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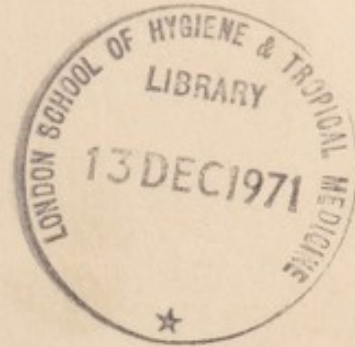


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COUNTY BOROUGH OF WIGAN



Report
on the
Health
of the
County Borough of Wigan
1970



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COUNTY BOROUGH OF WIGAN



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Report
on the
Health
of the
County Borough of Wigan
1970

J. HAWORTH HILDITCH
Medical Officer of Health
Principal School Medical Officer
Medical Referee of the Borough Crematorium

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HEALTH AND SOCIAL SERVICES COMMITTEE 1970**(Appointed 20th May, 1970)**

Chairman	Alderman J. T. LYNCH, J.P.	
Vice-Chairman	....	....	....	Alderman J. BOWDEN.	
The Mayor	....	....	....	Alderman J. McGREGOR, J.P.	
The Ex-Mayor	....	....	....	Councillor J. T. FARRIMOND	
Aldermen	....	....	....	H. DOWLING, J.P.	T. MONKS
Councillors	....	....	....	W. BLACKLEDGE	Miss A. PEET
				F. CONNOLLY	Mrs. M. PRATT
				C. J. GORMALLY	J. E. SMITH
				B. J. MacCARTHY	J. TABERNER
				Mrs. E. NAYLOR	E. WALMESLEY (from 19.11.70)
Co-opted Members :				Mr. R. D. DICKSON, J.P.	Dr. F. G. INCE
				Mrs. S. BAMBER	Dr. D. W. JOHNSON
				Miss M. BITHELL	

STAFF 1970

Medical Officer of Health	....	J. HAWORTH HILDITCH, M.B., Ch.B. D.P.H., (Vict.), F.R.S.H., M.B.I.M.
Deputy Medical Officer of Health	....	J. L. JACKSON, M.B., Ch.B., D.P.H. (to 25.3.70)
Senior Medical Officer in Department	....	R. McLEAN BAIN, M.B., Ch.B., D.P.H.
Medical Officers in Department	....	A. F. HOWARTH, M.B., B.Ch. A. H. ABDOU, B.Ch., D.C.H., L.M.S.S.A. (from 14.9.70)
Principal Dental Officer	....	S. M. AALEN, L.D.S.
Dental Officers	....	*Mrs. L. J. COOK, B.D.S. *A. J. MOORHEAD, B.D.S. (from 16.6.70)
Public Analyst	....	RONALD SINAR, B.Pharm., B.Sc., M.Ph.A. F.P.S., F.R.I.C., A.Inst.W.P.C.
Chief Public Health Inspector		J. B. MARSH, F.R.S.H., M.A.P.H.I.
Assistant Chief Public Health Inspectors	....	K. PARKIN, (a) (b) M. RICHARDS (a) (b) (c)

Senior Public Health

Inspectors E. J. FRANKLIN (a) (b) (c)
 E. HARRIS (a) (b) (c) (to 30.11.70)
 E. J. MARSDEN (a) (b) (c)
 K. SIMM (a) (b) (c)

District Public Health

Inspectors R. W. BARON (d) (to 9.8.70)
 E. CULSHAW (d) (from 10.8.70)
 J. INESON (a) (b) (c) (to 18.10.70)
 L. JONES (a) (b) (from 7.12.70)
 C. LIVESEY (d)
 A. NOAKES (d)
 C. OGDEN (d) (from 30.11.70)

Superintendent Health Visitor E. M. WRIGHT (f) (h) (i) (j)

Health Visitors *D. APPLEBY (f) (h) (i)
 *M. BRIODY, (f) (h) (i) (from 2.3.70 to 16.6.70)
 P. DALTON (f) (i)
 F. M. L. DAVIES (f) (h) (i)
 F. GREEN (f) (h) (i)
 *B. I. HIGGINS (f) (h) (i)
 P. M. LOWE (f) (i) B.T.A. Cert.
 M. E. MADDEN (f) (i)
 M. OLDFIELD (f) (h) (i)
 J. R. ROBINSON (f) (h) (i) Dip.Comm.Nsg.
 (to 31.3.70)
 M. TRAYNOR (f) (i) (from 14.9.70)
 P. WALKER (f) (i)
 M. J. WALMESLEY (f) (h) (i)

Supervisor of Midwives W. KAY (f) (h)

Midwives :

B. COLLINS (f) (h)	F. O'DWYER (f) (h)
M. C. DIX (f) (h)	J. A. PENNINGTON (f) (h)
W. M. DOHERTY (f) (h) (j)	(to 30.1.70)
K. FISHWICK (f) (h) (from 1.4.70)	M. QUINN (f) (h)
D. HITCHEN (f) (h)	B. RICHARDSON (f) (h)
V. HURST (f) (h) (j)	C. K. SWIFT (f) (h)
	P. WAITE (f) (h)

Day Nursery Matron M. F. LUCAS (f) (g)

Superintendent of the Home Nursing Service	....	E. WILSON (f) (j)
Home Nurses :		
D. AUGURIO (f) (j) (k)		A. REIGATE (f) (h) (j)
B. BENTLEY (e)		R. SCHOFIELD (f) (to 31.8.70)
B. M. DAVIES (f)		M. SEED (e)
V. DODD (f)		B. SMART (e)
J. FINCH (f) (from 1.10.70)		V. I. TURNER (f)
D. LEWIS (e)		J. M. WALKER (f) (j)
M. MOLLOY (f) (j) (k)		H. WAREING (f) (k)
A. MURPHY (f) (k)		M.M. WOODS (f) (h)
Junior Training Centre		
Supervisor	....	M. LASSEY, Dip.Tch. M.H.C.
Senior Training Centre		
Manager	....	E. HILTON
Mental Health Service :		
Senior Mental Welfare Officer	....	J. A. PIETRE, B.A.
Mental Welfare Officers		
		I. B. CARRUTHERS
		M. D. H. GAPES, Dip.Soc.Sc.
		B. SEED, C.S.W. (from 13.7.70)
		J. WARRILOW
Welfare Services :		
Senior Assistant	....	A. SIMM, F.I.S.W.
Welfare Officers		
		H. A. SPEAKMAN, C.S.W.
		P. SHAW
Family Case Worker	....	W. STEELS
Home Help Organiser	....	M. GREENOUGH
Ambulance Superintendent	....	C. R. HILL
Senior Chiropodist	....	S. R. AINSWORTH, S.R.C.
Administration Officer	....	W. W. MARKLAND, D.M.A., A.M.B.I.M.
Senior Administrative Assistant		R. R. SWINBANK, D.M.A.
Administrative Assistants	....	J. O. ASHTON, B.A., D.P.A., M.I.H.E. (from 26.5.70)
		R. LATCHFORD
		M. R. OLIVER, D.M.A. (to 3.5.70)

* Denotes Part-time Officers.

- (a) Public Health Inspector's Certificate.
- (b) Meat Inspectors Certificate.
- (c) Smoke Inspectors Certificate.
- (d) Diploma of the Public Health Inspectors Examination Board.
- (e) State Enrolled Nurse.
- (f) State Registered Nurse.
- (g) Registered Fever Nurse.
- (h) Certificate, Central Midwives Board.
- (i) Health Visitors Certificate.
- (j) Queens Nurse.
- (k) National District Nursing Certificate.

INTRODUCTION

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

"The ultimate object of all attacks upon disease is the discovery of methods not so much of curing established disorders as of checking them in earlier and still earlier stages of their career and finally preventing their incidence and development"

—Lord Moynihan

1970 was a rather confusing year in the field of health and social service. We narrowly missed having our first strike when, in certain areas, sections of the national ambulance personnel decided to follow the example of many other workers and try a dose of militancy.

We reviewed with some misgivings the Second Green Paper on the future of the health services. The Local Authority Social Services Act was passed as a last gesture by a dying parliament and was enthusiastically embraced without amendment by the new administration. It provides a great opportunity for the professional social workers to mount a client-based service where this has been lacking. It is unfortunate that the implementation of the act has come at a time of national retrenchment. To improve the social services the major requirements are skilled field workers and much more financial aid than has been available hitherto. It is inescapable that a large proportion of the scarce resources must initially be given over to staffing the higher administrative echelons now being established in local authorities, many of which are destined to last for such a brief spell pending local government re-organisation.

The shortfall in case workers can be to some extent offset by maintaining good liaison with the field staff left to the health departments and to this end we pledge our support so that the client shall not suffer.

The year also saw, under the Education (Miscellaneous Provisions) Act, 1970, the arrangements for the transfer of the Junior Training Centre to the Education Department and whilst we are sorry to lose administrative control, we remain closely involved in the socio-medical aspects of the work. The unit, now a Special School, will be more acceptable to some parents who were concerned that their children were not attending an "educational establishment". The actual work of the school will progress surely on the firm foundations laid in the past by devoted staff and will doubtless benefit from the expertise of the educationalists. On this, the last time that I report generally on the work of the school, I take this opportunity specially to thank the staff for their unfailing loyalty and congratulate them on their outstanding achievements over the years since 1954 when the school was opened. It was the first post-war wholly purpose-built junior training centre to be opened in the Northwest.

Final plans were agreed for the Longshoot Health Centre and at the close of the year the building was in an advanced state. The centre, which we hope will be the first of several, will give an opportunity for the family doctor, the local health authority doctors and possibly hospital doctors, to work together in a modern building, utilising to best advantage the very considerable ancillary help which is available to them. In the future these centres, strategically sited to take into account the future movement of population in the Borough, will form the hubs from which will radiate community-based services for primary medical care and prevention.

The nursing services continue to extend in their various spheres. The domiciliary nurses find increased and more interesting work following the trend to more intensive use of hospital beds and the reluctance of that service to cope with many terminal cases. The health visiting service, still hoping to recruit more trained members, persevere in their plans for attachment to the general practices and considerable progress in this respect has been made.

The midwifery service, anxious to anticipate some of the recommendations of the Peel Report, and to counter the obvious disadvantage to the domiciliary midwife of an increasing number of institutional births, sought to intensify co-ordination with the hospital service by co-operating in the setting up of a pilot scheme providing for admission, delivery and immediate transfer home of patients who will be dealt with exclusively by the domiciliary midwifery sister and the general practitioner.

Still a major feature of our work is the collection and interpretation of vital statistics and some interesting comparisons are illustrated in the section on page 16 and graph page 28 showing the infant mortality and stillbirth rate. The present infant mortality rate at 19 deaths per 1,000 live birth stands comparison with the rate of 18 for England and Wales. In the mid-forties it was treble that figure. The marginal improvement seen over the past four years may lead to a feeling of complacency, of having reached an irreducible minimum. This is not so. There is still scope for improvement and in particular perinatal deaths attributable to respiratory distress and the much higher death rate amongst illegitimate babies invited particular attention. This latter, coupled with the high birth-rate (20.9 as adjusted) compared with a national rate of 16 per 1,000 population, would make it appear that we must intensify our family planning service to ensure that "every child is a wanted child."

There were no maternal deaths during the year.

Statistics for road accidents show that there were ten deaths; in seven of these the persons were aged over 55 and three were over 75. It is disturbing to speculate how many of these could have been avoided if the hearing and sight of all older citizens could be monitored and corrected.

It is inevitable that the reactions of the aged should be slow and their judgement of distance and speed impaired. Perhaps we need some publicity directed at both motorists and aged pedestrians. Why should luminous articles of outer clothing be limited to children, when the aged are as vulnerable and more likely to be about the streets in the dark evenings.

Our experience in the commoner infectious diseases has been unremarkable except for an outbreak of whooping cough which occurred in the last quarter of the year. Some details are given on page 78 and the opinion is expressed that we were experiencing a variant of the causal organism which was not as susceptible to the protective vaccine in current use.

In July the Department of Health and Social Security recommended a scheme for the vaccination of girls aged 11 to 14 against Rubella (German Measles) which is acknowledged as a major threat to women of child-bearing age because of its damaging effect on the unborn child. Arrangements are in hand to vaccinate girls in the appropriate age groups and at the time of writing the take-up is encouraging.

The welfare problems associated with the increasing proportion of frail aged persons which was highlighted in last year's report are not materially improved. There is a waiting list of some 99 cases for hostel placement and the special plight of the handicapped, both young and aged, living at home, often alone, is a continuous challenge to our community health and welfare services. To this end we welcome the Chronically Sick and Disabled Persons Act which came onto the statute book during the year. This is the first act of Parliament entirely devoted to the cause of the long-term sick and disabled. Whilst the legislation underlines much of what we have attempted over the years its effect when fully implemented will be far reaching, both in terms of benefit to the recipient and cost to the authority.

The family service project 'Operation Phoenix' was completed in July 1969 and a separate report has been published. It constituted a major exercise in social engineering. The follow-up has been instructive. Three-quarters of the families have responded significantly to the intensive case work lavished upon them and in the words of the family case worker "Collectively they are now a dominant influence in the area instead of being dominated by the area."

The Mental Health Service has been under especially heavy pressure. Shortage of long-stay psychiatric or psycho-geriatric beds in the hospital service on the one hand, coupled with lack of specialised hostel facilities in the community, has necessitated intensification of the day care services. A courageous experiment involving the selective rehabilitation of young mentally-ill persons in flats has helped to relieve hospital and hostel beds. We are especially indebted to the Housing Department and its chief officer for co-operation in this matter.

The building in Hamilton Square of the small hostel for the mentally handicapped was well advanced at the close of the year.

The environmental services are fully reported by the Chief Public Health Inspector. The on-going task of freeing Wigan from domestic smoke was seriously impeded during the year by the scare occasioned by an expected shortfall of smokeless fuel. To save embarrassment on the one hand and anxiety amongst the users of certain kinds of solid smokeless fuels on the other, it was decided to suspend certain smoke control orders for the winter period. Slum clearance, whilst in decline, accounted for over 300 houses being demolished, but the opportunity was taken by staff to intensify their work on house improvement helped by intensive national publicity and increased financial provision. The task for the future is area improvement and plans are already laid to survey the Borough for likely areas.

In conclusion I must express my thanks to the staff for their loyal co-operation and for the high standard of work which they have maintained throughout the year. Similarly to the chief officers and technical staff of other departments of the Corporation and the officials of many voluntary bodies for their help from time to time and lastly to the Chairman and Members of the Health and Social Services Committee for the interest and enthusiasm with which they have received the many problems which have been brought to them during the year.

J. HAWORTH HILDITCH,

Medical Officer of Health.

HEALTH OFFICE,
MUNICIPAL BUILDINGS,
LIBRARY STREET,
WIGAN.

September, 1971.

The availability of female labour and the fact that the majority of the population are employed in the service industries has led to a high level of unemployment. The unemployment rate in 1970 was 13.4%.

Number of inhabited houses on the 31st December, 1970

Section I

Natural and Social Conditions of the area

Geologically, the whole of the Borough rests on the lower coal measures or Gannister beds, which are here very superficial. The subsoil is mainly clay which in places has a depth of nearly 50 feet; but there is an important layer of sand covering a large part of the centre of the town and extending northwards in the direction of Sandish. This sand is also found in "pockets" in other parts of the Borough. Much of the Western portion, beyond the Park lies on a fairly extensive gravel bed.

The population is essentially an industrial one, the principal industries being manufacture of heavy hydraulic mining and container handling equipment, iron and steel working, and the manufacture of clothing, telephones, equipment, plastic hollow ware and paper board packing cases.

The development of the Lambeth Green trading estate and the establishment of the Industrial Zone in Wallgate have brought some light industry to the town but more work of this sort is required. The Department of Employment and Productivity employs factory centers for the disabled who are able to perform useful work.

GENERAL

Area in acres	5,083
Rateable Value of the Borough, 31st December, 1970	£3,404,507
Sum represented by a Penny Rate (1d.)	£13,216
Registrar General's estimated population on 1st July, 1970 (on which figure statistics in this report are based)	79,300
Number of inhabited houses on the 31st December, 1970 according to the Rate books)	26,941
Number of marriages solemnized within the Borough during 1970	771

The Borough of Wigan forms a considerable part of the valley of the River Douglas. The river, which is the boundary on the north side, continues its course to the centre of the town and finally becomes the boundary at the west side. The levels on which the river enters and leaves are respectively 150 and 69 feet above sea level. Water taken from the river feeds the Leeds and Liverpool Canal which traverses the town. Due to the meagre drop in level the river water flows slowly and the bed is self-cleansing only during the winter months. The waters are badly polluted before they enter the borough and as a result of this and subsequent pollution the river maintains little or no life—plant or animal. This must surely be target number one in any effort to improve the environment. The maximum elevations of the town are at the extreme north 254 feet and at the south-west 260 feet. The lowest level is at the north-west boundary which is 69 feet above sea level.

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

The population is essentially an industrial one, the principal industries being manufacture of heavy hydraulic mining and container handling equipment, iron and steel working, and the manufacture of clothing, telephone equipment, plastic hollow ware and paper board packing cases.

The development of the Lamberhead Green trading estate and the establishment of the Industrial Zone in Wallgate have brought some light industry to the town but more work of this sort is required. The Department of Employment and Productivity Remploy Factory caters for the disabled who are able to perform useful work.

The availability of female labour in the town has prompted the opening of more factories for the machining of garments and the packaging of mail order goods. This has had repercussions in the recruitment of labour for the Home Help service.

The number of elderly citizens in the community is increasing. Many young married people, particularly in Social Classes III and IV, are moving out to less congested dormitory areas on the periphery of the town. From here many return daily to seek their living in Wigan and invariably they use the facilities available in the Borough for education, recreation and shopping.

The Scholes redevelopment scheme is now well under way and as the flats, maisonettes and houses are completed it is remarkable to see the enthusiasm to return of many who have moved away from the centre of Wigan. The movement is particularly noticeable amongst the older age group who value the 'community' atmosphere and bustle associated with the busy town centre.

The period 1951-64 during which the population declined was followed for three years by an annual increase. Following a modest decrease in 1968 the Registrar General's estimate for 1969 showed a further increase to the highest population figure since 1960, and there has been no significant variation during the past year.

DISEASE	DEATHS	RATE
1. Cholera	1	0.0001
2. Typhoid	1	0.0001
3. Typhus	1	0.0001
4. Diphtheria	1	0.0001
5. Scarlet fever	1	0.0001
6. Measles	1	0.0001
7. Whooping cough	1	0.0001
8. Pertussis	1	0.0001
9. Tetanus	1	0.0001
10. Rabies	1	0.0001
11. Smallpox	1	0.0001
12. Malaria	1	0.0001
13. Yellow fever	1	0.0001
14. Typhus	1	0.0001
15. Cholera	1	0.0001
16. Typhoid	1	0.0001
17. Typhus	1	0.0001
18. Diphtheria	1	0.0001
19. Scarlet fever	1	0.0001
20. Measles	1	0.0001
21. Whooping cough	1	0.0001
22. Pertussis	1	0.0001
23. Tetanus	1	0.0001
24. Rabies	1	0.0001
25. Smallpox	1	0.0001
26. Malaria	1	0.0001
27. Yellow fever	1	0.0001
28. Typhus	1	0.0001
29. Cholera	1	0.0001
30. Typhoid	1	0.0001
31. Typhus	1	0.0001
32. Diphtheria	1	0.0001
33. Scarlet fever	1	0.0001
34. Measles	1	0.0001
35. Whooping cough	1	0.0001
36. Pertussis	1	0.0001
37. Tetanus	1	0.0001
38. Rabies	1	0.0001
39. Smallpox	1	0.0001
40. Malaria	1	0.0001
41. Yellow fever	1	0.0001
42. Typhus	1	0.0001
43. Cholera	1	0.0001
44. Typhoid	1	0.0001
45. Typhus	1	0.0001
46. Diphtheria	1	0.0001
47. Scarlet fever	1	0.0001
48. Measles	1	0.0001
49. Whooping cough	1	0.0001
50. Pertussis	1	0.0001
51. Tetanus	1	0.0001
52. Rabies	1	0.0001
53. Smallpox	1	0.0001
54. Malaria	1	0.0001
55. Yellow fever	1	0.0001
56. Typhus	1	0.0001
57. Cholera	1	0.0001
58. Typhoid	1	0.0001
59. Typhus	1	0.0001
60. Diphtheria	1	0.0001
61. Scarlet fever	1	0.0001
62. Measles	1	0.0001
63. Whooping cough	1	0.0001
64. Pertussis	1	0.0001
65. Tetanus	1	0.0001
66. Rabies	1	0.0001
67. Smallpox	1	0.0001
68. Malaria	1	0.0001
69. Yellow fever	1	0.0001
70. Typhus	1	0.0001
71. Cholera	1	0.0001
72. Typhoid	1	0.0001
73. Typhus	1	0.0001
74. Diphtheria	1	0.0001
75. Scarlet fever	1	0.0001
76. Measles	1	0.0001
77. Whooping cough	1	0.0001
78. Pertussis	1	0.0001
79. Tetanus	1	0.0001
80. Rabies	1	0.0001
81. Smallpox	1	0.0001
82. Malaria	1	0.0001
83. Yellow fever	1	0.0001
84. Typhus	1	0.0001
85. Cholera	1	0.0001
86. Typhoid	1	0.0001
87. Typhus	1	0.0001
88. Diphtheria	1	0.0001
89. Scarlet fever	1	0.0001
90. Measles	1	0.0001
91. Whooping cough	1	0.0001
92. Pertussis	1	0.0001
93. Tetanus	1	0.0001
94. Rabies	1	0.0001
95. Smallpox	1	0.0001
96. Malaria	1	0.0001
97. Yellow fever	1	0.0001
98. Typhus	1	0.0001
99. Cholera	1	0.0001
100. Typhoid	1	0.0001

Section II

Statistics

VITAL STATISTICS, 1969-70

	1969	1970
Area (acres)	5,083	5,083
Population (Estimated by Registrar General)	79,780	79,300
Live Births : Male 807\ Total	1,598	1,581
Female 774j		
Rate per 1,000 population	20.0	19.9
Illegitimae Live Births per cent of total live births	6.0	5.1
Stillbirths : Number	28	27
Rate per 1,000 total live and stillbirths	17	17
Total Live and Stillbirths	1,626	1,608
Infant Deaths (deaths under 1 year)	31	30
Infant Mortality Rates :		
Total Infant Deaths per 1,000 total live births	19	19
„ „ „ England and Wales	18	18
Legitimate Infant Deaths per 1,000 legitimate live births	19	18
Illegitimate Infant Deaths per 1,000 illegitimate live births	33	38
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	13	11
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	11	11
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live & still births)	28	27
Maternal Mortality (including abortion):		
Number of Deaths	—	—
Rate per 1,000 total live and still births	—	—
Adjusted Birth Rate per 1,000 population (Area comparability factor 1.05)	21.0	20.9
Ratio of local adjusted rate to national rate	1.29	1.31
Birth Rate for England and Wales	16.3	16.0
Deaths of Infants under 1 day old	9	10
Ditto 1 year (legitimate)	28	27
Ditto 1 year (illegitimate)	3	3
Excess of Registered Births over Deaths	494	497
Deaths : Males 584\ Total	1,104	1,084
Females 500j		
Rate per 1,000 population	13.8	13.7
Adjusted Death Rate per 1,000 population (Area compatibility factor 1.12)	15.2	15.3
Ratio of local adjusted rate to national rate	1.28	1.31
Death Rate for England and Wales	11.9	11.7

