
Others	17
Cellulitis	4
Carbuncles	4
Eczema	6
Dermatitis	4
Scabies	2
Impetigo	—
General rashes	6
Arthritis and Rheumatism	54
Other conditions: Constipation, septic areas, bedsores, debility, etc.	253
Accidents: Fractures	9
Scalds	4
Burns	4
Injuries due to falling	9
Industrial injuries	5
Senility....	69
Preparation for x-ray	150
Patients dead on nurses' arrival	4

Table II — Aged 65 Years and Over

	1958			1957		
	Male	Female	Total	Male	Female	Total
Tuberculosis, respiratory	4	3	7	2	—	2
Tuberculosis, other forms	—	2	2	—	2	2
Malignant neoplasms	26	25	51	14	19	33
Benign and unspecified neoplasms	2	11	13	4	2	6
Diabetes Mellitus	9	15	24	2	21	23
Vascular lesions affecting central nervous system	40	43	83	22	38	60
Arteriosclerotic and degenerative heart disease	93	76	169	68	51	119
Other diseases of circulatory system	37	64	101	24	69	93
Diseases of digestive system	8	5	13	5	1	6
Influenza	3	3	6	5	7	12
Gastric Influenza	—	2	2	1	—	1
Pneumonia	9	5	14	2	5	7
Bronchitis	55	47	102	30	42	72
Other diseases of respiratory system	8	6	14	4	6	10
Rheumatism	2	6	8	3	4	7
Arthritis	10	20	30	4	12	16
Varicose ulcers	6	16	22	2	15	17
Phlebitis	1	2	3	—	1	1
General rashes on body	2	3	5	1	—	1
Dermatitis	2	1	3	—	1	1
Eczema	—	2	2	1	1	2
Scabies	1	1	2	—	2	2
Cellulitis	1	1	2	—	—	—
Abscesses, Boils, Carbuncles	11	6	17	4	5	9
Bedsores	1	1	2	1	—	1
Senility, Constipation, Debility, Neurasthenia	36	62	98	30	40	70
Injuries due to falls	3	6	9	1	5	6
Fractures	2	4	6	2	7	9
Burns	1	1	2	—	—	—
Scalds	1	2	3	—	4	4
Supra-pubic drainage	1	—	1	—	—	1
Prostatectomy	4	—	4	4	—	4
Cystotomy	3	—	3	—	—	1
Gastrectomy	1	—	1	—	1	1
Hysterectomy	—	3	3	—	2	2
Cholecystectomy	3	4	7	—	1	1
Diseases of the uterus	—	38	38	—	31	31
Preparation for x-ray	16	20	36	—	25	25
Excision of eye	—	—	—	1	—	1
Cataract	—	1	1	—	—	—
Conjunctivitis	2	—	2	—	—	—
Herniotomy	2	—	2	—	—	—
Iridectomy	1	—	1	—	—	—
Nephrectomy	4	1	5	—	1	1
Laparotomy	1	2	3	—	1	1
Tracheotomy	—	—	—	1	—	1

Table III (a) — Children Under 5 Years

Abscesses	....	....	....	....	....	....	....	....	....	4
Adenitis	....	....	....	....	....	....	....	....	....	3
Anaemia	....	....	....	....	....	....	....	....	....	2
Bronchial Pneumonia	....	....	....	....	....	....	....	....	....	1
Bronchitis	....	....	....	....	....	....	....	....	....	30
Burns	....	....	....	....	....	....	....	....	....	2
Congenital Hip	....	....	....	....	....	....	....	....	....	1
Constipation and Colic	....	....	....	....	....	....	....	....	....	4
Infantile Eczema	....	....	....	....	....	....	....	....	....	2
Injury due to fall	....	....	....	....	....	....	....	....	....	—
Otitis Media	....	....	....	....	....	....	....	....	....	7
Pneumonia	....	....	....	....	....	....	....	....	....	2
Scalds	....	....	....	....	....	....	....	....	....	1
Septic arm and leg	....	....	....	....	....	....	....	....	....	3
Tonsillitis	....	....	....	....	....	....	....	....	....	3

Table III (b) — Schoolchildren

Abscesses	....	....	....	....	....	....	....	....	....	1
Bronchitis	....	....	....	....	....	....	....	....	....	12
Cerebral tumour	....	....	....	....	....	....	....	....	....	—
Constipation	....	....	....	....	....	....	....	....	....	3
Diabetes	....	....	....	....	....	....	....	....	....	1
Encephalitis	....	....	....	....	....	....	....	....	....	1
Glands inflammation	....	....	....	....	....	....	....	....	....	3
Mastoiditis	....	....	....	....	....	....	....	....	....	1
Measles	....	....	....	....	....	....	....	....	....	2
Osteomyelitis hip	....	....	....	....	....	....	....	....	....	2
Pneumonia	....	....	....	....	....	....	....	....	....	1
Pre x-ray treatment	....	....	....	....	....	....	....	....	....	1
Tonsillitis	....	....	....	....	....	....	....	....	....	2
Septic knee	....	....	....	....	....	....	....	....	....	6

Table IV — Injection Therapy, 1958

Asthma	Adrenalin	.....	.....	.....	.....	247
Anaemia	Anahaemin, Imferon, Examin, Hepastab,	}					18,911
Neuritis	Riboflavin, Campolon Forte, Cytamen,						
Rheumatism	Neo-hepatex		.....	.....	.....	.....
Bronchitis	}	Penicillin	.....	.....	.....	3,914
Pneumonia		
Various infections	}	Insulin	.....	.....	.....	9,087
Diabetes		
Cardiac	Mersalyl, Mercardon, Thiomerin	.....	.....	.....	.....	4,631
Cancer	Hormones	.....	.....	.....	.....	57
Catarrh and Chest	Myocrisin	.....	.....	.....	.....	12
Trouble							
Tuberculosis	Streptomycin and Dimycin	.....	.....	.....	.....	265
Special vaccines :	Morphia, Pethidine, Largactol, Omnipon,					862	
Scopolamine and other sedatives							
TOTAL						37,986	

NURSING EQUIPMENT

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 smoothly.

Bedding Loan Service

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.

No. of cases on 1st January, 1958	....	....	....	....	7
No. of new cases during the year	....	....	....	....	27
No. of cases ceased	....	....	....	....	28
No. of cases on 31st December, 1958	....	....	....	....	6

VACCINATION

Small Pox

The following vaccinations were carried out during 1957 :—

	Under 1 year	1 year	2-4 yrs. inclusive	5-14 yrs. inclusive	Over 15 yrs.	TOTAL
Primary	443	19	23	22	42	549
Re-vaccination	—	—	1	6	46	53
TOTALS	443	19	24	28	88	602

443 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 36% of the infants were vaccinated, but even this represents an increase on figures for previous years.

Poliomyelitis

Following the receipt of Ministry of Health circular 2/56 the Council approved in principle the scheme for the vaccination of children against poliomyelitis. The original scheme covered children born in the years 1947 to 1954 but this was extended during 1957 to include all children born between 1943 and 1957, expectant mothers, and certain classes deemed to be specially exposed to infection—general practitioners and their families, ambulance staff, etc.

In September, 1958, the offer was further extended to young persons born in the years 1933 to 1942, and it was decided to offer a third injection in all classes after a period of not less than seven months.

The extension of the groups eligible for vaccination, together with the fact that British vaccine was in extremely short supply, caused the formation of a large waiting list, which at one time reached over 2,000. The importation of Salk vaccine from Canada and America which had not been tested in this country did little to alleviate this, as parents were reluctant to agree to its use at the beginning.

Lunch-time and Saturday morning sessions were arranged to provide an opportunity for young persons who were unable to attend at the ordinary morning sessions.

At 31st December, 1958, 1,073 had received one injection only, and 286 were still awaiting vaccination. Eighteen children had received a third injection and the following vaccinations had been completed during the year:

Children born 1943 to 1957	4,484
Young persons born 1933—1942	523
Expectant mothers	173
General practitioners and families	20
Ambulance staff and families	38

5,238

B.C.G. Vaccination of School Leavers

Subsequent to a Pilot B.C.G. Vaccination Survey for school leavers, carried out in 1957, the Council decided during the current year to introduce the scheme for all school leavers. As the work could not be commenced before the Autumn term it was not possible to cover the whole thirteen-year-old school population by the end of the year.

The following represents the results of the work during the year:—

No. in 13 year age group	495
No. for whom consent was obtained	328
Percentage of acceptances	66.3
No. of Mantoux-Negative	260
No. of Mantoux-Positive	68
Percentage Positive	20.7
No. Vaccinated	260
No. who had Chest X-ray	52
No. where X-ray showed active tuberculosis	0
No. where X-ray showed lung abnormality requiring further observation	1

The examination of the vaccination sites revealed no abnormalities. All those submitted to a post-vaccination skin test had converted to the positive state.

The acceptance rate of 66.3% is slightly higher than that in the pilot survey during the previous year (63.0%).

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the germ of tuberculosis. Our percentage, 20.7, compares favourably with that in other urban industrial areas, suggesting that Wigan children are not unduly at risk in this respect.

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 1958 :—

Diphtheria

	M. & C.W. Clinic	School Clinic	Private Doctors	TOTAL
Primary	—	268	2	270
Re-inoculation	—	523	—	523
	—	791	2	793

Combined Diphtheria and Pertussis

Primary	541	—	200	741
Re-inoculation	52	—	10	62
	593	—	210	803

	Under 1 year.	1-4 years.	5-14 years.	TOTAL
Estimated present child population immunised against Diphtheria	48%	54%	45%	47%
Estimated present child population immunised against Pertussis	48%	50%	5%	19%

An overall percentage of 47% immunised against Diphtheria cannot be regarded as adequate and we must strive for a figure of at least 80%. Parental apathy is our greatest enemy. Young parents have never seen cases of diphtheria and so the wholesome fear which it engendered in the time of the greatest epidemic incidence has disappeared. On the other hand our success with the Pertussis antigen in the lower age groups has, I am sure, helped to bring about the gradual disappearance of whooping cough which we have noticed in the Borough in recent years.

AMBULANCE SERVICE

Introduction

The year 1958 is the third year in which the service has operated without major changes in its structure.

It has been a year in which a great deal of time has been devoted to the problem of increasing the operational efficiency of the service and to reducing

the number of miles run. Efforts have been made to co-ordinate the movements of vehicles and in this respect a great deal of assistance has been received from the Physiotherapy Department of the Wigan Infirmary. From September onwards a joint arrangement between this authority and the Lancashire County Council has been implemented, whereby each authority provides an ambulance on a weekly rota to convey and return patients to and from Sunny-side Hospital, Southport. This arrangement has proved most satisfactory economically and operationally, and still in being to both authorities' mutual satisfaction.

The success of these arrangements can be judged from the table below which shows a remarkable change compared with the figures for 1956 and 1957.

Year.	Average No. of patients carried per mile.	Average mileage per patient.
1956	0.27	3.6
1957	0.28	3.4
1958	0.33	3.0

During the year the service conveyed 1,624 more patients than in 1957 but reduced the mileage for the corresponding period by 5,220.

The only major increases in the classes of patients carried occurs in the "Other cases" category which covers normal admissions, discharges, and clinic patients and represents an increase of 579 and in the conveyance of Mentally Handicapped Children which shows an increase of 1,261. This latter figure is influenced by the Creche now being used on Tuesday and Friday of each week.

Ambulance Station

Many and varied were the repairs carried out on the Ambulance Station during the year. The Health Committee considered the building of a new station, and after inspecting examples of new purpose built stations, have resolved that a new station should be built. Plans are now being drawn up for this to take place.

