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COUNTY BOROUGH OF OLDHAM

# ANNUAL REPORT

OF THE  
MEDICAL OFFICER OF  
HEALTH

1948





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Public Health Department,  
Town Hall,  
Oldham.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the Health of Oldham and the work of the Public Health Department for the year 1948.

The year 1948 saw revolutionary changes in the medical and social services of this country and on the 5th July, a series of Acts came into force which will affect every individual. The National Health Service Act provides for the establishment of a comprehensive health service which will be available for everyone. The National Assistance Act was the final step in the break-up of the Poor Law and provides for the relief of poverty and for the welfare of aged, infirm, disabled and other handicapped persons. The National Insurance Act in return for regular weekly contributions provides cash benefits during sickness, injury, unemployment and widowhood, payment at child-birth and retirement from regular work. The Children Act makes provision for children deprived of a normal home life who had previously been dealt with under the Poor Law and puts into effect the principal recommendations of the Report of the Curtis Committee. These great measures are welcomed by all workers in the social field and will bring benefit to all, especially to those who are most in need.

The National Health Service Act has received much criticism, but all must agree that a comprehensive medical service is long overdue and the early war years showed many deficiencies in our hospital and specialist services. One could discourse at length on the many features of the Act, but there are two great changes which I wish to record. The service, with minor exceptions, will be free. I have long held the view that it was entirely wrong that illness, which always entails expense and often financial loss if the wage earner is affected, should have been associated with additional expenditure for medical or hospital care. True, those who were National Health Insurance contributors received free treatment from their practitioners but the dependents received no such benefits and only under special circumstances was hospital treatment free. For these reasons many failed to seek early advice or postponed hospital treatment for a condition which was not urgent or markedly incapacitating. This barrier of finance has been removed. Under the Act a unified hospital service will be created and developed. This may well prove to be the most outstanding achievement of the Act when in the years to come the results are reviewed and assessed.

The birth rate of 18.56 per 1,000 of the population compares with 21.48 for the previous year. With the exception of 1945 when there was a slight fall, the birth rate rose steadily from 12.52 in 1939 to 21.48 in 1947, the highest rate since 1920 when a rate of 23.6 was recorded. The fall which has occurred was to be expected and is the sequence



of a war time rise. The death rate of 14.01 compares with 14.95 for the previous year. This is a lower rate than in recent years and is the lowest recorded since 1932 when the rate was 13.9. The infant mortality rate of 46.47 per thousand live births compares with a rate of 58.03 for the previous year and an average rate of 53.4 for the previous five years. There were 62 deaths due to tuberculosis (all forms) and the death rate of 0.51 compares with 0.63 for the previous year. The maternal mortality rate reached the high figure of 3.47 per thousand births and eight deaths were recorded.

As regards the prevalence of infectious disease, full details are given in the body of the report. I regret to report one death from diphtheria and once again the child had not been immunised. It is some consolation that only 19 cases occurred, the lowest number ever recorded from our available records. Dysentery caused concern and a grave responsibility rests upon all food handlers as regards cleanliness and personal hygiene. The fall in the incidence of infectious diseases enabled beds at Westhulme Hospital to be used for tonsil and adenoid cases awaiting operation. The arrangement operated prior to the "appointed day" and was most successful, 79 children receiving treatment.

On the "appointed day" the main provisions of the National Health Service Act became operative, but prior to this date there had been much planning and preparation, and it can be said, without any criticism, that the arrangements for the new service were far from complete and in many instances only the bare framework had been established. In the case of services which were transferred to the new hospital authorities the administrative staffs were not yet functioning and certain responsibilities which should have been transferred remained with the local authority on an "agency basis" until such time as they could be handed over to the responsible bodies. During this period of transition your officers gave every assistance to the Manchester Regional Hospital Board and the Oldham and District Hospital Management Committee.

The Act has removed from the Health Committee the responsibility of providing hospital services and on the "appointed day" the Boundary Park General Hospital, Westhulme Hospital and Strinesdale Sanatorium passed to their new owners. Under the Health Committee the hospital services had been developed and extended, especially Boundary Park General Hospital which, from a Workhouse Infirmary, rapidly became a most efficient general hospital, held in the highest esteem by the public and the medical profession and fully equipped to play a full share in the new service. Prior to the transfer a special meeting of the Health Committee was held at which representatives of all the staffs to be transferred attended. At this meeting the Chairman expressed the appreciation and thanks of the Committee for the services the staffs had rendered and it was unanimously resolved:—

"That this Committee place on record their appreciation of:—

- (i) The loyal and devoted service rendered to the Health Committee and the inhabitants of Oldham and District by the medical, nursing and all other staff of the hospital services



to be transferred to the Manchester Regional Hospital Board on the appointed day—

Boundary Park General Hospital.  
Westhulme Hospital.  
Strinesdale Sanatorium.  
Tuberculosis Dispensary.  
Orthopaedic Clinic."

In accordance with the recommendations contained in Ministry of Health Circular 94/47 the Health Committee has been re-constituted and the principle of co-opted members approved. The new arrangements have worked smoothly. The services provided under the Act are fully described in the Report. The new responsibilities have been willingly accepted and the transition was effected smoothly and caused no difficulties. The existing services which were making efficient provision prior to the appointed day were continued and in many instances little or no alteration was necessary.

In March, Dr. F. A. Williams, Assistant Medical Officer for Maternity and Child Welfare, left to take up an appointment in Bedfordshire. Her position was subsequently filled by Dr. F. Stang. Dr. J. L. Hill left in April, having been appointed Assistant County Medical Officer of Health, Buckinghamshire and Medical Officer of Health to the Eton area. Dr. J. L. Hilditch was appointed to fill the vacancy of Senior Medical Officer. In July, Dr. A. P. Buchan was appointed Temporary Senior Medical Officer and Dr. A. P. Curran, Assistant Medical Officer of Health.

In November, Mr. F. Standring, Lay Administrative Officer, resigned following his appointment to the staff of the Oldham and District Hospital Management Committee. Mr. Standring joined the staff in 1930 and throughout his service proved a loyal and conscientious officer. The Committee very fittingly placed on record their appreciation of his services. Mr. T. P. McKniff was appointed to succeed him.

Reference has already been made to the staff who were transferred on the "appointed day," but I wish to record my personal appreciation of the faithful and diligent service they rendered while employees in the Public Health Service. The senior staff, with most of whom I have been closely associated for many years, have always afforded myself and my officers the fullest co-operation. We have borne the heat and burden of the day together and it has been a happy experience which has now been ended. Our good wishes go with all who left us.

I wish to tender my sincere thanks to the Chairman and Members of the Public Health Committee for their support and encouragement. My thanks are also due to all members of the staff for their loyal service and response to the demands made upon them during an especially busy and difficult year.

I have the honour to be,

Your obedient Servant,

J. T. CHALMERS KEDDIE,

Medical Officer of Health.