CAUSES OF DEATH WITH DEATH RATES, 1970

	DISEASE	No. of Deaths	Rate
1.	Cholera	—	—
2.	Typhoid fever	—	—
3.	Bacillary dysentery and amoebiasis	—	—
4.	Enteritis and other diarrhoeal diseases	—	—
5.	Tuberculosis of respiratory system	5	·06
6.	Other tuberculosis, including late effects	1	·01
7.	Plague	—	—
8.	Diphtheria	—	—
9.	Whooping cough	1	·01
10.	Streptococcal sore throat and scarlet fever	—	—
11.	Meningococcal infection	—	—
12.	Acute poliomyelitis	—	—
13.	Smallpox	—	—
14.	Measles	—	—
15.	Typhus and other rickettsioses	—	—
16.	Malaria	—	—
17.	Syphilis and its sequelae	—	—
18.	All other infective and parasitic diseases	3	·04
19.	Malignant neoplasm—buccal cavity	6	·08
20.	" " —oesophagus	3	·04
21.	" " —stomach	29	·37
22.	" " —intestine	24	·30
23.	" " —larynx	1	·01
24.	" " —lung, bronchus	42	·53
25.	" " —breast	12	·15
26.	" " —uterus	4	·05
27.	" " —prostate	4	·05
28.	Leukaemia	5	·06
29.	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	42	·53
30.	Benign neoplasms and neoplasms of unspecified nature	3	·04
31.	Diabetes mellitus	6	·08
32.	Avitaminoses and other nutritional deficiency	—	—
33.	Other endocrine, nutritional and metabolic diseases	6	·08
34.	Anaemias	4	·05
35.	Other diseases of blood and blood-forming organs	—	—
36.	Mental disorders	5	·06
37.	Meningitis	—	—
38.	Other diseases of nervous system and sense organs	6	·08
39.	Active rheumatic fever	—	—
40.	Chronic rheumatic heart disease	20	·25
41.	Hypertensive disease	23	·29
42.	Ischaemic heart disease	261	3·29
43.	Other forms of heart disease	83	1·05
44.	Cerebrovascular disease	132	1·67
45.	Other diseases of the circulatory system	44	·56
46.	Influenza	12	·15
47.	Pneumonia	83	1·05
48.	Bronchitis, emphysema	71	·90
49.	Asthma	4	·05
50.	Other diseases of the respiratory system	8	·10
51.	Peptic ulcer	7	·09
52.	Appendicitis	—	—
53.	Intestinal obstruction and hernia	3	·04
54.	Cirrhosis of liver	2	·02
55.	Other diseases of the digestive system	13	·16
56.	Nephritis and nephrosis	2	·02
57.	Hyperplasia of prostate	1	·01
58.	Other diseases of the genito-urinary system	2	·02
59.	Abortion	—	—
60.	Other complications of pregnancy, childbirth and puerperium	—	—
61.	Diseases of the skin and subcutaneous tissue	—	—
62.	Diseases of the musculo-skeletal system and connective tissue	4	·05
63.	Congenital anomalies	10	·13
64.	Birth injury, difficult labour, and other anoxic and hypoxic conditions	8	·10
65.	Other causes of perinatal mortality	7	·09
66.	Symptoms and ill-defined conditions	26	·33
67.	Motor vehicle accidents	10	·13
68.	All other accidents	31	·39
69.	Suicide and self-inflicted injuries	3	·04
70.	All other external causes	2	·02
		1084	13·70

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
DURING 1970**

CAUSE OF DEATH	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	M. F.	584 500	15 3	5 7	1 3	6 4	6 —	5 2	12 3	48 26	116 70	195 130	175 252
1 Cholera	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
2 Typhoid fever	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
3 Bacillary dysentery and amoebiasis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
4 Enteritis and other diarrhoeal diseases	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5 Tuberculosis of respiratory system	M. F.	4 1	— —	— —	— —	— —	— —	— —	— —	1 —	— —	2 —	1 1
6 Other tuberculosis, including late effects	M. F.	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —
7 Plague	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
8 Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
9 Whooping cough	M. F.	— 1	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —
10 Streptococcal sore throat and scarlet fever	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
11 Meningococcal infection	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
12 Acute poliomyelitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
13 Smallpox	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
14 Measles	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
15 Typhus and other rickettsioses	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
16 Malaria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
17 Syphilis and its sequelae	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
18 All other infective and parasitic diseases	M. F.	2 1	— —	— —	— —	— —	— —	1 —	— —	— —	— 1	1 —	— —
19 Malignant Neoplasm—Buccal Cavity	M. F.	4 2	— —	— —	— —	— —	— —	— —	— —	— 1	— —	2 —	2 1

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
DURING 1970 — continued**

CAUSE OF DEATH	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75-	
ALL CAUSES	M. F.	584 500	15 3	5 7	1 3	6 4	6 —	5 2	12 3	48 26	116 70	195 130	175 252	
20 Malignant neoplasm— Oesophagus	M. F.	1 2	— —	— —	— —	— —	— —	— —	— —	— —	1 1	— —	— 1	
21 Malignant neoplasm— stomach	M. F.	11 18	— —	— —	— —	— —	— —	— —	1 —	1 —	3 5	4 7	2 6	
22 Malignant neoplasm— intestine	M. F.	11 13	— —	— —	— —	— —	— —	— —	1 —	1 —	3 3	4 6	2 4	
23 Malignant neoplasm— larynx	M. F.	1 —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	
24 Malignant neoplasm— lung, bronchus	M. F.	37 5	— —	— —	— —	— —	— —	— —	— —	4 2	17 2	15 —	1 1	
25 Malignant neoplasm— breast	M. F.	— 12	— —	— —	— —	— —	— —	— —	— 1	— 4	— 4	— 3	— —	
26 Malignant neoplasm— uterus	F.	4	—	—	—	—	—	—	—	1	1	1	1	
27 Malignant neoplasm— prostate	M.	4	—	—	—	—	—	—	—	1	—	—	3	
28 Leukaemia	M. F.	4 1	— —	— —	— —	1 —	— —	— —	— —	— 1	1 —	2 —	— —	
29 Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	M. F.	20 22	— —	— —	— —	1 —	— —	— —	1 1	1 2	4 4	8 8	5 7	
30 Benign neoplasms and neoplasms of unspecified nature	M. F.	2 1	— —	— —	— —	— —	— —	1 —	— —	— —	1 —	1 —	— —	
31 Diabetes mellitus	M. F.	2 4	— —	— —	— —	— —	— —	— —	— —	— —	1 1	— 2	1 1	
32 Avitaminoses and other nutritional deficiency	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
33 Other endocrine, nutritional and metabolic diseases	M. F.	3 3	— —	1 1	1 —	— —	— —	— —	— —	— —	— 1	1 —	— 1	
34 Anaemias	M. F.	3 1	— —	— —	— —	— —	1 —	— —	— —	— —	— —	2 —	— 1	

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
DURING 1970 — continued**

CAUSE OF DEATH	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75-	
ALL CAUSES	M. F.	584 500	15 3	5 7	1 3	6 4	6 —	5 2	12 3	48 26	116 70	195 130	175 252	
35 Other diseases of blood and blood-forming organs	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
36 Mental disorders	M. F.	— 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 5	
37 Meningitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
38 Other diseases of nervous system and sense organs	M. F.	3 3	— —	— —	— —	— —	1 —	— 1	— —	— —	— —	1 2	1 —	
39 Active rheumatic fever	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
40 Chronic rheumatic heart disease	M. F.	8 12	— —	— —	— —	— —	— —	— —	1 —	1 —	1 3	3 2	2 7	
41 Hypertensive disease	M. F.	11 12	— —	— —	— —	— —	1 —	— —	— —	1 1	3 1	5 3	1 7	
42 Ischaemic heart disease etc.	M. F.	161 100	— —	— —	— —	— —	— —	— —	5 —	24 3	33 13	61 31	38 53	
43 Other forms of heart disease	M. F.	34 49	— —	1 —	— —	— —	— —	— —	— —	— 1	10 6	10 9	13 33	
44 Cerebrovascular disease	M. F.	60 72	— —	— —	— —	— 1	— —	— —	— —	5 3	5 5	20 25	30 38	
45 Other diseases of the circulatory system	M. F.	27 17	— —	— —	— —	— —	— —	— —	1 —	— —	4 3	7 4	15 10	
46 Influenza	M. F.	4 8	— —	— —	— —	— —	— —	— —	— —	— —	2 —	1 6	1 2	
47 Pneumonia	M. F.	41 42	— —	3 2	— —	— —	— —	— —	— —	3 1	4 6	13 11	18 22	
48 Bronchitis, emphysema	M. F.	50 21	— —	— —	— —	— —	— —	— —	— —	2 2	10 5	22 2	16 12	
49 Asthma	M. F.	1 3	— —	— —	— —	— 1	— —	— —	— —	— 2	— —	1 —	— —	
50 Other diseases of the respiratory system	M. F.	6 2	— —	— —	— —	— —	— —	— —	— 1	1 —	3 —	1 —	1 1	
51 Peptic ulcer	M. F.	6 1	— —	— —	— —	— —	— —	— —	1 —	— 1	1 —	2 —	2 —	
52 Appendicitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
53 Intestinal obstruction and hernia	M. F.	3 —	— —	— —	— —	— —	— —	— —	— —	— —	2 —	— —	1 —	

CRUDE DEATH RATES FOR WIGAN DURING THE LAST TEN YEARS

1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
13.91	12.57	13.26	12.48	13.22	12.77	13.78	13.10	13.8	13.7

INQUESTS AND UNCERTIFIED DEATHS
(Wigan Residents Only)

The number of inquests held during 1970 was 98, and the following verdicts were recorded :—

Natural Causes 53

Accidents :

Road	9
Fall—Home	13
—Pond	1
—Quarry	1
—Hospital	3
Gas	4
Operation	1
Burns	1
Electrocution	1
Passenger Train	2
Impacted Foreign Body in Larynx	1
Asphyxia associated with Epilepsy	1
Asphyxia due to regurgitation of food	1
	39

Suicide :

Poisoning	3
	3

Open :

Gas	1
Drowning	1
Poisoning	1
	3

—
98
—

There was no uncertified death.

DEATHS FROM CERTAIN RESPIRATORY DISEASES

Comparative Rates per 1,000 population for the Past Five Years

BRONCHITIS AND EMPHYSEMA

	1966	1967	1968	1969	1970
Deaths	74	82	103	89	71
Rates	0.95	1.03	1.30	1.11	.90

PNEUMONIA

Deaths	39	53	46	66	83
Rates	0.50	0.66	0.58	0.83	1.05

PULMONARY TUBERCULOSIS

Deaths	6	5	4	—	5
Rates	0.08	0.06	0.05	—	0.06

CANCER OF THE LUNG, BRONCHUS

Deaths	29	45	41	51	42
Rates	0.37	0.56	0.52	0.64	0.53

OTHER DISEASES OF RESPIRATORY ORGANS

Deaths	10	14	26	17	12
Rates	0.13	0.18	0.33	0.21	0.15

TOTAL FROM ALL RESPIRATORY CAUSES

Deaths	158	199	220	223	213
Rates	2.03	2.49	2.78	2.79	2.69

CANCER

Deaths 1896 - 1970

1896—1900	137	0.44	1931—1935	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—1960	743	1.82
1926—1930	410	0.93	1961—1965	815	2.08
			1966—1970	845	2.16

C A N C E R

Localisation of Disease, Number of Deaths and Rate per 1,000
Population Annually for the past Ten years

	1961		1962		1963		1964		1965		1966		1967		1968		1969		1970	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Uterus	4	.05	8	.10	12	.15	7	.10	6	.08	6	.08	10	.13	13	.16	9	.11	4	.05
Stomach	23	.29	21	.27	27	.34	24	.31	24	.31	23	.29	22	.28	23	.29	35	.44	29	.37
Breast	13	.17	12	.15	17	.22	14	.18	15	.19	14	.18	18	.23	20	.25	15	.19	12	.15
Lung, Bronchus	45	.57	22	.28	46	.58	39	.50	46	.59	29	.37	45	.56	41	.52	51	.64	42	.53
Other Sites	64	.81	77	.98	79	1.00	83	1.07	87	1.12	80	1.02	76	.95	75	.98	78	.96	85	1.07
Total Deaths from Cancer	149	1.89	140	1.78	181	2.29	167	2.16	178	2.29	152	1.94	171	2.15	172	2.20	178	2.34	172	2.17
Total Deaths All Causes	1098	13.91	992	12.57	1045	13.26	964	12.48	1027	13.22	997	12.77	1099	13.78	1042	13.10	1104	13.8	1084	13.97

ANALYSIS OF LIVE PREMATURE BIRTHS 1970

Weight at birth	Premature live births										
	Born in hospital	Born at home or in a nursing home									
		Nursed entirely at home or in a nursing home			Transferred to hospital on or before 28th day						
		Total Births	Died			Total Births	Died			Total Births	Died
within 24 hours of birth	in 1 and under 7 days		in 7 and under 28 days	within 24 hours of birth	in 1 and under 7 days		in 7 and under 28 days	within 24 hours of birth	in 1 and under 7 days		in 7 and under 28 days
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1 2 lb. 3 oz. or less	4	2	1	—	—	—	—	—	—	—	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	11	2	2	—	—	—	—	1	—	—	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	21	1	1	—	—	—	—	—	—	—	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	18	1	1	—	—	—	—	2	—	—	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	53	1	—	—	10	—	—	1	—	—	—
6 TOTAL	107	7	5	—	10	—	—	4	—	—	—

INFANTILE AND MATERNAL MORTALITY

INFANTILE MORTALITY

The number of deaths of children under one year was 30, a rate of 19 per 1,000 births, and of children over one year and under five years 4 or .05 per 1,000 of the population. (In 1969 there were 31 deaths under one year, at a rate of 19 per 1,000).

The deaths under one year occurred as follows :

Home :	Hospitals	
3	17	Billinge Hospital
	5	Royal Albert Edward Infirmary
	3	Royal Children's Hospital, Manchester
	1	Whelley Hospital
	1	Found in Canal

Of these, 17, i.e. 57% died during the first week of life.

The NEO-NATAL DEATH RATE (deaths per 1,000 live births on or before the 28th day of life) was 11. The numbers were :

	Male	Female	Total
Legitimate	12	3	15
Illegitimate	2	—	2
	—	—	—
	14	3	17
	—	—	—

The PERINATAL RATE for the year was 27 compared with 28 in 1969 and 29.49 in 1968.

The average rates for the previous 30 years were as follows :

1940—1949	.....	60.86
1950—1959	.....	48.07
1960—1969	.....	32.41

The STILLBIRTH RATE for the year was 17 compared with 17 in 1969 and 19 in 1968.

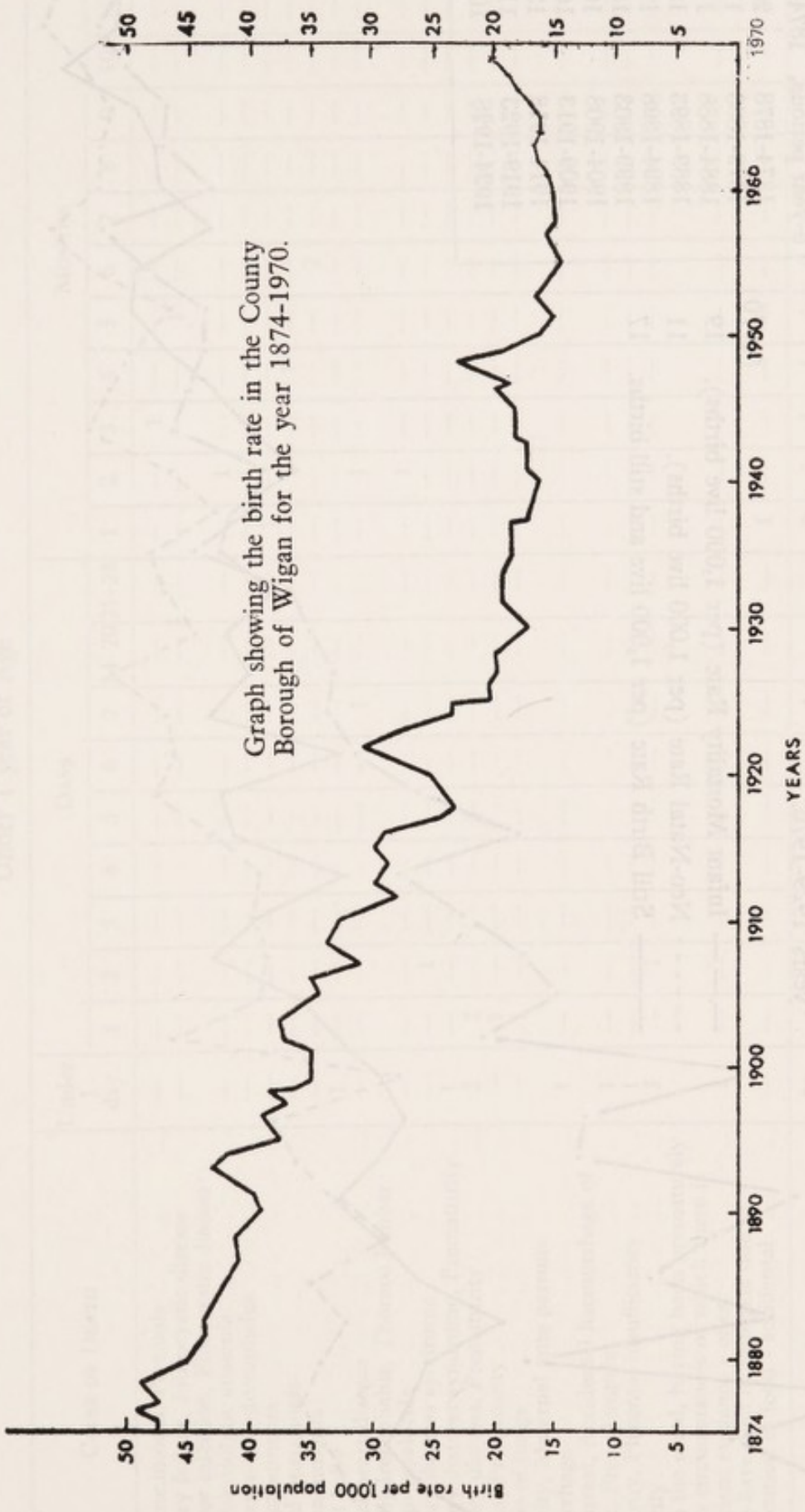
The average rates for the previous 30 years were as follows :

1940—1949	.....	39.5
1950—1959	.....	31.86
1960—1969	.....	20.12

Again prematurity and congenital malformations figured prominently in the causes of infant death. There were no deaths among the 10 premature babies born and nursed at home.

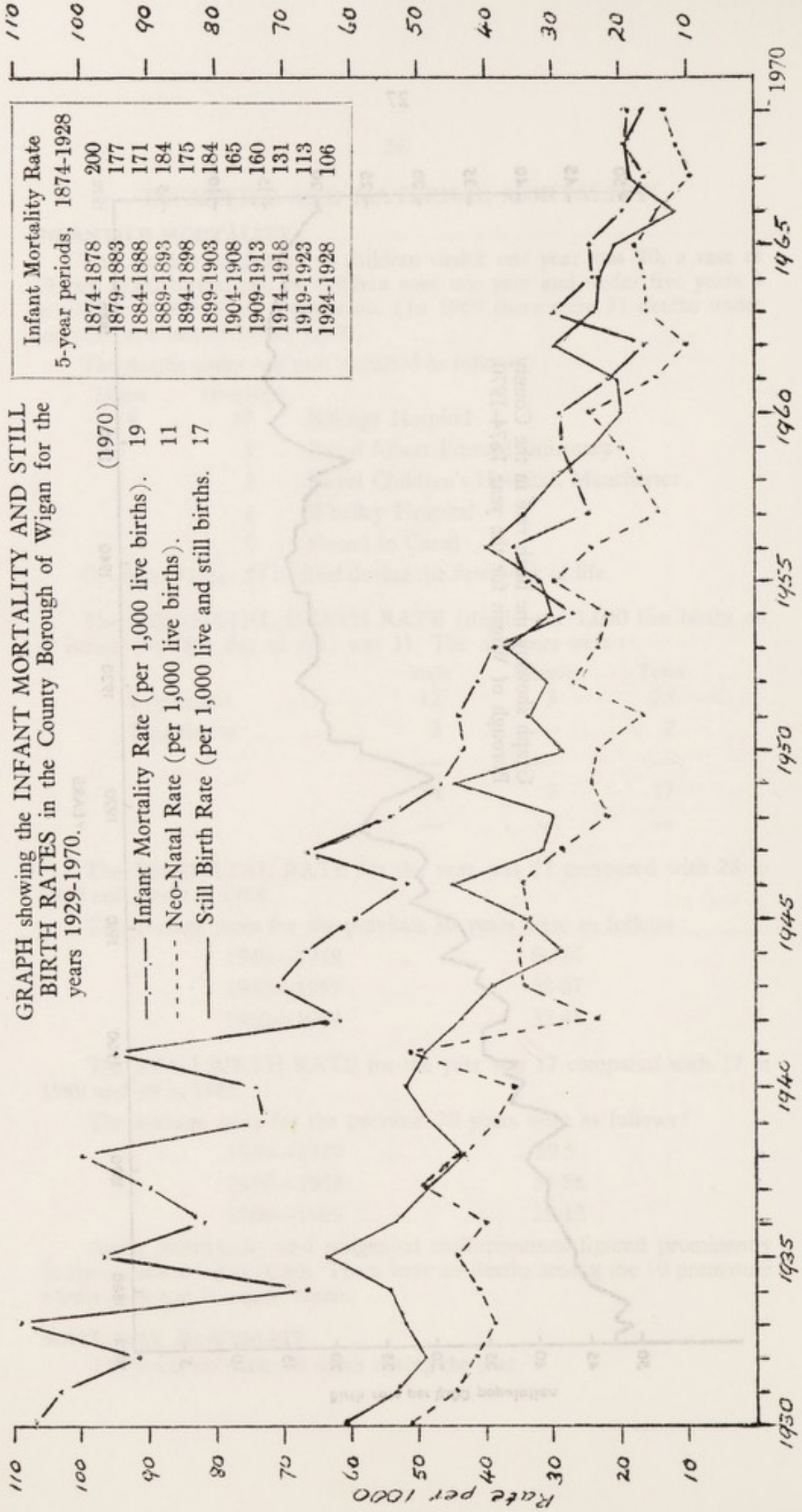
MATERNAL MORTALITY

There was no maternal death during the year.



Graph showing the birth rate in the County Borough of Wigan for the year 1874-1970.

GRAPH showing the INFANT MORTALITY AND STILL BIRTH RATES in the County Borough of Wigan for the years 1929-1970.



- - - - Infant Mortality Rate (per 1,000 live births). 19 (1970)
 Neo-Natal Rate (per 1,000 live births). 11
 ——— Still Birth Rate (per 1,000 live and still births). 17

MATERNAL AND CHILD HEALTH

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

CENTRE	DAYS OPEN
GOOSE GREEN CLINIC : Methodist Church Sefton Road	Infant and Young Children's Clinic : Thursday afternoons, 2-00 to 4-00 p.m.
HIGHFIELD CLINIC : Parish Hall Billinge Road	Infant and Young Children's Clinic : Monday afternoons 2-00 to 4-00 p.m.
MARSH GREEN HEALTH CENTRE : Marsh Green	Infant and Young Children's Clinic : Wednesday afternoons, 1-30 to 3-30 p.m. Ante-Natal Clinic : Monday afternoons at 2-00 p.m. Cytology Clinic : By appointment on Thursday afternoons.
PEMBERTON HEALTH CENTRE : Sherwood Drive	Cytology Clinic : By appointment on Friday evenings. Infant and Young Children's Clinic : Monday afternoons, 2-00 to 4-00 p.m. Ante-Natal Clinic : Thursday afternoons at 2-00 p.m. Toddler Clinic : Tuesday morning 9-30 to 11-30.
SPRINGFIELD CLINIC : St. Andrew's Church House Woodhouse Lane	Infant and Young Children's Clinic : Tuesday afternoons, 2-00 to 4-00 p.m.
WIGAN HEALTH CENTRE : Millgate	Infant and Young Children's Clinic : Wednesday afternoons, 1-30 to 4-00 p.m. Friday afternoons, 1-30 to 4-00 p.m. Ante-Natal Clinic : Tuesday afternoons at 2-00 p.m. A Con- sultant attends on one Thursday of each month. Post-Natal Clinic : On one Thursday each month at 2-0 p.m. Dental Clinic : By appointment. Class for Expectant Mothers : Friday afternoons at 2-00 p.m. Orthopaedic Clinic : Open each Monday, Wednesday and Thurs- day. Surgeon attends once monthly. Cases from Ince, Hindley, Standish, Aspull, Haigh, Shevington and Platt Bridge also attend.
WORSLEY MESNES CLINIC : Dryden House Worsley Mesnes	Infant and Young Children's Clinic : Tuesday afternoons, 2-00 to 4-00 p.m. Ante-Natal Clinic : Wednesday afternoons, 2-00 to 4-00 p.m. fortnightly.