Personnel

The establishment of the service at the 31st December, 1958 was as follows :—

- 1 Superintendent.
- 1 Assistant Superintendent
- 1 Clerk/Storekeeper
- 4 Control/Assistants
- 23 Driver/Attendants
- 1 Handyman

Civil Defence

Attendance figures at training periods for the Ambulance and Casualty Collecting Section is higher than that for other sections and during the year a number of new members have joined. All the regular attenders during 1957 are still with the section at the close of 1958.

The Assistant Ambulance Superintendent attended a short period of instruction during the month of November at the Home Office Civil Defence School, Falfield.

Maintenance of Vehicles

All vehicles have been serviced and maintained as and when required in accordance with a maintenance schedule.

Ambulance No. 1 was repainted after major body repairs and the bedding compartment in Ambulance No. 8 was removed in order to make it more suitable for general use.

Consideration should be given to the replacement of Ambulance No. 4 during the next financial year. This vehicle has been in service since August, 1950 and is rapidly becoming uneconomical to operate.

AGE OF VEHICLES IN YEARS

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	Nine to ten years	Ten years & over
1	1	1	2	1	1	2	—	—	—

Radio - Telecommunications

The mast has been inspected during the year in accordance with the contract and has been trouble-free operationally and structurally.

Difficulty has been experienced with the radio-telecommunications equipment through breakdowns which were considered to be due to failure of the manufacturers to carry out the required number of preventative maintenance checks.

After consultation with senior representatives of the company this matter has now been put right.

TOTAL MILEAGE RUN BY EACH VEHICLE

Registered No.	Year of Purchase	Make	Type	MILEAGE		Total Mileage Run
				1957	1958	
AEK 432	1953	Bedford	Dual Pur.	15,622	12,868	90,284
JP 9609	1952	Bedford	Ambulance	18,685	16,273	122,126
AJP 500	1954	Daimler	Ambulance	10,014	10,184	53,805
JP 8560	1950	Bedford	Ambulance	15,840	12,086	156,663
JP 7252	1948	Austin	Ambulance	3,715	—	—
DEK 828	1957	Bedford	Ambulance	1,219	6,291	7,510
BJP 947	1955	Bedford	Ambulance	11,348	12,916	41,469
JP 8879	1951	Bedford	Dual Pur.	16,183	15,330	137,238
JP 8800	1950	Bedford	Ambulance	7,917	8,647	67,638
AEK 319	1953	Austin	Car	19,429	20,130	140,223

Summary of Work Undertaken During the Year 1958

CLASSIFICATION	MILES	JOURNEYS	PATIENTS
SECTION 27 PATIENTS :			
Street Accidents (including all road users)	667	—	208
Other Street Accidents	215	—	58
Works Accidents	202	—	62
Home Accidents	491	—	116
Recreation Accidents	433	—	105
Unclassified Injuries	482	—	127
Street Illnesses	316	—	92
Home Illnesses	268	—	63
Works Illnesses	89	—	21
Other Illnesses	97	—	26
Maternity	6,075	—	577
Authorised Officers	1,780	—	80
Infectious	334	—	33
Deceased	184	—	39
Admissions, Discharges, Transfers & Clinic Cases ...	74,003	—	19,055
Service and Fruitless	1,344	348	—
Sunnyside, Southport	8,553	—	796
SECTION 27 PATIENTS—RECOVERABLE :			
Lancashire County Council	428	3	43
Other Authorities	223	—	16
National Coal Board	65	—	10
Sunnyside, Southport	1,174	—	235
OTHER RE-CHARGEABLE WORK :			
Welfare Services	2,766	—	655
Mentally Defective Children	13,106	—	14,829
Midwives and Gas and Air Analgesia	1,413	365	—
Hospital Management Committee	7	1	—
TOTALS... ..	114,725	717	37,246

Petrol and Oil Consumption**PETROL RECEIPTS**

Received from Wigan Corporation Transport Department	....	8,829 galls.
Received from Other Authorities	....	10 galls.
TOTAL	....	8,839 galls.

Vehicle	Make	Reg. No.	Mileage	CONSUMPTION		AVERAGE	
				Petrol Galls.	Oil Pints	M.P.G.	M.P.P.
1	Bedford	AEK 432	12,868	1,008	36	12.8	357.4
2	Bedford	JP 9609	16,273	1,140	59	14.3	275.8
3	Daimler	AJP 500	10,184	1,154	26	8.8	391.7
4	Bedford	JP 8560	12,086	982	85	12.3	142.2
5	Bedford	DEK 828	6,291	536	29	11.7	217.0
6	Bedford	BJP 947	12,916	1,062	45	12.2	287.0
7	Bedford	JP 8879	15,330	1,166	81	13.1	189.3
8	Bedford	JP 8800	8,647	624	36	13.9	240.2
Car	Austin	AEK 319	20,130	1,167	103	17.2	195.4
TOTALS :			114,725	8,839	500	13.0	229.4

The year under review can rightly be called an "operational success" which would not have been possible without the co-operation of the ambulance staff, members of the medical profession and hospital authorities.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education

Each month 2,000 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 the 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.

"Guard That Fire" Campaign

Following the commendation of the Parliamentary All Party Home Safety Group it was decided that Wigan should join in the National Campaign sponsored by the Home Office.

During November, 1958 the Health Department in conjunction with the Fire Service, assisted by such voluntary organisations as The Boy Scouts, Girl Guides, St. John Ambulance and Nursing Cadets, Churches and others, including the Press, played their part in bringing to the notice of the public the importance of safeguards against fire.

A Poster Competition for schoolchildren was organised and at the official opening to the Campaign by the Mayor, he presented prizes, which took the form of book tokens, to the winners in the competition.

A banner was slung across Wallgate (north-south highway).

Leaflets were delivered to houses and shops.

Posters were issued and shown at many shops and enthusiasm was shown by the requests for extra posters.

Local authority transport vehicles displayed 6-inch circular 'stickers' which were very effective.

Bookmarks were distributed by the Libraries.

Convalescence

During the year 1958 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									
	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Syphilis	37	21	23	11	4	11	12	7	8	7
Gonorrhoea	33	22	9	9	13	10	13	10	6	14
Other										
Conditions	86	69	62	41	59	36	39	37	31	43
TOTAL	156	112	94	61	76	57	64	54	45	64

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 1958 :—

Total number of contacts persuaded to attend were :—

Males 2 ; Females 4.

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.

61 letters were sent to patients failing to attend. Of these it was found :

50 reported for treatment, etc.

3 left district.

3 transferred to other Clinics.

3 patients died.

10 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 the health visitor being divided between attendance with the Chest Physician at the Dispensary and visiting patients in their homes.

During the year, 1,741 home visits were paid by the tuberculosis health visitor.

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

1956			1957			1958		
Adults	Children	Total	Adults	Children	Total	Adults	Children	Total
137	106	243	134	122	256	79	104	183
Contacts of positive cases under supervision, 31st December, 1958....								397
Contacts under supervision after B.C.G. inoculation								330

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

NOTIFICATIONS :			1956	1957	1958
Tuberculosis : Pulmonary			46	61	36
Other forms			7	2	9
No. of contacts per case (pulmonary only)			5.3	4.2	5.1

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 8 cases of Infectious Tuberculosis involving 8 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.

Persons 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 Barrowmore Hall, the local health authority undertaking part maintenance.

Bacille Calmette Guerin Vaccination

The Chest Physician has supplied the following figures showing the numbers dealt with during 1958 :—

Children under 15 years of age :—

No. of Contacts skin patch tested	Positive	Negative	B.C.G. Vaccinated
192	108	84	82

82 children were patch tested after B.C.G.—all showed a positive skin reaction.

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

Further information concerning B.C.G. vaccination of school leavers is given on page 51.

Mental Illness and Defectiveness

Details of work under this section are given under Mental Health Service. Page 63.

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 89 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.

The meals are 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.

8,962 meals were provided on 260 days 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 they are not forgotten and can ask for help if they require it. In this connection I must recognise the valuable work done by the members of the W.V.S., who regularly accompany the drivers and deliver the meals.

DOMESTIC HELP SERVICE

Two helps are employed full time and at the end of the year 79 part-time helps were on the register.

Again there has been a considerable increase in the number of families availing themselves of the Service. During 1958 domestic help was provided in 712 cases—65 maternity, 4 tuberculous, 622 chronic sick including aged and infirm and 21 others—compared with a total of 548 in 1957.

The Service has now grown to such an extent that one clerk can no longer efficiently organise it. It is considered that a full-time Organiser and a Visitor are required if the Service is to be maintained on an efficient basis.

Charges for Service

The standard charge operating during the year was 3s. 7½d. 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 form the bulk of the cases helped by the Service. From the 13th May, 1957, all necessitous cases, previously assessed to pay minimum charges, were granted the Service free of charge.

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

MENTAL HEALTH

The service includes :—

- (i) The ascertainment of cases of mental ill health and mental deficiency in the community.
- (ii) The initial proceedings for the admission to hospital of persons suffering from mental illness.
- (iii) The domiciliary after-care of patients discharged from hospitals and measures for the prevention of mental illness in the community.
- (iv) The statutory supervision, guardianship and training of mental defectives in the community, and the initial proceedings for the admission to hospital of defectives requiring this form of care.
- (v) The welfare and resettlement of defectives and discharge from hospital.

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

The Medical Officer of Health together with Dr. R. McL. Bain, Assistant Medical Officer and 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 medical certificates under Section 1 (3) and 5 (3) of the Mental Treatment Act, 1930.

There are three full-time duly authorised officers and mental health visitors—two male and one female, and one trainee mental health visitor.

The trainee mental health visitor attended the special refresher course for mental health workers organised by the National Association for Mental Health in conjunction with the Extra Mural Department of Leeds University. The course consists of 1 month's residence at Leeds followed by 20 weekly seminars then 1 week's residence at Leeds.

Mental Deficiency

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

During the year 6 cases were removed from statutory supervision. In each case the defective had become stabilised, in regular employment and earning a satisfactory wage.

Two cases on licence from Calderstones Hospital were discharged. Both cases were found employment and proved to be satisfactory.

The department co-operates with the Ministry of Labour and prospective employers, in every endeavour to find suitable employment for mental defectives.

Co-ordination is maintained with the Regional Hospital Boards and Hospital Management Committees.

The local authority provide all home reports in respect of defectives on licence from hospitals and when licensing, holidays and continuation of orders are being considered.

Patients admitted to hospital with the exception of 1 court case have been on an informal basis.

The difficulty of obtaining hospital care is still a pressing problem. It has, however, been possible to obtain short term care in a number of cases, which has given relief to the parents.

The Medical Superintendent of Brockhall Hospital is available for consultation on cases of mental deficiency which present special difficulty.

Mental Illness

The department deals with all matters relating to prevention, care and after-care of persons suffering from mental illness.

A 24-hour service is in operation for arranging admission to hospital of patients requiring urgent treatment, and, where necessary, the department assists in the admission of voluntary patients and an officer accompanies the patient to hospital. Social histories are forwarded to the appropriate hospital in respect of all patients admitted.

A Duly Authorised Officer and Mental Health Visitor attends the clinic at Wigan Infirmary each week and obtains the social history in respect of all patients attending from the County Borough of Wigan and, where necessary, an officer accompanies the patient. Where out-patient treatment is recommended, every encouragement is given to patients to complete treatment.

Prevention

Many cases of potential breakdown are referred to the department and it has been found that a satisfactory solution of social problems has been instrumental in averting mental illness.

A close liaison exists between the medical practitioners and mental health staff in dealing with stresses and situations within the family at an early stage. Considerable success is being achieved without the need for admission to hospital and many patients continue to lead a useful life in the community whilst receiving out-patient treatment and supportive case-work from the mental health staff.

The mental health staff co-operates with other social workers, viz. :—welfare services, health visitors, child care officers, probation officers and housing department, etc.