## THE HEALTH COMMITTEE.

Each Local Health Authority must constitute a Health Committee in accordance with the provisions of Part II of the Fourth Schedule of the Act, and this Committee must consider what Sub-Committees it should set up for the control and operation of the services to be provided under the Act. The Local Health Authority may appoint outside persons as members of the Committee with full voting powers, and the Authority, by taking advantage of this power, can secure the services of doctors or other experts, and of representatives of those bodies with whom close liaison is essential.

The Health Committee gave careful consideration to the new constitution and the principle of co-option of outside persons following applications from a number of bodies for representation on the Committee, and in August the Council approved the following constitution and Sub-Committees :-

The Health Committee shall consist of 14 members (exclusive of the Mayor), of whom 9 shall be members of the Council and the remainder shall be appointed as follows :-

1 medical practitioner of specialist or consultant status shall be appointed by the Council.

1 medical practitioner engaged in general practice shall be appointed by the Council from 3 persons nominated annually by the Local Medical Committee.

1 member shall be appointed by the Council from among those members of the Oldham and District Hospital Management Committee who have not been nominated by the Oldham Borough Council.

2 women members shall be appointed by the Council.

The Health Committee shall appoint Sub-Committees constituted as follows :-

**Maternity and Child Welfare Sub-Committee** — To consist of 7 Council members (exclusive of the Mayor) and 5 non-Council members as follows :-

The 1 medical practitioner of specialist or consultant status appointed by the Council as a co-opted member of the Health Committee.

The 1 medical practitioner engaged in general practice appointed by the Council as a co-opted member of the Health Committee.

The 1 member appointed by the Council as a co-opted member of the Health Committee from among those members of the Oldham and District Hospital Management Committee who have not been nominated by the Oldham Borough Council.

2 women who are not members of the Council.



Matters referred :-

- (i) Care of expectant and nursing mothers and children under the age of five years not attending primary schools maintained by the local education authority.
- (ii) Midwifery, including powers and duties as supervising authority for the purposes of the Midwives Acts, 1902 to 1936.
- (iii) Health visiting.
- (iv) Day nurseries, etc.

**Home Nursing Sub-Committee**—To consist of 7 Council members (exclusive of the Mayor) and 6 non-Council members as follows :-

3 members of the Oldham Nursing Association to be appointed from 6 persons nominated annually by that Association.

1 member of the St John Ambulance Brigade (Oldham Corps) to be appointed from 3 persons nominated annually by that Corps of the Brigade.

The 1 medical practitioner engaged in general practice appointed by the Council as a co-opted member of the Health Committee.

1 woman who is not a member of the Council.

Matters referred :-

- (i) Home nursing.
- (ii) Domestic Help.
- (iii) Prevention of illness, care of persons suffering from illness, and after-care.
- (iv) Vaccination and immunisation.

**Ambulance Sub-Committee**—To consist of 6 Council members (exclusive of the Mayor).

Matters referred :-

Ambulance Services.

**Mental Health Sub-Committee**—To consist of 7 Council members (exclusive of the Mayor) and 4 non-Council members as follows:-

2 members of the Oldham Council for Mental Health to be appointed from 4 persons nominated annually by that body.

The 1 member appointed by the Council as a co-opted member of the Health Committee from among those members of the Oldham and District Hospital Management Committee who have not been nominated by the Oldham Borough Council.

1 woman who is not a member of the Council.

Matters referred :-

- (i) Powers and duties as the local health authority under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938.
- (ii) Care of persons suffering from mental defectiveness.



## THE HEALTH COMMITTEE.

(January 1st—August 3rd, 1948).

### *Chairman:*

Alderman S. T. Marron, J.P., F.C.C.S.

### *Deputy Chairman:*

Councillor G. Halbert.

### *The Mayor:*

Councillor Stott Thornton, J.P.

Alderman A. Hallwood, J.P.

Alderman A. Tweedale.

Councillor J. A. Arthurs.

Councillor S. Crowther.

Councillor E. S. Dunkerley.

Councillor W. C. Kirkman.

Councillor D. L. Lees.

Councillor F. B. Balson.

Councillor J. W. Steadman.

Councillor G. A. Taylor, M.B.,  
Ch.B.

## MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

### *Chairman:*

Alderman S. T. Marron, F.C.C.S., J.P.

### *Deputy Chairman:*

Councillor E. S. Dunkerley.

The Mayor.

Alderman A. Tweedale.

Councillor S. Crowther.

Councillor G. A. Taylor, M.B., Ch.B.

Councillor G. Halbert.

Councillor F. B. Balson.

Councillor J. W. Steadman.

*with—*

Mrs. E. M. Rogers.

Mrs. G. Morrell, J.P.

Mrs. L. Peach.

Mrs. T. Rothwell.

## THE HEALTH COMMITTEE.

(From 4th August, 1948).

### *Chairman:*

Alderman S. T. Marron, J.P., F.C.C.S.

### *Deputy Chairman:*

Councillor G. Halbert.

The Mayor.

Alderman A. Hallwood, J.P.

Alderman A. Tweedale.

Councillor J. A. Arthurs.

Councillor E. S. Dunkerley.

Councillor W. C. Kirkman.

Councillor D. L. Lees.

Councillor G. A. Taylor, M.B.,  
Ch.B.

### *Non-Council Members:*

M. Strang, Esq., M.B. Ch.B.

Mrs. G. Morrell, J.P.

Vacancy.

Councillor F. Lord, O.B.E., J.P.

Mrs. T. Rothwell.

## MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

### *Chairman:*

Alderman S. T. Marron, J.P., F.C.C.S.

The Mayor.	Councillor E. S. Dunkerley.
Alderman A. Tweedale.	Councillor G. Halbert.
Councillor J. A. Arthurs.	Councillor D. L. Lees.
Councillor G. A. Taylor, M.B., Ch.B.	

### *Non-Council Members:*

M. Strang, Esq. M.B., Ch.B.	Councillor F. Lord, O.B.E., J.P.
Mrs. G. Morrell.	Mrs. E. M. Rogers.
Vacancy.	

## HOME NURSING SUB-COMMITTEE.

### *Chairman:*

Councillor E. S. Dunkerley.

The Mayor.	Councillor G. Halbert.
Alderman S. T. Marron, J.P.	Councillor W. C. Kirkman.
Councillor J. A. Arthurs.	Councillor D. L. Lees.
Councillor G. A. Taylor, M.B., Ch.B.	

### *Non-Council Members:*

Mrs. M. Claydon, J.P.	Mr. T. E. C. Crozier.
Miss M. Lees.	Miss E. Goode.
M. Strang, Esq., M.B., Ch.B.	Mrs. L. Peach.

## AMBULANCE SUB-COMMITTEE.

### *Chairman:*

Councillor G. Halbert.