CARE OF EXPECTANT AND NURSING MOTHERS

ANTE-NATAL CARE

General medical practitioners were booked to undertake the ante-natal care of expectant mothers in almost 100% of home confinements. The trend towards the more educational aspect of maternal welfare, including the instruction of mothers in personal and family hygiene and the dissemination of information to create the best psychological approach to the actual delivery, continued during the year.

Ante-natal clinics were held weekly at the Central, Pemberton and Marsh Green Health Centres and fortnightly at Worsley Mesnes Clinic. These sessions are now dealt with by Midwives only, in conjunction with general practitioner care. A Consultant Obstetrician attended the Central Health Centre, Millgate, for one session a month.

Ante-natal care at clinics included the chest X-ray of expectant mothers and samples of blood were taken to test the Rhesus factor, the Wasserman reaction and haemoglobin content. Iron therapy, in the form of Ferrous Gluconate tablets, and supplies of welfare foods and vitamins were made available. Maternity outfits were provided by the midwives for domiciliary confinements and to patients discharged after 48 hours from Billinge Hospital.

ATTENDANCES AT ANTE-NATAL CLINICS

	WIGAN CENTRE WEEKLY CLINIC	CONSULTANT CLINIC	PEMBERTON WEEKLY CLINIC	MARSH GREEN WEEKLY CLINIC	WORSLEY MESNES WEEKLY CLINIC
Number of Primary Cases attending Clinic during the year	242	28	107	34	78
Total number of attendances	870	176	490	205	517

Attendances were lower than in the previous year. The majority of patients continue to attend ante-natal sessions held by general practitioners in their own surgeries. Midwives attended clinics in six group practice surgeries.

The session held by general practitioners at Pemberton Health Centre continued throughout the year and a similar clinic was introduced at Millgate Health Centre. These clinics are attended by the midwives most likely to be responsible for the delivery or post-natal care of the patients and have proved most successful. Some post-natal examinations were also carried out.

POST-NATAL CLINICS

A Consultant Obstetrician held one post-natal session each month and nursing mothers were encouraged to attend for examination. No distinction was made between domiciliary and hospital confined patients, but almost all domiciliary patients were seen by their general practitioners.

The majority of mothers attending at Millgate Health Centre had had hospital confinements but attended this post-natal clinic for their own convenience and in order to ease the pressure at Billinge Hospital.

42 women underwent cytology examination and 51 specimens were submitted for investigation.

HEALTH EDUCATION FOR EXPECTANT MOTHERS

A mothercraft training and exercise class for expectant primiparae is held at the Central Clinic every Friday afternoon. Throughout each series of classes, expectant mothers join in group discussion on mothercraft, diet, pregnancy, labour and general care of the infant. Maximum use of film and filmstrips is made. Relaxation exercises are taught and reassurance given to allay any fears which may exist. The classes are conducted by Health Visitors in a fairly informal manner. This makes for truly friendly, relaxed visits by the young mother-to-be. During 1970 there were 50 classes at which 446 attendances were made by 96 expectant mothers.

CARE OF UNMARRIED MOTHERS

The only residential home in Wigan for expectant and nursing unmarried mothers was closed down during the year. Its closure was partly the outcome of the decline in demand for residential care in recent years.

The amount of domiciliary work being undertaken on behalf of unmarried mothers has at the same time increased and the Superintendent Health Visitor represents the Medical Officer of Health at the monthly meetings of the Wigan and District Moral Welfare Association, which deals with the work of the outdoor visitor and to which the authority makes a small annual grant.

The authority now makes direct payments to meet the cost of residential care for Wigan girls in homes outside the borough.

CARE OF CHILDREN UNDER SCHOOL AGE

NOTIFICATION OF CONGENITAL MALFORMATIONS

Local arrangements have been made for congenital malformations apparent at birth to be notified to the Medical Officer of Health by the doctor or midwife notifying the birth. All concerned have co-operated fully in the scheme and there is no reason to doubt that notifications of all defects are being received. Notifications of 97 congenital malformations were received in respect of 92 Wigan children born in 1970, a wide range of conditions being notified. Returns are made to the Registrar General in accordance with Ministry of Health Circular 13/63.

CONGENITAL MALFORMATIONS NOTIFIED DURING 1970

Diagnostic Groups	Total	Live Births	Still Births	Neo-Natal Deaths	Follow-up on Discharge from Hospital	
					Handi capped Register	At Risk Register
0 Central Nervous System.....	7	5	2	—	2	4
1 Eye and Ear.....	2	2	—	—	—	2
2 Alimentary System	9	7	2	—	1	9
3 Heart and Circulatory System.....	7	6	1	1	—	3
4 Respiratory System	—	—	—	—	—	—
5 Urino-Genital System	4	4	—	—	—	1
6 Limbs	31	31	—	—	—	24
7 Other parts of Musculo Skeletal System	21	21	—	—	—	16
8 Other Systems	15	15	—	—	—	12
9 Other Malformations	1	1	—	1	—	—
	97	92	5	2	3	71

CHILD HEALTH CENTRES

Eight child health centres were in operation at the beginning of the year, at each of which one weekly clinic was held. It was hoped that the rented premises used for the Scholes clinic might be used until the opening of Longshoot Health Centre in 1971, but this proved impossible and in April the session was transferred to the Central Clinic, Millgate, where a separate session was held for mothers from this area.

Attendances during the year were as follows :

CLINIC	Attendances of 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	1563	330	397	2290	260	1237	2041
Scholes	1015	163	248	1426	133	767	1235
Pemberton	2294	397	327	3018	291	1018	2821
Worsley Mesnes	2617	386	276	3279	272	1187	2960
Springfield	1893	339	392	2624	193	1116	2382
Highfield	1975	330	455	2760	149	855	2396
Goose Green	2810	451	386	3647	284	1731	3365
Marsh Green	1359	234	232	1825	127	742	1685
	15526	2630	2713	20869	1709	8653	18885

The total of attendances again rose and is the highest ever recorded, representing a $3\frac{1}{2}\%$ increase on the total of 20,181 for 1969. Such an increase would not occur spontaneously and the Health Visitors must take credit for the steady improvement in attendances in recent years, as their work is the greatest single factor influencing the regularity of visits to the clinics.

The teaching of mothercraft in Secondary Schools for over ten years has undoubtedly left its mark on many of today's young mothers, and the use of an appointments system for vaccination and immunisation has also resulted in increased attendances, but whatever influences mothers to first attend only confidence in the staff and the standard of service they receive will ultimately encourage them to make regular return visits. The fact that so many are now regularly attending speaks highly of the quality of work performed and advice given by both medical and nursing staffs.

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 weekly Paediatric Clinic at the Infirmary as liaison officer and adviser for orthoptic treatment. See also P.68 for details of joint assessment paediatric clinic.

An Orthopaedic Surgeon attends the Central Clinic in Millgate one session each month. Breathing exercises and other treatment are given on Monday, Wednesday, and Thursday each week by the Orthopaedic nurse.

A Toddler Clinic is held each Tuesday morning at either the Central or Pemberton Clinic. A Medical Officer attends the session to which selected children are referred by Health Visitors.

CHILD GUIDANCE

Dr. Moira P. Jones, Consultant Child Psychiatrist, holds weekly clinics at Pemberton Health Centre at which school and pre-school Wigan children are seen. She is assisted by an Educational Psychologist and during her absence for the latter part of 1970, the work was ably continued by Dr. K. S. Gopal, Locum C.C.P., and Mr. J. H. Valentine, Educational Psychologist, who was appointed to the Wigan Education Authority in August, 1970.

A new venture that has proved to be very successful is the Observation Unit where younger children can be assessed in a stress free educational environment. The provision of a school for maladjusted children in conjunction with the provision of special units within the framework of the local school would be valuable extensions to the Unit.

DISTRIBUTION OF WELFARE FOODS

National Welfare Foods are distributed from the Welfare Food shop which is situated in the Municipal Buildings and from the various Maternal and Child Health clinics in the Borough. Proprietary branded milk foods and vitamin supplements are also sold. The quantities issued or sold during the year were :

National Welfare Foods :

National Dried Milk	7,390 tins
Orange Juice	33,163 bottles
Cod Liver Oil	2,132 bottles
Vitamin A and D tablets	3,446 packets

Proprietary brands of foods and vitamin supplements :

Proprietary milks	39,676 packs
Vitamin supplements	9,993 packs
Rose Hip Syrup	5,202 bottles
Cereals	9,348 packets
Complan	3,620 packs
Malt extract	398 jars

Sales of National Dried Milk and Cod Liver Oil were less than in 1969, but there was a significant increase for each of the other Welfare Foods. Sales of proprietary vitamin supplements were considerably higher than in the previous year but fewer cereals were sold, partly because the manufacture of two locally popular brands was discontinued.

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 Maternal Child Health Section.

As in previous years, facilities remained available for the dental examination and treatment of expectant mothers and children under school age during routine working sessions. All expectant mothers are encouraged to have a dental examination and offered the opportunity and convenience of this service but demand is small.

The task of ensuring that pre-school children receive dental treatment and inspection has been as difficult as ever, although invaluable help has again been rendered by the Departmental Medical Officers and Health Visitors who ceaselessly endeavour to instil into the parents the vital importance of early dental care.

Analysis of Priority Dental Care :—

	Equivalent Sessions	Examined	Needing Treatment	Offered Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	12.1	8	8	7	6	5
Children under five		57	52	51	48	40

Forms of Dental Treatment provided :—

	Scalings and Gum Treatm't	Filling	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full Up. or Lr.	Part Up. or Lr.	
Expectant and Nursing Mothers	—	14	—	—	4	—	—	—	—
Children under Five	—	83	7	—	75	30	—	—	1

DAY NURSERY

Ellesmere Road Day Nursery, Pemberton, provides accommodation for 67 children and was open Monday to Friday from 7-0 a.m. to 6-15 p.m.

Priority of admission is given to the children of unsupported mothers, separated or divorced parents and parents who are temporarily unable to care for them, but many places are still available for children whose parents are both working. Demand for places remained at a high level and there was a waiting list of children seeking admission.

A Medical Officer attended the nursery each week to supervise the health of the children. In 1970 the average daily attendance was 61, compared with 63 in 1969 and 53 in 1968.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

CHILD MINDERS

The strengthening of regulations under the Health Services and Public Health Act, 1968, caused a large increase in the number of applications for registration and also greatly increased the amount of supervisory work. There were 13 new registrations granted for 35 children during the year, at the end of which a total of 22 registrations for 58 children remained in force. Regular visits were made to each child minder to ensure that the provisions of the Act were complied with.

PLAYGROUPS

One pre-school playgroup for 12 children was registered by the Authority during the year. At the end of the year there were five playgroups registered for 126 children, a slight reduction on the previous year's figure.

There is constant interest in the establishment of playgroups. Some notes of guidance regarding standards have been issued from the Health Department and any person seeking to establish a playgroup is offered advice by the Superintendent Health Visitor.

FAMILY PLANNING

In addition to the valuable educational work carried out by the Department's field staff, the Council makes available accommodation in the Central Clinic, Millgate, and Pemberton Health Centre for the use of the Wigan Family Planning Association. Two regular weekly evening sessions are held at the Central Clinic, in addition to a special session on the evening of the first Tuesday in each month. Sessions at Pemberton Health Centre are held weekly on Tuesday afternoons. Attendances continued at a high level and reached a total of 8,840 in 1970, 4,533 of which were for supplies only. There were 487 new patients during the year.

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. There is no doubt that the service contributes greatly to the sum of social medicine undertaken by the Authority. The professional and voluntary workers deserve the highest praise for their efforts.

During the year 229 cervical smears were taken from women attending the clinics.

DOMICILIARY MIDWIFERY

The staff employed at the end of the year was one non-medical Supervisor, and 11 whole-time municipal midwives.

There were 409 cases compared with 411 in 1969, representing 26% of the total Wigan births during the year. The general practitioner was booked in almost every case. The midwives made regular ante-natal visits to all patients and 6,015 such visits were made. After delivery the midwives attended patients for a minimum of ten days and for a longer period if necessary; 10,232 such visits were made.

At the end of the year a scheme was introduced under which cases booked with general practitioners are delivered in hospital by domiciliary midwives, the patient being discharged home almost immediately. It is a little early to judge the value of the scheme as there was only one such delivery before the end of the year.

EARLY DISCHARGE

The system of 48 hour discharge for selected cases continued during the year with full prior agreement between the hospital, general practitioners and the midwifery service. However, many other mothers were discharged from hospital before the tenth day because of the shortage of staffed hospital beds and such cases have increased the work of the service. There were 1,110 early discharges, of which 371 were planned 48-hour discharges.

HOSPITAL BOOKINGS

Hospital confinement was restricted to certain categories of patients, i.e. where there was some obstetrical abnormality, for primiparae who sought admission, for cases where there was some associated medical condition and for those whose home conditions were unsuitable. Visits were made to 604 homes regarding their suitability for the nursing of patients discharged from hospital in 48 hours. These investigations were carried out by the midwives on whose areas the patients resided.

NIGHT ROTA SYSTEM

The night rota system for midwives continued to operate. Two or three midwives were on duty each night and attended all calls within the Borough. This team of midwives remained on night duty for a whole week and could then expect no further night calls for three weeks. Calls during the night were made to the Ambulance Station and the Control Assistant contacted the appropriate midwife. The arrangements worked very satisfactorily and enabled midwives to enjoy a more normal home life for three weeks in four.

ANTE-NATAL CLINICS

The ante-natal clinics were attended by midwives on a rota basis. This ensures that midwives meet patients from different areas and of various general practitioners, thus enabling them to meet women they might deliver because of the night rota system. A total of 1,489 blood samples were taken comprising 151 for Wasserman reaction, 204 for the Rhesus factor and 1,134 for haemoglobin estimation.

Samples of blood were taken for testing at the request of general practitioners and the Consultant, although some doctors arrange to have samples taken at the Royal Albert Edward Infirmary.

Chest X-rays were arranged whenever necessary and 65 patients were referred to the Chest Clinic, of whom 62 kept their appointments.

MEDICAL AID

The rules of the Central Midwives Board require midwives to send for medical aid under conditions and for reasons specified. Medical aid was summoned in 10 cases involving conditions arising during the ante-natal period, in 41 cases for the mother alone, in 22 cases for the child alone, and 9 cases for both mother and child. The general medical practitioner had been engaged in each of these cases.

ANALGESIA

Each midwife carried an "Entonox" machine or a "Trilene" outfit. Entonox machines have been approved by the Central Midwives Board for use by unsupervised midwives and provide for the administration of a 50/50 mixture of nitrous oxide and oxygen. Cylinders of analgesic gases were supplied through the Ambulance Depot.

Details of analgesics administered by midwives during the year are shown below :

	No. of cases
Trilene only	22
Pethilorfan only	39
Trilene and Pethilorfan	52
Nitrous Oxide and Oxygen only	79
Nitrous Oxide and Oxygen and Pethilorfan	170

EMERGENCY OBSTETRICAL UNIT

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

CARE OF PREMATURE INFANTS

The number of premature infants (i.e. weighing $5\frac{1}{2}$ -lbs. or less at birth) notified during the year was 121; of these 14 were born at home and 107 in hospital.

As very small babies are no longer delivered or nursed at home, babies are usually 5 - $5\frac{1}{2}$ -lbs on discharge. Full care of these babies is undertaken by the midwife, who visits daily or more often if necessary. Special attention is given to the feeding and handling of the baby and special equipment, cots and clothing were available but seldom required. Daily record charts were made out for each infant and these were made available to the doctor attending the cases. The intensive visiting was continued during the first month or until such time as the baby had attained

normal standards. By these means the mother was given every opportunity of learning how to handle and tend the infant.

The results of this concentrated attention were very good and fully justified the time devoted to them.

Close liaison was maintained with the premature baby unit at Billinge Hospital, especially when babies were about to be discharged to home and specialised nursing was continued where necessary.

OPHTHALMIA NEONATORUM

No notifications were received in 1970.

NEO-NATAL COLD INJURY

Intensive Health Educational methods were directed at expectant and nursing mothers in an attempt to prevent this dangerous condition.

Each midwife was supplied with a thermometer registering to 70°F. to facilitate the diagnosis of this condition.

One case was reported in 1970.

TRANSPORT OF MIDWIVES

Car allowances were made to midwives who used their own motor cars whilst on approved duties. Twelve midwives travelled an aggregate of 27,625 miles in the year.

Newly appointed midwives are encouraged to obtain motor transport as soon as possible in order to provide the mobility required effectively to operate the night rota and holiday relief systems.

MATERNITY HOMES

There are no Maternity Homes within the Borough.

TRAINING OF MIDWIVES

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

The Authority also provides training for Nurses from Wigan Infirmary who undertake the Obstetric Training Course at Billinge Hospital. Twelve students received training in 1970.

MATERNITY LIAISON COMMITTEE

The Maternity Liaison Committee continued to meet spasmodically.

HEALTH VISITING

Summary of visits during the year 1970 :

No. of primary visits to births	1,580
" visits to infants under one year	7,220
" " " infants over two and under five years	6,584
" " " expectant mothers	354
" " " cases of infectious disease	116
" " re deaths under one year	21
" " " stillbirths	26
" " to aged persons	1,572
" " mentally disordered persons	92
" " " tuberculosis households	571

One newly qualified Health Visitor joined the staff in September and by the end of the year ten full-time and two part-time Health Visitors were in post. This number was close to the existing staff establishment but with the increasing range of work being undertaken and the closer collaboration with general practitioners, it was clear that more staff will be needed if the high standard of service is to be maintained.

The three students at present attending a training course under the Authority's sponsorship should become qualified in 1971 and increase the staff to a more satisfactory level.

COLLABORATION WITH GENERAL PRACTITIONERS

The scheme whereby health visitors collaborate with general practitioners by working with them in their areas was first introduced in 1962, since when various degrees of liaison and attachment have been tried and found to work very successfully, to the benefit of the general practitioners, the Department and the patients.

At the end of 1970 a revised scheme was introduced for all health visitors to work in complete liaison with general practitioners. Although they are based at local authority premises in various parts of the town, they visit all patients within the Borough who are registered with the practice to which they are attached. In the case of the few practices to whom it has not yet been possible to attach a health visitor, visiting will continue to be undertaken on a geographical basis until additional staff are available.

"AT RISK" REGISTER

The register of children 'at risk' continued to be maintained and selective visiting was undertaken to ensure that children with handicapping conditions and those known to be at risk by reason of unfavourable family history, adverse environment before, during or after birth, or who show suspicious symptoms in the first months of life, were adequately supervised. 629 children were notified as being 'at risk' on account of a total of 836 conditions during 1970, but many were removed from the register at an early age without the need for extensive personal supervision.

The usefulness or indeed desirability of the register is being called into question. The danger of neglecting children with developmental problems who were not considered eligible for the register at birth is very real. The staff will keep a close watch for this possibility during the coming year.

PHENYLKETONURIA AND OTHER AMINOACID DISORDERS

With the co-operation of Dr. Komrower, Consultant Paediatrician at the Royal Manchester Children's Hospital, the Scriver test was carried out on Wigan children born during the year. This test, devised by Dr. Charles Scriver in Montreal, and on which Dr. Komrower has carried out a great deal of research, is a great advance on the simple Phenistix test previously used in the detection of Phenylketonuria, as it can also be used to detect a variety of other aminoacid disorders and thereby minimise the possibility of severe mental and physical retardation resulting from these inborn errors of metabolism.

During the year, 1,571 tests were performed, compared with a total of 2,229 Scriver and Phenistix tests in 1969.

ASCERTAINMENT OF DEAFNESS IN PRE-SCHOOL CHILDREN

The screening of vulnerable children for deafness was carried out by specially-trained health visitors and children failing to pass the screening tests were referred to the Medical Officers who have special experience in the field of audiometry.

FIELD WORK INSTRUCTION

Three members of the staff are qualified Field Work Instructors and supervise the practical work of students from Wigan and other authorities. Four students were receiving practical instruction at the end of the year.

The field work instructors attended meetings with the tutors of established courses to ensure that appropriate practical work was being associated with theoretical instruction.

MOTHERCRAFT

The importance of mothercraft is now being increasingly recognised and its teaching is one of the duties of the health visitor. During the year, besides the talks at clinics and in the homes, courses of lectures were given in six schools and the Health Education Officer showed films and distributed relevant posters and other literature. Observation visits were made to clinics and the day nursery.

Of 173 pupils who entered for the examination in "Child Care" for schools, arranged by the National Association for Maternal and Child Welfare, 170 were successful. The Superintendent and a senior health visitor conducted the oral part of the examination.

NURSE TRAINING

Public Health lectures, practical demonstrations and observation visits were provided for student nurses undergoing training at the Royal Albert Edward Infirmary, Wigan.

The Superintendent Health Visitor has been appointed to the re-constituted Education Committee of the Wigan and Leigh School of Nursing and has taken part in discussions on the planned extension of community care experience for student nurses under the proposed new syllabus.

CONSULTANT CLINIC

One health visitor attended weekly at the Paediatric Clinic at Wigan Infirmary and brought to the notice of the Consultant the social background and environment of the children from the Borough who were attending. She arranged to visit the home when necessary and was available to advise parents as to the best way of carrying out the treatment indicated by the Paediatrician.

COURSES

An experienced health visitor attended a refresher course at Oxford and another completed the Field Work Instructors' Course at Bolton, which was held in three fortnightly parts with projects undertaken during the intervals.

Two health visitors attended a one-day refresher course in Health Education at Manchester.

TRANSPORT ARRANGEMENTS

All health visitors who use their own cars on official duties are paid a casual user car allowance and at the end of the year nine of the staff were doing so, the remaining three using public transport.

SPECIALISED WORK

Health Visitors continued to attend toddler and cytology clinics, antenatal and mothercraft classes, screening tests for deafness in children and the paediatric clinic at the Royal Albert Edward Infirmary.

A health visitor accompanied the Deputy Medical Officer of Health to Council Homes for the Aged to undertake routine screening examinations of the residents and the general practitioner was informed whenever any abnormality was discovered. These visits were followed up by other health visitors carrying out Haemoglobin tests.

The attendance of a number of physically handicapped children from the Borough at Mere Oaks special school has necessitated close liaison with the County health visitor at the school to ensure a high degree of co-ordination of efforts on behalf of these children in the school and in the community.

Each health visitor is now also responsible for tuberculosis visiting, supervising patients and tracing contacts. This work is closely co-ordinated by the Superintendent Health Visitor, who deals with certain aspects of the after-care of patients and attends the monthly meetings of the After-Care Committee.

GENERAL

The work of these all purpose nurse/social workers is not restricted to children and continues to widen in scope. Despite the increasing demands on her time, the health visitor must continue to place emphasis on health education, the prevention of break-up of families and the problems of pre-school handicapped children. Four blind, two deaf, 23 spastic, 8 mentally handicapped and two physically handicapped children were under close supervision at the end of the year.

The visiting of old people, especially those who live alone, imposes a further strain on the staff, particularly as so many young couples now live in accommodation suitable only for a small family and are unable to house ageing relatives, while kind-hearted neighbours often become so involved that they ultimately become resentful. It is of course, our aim to enable aged patients to remain at home for as long as they can be adequately provided for, but there is a limit to the amount of support which can be given by a domiciliary force. The health visitor is increasingly finding herself the key figure in securing the quick and effective co-operation of the various social work and hospital agencies sharing responsibility for the care of the aged.

The importance of keeping abreast of modern developments is stressed to the staff and throughout the year in-service training sessions were held and films, slides and recorded talks were used. Staff from the neighbouring County area were invited to attend on a number of occasions.