After Care

Close liaison is maintained with the hospitals and the mental health staff attend weekly conferences with the Consultant Psychiatrist to the Wigan area when all matters relating to the welfare of the patients are discussed. These sessions are held at Billinge Hospital, and have proved to be of particular benefit in formulating after care measures at an early stage and thereby facilitating the return of the patient to the community.

All patients on discharge from hospital are visited by the case-worker, and every endeavour is made to obtain the co-operation of the relatives and help them to understand the patient's difficulties. Patients are encouraged to keep their appointments at the after care clinic at Billinge Hospital where necessary.

The department co-operates with the Ministry of Labour and employers in cases where the question of employment arises.

Account of Work Undertaken in the Community

Visits to Office by relatives and patients for advice	207
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1.—Under Lunacy and Mental Treatment Acts

Cases notified	187
Notified cases dealt with as follows :—	
Section 16 Lunacy Act, 1890	—
Section 20 Lunacy Act, 1890	45
Section 21 Lunacy Act, 1890	30
Voluntary Patients, Section 1 Mental Treatment Act, 1930	96
No action taken	16
	<hr/>
	187
	<hr/>

Cases admitted to hospital under Sec. 20 and 21 Lunacy Act, 1890 were dealt with as follows :—

Section 16 Lunacy Act, 1890	5
Voluntary Patients, Section 1 Mental Treatment Act, 1930	59
Temporary Patients, Section 5 Mental Treatment Act, 1930	—
Discharged following expiration of order under Sec. 21 (A) Lunacy Act, 1890	5
Discharged following expiration of order	1
Died	3
Still in hospital under Section 21 at 31-12-58	2
	<hr/>
	75
	<hr/>

No. of cases visited under Section 28 of the National Health Service Act, 1946	140
No. of visits under Section 28 of the National Health Service Act, 1946	402
Social Histories for Hospitals and Psychiatric Clinic	138
No. of cases in Mental Hospitals on 31-12-58	239
Discharges from Hospitals	174
Deaths	17

2.—Under the Mental Deficiency Acts, 1913 - 1938

Cases in M.D. Hospitals at 31-12-58	84
Cases under Guardianship Sec 6 M.D. Act, 1913	—
Cases under Statutory Supervision	99
Cases under Voluntary Supervision	11
Cases under training (occupation centres) Sec. 30 M.D. Act, 1913	40
Cases attending Creche	8
Petitions presented, Sec. 5 M.D. Act, 1913	—
Cases admitted to hospitals :—	
Sec. 8 M.D. Act, 1913	1
On informal basis	5
Short term care of Mental Defectives, Sec. 28 National Health Service Act, 1946 ;—	
Admitted to National Health Service Hospitals	3
Admitted to Short Stay Homes	2
Special Reports made on behalf of M.D. Hospitals	32
Home Visits	410
Particulars of cases reported during the year 1958 :—	
Ascertainment.	
(a) Cases reported by Local Education Authorities under Sec. 57 Education Act, 1944	
(i) Under Sec. 57 (3) Education Act, 1944	6
(ii) Under Sec. 57 (5) Education Act, 1944 :	
On leaving ordinary schools	1
On leaving special schools	—
(b) Other ascertained defectives	1
(c) Other reported cases not at present subject to be dealt with	—
	8
Disposal of cases reported during the year :	
Placed under Statutory Supervision	7
Placed under Voluntary Supervision	—
Admitted to hospitals	1
	8
Number of Mental Defectives in Hospitals, under Community Care, including Voluntary Supervision or in "Places of Safety" on 1st January, 1958 who have ceased to be under any of these forms of care during 1958 :—	
(a) Ceased to be under care	10
(b) Died or removed from area	1
	11
Cases awaiting admission to hospital at 31-12-58	7

TRAINING OF MENTAL DEFECTIVES

OCCUPATION CENTRE

- Terms :** The Centre is open on all normal school days.
- Staff :** Supervisor.
Deputy Supervisor.
Three Female Assistant Supervisors.
One Male Assistant Supervisor.
One full-time guide help.
One part-time guide help (17½ hours per week).
One caretaker.
We are very fortunate in having the services of a voluntary helper one day per week who helps generally and teaches the senior girls cookery. This has proved an item of real interest to the girls.
- Transport :** The children from Wigan Borough and from the Standish area are still conveyed by ambulance but the remainder from the Lancashire County No. 8 Division are brought in by coach.
- 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 and actual progress made 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 do 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.

The work of the school is progressing steadily. The children are happy ; they are becoming more controlled in behaviour and bearing and many of the seniors are more self-reliant. There are, of course, some children who are so unstable and aggressive that they require much training and the staff need infinite patience to deal with them.

The domestic work of the senior girls class is now quite good. The cookery class is popular and the results look good.

Marked progress has been made in the woodwork class where the standard of work is high. We are hampered, however, by the lack of floor space as the workshop is too small to accommodate the class adequately, nor is there sufficient space to store timber.

The percussion band groups are greatly enjoyed and the standard of pattern playing is steadily improving.

Other Activities: 22 girls and 16 boys were taken by the staff for a week's holiday to Ansdell St. Annes in May.

Training of Students : During the year one student from the National Association for Mental Health Course for Supervisors in Manchester has done practical training in the Centre.

Ages of children attending the Centre during the year :—

	7	8	10	11	12	13	14	15	16-29	Total.
M.	1	1	4	2	1	5	3	3	18	38
F.	—	—	1	2	5	1	2	5	16	32

The following is an extract from the attendance register :—

	Borough.	County.	Total.
No. of children on the register at 1st Jan., 1958	39	27	66
No. of admissions during the year	4	—	4
No. of children who ceased to attend	2	2	4
No. of children remaining on the register at 31st December, 1958	41	25	66
Average daily attendance during the year	36	24	60

Creche

Consideration has been given to the pressing problem of the burden of parents of mental defective children who are too young or too low grade to benefit by instruction in the Occupation Centre and also to enable the mother to attend shopping and other outdoor matters.

In an attempt to relieve the situation authority was obtained to set up a small creche at Scarisbrick Street Baptist Church.

The creche commenced on the 12th August and initially was opened on Tuesday and Friday afternoons each week between 1-30 and 4-30. Between 4 and 6 children regularly attended and were under the care of two paid helpers. No charge is made to the parents of children attending.

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 :—

Blood grouping of ante-natal patients.

Propaganda by Paediatrician regarding immunisation and vaccination.
Geriatric Services and preparation of case histories by staff of local authorities.

Loading and unloading of ambulance at Physiotherapy Department.

Winter epidemics.

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 have been obtained. The Department has published in booklet form, comprehensive schemes drawn up and co-ordinated by officers of the various authorities involved. These schemes are reviewed annually and amendments made in the light of experience.

Section IV

Prevalence of and Control over Infectious Disease

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

There were 582 notified cases of Measles, occurring mainly during the latter half of the year ; 60% occurred in the Pemberton area.

The number of cases of Pulmonary Tuberculosis, 36, was the lowest ever recorded.

Also the number of cases of Scarlet Fever, 20, was the lowest ever recorded, 15 of which occurred in the 5-10 age group.

10 cases of Whooping Cough were notified, the lowest number since 1939 when notifications were first recorded.

For the sixth year in succession there was no notified case of Diphtheria.

Only one case of Paralytic Poliomyelitis was notified, a 2-years-old boy, which unfortunately, proved fatal.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1958.

NOTIFIABLE DISEASE	CASES NOTIFIED																						
	AGE GROUPS									WARD RESIDENCE													
	under 1	1 and under 3	3 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 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.
At all Ages	1	1	1	1	1	1	1	1	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Acute Encephalitis, Infective	1																						
Acute Poliomyelitis: Paralytic	1	1																	1				
Non-Paralytic	1	1																	1				
Diphtheria and Memb. Group																							
Dysentery	2		3	2	2					4					1		2						2
Enteric or Typhoid Fever																							
Erysipelas																							
Food Poisoning		2		2		2				1								1	1				
Measles	23	127	160	262	9	1				4	4	6	6	50	39	33	24	17	8	110	97	131	53
Meningococcal Infection	1	1																					
Ophthalmia Neonatorum																							
Pneumonia		2	1			1	2	3	4	1	1		1	1			2	1	1	1	2		2
Puerperal Pyrexia																							
Scarlet Fever		1	3	15	1						4	1	6	1	1	1	5	2	2		5	3	4
Tuberculosis: Pulmonary	36	1			1	8	13	9	4								7	2	2				
Other Forms	9	1	2			2	2	1	1			1	1		1					2		2	2
Whooping Cough	10	2	3	2							3	2	2		2								
TOTALS	692	28	139	172	284	13	12	19	15	10	12	10	16	52	44	34	40	23	14	121	110	140	66

Analysis of Notifications by Months, 1958

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Encephalitis: Infective ...										1			1
Acute Poliomyelitis: Paralytic ...										1			1
Non-Paralytic ...										1			1
Diphtheria and Memb. Croup ...													
Dysentery ...					1	1			4	3			9
Enteric or Typhoid Fever ...									1	1			3
Erysipelas ...	1												
Food Poisoning ...						3						3	6
Measles ...			1	2	15	21	12	31	71	73	127	229	582
Meningococcal Infection ...										1			1
Ophthalmia Neonatorum ...													
Pneumonia ...	1	3	1					3	1	1	3		13
Puerperal Pyrexia ...													
Scarlet Fever ...	1	2			1	1	2	1	4	2	2	4	20
Tuberculosis: Pulmonary ...	3	5	2	3	2	3	4	1	2	3	3	4	36
Other Forms ...		1			1	1	1		2	1		2	9
Whooping Cough ...								3		1	2	4	10
	6	11	5	5	20	30	19	39	85	89	137	246	692

Comparative Notifications for the Past Ten Years

DISEASE	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Acute Encephalitis: Infective ...										1
Acute Poliomyelitis: Paralytic ...	1	5		2	5		1		5	1
Non-Paralytic ...		2	2	1	1		2	3	1	1
Diphtheria and Memb. Croup ...	1		1	2						
Dysentery ...	60	3	7	1	1	106	9	64	63	9
Enteric or Typhoid Fever ...					2				1	
Erysipelas ...	14	11	3	9	8	5	4	3		3
Food Poisoning ...					3	1	3	14	8	6
Measles ...	321	544	1059	539	1219	271	1400	96	721	582
Meningococcal Infection ...	1	1	3			1	1			1
Ophthalmia Neonatorum ...		1								
Pneumonia ...	73	89	97	69	28	24	19	12	14	13
Puerperal Pyrexia ...	4	4	1	1		2	2	1	4	
Scarlet Fever ...	146	138	85	44	180	155	44	44	25	20
Tuberculosis: Pulmonary ...	72	73	73	56	67	81	55	46	61	36
Other Forms ...	12	14	21	15	16	7	12	7	2	9
Whooping Cough ...	157	106	262	29	278	55	89	133	38	10
	862	991	1554	768	1808	708	1641	423	943	692

Tuberculosis

Notifications, 1958

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	—	—	—	4	1	3	4	3	7	3	—	26	
Respiratory—Females	—	—	—	1	2	1	3	3	—	—	—	—	10	
Non-Respiratory—Males	—	—	3	—	—	2	—	1	1	—	—	1	8	
Non-Respiratory—Female... ..	—	—	—	1	—	—	—	—	—	—	—	—	1	

**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. ...	—	—	—	—	—	—	—	—	1	—	—	—	1A
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—B
	Non-Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	—C
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—D
Death Returns from Registrar General-Transferable Deaths	Resp.	M. ...	—	—	—	—	—	—	—	1	—	—	1	—	2A
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—B
	Non-Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	1	1C
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—D
Posthumous Notifications	Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	—A
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—B
	Non-Resp.	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	—C
		F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—D

TOTALS: A—3, B—0, C—1, 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
No. 1—St. George ...	2022	—	—	—	—	—
No. 2—Lindsay ...	4506	4	—	4	—	—
No. 3—St. Catherine ...	5181	1	1	2	1	1
No. 4—St. Patrick ...	5426	6	—	7	—	—
No. 5—St. Thomas ...	2114	1	—	1	—	—
No. 6—Poolstock ...	3469	1	1	2	—	—
No. 7—Victoria ...	2655	1	—	1	—	—
No. 8—St. Andrew ...	15616	5	—	5	1	1
No. 9—Swinley ...	9760	2	—	2	2	2
No. 10—All Saints ...	1895	—	—	—	—	—
No. 11—West Pemberton	7081	5	2	7	2	2
No. 12—North	6909	3	—	3	—	—
No. 13—Central	8488	3	2	5	4	4
No. 14—South	6208	4	2	6	—	—
TOTALS ...	81330	36	9	45	10	1
						11

Estimated Population of Wards is based on current Voters List

New Cases and Mortality During 1958

AGE PERIODS :	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	1	—	—	—	—	—	—	—
1—	—	—	3	—	—	—	—	—
5—	—	1	—	1	—	—	—	—
15—	5	3	2	—	—	1	—	—
25—	7	6	1	—	1	1	—	—
45—	10	—	1	—	2	2	—	—
65—	3	—	—	—	3	—	—	—
75—	—	—	1	—	—	—	1	—
TOTALS	26	10	8	1	6	4	1	—

The number of deaths from Pulmonary Tuberculosis was 10, against 13 in 1957, and 10 in 1956. One death from other tubercular infections occurred during the year, against none in 1957, and 1 in 1956.