The Mayor.	Alderman A. Tweedale.
Alderman A. Hallwood.	Councillor E. S. Dunkerley.
Alderman S. T. Marron, J.P.	Councillor G. A. Taylor, M.B., Ch.B.

## MENTAL HEALTH SUB-COMMITTEE.

### *Chairman:*

Alderman A. Tweedale.

The Mayor.	Councillor J. A. Arthurs.
Alderman S. T. Marron, J.P.	Councillor G. Halbert.
Alderman A. Hallwood.	Councillor W. C. Kirkman.
Councillor D. L. Lees.	

### *Non-Council Members:*

Miss I. M. Brislee.	Councillor F. Lord, O.B.E., J.P.
Rev. G. R. Lloyd.	Mrs. T. Rothwell.



## STAFF.

## THE PUBLIC HEALTH DEPARTMENT.

*Medical Officer of Health and School Medical Officer:*

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

*Senior Assistant Medical Officers of Health and Senior Assistant School Medical Officers:*John Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.  
(with H.M. Forces from 27/5/47).

Henry S. Bagshaw, M.B., Ch.B., D.P.H. (To 4/7/48).

\*James L. Hill, M.B., B.Ch., B.A.O., D.P.H. (To 30/4/48).

J. Haworth Hilditch, M.B., Ch.B., D.P.H. (From 1/5/48).

\*Alexander P. Buchan, M.B., Ch.B., D.P.H. (From 5/7/48).

\*Temporary during absence of Dr. J. Starkie.

*Assistant Medical Officers of Health and Assistant School Medical Officers:*

Edna Circuitt, M.B., Ch.B., D.P.H.

J. Haworth Hilditch, M.B., Ch.B., D.P.H. (To 30/4/48)

Alexander P. Buchan, M.B., Ch.B., D.P.H.

John Tolland, L.R.C.P., L.R.C.S., D.P.H. (From 17/2/48 to 6/7/48).

Andrew P. Curran, B.Sc., M.B., Ch.B., D.P.H. (From 2/7/48).

*Assistant Medical Officer of Health (Maternity and Child Welfare):*Frances A. Williams, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
(To 28/2/48).

Fanny Stang, M.D.(Vienna), L.R.C.P., L.R.C.S.(Ed.), (From 19/4/48).

*Chest Physician:*

(From 5/7/48).

Henry S. Bagshaw, M.B., Ch.B., D.P.H.

*Senior Dental Officer:*

James Fenton, L.D.S.

*Assistant Dental Officers:*

Geoffrey C. Kent, L.D.S.

Joseph H. Woolley, L.D.S.

David J. Franks, L.D.S. (From 2/2/48).

*Consultants to Public Health Department:*

(To 4th July).

A. H. Barber, M.A., M.B., Ch.B., M.R.C.P., F.R.C.S.....Obstetrician.

R. M. Maher, B.Sc., M.D., B.S., M.R.C.P.....Physician.

Neil McInnes, M.A., M.B., Ch.B.....Ophthalmic Surgeon.

H. P. Lawson, F.R.C.S.(Ed.), D.L.O.....Aural Surgeon.

Eugenie L. Willis, M.A., M.B., F.R.C.S.....Orthopaedic Surgeon.

A. Graham Bryce, F.R.C.S.....Thoracic Surgeon.

C. H. Adderley, M.A., M.B., D.P.H.....Pathologist.

(From 5th July).

A. H. Barber, M.A., M.B., Ch.B., M.R.C.P., F.R.C.S.....Obstetrician.

R. M. Maher, B.Sc., M.D., B.S., M.R.C.P.....Physician.

Eric Gostynski, M.D., L.R.C.P.....Psychiatrist.



*Public Vaccinators:*

(To 4th July).

Dr. T. D. Hunter, Dr. W. Graham, Dr. H. G. Halliday, Dr. W. S. Booth  
and Dr. C. Thompson.

*Vaccination Officer:*

E. Stansfield (To 4/7/48).

*Public Analyst:*

S. Ernest Melling, M.Sc., F.R.I.C.

*Deputy Public Analyst:*

T. W. Lovett, F.R.I.C.

*Chief Sanitary Inspector:*

Harold V. Cass.

*Deputy Chief Sanitary Inspector:*

John Brook.

*Sanitary Inspectors:*

J. Crosdale, J. McKenna, H. Shaw, E. C. Elford, F. Bailey,  
H. Corscadden, W. Urmson, F. W. Welsby (From 12/4/48).

*Lay Administrative Officer:*

Frank Standring (To 30/11/48).

*Chief Clerk:*

Miss M. Royle.

*Ambulance Officer:*

W. E. Cooke (From 1/5/48).

*Senior Mental Health Visitor and Duly Authorised Officer:*

Albert White (From 1/6/48).

*Supervisor of Occupation Centre:*

Mrs. S. D. Hancock (From 5/7/48).

*Health Visitors—School Nurses:**Superintendent:* Miss C. Graham.*Deputy Superintendent:* Miss W. M. Mills (To 9/10/48).

*Health Visitors—School Nurses:*

Mrs. H. Emmott, Miss E. E. Taylor, Mrs. J. Andrew, Miss C. Williamson (From 1/5/48), Mrs. C. Smith, Miss A. Cadman (From 15/3/48), Miss A. W. Moordaff, Miss M. J. Newman (From 1/7/48), Miss J. B. McLeod (From 1/7/48), Miss C. Briggs.

*School Nurses:*

Miss C. Wild, Mrs. A. G. Willmott, Miss E. E. Williams, Mrs. I. M. Dean (To 31/8/48).

*Physiotherapist:*

Miss H. I. Schofield, C.S.M.M.G., M.E., L.E.T. (To 4/7/48).

*Municipal Midwives:*

*Lay Supervisor:* Miss M. M. Nugent.

*Assistant Superintendents:*

Miss B. Holland (Senior).  
Miss V. E. Sanderson.

*Midwives:*

Mrs. A. M. Walshe (Nee Fair), Mrs. G. Rodgers, Mrs. I. Hartley, Miss W. Lister (From 1/4/48), Miss E. Whitehead, Mrs. A. Taylor, Mrs. N. Davies (Part-time).

*District Nurses:*

(From 5/7/48).

*Superintendent:* Miss C. Bonsall.

*Assistant Superintendent:* Miss F. B. Laing (From 17/8/48).

*District Nurses:*

Miss J. A. Baker (From 15/7/48), Miss A. A. Murray, Mrs. A. Schofield, Miss A. Tulley, Miss B. O. Thomas (From 1/10/48), Mrs. M. Lawton, Mrs. A. Stewart, Mr. F. P. Earnshaw, Mr. E. L. Taylor (From 1/10/48).



# BOUNDARY PARK GENERAL HOSPITAL.

(To 4/7/48).