THE CHILDREN ACT, 1948

A close liaison exists between the Health Department and the staff of the Children's Department. Medical Officers are available for consultation and medical examination of all children in the care of the Authority. Family Group homes are visited and house parents interviewed at regular intervals.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

PREVENTION OF BREAK-UP OF FAMILIES

CO-ORDINATING OFFICER

Following a joint circular issued in 1950 by the Home Office, Ministry of Health and Ministry of Education, regarding Children Neglected or Ill-treated in their Own Homes, the Medical Officer of Health was designated as co-ordinating officer to secure full co-operation among all the local services, statutory and voluntary in the Borough.

CO-ORDINATING COMMITTEES

It is the duty of the co-ordinating officer to convene meetings of representatives of the various interested bodies to consider significant cases of child neglect and all cases of ill-treatment of children. This Co-ordinating Committee has continued to meet at regular intervals.

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.

On 1st October, 1963, Section 1 of the Children and Young Persons Act, which extended the power and duties of Local Authorities to promote the welfare of children, was brought into operation. This section was not intended to upset the arrangements already in existence for the performance and co-ordination of preventive work. It did, however, provide statutory authority to perform welfare work and meet any consequent expenditure relating to families where children are likely to need care.

These powers are of great assistance to the Co-ordinating Committee in their preventive case work.

The Committee has representatives of the Health, Education, Children's and Housing Departments of the Local Authority, the Department of Employment and Productivity, Department of Health and Social Security, Probation Service, N.S.P.C.C., the Wigan and District Moral Welfare Association and the W.R.V.S. It meets at bi-monthly intervals to co-ordinate policy and to minimise multiple visiting by social workers which can prove confusing to the family concerned. Liaison is maintained among the Committee members to effect continued help to the families between meetings. A number of voluntary agencies who are not represented at the meetings give timely help in the provision of goods, services and monetary grants and this assistance is greatly appreciated.

Number of cases under review, 1st January, 1970	15
Number of new cases during the year	7
Number ceased to be considered	8
Number of cases under review, 31st December, 1970	14

FAMILY SERVICE PROJECT

CASE LOAD

Families under supervision at 1st January	22
Families under supervision at 31st December	40

“OPERATION PHOENIX”

The renovation of the ‘Orlit’ houses and re-settlement of families was completed in July, 1969, yet despite intensive casework almost 25% of the families are to some degree affected by financial problems or social inadequacy. Several have had their gas supply disconnected, depriving them of central heating and cooking facilities, although they seem to have made alternative arrangements using electrical appliances.

This group of families obviously has a depressive effect on the area, as they tend to be indifferent to their surroundings and are subject to periods when home conditions deteriorate and children are absent from school or show signs of neglect.

It is, on the other hand, pleasing to watch the progress of the small number of multiple problem families, who now maintain home standards totally unrelated to those present when the project began, and who could satisfactorily settle themselves into any council housing estate. The project also served as a reminder, to a much larger group of families, of a way of life they thought impossible in this area. Collectively they are now a dominant influence in the area, instead of being dominated by the area, and to some extent counteract the effect of the less community-orientated families.

OTHER AREAS

Intensive case work over a long period can on occasions take effect quite suddenly, as was found in the case of a family who have been under supervision for three years. A new understanding between man and wife, despite a problem family background on the one hand and a long history of anti-social behaviour linked to physical disability on the other, is opening up possibilities for the children of the family that could not have been foreseen.

It has been necessary to undertake case work with five families formerly in the Homeless Families Unit, each family again experiencing the cause of their original problem. The knowledge of their past failure was invaluable in enabling case work techniques to be applied to prevent a recurrence of homelessness.

PREVENTION OF EVICTION

Cases referred to Family Case Worker during 1970	110
Cases cleared during 1970	85
Cases being dealt with at end of year	17
Absconded	8
Evicted	0

Three cases were cleared with the help of loans, which have since been repaid, and one with the aid of a grant arranged by the Children's Department.

The hard core of referrals reveal an abundance of family and social problems at the root of eviction cases. In addition to social case work with individual families, attention has been given to the problem of those families appearing regularly on Notice to Quit Lists, and two techniques have been employed with some success.

In the first, discussions are initiated with the families concerned stressing the connection between the family and the home, later introducing more and more aspects of family and social life which depend on having a house in which to live, thereby hoping to bring about a changed attitude to the payment of rent. The second is used when more than one referral has been received for the same family. Once arrears have been cleared, a weekly check is made with the Housing Department and if the rent has not been paid visiting is renewed immediately and the serious nature of the problem emphasised, so creating a further opportunity for the diagnosis of the root problem.

It is possible to trace a substantial improvement in twelve long term rent arrears cases during the year.

HOME NURSING

ADMINISTRATIVE ARRANGEMENTS

The service functions on a non-resident basis. The office, at the former Nurses Home, 9 New Market Street, was staffed on weekdays from 8-30 a.m. to 7-30 p.m. and messages were accepted between those hours. At all other times messages and requests for a District Nurse can be left at the Ambulance Station.

The District Nurses working in the Marsh Green, Worsley Mesnes and Sherwood Drive areas used the clinics as their bases and these facilities were also used by relief nurses on a number of occasions. Certain patients were encouraged to attend for treatment at the clinics, thus saving valuable professional time.

A nurse remained on duty at the Nurses Home until 7-30 p.m., Monday to Friday and 3-30 p.m. on Saturdays before making emergency calls and a limited number of routine evening visits. Full co-operation from general medical practitioners, hospitals and the ambulance service ensured that the arrangements worked satisfactorily.

The normal pattern of visiting was continued and when necessary, two or even three visits daily were made. The total number of visits during the year was 64,913, which represents a 5% increase on the 1969 figure. A full staff was maintained throughout the year with very little change, and the number of cases on the books at the end of the year was the highest recorded.

There was a further increase in the number of geriatric patients requiring general nursing care and the excellent close liaison with hospital staffs and general practitioners was strengthened. Co-operation with the

Welfare Services and Mental Health Sections was also good, and the staff continued to visit residents of Welfare Hostels who required skilled nursing care while the Superintendent was available to visit and give advice where necessary.

INJECTIONS

The total number of injections was, at 30,098, 8% more than in 1969. Injections to patients suffering from Asthma, Diabetes and Tuberculosis showed a significant increase and there were minor variations for other types of injections.

The use of the Nurses Home for a twice-weekly Injection Clinic continued and during the year 1,070 injections were given to 63 patients who were able to travel there conveniently. The nurses worked in conjunction with the Mental Welfare Officers to ensure the regular attendance of psychiatric patients for injections.

The number of cancer cases was slightly less than in 1969, the reduction being quite noticeable in the under 65 years age group. Cancer patients are, however, requiring more nursing care and occupy a greater proportion of nurses' time, even though many cases are nursed in conjunction with the Marie Curie Nursing Service.

INCONTINENCE PADS (see also page 66)

Incontinence pads were provided free of charge in selected cases and were of great benefit to the patients and nurses. There was a further increase in demand and during the year the manufacture of the pads at the department's Adult Training Centre was successfully commenced.

Other patients were able to obtain pads from the department at a special rate.

DISPOSABLE EQUIPMENT

For a number of years disposable syringes have been used by District Nurses. Disposable gloves were used by the nurses when giving penicillin and streptomycin injections and other disposable equipment included pre-sterilised dressings, enemas, masks and washcloths.

TRANSPORT

Four Corporation owned vehicles were used by District Nurses. The Superintendent received an allowance for the use of her car to visit nurses and patients, eight District Nurses received essential car user allowances and three an allowance for the use of their auto-cycles.

MARIE CURIE MEMORIAL FOUNDATION

Since February, 1965, the Authority has been responsible for the administration of the Marie Curie "Area Welfare Grant Scheme" and the "Day and Night Nursing Service" in the Borough. These services are financed by the Marie Curie Memorial Foundation and are for the benefit of patients suffering from cancer. The Superintendent of the District

Nursing Service supervises the detailed arrangements for providing help to patients. No difficulties were experienced and the services resulted in considerable relief being given to both patients and relatives.

There was an increase in the number of cases, but fewer needy patients were provided with extra nutrition. An additional nurse was employed in order to deal with the 84 cases. A number of donations were received on behalf of the Foundation from relatives who wished to express their appreciation of the help given.

STAFF

At the end of the year the Superintendent and a full establishment of fifteen whole-time nurses (two of them male nurses and four State Enrolled Nurses) were in post.

The recently revised duties of Enrolled Nurses enable them to take responsibility for many time-consuming visits and for the Injection Clinic. They have continued to work under the supervision of experienced State Registered Nurses and yet given the service greater flexibility while maintaining the required standards of patient care.

Two nurses attended a one-day Home Safety Course organised by the Department and other nurses attended refresher courses as appropriate.

TRAINING

State Enrolled Nurses now take the assessment examination of the Queen's Institute of District Nursing and State Registered Nurses undertake a period of training for the National District Nursing Certificate. Two S.R.N.'s successfully completed the course and a third was in training at the end of the year.

21 pupil S.E.N.'s from Billinge Hospital attended for periods of four days to gain experience of domiciliary visiting and 33 student nurses from the Royal Albert Edward Infirmary made visits of observation during the year. The Superintendent also lectured to two Student Health Visitors during their training period.

SUMMARY OF WORK FOR 1970

Number of cases on books at 1st January	575
Number of new cases during the year	1,411
Number of cases ceased to be visited :	
Now convalescent	703
Removed to hospital	355
Deaths	179
Other reasons	121
	———— 1,358
Number of cases on books at 31st December	628
Number of visits paid by Nurses	64,913
Number of visits to Centres by patients	1,402

A classification of cases attended during 1970 will be found on pages 51-55.

CLASSIFICATION OF CASES

TABLE I — ALL AGES

Tuberculosis of respiratory system	12
Tuberculosis, other forms	9
Malignant neoplasms	157
Benign and unspecified neoplasms	15
Diabetes mellitus	26
Diabetes Insipidus	1
General and nervous debility	35
Parkinsons disease	11
Multiple sclerosis	18
Vascular lesions affecting central nervous system	234
Psychiatric	42
Cataract	4
Acute otitis media	4
Arteriosclerotic and degenerative heart disease; hypertension	199
Other diseases of circulatory system including anaemia	395
Tonsillitis and quinsy	6
Pneumonia	14
Bronchitis	108
Asthma	28
All other respiratory diseases	1
Appendicitis	24
Hernia of abdominal cavity	14
Laparotomy	14
Gastrectomy	2
Cholecystectomy	10
Other diseases of digestive system	9
Diseases of genital organs	6
Diseases of urinary system	5
Syphilis	1

Prostatectomy	26
Nephrectomy	3
Diseases of uterus : Procedentia	49
Hysterectomy	13
Complications of pregnancy inc. threatened abortion	15
Termination of pregnancy	8
Post caesarian (from 7th day)	5
Vagotomy	4
Amputation	12
Ligation of veins	1
Miscellaneous post-operative conditions	26
Abscesses : Breast	4
Rectal and pilonidal sinus	15
Others	9
Infection of skin and general rashes	10
Arthritis and rheumatism	48
Other Conditions : Gangrene, septic areas, bedsores, including	
varicose ulcers and Phlebitis	76
Shingles	5
Accidents : Fractures	9
Scalds	3
Burns	2
Injuries due to falling	6
Industrial injuries	1
Injuries due to car accidents	4
Other injuries	12
Constipation	50
Senility	163
Preparation for X-ray	3
Patients dead on nurse's arrival	3

TABLE II — AGED 65 YEARS AND OVER

	1969			1970		
	Male	Female	Total	Male	Female	Total
Tuberculosis, respiratory	4	1	5	2	1	3
Tuberculosis, other forms	—	—	—	2	1	3
Malignant Neoplasms	30	48	78	43	57	100
Benign and unspecified neoplasms	—	1	1	—	1	1
Diabetes Mellitus	1	9	10	3	17	20
Vascular lesions affecting C.N.S.....	51	85	136	36	52	88
Arteriosclerotic and degenerative heart disease, hypertension	37	67	104	24	49	73
Other diseases of circulatory system	52	160	212	48	161	209
Diseases of Digestive system	—	3	3	—	7	7
Diseases of Urinary system	1	1	2	1	2	3
Pneumonia	3	4	7	1	4	5
Bronchitis	27	18	45	36	16	52
Other diseases of respiratory system	3	1	4	1	—	1
Asthma	1	1	2	10	2	12
Rheumatism, Arthritis	2	19	21	4	27	31
Varicose Ulcers	4	23	27	9	41	50
General rashes on body	1	3	4	1	3	4
Abscesses, Boils, Carbuncles	2	1	3	1	2	3
Bedsore, Septic areas	3	5	8	6	8	14
Senility, General and Nervous Debility, Psychiatric	43	145	188	49	150	199
Injuries due to falls	2	7	9	2	3	5
Other injuries	—	—	—	1	5	6
Fractures	1	4	5	1	6	7
Burns	—	2	2	—	1	1
Scalds	1	2	3	—	2	2
Prostatectomy	8	—	8	19	—	19
Gastrectomy	—	—	—	—	1	1
Hysterectomy	—	1	1	—	2	2
Cholecystectomy	2	3	5	1	3	4
Procedentia and diseases of the Uterus	—	32	32	—	38	38
Preparation for X-ray	—	3	3	—	1	1
Constipation	13	25	38	9	24	33
Cataract	1	1	2	2	2	4
Herniotomy	2	2	4	3	3	6
Laparotomy	1	5	6	1	—	1
Amputation	3	2	5	5	3	8
Osteotomy - arthrodesis	—	—	—	1	3	4
Miscellaneous post-operative conditions	4	2	6	4	9	13

TABLE III(a) — CHILDREN UNDER 5 YEARS

Abscesses	1
Anaemia	1
Burns and Scalds	3
Constipation and Colic	4
Dermatitis and Impetigo or Skin Infection	1
Epilepsy	1
Enucleation of Eye	1
Herniotomy and Intussusception	2
Injuries	2
Spina Bifida and Ectopic Bladder	2
Thrush	2
Valvectomy	2

TABLE III(b) — SCHOOL CHILDREN

Anaemia	1
Appendicitis	11
Biopsy of Neck	1
Constipation	1
Diabetes	1
Scabies and psoriasis	1
Scalds of Arm	1
Spastic	1
Spina Bifida	3
Thrush	2
Tonsillitis	1
Bronchitis	1

TABLE IV — INJECTION THERAPY

Asthma	Adrenalin, Silbephyeline Acthar, Depomedrone	1,410
Anaemia	Anahaemin, Imferon, Examin, Hepastab	} 15,163
Neuritis	Riboflavin, Cytamin	
Rheumatism	Neo-hepatex. Actha, Miocrysin	
Bronchitis, Chest Infection	} Penicillin	..... 2,231
Pneumonia, Catarrh		
Diabetes	Insulin	5,648
Cardiac	Mersalyl, Mercardon, Thiomerin	1,523
Tuberculosis	Streptomycin and Dimycin	1,390
Narcotics and Sedatives	Morphia, Pethidine, Largactol, Omnipon, Fortral, Scopolamine, Navacoine and other sedatives	991
Others — Vasolastine, Primolutdepo, Deca, Durabolin, Ergotamine, Pituitrin		962
Nervous Debility	} Parentrovite, Benerva and Moditen	..... 780
General Debility		
		<hr/> 30,098 <hr/>

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	
1-6 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7-12 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13-24 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
25-36 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
37-48 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
49-60 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
61-72 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
73-84 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
85-96 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
97-108 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
109-120 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
121-132 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
133-144 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
145-156 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
157-168 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
169-180 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
181-192 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
193-204 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
205-216 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
217-228 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
229-240 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
241-252 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
253-264 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
265-276 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
277-288 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
289-300 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
301-312 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
313-324 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
325-336 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
337-348 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
349-360 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
361-372 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
373-384 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
385-396 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
397-408 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
409-420 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
421-432 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
433-444 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
445-456 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
457-468 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
469-480 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
481-492 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
493-504 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
505-516 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
517-528 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
529-540 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
541-552 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
553-564 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
565-576 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
577-588 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
589-600 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
601-612 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
613-624 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
625-636 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
637-648 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
649-660 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
661-672 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
673-684 months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
685-696 months	1	1	1	1	1																				

VACCINATION AND IMMUNISATION

1970 saw yet another extension to the already wide range of vaccines available for protection against infectious diseases when, in July, the Department of Health and Social Security recommended a scheme for the protection of girls against Rubella (German Measles), which is acknowledged as a major threat to women of child-bearing age because of its consequences in pregnancy. The object is to protect as many girls as possible before they reach child-bearing age, and arrangements were in hand to vaccinate all girls aged 13 during the first year, although in future it is intended to aim the campaign at girls a year younger.

Measles vaccine became available once again and over 3,000 children have been protected against the disease since vaccine first became available in 1968. The increase in the number of notifications of the disease nevertheless showed that many more parents must be persuaded to take advantage of the availability of the vaccine and thereby avert much family distress and save valuable professional time in the future.

The smallpox vaccination rate, although favourable by comparison with the national average, is still only in the region of 50%.

Wherever practicable, the schedule set out below was followed but the revised recommended schedule is to be introduced in 1971. The appointment system, which offered parents the choice of taking their children to a clinic or to their family doctor, was again successfully used to produce an encouraging acceptance rate, the numbers vaccinated against all except whooping cough being in excess of the 1969 figures.

Age	Visit	Vaccine	Injection	Oral	Interval
1-6 months	1	Diphtheria, pertussis, tetanus Poliomyelitis	1	1	4-6 weeks
	2	Diphtheria, pertussis, tetanus Poliomyelitis	2	2	4-6 weeks
	3	Diphtheria, pertussis, tetanus Poliomyelitis	3	3	
7-8 months		Smallpox			
12 months		Measles	4		
18-21 months		Diphtheria, pertussis, tetanus booster	5		
4½ years		Diphtheria, tetanus booster Poliomyelitis booster	6	4	
8-12 years		Diphtheria, tetanus booster	7		
Over 11 years		Rubella			
Over 12 years		B.C.G.			

SMALLPOX VACCINATION

The table below gives details of vaccinations of children carried out during 1970. There were 765 primary vaccinations of children under two years of age, compared with 732 in 1969 and 824 in 1968.

	Under 1 year	1 year	2-4 years inclusive	5-15 years inclusive	TOTAL
Primary	678	87	65	28	858
Re-vaccination	—	1	2	7	10
Totals	678	88	67	35	868

Details of other vaccination and immunisation procedures carried out during 1970 are given below :

	M. & C.H. and Special Clinics	School and School Clinics	Private Doctors	Total
POLIOMYELITIS—ORAL VACCINE				
Children under 16 years of age:				
Completed Primary Courses	1211	534	152	1897
Reinforcing doses	159	1064	20	1243
DIPHTHERIA				
Completed Primary Courses	1191	312	157	1660
Re-inoculations	825	2122	74	3021
WHOOPING COUGH				
Completed Primary Courses	1180	—	157	1337
Re-inoculations	643	—	71	714
TETANUS				
Completed Primary Courses	1191	312	170	1673
Re-inoculations	825	1502	86	2413
MEASLES				
Number vaccinated	1026	—	115	1041
RUBELLA				
Number vaccinated	—	314	2	316

B.C.G. VACCINATION

Although B.C.G. vaccination is offered generally to the 13 year age group regulations permit whole classes to be dealt with. This greatly facilitates the administrative work but as a result a small percentage of the children were aged 12 or 14 years. This year's acceptance rate of 95% was higher than that of the previous year.

Routine protection of 13-year-old school children :—

Number in 13 year age group	1,029
Number for whom consent was obtained	971
Percentages of acceptances	95%
Number of Mantoux-Negative	914
Number of Mantoux-Positive	57
Percentage Positive	5.9%
Number Vaccinated	857
Number who had Chest X-ray	57
Number where X-ray showed active tuberculosis	—
Number where X-ray showed lung abnormality requiring further observation	—

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tuberculosis bacillus. Our percentage, 5.9, compares favourably with that in other urban industrial areas.

The Chest Physician has supplied the following information regarding B.C.G. vaccination of Tuberculosis Contacts during 1970 :—

Children under 15 years of age :

No. of Contacts skin patch tested	Positive	Negative	B.C.G. Vaccinated
75	24	51	110

There were no cases of negative skin reaction among the 121 children patch tested after B.C.G.

The figures do not include B.C.G. Vaccination performed in hospitals where some babies receive protection at birth.

AMBULANCE SERVICE

Although there were no major developments during 1970, a record number of patients, 72,252 (an increase of 6% over 1969) was carried a record number of miles, 179,593 (a 7% increase over 1969).

The following table shows the trends in the service since the termination of the agency agreement by the Lancashire County Council.

Year	Total patients carried	Total Mileage	Average No. of patients per mile	Average mileage per patient
1956	33,420	120,283	0.27	3.6
1957	35,622	119,972	0.28	3.4
1958	37,246	114,725	0.33	3.0
1959	40,058	115,346	0.35	2.9
1960	44,181	127,081	0.35	2.8
1961	49,354	130,182	0.38	2.6
1962	51,446	128,351	0.40	2.5
1963	55,415	135,443	0.41	2.4
1964	55,558	140,247	0.39	2.5
1965	55,791	142,635	0.39	2.6
1966	56,316	150,238	0.38	2.7
1967	57,519	148,390	0.38	2.6
1968	63,218	157,722	0.40	2.5
1969	67,854	166,957	0.40	2.5
1970	72,252	179,593	0.40	2.5

There were decreases in the numbers of patients carried to the Day Care Unit at Billinge Hospital, Hope School and Mere Oaks School, but this was more than compensated for by the considerable increase in the numbers being carried to the Day Care Unit at Pemberton Clinic and to the Adult Training Centre which holds both the Special Day Care Unit and trainees.

PERSONNEL

The staff establishment as at 31st December, 1970, was as follows :

1 Superintendent	1 Leading Driver
4 Control Assistants	30 Driver/Attendants
1 Clerk/Day Control Assistant	1 Handyman.

There has been a further saving in overtime despite the fact that no less than 6 members of staff attended the 6 weeks basic training course organised by Lancashire County Council and 1 attended the two weeks course.

VEHICLES

The 1961 Bedford Coach was replaced by a Ford Transit Sitting Vehicle in January, and it is now proving to be very successful.

MAINTENANCE OF VEHICLES

All maintenance and repairs necessary to keep the fleet fully serviceable have been carried out satisfactorily.

