BOROUGH OF STALYBRIDGE.

ANNUAL REPORT
OF THE
MEDICAL OFFICER
OF HEALTH.

1940

JAMES GORMAN, M.B., Ch.B., D.P.H.,
Medical Officer of Health
BOROUGH OF STALYBRIDGE.

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JAMES GORMAN, M.B., Ch.B., D.P.H.,
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BOROUGH OF STALYBRIDGE.

COMMITTEES.
(Nov. 1940—Nov. 1941).

PUBLIC HEALTH COMMITTEE.
Chairman - - - - - Alderman George Potts, J.P.
Deputy Chairman - - Councillor Geo. Leigh, J.P.
The Mayor (Ex-Officio) - Councillor F. W. Radcliffe, J.P.
Alderman T. B. Williams, J.P., C.C., M.B., Ch.B.
Councillor Allen.
" Carr.
" Harris.
" Hewitt.
" Holland.
" Hudson.
Councillor Mrs. Illingworth.
" Porter.
" Slack.
" Tetlow.
" Wilson.

MATERNITY AND CHILD WELFARE COMMITTEE.
Chairman - Alderman T. B. Williams, J.P.,
C.C., M.B., Ch.B.
Deputy Chairman - Councillor A. Sidebottom.
The Mayor (Ex-Officio) - Coun. F. W. Radcliffe, J.P.
Alderman G. Potts, J.P.
" Mrs. Summers, M.B.E., J.P.
" J. Wilson, J.P.
Councillor Holland.
" Mrs. Illingworth. *Mrs. Harris.
" Roberts. *Mrs. McCarthy.
" Slack. *Mrs. Sykes.
" Tetlow. *Mrs. Tonge.
*Councillor Mrs. Walker.

* Co-opted Member.
PUBLIC HEALTH STAFF.

JAMES GORMAN, M.B., Ch.B., D.P.H.,
Medical Officer of Health, School Medical Officer, and Medical Officer to Maternity and Child Welfare Dept.

W. J. BRADBURY, Cert. R.S.I., M.S.I.A.,


Nurse E. M. HANMER, *†‡ Health Visitor.
  " WATSON, *†‡ Health Visitor.
  " McCANN, *† School Nurse.

S. MILLWARD, C.S.I.B., A.R.S.I., Clerk to the Public Health Department.

A. CLOUGH, Clerk to the Public Health Department.

MISS M. MILLWARD, Clerk to the Public Health Department (Appointed 25/9/40).

MISS E. M. RHODES, School Medical—Maternity and Child Welfare Clerk.

MISS B. M. MacDONALD, L.D.S., Dental Surgeon.

MISS E. HALTON, Dental Attendant and Clerk.

W. E. LAWSON, M.B., Ch.B., Visiting Ophthalmic Surgeon.


  * State Registered.
  † C. M. B.
  ‡ Health Visitors Certificate, R. S. I.
TO THE CHAIRMAN AND MEMBERS OF THE
PUBLIC HEALTH AND MATERNITY AND
CHILD WELFARE COMMITTEES.

Ladies and Gentlemen,

I beg as Medical Officer of Health to submit to you the
Report on the Public Health Services for the year 1940.

This Report has a certain added importance in that it
represents the result of the first complete year’s work under
war conditions and covers a period of stabilisation.

Detailed comment will be made later under the appropriate
sections of the Report.

ACKNOWLEDGMENTS.

I must express my indebtedness to you for your co-
operation throughout the year and in this acknowledgement
I must also include my fellow officials and their staffs and my
own staff.

I have the honour to be, ladies and gentlemen,

Your obedient servant,

JAMES GORMAN,
Medical Officer of Health.

Public Health Department,
Town Hall,
Stalybridge.  

July, 1941.
EFFECT OF THE WAR.

It would be misleading to suggest that under the changed conditions now obtaining work can proceed as under more normal conditions.