## *Medical Superintendent:*

A. H. Barber, M.A., M.B., Ch.B., M.R.C.P., F.R.C.S.

## *Deputy Medical Superintendent:*

E. Henderson, M.B., B.Ch., F.R.C.S.(Ed.).

## *Visiting Staff:*

*Physician*.....R. M. Maher, B.Sc., M.D., B.S., M.R.C.P.

*Surgeons*.....J. C. Jefferson, M.B., B.S., F.R.C.S.

E. Henderson, M.B., B.Ch., F.R.C.S.(Ed.).

*Aural Surgeons*.....H. P. Lawson, F.R.C.S.(Ed.), D.L.O.

M. J. Maxwell, F.R.C.S.(Ed.).

*Ophthalmic Surgeon*.....Neil McInnes, M.A., M.B., Ch.B.

*Radiologist*:...A. H. Richardson, O.B.E., M.R.C.S., L.R.C.P., D.M.R.

*Orthopaedic Surgeon*:.....Eugenie L. Willis, M.A., M.B., F.R.C.S.

*Gynaecologist and Obstetrician*.....A. H. Barber, M.A., M.B.,

Ch.B., M.R.C.P., F.R.C.S.

*Dermatologist*.....G. K. Auckland, M.B.

*Anaesthetist*.....Margaret M. Poston, M.B., B.Ch.

*Dental Surgeon*.....James Fenton, L.D.S.

*Chiropodist*.....John Hall, F.Ch. S.

*Pathologist*.....C. H. Adderley, M.A., M.B., D.P.H.

*Assistant Pathologist*.....J. A. Shrigley, M.B., Ch.B.

## *Resident Medical Staff.*

### *Senior Medical Officers:*

Rachael Claiman.

Arthur T. Yates.

### *Medical Officers:*

Nathan V. Sapier.

Desmond M. O'Hanlon.

### *Assistant Medical Officers:*

Barbara Anderson.

Alwyn Hughes.

### *Matron:*

Miss A. E. Knight.

### *Almoner:*

Mrs. J. Halliwell, B.A. (Admin) (To 28/2/48).

### *Pharmacist:*

Miss F. Smith, M.P.S.

### *Radiographer:*

Miss I. T. Hallam, M.S.R.

### *Supt. Physiotherapist:*

Miss H. I. Schofield, C.S.M.M.G., M.E., L.E.T.



# WESTHULME HOSPITAL.

(To 4/7/48).

## *Resident Medical Officers:*

James L. Hill, M.B., B.Ch., B.A.O., D.P.H. (To 30/4/48)

\*John Tolland, L.R.C.P., L.R.C.S.(Ed.), D.P.H. From 1/5/48).

Andrew P. Curran, B.Sc., M.B., Ch.B., D.P.H. (From 2/7/48).

\*Temporary.

## *Matron:*

Miss R. Rowell.

# STRINESDALE SANATORIUM.

## *Matron:*

Miss I. C. Ball.

### SUMMARY OF STATISTICS.

## 1. General Statistics.

Area in Statute Acres (1931 census) ... ..	4,735 acres
Enumerated Population (1931 census) ... ..	140,314
Registrar General's Estimate of Population (middle of 1948) ... ..	120,600
Density of Population, i.e., Number of persons per acre (whole Borough) ... ..	25
Number of Houses in the Borough, December, 1948—	
(a) Permanent ... ..	40,867
(b) Temporary (Prefabricated) ... ..	350
Number of New Houses erected in 1948—	
(a) Permanent	
(i) By local authority ... ..	230
(ii) By other bodies or persons ... ..	16
(b) Temporary (Prefabricated)	
(i) By local authority ... ..	—
(ii) By other bodies or persons ... ..	—
Rateable Value (March, 1948) ... ..	£719,819
Sum represented by a Penny Rate (March, 1948) ... ..	£2,831
Amount of Poor Law (Outdoor) Relief paid to July 4th, 1948 ... ..	£14,660
Weekly average number of persons in receipt of outdoor relief up to July 4th, 1948 (481 cases) ... ..	762
Total number of insured persons at 1st April, 1948 ... ..	73,143
On doctors' lists at 1st April, 1948 ... ..	71,084
On doctors' lists at 31st December, 1948 ... ..	119,992
Number of Marriages during 1948... ..	1,178
Persons married per thousand of population ... ..	9.77

## 2. Extracts from Vital Statistics.

<b>Live Births.</b>	(Males 1,187, Females 1,051) ...	2,238
	Birth rate per 1,000 of estimated population	18.56
<b>Stillbirths.</b>	(Males 33, Females 31) ...	64
	Stillbirth rate per 1,000 Births ...	27.80
<b>Deaths.</b>	(Males 832, Females 858) ...	1,690
	Death rate per 1,000 of estimated population ...	14.01
<b>Maternal Deaths</b> ...	...	8
	Maternal Mortality rate per 1,000 Births ...	3.47
<b>Deaths of Infants under One Year</b> ...	...	104
	Infant Mortality rate per 1,000 Live Births ...	46.47

Other Death rates per 1,000 of estimated population:—

Tuberculosis:—(a) All forms	...	...	...	0.51
(b) Pulmonary	...	...	...	0.41
Other Respiratory Diseases...	...	...	...	2.06
Cancer	...	...	...	1.97
Smallpox, Enteric Fever, Measles, Scarlet Fever				
Whooping Cough, and Diphtheria	...	...		0.06



## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Oldham is situated in the County of Lancashire, on the south-western slopes of the Pennines. Its highest point is 1,225 feet and its lowest 350 feet above sea level.

During the year trade has been brisk and there has been little unemployment in the town. There is a heavy demand for female labour especially for employment in the cotton mills. Many firms in Oldham and the adjacent districts have found it necessary to provide their own Day Nurseries in order to secure additional female labour.

In many mills full production has not been possible owing to shortage of labour. More foreign workers are now employed and the problem of suitable hostel accommodation is causing much concern. A number of firms are solving this problem by buying and converting large houses into hostels.

### Area and Population.

The area of the Borough is 4,735 acres.

The Registrar General's estimate of the population of the Borough at the middle of 1948 is 120,600. This shows a decrease when compared with the figure of 126,100 for the year 1938. At the 1931 census, the population was 140,314.

### Rateable Value.

The rateable value on the 31st March, 1948, was £719,819, and the sum represented by 1d. rate £2,831.

### Unemployment.

The figures shown in the table overleaf are the numbers of persons wholly unemployed or temporarily stopped, registered during each month of the year. These have been supplied by the Manager of the Employment Exchange. The Boundary of the Area of the Oldham Employment Exchange is not identical with that of the Oldham Borough. The figures quoted may include non-Oldhamers registering in Oldham and may exclude Oldhamers registering elsewhere.

### Poor Law Relief.

The total amount of outdoor relief expended in Oldham to the 4th July was £14,660. The amount expended during the year 1947 was £34,842. The weekly average number of persons in receipt of outdoor relief for the same period was 762, comprising 481 cases. There were 384 admissions of Oldham persons to the Westwood Park Institution.