The rates are as follows :—

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

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

Comparative Statistics, 1954 to 1958

Cases Notified

	1954	1955	1956	1957	1958
Pulmonary	81	55	46	61	36
Other forms of tuberculosis	7	12	7	2	9
TOTALS	88	67	53	63	45

Deaths

	1954	1955	1956	1957	1958
Pulmonary	24	10	10	13	10
Other forms of tuberculosis	1	1	1	—	1
TOTALS	25	11	11	13	11

Death Rates

	1954	1955	1956	1957	1958
Pulmonary	0.29	0.12	0.12	0.16	0.12
Other forms of tuberculosis	0.01	0.01	0.01	0.00	0.01
TOTALS	0.30	0.13	0.13	0.16	0.13

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

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, 1958, was 82, made up as follows:—

Administrative and Clerical (including persons in charge of Homes)	....	14
Home Staffs (Other than persons in charge)	....	64
Staff employed at Social and Handicraft Centres (including Occupational Therapist)	....	4
		—
		82
		—

RESIDENTIAL ACCOMMODATION

SEC. 21 (a).

The following table shows the numbers of aged persons provided with residential accommodation as at 31-12-58.

Age	Douglas Bank. (adapted Small Home)		Norley Hall. (New Home)		Rockwood. (adapted Small Home)		St. Stephen's (Former P.A.I.)	
	M.	W.	M.	W.	M.	W.	M.	W.
Over 90	—	1	—	1	—	—	2	—
85-90	2	6	3	3	—	—	1	3
80-85	3	5	2	5	2	2	4	4
75-80	—	9	6	3	4	5	5	3
70-75	1	1	3	2	2	3	7	2
65-70	—	2	4	2	—	—	1	6
Infirm	—	—	—	3	—	1	4	9
Average Ages	81		78		76		77	

Overall average age 78.

One aged person is accommodated in a Home provided by another Local Authority.

Hostel for Men

In addition to the above, 42 aged men were accommodated in the former Institution. These men required less attention and the need for care arose principally from their lack of supervised accommodation and elementary comforts.

Charges for Accommodation

The Standard Charges for the year were :—

St. Stephen's House	£4 4 0
Douglas Bank House, Norley Hall, Rockwood	£5 12 0

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	£4,716	7	5
Douglas Bank House	£3,685	9	3
Norley Hall	£4,013	9	4
Rockwood	£1,909	11	9
Hostel for Men (Accommodation charges)	£1,704	9	0
Hostel for Men (Meals charges)	£2,164	6	6

It is pleasing to record that the foundation stone of the new 61-bed Springfield Home was laid by the Mayor on 10th December, 1958.

PROBLEM FAMILIES

All the thirty-three cases, in which detailed investigation was carried out, came with problems which were at least connected with housing difficulties. The most interesting feature is the fact that no appreciable increase in families actually seeking the advice of the department can be observed, notwithstanding the consequences of the Rent Act which it was supposed would lead to an increase in evictions and homeless families. In most cases, it was impossible to keep a formal follow-up picture after a temporary solution had been found. In most cases, the policy was again to avoid actual eviction and to refrain from accommodating families at their wish in the Welfare Home.

How was the Problem Solved ?

- 17 families were living with relatives when the emergency occurred.
- 3 of these found accommodation by themselves ;
- 12 went back to their families with letters asking their relatives for help and understanding ; in 6 cases the N.S.P.C.C. were contacted to co-operate.
- 1 family was subsequently re-housed by the Corporation.
- 8 families went back to their former homes, again with varied help and advice.
- 7 families did not turn up for subsequent interviews, but it must be assumed that they found some sort of solution themselves.

AGE OF THE MOTHER				NUMBER OF CHILDREN			
23 and under	...	...	7	No children	...	...	—
24-33	...	...	13	Less than 2	...	...	17
34-43	...	...	11	3-4	...	...	12
44 and over	...	...	2	More than 5	...	...	4

When drawing a comparison with last year's figures, one notices a larger percentage of mothers of large families seeking the help of this department, and again, the comparatively large percentage rate of families (50%) with less than three children. It is to be seen whether in other areas the same trend is taking place, which would mean that one of the classical attributes of "problem families," namely the large number of children, is vanishing. It also points to the interesting fact, that more and more of the problem might move away from the purely financial difficulties of keeping large families on low wage rates.

The same trend of lessening characteristic features of the "problem family set up" is evident in the fact that a comparatively small number only of mothers is very young, and that in all probability, the number of children is likely to stay at the present rate.

Occupations and Income

		(per week)	
No occupation	7	National Assistance	
Unskilled	14	or other public funds	16
Skilled	12	Less than £8	4
		£8 or more	13

The fact that half of those asking for help were on public funds at the time of visiting the department, cannot be taken as an indication of long-term unemployment due to personal inadequacy, which is another usual attribute of the bread-winner of problem families. In a number of cases, the husband was in temporary unemployment and due to start work in the near future; it must also be taken into consideration that the relative rise in persons living from public funds is parallel to the general trend operative during the year in question, namely of a steep rise in unemployment and of more temporary lack of work, especially in the North West. A very interesting feature is the relatively high number of skilled persons amongst the fathers of these families (36%) and the fact that 40% of the bread-winners were earning over eight pounds. Again, it seems from this sample that the typical low-earning absentee father is rare (13%). Together with the fact outlined in the last paragraph, namely the growth of small families, it seems that most typical features of "problem families" were not very much in evidence.

The "no occupation" group includes 6 women who, at the time of taking case-notes, were either separated from their husbands under separation orders or contemplating legal separation. Two of these women subsequently went back to their husbands, one after some time in the Welfare Home.

Perhaps the most satisfactory case dealt with during the year in question was concerning a family whose eldest son had been convicted as a juvenile delinquent and had broken a probation order. The family were evicted from a Corporation house because of consistent non-payment of rent. Although they had offered to pay at the last moment, this had been refused. In the intervening few days, the father had spent this rent money. By a concentrated effort between the Department, the British Legion and the Town

Clerk's Department who co-operated, the key was handed back to the family on condition that the Housing Department and this Department would co-operate in checking the rent book. The family have been visited regularly since and, so far, no arrears were evident. Various mishaps occurred and the husband could not obtain work, but the house was always clean and the rent punctually paid.

Another case demonstrates the immense problem and difficulty in planning the future for a person when strong emotions play havoc with such plans. A woman with seven children had been separated previously and, after reuniting with her husband again, had met the same insuperable difficulties. These were periodical drunkenness and instances of physical and mental cruelty. The wife had attempted suicide earlier in her married life. Her grown-up son had shielded her from these outrages, but since his absence due to military service overseas, the situation had become insufferable. There was also a problem of a young engaged daughter who was also continuously beaten and her fiance threatened. The Housing Department maintained that, under the circumstances, she and the children would probably obtain the tenancy of the house after separation. The Probation Officer promised to do his best to get an early hearing. In the meantime, the woman applied for accommodation in the Welfare Home. It was suggested that she should try and find alternative accommodation for the teenage daughters, a task in which she succeeded. The woman and her younger children moved to the Welfare Home whilst it was planned to board the youngest child with the grandmother in Yorkshire.

Although everything was well under control, and the woman had emphasised her determination not to go back to her husband, she left the Welfare Home and did go back to her husband five weeks later. In view of the circumstances of this case, the repeated incidents when police were called in, and the upset state of the mother of this family, her final decision is difficult to understand. There is also the problematic point of all the work and thought spent in this case by various persons and agencies in view of her repeated determination to go through with the separation this time. The inevitable loss and waste of working time and effort can only be justified by the very tenor and meaning of social case work, namely, that it is not our idea of what is "good for them" which is the final motive of our work, but to help them as far as they require and need our advice and help to make life more amenable and socially integrated. If they are conscious of the help which has been given, perhaps, in the next emergency more can be achieved by the trust imbued on this occasion.

DOMICILIARY WELFARE OF THE ELDERLY

The problem of the welfare of the elderly tends to assume growing urgency. People are living longer and an increasing proportion of the population is to be found in the upper age groups.

Elderly people could be classified as (a) those still able to lead independent lives, (b) those in need of hospital services, (c) those requiring care and attention in residential accommodation, (d) those needing some help while living in their own homes or with relatives, or others.

- (a) Most old people are able to live independent lives, and many continue in employment after normal pensionable age.
- (b) The medical needs of old people and the possibility of a measure of rehabilitation in many cases regarded as "chronic," are receiving increasing attention from medical authorities. It is the responsibility of the hospital service to provide specialist advice and treatment for old people either as in-patients or out-patients, with the object of restoring them to an active and normal life (*see Geriatric Service*).
- (c) The Committee are providing residential accommodation for 133 persons, and the new Springfield Home will provide a further 61 beds.
- (d) Many old people living at home require help and guidance. During the year, 983 visits were made by Welfare Services staff, and help was given on a variety of problems, such as supplementary pensions, grants for bedding, clothing, footwear, spectacles, dentures, hearing aids, etc. 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

This service, run on a voluntary basis by the Rotary 'Inner Wheel' members, is available at Crompton Street Centre to aged persons who are unable, through limited means, to visit a chiropodist in the normal way. During the year, 80 sessions were held and 1,654 treatments given. The Rotarians are to be congratulated for helping to mobilise a section of the community which could so easily become homebound.

GERIATRIC SERVICE

Close liaison is maintained with the Consultant Geriatrician, and Welfare Officers of the Department visit and provide social reports on 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 16 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. Cases have arisen where Section 47 procedure might have been applied but has been avoided due to the satisfactory readjustment of the old person's mode of life, habits, etc., made possible through the efforts of officers of the Health and Welfare Departments.

Protection of Moveable Property (Section 48)

A Local Authority is obliged under this Section of the Act to safeguard the property of any person admitted to hospital or to residential accommodation where no other suitable arrangements have been or are being made.

Three applications were received during the year requesting the Authority to provide protection of moveable property.

Burial of the Dead (Section 50)

Under this Section of the Act, Local Authorities must accept responsibility for the burial or cremation of the body of any person who has died or been found dead in their area, where it appears that no other person or organisation will do so. The decision of the Ministry of Health a few years ago, that the cost of burial of patients dying in hospital could be a proper charge on health service funds, has somewhat relieved the financial burden.