Age of vehicles in years (as at 31st December, 1970)

Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10 years or more
2	—	—	2	1	2	2	1	1	—	—

The average age of the vehicles is 4 years

TOTAL MILEAGE RUN BY EACH VEHICLE

Vehicle No.	Registered No.	Year of purchase	Make	Type	Mileage		Total mileage
					1969	1970	
7	HJP 804	1962	Bedford	Coach	13159	13804	106337
8	JJP 711	1963	Bedford	Ambulance	13070	12759	116213
10	KJP 984	1964	Bedford	Dual Pur.	14031	14554	111154
2	KJP 966	1964	Bedford	Ambulance	12520	9879	92685
1	AJP 298C	1965	Bedford	Dual Pur.	15064	15005	81654
12	CJP 456C	1965	Commer	Dual Pur.	4677	11035	17624
3	CEK 650D	1966	Bedford	Ambulance	10138	11319	55589
Car	CJP 49D	1966	Morris	Car	16403	10108	68067
6	DJP 206E	1967	Bedford	Ambulance	13040	15162	43260
5	EJP 105F	1967	Bedford	Ambulance	15875	18250	48983
11	FJP 311G	1967	Bedford	Dual Pur.	9894	10727	23885
4	GEG 404G	1968	Bedford	Ambulance	20616	18176	39901
9	HJP 19H	1970	Ford	Dual Pur.		14193	14193
Car	GJP 300J	1970	Morris	Car		1716	1716

PETROL AND OIL CONSUMPTION

Vehicle	Make	Reg. No.	Mileage	CONSUMPTION		AVERAGE	
				Petrol Galls.	Oil Pints	M.P.G.	M.P.P.
1	Bedford	AJP 298C	15005	1518.9	27	9.9	555.6
2	Bedford	KJP 966	9879	975.0	38	10.1	259.9
3	Bedford	CEK 650D	11319	1034.3	45	10.9	251.5
4	Bedford	GEK 404G	18176	961.9	31	18.9	586.0
5	Bedford	EJP 105F	18250	1053.5	53	17.3	344.3
6	Bedford	DJP 206E	15162	1370.0	49	11.1	309.5
7	Bedford	HJP 804	13804	1462.2	51	9.5	271.8
8	Bedford	JJP 711	12759	1099.4	55	11.6	231.8
9	Ford	HJP 19H	14193	989.2	29	14.4	489.4
10	Bedford	KJP 984	14554	723.1	27	20.1	539.0
11	Bedford	KJP 311G	10727	1078.2	33	10.0	325.1
12	Commer	JJP 456C	11035	842.8	41	13.1	269.1
Car	Morris	CJP 49D	10108	553.1	30	18.5	336.9
Car	Morris	GJP 300J	1716	142.2	8	12.1	214.5
	TOTALS		176687	13803.8	517		

SUMMARY OF WORK UNDERTAKEN DURING THE YEAR 1970

Classification	Miles	Patients
Section 27 Patients :		
Street Accidents (including all road users)	418	102
Other Street Accidents	917	225
Works Accidents	489	101
Home Accidents	1,735	339
Recreation Accidents	581	134
Unclassified Injuries	1,048	248
Street Illnesses	481	125
Home Illnesses	1,922	360
Works Illnesses	724	156
Other Illnesses	185	43
Maternity	7,105	665
Mentally Ill Patients	791	36
Infectious	58	9
Deceased	285	45
Admissions, Discharges, Transfers and Clinic Cases.....	100,380	23,365
Service and Fruitless	2,608	—
Psychiatric Unit, Billinge	10,492	6,551
Section 27 Patients—Recoverable :		
Other Authorities	1,368	120
Other Re-chargeable Work :		
Welfare Services	3,573	2,317
Mentally Sub-normal Children	20,233	15,184
" " " Adults	9,361	11,772
Midwives	13	—
Mental Health: Welfare Officer Transport	116	—
Day Care Unit	6,872	7,849
Physically Handicapped Children	4,838	2,506

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION

Health Education covers a vast range of subjects, and most sections are concerned in its application; public health inspectors, dentists, health visitors, midwives, home nurses, school nurses and social and mental welfare officers are all responsible for important aspects of this growing topic.

In Wigan, an administrative assistant is responsible for the co-ordination of these efforts, and for field work where topics are not dealt with specifically by the professional members of staff. Besides the Health Education work, which is part of the normal duties of these staffs, special topics were dealt with throughout 1970.

The hazards of smoking, and especially its relation to lung cancer, still necessitate a great deal of publicity and education by the local authority staff, although it is difficult to assess its impact. A one day conference was held for staff from the Health and Education Departments which proved very successful.

Dental health education was continued. The dental kits introduced last year proved to be a great success and it seems that they are going to become the basis for dental education in infant schools. A new venture was also successfully started — this was the introduction of nursery school children to the dental clinic at Pemberton, where the various pieces of equipment were demonstrated and when possible explained. Not surprisingly, "chair rides" were very popular.

Posters on health and home safety topics were issued to general practitioners, schools and clinics, coinciding where possible with National Campaigns run by the Health Education Council and the Royal Society for the prevention of Accidents. Assistance was also given to schools. Health Visitors again ran the mothercraft courses and parties of school children were invited to displays at the Ambulance station. Talks on the work of the Department were given to different age groups, and senior children were encouraged to visit old people's homes and Fabrex and Hope Schools, (the Senior and Junior Training Centres for the Mentally Handicapped). It is hoped that this work will be expanded during 1971 with the added emphasis on the preparation for adulthood that is given to school leavers.

Officers attended several evening meetings of church clubs, wives clubs, first aid and other groups, to talk on health topics, and their work in the department. The Medical Officer of Health addressed groups of student nurses and midwives. Several in-service training sessions were held, to which other departmental and County staff were invited.

CERVICAL CYTO — DIAGNOSIS

Clinics were held throughout the year at Pemberton Health Centre on Friday evenings and at Marsh Green Clinic on Thursday afternoons.

The total number of first cervical smears taken in 1970, other than by general practitioners or at hospitals, was 1,319, of which 1,050 were taken

at the regular clinics where 162 repeat tests and 369 recall smears were also taken. The percentage of positive cases was 0.37. In addition, 229 women had smears taken at Family Planning Clinics and 40 were tested at Post-Natal Clinics, where seven repeats were made.

The number of first smears remained at the high level of the previous year, but this was the first full year of the triennial recall system, which will increase the work load still further in the future and for which additional sessions are planned. The response to these recalls was most encouraging and if maintained will prove the real value of this aspect of cancer prevention.

CONVALESCENCE

During the year 1970 no arrangements were made for short-term care 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.

There was a significant increase in the number of gonorrhoea cases in the Borough, although the number of non-venereal conditions fell.

Total attendances at the Wigan Clinic, including patients from the surrounding County districts jumped from 792 (513 male, 279 female) in 1969 to 1,150 (781 males, 369 females) in 1970. A particularly disturbing feature is the increasing number of cases of gonorrhoea in the 16-19 year age group.

The number of new Wigan cases attending during the last 10 years were :

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Syphilis	3	10	2	2	1	3	5	2	2	1
Gonorrhoea	21	17	15	8	14	9	10	17	16	25
Other Conditions	49	59	56	44	48	40	48	44	62	50
	—	—	—	—	—	—	—	—	—	—
	73	86	73	54	63	52	63	63	80	76
	—	—	—	—	—	—	—	—	—	—

The Health Committee have continued their arrangements whereby the Male Senior S.E.N. in the skin department of the Royal Albert Edward Infirmary undertakes the duties of Almoner..

Persons who are a source of infection are, whenever possible, persuaded to attend for treatment, and the importance of continued attendance is stressed to patients who fail to attend. During 1970, 8 contacts were persuaded to attend, and of the 42 who at first did not attend, 26 subsequently attended for further treatment as a result of the Almoner's efforts, which have been found to produce satisfactory results.

Personal visits are made if necessary, but a general decrease in the number of syphilis cases requiring long term treatment has reduced the need for such visits. Five unmarried expectant mothers were examined and found free from venereal disease.

TUBERCULOSIS

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

During the year, 571 home visits were paid by the health visitors. The number of new contacts examined during the past three years was as follows :

	1968	1969	1970
Adults	71	80	115
Children	160	174	133
Total	<u>231</u>	<u>254</u>	<u>248</u>

Contacts of positive cases under supervision, 31st December, 1970 146

Contacts under supervision after B.C.G. vaccination 133

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

	1968	1969	1970
Tuberculosis Notification : Pulmonary	25	16	17
Other forms	2	2	2
No. of contacts per case (pulmonary only)	9	16	16

Although there are 252 cases in the current file, many of these are elderly and quiescent who have been "on the books" for a considerable time and who are just given a little supervision. There are only 8 chronic positive cases who do not convert, and these, along with their contacts, are very closely supervised. The large drop in the number of new cases over the last few years, especially among younger people, clearly indicates that improved drugs and the vaccination of babies and young children, coupled with the use of T.T. milk, and the improved standards of home and work environments are having an effect.

The responsibility of the Council for providing care and after-care services at present is being discharged through a voluntary Care Committee.

The Superintendent Health Visitor attends to certain aspects of the after care of patients and attends the monthly meetings of the Committee, whose aims may be stated as :

1. To provide extra nourishments, nursing utensils, wheelchairs, etc.
2. To help in providing extra clothing needed by the patients, especially when they go into sanatoria 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 Department of Employment and Productivity.

The Chest Physician acts as Honorary Medical Officer to this Committee.

MASS RADIOGRAPHY

The Manchester Regional Hospital Board's Mass Radiography Unit visited Wigan for a total of 8 days during June and July.

The sessions were attended by 2,199 people (1,195 males and 1,004 females) and their findings were as follows :

	Male	Female	Total
Source of Examinees :			
Industry/Offices	721	385	1106
General Public	472	618	1090
General Practitioner Referrals	2	1	3
	<hr/>	<hr/>	<hr/>
Total number examined	1195	1004	2199
Total Tuberculosis requiring close supervision or treatment	1	—	1
Tuberculosis requiring only occasional out-patient supervision	1	1	2
Malignant Neoplasms	2	—	2
Non-malignant Neoplasms	—	1	1
Acquired cardiac abnormalities and abnormalities of the vascular system	3	3	6
Pneumoconiosis	11	—	11
Silicosis	1	—	1
Silicosis with P.M.F.	1	—	1
Pneumonitis	3	—	3
Bronchiectasis	2	—	2
Emphysema	1	—	1
Pulmonary Fibrosis	1	1	2
Pleural thickening	4	3	7
Healed T.B.	16	9	25

OTHER ILLNESSES

Close liaison between the health visitor and the social welfare officers engaged on work amongst the physically handicapped under the Council's scheme ensures that advice and help are readily available to those in need once their condition becomes known to the department.

MEALS ON WHEELS SERVICE

The service, run by the Home Help Section, has continued to expand during the year, providing 24,620 meals — an increase of some 4% over the previous year's figures. The cost of the meals, however, remained static at 1s. 5d., reduced to 1s. 1d. in necessitous cases.

Members of the W.R.V.S. again assisted in the delivery of the meals, and I am extremely grateful to them for the assistance which they give in helping us to provide this service in the Borough. The Police too, offered the services of their cadets on one day a week as part of their training in public relations, and during the summer holidays senior children from the local schools gave their services. The involvement of these various groups is very important in fostering the community spirit in the Borough, at a time when the concept of community care is being encouraged.

As the service is operated by the Home Help Section, a close watch can be kept on their clients, and their needs can be accurately assessed.

NURSING EQUIPMENT

Items of nursing equipment were available on loan from the Department free of charge. The service was used extensively and 559 loans were made during the year. Details are given below :

Back rests	41	Enuresis alarms	13
Air rings	52	Rubber Sheets	118
Beds	6	Tripod crutches	6
Bed cradles	25	Urinals	54
Bed pans	112	Walking Aids	27
Commodes	30	Wheelchairs	59
Crutches	13	Zimmer lifts	3

In addition, draw sheets were supplied to bedfast incontinent patients as the table below indicates :

Number of cases on 1st January, 1970	7
Number of new cases during the year	17
Number of cases ceased	20
Number of cases on 31st December, 1970	4

INCONTINENCE PADS (see also page 49)

Supplies of Pads under Section 28 are available from the Department at a special price. On average, 30 pads were sold to the public each week through the year.

As smoke control areas increase, it is likely that more difficulties will be experienced in the disposal of soiled pads which are now usually burnt at the patients home. To counter any such difficulties, an alternative method of disposal has been arranged with the help and co-operation of the Department of Public Cleansing.

Disposable nappies were supplied to Spina Bifida children attending Mere Oaks Special School. At the end of the year six children were being regularly issued with nappies under this scheme.

CHIROPODY SERVICE

A full-time chiropodist was employed at 9 New Market Street, Wigan, and two part-time chiropodists worked sessions at the Central, Pemberton, and Marsh Green Clinics. The service was provided for the elderly, physically handicapped and expectant mothers and a limited number of household patients were treated in their own homes. A charge of 3s. 0d. was made in some cases but patients in receipt of Supplementary Benefit were treated free of charge.

During the year, 1,080 patients received 4,958 clinic and 685 domiciliary treatments. Demand for the service continued to grow and in view of the substantial waiting list at the end of the year provision has been made for additional sessions in 1971.

FLUORIDATION

Fluoridation of the water supply—already agreed in principle by the Borough Council—awaits for its implementation either a strong ministerial directive or a better understanding among small neighbouring authorities whose decisions, or lack of them, are holding up this valuable preventive measure.

HOME HELP SERVICE

The increase in the number of aged persons in receipt of Home Help was again small compared with previous years although a greater call was made on the service for short-term help in post-operative cases. An average whole-time equivalent of 66 Home Helps was employed during the year, the same as in 1969. That the service was not expanded was due more to inability to recruit suitable staff than to lack of finance.

The organising staff allocated the help available equitably among those most in need and 71 of the 336 new applicants were found to be ineligible for the service. A total of 2,476 follow-up visits were made to ascertain that the service was not being abused.

Help was supplied to a total of 1,228 cases, made up as follows :

Maternity	10
Mentally Handicapped	6
Chronic Sick and Tuberculous (under 65)	54
Aged	1126
Others	32

The Home Help Service is one of the main supports of the Social and Mental Welfare Sections. In conjunction with the Meals on Wheels Service, it helps many old people to remain independent by providing regular supervision, besides the more widely known work of cleaning and shopping and home helps can often be instrumental in preventing illness or even death by calling a doctor. They also help where a mother, either because of sickness or maternity, is unable to carry out her household duties, thus enabling her to make a quick recovery.

The standard charge operating at the end of the year was 7s 10d. per hour but as in previous years very few were called upon to pay the full cost.

The Home Help Organiser is also responsible for the investigation of applicants for Meals on Wheels. Here again the number which can be provided is limited and of 153 new applications during the year, meals were subsequently provided to 115 persons.

MENTAL HEALTH SERVICE

The Service was understaffed for the first part of the year but with the return of the Mental Welfare Assistant from the two year course leading to the Certificate in Social Work, the establishment was increased to provide for one Senior Mental Welfare Officer, four Mental Welfare Officers and a Mental Welfare Assistant. Nevertheless, case loads still remain too high.

Seven doctors were approved under Section 28(2) of the Mental Health Act. These are: The Medical Officer of Health, Dr. R. McLean Bain, Dr. H. Coates, Dr. B. Lowe, Dr. E. H. Calverley and Dr. W. K. Lawson.

SUBNORMALITY

At the end of the year, 165 patients were receiving supportive visits from the Mental Welfare Officers.

In co-operation with the Consultant Paediatrician, early referral of the very young handicapped child has continued with admission to the Special Care Unit where advisable.

The joint assessment clinic with Dr. R. M. Forrester and the Senior Mental Welfare Officer has continued to be held at Wigan Infirmary and problems of diagnosis, multiple handicap, parent counselling, etc., have been dealt with. Dr. Forrester has also been available to the Mental Welfare Officers in an advisory capacity.

Close liaison with Brockhall Hospital has been maintained and is of great help, not only in securing admission of patients requiring temporary or permanent care, but for consultative purposes in cases of difficulty.

Four patients were discharged from Brockhall during the year and have been successfully rehabilitated.

Two retarded persons attending the Adult Training Centre were placed in employment.

A new venture was the setting up of a mothers' group, consisting of mothers of mentally handicapped children and adults. They hold regular meetings, discussion groups, etc., together with the Mental Welfare Officers. This has been found to be particularly helpful to mothers of very young mentally handicapped children.

It is hoped that the hostel for retarded female adults will be completed in late 1971.

In October, 1970, the Adult Special Care Unit was transferred to the Adult Training Centre, thus completing the provision of full-time day care for all retarded adults under one roof.

MENTAL ILLNESS

Mental Welfare Officers maintain the 24 hour on call service. With the increasing number of services which appear to be unavailable at weekends, Mental Welfare Officers continue to receive more out of office calls not strictly classified as emergencies.

Close liaison with the Consultant Psychiatrists, Dr. Coates and Dr. Lowe and the staff at Billinge Hospital plays an important part in the effective carrying out of the work of the Mental Health Staff.

Regular discussions on the subject of patient care are held, both with Consultants and Nursing Staff and weekly ward visiting by the Mental Welfare Officers at Billinge Hospital takes place. The Senior Mental

Welfare Officer attends the weekly out-patient psychiatric clinic at Wigan Infirmary and Mental Welfare Officers frequently accompany patients to out-patient clinics where this is found to be necessary.

The largest part of the work consists of visiting patients referred by the Consultants, General Practitioners and the hospitals on discharge.

DAY CARE UNIT

The care of the aged mentally ill provides the greatest problem facing the Mental Welfare Officers and although the Day Care Centre has alleviated the problem to a certain extent, the shortage of beds both in hospital and hostel places a great burden both on relatives and social workers.

The Day Care Unit continues to meet the need for day care of the aged. Twenty-two old ladies attend the unit which is open from 9-0 a.m. to 4-0 p.m. on weekdays. They are conveyed by ambulance, accompanied by a guide help and receive occupational therapy, chiropody treatment and general care.

The unit relieves both the loneliness of those living alone and affords constructive help to families caring for their elderly relatives.

It is envisaged that the setting up of further units of this kind will form an essential feature of future community care.

During the year, intensive work was done in the rehabilitation of a selected number of younger mentally ill who have been re-housed in flats either from hostel or other accommodation. This takes up a great deal of time but can be said to have had a considerable degree of success and of the five patients so placed there has been, to date, no relapse and in four of the five a marked improvement.

Co-operation with many other agencies has been an essential feature; this has included co-operation with other sections of the Local Authority, viz., Welfare Services with accommodation in Part III, the Health Visitor, Family Case Worker, Educational Psychologist, Children's Department and Housing Department.

Much sympathetic help has been received from the Police in many difficult situations.

The liaison with voluntary agencies has been further extended. The W.R.V.S. has continued its help with clothing and furniture, the Red Cross with its transport, and firms of individuals have contributed generously at Christmas. Through their generosity, the Mental Welfare Officers were again able to organise a Christmas Party at the Day Centre for 55 old persons and to distribute parcels to certain housebound patients.

Help at Hope School was again received from girls at the Notre Dame Convent and at the Day Centre from the girls of Gidlow Secondary Modern School.

A gratifying feature of the year was the further decrease in compulsory admissions to hospital, which may be a reflection of the increase in visiting which was made possible by the increase in staff.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

Mental Illness :

Patients notified as mentally ill	425
Dealt with as follows :	
Section 25, Mental Health Act, 1959	36
Section 26, Mental Health Act, 1959	2
Section 29, Mental Health Act, 1959	5
Section 60, Mental Health Act, 1959	2
Section 65, Mental Health Act, 1959	1
Placed under Guardianship	1
Admitted for temporary care	24
Informal admissions, Mental Health Act, 1959	236
Care and supervision in the Community	76
No action	40
Total number of visits to patients requiring care and supervision	1,021
Total number of visits to patients requiring after-care	2,162

Mental Subnormality :

Number of patients under Community Care at 31-12-70	165
Number of patients at Adult Training Centre	89
Number in Adult Special Care Unit	10
Number of patients at Junior Training Centre	27
Number of patients at Junior Special Care Unit	22
Number of admissions to hospital during the year :	
Temporary care	11
Informal admissions	4
Section 25, Mental Health Act, 1959	—
Section 26, Mental Health Act, 1959	—
Section 29, Mental Health Act, 1959	1
Section 60, Mental Health Act, 1959	1
Number of patients discharged from hospital during the year	4
Number of patients awaiting admissions to hospital at 31-12-70	1

Community Care and Other Work of Mental Welfare Officers :

Total number of domiciliary visits during the year	5,494
Total number of visits to Junior Training Centre and Special Care Unit	83
Total number of visits to Adult Training Centre	244
Total number of visits to Day Care Unit	139
Total number of visits to Hostel	135
Attendances at Billinge Hospital Case Conferences	175
Visits to patients in hospital	296
Visits relating to the welfare of patients in hospital	237
Attendances at Psychiatric Clinic	43
Special reports for hospitals regarding sub-normal patients	12
Social Histories for hospitals and at Psychiatric Clinics	261
Patients accompanied to Psychiatric Clinics	162

TRAINING OF THE MENTALLY HANDICAPPED

TRAINING CENTRE, HOPE SCHOOL

Hope School opened in 1954 and was one of the first purpose built centres to be erected after the passing of the National Health Service Act, 1946. This was the School's last full year of operation in the manner originally envisaged, as 1971 will mark the end of an era with the transfer of responsibility to the local education authority.

The School housed the Junior Training Centre, which had 35 places, and the Special Care Unit, which at the end of the year accommodated 16 children aged from 2-12 years, each at least doubly handicapped. The adult special care patients, who were formerly in the Centre and had been transferred to Marsh Green Clinic in 1969, moved to the Adult Training Centre in October, 1970, and were taken off the Hope School Register.

The staff was strengthened by the return of an experienced teacher from a one-year full time course and at the end of the year the staff establishment, in addition to the Supervisor, comprised three teachers and two guide/helpers in the Junior Training Centre and one teacher, one assistant supervisor and one guide/help in the Special Care Unit. All trainees were conveyed to and from the School by Ambulance, accompanied by a member of the staff.

Students attending courses for teachers of the mentally handicapped at the Harris College, Preston, continued to be placed at the Centre for teaching practice throughout the year.

All the children are examined on entry by a medical officer who also attends periodically for routine medical inspection. Dental Inspection is also carried out and a school nurse visits twice weekly to attend to minor ailments. Re-assessment of mental ability was carried out in appropriate cases, as a result of which several children have been transferred to and from the day school for E.S.N. children since it opened in 1969.

The aim of the Centre is to develop the full potential of each child the approach being completely child-centred. By providing a dynamic and stimulating programme, it is hoped that they will not only enjoy attending, but will develop spontaneously, acquire and use general knowledge confidently and become proficient in the skills taught.

A wide variety of activities is used and adapted to the needs of the children, who benefit from such things as music, music and movement, play, drama, selected television programmes, story telling, cookery, and creative art, including pottery and woodwork. Regular visits are made to places of interest: the infants go for walks and visit shops and the park, while the older children pay their own fares on buses, choose and borrow books from the library, shop for materials required in school, use the telephone and buy drinks in a cafe. Some have a weekly swimming session at the Central Baths and with the co-operation and help of the staff at the Baths are making good progress.

The activities of the trainees in the Special Care Units are necessarily somewhat limited but prams and walking frames are often used to take them for short outings. All special care children made progress during the year, some learning to say new words, others to walk or feed themselves, and some joined the infant class of the Training Centre for short periods each day to prepare them for later transfer to the class.

A pleasant day was spent on an outing to Chester Zoo and a local coach proprietor again arranged an enjoyable trip to Blackpool Illuminations. The active parent-staff association also arranged a number of outings.

Parents were encouraged to visit the Centre from time to time and most did so, including good attendances at the Harvest Festival, after which the children enjoyed distributing the fruit and vegetables to old people living nearby, and at the play presented by the children at Christmas.

The following is an extract from the attendance register :

	Training Centre	Special Care Unit
Number of children on the register at 1st January, 1970	22	23
Number of admissions during the year	10	7
Number of children ceased to attend	5	14
Number of children remaining on register at 31st December, 1970	27	16
Average daily attendance during the year	21	16

FABREX SENIOR TRAINING CENTRE

This purpose built Centre, opened in 1965, is situated in Hunter Road, Marsh Green, with its grounds adjoining those of the Junior Training Centre and the Hostel for subnormal adults. It has two large workrooms, designed to simulate working conditions in open employment, and the trainees attend from 9 a.m. to 4-30 p.m. on weekdays with only three weeks holiday each year.

The trainees are engaged on a wide variety of work, which is provided by firms in Skelmersdale and Atherton in addition to several from Wigan and District. Much of the contract work is similar to that done in the firms' own factories, and this shows that with sympathetic encouragement in a sheltered environment the trainees are capable of undertaking work of a high standard which not many years ago would have been considered beyond our capabilities.

The female trainees do similar work to the males but also use industrial sewing machines, assist the kitchen staff and do the laundry for both Centres. In the male workshop some woodwork is also carried out, including repairs and renovations to office furniture. Small payments are made to the trainees, partly based on incentive bonuses earned by exceeding target outputs, and are paid in individual wage packets.

Social training forms an integral part of the educational programme and occupational therapy, physical training and organised games are encouraged. Social evenings were held on Tuesdays from 7-0 to 9-30 p.m. and up to 25 trainees attended under the supervision of the staff, who willingly gave up their leisure time to encourage social activities. Trainees

of both sexes attended swimming lessons at the Municipal Baths and the co-operation of the Baths Manager and his staff is greatly appreciated. Trainees living within the Borough were, if considered capable, encouraged to make their own way to the centre by public transport and the remainder were conveyed by ambulance or mini-bus.