### Health Insurance.

The total number of persons on doctors' lists at the 31st December, 1948, was 119,992, an increase of 48,079 on the total number of insured persons on the 31st December, 1947. The increase in this number is largely due to the introduction of the National Health Service Act, 1946.

## UNEMPLOYED REGISTER.

1st January to 31st December, 1948.

	WHOLLY UNEMPLOYED				TEMPORARILY STOPPED			
	Men 18 and over.	Women 18 and over.	Boys under 18.	Girls under 18.	Men 18 and over.	Women 18 and over.	Boys under 18.	Girls under 18.
12th January, 1948	552	54	4	1	5	2	—	—
16th February, "	512	51	4	1	10	3	—	—
15th March, "	496	44	2	—	7	1	—	—
12th April, "	504	53	5	4	11	31	1	—
10th May, "	498	34	1	—	11	30	1	—
14th June, "	513	31	2	1	10	27	—	—
12th July, "	520	57	3	1	18	19	—	—
16th August, "	532	70	29	3	18	34	—	2
13th September, "	530	34	24	21	8	16	—	—
11th October, "	499	55	10	8	3	3	—	—
15th November, "	455	43	1	2	2	—	—	—
6th December, "	458	33	3	3	6	4	—	—



## VITAL STATISTICS.

### Births.

There were 3,477 live births (1,864 males and 1,613 females), registered in the Borough during the year. After correction for inward (40) and outward (1,279); transferrable births, the net total of births is 2,238 (1,187 males and 1,051 females). The illegitimate live births numbered 131, or 5.85% of the total live births.

### Stillbirths.

During the year, 112 stillbirths were registered. After being adjusted by inward and outward transfers, the number is 64.

### Marriages.

There were 1,178 marriages during the year, the rate per thousand of the population being 9.77. In 1947, the number of marriages was 1,192.

### Deaths.

During the year, 2,146 deaths (1,073 males and 1,073 females) were registered in the Borough. After correction for inward (60) and outward (516), transferable deaths, the net total deaths is 1,690 (832 males and 858 females), a decrease of 73 on the total for 1947.

Of the 1,690 deaths, 706 (or 41.77%) occurred in one or other of the following Institutions:—

Boundary Park General Hospital	...	...	229
Westwood Park Institution (up to 4th July)	...	...	151
Boundary Park General Hospital Annexe			
(from 5th July)	...	...	133
Oldham Royal Infirmary	...	...	115
Westhulme Hospital	...	...	13
Strinesdale Sanatorium	...	...	23
Other Institutions (including outside Institutions)	...	...	42

Of the total deaths, 934 (or 55.27%) occurred in persons aged 65 years or over.

The following are the chief causes of death in order of frequency:—

Heart Disease	...	...	...	...	545
Cancer	...	...	...	...	238
Bronchitis	...	...	...	...	166
Cerebral Haemorrhage	...	...	...	...	155
Arterial Disease	...	...	...	...	73
Suicide and Other Violence	...	...	...	...	67
Tuberculosis	...	...	...	...	62
Pneumonia	...	...	...	...	62
Nephritis	...	...	...	...	36

These groups of diseases represent 1,404 deaths occurring during the year, or 83.08% of the total deaths registered.

### Infantile Mortality.

There were 160 deaths (91 males and 69 females) of infants under one year of age registered in the Borough. After correction for inward

(1) and outward (57) transferable deaths, the net total of infant deaths is 104 (56 males and 48 females), a decrease of 43 on the total for 1947. Of the 104 infant deaths, 7 were those of illegitimate children, and 55 occurred in infants under 4 weeks old, equivalent to a neo-natal mortality of 24.57 per thousand births.

The following table shows the neo-natal and the infantile mortality during the last five years, together with five year averages from 1938.

Year	Infant Deaths under one month	Neo-Natal Mortality Rate per 1,000 births	Infant Deaths under one year	Infantile Mortality Rate per 1,000 births
Average for the years 1938-1942	51	31.13	104	63.87
1943	42	22.76	114	61.79
1944	51	25.21	108	53.38
1945	47	24.75	96	50.55
1946	47	22.05	92	43.15
1947	69	26.45	147	58.03
Average for the years 1943-1947	51	24.24	111	53.38
1948	55	24.57	104	46.47



**INFANTILE MORTALITY DURING 1948.**  
Deaths from stated causes and various ages under one year.

CAUSE OF DEATH.	Under 1 day.	1-2 days.	2-3 days.	3-4 days.	4-5 days.	5-6 days.	6-7 days.	Total under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total under 1 year.
ALL CAUSES—Certified ...	16	6	8	4	4	1	2	41	3	5	4	53	19	17	11	3	103
Uncertified ...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	3
Syphilis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Pneumonia—Lobar...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
—Broncho	...	...	1	...	...	...	...	1	...	...	1	2	3	2	4	2	13
Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Injury at Birth ...	6	...	2	...	...	...	...	8	...	2	2	25	...	...	...	...	8
Premature Birth ...	7	3	2	4	2	...	...	18	3	2	2	2	3	...	...	...	25
Congenital Malformations	...	...	...	1	...	...	1	2	...	...	...	2	...	...	...	...	5
Congenital Heart Disease	...	1	1	...	...	...	...	2	...	...	...	2	1	1	...	...	4
Congenital Debility	...	...	...	...	...	...	...	1	...	1	1	3	1	...	...	...	4
Atelectasis ...	1	2	2	...	1	...	1	10	...	...	...	10	...	...	...	...	10
Diarrhoea and Enteritis	3	...	...	...	...	...	...	...	...	1	...	1	6	...	3	1	16
Accidental Death ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Other Causes ...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1
TOTALS	17	6	8	4	4	1	2	42	3	5	4	54	19	17	11	3	104

## Vital Statistics for the Borough for the Year and Previous Years.

YEAR	Popula- tion estimated to middle of each year.	BIRTHS			Total deaths regis- tered in the Borough	Transferable Deaths		Nett Deaths after correction			
		Births Regis- tered	Nett after correction			Of non- residents regis- tered in the borough	Of resi- dents not regis- tered in the borough	At all ages		Under 1 year	
			Number	Rate				Number	Rate	Number	Rate per 1,000 nett births
1938	126,100	2088	1681	13.33	2157	410	69	1816	14.40	103	61
1939	*124,400	2125	1561	12.55	2300	442	80	1938	15.70	95	60
	†123,400										
1940	118,400	2092	1542	13.02	2359	510	101	1950	16.47	105	67
1941	116,860	2317	1649	14.11	2376	533	86	1929	16.50	107	64
1942	114,300	2576	1707	14.93	2163	513	65	1715	15.00	110	64
1943	112,300	2885	1845	16.43	2292	542	77	1827	16.27	114	61
1944	112,170	3268	2023	18.03	2168	525	83	1726	15.39	108	53
1945	111,350	2911	1899	17.05	2145	486	71	1730	15.54	96	50
1946	116,240	3420	2132	18.34	2148	525	70	1693	14.56	92	43
1947	117,900	4076	2533	21.48	2213	524	74	1763	14.95	147	58
Average for ten years 1938-1947	—	2776	1857	15.93	2232	501	77	1808	15.48	107	58
1948	120,600	3477	2238	18.56	2146	516	60	1690	14.01	104	46

\* Estimated for deaths.