During the year, 6 applications were received and the service was provided in 4 cases.

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 provides 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 instal and maintain all sets free of charge.

During the year the Authority purchased 10 Talking Book Machines which have been loaned to blind persons.

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.

CLASSIFICATION OF REGISTERED BLIND PERSONS BY AGE GROUPS.

NEW CASES REGISTERED

31-12-58

Jan. 1st, 1958 to 31st Dec., 1958.

Age at Registration.

Age Group	M.	F.	TOTAL.	M.	F.
0	—	—	—	—	—
1	—	—	—	—	—
2	—	—	—	—	—
3	—	—	—	—	—
4	—	—	—	—	—
5-10	1	3	4	—	—
11-15	—	—	—	—	—
16-20	—	—	—	—	—
21-30	1	—	1	—	—
31-39	5	8	13	—	—
40-49	7	4	11	1	—
50-59	8	8	16	—	—
60-64	8	3	11	—	1
65-69	7	10	17	—	2
70-79	18	40	58	1	3
80 & over	19	18	37	5	2
TOTALS	74	94	168	7	8

AGES AT WHICH BLINDNESS OCCURRED.

Age Group.	Total Register.			New Cases Registered during 1958		
	M.	F.	TOTAL.	M.	F.	TOTAL.
0	5	5	10	—	—	—
1	—	2	2	—	—	—
2	1	—	1	—	—	—
3	—	1	1	—	—	—
4	—	2	2	—	—	—
5-10	1	2	3	—	—	—
11-15	2	2	4	1	—	1
16-20	2	1	3	—	—	—
21-30	9	5	14	—	—	—
31-39	4	4	8	—	—	—
40-49	9	3	12	—	—	—
50-59	7	18	25	—	—	—
60-64	5	5	10	—	2	2
65-69	7	14	21	—	2	2
70-79	19	21	40	4	3	7
80 and over	3	9	12	2	1	3
	74	94	168	7	8	15

During the year ended 31st December, 1958, 15 names were added to the Register of Blind Persons and 21 names were removed. Details are shown in the following table :—

No of registered blind persons at 31-12-57	174
No. registered 1st Jan. to 31st Dec., 1958	12
Transfers into Area	2
Re-certified	1
	15
	189
Deaths	16
De-certified	1
Removals out of Area	4
	21
Number on Register, 31-12-58	168

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

	Males.	Females.
Bilateral Senile Macular Degeneration	2	—
Cataract	4	5
Myopic error	1	—
Glaucoma	—	1
Diabetic Retinopathy	—	—
Bilateral Corneal Dystrophy	—	—
Arterial degeneration	—	—
Iridocyclitis	—	—
Bilateral Optic Atrophy	—	1
Bilateral Trachoma	—	1

Follow - up of Registered Blind Persons

(i) No. of cases registered during the year in respect of which Sec. F. Para. 1 of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibro-plasia	Others.
(a) No treatment	3	—	—	1
(b) Treatment (medical, surgical or optical)	4	2	—	1
(ii) Number of cases at (i) (b) above, which, on follow-up action, have received treatment	—	2	—	1
(iii) Number of cases at (ii) (a) Vision improved	—	—	—	—
(b) Light restored	—	—	—	—
(c) Treatment continuing at end of year	—	2	—	1

Follow - up of Registered Partially Sighted Persons

(i) No. of cases registered during the year in respect of which Sec. F. of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibro-plasia	Others.
(a) No treatment	—	—	—	—
(b) Treatment (Medical, surgical or optical)	1	—	—	2
(ii) Number of Cases at (1) (b) above which, on follow-up action, have received treatment	1	—	—	1
(iii) Number of Cases at (ii) above in which—				
(a) Vision improved	—	—	—	—
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	1	—	—	1

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.

Register of Partially Sighted Persons

Age Group.	Registered at 31-12-58.			Registered during 1958.		
	M.	F.	TOTAL.	M.	F.	TOTAL.
1	—	—	—	—	—	—
2	—	—	—	—	—	—
3	1	—	1	—	—	—
4	—	—	—	—	—	—
5-10	—	1	1	—	—	—
11-15	—	—	—	—	—	—
16-20	—	2	2	—	—	—
21-30	2	—	2	—	—	—
31-39	—	—	—	—	—	—
40-49	3	—	3	—	—	—
50-59	5	4	9	1	1	2
60-64	—	2	2	—	—	—
65-69	2	1	3	1	—	1
70-79	3	5	8	1	—	1
80 and over	5	2	7	—	—	—
	21	17	38	3	1	4

Welfare of Blind Children

One partially sighted child, who has been ascertained under the Education Act (Handicapped Pupils and School Health Service) Regulations, 1945, as being in need of special educational treatment, is being maintained by the Authority as follows:—

	M.	F.
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, 1958, 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.

Deaf Register—Grouping

	Male.	Female.
Children under 16 :		
Attending Special School	8	—
Attending Other School	—	—
Not at School but Educable	—	1
Ineducable	—	—
Persons aged 16 and upwards :		
Employed	23	21
Undergoing Vocational Training	—	—
Unemployable but available for and capable of training for work	3	1
Incapable of or not available for work	11	9
TOTAL	45	32

During the year, the Institute has been the main source of the members' social life and recreation, with all the usual activities and entertainments of billiards, table-tennis, dominoes, darts, film shows and T.V.

53 religious services were provided for the members at the Institute chapel during the year.

Visits were made as follow by the Missioner and Welfare Officer :—

Domiciliary Visits	397
Industrial Placements	51
Hospitals, etc.	89
Other Visits	169

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	39	4	—	—	43
Arthritis and Rheumatism	14	7	—	—	21
Congenital Malformations	12	9	5	—	26
Diseases	69	12	—	—	81
Injuries	58	7	1	—	66
Organic Nervous Diseases	43	45	5	7	100
Other Nervous and Mental					
Deformities	14	11	—	—	25
T.B. (Respiratory)	7	1	—	—	8
T.B. (Non-Respiratory)	1	—	—	—	1
Other disorders (not specified					
above)	9	5	—	—	14
	<u>266</u>	<u>101</u>	<u>11</u>	<u>7</u>	<u>385</u>

The Welfare Officer for Handicapped Persons reports:—

The work during the year was carried out by follow-up and investigation. Unfortunately, many of the difficulties experienced in the previous year continued. For instance, there was no resumption of the activities by the Y.W.C.A. for Handicapped young women.

Another part of the work was connected with the supply of appliances and dealing with special cases. In one of these, a young epileptic woman, who was also suffering from personal and emotional difficulties, was sent to a certain Home for Epileptics on the advice of the hospital almoner. This Department was informed that she had absconded later in the year. The young woman in question was persuaded to return, as her home circumstances were very unsuitable for a permanent return home. A few months later, when her training was completed, varied and consistent efforts were made to obtain work and a home for her in London. This young woman had been trained in office work, and it was felt, both by herself and this Department, that she would have increased opportunities in a larger city. The Epileptics' Association, as well as the Council for the Welfare of Women and Girls, did their best to help, but were unsuccessful in obtaining lodgings. In the end, the girl was persuaded to stay a little longer, and the School in question co-operated to keep her temporarily, although her training had been completed.

The person in question finally succeeded by her own efforts, to find both congenial work and lodgings in the vicinity of the School, and was grateful for the work done to give her the necessary self-confidence to start out on her own. Later reports indicate that she is settled happily in the south of the country.

Co-operation was also achieved with a neighbouring Welfare Department regarding the escort arrangements for summer holidays to and from Wigan of four epileptic girls accommodated in a Home in Southern England. While this Authority provided an escort for these girls one way, the other Authority provided an escort for the return trip.

Two ramps were provided in the course of the year for handicapped persons. In one case it was for a man who had been on the Register for a long time and was also a member of the Classes at Crompton Street. The other was of a new case, a severe case of arteriosclerosis with diminishing use and probable amputation of one leg. This patient is also participating now in classes at Tunstall Lane Centre. In co-operation with the Health Department, one paraplegic miner was supplied with a special bed.

One additional epileptic patient was admitted to a colony.

INCIDENCE OF DISEASE IN NEW CASES

	Male.	Female.
Amputations	3	2
Arthritis and Rheumatism	—	1
Congenital Malformations	2	1
Injuries	1	—
Organic Nervous Diseases	4	6
Other disorders	1	—

Similar to last year, the largest single group of diseases was in the "Organic Nervous" Group. Again, the female group is proportionately much larger than the male one. The group is made up of 4 cases of epilepsy, three new spastics, one disseminated sclerosis, one hemiplegia, one paraplegia and one post-poliomyelitis case.

AGE STRUCTURE AND WORKING CAPACITY OF NEW CASES :

	Male.	Female.		Male.	Female.
Under 16	—	—	Capable of work under		
17-64	8	8	ordinary industrial		
65 and over	3	2	conditions	1	—
			Capable of work in		
			sheltered workshops	1	1
			Capable of work in		
			own home only	—	2
			Incapable of or not		
			available for work	9	7

The percentage of "incapable of or not available for work" group rose from 54% (eight out of fifteen) to 76% (sixteen out of twenty-one). At first sight, this may be a sign that only very severely handicapped persons sought registration. As pointed out last year, however, this masks a considerable

doubt. Especially in the female group, "not available" can by no means be considered synonymous with "incapable." One factor that has to be considered is the small incentive which part-time or sub-standard wages present in comparison with Sickness Benefit and National Assistance. The lack of interest that can be aroused in absence of a suitable home work scheme is, however, an even more important consideration. A large number of the handicapped persons in question have never worked in their lives and only by means of a home working scheme, with adequate rates for the job, could their working capacity be tried.

Other Services

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

Handicapped Persons (Accommodation)

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

	Males.	Females.
Maghull Homes for Epileptics	—	3
Langho Epileptic Colony, Blackburn	1	1
North London Homes for the Blind	—	—
Sunshine Homes for Blind Babies, Southport	—	1
Cripples' Help Society, Tan-y-Bryn, Abergelle	—	1
St. Elizabeth's Home for Epileptics, Much Hadam, Herts.	—	2
"Beachways," Southport	1	—
St. Vincent's Hospice, Liverpool	—	1
	2	9

Occupational Therapy

During the period under review 230 classes were held at the Handicapped Persons Centres and Homes for the Aged, and 276 visits were made to home-bound handicapped persons.

The types of work undertaken by the men are basketry, sea grass stools, staining of stool frames, leatherwork, raffia work, the main occupations of the women being crochet work, embroidery, rug-making, lamp shades, hand and machine knitting and imitation jewellery.

One of the difficulties in connection with this Service has been the disposal of the articles produced. In June this year a Garden Party was held at Douglas Bank House and in December a Christmas Fair was held at the Welfare Home. £52 of handicraft goods were sold.

VOLUNTARY ORGANISATIONS

Considerable help has been given by the Rotary Club, W.V.S., Old People's Welfare Committees, Welfare Services Comforts Fund Committee, Churches, Youth Organisations and Dramatic Societies in connection with the welfare of aged and handicapped persons. During the year, the following amenities were provided :—

- Outings for handicapped people.
- Transport of handicapped person to and from employment.
- Food parcels and coal to needy elderly persons.
- Books, Magazines, etc., to Homes and Centres.
- Clothing for necessitous cases.
- Toys for children.
- Organising of garden parties and Christmas fairs.
- Visiting elderly persons.
- Complimentary tickets.

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, 1958, 230 members of the Civil Defence Corps had been allotted to the Welfare Section.

Section VI

Sanitary Circumstances of the Area

WATER SUPPLY

The Borough Engineer, Mr. G. Keighley, has kindly supplied the following information on the Borough Water Supply :—

The Borough is supplied with water for domestic and trade purposes from impounding reservoirs at Worthington, from wells at Nicholson's Pit, Winstanley and Bispham Shaft, Billinge, and from bulk supplies obtained from Manchester Corporation by means of pipe lines connected to the Thirlmere aqueduct at Adlington.