The Parent-Staff Association again successfully organised a Christmas Fair and a Jumble Sale, the proceeds of which help to provide extra amenities for the trainees of both Centres and enjoyable outings. Several outings, including one to Ilkley, were arranged during the year. The Association's mini-bus was again put to good use, especially in connection with the social evenings.

In October, the Adult Special Care patients, formerly at Hope School, but for the last year housed at Marsh Green Clinic, were transferred to Fabrex and the two Assistant Supervisors responsible for their care were added to the Fabrex staff, which includes a Manager, two Senior Instructors and four Instructors. Meals for the trainees and for the children at Hope School were prepared in the Fabrex Kitchen. Several students made visits of observation during the year and the centre was again used to give practical experience to students attending a course for Adult Centre Staff at the Harris College, Preston.

At the end of the year, work began on extensions to the building, which will alleviate overcrowding of the workrooms and, more important, permit an extension of the social and educational training programme.

Borough and County trainees attended the Centre and details of attendances during 1970 are given below :

	Borough	County	Total
Number of trainees on register at 1st January, 1970	70	8	78
Number of admissions during 1970	15	—	15
Number of trainees ceasing to attend	5	—	5
Number of trainees on register at 31st Dec., 1970	80	8	88
Average attendance during year	60	7	67

SCOT HOUSE

No community care service is complete without the provision of residential accommodation. In the past it has been discouraging to see a child, who has responded well to training, admitted to hospital care because of the inadequacy of the home environment. Scot House can accommodate six young adults, all in single bedrooms.

At the beginning of the year there were five residents. One patient, who had been living with relatives, was admitted on a temporary basis, but he settled down so well that it was realised to be in his best interests to stay as a permanent resident. At the end of the year there were six residents, all of whom were employed at the Senior Training Centre.

A resident Warden is in charge of Scot House, assisted by her husband. A relief Warden attends when the Warden is off duty. The aim is to provide a real home for the residents and indications point to considerable success in this direction.

CO-ORDINATION OF HEALTH SERVICES

Co-ordination and Co-operation with other parts of the National Health Service

The Chairman of the Health Committee is a member of the Wigan and Leigh Hospital Management Committee. He is also Chairman of the Executive Council for the County Borough of Wigan.

The Medical Officer of Health, whilst not a member of the Wigan and Leigh Hospital Management Committee, serves on the Medical Advisory Committee which is represented on that Management Committee. He is also Hon. Advisor in Epidemiology and is a member of the Control of Infection Committee at the Royal Albert Edward Infirmary. There is no representative of the local authority at officer level on the Executive Council but the Medical Officer of Health is a member of the Local Medical Committee which reviews the medical administrative aspects of general practitioner services and advises the Executive Council.

In addition to the above, the Medical Officer of Health is Chairman of a liaison committee whose members include Medical Officers of Health of Counties and County Boroughs in and adjoining the Manchester Regional Hospital Board area, and the Senior Administrative Medical Officer of the Regional Hospital Board. The Department of Health and Social Security is also represented.

Locally a liaison committee has been established consisting of representatives of the Wigan and Leigh Hospital Services, both medical and administrative, the local authority services in the persons of the Medical Officer of Health, Wigan, and the Divisional Medical Officers of Divisions 8 and 11 of the Lancashire County Council Health Services, along with representatives, both medical and administrative, from the general practitioner services. The objects of the Committee are "To deal with any matter under the National Health Service Acts where co-operation between the various interests concerned can lead to smoother working and greater efficiency."

During the year the Committee considered the following matters: health centre at Marus Bridge; influenza epidemic; district nurse liaison; family planning; and the Chronic Sick and Disabled Persons Act.

As suggested in Ministry of Health Circular 3/63, a designated officer is responsible for mobilising the community services for discharged hospital patients. Difficulties are minimal because of the unified control over Health and Welfare Services.

The co-ordination of Education, Health and Welfare Services for handicapped children and young people recommended in the Joint Circular of March, 1966 has never been a problem in Wigan as the Medical Officer of Health is in charge of a combined Health and Welfare Department and is also responsible as Principal School Medical Officer for the School Health Service. Excellent relations have long been established with the Hospital Services and there is full interchange of information with the Paediatrician, Orthoptic Surgeon and E.N.T. Surgeons and the Departmental officers concerned with school and pre-school children. The closest co-operation is also maintained with general practitioners and staff attachments to group practices are encouraged.

In order to meet the particular points in the circular a joint Case Conference is held when necessary and children of school age with multiple handicaps are reviewed. The conference is attended by the Consultant Paediatrician, School Medical Officers, the Senior Welfare Officer, Senior Mental Welfare Officer, School Welfare Officer and Youth Employment Officer. In addition, the Children's Officer is invited if any child whose case may be discussed is in the care of the local authority or thought to be in need of the fringe services of the Children's Department. From time to time representatives of voluntary organisations who might help with a particular case are invited to attend.

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.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Immunization and vaccination against the common childhood infections has progressed well over the years and we have come to expect few cases of the preventable diseases. It was with some alarm that in the last quarter of the year we saw an increase in notifications of whooping cough. On account of our small population our numbers might not have been considered significant but enquiry to the surrounding county area showed a similar phenomenon as did notifications of the disease in Bolton, St. Helens and Liverpool. Whilst some of the cases had not received protection or had not completed the course, it was noted that several children who had been fully protected had contracted whooping cough.

The efficiency of the vaccine and the techniques of delivery were questioned but no particular batch, manufacturer or operator was implicated. It would appear that the most likely cause was probably a variant occurring in the organism responsible for the disease which did not arouse the antigenic response in the patient. A reminder in salutary fashion that communicable disease can never be taken for granted.

Infective Jaundice was added to the list of notifiable infectious diseases in 1968, and has since become one of the most common, notifications being received in every month of 1970. Cases of measles were also notified each month and the total of 356 notifications showed an increase on the 1969 figure of 126.

There were 15 notified cases of pulmonary tuberculosis compared with 16 cases notified and 28 cases of whooping cough, compared with 1 the previous year. No case of paralytic poliomyelitis was notified and for the twenty-second successive year there was no confirmed case of diphtheria.

NOTIFICATIONS

Cases of Infectious Diseases notified during the year 1970

NOTIFIABLE DISEASE	CASES NOTIFIED									
	AGE GROUPS									
	At all Ages	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
Acute Encephalitis, Infective	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	1	—	—	—	—	1	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Food Poisoning	5	1	1	—	—	—	1	1	1	—
Infective Jaundice	64	—	—	3	28	13	13	6	1	—
Malaria	—	—	—	—	—	—	—	—	—	—
Measles	356	24	102	113	114	2	—	1	—	—
Meningococcal Infection	3	1	1	—	—	1	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	33	—	3	5	20	4	1	—	—	—
Tuberculosis: Pulmonary	15	—	—	—	—	—	1	4	7	3
Other Forms	2	—	—	—	—	—	—	2	—	—
Whooping Cough	28	7	6	5	9	1	—	—	—	—
TOTALS	507	33	113	126	171	22	16	14	9	3

ANALYSIS OF NOTIFICATIONS BY MONTHS, 1970

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Encephalitis, Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	1	—	—	—	—	—	—	—	—	—	1
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	1	—	—	2	—	1	1	—	—	5
Infective Jaundice	18	6	7	6	4	5	2	6	4	3	1	2	64
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	17	26	54	42	33	51	19	17	11	49	22	15	356
Meningococcal Infection	—	—	1	—	1	—	—	—	—	—	1	—	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	4	9	4	1	1	2	2	—	2	3	4	1	33
Tuberculosis: Pulmonary	1	1	2	1	—	2	1	2	—	1	—	4	15
Other Forms	1	—	1	—	—	—	—	—	—	—	—	—	2
Whooping Cough	—	—	—	—	—	—	2	—	—	1	2	23	28
TOTALS	41	42	70	51	39	60	28	25	18	58	30	45	507

COMPARATIVE NOTIFICATIONS FOR THE PAST TEN YEARS

DISEASE	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Acute Encephalitis: Infective	—	—	1	—	—	1	—	—	—	—
Acute Poliomyelitis: Paralytic	2	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	10	6	8	5	7	—	2	1	2	1
Enteric or Typhoid Fever	1	—	1	—	—	2	1	—	—	—
Food Poisoning	2	4	16	3	2	—	—	15	14	5
Infective Jaundice	—	—	—	—	—	—	—	6	82	64
Malaria	—	—	—	—	—	—	—	—	—	—
Measles	1608	39	700	652	469	246	364	615	126	356
Meningococcal Infection	3	5	3	2	—	1	—	3	2	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	2	1	—
Scarlet Fever	25	6	8	34	17	20	8	11	43	33
Tuberculosis: Pulmonary	34	25	38	27	21	22	15	23	16	15
Other Forms	2	2	3	6	2	5	2	2	2	2
Whooping Cough	—	1	82	9	3	7	27	11	1	28
TOTALS	1687	88	860	738	521	304	419	689	289	507

NEW CASES AND MORTALITY DURING 1970

Age Periods	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
5—	—	—	—	—	—	—	—	—
15—	1	—	—	—	—	—	—	—
25—	1	3	1	1	—	—	—	—
45—	4	3	—	—	1	—	—	—
65—	1	—	—	—	2	—	1	—
75—	1	1	—	—	1	1	—	—
TOTALS	8	7	1	1	4	1	1	—

There were 5 deaths from Pulmonary Tuberculosis compared with none in 1969 and 6 in 1968. One death from other tubercular infection occurred during the year.

COMPARATIVE STATISTICS, 1966 to 1970

	CASES NOTIFIED				
	1966	1967	1968	1969	1970
Pulmonary	22	15	23	16	15
Other forms of tuberculosis	5	2	2	2	2
Totals	27	17	25	18	17

	DEATHS				
	1966	1967	1968	1969	1970
Pulmonary	6	5	6	—	5
Other forms of tuberculosis	—	1	—	3	1
Totals	6	6	6	3	6

	DEATH RATES				
	1966	1967	1968	1969	1970
Pulmonary	0.08	0.06	0.08	0.00	0.06
Other forms of tuberculosis	0.00	0.01	0.00	0.04	0.01
Totals	0.08	0.07	0.08	0.04	0.07

ADMINISTRATION

The Authority's Welfare Services, under the National Assistance Act, 1948, continued to be controlled by the Health and Social Services Committee.

The total number of staff employed on Welfare Services at 31st December, 1970, was 89, made up as follows :—

Administrative and Clerical (including persons in charge of Homes)	17
Home Staffs (other than person in charge)	58
Flats for the Aged — Part-time Wardens	8
Staff employed at Social and Handicraft Centres (including Occupational Therapist)	4
Home Teachers for the Blind	2
	—
	89
	—

RESIDENTIAL ACCOMMODATION

The following table shows the numbers of aged persons provided with residential accommodation as at 31st December, 1970 :—

No.	Douglas Bank						Woodlands				
	Springfield (61)		House (31)		Norley Hall (38)		Rockwood (19)		Hall (40)		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Over 90	—	2	2	3	—	—	—	—	—	—	1
85 - 90	1	14	—	3	4	1	—	—	—	—	4
80 - 85	9	11	2	9	8	2	—	—	5	4	4
75 - 80	5	6	2	6	3	2	—	2	2	2	3
70 - 75	3	4	1	2	3	3	2	2	6	3	3
65 - 70	2	3	—	1	2	3	1	—	—	—	2
60 - 65	—	—	—	1	1	1	1	2	2	2	1
Mentally and Physically Infirm	—	3	—	—	1	1	1	4	4	4	3
Average age	80.9		80.7		79.8		75.8		78.2		

Overall Average Age 79.1

The most marked feature in our work in this service is the changing social pattern of the residents in Part III accommodation. Shortage of psychiatric and geriatric hospital beds on the one hand and the provision of warden controlled flatlet accommodation on the other have combined to change the type of case admitted to residential units. The average age of residents is now almost 80 years and an increasing proportion are very infirm or handicapped.

During 1970 the number of admissions to Part III accommodation was as follows :

	M.	F.
(1) From own homes, lodgings, etc. (including short stay)	20	109
(2) From Hospitals	9	7

The numbers discharged from Part III accommodation were as follows:

(1) Number dying in Homes	4	6
(2) Number transferred to Hospital	13	17
(3) Number discharged elsewhere	5	—
(4) Number leaving after "short-stay"	10	52

SHORT TERM CARE

This is an extremely valuable service for it enables families and individuals who are devotedly caring for their aged relatives and friends to have a brief respite perhaps to proceed on holiday. During the year "short term care" was provided for 78 persons.

ADMISSIONS ARRANGEMENTS

Cases for admission are brought to the notice of the Department by personal application, by relatives, by general practitioners, members of the Council, Public Health Inspectors, Health Visitors and others. There is always a considerable number of persons awaiting admission, and it will be obvious that to admit applicants on a "first come - first served" basis would be impracticable. Some cases are of a more urgent nature and the date of application is therefore ignored in assessing priority. All cases are visited frequently and as a vacancy arises it is allocated to an aged person in most urgent need of care.

Where hospital patients are fit for discharge but unable to return home for any reason they are interviewed by a welfare officer and their names are entered on the waiting list. In this sphere, close liaison is maintained with the Consultant Geriatrician and the Almoners.

WAITING LIST

At the 31st December, 1970, 99 old people were awaiting admission. Unfortunately, the opening of "Woodlands Hall" did not provide any extra beds.

CHARGES FOR ACCOMMODATION

The Standard Charge for the year was £10.55 per week but residents are assessed to pay according to their means and few are called on to pay at this rate.

CARE OF THE AGED

DOMICILIARY VISITING

A register of aged persons living alone is kept in the Department and the information includes particulars of relatives and friends with the fre-

quency of visitation, the family doctor, nature of any disability, an indication of services provided, together with a resume of the social conditions and financial circumstances.

Social Workers made 4,015 visits to aged people living in their own homes. Advice and guidance has been welcomed, and a pre-paid postcard was left with each person so that, in the event of their requiring any assistance, advice or welfare services in any way, they had only to post the card and a Welfare Officer would visit to render any assistance that might be required. The elderly appear to be bewildered by the complexity of the social services, and simple matters become to them, problems of considerable difficulty. It is considered that the solution of these problems by the Welfare Officers made a difference to the mental contentment of the old persons concerned.

Excellent relationships exist between officers of the Department of Health and Social Security and those of the Department. There is an interchange of information regarding old people for whose benefit the services of either authority are being provided.

WARDEN CONTROLLED FLATLETS FOR THE AGED

There are now 238 flatlets in eight units :

Thorburn House	.....	33 flatlets
Alexandra House	.....	25 flatlets
Clifton House	.....	25 flatlets
Acton House	.....	25 flatlets
Hindley House	.....	25 flatlets
Brackley House*	.....	40 flatlets
Pagefield House	.....	25 flatlets
Winster House	.....	40 flatlets

* Five aged persons bungalows are connected by communication system to the Warden's flat.

The Welfare Services Section has been closely involved with the provision of community amenities, the appointment of wardens and the assessment of priorities for admission.

The combination of independence and companionship works well in practice, and the presence of a Warden, who can offer assistance in case of illness or emergency removes the fear which otherwise hangs over aged persons who live alone.

OTHER SERVICES

Holidays at "Rockwood," Colwyn Bay

Holidays at the Council's Aged Persons Home at Colwyn Bay were provided for 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.

Section 47—Removal of Persons in Need of Care and Attention

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 which have been avoided due to the satisfactory re-adjustment

of the old person's mode of life, habits, etc., made possible through the efforts of the officers of the Health and Welfare Department.

Section 48—Protection of Movable Property

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

Section 50—Burial of the Dead

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 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, the service was provided in one case.

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS

SECTION 29 — WELFARE OF THE BLIND

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

During the year the Society introduced the manufacture of Wooden Pallets into the Workshops and discontinued the manufacture of Baskets which had become an uneconomic trade.

The Home Teaching Service is operated by the Society and is available to all types of people who have become blind. The 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 persons, so as to inspire confidence and understanding in their association. Regular visiting in their homes is carried out and help given regarding housing, home-help service, etc. The Home Teachers also act as escorts to blind persons attending hospital.

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

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

The Health and Social Services Committee pay the rentals on 28 Talking Book Machines which have been loaned to blind persons and are much appreciated.

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

Age Group	Total Register 31.12.70			New Cases Registered during 1970		
	M	F.	Total	Age at Registration		
				M.	F.	Total
0	—	—	—	—	—	—
1	—	—	—	—	—	—
2	1	—	1	—	—	—
3	1	1	2	—	—	—
4	—	—	—	—	—	—
5 - 10	1	1	2	—	—	—
11 - 15	1	—	1	—	—	—
16 - 20	1	1	2	—	—	—
21 - 29	2	1	3	—	—	—
30 - 39	3	—	3	—	—	—
40 - 49	7	8	15	—	—	—
50 - 59	9	8	17	1	2	3
60 - 64	4	5	9	—	1	1
65 - 69	5	7	12	1	2	3
70 - 79	14	23	37	2	1	3
80 - 84	10	11	21	2	1	3
85 - 89	5	13	18	1	2	3
90 and over	2	3	5	—	—	—
	66	82	148	7	9	16

Ages at which Blindness Occurred

Age Group	Total Register			New Cases Registered during 1970		
	M	F.	Total	Age at Registration		
				M.	F.	Total
0	11	6	17	1	—	1
1	—	—	—	—	—	—
2	1	—	1	—	—	—
3	—	1	1	—	—	—
4	—	2	2	—	—	—
5 - 10	—	2	2	—	—	—
11 - 15	1	2	3	—	—	—
16 - 20	2	1	3	—	—	—
21 - 29	6	4	10	—	—	—
30 - 39	6	2	8	—	—	—
40 - 49	4	2	6	—	—	—
50 - 59	7	8	15	—	2	2
60 - 64	6	13	19	—	2	2
65 - 69	6	11	17	1	1	2
70 - 79	8	18	26	2	2	4
80 - 84	6	6	12	2	1	3
85 - 89	2	4	6	1	1	2
90 and over	—	—	—	—	—	—
	66	82	148	7	9	16

During the year ended 31st December, 1970, 16 names were added to the Register of Blind Persons and 12 were removed. Details are shown in the following tables :

Number of registered blind persons at 31.12.1969	.....	142
Registered 1st January to 31st December, 1970	.....	16
Transfers into area	.....	2
Re-certified	.....	—
		18
		160
Deaths	.....	11
Transfers out of area	.....	1
De-certified	.....	—
		12
Number on Register at 31.12.70	.....	148

The cause of Blindness in the above new cases was as follows :

	Males	Females
Cataract	1	3
Cerebral Amamosis	1	—
Glaucoma	1	2
Macular Degeneration	4	1
Optic Atrophy	—	2
Retinopathy	—	1
Total	7	9

Follow-up of Registered Blind Persons :

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

Follow-up of Registered Partially Sighted Persons :

(1) Number of cases registered as partially sighted during the year 1970 in respect of which Sec. F. Para. 1 of Forms B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Fibroplasia	Retrolental Others
(a) No treatment	—	—	—	1
(b) Treatment (medical, surgical or optical)	1	—	—	4
(2) Number of cases at (1)(b) above which, on follow up action have received treatment	1	—	—	4
(3) Number of cases at (2) above in which :				
(a) Vision improved	—	—	—	—
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	—	—	—	4

Register of Partially Sighted Persons :

Age Group	Registered at 31.12.70			Registered during 1970		
	M	F.	Total	M.	F.	Total
0 - 1	—	—	—	—	—	—
2 - 4	—	—	—	—	—	—
5 - 15	3	2	5	—	—	—
16 - 20	2	—	2	—	—	—
21 - 49	5	4	9	—	1	1
50 - 64	2	4	6	—	—	—
65 and over	12	18	30	4	1	5
	<u>24</u>	<u>28</u>	<u>52</u>	<u>4</u>	<u>2</u>	<u>6</u>

WELFARE OF BLIND CHILDREN

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

	Male	Female
West Derby, Liverpool	1	—
Wavertree School for the Blind	—	1

WORKSHOP EMPLOYMENT

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

Brush making	.....	.....	.....	.....	.....	2
Pallet making	.....	.....	.....	.....	.....	3
Machine Knitter	.....	.....	.....	.....	.....	1
Piano tuning	.....	.....	.....	.....	.....	1
Salesman	.....	.....	.....	.....	.....	1
Cleaner	.....	.....	.....	.....	.....	1
Labourer	.....	.....	.....	.....	.....	1

HOME WORKERS

There is no Home Workers' Scheme in Wigan.

PLACEMENT IN OPEN INDUSTRY

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

- (1) That 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	7	3
Persons 16 and upwards :		
Employed	26	7
Unemployed but capable of, and available for, training for work	—	2
Incapable of, or not available for, work	8	15
	41	27

Register of the Deaf defined as in Ministry of Health Circular 25/61

	Under 16 years	16-64 years	65 years and over
MALE			
Deaf without speech	7	18	8
Deaf with speech	—	4	4
FEMALE			
Deaf without speech	3	12	8
Deaf with speech	—	4	—

WELFARE

The Society places great importance on the well being of deaf persons throughout the area, whether it be in their own home or in the outside world and, to this end, visits are made regularly to the old, sick and infirm deaf and assistance given in many ways with the many difficulties and problems which arise.

In the sphere of employment, too, much time is spent in placing the deaf in suitable employment and, in co-operation with the Disablement Re-settlement Officers of the Department of Employment and with the Youth Employment Officers in the placement of the deaf school leaver, every effort is made to see that the deaf person is usefully and happily employed and content.

Interpretation in situations when it is absolutely essential that everything is understood by the deaf is perhaps the most important aspect of the work and, in this context, assistance is given throughout the year in Hospitals, Doctors' Surgeries, Local Government Departments, Solicitors' and Police Offices.

SOCIAL

The pattern of the social life remains much the same with members participating in social events in the club and various outside activities taking place which cater for our younger members. At certain times, visits are made to other clubs for the deaf and members value this very much.

Church Services are held each week in the Chapel at the Centre and celebrations of Holy Communion and Holy Mass also take place each month.

ACCOMMODATION

	Males	Females
Home for the Aged and Infirm Deaf, Blackpool	2	1

WELFARE OF THE HARD OF HEARING

There are 235 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 repairs of Medesco Hearing Aids. Advice and assistance have also been given in individual cases.

There is a local Hard of Hearing Fellowship which has a membership of 30.

HANDICAPPED PERSONS (General Classes)

Classification of Generally Handicapped Persons :

	Adults		Children		Total
	M.	F.	M.	F.	
Amputation	44	9	1	—	54
Arthritis and Rheumatism	21	30	—	—	51
Congenital Malformation	27	16	1	—	44
Diseases (Digestive, Heart, Chest)	73	33	—	—	106
Injuries	81	13	—	—	94
Organic Nervous Diseases	77	73	1	—	151
Other Nervous & Mental Deformities	21	16	—	—	37
T.B. (Respiratory)	11	5	—	—	16
T.B. (non-Respiratory)	3	—	—	—	3
Other disorder (not specified above)	13	7	—	—	20
	371	202	3	—	576

HANDICAPPED PERSONS (Accommodation)

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

	Males	Females
Maghull Homes for Epileptics	—	1
Cripples' Help Society, Tan-y-Bryn, Abergele	—	1
St. Elizabeth's Home for Epileptics, Much Hadam	—	1
Royal National Institute for the Blind	1	—

ADAPTATIONS

The Scheme authorises the Council to incur expenditure on alterations to the homes of handicapped persons so as to assist them to overcome the effects of their disability. Most applications arise as a result of the proposed issue of wheelchairs or invalid tricycles by the Department of Health and Social Security, when there is a need for assistance towards the cost of making a pavement crossing or providing an access path to the storage shed. 11 handicapped people were helped in this way during the year.

HANDICRAFTS

Handicraft classes are held at the Social Centres in Crompton Street and Tunstall Lane, and visits are made to homebound handicapped persons.

During the year 237 classes were held and 250 visits made to the homebound.