† Estimated for Births.

1949 120600



## Comparative Statement of Vital Statistics for the Year 1948.

	Birth Rate	Death Rate	Infantile Mortality Rate		Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate (per 1,000 total live and still births).				
			Year 1948.	Average Five Years 1943—1947.			(140) Abortion with Sepsis	(141) Abortion without Sepsis	(147) Puerperal Infections	(142-6) (148-150) Other Causes	Total
England & Wales ...	17.9	10.8	34	45	*	*	0.11	0.05	0.13	0.73	1.02
126 Great Towns ...	20.0	11.6	39	51	*	*	*	*	*	*	*
Birkenhead ...	21.4	12.1	53	70	0.87	0.15	—	—	—	0.3	0.3
Burnley ...	17.35	14.24	49	51	0.48	0.05	—	—	—	0.66	0.66
Bury ...	17.9	13.39	47	41	0.33	0.05	—	—	0.93	0.93	1.86
Halifax ...	17.7	13.8	29	40	0.30	0.04	—	—	—	0.58	0.58
Huddersfield ...	16.91	13.23	33	50	0.25	0.06	0.89	—	—	0.45	1.34
Liverpool ...	22.3	11.4	54	70	0.79	0.11	—	—	0.605	0.165	0.77
Manchester ...	19.9	12.27	42	58	0.69	0.07	0.07	0.07	0.07	0.57	0.78
Oldham ...	18.56	14.0	46	53	0.40	0.11	—	0.43	1.30	1.74	3.47
Preston ...	18.78	12.62	39	60	0.55	0.11	—	—	0.44	—	0.44
Rochdale ...	17.0	14.1	38	48	0.49	0.07	—	—	—	—	—
Salford ...	21.1	11.8	42	61	0.80	0.10	—	—	—	0.8	0.8
St. Helens ...	21.3	10.2	60	64	0.57	0.04	—	—	0.41	1.24	1.65
Stockport ...	17.49	11.86	36	60	0.38	0.05	0.395	—	—	0.395	0.79
Wallasey ...	17.99	12.54	43	48	0.53	0.09	—	—	0.56	—	0.56
Wigan ...	18.84	11.55	54	63	0.41	0.06	0.61	—	—	—	0.61

\*Not available.

## Maternal Mortality.

During the year there were 10 deaths attributed to or associated with childbirth. Of these 8 were true maternal deaths, giving a maternal mortality rate of 3.47 per thousand live and stillbirths. Excluding the 1 abortion death, the rate is 3.04. Of the 8 maternal deaths, only 2 occurred in women admitted to hospital for confinement. The cause of death in each case was as follows:—

### “A”—Deaths due to Sepsis: 3.

Case No. 1. Age 36.

1. Acute Myocardial Failure following cerebral embolism directly connected with and following the onset of abortion. P.M. Conviction of manslaughter. (This death occurred on 22/7/47 but registration was delayed owing to inquest).

Case No. 2. Age 26.

1. (a) Septicaemia.  
(b) Acute Metritis.  
(c) Normal Delivery.

Case No. 3. Age 34.

1. (a) Pulmonary Embolism.  
(b) Pregnancy. (38th week).

### “B”—Deaths due to other Puerperal Causes: 5.

Case No. 4. Age 36.

1. (a) Myocardial Failure.  
(b) Haemorrhage.  
(c) Placenta Praevia.

Case No. 5. Age 34.

1. (a) Toxaemia.  
(b) Paralytic Ileus.  
(c) Peritonitis.
2. Caesarean Section.

Case No. 6. Age 28.

1. (a) Myocardial Failure.  
(b) Post-Partum Haemorrhage.  
(c) Toxaemia of Pregnancy.

Case No. 7. Age 34.

1. (a) Post-Partum Haemorrhage.  
(b) Uterine Inertia.
2. Mitral Stenosis.

Case No. 8. Age 35.

1. (a) Ruptured Uterus.  
(Died after operation).

### “C”—Deaths associated with Pregnancy: 2.

Case No. 9. Age 41.

1. (a) Cerebral Haemorrhage.  
Hyperpiesis.

Case No. 10. Age 40.

1. (a) Myocardial Failure.  
(b) Myocardial Degeneration.
2. Caesarean Section.