It is impossible to ignore the fact that Public Health Services in common with all other Local Government Departments have been chosen to play an important part in Civil Defence and it should also be appreciated that the appointment of full-time Air Raid Precautions personnel to various individual service sections e.g. First Aid Parties, First Aid Post, can lighten the burden of the Public Health Department but cannot in any way fully relieve it of responsibility.

It would be satisfying to think that the local Public Health Services could proceed with their normal volume of pre-war work and at the same time, without any impairment of efficiency, assume the added obligations of acting as a central co-ordinating unit for the local Casualty Services but such a conclusion is not justified by the facts. Professional as well as clerical assistance is required to provide a remedy.

STAFF CHANGES.

During the year Miss B. M. MacDonald succeeded Miss Morren as Dental Surgeon to Education and Maternity and Child Welfare Committees.

Miss M. Millward was appointed Clerk in a temporary capacity.

It should also be noted here that Mr. S. Millward, Chief Clerk, qualified as a Sanitary Inspector, a most praiseworthy achievement.
VITAL STATISTICS FOR THE YEAR 1940.

In general, evidence under this heading is fairly satisfactory viewed from the viewpoint of the present, and a little disturbing from a longer term assessment.

The birth rate—low—and the death rate—high—contribute to some feeling of uneasiness, while the benefits resulting from an increased longevity now anticipated by a newly born child are to some extent offset nationally by a reduction in the number of such births.

BIRTHS.

The livebirths totalled 296 giving a birth rate of 13.71. Stillbirths numbered 16. The Birth Rate for the previous year was 12.6 per thousand and the stillbirths numbered 15.

DEATHS.

385 deaths occurred during the year giving a crude death rate of 17.84. The Areal Comparability Factor for the Borough is given as 0.97. The corrected death rate is 17.30.

Corresponding figures for 1939 are:

- Crude death rate 15.74.
- Corrected death rate 16.84.

INFANTILE MORTALITY.

There were 16 deaths of infants under one year of age giving an infantile mortality rate of 54.05 which compares with last year’s figure of 37.
### TABLE I.

Birth-Rate, Death-rate, and Analysis of Mortality during the Year 1940 (Provisional figures).  
(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only.)

<table>
<thead>
<tr>
<th></th>
<th>Rate per 1000 Total Population</th>
<th>Annual Death-rate per 1000 Population</th>
<th>Rate per 1000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Live Births</td>
<td>Still-births</td>
<td>All causes</td>
</tr>
<tr>
<td>England and Wales</td>
<td>14.6</td>
<td>0.55</td>
<td>14.3</td>
</tr>
<tr>
<td>126 County Boroughs and Great Towns, including London</td>
<td>14.3</td>
<td>0.64</td>
<td>15.8</td>
</tr>
<tr>
<td>148 Smaller Towns (1931 Adjusted Populations, 25,000-50,000)</td>
<td>15.7</td>
<td>0.55</td>
<td>12.8</td>
</tr>
<tr>
<td>London</td>
<td>13.7</td>
<td>0.44</td>
<td>17.8</td>
</tr>
<tr>
<td>Stalybridge</td>
<td>13.71</td>
<td>0.74</td>
<td>17.3*</td>
</tr>
</tbody>
</table>

* Corrected Death-rate

Puerperal Sepsis. Others. Total.

Maternal mortality rate for England and Wales per 1000 Total Births . . . . . . 0.52 1.64 2.16
## TABLE II.