The Corporation also owns Reservoirs at Adlington and Pemberton, which are used for compensation purposes only. 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.

The scheme for the augmentation of water supplies including the service reservoirs at Prospect, Standish, is now complete. The new pipe lines, totalling some 10 miles in length, from the Thirlmere aqueduct at Adlington permit not only for increased domestic supplies but also for large industrial supplies, particularly to the new factory completed for Messrs. H. J. Heinz & Co. Ltd., at Kitt Green.

The new Pumping Station at the Worthington Waterworks is now in use for pumping the water from the Worthington Impounding Reservoirs to the Boars Head service reservoir. The pumps will, in the near future, also pump water from this source to the new service reservoirs at Prospect, Standish.

Slow sand and mechanical filters are provided both at Worthington and at Edgewood. Chlorination plants are installed at Worthington, Edgewood and Bispham; thus all water supplies are chlorinated before distribution.

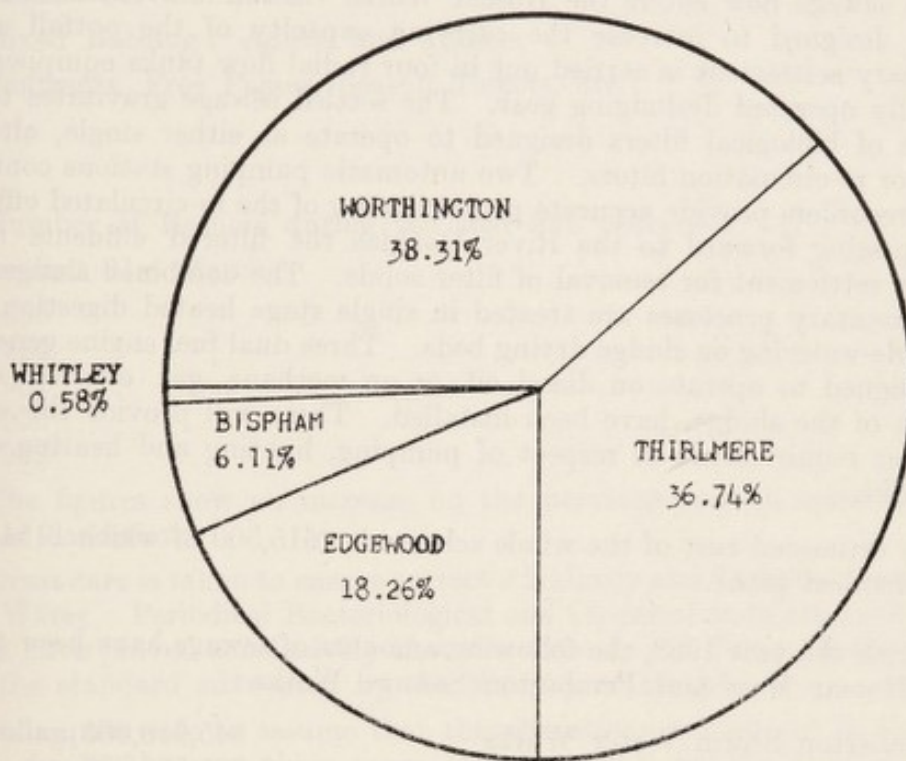
Tap samples are taken every month from four dwellings selected at random in the Borough, and are despatched for chemical and bacteriological examination. Samples of raw and filtered waters are also obtained and tested. A few adverse tap samples were reported during the year, but local mains flushing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

The approximate average daily consumption for domestic purposes reached 2,057,000 gallons, representing approximately 25.29 gallons per head per day for a population of 81,330.

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

Water Supplied from Various Sources, 1958 - 1959



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 Lancashire River Board are actively concerned with this problem and are at present carrying out a number of investigations and negotiations throughout the Douglas Valley.

The Board are frequently engaged on the cleaning of the river bed and the maintenance of its banks.

SEWERAGE AND SEWAGE DISPOSAL

Practically the whole of the Borough is sewered and drained. The sewage is conducted from the town by two main outfall sewers (27 ins. and 36 ins. in diameter) to the Sewage Disposal Works at Hoscarr—which are seven miles distant. Before leaving the Town the sewage is passed through detritus tanks and fine screens, where grit and gross solid matters are removed mechanically. At this point storm water flows in excess of 3 d.w.f. and up to a maximum of 6 d.w.f. are treated in the storm water tanks. During storms of high intensity, flows in excess of 6 d.w.f. pass direct to the River Douglas.

The main treatment works at Hoscar was officially opened on the 15th October, 1958, following extensive reconstruction work. This work provides full treatment for five million gallons per day, dry weather flow, of sewage and trade effluent. One million gallons of this is trade effluent from a new food factory.

The sewage flow enters the Hoscar Works via the new outfall Pumping Station, designed to increase the carrying capacity of the outfall sewers. Preliminary settlement is carried out in four radial flow tanks equipped with electrically operated desludging gear. The settled sewage gravitates to four batteries of biological filters designed to operate as either single, alternate double, or re-circulation filters. Two automatic pumping stations controlled by flow recorders provide accurate proportioning of the re-circulated effluents. Before passing forward to the River Douglas the filtered effluents receive adequate settlement for removal of filter solids. The combined sludges from the sedimentary processes are treated in single stage heated digestion tanks prior to de-watering on sludge drying beds. Three dual fuel engine generating sets, designed to operate on diesel oil, or on methane gas evolved during digestion of the sludge, have been installed. These will provide the whole of the power requirements in respect of pumping, lighting and heating on the new works.

The estimated cost of the whole scheme is £615,500 of which £154,000 is for mechanical plant.

During the year 1958, the following amounts of sewage have been treated at the Hoscar Moss and Pemberton Sewage Works:—

Pemberton Storm Water Works	.....	545,940,000	gallons
Hoscar Bacteria Beds	.....	1,295,506,000	„
Hoscar Drainage Area	.....	171,481,000	„
TOTAL SEWAGE TREATED	.....	2,012,927,000	„
Total solids, detritus tanks, and screen chambers, Pemberton		3,368	tons
Total dried sludge recovered, Hoscar Works		1,841	tons
Weight of dried sludge per million gallons of sewage		1.25	tons
Rainfall for year		32.26	inches (Hoscar).

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, 1959

Number of Plunge Baths	.....	2
Number of Private Baths	.....	16

Bathers :

Male Plunge Baths	....	....	....	....	....	....	103,065
Male Private Baths	....	....	....	....	....	....	15,453
Female Plunge Baths	....	....	....	....	....	....	51,532
Female Private Baths	....	....	....	....	....	....	7,726
Mixed Bathing: Adults and Juniors	....	....	....	....	....	....	10,074
Contracts, Free Passes, Season Tickets, etc.	....	....	....	....	....	....	28,757
							<hr/> 216,607 <hr/>

Number of Bathers during the past five years :—

Year ended 31st March :

1955	....	....	....	....	....	....	....	135,859
1956	....	....	....	....	....	....	....	195,601
1957	....	....	....	....	....	....	....	165,260
1958	....	....	....	....	....	....	....	171,804
1959	....	....	....	....	....	....	....	216,607

The figures show an increase on the previous year in spite of adverse weather conditions.

Great care is taken to ensure correct Alkalinity and Chlorine content of the Bath Water. Periodical Bacteriological and Chemical tests are made and the results have proved conclusively that the water in the Plunge Baths conforms with the standard advocated by the Ministry of Health.

It is quite safe to assume that the alterations carried out in the Plunge Baths during the past three years are responsible for the great increase in attendance during the past year.

It is gratifying to note that prior consideration will be given to the building of the new super Plunge Bath in the near future, and it is hoped that it will meet the immediate needs of the swimming Public.

At the present time, only 2,000 school children can attend the Baths weekly for swimming instruction due to lack of accommodation, and it will be visualised that when the new bath is built a greater number of school children will be able to attend to receive swimming instruction.

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 entirely by mechanical transport. 77 per cent. of the refuse collected is disposed of by tipping.

NIGHTSOIL AND PAIL REFUSE.—The refuse (450 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.

1,450 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, 16,973 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 1958 was 6,379 tons, and the quantity tipped was 22,216 tons. In April, 1950, the Corporation introduced a Dust Bin Renewal Scheme, as a direct rate charge.

During the year 1,875 bins were renewed and 349 sold to private properties not included in the scheme.

123,500,000 square yards of street have been swept during the year.

CREMATION

The Medical Officer of Health and two Assistant Medical Officers on the Health Department staff act as medical referees to the Corporation Crematorium. During the year under review 437 certificates for cremation were issued.

PUBLIC HEALTH INSPECTION.

Summary of Work Undertaken During the Year

Houses and premises inspected and visited <i>re</i> nuisances and complaints	2652
Re-visits to Nuisances	5990
Other visits made	614
Visits to premises (testing of drainage)	651
Nuisances discovered	3025
Nuisances abated	2400
Notices issued (preliminary)	981
Notices issued (formal)	531
Letters issued <i>re</i> Nuisances	555
Visits to premises <i>re</i> Housing Act	422
Re-visits to premises <i>re</i> Housing Act	1230
Visits <i>re</i> Certificates of Disrepair	374
„ Infectious diseases and food poisoning	77
Visits to slaughterhouses	3341
Visits <i>re</i> offensive trades	4
Visits to markets	158
„ butchers' shops	464
„ food preparers	185
„ caterers	135
„ other food shops	628
„ dairies	117
„ milkshops	77
„ ice-cream manufacturers	72
„ ice-cream shops	99
„ bakehouses	112
„ houses let-in-lodgings	10
„ common lodging houses	45
„ factories—power	118
„ factories—non-power	42
„ offices	1
„ cinemas	1
„ places of entertainment	16
„ caravans	5
„ caravans on fairgrounds	16
„ canal boats	1
„ <i>re</i> means of escape in case of fire	8
„ rats and mice—dwellings	2081
„ „ „ other premises	15786
„ smoke abatement	350
No of shops observations	277
Visits to Shops under Shops Act	167
Visits <i>re</i> Poisons Act	10
Visits to premises <i>re</i> applications for tenancy of Council houses	46
„ <i>re</i> Merchandise Marks Act	25
„ conversions	2
„ to verminous premises	174
Reports to Borough Engineer <i>re</i> dangerous structures	19
Watercourse Inspections	16
Visits <i>re</i> Waste Food Order	1
„ to Licensed Premises	32

Samples Obtained

Food and Drugs	250
Water (for chemical analysis)	41
Water, Milk and Ice-cream for (bacteriological examination)	296
Fertilisers and Feeding Stuffs	18
Rag flock	4

Atmospheric Pollution

Reduction in industrial pollution has been the main feature in this field of public health. The Clean Air Act provides a period of grace for industrial concerns to modernise their fuel installation. This has resulted in a high degree of co-operation between industry and inspectorate when new plants and types of fuel have been under consideration.

Certificates of Exemption have been granted in the case of six chimneys, whilst progressive renewal of outmoded plant takes place.

The first real attempt to combat pollution from domestic sources is under way. An area in Worsley Mesnes has been selected because of its residential nature and geographical position to be the first Smoke Control Area in Wigan. A preliminary survey is being carried out and it is expected that Ministry approval will be forthcoming.

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 Filling 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	1

Factories Acts, 1937 and 1948

The local authorities' duties under the Factories Acts are carried out by the Public Health Inspectorate who work in close co-operation with the Ministry of Labour's Factory Inspectorate. It is pleasing to notice the reduction in defects found during inspection. Certificates of Means of Escape in Case of Fire are issued by this Department and the percentage of these issued to factories concerned is well above the national average.