Table of Causes of Death at Different Periods of Life during the Year 1948

CAUSES OF DEATH	Sex	All Ages	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	M	832	56	5	4	9	10	15	39	83	176	262	173
	F	858	48	7	5	3	9	21	38	67	161	243	256
1 Typhoid and Paratyphoid Fever	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
2 Cerebro-spinal Fever	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	1	...	...	...	...	...	...	...	...	...	...
3 Scarlet Fever	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping Cough	M	1	1	...	...	...	...	...	...	...	...	...	...
	F	2	2	...	...	...	...	...	...	...	...	...	...
5 Diphtheria...	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	1	...	...	...	...	...	...	...	...
6 Tuberculosis of Respiratory System	M	31	...	...	...	...	6	7	7	9	2	...	...
	F	18	...	...	...	4	6	5	1	2	...	...	...
7 Other forms of Tuberculosis	M	8	...	1	2	...	2	2	1	...	...	...	...
	F	5	...	1	...	1	1	...	2	...	...	...	...
8 Syphilitic Diseases	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	4	1	...	...	...	...	...	1	...	1	1	...
9 Influenza	M	2	1	...	...	...	...	...	...	...	1	...	...
	F	1	1	...	...	...	...	...	...	...	...	...	...
10 Measles	M	1	...	...	1	...	...	...	...	...	...	...	...
	F	2	2	...	...	...	...	...	...	...	...	...	...
11 Acute Poliomyelitis and Polio-encephalitis	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
12 Acute Infective Encephalitis	M	1	...	...	...	...	1	...	...	...	...	...	...
	F	2	...	1	...	...	...	...	...	1	...	...	...
13 Cancer of Buccal cavity & Oesophagus	M	12	...	...	...	...	...	...	...	2	8	2	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
14 Cancer of Stomach & Duodenum...	M	38	...	...	...	...	...	3	6	9	18	2	...
	F	16	...	...	...	...	...	2	5	7	2	...	...
15 Cancer of Uterus	F	20	...	...	...	1	1	2	4	4	7	1	...
16 Cancer of Breast	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	22	...	...	...	...	...	2	2	8	6	4	...
17 Cancer of all other sites	M	72	...	...	...	...	...	3	17	15	26	11	...
	F	58	...	...	...	...	...	4	6	18	21	9	...
18 Diabetes	M	4	...	...	...	1	...	...	1	1	...	1	...
	F	10	...	...	...	...	...	1	2	2	3	2	...
19 Intra Cranial Vascular Lesions	M	52	...	...	...	...	...	...	1	17	22	12	...
	F	103	...	...	...	...	...	2	5	29	38	29	...
20 Heart Diseases	M	254	...	...	...	3	2	6	19	46	100	78	...
	F	291	...	...	1	...	...	2	20	52	87	129	...
21 Other Diseases of the Circulatory System	M	37	1	...	...	...	...	1	...	2	6	15	12
	F	36	...	...	...	...	...	...	1	3	14	18	...
22 Bronchitis...	M	105	3	...	...	...	...	1	12	26	41	21	...
	F	61	1	...	...	...	...	1	2	10	21	26	...
23 Pneumonia	M	36	6	3	...	1	...	1	5	8	8	4	...
	F	26	9	1	...	...	1	1	1	4	3	6	...
24 Other Respiratory Diseases	M	14	1	...	...	...	...	3	1	3	5	1	...
	F	6	...	1	...	...	...	1	2	...	1	1	...
25 Ulcer of Stomach or Duodenum	M	9	...	...	...	...	...	1	1	5	1	1	...
	F	1	...	...	...	...	...	1	...	...	...	...	...
26 Diarrhoea (under 2 years)	M	8	7	1	...	...	...	...	...	...	...	...	...
	F	9	9	...	...	...	...	...	...	...	...	...	...
27 Appendicitis	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	3	...	...	...	...	...	1	...	...	2	...	...
28 Other Digestive Diseases	M	7	...	...	...	...	...	1	1	2	1	2	...
	F	17	...	...	...	1	1	1	3	5	3	3	...
29 Nephritis	M	13	...	...	...	...	...	...	2	6	1	4	...
	F	23	...	...	...	2	2	4	2	6	6	1	...
30 Puerperal and Post Abortive Sepsis...	F	3	...	...	...	...	2	1	...	...	...	...	...
31 Other Maternal Causes	F	5	...	...	...	...	3	2	...	...	...	...	...
32 Premature Birth	M	15	15	...	...	...	...	...	...	...	...	...	...
	F	10	10	...	...	...	...	...	...	...	...	...	...
33 Congenital Malformation, birth injury, etc.	M	20	18	...	...	...	...	1	1	...	...	...	...
	F	14	13	...	...	...	...	1	...	...	...	...	...
34 Suicide	M	16	...	...	...	1	...	3	...	8	1	3	...
	F	10	...	...	...	...	2	1	2	3	2	...	...
35 Road Traffic Accidents	M	9	...	1	1	1	...	4	1	...	2	...	...
	F	4	...	1	1	...	...	...	...	...	...	...	...
36 Other Violent Causes	M	17	3	...	4	2	2	...	2	2	1	...	...
	F	11	1	...	1	...	...	...	1	...	3	5	...
37 All Other Causes	M	50	...	1	1	1	...	3	3	10	12	18	...

## BOROUGH CORONER'S REPORT FOR THE YEAR.

The following report has been supplied by Mr. J. L. Watson, the Borough Coroner:—

The deaths reported to the Coroner during the year 1948, were 256 (males 152, females 104). Of this total, 23 were lunatics and mental defectives in institutions.

In 80 of the cases reported, the deaths were investigated by the Coroner but no inquests held.

There were 176 inquests held (118 males and 58 females). Of the 176 inquests, 79 were held with a jury.

There were 159 post mortem examinations, in 44 of which no inquest was held. The expenses of the inquests amounted to £590. 9. 0d.

The verdicts returned were:—

Suicides 28 (males 16, females 12).

Accident or misadventure 76 (males 51, females 25).

Natural causes 63 (males 46, females 17).

Open verdicts 7 (males 5, females 2).

Stillborn 1.

The ages of the 28 suicides were as follows:—

Between 21 and 30 years of age ... ..	1
Between 30 and 40 years of age ... ..	3
Between 40 and 50 years of age ... ..	4
Between 50 and 60 years of age ... ..	7
60 years of age and over ... ..	13

The types of suicide included:—

Gassing ... ..	15
Cut Throat ... ..	2
Hanging ... ..	5

There were two inquests on infants suffocated whilst in bed with their parents.

There was one inquest on a newly born child.

In 1947, there were 254 deaths reported, 178 inquests were held and the expenses were £570. 9. 0d.



## PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

**General.** The feature of the year was the steady prevalence of measles with peak rises in August, November and December. Diphtheria achieved a record low incidence, only 19 cases being notified and none occurring during the last three months of the year. No deaths occurred from dysentery but 186 cases were notified. The majority of these were associated with outbreaks which occurred in day nurseries and nursery schools. Constant vigilance is required of all staffs working in nurseries and a grave responsibility rests upon them as regards the control and spread of this disease.

### The Measles and Whooping Cough Amendment Regulations, 1948.

These Regulations became operative on the 1st April. The Minister considered after consulting medical opinion, that the compulsory notification of measles and whooping cough, though regarded at the time it was introduced during the war as likely to be temporary, should be retained.

The following Table shows the Attack Rate and Death Rate.

Disease	Attack Rate per 1,000 of the Population		Death Rate per 1,000 of the Population	
	England & Wales	Oldham	England & Wales	Oldham
Typhoid Fever ... ..	0.01	—	0.00	0.00
Paratyphoid Fever ...	0.01	—		
Cerebro-Spinal Fever ...	0.03	0.02	—	—
Scarlet Fever... ..	1.73	1.55	—	—
Whooping Cough... ..	3.42	1.95	0.02	0.02
Diphtheria ... ..	0.08	0.16	0.00	0.01
Erysipelas ... ..	0.21	0.17	—	—
Smallpox ... ..	—	—	—	—
Measles ... ..	9.34	11.48	—	—
Pneumonia ... ..	0.73	0.55	0.41	0.17
Acute Poliomyelitis ...	0.04	0.04	0.01	0.00
Acute Polio-encephalitis	0.00	0.00		
*Puerperal Pyrexia ...	6.89	1.30	—	—
†Enteris and Diarrhoea under 2 years of age...	—	—	3.3	7.6

\* Rates per 1,000 live and stillbirths.

† Rates per 1,000 live births.



### Diphtheria.

During the year there were 19 cases notified as compared with 56 in 1947. There was 1 death registered from this disease compared with 3 in the previous year. Of the 19 cases notified, 2 were pre-school children, 10 were in attendance at school and 7 over school age. These cases were classified clinically as follows:—

Faucial Diphtheria	Extremely severe	...	...	1
	Severe	...	...	2
	Moderate	...	...	8
	Mild	...	...	8

Of the total cases 5 had been immunised. The one death occurred in a girl of 8 years of age who had not been immunised. She was admitted to hospital with faucial diphtheria and died 41 days after admission.