**REGISTRAR GENERAL'S RETURN FOR THE YEAR 1940.**

**CAUSES OF DEATH.**

<table>
<thead>
<tr>
<th>No.</th>
<th>GROUP CAUSE OF DEATH</th>
<th>M</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Typhoid and Paratyphoid Fevers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>Cerebro-spinal Fever</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Scarlet Fever</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>Whooping Cough</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>Diphtheria</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>Tuberculosis of respiratory system</td>
<td>6</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>7.</td>
<td>Other forms of Tuberculosis</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>Syphilitic disease</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td>Influenza</td>
<td>7</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>10.</td>
<td>Measles</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11.</td>
<td>Acute poliomyelitis and polioencephalitis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12.</td>
<td>Acute infectious encephalitis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13m</td>
<td>Cancer buccal cavity &amp; oesophagus (Males only)</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>13f</td>
<td>Cancer of uterus</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>Cancer of stomach and duodenum</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>15.</td>
<td>Cancer of Breast</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>16.</td>
<td>Cancer of other sites</td>
<td>18</td>
<td>22</td>
<td>40</td>
</tr>
<tr>
<td>17.</td>
<td>Diabetes</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>18.</td>
<td>Intra-cranial vascular lesions</td>
<td>18</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>19.</td>
<td>Heart disease</td>
<td>41</td>
<td>43</td>
<td>84</td>
</tr>
<tr>
<td>20.</td>
<td>Other diseases of circulatory system</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>21.</td>
<td>Bronchitis</td>
<td>17</td>
<td>19</td>
<td>36</td>
</tr>
<tr>
<td>22.</td>
<td>Pneumonia</td>
<td>12</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>23.</td>
<td>Other respiratory diseases</td>
<td>10</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>24.</td>
<td>Ulceration of stomach of duodenum</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>25.</td>
<td>Diarrhea (under 2 years of age)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>26.</td>
<td>Appendicitis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27.</td>
<td>Other digestive diseases</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>28.</td>
<td>Nephritis</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>29.</td>
<td>Puerperal and post abortive sepsis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30.</td>
<td>Other maternal causes</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>31.</td>
<td>Premature birth</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>32.</td>
<td>Congenital Malformations, etc.</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>33.</td>
<td>Suicide</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>34.</td>
<td>Road Traffic Accidents</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>35.</td>
<td>Other violent causes</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>36.</td>
<td>All other causes</td>
<td>18</td>
<td>18</td>
<td>36</td>
</tr>
</tbody>
</table>

### ALL CAUSES.

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>189</td>
<td>196</td>
<td>385</td>
</tr>
</tbody>
</table>
### VACCINAL CONDITION OF POPULATION.

#### VACCINATION.

<table>
<thead>
<tr>
<th>Year</th>
<th>Certificates received of successful Primary Vaccination of Children under 14 years during the year.</th>
<th>Statutory declarations received in year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1933</td>
<td>42</td>
<td>199</td>
</tr>
<tr>
<td>1934</td>
<td>30</td>
<td>205</td>
</tr>
<tr>
<td>1935</td>
<td>33</td>
<td>198</td>
</tr>
<tr>
<td>1936</td>
<td>24</td>
<td>180</td>
</tr>
<tr>
<td>1937</td>
<td>28</td>
<td>144</td>
</tr>
<tr>
<td>1938</td>
<td>41</td>
<td>172</td>
</tr>
<tr>
<td>1939</td>
<td>19</td>
<td>146</td>
</tr>
<tr>
<td>1940</td>
<td>17</td>
<td>204</td>
</tr>
</tbody>
</table>

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

**MIDWIVES ACT, 1936.**

The number of cases attended by midwives during the year:

1. As Midwives ... ... ... ... ... ... ... ... ... ... 132
2. As maternity nurses ... ... ... ... ... ... ... ... 97
The number of cases during the year in which medical aid was summoned by a midwife under Section 14 (1) of the Midwives Act, 1918 was 84.

**BACTERIOLOGY.**

**SWABS.**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>RESULTS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>FOR K.L.B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THROAT</td>
<td>12</td>
<td>52</td>
</tr>
<tr>
<td>NASAL</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**VIRULENCE TEST.**

3 swabs returned as positive were investigated for virulence and all proved to be virulent.

**MISCELLANEOUS.**

4 stool examinations and 1 blood culture were performed during the year all giving negative results.

**DAIRIES, COWSHEDS AND MILKSHOPS.**

A detailed examination of the premises of milk producers was made during the year and the reports considered by the appropriate Committee.

A clean milk demonstration was arranged through the County Authorities but unfortunately had to be postponed in large measure due to changed conditions in the war situation.

Routine Methylene Blue testing of milk continues and during the year 21 tests were taken and 20 returned satisfactory results.
PASTEURIZED MILK.