Certificates granted for adequate means of escape in case of fire	4
Letters sent out	6
No. of factories on register	410
„ visits to factories	160
„ visits to bakehouses	112
The following defects were dealt with :—	
Insufficient sanitary accommodation	3
Unsuitable or defective sanitary accommodation	1
No. of defects remedied	4
„ notices received from H.M. Inspector	3

Shops Act, 1950

It is the responsibility of this Department to enforce not only the provisions of the Act relating to health but also those relating to closing hours, half-day holiday and Sunday Trading. Whilst the position with regard to health provisions is good, complaints are received from time to time, mainly from Traders' Associations, relating to trading contravention. In the main, the complaints relate to Sunday trading by small mixed family businesses.

Lists of articles which may be sold are furnished to the offenders together with a warning. This action usually has the desired effect.

No. of observations	277
No. of visits	167

Pharmacy and Poisons Act, 1933

No. of "Listed Sellers" on register	100
-------------------------------------	-----

Places of Entertainment

These premises are invariably kept in a satisfactory condition. In addition to routine visits all the places of entertainment, numbering 32, are inspected and reported on annually prior to the granting of the licence.

Rodent Control

Prevention of Damage by Pests Act, 1949

In addition to the enormous amount of damage done by rodents to food-stuffs and the fabric of buildings, they are also potential carriers of food poisoning organisms. The majority of outbreaks are due to rats emerging from the sewerage system, and to control this rodent population each of the 2,000 manholes is baited twice annually. This, more than any other action, controls the ever-present menace.

Every reported outbreak of rats and mice is investigated and action taken. Those outbreaks occurring on domestic premises are treated free of charge whilst a nominal charge is made for the treatment on industrial or business premises.

Visits paid by rodent operators :—

Dwelling houses	1774
Other premises	15636

Provisions granted for adequate means of escape in special cases.
 No of factories in system.
 No of factories in system.
 No of factories in system.
 No of factories in system.

The following details were dealt with:
 Unsanitary conditions in factories.
 Unsanitary conditions in factories.
 Unsanitary conditions in factories.
 Unsanitary conditions in factories.

Shops Act, 1920
 It is the responsibility of the Department to enforce the provisions of the Act relating to health, but also those relating to other matters such as fire, safety, and general trading. Whilst the section with regard to health provisions is of course, compliance with these provisions is the main object of the Act, the other provisions are of great importance in the health of the community. The provisions relating to trading conditions in the shops are of great importance in the health of the community. The provisions relating to trading conditions in the shops are of great importance in the health of the community. The provisions relating to trading conditions in the shops are of great importance in the health of the community.

No of observations.
 No of observations.

Pharmacy and Poisons Act, 1933
 No of observations.
 No of observations.

Places of Entertainment
 These provisions are intended to ensure that in a satisfactory condition. In addition to the provisions of the Act, the places of entertainment are subject to the provisions of the Act. The provisions of the Act are of great importance in the health of the community. The provisions of the Act are of great importance in the health of the community. The provisions of the Act are of great importance in the health of the community.

Rodent Control
 No of observations.
 No of observations.

Prevention of Damage by Pests Act, 1949
 In addition to the various amount of damage done by pests to food, the provisions of the Act are of great importance in the health of the community. The provisions of the Act are of great importance in the health of the community. The provisions of the Act are of great importance in the health of the community.

Every reported outbreak of rats and mice is investigated and control measures are taken. These outbreaks occurring in domestic premises are treated free of charge, whilst a nominal charge is made for the treatment of industrial premises. The provisions of the Act are of great importance in the health of the community. The provisions of the Act are of great importance in the health of the community. The provisions of the Act are of great importance in the health of the community.

Other provisions.
 No of observations.
 No of observations.

Section VII

Housing

HOUSING ACCOMMODATION

Insufficient new houses are available to re-house people from unfit dwellings on which demolition orders have been made. A drastic speeding up of the house building programme is necessary not only to deal with the back log of condemned houses but also to enable future demolition orders to be enforced immediately after they become effective. Only in this way can these unfortunate people be prevented from spending long periods in unfit houses to which no repairs can be reasonably expected.

Housing accommodation as at 31st December, 1958 :—

No. of dwelling houses	.....	23,813
„ business premises with living accommodation	.....	960
„ licensed premises with living accommodation	.....	147
		<hr/>
		24,920
		<hr/>

No. of dwelling houses erected in 1958 :—

By Local Authority	.....	309
By Private Enterprise	.....	75

Common Lodging Houses

No. of common lodging houses in the Borough	.....	3
„ lodgers allowed nightly	.....	177
„ visits	.....	45

Houses Let-in Lodgings

No. of houses on register	.....	3
„ visits	.....	10

LEGAL PROCEEDINGS TAKEN DURING THE YEAR

In 6 cases it was necessary to issue summonses against persons for non-compliance with abatement notices.

RENT ACT, 1957

This Act came into force on the 5th July, 1957, and revised the procedure in connection with the issue of Certificates of Disrepair.

During the year 142 applications were received for Certificates of Disrepair. In 75 cases the landlords gave undertakings to carry out the necessary work within six months but two of these undertakings were refused by the local authority. 89 certificates were issued.

83 applications for the revocation of certificates were received. 25 of the tenants objected to the cancellation of certificates but in two cases the local authority decided to cancel in spite of the tenants' objections. 56 certificates were cancelled.

15 applications were received for certificates as to the remedying of defects—7 from landlords and 8 from tenants. All were granted.

Section VIII

Inspection and Supervision of Food

EXAMINATION OF WATER

Chemical Analysis

During the year 38 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
	Parts per 100,000	Parts per 100,000	Parts per 100,000
Temporary Hardness	11.4	12.8	4.3
Permanent Hardness	11.1	10.5	5.5
Total Hardness	22.5	23.3	9.8
Alkalinity	11.4	12.8	4.3
Combined Chlorine	3.1	3.0	1.6
Ammoniacal Nitrogen	0.00004	0.00001	0.00001
Albuminoid Nitrogen	0.0008	0.002	0.001
Nitrogen as Nitrites	—	—	—
Nitrogen as Nitrates	0.14	0.17	0.00
Oxygen absorbed in 4 hrs. at 27.C.	0.04	0.05	0.07
PH Value	6.9	6.6	6.8

Bacteriological Examination

During the year 55 routine samples of water were sent to the Public Health Laboratory, Manchester, for examination. 8 special samples were taken to test new installations. All were satisfactory.

MILK SUPPLY

The County Borough of Wigan and the surrounding urban and rural districts now comprise a Specified Area within the meaning of the Food and Drugs Act, 1955. In effect this means that only the designated milks are allowed to be retailed to the public, *i.e.*, Tuberculin Tested Milk, Pasteurised milk, Tuberculin Tested Pasteurised milk and Sterilised milk. The sale of raw milk from an undesignated herd is an offence. This is a further advance in preventing the spread of certain milk-borne infections.

Strict supervision is still maintained at all levels of production and distribution of milk in the Borough. The three licensed pasteurising plants are regularly visited, plant tested and the milk sampled for bacteriological purity and efficient heat treatment. The statutory tests, *i.e.*, the methylene blue and phosphatase tests are carried out on samples submitted to the Public Health Laboratories. It is significant to note that in all cases except one, the samples were satisfactory. In the case of the exception, the test was declared void because of the high day temperature reached on the day of the sampling. The high level of co-operation between the Milk Industry and the Health Department is reflected in the excellent results.

No. of visits to dairies	117
" milkshops	77
No. of dealers licensed for the sale of sterilised milk	401
" licensed for the sale of pasteurised milk	170
" licensed for the sale of tuberculin tested milk	66
No. of dealer (pasteuriser's) licences	3
" persons registered as distributors of milk	406
" premises registered as dairies	7

84 samples of milk were obtained for analysis and submitted to the Public Analyst. 18 of these were the subject of adverse reports.

Bacteriological Examination of Milk

145 samples of milk were submitted for bacteriological examination:—

PASTEURISED :	120	119 samples passed the Phosphatase and Methylene Blue Tests. 1 sample was declared void.
TUBERCULIN TESTED : (pasteurised)	13	All samples passed the Phosphatase and Methylene Blue Tests.
STERILISED :	12	In all cases the Turbidity Test was negative.

9 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. 5 samples passed the Methylene Blue Test.

5 samples of milk bottles were obtained for Colony Counts. The results were, 3 unsatisfactory.

ICE CREAM

In addition to the ice-cream supplies from the large national firms, there are five registered manufacturers of ice-cream within the Borough. The plant installed is modern and complies with the regulations governing this type of machinery.

The ice-cream from all sources is regularly sampled both for bacteriological grading and chemical composition.

For bacteriological purposes the sampled are subjected to the methylene blue colour reduction test and the results expressed in Grades 1, 2, 3 or 4; Grades 1 and 2 being satisfactory and Grades 3 and 4 unsatisfactory. These grades give an indication of hygienic production. However, judgement can only be made on a series of gradings, not on a single result.

It is encouraging to note the continuing improvement over the previous years.

- Grade 1.—70.
- Grade 2.—4.
- Grade 3.—6.
- Grade 4.—2.

11 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, 1958 was 298.

FOOD PREMISES

Number of food premises in the Borough :—

'Purveyor 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	298
--------------------	-----

Milk and Dairies Regulations, 1949-54 :—

Dairies	7
---------	---

Inspection of Food Premises

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

Defective floor	1
Defective floor covering	3
Lack of cleanliness of floor....	1
Defective walls	3
Lack of cleanliness of walls	2
Defective ceilings	2
Lack of cleanliness of ceilings	2
Insufficient personal washing facilities	9
Inadequate sinks	3
Inadequate hot water supply	4

Sanitary Accommodation :—

Defective	1
Lack of cleanliness	1
Inadequate artificial lighting	2
Danger of contamination	3
Lack of cleanliness of equipment	1
'Hand washing' notices absent	1
Defective benches, counters, etc.	4

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.

The task of bringing all food premises up to the prescribed structural requirements is almost completed but by far the greatest problem is the education of the food handler in hygienic practices of his trade. Only when this prolonged and most painstaking task is achieved can the Food Hygiene Regulations be said to be effective.

Education is being achieved by a two-fold approach. Firstly the personal approach by the public health inspector to the food handler whilst working. Many such visits have been made with the full co-operation of the owners. It is during these visits the reason for the structural alteration and the need for hygienic observances are explained. Secondly the continued use of the excellent illustrated posters and pamphlets issued by the Central Council for Health Education keep this need for cleanliness and care constantly before all handlers of food.

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 nine private slaughterhouses in the town, three of which are bacon factories, still retain their licences. Should the contents of the recent Government White Paper become law, then of necessity a few of these slaughterhouses must be seriously considered regarding suitability of premises when the question of the renewing of the licences crops up at the end of the year. In the meantime in the absence of any prospect of a public abbatoir being built it must be stated in all fairness that improvements are being effected and that these premises possess all modern equipment and have cooling rooms. General cleanliness is strictly observed.

In fact all things considered whilst a number of these slaughterhouses are not ideal, until alternative accommodation is provided, they are serving the needs of the community with a sound meat supply.