Handicapped persons are taking advantage of the facilities offered at the Centres and have been encouraged to attend the handicraft classes provided. The types of work undertaken by the men are rugmaking, basketry, lampshades, tapestry, leatherwork; the main occupations of the women being crochet work, embroidery, hand and machine knitting, wood-work, lampshades, millinery and raffia work.

There appears to be a very happy atmosphere in the Classes and many new friendships have been made.

OTHER SERVICES

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

The Council operates the parking badge scheme recommended by the Ministry of Transport and 46 badges have been issued to disabled drivers living in Wigan. Disabled drivers displaying the badges on their vehicles are allowed to park free of charge on the Council's car parks.

VOLUNTARY ORGANISATIONS

Considerable help has been given by the Rotary Club, W.R.V.S., Red Cross, Old People's Welfare Committees, Churches, Salvation Army, 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;
- Food parcels and coal to needy and elderly persons;
- Books, magazines, etc., to Homes and Centres;
- Clothing for necessitous cases;
- Visiting elderly persons;
- Complimentary tickets for social events;
- Film shows.

WATER SUPPLY

The responsibility for the supply of water to the houses is vested in the Board of Health. The Medical Officer of Health, Mr. J. M. ... to the Board of Health, and ... the Local Health Authorities and ... to the Board of Health ...

... of the ...

Chemical analysis of the various sources remain virtually unchanged and the results of bacteriological examination of supplies in the area as follows:

Section VI

Sanitary Circumstances of the Area

Analysis taken in respect of any form of contamination is as follows: If contamination occurs above the treatment works this is either caused by temporarily increasing chlorination, or if the contamination is too serious for this to be practicable, the supply in question is taken out of service temporarily.

In the case of contamination above the treatment works, the immediate remedy is to increase the chlorination, and in the event of this being insufficient, the water is treated with a disinfectant. The number of houses connected to the public water supply is as follows:

Year	Population	Houses connected
1911	15,000	17
1912	15,000	17
1913	15,000	17
1914	15,000	17
1915	15,000	17
1916	15,000	17
1917	15,000	17
1918	15,000	17
1919	15,000	17
1920	15,000	17
1921	15,000	17
1922	15,000	17
1923	15,000	17
1924	15,000	17
1925	15,000	17
1926	15,000	17
1927	15,000	17
1928	15,000	17
1929	15,000	17
1930	15,000	17

WATER SUPPLY

The responsibility for the supply of water to the Borough is vested in the Makerfield Water Board. The Medical Officer of Health acts as Medical Officer to the board. An appointment which ensures close liaison with the Local Health Authorities and ensures to the board an immediate consultancy service on all matters sanitary and environmental which are liable to affect the supply of potable water. During the year the sources of supply remained unchanged and have been found satisfactory as regards quantity and quality

I am indebted to Mr. D. J. Findlay, Engineer and Manager of the Board, for the following information :

Chemical analysis of the various sources remain virtually unchanged and the results of bacteriological examination of supplies in the area are as follows :

	No. of results showing Coliform bacilli		Bact.Coli
	Coliform bacilli absent	present	(Type 1) present
Raw water	72	44	26
Treated water	268	17	4

CHEMICAL ANALYSIS

Representative results from each major source are shown in the table on page 114.

The waters have apparently shown no tendency towards plumbo-solvent action and no special precautions are taken apart from routine chemical analysis in regard to this.

Action taken in respect of any form of contamination is as follows :

If contamination occurs above the treatment works, this is either combatted by temporarily increasing chlorination, or if the contamination is too serious for this to be practicable, the supply in question is taken out of service temporarily.

In the case of contamination showing up in any "district" samples, immediate re-sampling is undertaken, and in the event of this confirming contamination, the main or service affected is disconnected and chlorinated after which a further series of samples are taken until the matter is cleared up.

The number of dwelling houses and the number of population supplied from public water mains direct to the houses are as follows :

Dwelling houses	27,833
Population	79,300

No houses are supplied by means of standpipes.

449 new houses were connected during the year.

PUBLIC BATHS

This imposing building, at the junction of Library Street and Chapel Lane, houses a complex of three Swimming Pools, Sauna and Russian Baths, Private Baths and Showers, Establishment Laundry and Public Hall. Overlooking the main pool is a cafe.

The International Swimming Pool was opened in May, 1966, and has been visited by swimming enthusiasts and architects from many parts of the world. The pool is 165 ft. long by 42 ft. with diving facilities up to ten metres.

The two other pools are used for coaching and teaching. A glance at the attendance figures will confirm that the service is adequately used.

BATHERS 1970

Swimming	431,198
Education Department (children under instruction)	167,594
Private Baths and Showers	21,391
Russian Bath	9,151
Sauna Bath (opened September, 1969)	2,709
	632,043

Number of Bathers during the past five years :

1966	391,714
1967	448,314
1968	603,520
1969	622,556
1970	632,043

SAMPLING OF WATER

During the year 79 samples of water were taken for bacteriological examination. This is a substantial increase over the previous year due to intensive sampling following a poor result from routine examination. It was found that a balancing tank which receives surface drainage from the main pool appeared to be acting as a contaminant to the water. The purity of the water was restored after the tank was taken out of service and thoroughly cleaned and sterilised. The results of the samples are shown below.

	Number of Samples	Satisfactory	Unsatisfactory
Main Bath	40	31	9
Training Pool	17	15	2
Teaching Pool	17	15	2
Balancing Tank	5	1	4

PUBLIC CLEANSING

Mr. E. Cox, the Director of Public Cleansing, has supplied the following particulars :

REFUSE COLLECTION AND DISPOSAL

House and Trade refuse was collected by mechanical transport and 92% was disposed by means of controlled tipping.

The quantity of refuse dealt with by the refuse disposal plant during the year 1970 was 2,219 tons and the amount tipped was 26,643 tons.

TRADE REFUSE

Fixed charges were introduced on 1st November, 1950, for the removal of trade refuse. The shops and business premises in the town centre had a daily collection.

Refuse delivered to the tipping site by private traders and contractors amounted to 6,982 tons. The charge made for this service was in accordance with the vehicle capacity and the amount tipped.

GULLY CLEANSING, PAILS & CESSPOOLS

During the year, 18,961 street gullies were emptied, cleansed and resealed with fresh water. There are a small number of pails, septic tanks and cesspools within the Borough and these were regularly emptied and serviced by mechanical means.

PUBLIC CONVENIENCES

The following conveniences and urinals were maintained and cleansed by the Department :

1 public convenience for ladies and gentlemen, with attendants.

8 public conveniences for ladies and gentlemen, without attendants.

9 public urinals.

All urinals were cleaned and inspected twice a day, once on Sundays.

GENERAL

In April 1950, the Corporation introduced a Dustbins Renewal Scheme as a direct rate charge.

During the year 1,028 bins were renewed and 336 sold to private properties not included in the scheme. In addition 22 bulk containers were supplied for use at new blocks of flats and certain industrial premises.

Under the civic amenities act items of a bulky nature (mattresses, beds and furniture) are collected free of charge and during 1970 the Department made separate calls.

3,846 miles of street were swept during the year.

CREMATION

The Medical Officer of Health, his Deputy and the two Medical Officers in Department, act as medical referees to the Corporation Crematorium. During the year 1,128 certificates for cremation were issued.

MORTUARY

Following the amalgamation of Lancashire Police Forces the Administration and control of the Borough's Mortuary was transferred to the Health Department. The Mortuary is situated in Sovereign Road within the boundary of the Highways Department.

During the year 130 bodies were received in the Mortuary. Post mortems were carried out on 58 of these. In the case of 26 others no further inquiries were considered necessary as death certificates were issued by general practitioners. The remaining 46 were transferred to Wigan Infirmary on Coroner's Orders.

PUBLIC HEALTH INSPECTION

Mr. J. B. Marsh, Chief Public Health Inspector, reports :

A full staff was maintained over the greater part of the year and the commitments for both the Council's long and short term programmes were met.

The rather gloomy prediction of a shortage of solid smokeless fuels became so insistent that the Council through its Health Committee was forced to act in order to prevent any hardship to residents of the older smoke control areas whose fuel appliances are capable of burning that range of fuels where the shortage is expected to be most acute. Time alone will reveal whether the shortage is actual or due to lack of adequate knowledge of stocks and inefficient distribution methods.

Fuel problems rather overshadowed the coming into operation of the No. 7 Order covering the Swinley district. Some 68% of residents had chosen gas or electricity. In all the No. 7 Order prevents the burning of approximately 4,800 tons of bituminous coal which will bring about a substantial reduction in the level of dust, grit and sulphur dioxide.

Qualification Certificates are issued by the local authority under the Housing Act, 1969, to landlords of controlled houses which are fit for human habitation, contain the standard amenities for the exclusive use of the occupants and are in a good state of repair having regard to age, character and locality. If issued these certificates enable the landlord to apply to the Rent Officer to change the tenancy from controlled to regulated and after consultation with the tenant fix a fair rent. In all 171 applications were received but it was soon noticed that owners and agents were submitting applications in the first instance merely to ascertain the amount of repair that the Public Health Inspector would require. However, as all the formalities had to be observed the result was that twice the work necessary was being done in almost every case.

During the year 320 families comprising 880 persons were rehoused because of slum clearance schemes and others. Some 302 houses were demolished. Although the number of demolished properties was reduced the number of persons rehoused was slightly above those for the previous year.

Whilst Slum Clearance is in its decline as far as the Borough is concerned, the improvement of older houses took a decided upward swing. Standard Grant applications increased by 43% and approvals by 48%. Discretionary grant applications increased by 41% and approvals by 40%. These are the excellent results of national and local publicity and in some measure to the increased financial benefits.

An annual cycle of general inspections was maintained on all registered premises under the Offices, Shops and Railway Premises Act, 1963. There was a continuing slight fall in the number of registered premises due in the main to closures prior to redevelopment. However, the number of persons employed showed a slight increase.

SUMMARY OF WORK UNDERTAKEN DURING THE YEAR

Houses and premises inspected and visited re-nuisances and and complaints	1,710
Re-visits to nuisances	2,136
Nuisances discovered	922
Nuisances abated	904
Notices issued (preliminary)	331
Notices issued (formal)	440
Letters issued re Nuisances	344
Visits to premises re Housing Acts	1,047
Re-visits to premises re Housing Acts	724
Visits to premises re Improvement Grants	182
Re-visits to premises re Improvement Grants	1,465
Visits to premises re Standard Grants	182
Re-visits to premises re Standard Grants	26
Visits re Certificates of Disrepair	9
" Qualification Certificates	253
" Conversions	23
Visits to premises (testing of drainage)	614
Visits to premises re applications for tenancy of Council houses	18
" verminous premises	50
Visits re Infectious diseases and food poisoning	90
Visits to slaughterhouses	3,525
Visits re Offensive trades	10
" Diseases of Animals Act, 1969	68
Visits to markets	79
" butchers' shops	77
" food preparers	23
" caterers	231
" other food shops	792
" dairies	3
" milkshops	88
" ice cream manufacturers	19

„ ice-cream shops	110
„ bakehouses	68
„ delivery vans and stalls	1,221
„ licensed premises	250
„ houses in multiple occupation	33
„ factories—power	291
„ factories—non power	8
„ cinemas	3
„ places of entertainment	25
„ Shops re Shops Act	227
Shops Act observations	144
Visits re Offices, Shops and Railway Premises Act	1,902
„ rats and mice—dwellings	1,982
„ „ „ other premises	666
„ smoke abatement	4,012
Reports to Director of Public Works re dangerous structures	27
Visits re Pharmacy and Poisons Act	6
„ Merchandise Marks Act	1
„ Rag Flock Act	8
„ Noise Abatement Act	25
Visits to Animal Boarding establishments	8
Other visits made	990

SAMPLES OBTAINED

Foods and Drugs	224
Water (for chemical analysis)	8
Water, Milk and Ice-Cream (for bacteriological examination)	370
Fertilisers and Feeding Stuffs	4
Rag flock	4

DAMAGE BY PESTS ACT

Council Properties inspected	402
„ „ sprayed	498
Private Dwellings inspected	191
„ „ sprayed	84
Business Premises inspected	241
„ „ sprayed	98

AIR POLLUTION

The investigation of air pollution is carried out by the Warren Spring Laboratory, a branch of the Ministry of Technology. The Council is a contributor to the national survey of smoke and sulphur dioxide. The equipment used is standard and consists of a deposit gauge, the contents of which are analysed monthly, and a daily smoke filter and volumetric sulphur dioxide apparatus. Below is a monthly analysis of the grit fallout collected by the deposit gauge.

DEPOSIT GAUGE AT WIGAN INFIRMARY

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Month-ly Av.
Total Solids (tons/sq. mile)	8.83	9.46	8.10	6.85	9.21	10.31	6.80	9.51	8.27	10.58	14.84	7.74	9.20
Insoluble Solids (tons/sq. mile)	4.53	4.06	4.43	3.87	7.76	6.40	2.85	4.77	4.67	4.35	4.99	3.95	4.72

DOMESTIC POLLUTION

The County Borough of Wigan (No. 7) Smoke Control Order, 1969, affecting 1,773 premises to the south of the No. 6 Smoke Control Area came into operation on the 1st September.

Unfortunately, the threatened shortage of solid smokeless fuels, especially soft coke and other solid fuels suitable for the open grate, has resulted in the suspension of three operative Smoke Control Orders until 30th April, 1971. The suspension of the orders concerned, Nos. 1, 2 and 3, affecting 7,125 premises is particularly regrettable as it came at a time when real progress was being made towards achieving clean air in Wigan. It has also meant that the programme for covering the whole of the town with Smoke Control Orders has had to be temporarily halted.

The position as regards Smoke Control Orders made by the Town Council is now as follows :-

SMOKE CONTROL AREAS

	Acres	Dwellings	Factories	Other Premises	Date of Operation
No. 1 (Suspended)	97	1320	1	24	1. 7.62
No. 2 (Suspended)	609	4221	3	35	1.12.62
No. 3 (Suspended)	550	1501	2	18	1.12.63
No. 4	64	629	1	297	1. 8.68
No. 5	647	1471	1	32	1. 7.69
No. 6	181	491	-	3	1. 9.69
No. 7	254	1736	1	36	1. 9.70
No. 8	159	865	1	13	

Smoke emissions from domestic premises included in the Smoke Control Areas which are still operative continue to receive attention. It has been found to be essential that constant vigilance is given to prevent one transgression leading to further smoke emissions in the neighbourhood.

In this connection the most significant aspect appears to be the cost of solid smokeless fuel as compared with the price of coal. With a difference of approximately 25 to 30 new pence per hundredweight there is little incentive for householders, especially old age pensioners and people with limited incomes, to support smoke control programmes. The argument that smokeless solid fuel contains more heat, pound for pound, than coal appears to carry little weight for those whose main concern is the cost of living.

A National Fuel Policy aimed at producing, especially for the black areas, a constant and adequate supply of solid smokeless fuels at a competitive price would provide most of the answers to many of the questions now being asked regarding the future of smoke control areas.

INDUSTRIAL POLLUTION

Industrial and commercial premises give rise to some cause for complaint from time to time. In most instances the trouble is due to mechanical breakdown of one kind or another and management have again proved co-operative in taking the necessary steps in order to prevent further need for action.

CHIMNEY HEIGHTS

Plans showing proposals to erect 8 new chimneys were received. In each case a satisfactory height was agreed upon and the plans subsequently passed.

PRIOR APPROVAL OF BOILER PLANT

Proposals to instal new boiler equipment were received from 7 applicants. All plans were approved as being satisfactory.

SMOKE OFFENCES

During the year it has been found necessary to report the cause of one black smoke emission to the Health Committee. Successful legal proceedings were instituted.

OFFENSIVE TRADES

The offensive trade premises in the Borough comprise 1 Fell Monger and 1 Gut Scraper—both factories being situated away from the residential areas. Many visits have been paid to these premises and no cause for complaint has been found.

THE RAG FLOCK & OTHER FILLING MATERIALS REGULATIONS, 1951

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

FACTORIES ACTS

299 routine visits were made to factories and other premises in the area. The tables below show the conditions found and action taken.

PREMISES	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	3	8	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	281	282	12	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	9	9	2	—
Total	293	299	14	—

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temp. (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)....	—	—	—	—	—
Infective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	34	27	—	1	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	36	29	—	1	—

OUTWORKERS

From the lists received 52 persons were engaged in basket making.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act makes provision for the health, safety and welfare of persons employed in those premises and its provisions follow closely those of the Factories Act. The work under the Act is the subject of a separate annual report made to the Department of Employment. The figures appended below relate to those premises for which the local authority are responsible. In the main, the Department of Employment is responsible for those offices in factories, crown offices and local authority offices, the local authority is responsible for all others.

INSPECTIONS

923 general inspections and 1902 other visits were made during the year.

SUMMARY OF CONTRAVENTIONS FOUND DURING GENERAL INSPECTIONS

Eating facilities	—
Floors, passages and stairs	31
Fencing, exposed parts of machinery	14
Washing facilities	41
Supply of drinking water	—
Cleanliness	30
Overcrowding	1
Lighting	14
Sanitary Conveniences	36
Abstract of Act	55
Clothing Accommodation	4
Sitting facilities	1
Temperature (thermometers)	27
Temperature (heating)	5
Ventilation	8
First Aid—General Provisions	68

REGISTERED PREMISES

Class of Premises	No. of premises registered at end of year	No. of registered premises receiving a general inspection during year
Offices	294	275
Shops	494	521
Wholesale shops, warehouses	54	56
Catering establishment open to the public, canteens	69	69
Fuel storage depots	2	2

NOTIFIABLE ACCIDENTS

Reports of 57 notifiable accidents were received during the year. Some 49 of these were investigated in detail and formal or informal recommendations were made when occasion warranted.

One particularly serious accident involving a young woman occurred.

A newly installed conveyor belt was inadequately fenced at the return end. Whilst working at this position the person concerned, on removing a parcel, slipped and in putting out an arm to break her fall had this arm returned beneath the conveyor belt and through the idling pressure rollers. The accident involved multiple fractures of the arm. The Health Committee had no hesitation in recommending legal proceedings to be taken. These will be heard in 1971.

ANALYSIS OF PERSONS EMPLOYED

Class of Workplace	No. of persons employed
Offices	3,199
Shops	2,548
Wholesale departments, warehouses	889
Catering establishments open to the public	755
Canteens	17
Fuel storage depots	22
Total	7,377
Total males	2,201
Total females	5,176

LEGAL PROCEEDINGS

It was not considered necessary to institute any legal proceedings during the year.

PHARMACY AND POISONS ACT, 1933

Number of "Listed Sellers" on register 38

PLACES OF ENTERTAINMENT

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

RODENT CONTROL

PREVENTION OF DAMAGE BY PESTS ACT, 1949

All reported infestations by rats or mice are investigated and routine inspection of the district is made.

The Department now offers an inspection and treatment service on contract to industrial and commercial premises and it has been very well received by those firms who take part. They find that a regular visit to check possible infestation is worth the cost as any signs found on inspection are treated and infestation and damage is kept to a minimum.

All infestations in domestic premises are treated free of charge whilst business premises not on contract are charged for each separate visit.

SLUM CLEARANCE

The detailed surveys of all Slum Clearance Areas programmed for the year were carried out resulting in the representations as scheduled below.

INDIVIDUAL UNFIT PROPERTIES

Number of unfit houses represented to committee	26
Number of Demolition Orders made	10
Number of Closing Orders made	4

CLEARANCE AREAS—

COMPULSORY PURCHASE ORDERS CONFIRMED

Bradshaw Street/Beaconsfield Street/Whelley Order containing 49 houses.

Chadwick Street/Byrom Street Order containing 184 houses.

Isabella Street/Linney Street Order containing 238 houses.

Greenough Street/Turner Street/Orchard Street Order containing 222 houses.

Cambridge Street/Hardybutts Order containing 56 houses.

Scot Lane Order containing 20 houses.

COMPULSORY PURCHASE ORDERS SUBMITTED

Poolstock/Corporation Street Order containing 155 houses.

Silver Street/Hardybutts Order containing 176 houses.

Counce Street/Stanley Street Order containing 50 houses.

Mason Street/Clare Street Order containing 23 houses.

Hopwood Street/Wallgate Order containing 62 houses.

Due to the very large changeover from rented to owner/occupied property in the Little Lane area with a marked improvement by the occupiers in the majority of the properties, it was decided to delay formal procedure for the time being to allow the new owners to reap some benefit from the unaided expenditure spent on improvements.

DEMOLITION AND REHOUSING

	Number of houses	Persons Rehoused	Families Rehoused
Houses demolished in Clearance Areas	284	859	311
Houses demolished as a result of action under			
Sections 16 & 17 of Housing Act	17	19	8
Unfit houses closed	1	2	1

HOUSE IMPROVEMENT

Completions in respect of Improvements Grants exceeded the previous year's total which was thought to be very near the peak. The coming into operation of the Housing Act in August, 1969, did not produce any significant increase in applications during the first nine months from its commencement. However, during the latter part of 1970 enquiries and applications began to build up substantially above the former monthly average.

Applications from the part of the Scholes Extended Comprehensive Redevelopment Area which was rerieved were slow in coming forward with the result that late in the year the Council decided to impose a time limit on the approval of applications for improvement grant after which only standard grant applications would be entertained.

The trend set in 1969 indicated a preference for the Discretionary Grant rather than the Standard Grant. This changeover was maintained no doubt due to the fact that works of replacement and repairs incidental to improvements now rank for grant.

IMPROVEMENT AREAS

The decision to establish General Improvement Areas was taken informally and several areas were put forward as being thought suitable. The net result was that in November a defined area containing 242 dwellings in the district of Whelley was presented informally to the Housing Committee who supported the basic proposals unanimously.

A meeting with Ministry officials is now to be convened followed by a comprehensive survey in order to place the formal representation to the Council before seeking Ministry approval.

It is now well known that prior to the legislation concerning General Improvement Areas and improvement areas under the 1964 Act the Council had already instituted their own type of improvement areas in various parts of the town, and the position regarding those areas is indicated below.

Improvement Area	No. in area	No. below standard on designation of the area	Number Improved	No. remaining to be improved
No. 1 (Swinley)			Completed	
No. 2 (Scholes)			Completed	
No. 3 (Springfield)	128	81	77	4
No. 4 (Springfield)	211	137	87	50
No. 5 (Springfield)	282	222	143	79
No. 6 (Gidlow)	140	114	28	86
No. 7 (Gidlow)	404	292	97	195
Totals	1255	932	432	414

Once again compulsory powers to secure improvements were not required, the few cases which presented difficulty being overcome by the Corporation purchasing by mutual consent.

Of the properties purchased by the Corporation, five dwellings were the subject of application to the Ministry of Housing and Local Government and following application were satisfactorily completed during the year.

STANDARD AND DISCRETIONARY GRANTS

181 applications for Standard Grants were received during the year for some of all of the five amenities, of which 171 were approved. 200 grant payments were made to owners of houses where work had been completed.

Over 200 enquiries were made to the Department for Discretionary Grants and all were investigated. This resulted in 134 formal applications being made, 132 of which were approved.

The total number of applications for grant aided improvements, including the Council's five applications to the Department of the Environment for five of its newly acquired properties was 318.

QUALIFICATION CERTIFICATES

Landlords of rent controlled properties can apply to the local authority for Qualification Certificates to enable the Rent Officer to fix a fair rent after due consultation with the tenants.

The properties must contain all the standard amenities for the exclusive use of the occupants, be fit for human habitation and be in a good state of repair, having regard to age, character and locality. The tenancy is then changed from "controlled" to "regulated" but the tenant loses none of his former rights.

Where properties do not contain the standard amenities, the landlord may, after submitting schemes of improvement, apply to the local authority for a Provisional Qualification Certificate which would enable the Rent Officer to indicate what kind of future rent the landlord could expect after works of improvement were carried out. In the latter case, these combined applications were comparatively slow in being submitted.