Phosphatase testing was performed as a check on the pasteurization process of milk sold locally.

One test was taken, the result being satisfactory.

WATER SUPPLY.

Two cottages were provided with a main supply during the year and the two premises mentioned in last year’s report were also connected to a main supply during the period under review.

Periodic analysis results are submitted from the Joint Water Board and a check is maintained by local sampling.

It is intended shortly to review individual farm supplies in the area as such supplies are very often derived directly from hill sources. Certain isolated houses have a similar source of supply and will be included in the review.

SWIMMING BATHS.

Bacteriological examination of the water is made periodically with a view to ensuring a satisfactory state of cleanliness.

Mr. Sutcliffe, the Baths Superintendent, kindly informs me that 32,113 males and 49,105 females used the baths during the year.

SCHOOLS.

The conveniences at St. James’s School, Millbrook, were satisfactorily altered during 1940.

MATERNITY AND CHILD WELFARE.

Normal clinics were resumed in February.

Mention must be made of the great loss sustained by the Maternity and Child Welfare Department in the death of Ald-
erman Greenwood the Deputy Chairman of the Committee for many years. His absence will be keenly felt by all those of the staff with whom he came into contact and his place will be difficult to fill.

**DAY NURSERIES.**

The Committee was made aware of the position regarding day nurseries following a booklet received from the National Society of Day Nurseries. At the time the report was received it was not felt that the position locally necessitated immediate action.

**NOTIFICATION OF BIRTHS (PUBLIC HEALTH ACT, 1936).**

299 notifications of births were received during the year relating to 284 live-births and 15 stillbirths.

210 of these notifications were received from midwives while institutions were responsible for 89.

**INFANTILE MORTALITY.**

16 deaths occurred under one year.

The ages at which the 16 deaths occurred are noted below:

<table>
<thead>
<tr>
<th>Months</th>
<th>0–1</th>
<th>1–3</th>
<th>3–6</th>
<th>6–12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

13 of the 16 occurred within one month of birth and constituted the neo-natal rate. This latter rate is generally high as compared with the total and no speedy improvement in the situation seems likely.
Neo-natal deaths are seldom the result of any one factor.

The major certified cause of death in five cases was given as Prematurity and in three of the five cases a multiple pregnancy had occurred. Other neo-natal deaths were attributed to such causes as Marasmus, Spina bifida and birth injury.

The main line of attack against infantile mortality must be by encouraging the public to make full use of all the facilities public and private which can assist them in the securing of a normal confinement. Early and continued ante-natal care aided by a rational mental outlook towards pregnancy are two most important factors in this regard.

It should also be noted that advice on the care of the child may most profitably be given and accepted before the child arrives since in this way the minor difficulties of infancy are approached from the angle of one who is conversant to some extent with the subject. This in turn leads to action based upon reason and encourages the mother to form her own opinion and not to rely solely upon others who may not be well informed.

The readiness with which a mother will in some instances cease breast feeding her child is adequate proof that she has never properly appreciated the value of such provision for the child and the attraction of dried milk as an infant food is all too often irresistible. It cannot be too strongly reiterated that natural feeding is the birth right of every child and while in certain cases the ideal cannot be realised it should in every case at least be attempted with all thoroughness.
HEALTH VISITOR'S WORK.

The following is a tabular summary of the visits made by the Health Visitors during the year:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—1 year</td>
<td>259</td>
</tr>
<tr>
<td>1—2 years</td>
<td>946</td>
</tr>
<tr>
<td>2—3 years</td>
<td>983</td>
</tr>
<tr>
<td>3—4 years</td>
<td>829</td>
</tr>
<tr>
<td>4—5 years</td>
<td>809</td>
</tr>
<tr>
<td>Re infant deaths</td>
<td>18</td>
</tr>
<tr>
<td>Re still births</td>
<td>12</td>
</tr>
<tr>
<td>Ante-natal</td>
<td>20</td>
</tr>
<tr>
<td>Post-natal</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>6227</td>
</tr>
</tbody>
</table>

Infectious disease visits: 282

These figures show a distinct increase over 1939.