70 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	....	....	....	....	....	3341
„ markets....	....	....	....	....	....	158
„ butchers' shops	....	....	....	....	....	464
„ certificates issued (condemned food)	....	....	....	....	....	1074

Carcases Examined During the Year 1958

	Cattle exc. Cows	Cows	Calves	Pigs	Sheep	TOTAL
Carcases examined	2769	10646	242	18298	20874	52829
Carcases totally condemned	4	27	6	19	6	62
Percentage totally condemned	0.14	0.25	2.48	0.10	0.03	0.12

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Pigs	Sheep	Horses
Number killed	2769	10646	242	18298	20874	—
Number inspected	2769	10646	242	18298	20874	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI :						
Whole carcasses condemned	—	6	5	19	6	—
Carcases of which some part or organ was condemned	191	3817	1	2077	1525	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	6.9	35.9	2.5	11.4	7.3	—
TUBERCULOSIS ONLY :						
Whole carcasses condemned	4	21	1	—	—	—
Carcases of which some part or organ was condemned	111	3383	—	485	—	—
Percentage of the number inspected affected with tuberculosis	4.2	32.0	0.4	2.7	—	—
CYSTICERCOSIS :						
Carcases of which some part or organ was condemned	20	33	—	—	—	—
Carcases submitted to treatment by refrigeration	7	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following meat and offal from the slaughterhouses was surrendered and destroyed, or sold for manufacturing purposes, during the year 1958.

	Whole carcase and all Offal Con- demned	Part of Carcase Con- demned	OFFAL CONDEMNED								
			Heads	Lungs	Livers	Hearts	Stomachs	Spleens	Skirts	Kidneys	Udders Mesen- teries
Affected with Tuberculosis :											
Cattle (exc. Cows) ...	4	2	31	84	17	1	5	6	5	—	11
Cows	21	48	1028	3229	584	7	31	154	113	20	15
Calves	1	—	—	—	—	—	—	—	—	—	—
Pigs	—	3	349	140	174	58	—	6	—	2	—
Sheep	—	—	—	—	—	—	—	—	—	—	—
Affected with Cysticercosis :											
Cattle (exc. Cows) ...	—	—	10	—	—	8	—	—	2	—	—
Cows	—	—	19	—	—	13	—	—	2	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—
Affected with other Diseases :											
Cattle (exc. Cows) ...	—	1	6	31	157	1	—	1	—	5	1
Cows	6	1	20	133	3715	30	17	65	8	195	115
Calves	5	—	—	1	—	—	—	—	—	—	—
Pigs	19	1	3	1749	648	485	6	3	1	54	2
Sheep	6	1	1	55	1513	5	—	—	—	1	—
	62	57	1467	5422	6808	608	59	235	131	277	132

Summary of Other Food Condemned, 1958

Meat	671 lbs.
Canned Meat	924
Fish	154 lbs.
Canned Fish	131
Fruit	40 lbs.
Canned Fruit	1530
Vegetables	728 lbs.
Canned Vegetables	775
Canned Milk	148
Canned Jam	2
Canned Soup	50
Packages of Other Food	533
Other canned or bottled foods	284
Bacon	572 lbs.
Sausages	79 lbs.
Butter	16 lbs.
Cheese	19 lbs.
Dried Fruit	20 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 250 samples of milk and various other foods obtained under the above Act were submitted to the Public Analyst for examination.

SAMPLES TAKEN DURING 1958.

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	%			Number	%
Apples	1	—	—	Mayonnaise	1	—	—
Baking Powder	1	—	—	Meat paste	4	—	—
Barley	1	—	—	Meat pie	5	—	—
Beer	1	—	—	Meat (tinned)	1	—	—
Bilberries	1	—	—	Milk	84	18	21.4
Brawn	1	—	—	Milk (tinned)	6	—	—
Butter	4	—	—	Minced meat	1	—	—
Cake	5	—	—	Olive Oil	1	—	—
Cheese	1	—	—	Oranges (tinned)	2	—	—
Cheese Spread	1	—	—	Peas (tinned)	1	—	—
Cocoa	2	—	—	Pepper	1	—	—
Coconut dess.	2	—	—	Pickles	3	—	—
Coffee	5	—	—	Plum pud. mixt.	1	—	—
Confections	5	—	—	Rice	1	—	—
Cordial	1	—	—	Rose Hip Syrup	1	—	—
Cornflour	2	—	—	Rum	1	—	—
Cough Mixture	1	—	—	Saccharin	2	—	—
Curry powder	1	—	—	Sago	1	—	—
Custard powder	2	—	—	Salad cream	1	—	—
Dripping	1	—	—	Salmon (potted)	3	—	—
Fish paste	2	—	—	Sardines	1	—	—
Flour	1	—	—	Sauce	3	—	—
Friar's Balsam	1	—	—	Sausage	7	3	42.9
Gin	1	—	—	Shrimps	1	—	—
Gravy Mixture	2	—	—	Sild	1	—	—
Ice-cream	11	—	—	Soft drink	6	—	—
Ice lolly	1	—	—	Soup	2	—	—
Icing (choc.)	1	—	—	Spice	1	—	—
Jam	6	—	—	Steak (stewed)	1	—	—
Jelly	5	1	20	Strawberries	1	—	—
Lard	5	—	—	Sugar	4	—	—
Lemon Curd	1	—	—	Tapioca	3	—	—
Lemonade pdr.	1	—	—	Tea	4	—	—
Lentils	1	—	—	Tomato juice	1	—	—
Macaroni	1	—	—	Treacle	3	—	—
Magnesia (milkof)	1	—	—	Vinegar	2	—	—
Margarine	3	—	—	Whisky	1	—	—
Margarine 10%				Yeast & Sulphur			
Butter	1	—	—	tablets	2	—	—
Marmalade	1	—	—				
Action taken in regard to unsatisfactory samples is given on Page 116.					250	22	8.8

Samples Not Up to Satisfactory Standards

Article	No. of Sample		REPORT	REMARKS
	Informal	Formal		
Milk	42		Deficient in solids-not-fat to the extent of 2.3%	Abnormal but genuine
Milk	45		Deficient in solids-not-fat to the extent of 3.5%	do.
Milk	63		Deficient in solids-not-fat to the extent of 2.3%	do.
Milk	67		Containing 15.3% of extraneous water	Formal samples taken : genuine.
Sausage	123		Contained sulphur dioxide preservative (330 parts per million).	Notice displayed in shop.
Milk	146		Deficient in solids-not-fat to the extent of 5.9%	Sub-standard but genuine.
Milk	147		Deficient in solids-not-fat to the extent of 1.1%	do.
Milk	150		Deficient in solids-not-fat to the extent of 1.1%	do.
Milk	151		Deficient in solids-not-fat to the extent of 5.9%	do.
Milk	158		Deficient in solids-not-fat to the extent of 1.1%	do.
Milk	159		Deficient in solids-not-fat to the extent of 3.5%	do.
Milk	160		Deficient in solids-not-fat to the extent of 3.5%	do.
Milk	161		Deficient in solids-not-fat to the extent of 3.5%	do.
Milk	164		Deficient in solids-not-fat to the extent of 2.3%	do.
Milk	165		Deficient in fat to the extent of 5%	Formal samples Nos. 177 to 180 taken
Jelly	176		Did not conform to the setting test prescribed by the Food Standards (Table Jellies) Order, 1949.	Formal sample proved satisfactory.
Milk		177	Deficient in fat to the extent of 10.0%	Average of four samples above standard.
Milk		180	Deficient in solids-not-fat to the extent of 1.1%	Sub-standard but genuine.
Milk	224		Deficient in solids-not-fat to the extent of 5.9%	do.
Milk	226		Deficient in solids-not-fat to the extent of 1.1%	do.
Sausage	239		Contained sulphur dioxide preservative (320 parts per million).	Notice displayed in shop.
Sausage	244		Contained sulphur dioxide preservative (250 parts per million).	do.

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, 1958.

Food and Drugs Act, 1955

Total number of samples of Food and Drugs analysed	.....	250
Number of samples not up to satisfactory standards	.....	22
Percentage unsatisfactory	.....	8.8

The total number of articles analysed during 1958 was 250, comprising 84 samples of liquid milk, 159 samples of miscellaneous foods and drinks, and 7 samples of drugs.

Sub-Standard Samples

Twenty-two samples came into this category ; they included 18 samples of liquid milk, 2 samples of pork sausages, 1 sample of beef sausages and 1 sample of table jelly.

Milk

Of the 18 sub-standard samples of milk, 15 samples contained less solids-not-fat than the presumptive minimum of 8.5 per cent., established by the Sale of Milk Regulations 1939, but the freezing points of these samples were all normal, thus indicating that the deficiencies were not due to the presence of extraneous water. The extents of the deficiencies in solids-not-fat ranged from 1.1 to 5.9 per cent. Two of the samples of milk were satisfactory in respect of solids-not-fat, but contained less than the presumptive minimum of 3.0 per cent. of fat, prescribed for genuine milk by the Sale of Milk Regulations 1939 ; the extents of the deficiencies in fat were 5.0 and 10.0 per cent, respectively. The remaining unsatisfactory sample of milk contained extraneous water to the extent of 15.3 per cent.

Sausage

Two samples of pork sausage and one sample of beef sausage contained undeclared sulphur dioxide preservative to the extents of 330, 320 and 250 parts per million. The Public Health (Preservatives, etc. in Food) Regulations, 1925 to 1953, prohibit the use of sulphur dioxide preservative in sausages unless its presence is declared to the purchaser.

Table Jelly

One sample of Table Jelly did not conform to the setting test prescribed by the Food Standards (Table Jellies) Order, 1949.

Composition of Milk Samples

The average composition of all the samples of milk analysed during 1958 was :—

Average fat	.....	3.62 per cent.
Average solids-not-fat	.....	8.63 per cent.
Average water	.....	87.75 per cent.

If the non-standard samples are excluded, the average for the 66 "genuine" samples was :—

Average fat	.....	3.64 per cent.
Average solids-not-fat	.....	8.74 per cent.
Average water	.....	87.62 per cent.

Ice Cream

Eleven samples of ice-cream were analysed during the year. The proportion of fat in the samples varied between 5.0 and 14.5 per cent., with an average of 10.1 per cent.; the range of sugar in the samples was between 12.7 and 15.6 per cent. (average 14.1 per cent.); and the milk solids-not-fat varied between 7.6 per cent. and 15.1 per cent. (average 10.8 per cent.). The samples of ice-cream were all above the minimum limits prescribed by the Food Standards (Ice-Cream) Order, *i.e.*, fat 5.0%; sugar 10.0%; and milk solids-not-fat 7.5 per cent.

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

Fertilisers and Feeding Stuffs Act, 1926

Seven samples of compound fertiliser and eleven samples of feeding stuffs were analysed during the year. All the samples of fertiliser conformed to the requirements of the Fertilisers and Feedings Stuffs Regulations, 1955, after making due allowance for the permitted limits of variation. Three of the samples of feeding stuffs did not conform to the statutory statements; details of these samples are given below :—

Sample Number	Nature of Sample.	Analysis		Extent of variation outside permitted limits.
		Declared.	Found.	
15	Rapid Fattening Cakettes	Oil	4.5	4.7%
		Protein	20	17.6%
		Fibre	6	5.1%
16	Rearing Cakettes	Oil	4	5.1%
		Protein	20	18.0%
		Fibre	7	6.6%
18	Coarse Dairy Mixture	Oil	3½	3.8%
		Protein	20	17.0%
		Fibre	9	6.8%

Waters

During the year 41 samples of water were examined. They included 38 samples of tap water for routine analysis and 3 samples of water from the Thirlmere Supply. The organic condition of the routine samples was satisfactory and all were safe for domestic use. The samples from Thirlmere supply were taken to investigate the cause of discolouration of the water drawn from a tap at the mess room at Worthington Works. Two of the samples were quite clear and colourless and their organic quality was perfectly satisfactory. The third sample was strongly coloured and turbid: the discolouration was due to contamination with iron. Some local re-organisation of the mains had recently occurred and water in a short stretch of old 12-inch main was receiving rather a heavy dose of chlorine. It was concluded that iron bacteria, which are commonly found in old mains, had been destroyed by the chlorine and had released iron into the water. Thorough flushing of the main ultimately brought this water up to its normal standard.

J. GRAHAM SHERRATT,

Public Analyst.

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