The relevant figures are as follows :-

Improvement Cases :

Number of applications received	22
Number of certificates of Provisional Approval issued	20
Number of Qualification Certificates issued	—

Standard Amenities provided :

Number of applications for Qualification Certificates	149
Number of Qualification Certificates issued	27
Total number of applications	171

HOUSING ACCOMMODATION

Number of dwelling houses erected in 1970 :

By Local Authority	241
By Private Enterprise	336

Unfit Houses made fit :

After Formal Action under Housing Acts	2
After Informal Action under Housing Acts	4
After Formal Action under Public Health Act	16

Houses in which defects were remedied :

After Formal Action under Public Health Act	230
After Informal Action under Public Health Act	275

Housing Accommodation as at 31st December, 1970 :

Number of dwelling houses	27,821
Number of business premises with living accommodation	479
Number of licensed premises with living accommodation	106

COMMON LODGING HOUSES

There are no registered common lodging houses within the Borough. However, during the year, an unauthorised common lodging house was established in an old shop/house combined premises. A warning letter issued on the authority of the Health Committee resulted in the discontinuance of these premises for lodging purposes.

HOUSES IN MULTIPLE OCCUPATION

There has been a slight increase in the number of houses in multiple occupation but as yet the management of such accommodation does not present the Department with a problem.

Number of visits 33.

LEGAL PROCEEDINGS TAKEN DURING THE YEAR

No legal proceedings were necessary during the year.

RENT ACT, 1957

4 applications for Certificates of Disrepair were received. In 2 instances it was decided not to issue certificates because undertakings were given by the landlords concerned to carry out the work.

2 applications from landlords for the cancellation of Certificates of Disrepair were received and despite one objection from a tenant, the Council cancelled both Certificates.

Supervision of Food

EXAMINATION OF WATER

CHEMICAL SAMPLING

During the year 8 routine samples of domestic water were sent to the Public Analyst for examination. The condition of all the samples were satisfactory except for an absence of any available chlorine residue at three of the sampling points. These three reports were submitted to the Engineer and Manager of the Makerfield Water Board for chlorine adjustment.

	Parts per 100,000
Temporary Hardness	5.1
Permanent Hardness	4.4
Total Hardness	9.5
Alkalinity	5.1
Combined Chlorine	2.0
Ammoniacal Nitrogen	Nil
Albuminoid Nitrogen	0.003
Nitrogen as Nitrites	Nil
Nitrogen as Nitrates	0.11
Oxygen absorbed in 4 hrs. at 27°C	0.17
PH Value	7.4

SAMPLING OF WATER

69 samples of water were taken from domestic taps and commercial premises for bacteriological reports. 3 were reported by the Public Health Laboratory as being slightly unsatisfactory. Joint action with the Water Board followed by a subsequent follow-up sample revealed the condition to have been of a minor and temporary nature.

One sample of water taken from a spring which was being used for drinking purposes by a family squatting in an old farm building was submitted for bacteriological examination. This sample proved to be remarkably pure considering its location and the land surrounding the spring. The house has now been demolished, the family rehoused and the spring no longer used for drinking purposes.

MILK SUPPLY

Milk samples in the Borough come in the main from three large suppliers supplemented by smaller retailers operating near the perimeter of the town. During the year, one of the main suppliers, the Milk Marketing Board, by arrangement with one of the two remaining large suppliers, withdrew after exchanging "rounds" in different authorities, leaving the majority of the milk supply of the town divided between two large companies, both of whom have their present plants in Liverpool and Blackburn respectively. It is worth repeating that whilst rationalisation and centralisation may be desirable in economic and efficiency grounds, a 6% failure of samples submitted for the Methylene Blue Test indicates that the keeping quality of milk was affected. In my opinion, the failure is no doubt due to the longer distances that the milk has to travel before door to door deliveries take place. In all cases of failure, both of processed and untreated milk, the authority in which the milk was either produced or processed is notified of these failures and follow-up samples are taken.

Number of visits to dairies	3
Number of visits to milkshops	88
Number of dealers licensed for the sale of sterilised milk	157
Number of dealers for the sale of pasteurised milk	111
Number of dealers licensed for the sale of untreated milk	2
Number of dealers licensed for the sale of ultra heat treated milk	44
Number of dealer (pasteuriser's) licenses	1
Number of persons registered as distributors of milk	167
Number of premises registered as dairies	1

BACTERIOLOGICAL EXAMINATION OF MILK

192 samples of milk were submitted for bacteriological examination :

Pasteurised	109	All samples passed the Phosphatase Test, 103 passed the Methylene Blue Test.
Untreated	8	7 samples passed the Methylene Blue Test.
Sterilised	70	In all cases the Turbidity Test was negative.
Ultra Heat Treated	5	All satisfactory.

T.T. INOCULATION TEST

Two samples of Untreated Milk were submitted to determine the presence of Tubercle Bacillus. These were negative.

BRUCELLA ABORTUS

No samples were submitted for the ring test during the year as no untreated milk is produced for retail in the Borough. Consultations with officers of the Rural and other district councils adjacent to the Borough have shown that adequate testing is taking place.

CHEMICAL EXAMINATION OF MILK

28 samples of milk were submitted to the Public Analyst for chemical analysis. All were found to satisfy the presumptive standard of 3% fat and 8.5% of solids not fat. The average for the 28 samples was 3.85% fat and 9.06% solids not fat. Both these figures showed a slight increase on the previous year.

There was one consumer complaint about contaminated milk. It was reported that the inside of the bottle was grossly contaminated with miscellaneous dirt and that most of the dirt had become detached and was contaminating the milk. Legal proceedings were instituted against the firm responsible and a fine of £20 plus costs was imposed.

LIQUID EGG (Pasteurisation) REGULATIONS, 1963

There is no Egg Pasteurising Plant operating within the Borough. 14 samples of liquid egg were taken and all proved satisfactory.

ICE CREAM

Much of the ice cream sold in the Borough is manufactured by large national firms but there remains three local registered manufacturers operating through their own outlets. These manufacturing premises are regularly inspected and time temperature checks are made to ensure that the pasteurising requirements are complied with. Samples of ice cream from both retail outlets and manufacturing plants are taken regularly throughout the year and submitted for grading under the Methylene Blue Reduction Test. 126 such samples were taken. This test recommended by the Department of Health and Social Security is not a statutory test but gives an indication of the standard of hygienic practices observed during manufacture, storage and sale. The classified results of these samples are shown below placed in their provisional grade :

Grade 1	98
Grade 2	24
Grade 3	1
Grade 4	3

10 samples of ice cream were taken for chemical analysis to ensure that the minimum compositional standards were being maintained. All were well above the minimum standard.

RETAILERS

The number of premises registered under Section 34 of the Wigan Corporation Act, 1933, for the sale of ice-cream on 31st December, 1970, was 302.

FOOD PREMISES

Type of Business	No.	No. fitted to Sect. 16	No. to which Sect. 19 Applies	No. fitted to Sect. 19
Purveyor of Meat	57	57	57	57
Fried Fish Shops	51	51	51	51
Grocery Shops	203	203	203	203
Greengrocery Shops	23	23	23	23
Bakehouses	41	41	41	41
Sugar Confectionery, etc.	51	51	51	51
Restaurants, Cafes, Snack Bars	31	31	31	31
Other Food Premises	44	44	44	44

INSPECTION OF FOOD PREMISES

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

Insufficient washing facilities	12
Insufficient personal washing facilities	15
Lack of cleanliness of ceilings	25
Lack of cleanliness of walls	27
Lack of cleanliness of floors	12
Lack of cleanliness of working surfaces and shelves	8
Lack of cleanliness of equipment	9
Defective floor and/or covering	11
Defective walls	7
Defective ceilings	13
Defective working services	10
Defective equipment	4
No first-aid kit	6
No clothing cupboard or locker	3
Insufficient cover for food	8
Insufficient lighting	5
"Wash your hands" notice not displayed	—
Inadequate refuse collection and/or storage	13
Unsatisfactory toilets	14
Dirty and unsatisfactory storage	6
Inadequate ventilation	5
Other defects	13

EDUCATION

Lectures and talks were given by the Public Health Inspectors to schools and other organisations and we welcome all opportunities to contact people in this way to enlist their aid in encouraging hygienic practices in food handling.

FOOD HYGIENE

It is pleasing to report that continued progress is being made in this important aspect of our work. Excellent co-operation from the trade is generally experienced and the need for compliance with the Regulations is understood by most. The customer appeal of clean premises where food is hygienically handled is appreciated in all cases. The number of contraventions of the Food Hygiene Regulations was drastically reduced.

MARKETS

The continued success of the move of the fruit market to the site at Marus Bridge is noted by the absence of congestion caused by fruit and vegetable vehicles in the town centre.

The traditional open market is still held regularly on Fridays and Saturdays when local farmers bring produce to sell. Whilst much has been done to produce a better understanding of food hygiene, constant vigilance is needed, and many spot checks are made to ensure that the Regulations governing stalls are complied with.

Several schemes have been advanced for the alteration and improvement of the covered market and we look forward to a final decision being taken in the near future so that these premises might be brought into line with more modern standards.

CLUBS AND LICENSED PREMISES

Regular visits are made to these premises and advice given to the licensing justices when requested. Spot checks are made to ensure that the Regulations are being observed during hours of opening. Particular attention is paid to the practice of bar staff smoking whilst engaged in the handling of food. This is the one Regulation which receives most opposition from the employees in these premises. This is because of the nature of the trade and the almost universal use of tobacco by the customers. It is again stressed that the transfer of bacteria from the nose and mouth is the main danger in this practice and with the increase in the number of licenced premises selling food as well as drink then the danger of contamination from this source is as real as in any other food premises. It is because of this that the Department is determined to take action against anyone contravening this Regulation.

MEAT INSPECTION

There are 8 private slaughterhouses in the Borough, 6 general-purpose slaughterhouses and 2 bacon factories.

The Senior Meat Inspector, Mr. E. Harris, retired in November of the year under review, and we record our appreciation of his services over the years.

The small number of carcasses warranting total condemnation is again noted and it is interesting to note the vast improvement in animal health over the last few years. The business of wholesale butchers has certainly been made a much safer proposition from this standpoint.

As the local authority applies the full scale of charges for meat inspection they received an income of £4,008 8s. 6d., a 1.4% decrease on the previous year.

Number of visits to slaughterhouses	3,525
" " markets	79
" " butcher's shops	77
Number of certificates issued (condemned food)	122

ANIMALS SLAUGHTERED

	1967	1968	1969	1970
Cattle, exc. Cows	11,715	9,900	9,859	10,761
Cows	6,810	8,192	8,470	8,712
Calves	283	145	104	89
Pigs	25,404	23,823	21,392	17,761
Sheep	49,808	41,636	38,807	36,197
Totals	94,020	83,696	78,632	73,420
Income	£4,524	£4,201	£4,067	£4,008

Carcases Examined During the Year 1970

	Cattle exc. Cows	Cows	Calves	Pigs	Sheep	TOTAL
Carcases examined	10761	8712	89	17761	36197	73520
Carcases totally condemned	2	13	5	12	5	37
Percentage totally condemned	0.02	0.15	5.62	0.07	0.01	0.05

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Pigs	Sheep	Horses
Number killed	10761	8712	89	17761	36197	—
Number inspected	10761	8712	89	17761	36197	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCII:						
Whole carcasses condemned	2	13	5	12	5	—
Carcases of which some part or organ was condemned....	2981	4722	1	5632	3168	—
Percentage of the number inspec- ted affected with disease other than tuberculosis and cysticerci	27.7	54.4	6.7	31.7	8.8	—
TUBERCULOSIS ONLY:						
Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	—	1	—	11	—	—
Percentage of the number inspec- ted affected with tuberculosis	—	0.01	—	0.06	—	—
CYSTICERCOSIS:						
Carcases of which some part or organ was condemned....	5	8	—	—	20	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

The following meat and offal from the slaughterhouses was surrendered and destroyed, or sold for manufacturing purposes, during the year 1970.

	Whole carcass and all Offal Condemned	Part of Carcass Condemned	OFFAL CONDEMNED									
			Heads	Lungs	Livers	Hearts	Stomachs	Spleens	Skirts	Kidneys	Udders	Mesenteries
Affected with Tuberculosis:												
Cattle (exc. Cows)	—	—	—	—	—	—	—	—	—	—	—	—
Cows	—	1	1	1	1	—	—	—	—	—	1	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	11	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with Cysticercosis:												
Cattle (exc. Cows)	—	—	1	—	—	5	—	—	—	—	—	—
Cows	—	—	2	1	2	4	—	—	—	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	20	—	—	—	—	—	—
Affected with other Diseases:												
Cattle (exc. Cows)	2	—	4	1066	2796	33	87	111	28	166	—	5
Cows	13	—	28	2040	4620	46	375	159	47	533	2294	42
Calves	5	—	—	1	—	—	—	—	—	—	—	—
Pigs	12	1	46	5377	1429	399	4	1	—	14	—	8
Sheep	5	—	—	729	2889	33	—	—	—	5	—	—
	37	2	93	9215	11737	540	466	271	75	719	2294	55

SUMMARY OF OTHER FOOD CONDEMNED, 1970

Meat	1,400 lbs.
Canned Meat	171 lbs.
Fish	182 lbs.
Fruit	9,018 lbs.
Canned Fruit	118 lbs.
Vegetables	105 lbs.
Canned Vegetables	10 lbs.
Packages of other food	5,603 lbs.
Other canned or bottled foods	40 lbs.
Fowl	87 lbs.
Cheese	120 lbs.

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

DISEASES OF ANIMALS ACT, 1950

The year under review is the first full year that this section has been responsible for the administration and enforcement of all the provisions of this Act appertaining to local authorities and all the associated orders and Regulations. This work was handed over on the amalgamation of the Borough Police Force with the new Lancashire Constabulary.

We have been particularly fortunate during the year and have not experienced any outbreak of notifiable disease and most of the work has been of a routine nature.

ANTHRAX ORDER, 1938

A sheep was found dead in lairage at a slaughterhouse without obvious cause, the necessary forms were served prohibiting movement and veterinary investigation by the Ministry of Agriculture, Fisheries and Food Veterinary Division was arranged. The resulting tests proved negative and restrictions were lifted.

MOVEMENT OF SWINE ORDER, 1959

Licences under the above order are issued every market day when pigs are sold. During the year, 506 licences authorising the movement of 4,880 pigs, 195 sows and 9 boars were issued.

POULTRY INSPECTION

There are no poultry processing plants in the Borough.

Inspection of poultry is in the main confined to poultry offered for sale at the weekly open market. However, as most of the poultry are eviscerated before being brought into the Borough, the organs are missing or incapable of being identified with a specific carcass. Many of these birds are undoubtedly culled from broiler or laying flocks. This position is most unsatisfactory.

FOOD AND DRUGS ACT, 1955 — SAMPLING

During the year 226 samples of milk and various other foods obtained under the above Act were submitted to the Public Analyst for examination.

SAMPLES TAKEN DURING 1969

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	%
Ale	2	—	—	Marmalade	1	—	—
Apples	1	1	100	Meat paste	2	—	—
Apple juice	1	—	—	Meat (tinned)	7	—	—
Aspirin	1	—	—	Milk	28	1	4
Baked beans	1	—	—	Milk			
Baking powder	1	—	—	(condensed)	4	—	—
Barm cakes	1	—	—	Milk (dried)	1	—	—
Beef suet	2	—	—	Mince-meat	2	—	—
Brandy	1	—	—	Mushrooms	1	—	—
Bread	2	—	—	Patent			
Butter	2	—	—	medicines	11	—	—
Cakes	14	1	7	Peas	1	—	—
Cheese	11	3	27	Peel	1	—	—
Chicken				Pies	12	—	—
casserole	1	—	—	Prunes	1	—	—
Cocoa	1	—	—	Pudding	1	—	—
Coffee	1	—	—	Raising			
Coffee &				powder	1	—	—
chicory mix.	2	—	—	Rum	1	—	—
Cordial	1	—	—	Saccharin	1	—	—
Cream	4	—	—	Salad cream	1	—	—
Curry & rice				Sausage	10	1	10
with chicken	1	—	—	Sausage meat	1	—	—
Drinking				Sausage roll	1	—	—
Chocolate	1	—	—	Shandy	2	1	50
Fish cakes	1	—	—	Soft drinks	2	1	50
Flavourings	2	—	—	Soup	2	—	—
Flour	3	—	—	Soup mix.	1	—	—
Gelatine	1	—	—	Spaghetti			
Gin	1	—	—	(tinned)	2	—	—
Gooseberries	1	—	—	Spices	10	1	10
Grapefruit				Stout	1	—	—
cruch	1	—	—	Sugar	1	—	—
Herbs	2	—	—	Sweets	2	—	—
Ice Cream	10	—	—	Tablets	9	2	22
Jam	4	—	—	Tea	2	—	—
Jelly	1	—	—	Tomatoes	1	—	—
Lard	2	—	—	Tomato juice	1	—	—
Lemonade	2	1	50	Tomato ketchup	1	—	—
Lemon cheese	2	—	—	Tonic water	1	—	—
Lemon curd	1	1	100	Vinegar	5	—	—
Malted milk	1	—	—	Whisky	2	—	—
Margarine	4	—	—				
Action taken in regard to unsatisfactory samples is given on Page 129.					225	14	6.2

ANNUAL REPORT OF THE PUBLIC ANALYST

I am indebted to the Borough Analyst, Mr. R. Sinar, for the following remarks on the work carried out on behalf of the Corporation during the 12 months ended 31st December, 1970.

Food and Drugs Act, 1955

Total number of samples analysed	225
Number of samples regarded as sub-standard or otherwise unsatisfactory	16
Percentage unsatisfactory	7.1

The total number of samples included 28 liquid milks, 29 meat products, 18 drugs, 14 confectionery (cakes and biscuits) 11 cheese, 10 ice-cream, 5 baby foods, 5 spirits, 4 jam, 4 cream, 2 shandy and 95 miscellaneous foods and drinks.

The sub-standard or otherwise unsatisfactory samples comprised :

(a) **Liquid Milk** (1 sample). (Complaint).

The inside of the bottle was grossly contaminated with miscellaneous dirt. Much of the dirt had become detached and was contaminating the milk.

(b) **Back & Kidney Tablets** (2 samples).

An informal sample of back and kidney tablets was found to be deficient in potassium nitrate to the extent of 39.8% of the declared amount. A formal follow-up sample was also found to be deficient in potassium nitrate, but in this case the deficiency was 35.2% of the declared amount.

(c) **Sausage** (3 samples).

Three samples of sausage contained sulphur dioxide preservative, the presence of which was not declared.

(d) **Blue Stilton Cheese** (1 sample).

The sample did not comply with the Cheese Regulations, 1970. Schedule 1 to the Regulations requires Blue Stilton Cheese to contain not more than 42.0% of water, whereas the sample contained 44.0% of water.

(e) **Shandy** (1 sample).

It is considered inappropriate to use the name 'Shandy' for any preparation containing less than 1.5° of proof spirit. A sample of shandy received during the year contained only 1.35° of proof spirit.

(f) **Jam Doughnut** (1 sample). (Complaint).

The doughnut contained foreign matter which consisted of a mass of dirty cotton fibres.

- (g) **Cherryade** (1 sample). (Complaint).

The cherryade was undergoing fermentation and contained foreign matter. The foreign matter consisted of yeasts and mould.

- (h) **Apples** (1 sample). (Complaint).

The apples were in an advanced state of rot. The sample consisted of four apples, one of which had small areas consisting of mould.

- (i) **Lemonade** (1 sample).

The bottle was not labelled in accordance with the Soft Drinks (Amendment) Regulations, 1969, in that it did not disclose the presence of a permitted artificial sweetener. The sample contained approximately 50 parts per million of moist foreign matter which consisted of filter aid and miscellaneous debris.

- (j) **Red Windsor Cheese** (1 sample).

Regulation 4(2) of the Cheese Regulations requires either the description "full fat hard cheese" to be applied to this article or, alternatively, a declaration of either the minimum percentage of milk-fat content in the dry matter and the maximum percentage of water content, or the minimum percentage of milk-fat content. The sample was not labelled in accordance with this regulation.

- (k) **Lemon Curd** (1 sample).

The lemon curd was deficient in soluble solids to the extent of 7.4%.

- (l) **Mustard Powder** (1 sample).

Mustard powder should contain not less than 0.35% by weight of allyl isothiocyanate, whereas the sample regarded as unsatisfactory contained only a negligible amount of allyl isothiocyanate.

- (m) **Low Fat Cottage Cheese** (1 sample).

Regulation 5(2) (c) and (d) of the Cheese Regulations, 1970, requires an article containing less than 2% of milk-fat to be described as "Skimmed Milk Soft Cheese". The sample contained 0.8% of milk-fat and was therefore not correctly described.

The remaining samples taken under the Food and Drugs Act were regarded as satisfactory. Articles that were the subject of statutory regulations or standards of composition conformed to official requirements, and those for which compositional standards have not been prescribed were of satisfactory commercial quality. No infestation of foods, other than those referred to individually above, such as cereals by mites, or contamination with dirty matter, was detected, and no instance of appreciable metallic contamination of canned foods occurred.

COMPOSITION OF MILK SAMPLES

The average composition of milk samples analysed during 1970 is given below. Adjacent figures in brackets represent the corresponding averages for 1969.

Number of samples	28	(36)
Average fat	3.85%	(3.84%)
Average solids-not-fat	9.06%	(8.99%)
Average water	87.09%	(87.17%)

FERTILISERS AND FEEDING STUFFS ACT, 1926

Two samples of compound fertiliser, one sample of bone meal and one sample of dried blood were submitted for analysis during the year. One of the samples of compound fertiliser contained 4.5% more potash than the amount declared. The excess of potash was 2.75% outside the limits of variation permitted by the Fertilisers and Feeding Stuffs Regulations, 1968. The remaining samples conformed to the requirements of the Regulations after making due allowance for the permitted limits of variation.

CHEMICAL ANALYSIS OF WATER

Eight samples of domestic water were received for routine analysis during 1970. The condition of all the samples was satisfactory except for an absence of any available chlorine residue at three of the sampling points.

RONALD SINAR,

Public Analyst.

SAMPLES NOT UP TO SATISFACTORY STANDARDS

Article	No. of Sample		Report	Remarks
	Informal	Formal		
Milk	1		Milk, the inside surface of the bottle of which was grossly contaminated with miscellaneous dirt.	Fined £20.
Back & Kidney Tablets	17		39.8% deficient in Potassium Nitrate.	Formal sample No. 81 purchased.
Shandy	28		Shandy containing 1.35% proof spirit.	Warning letter sent.
Blue Stilton Cheese	43		Not complying with the Cheese Regulations 1970.	Warning letter sent.
Pork Sausage	73		Containing undeclared sulphur dioxide preservative.	Warning letter sent.
Back & Kidney Tablets		81	35.2% deficient in Potassium Nitrate.	Case dismissed.
Jam Doughnut	82		Containing foreign matter which consisted of a mass of dirty cotton fibres.	Fined £25.
Cherryade	112		Containing foreign matter which consisted of yeasts and mould.	} Fined £25.
Lemonade		122	Not complying with the Soft Drinks (Amendment) Regs., 1969, and containing approx. 50 parts per million of moist foreign matter.	
Red Windsor Cheese	152		Not complying with the Cheese Regulations 1970.	Warning letter sent.
Apples	158		Apples in an advanced state of rot.	Fined £10 and Costs.
Lemon Curd	167		Deficient in soluble solids to the extent of 7.4%.	Formal sample proved satisfactory.
Mustard Powder	200		Not conforming to the requirements of the Food Standards (Mustard) (No. 2) Order, 1944, (Amendment No. 2) 1948.	Warning letter sent.
Low-fat Cottage Cheese	209		Not conforming to the requirements of Regulation 5(2)(c) & (d) of the Cheese Regulations, 1970.	Formal sample proved satisfactory.

Legal action was taken under the Food and Drugs Act, 1955, in three other instances of consumer complaints :

- (i) A manufacturer pleaded guilty to supplying a chocolate bar containing a piece of metal and was fined £30.
- (ii) A manufacturer pleaded guilty to supplying a jar of coffee containing glass and was fined £20.
- (iii) A confectioner pleaded guilty to selling an apple tart containing a piece of metal and was fined £25 and 12/- costs.

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