ANTE-NATAL CLINIC.

During the year 69 cases were seen and 226 attendances in all were made.

POST-NATAL CLINIC.

28 new cases were seen and a total of 39 attendances were made.

INFANT CONSULTATION CENTRE.

Number of Sessions held (Feb.—Dec.) 78
Total number of Attendances of Infants 3010
Average Attendance per session 39
Total number of children who attended the Centre for the first time during the year:
(a) Under 1 year of age 202
(b) Between 1 and 5 years 29
Total number of children who were attending the Centre at the close of the year:

(c) Under 1 year of age .............. 155
(d) Between 1 and 5 years .......... 264

Number of Infants for whom food was sold ............................................ 2745
Percentage of Infants receiving foods 91%

The percentage of notified live births represented by the number in (a) has not been inserted this year owing to the fact that the clinics were interrupted by the outbreak of war.

<table>
<thead>
<tr>
<th>Year</th>
<th>0-1</th>
<th>1-2</th>
<th>2-3</th>
<th>3-4</th>
<th>4-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Visits</td>
<td>202</td>
<td>10</td>
<td>12</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Subsequent Visits</td>
<td>1606</td>
<td>499</td>
<td>303</td>
<td>171</td>
<td>58</td>
</tr>
<tr>
<td>Number seen by M.O.</td>
<td>276</td>
<td>79</td>
<td>54</td>
<td>38</td>
<td>12</td>
</tr>
</tbody>
</table>

The figures for 1940 show a general decrease over those for the previous year. The average attendance per session at the Infant Consultation Centre has been approximately halved. The increased employment of women allied to a certain disturbing effect of wartime conditions are probably the most important individual factors in bringing this about. It is interesting to note that the chief drop has been in the number of repeat visits paid to the Centre by children from 1 to 5 years and while the figures noted above referred to the period February to December it seems that a drop in clinic attendances will be likely to continue throughout the War.

It is also regrettable that the ante-natal clinic shared in the general attendance depression.

**PROVISION OF MILK FOR MOTHERS AND CHILDREN.**

During the course of the year the National Dried Milk scheme was put into full operation locally.
Prior to the commencement of the National Dried Milk scheme, 359 cases were granted supplies of pasteurised milk and 351 lb. packets of dried milk were supplied free to necessitous cases.

The following ordinary sales were made:
- 3156 packets of dried milk.
- 178 lbs. 7 ozs. of Virol.
- 1428 ozs. of Cod Liver Oil.
and the total receipts were £305 : 12 : 6.

ORTHOPÆDIC CLINIC.

During 1940, 49 sessions have been held, and Mr. Poston was present at 5. The total attendance of pre-school children during the year was 165.

The types of new cases dealt with are as follows:
- Rickets .................. 1
- Genu-Valgum (Knock-Knee) ... 8
- Genu-Varum (Bow-leg) .... 4
- Spurius-Valgum (Flat Feet) .... 5
- Calcano-Varus .................. 4
- Torticollis (Wry Neck) ........ 2
- Infantile Paralysis ........ 1

25

ARTIFICIAL SUNLIGHT.

42 children received a course of treatment as against 16 last year.

OPHTHALMIC CLINIC.

14 Pre-school children attended the clinic, 4 being for re-inspection. Spectacles were issued to 5 cases. Five cases were referred and advice given. In all, 25 attendances were made.
DENTAL CLINIC.

6 Pre-school children attended the clinic and a total of 7 attendances was made. 1 Ante-natal patient attended on two occasions.

INFANT LIFE PROTECTION.

One child was under supervision at the close of 1940.

VOLUNTARY WORKERS.

It would be ungenerous not to express my sincere appreciation of the unfailing and valuable assistance rendered at the Welfare Centre by the following ladies:

- Mrs. Tonge.
- Miss Sylvester.
- Mrs. Cropper.
- Mrs. McCarthy.
- Mrs. Revell.
- Mrs. J. Burgess.
- Miss Broadbent.
- Mrs. Froggart.
- Mrs. J. Bottomley.
- Mrs. Harris.
- Mrs. I. Walker.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

The following is a summary of the cases of infectious disease notified during the year, showing the corresponding figures for the previous year:

<table>
<thead>
<tr>
<th>Disease</th>
<th>1940</th>
<th>1939</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>30</td>
<td>49</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Tuberculosis (all forms)</td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Measles</td>
<td>461</td>
<td>—</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>267</td>
<td>—</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>55</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>867</td>
<td>126</td>
</tr>
</tbody>
</table>
Infectious diseases in 1940 were gratifyingly low in respect of Scarlet Fever and Diphtheria although the latter took its customary toll. Measles and Whooping Cough although not of a very serious type assumed epidemic proportions. The general figures noted above are satisfactory.

DISINFECTION.

During the year 78 beds, 175 pillows and bolsters, 243 blankets and 472 other articles have been dealt with at the Disinfection Station.

SPECIFIC INFECTIONS.

If anyone has reason to believe that a child is suffering from a sore throat or a rash or both which may be the means of conveying infection to others then it is not in the best interests of public health that the child or person concerned should be taken to:

(a) A Doctor’s surgery.
(b) A Clinic or Welfare Centre.
(c) Anywhere at all outside the patient’s own house, until the actual nature of the infection is understood and until the danger is proved to be non-existent.

DIPHTHERIA.

Two deaths occurred during the year the ages of the patients concerned being 7 years and 11 years.

It is of the utmost importance that a case of Diphtheria should be admitted to Hospital at the earliest possible opportunity if it is to have the best chance of survival.

Last year in the corresponding Annual Report I made certain suggestions which experience serves more and more to underline as being important. In brief, if you think that your child is suffering from:
(a) Mumps  
(b) A sore throat  
(c) Swelling of the glands of the neck

make sure that he is not in fact suffering from Diphtheria and never omit to have the throat examined as neck swellings very often originate from ailments of the throat. This advice has the value both of being simple and of being lifesaving, as the case of "mumps" which is in reality a case of Diphtheria and ultimately turns out to be a fatal case of Diphtheria is not by any means a thing of the past.

DIPHTHERIA IMMUNISATION.

As will be seen below, the number of children immunised in the year 1940 was relatively small as compared with the child population at risk but in order to bring this matter somewhat more up to date I have also noted under separate heading the further progress made in this regard during 1941.

An intensive Immunisation Campaign was commenced locally at the beginning of the year co-incident with a national drive and the results so far obtained have been surprisingly good although giving no ground for complacency. The number of children immunised to date is not by any means sufficiently high to warrant any belief that the disease in Stalybridge is likely to disappear. It must also be understood that not only a high percentage of the present population must be immunised but a corresponding percentage of children approaching one year of age must also be immunised in order to maintain the immunity of the population as a whole. Whether this desirable state of affairs is likely to obtain is, taking an optimistic view, problematical. Until a certain section of the population ceases to expect a standard of perfection regarding Diphtheria Immunisation which they do not apply to any other part of their every-day life it is idle to expect the necessary public immunity to result from any immunisation scheme.
The school entrant applying for the first time for immunisation, represents a belated victory in a battle which should have been successfully decided four years previously.

Prejudice dies hard and one can only hope that the gratifying number of parents who have given their consent in the course of the present campaign will in due course have a converting effect upon their more doubting neighbours.

**DIPHTHERIA IMMUNISATION. 1940.**

<table>
<thead>
<tr>
<th>Total Number Attending</th>
<th>59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children completing course</td>
<td>45</td>
</tr>
<tr>
<td>Number of children failing to complete course</td>
<td>3</td>
</tr>
<tr>
<td>Number still attending</td>
<td>11</td>
</tr>
<tr>
<td>Number schicked</td>
<td>57</td>
</tr>
<tr>
<td>Number of pre-school children who attended</td>
<td>34</td>
</tr>
<tr>
<td>Number of school children who attended</td>
<td>21</td>
</tr>
<tr>
<td>Number over school age who attended</td>
<td>4</td>
</tr>
</tbody>
</table>

**DIPHTHERIA IMMUNISATION. 1941.**

<table>
<thead>
<tr>
<th>Applications received</th>
<th>1137</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children completing injections</td>
<td>1015</td>
</tr>
<tr>
<td>Number of children failing to complete course</td>
<td>113</td>
</tr>
<tr>
<td>Number of children in course of immunisation</td>
<td>9</td>
</tr>
</tbody>
</table>

**SCARLET FEVER.**

19 cases were notified as against 20 the previous year, and of the notified cases 9 were removed to hospital. Again it might be emphasised that under reasonable conditions at home hospitalisation is not in the best interests of the average case.

I have mentioned elsewhere that a problem is likely to arise regarding this disease in so far as (a) housewives are now being increasingly absorbed into industry and (b) a certain increase in the general population has resulted from an influx of evacuees. The consequence is that sufferers from
a disease such as Scarlet Fever who might normally remain at home are now being admitted to hospital—a state of affairs which may not in an uncomplicated case be to the benefit of the sufferer. It should be reiterated that the best treatment of Scarlatina may not include removal to hospital.

**PNEUMONIA.**

20 deaths were certified during the year while 33 notifications were received.

Annual reviews make it quite obvious that notifications bear but a passing relation to the true incidence of the disease and to this extent its value as a notifiable disease is not high.

**TUBERCULOSIS.**

35 cases were notified during the year an increase of 11 over last year.

**TUBERCULOSIS MORTALITY.**

16 deaths occurred from Pulmonary Tuberculosis as against 8 last year. 2 deaths also occurred from other forms of Tuberculosis—the same as last year.

Notifications of Non-Pulmonary Tuberculosis numbered 14 and were mainly composed of glands in the neck in young children.

The local incidence of Tuberculosis as a whole is not very re-assuring.

It is interesting to note that the Public Health Committee agreed during the year to recommend to the Housing Committee that preference should be given to applicants suffering from Tuberculosis when the letting of Corporation houses fell to be considered.
Prevention must take pride of place in the offensive against Tuberculosis, and apart from what the individual can do for himself, a Local Government body can provide the best possible housing accommodation in their district and can ensure that such accommodation is used to the best advantage. I propose in the future to submit a report to the Committee on the housing conditions obtaining relative to cases on the Tuberculosis register.

**TUBERCULOSIS—SPUTUM EXAMINATIONS.**

69 specimens were examined, 20 were positive and 49 negative.

**CANCER.**

57 deaths during the year were attributed to cancer.

**OPHTHALMIA NEONATORUM.**

3 cases were notified during the year. Prompt treatment resulted in vision being left unaffected.

**MISCELLANEOUS.**

Whooping Cough vaccine was made available to local practitioners towards the end of the year. The incidence of the disease very shortly afterwards dropped to negligible proportions so that any information of value regarding the efficacy of vaccine therapy is not yet available.

**SCABIES.**

An increased incidence of this disease was evident during the year and a special clinic was held for a time to treat the children affected. The effective control of this troublesome skin condition must rest with the individuals affected and certainly cannot at present be achieved by legislation. It should be realised that Scabies in very many cases does not limit itself to one member of a family nor yet does it have any es-
special regard for age so that many members—both adult and children—of one family may be affected. The implications of this position are obvious and treatment should not be limited merely to school children.

**HOUSING.**

The number of houses represented under Section 12, Sub-Section 1, of the Housing Act, 1936, was 3.

The number of new houses built was 28.

The number of slum clearance families re-housed was 7.

**GENERAL.**

Progress here is perforce slow. Representation of areas is temporarily impracticable and the alternative of individual representation is more than likely in my view to fail decisively in its object. While defects can be dealt with, any large scale action must, I fear, be deferred until conditions change for the better.

**GENERAL HEALTH CONDITIONS IN THE AREA.**

**INDUSTRIAL CONDITIONS.**

During the year a complaint regarding the ventilation of a local factory was investigated by means of a Kata Thermometer. The results were both interesting and instructive in so far as the change of air noted during (a) working conditions and (b) conditions of rest differ very greatly. Certain of the actual processes involved showed clearly, in the present instance, that a frequent change of air was brought about under working conditions, but that conditions of rest might not provide anything like the same or even a satisfactory degree of ventilation. The result is of course important from the point of view of the workers.
ANNUAL REPORT OF THE SANITARY INSPECTOR
FOR THE YEAR 1940.

GENERAL INSPECTION.

The total number of inspections, interviews and re-visits made is 2722, and the number of defects for which informal and formal notices were served numbered 755.

The following table shows a summary of the principal nuisances and defects (excluding defects under Housing Acts) which have been dealt with:—

- Defective and blocked drains ... ... ... 25
- Defective and blocked W.C's ... ... ... 37
- General defects on property ... ... ... 372
- Defective Ashbins ... ... ... ... ... ... 199

The total number of dwellinghouses inspected during the year is 193. Enquiry was made into 414 cases of infectious disease. Twenty-eight newly erected houses have been certified fit for human habitation during the year.

SANITARY IMPROVEMENTS.

During the year a further 21 ashpits have been replaced by ashbins. 2 ashpits now remain in the town.

INSPECTION AND SUPERVISION OF FOOD.

All the butchers’ shops and premises where food is stored or prepared are regularly inspected, the number of visits paid being 1349.
The following articles of food were examined during the year and condemned as unfit for human food:—

- 530 lbs. of meat and offal.
- 40 lbs. of tripe.
- 1193 tins of fruit.
- 43 tins of fish.
- 26 tins of boiled meat.

DRAINAGE AND SEWERAGE.

No extension of the sewerage and no important alteration to the drainage system has been made during the year. Careful inspection is made to ensure the maximum service of the existing sewers.

OFFENSIVE TRADES.

Two premises are used for the trade of tripe boiler, two for marine stores, one for rag and bone dealer and in one factory fertilisers and poultry foods are manufactured.

These premises are periodically visited and are kept in a satisfactory condition.

INSPECTION OF FACTORIES.

In the Borough there are:—

- Factories (with mechanical power) ... 69
- Factories (without mechanical power) 34
- Bakehouses ... ... ... ... ... ... ... ... 45

The premises are periodically inspected throughout the year and in general have been kept in a good, clean condition.

REFUSE COLLECTION.

Salvage of materials has become a predominant feature of refuse collection and disposal. The amount of material salvaged during a special salvage week in July was very satis-
factory and thanks are due to the ladies who spent time and trouble in canvassing every house in the Borough.

Two trailers have been purchased specially to help in the separation of salvage materials at the point of collection. An additional paper baler was also purchased to deal with the expected influx of paper and it has proved a wise acquisition.

With regard to the collection of waste food, in the latter half of the year bins were placed in various parts of the town and posters indicating their position were fixed at conspicuous points. Suitable publicity was given by the local press.

3597 loads of house and trade refuse were collected during the year.

The average weight of one load of refuse was 1 ton 12 cwts. 2 qrs. and the total weight of refuse collected was 5800 tons.

339 dustbins were supplied during the year.

The following table shows the number of ashbins and pits which have received attention during the year:

<table>
<thead>
<tr>
<th>Ashbins</th>
<th>Pits</th>
<th>Loads</th>
</tr>
</thead>
<tbody>
<tr>
<td>302,496</td>
<td>91</td>
<td>3597</td>
</tr>
</tbody>
</table>

The number of ashpits and ashbins is shown below in each ward, the refuse from which is removed by this Department.

<table>
<thead>
<tr>
<th>Dry Ashpits.</th>
<th>Ashbins.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancashire Ward ... ... ... —      1684</td>
<td></td>
</tr>
<tr>
<td>Stayley Ward ... ... ... —      2508</td>
<td></td>
</tr>
<tr>
<td>Dukinfield Ward ... ... ... 2      1302</td>
<td></td>
</tr>
<tr>
<td>Millbrook Ward ... ... ... —      845</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>6339</td>
</tr>
</tbody>
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