The cases were distributed throughout the Borough with the exception of 2 cases, a brother and sister of the fatal case, who were discovered following investigation.

### Scarlet Fever.

The number of cases notified was 187, compared with 94 in 1947. Of these, 96 were removed to hospital. No deaths were recorded from this disease.

### Erysipelas.

There were 20 cases notified compared with 11 in 1947. Of these, 3 were removed to hospital. No deaths occurred from this disease. Of the 20 cases notified, 12 occurred in persons 45 years of age and over.

### Enteric Fever.

No cases of typhoid or para-typhoid fever were notified during the year but two contacts of typhoid fever were referred to the Department for surveillance.

### Cerebro-Spinal Fever.

During the year 3 notifications were received, and 1 death was registered as due to this disease.

### Acute Poliomyelitis and Polio-Encephalitis.

During the year 5 cases were confirmed but no death was registered. The first case, a girl aged two years, was notified in January, the diagnosis being made at the Orthopaedic Clinic. Only a mild paralysis was present and treatment was arranged at the clinic. The patient made a complete recovery.

Another case—a male aged 24 years was notified from the Oldham Royal Infirmary where he received treatment. After a prolonged period in hospital he was discharged with a considerable degree of paralysis.

Three cases were admitted to Westhulme Hospital where the diagnosis was confirmed. In all 3 cases a well marked paralysis developed which required further orthopaedic treatment. Two of the cases, both children under 5 years, were transferred to Booth Hall Hospital, the remaining case, a boy of 15 years, to Monsall Hospital.



### **Epidemic Encephalitis. (Encephalitis Lethargica).**

No case was notified but three deaths were registered as due to this disease, one was an inward transfer, a girl aged 2 years, death being certified as due to acute encephalitis. The remaining 2 were old cases which had been notified previously.

### **Pneumonia (Acute Primary and Influenzal).**

There were 66 cases of Acute Primary Pneumonia and 7 cases of Influenzal Pneumonia notified. The deaths from all forms of Pneumonia numbered 62.

### **Influenza.**

During the year 3 deaths were attributed to this disease compared with none in 1947.

### **Measles.**

During the period from May to the end of the year the disease assumed epidemic proportions when an average of 149 cases per month were notified. Three deaths occurred during this period.

### **Whooping Cough.**

The number of cases notified was 235, compared with 145 in 1947. Of these, 11 cases were removed to hospital and 3 deaths were registered as due to this disease.

### **Dysentery.**

During the year 186 cases were notified, (Sonné—157, Flexner—29), 72 of the cases were removed to hospital. No deaths were recorded as due to this disease. The following summarises the outbreaks that occurred during the year:—

#### **Sonné Dysentery.**

The first outbreak occurred in January in the St. Anne's Nursery Class and out of 25 children at risk no fewer than 21 developed symptoms of the disease. The Sonné organism was recovered from 17 of these cases. Following full enquiries and investigation, 1 member of the staff and 14 house contacts (7 adults, 7 school children) were found to be infected. It was impossible to admit all the cases to hospital but admission was arranged in those cases where the faeces remained positive after an initial course of treatment at home. Close liaison was established with the general practitioners concerned and maximum doses of sulphaguanidine and sulphasuxidine were administered. It was necessary to close the nursery from January 19th to February 8th, and following this closure three negative specimens of faeces were required from each child, prior to re-admission. The source of infection in outbreaks of Sonné dysentery is notoriously difficult to detect. The available evidence suggested that the disease may have been introduced into the nursery by a child who had suffered from periodic diarrhoea prior to the outbreak. Following investigation every member of this family was found to be infected and a sister of this case gave positive Sonné agglutination. It is possible that this child infected the majority of the children through a member of the staff as the outbreak was explosive in character.



In February, 6 cases of Sonn  dysentery were confirmed at Fernholme Nursery. No further cases were discovered following an intensive search amongst the staff and children for carriers or missed cases. The most likely source of the infection appeared to be a child aged 2 years, who had a history of loose stools during the two weeks preceding the outbreak. Investigation in the home brought to light a cousin residing with the family, who had had relaxed stools for several weeks. On investigation, this proved to be a missed case of Sonn  dysentery.

There were also in February, 13 cases confirmed at Park House Nursery involving 11 children and 2 members of the staff. The infection was mild in character and was probably introduced by a child who had an attack of diarrhoea during January. This child was excluded from the nursery and treated by his own doctor but was re-admitted without bacteriological check, two or three days prior to the outbreak. This child and his brother, a home contact, were found to be infected with the Sonn  bacillus. To clear up the outbreak prophylactic treatment with cremosuxidine was introduced. The treatment was continued for five days and the children showed no ill effects. The dosage was as follows:—

Children aged 3—5 years—22.5 grammes total dosage.

Children aged 9 mths—3 years—11.25 grammes total dosage.

In April information was received from Derker Infants Department that 10 children, 4 teachers and 2 supervisors of school meals were reported to be ill with diarrhoea. Following investigations, 6 children and 1 teacher were found to be cases of Sonn  dysentery and subsequently 2 house contacts (1 adult and 1 child) were also confirmed. Three of the cases resided in adjacent districts. The evidence would suggest that infection followed a school dinner which consisted of corned beef, cabbage and boiled potatoes, followed by baked jam pudding and custard, and, as the corned beef was the only uncooked food, this was the possible source of infection.

During April, following bacteriological investigation of a few mild cases of diarrhoea at Overens Street Nursery, 5 children and 1 nursery assistant were found to be cases of Sonn  dysentery. Subsequently one house contact (an adult) was also confirmed.

During August, 6 cases occurred in an industrial nursery. These were ascertained, following bacteriological investigation of cases of diarrhoea, in the nursery.

A further outbreak occurred at Overens Street Nursery in August involving 27 children, 3 staff and 4 house contacts (2 adults and 2 children). The probable source of the outbreak was a child in the 0—2 age group who returned to the nursery after a period of absence due to intermittent diarrhoea. She had received treatment from the family practitioner but only one negative faeces had been obtained prior to re-admission. The early cases occurred in this group and it is considered that two members of the staff ("A" & "B") were also infected during this period. "A" served food in the kitchen to all the children but not to the staff who are usually served by the cook herself. As the remaining staff with one exception escaped infection, it is likely that "A" herself infected, passed on the disease to the children, whilst handling their food. In support of this view is the fact that the subsequent cases were explosive in occurrence and no less than 26 were confirmed bacteriologically.



In December a child attending the Derker Nursery School was notified by a general practitioner as a case of Sonn  dysentery. Following this notification full enquiries were made and the children at home and in the nursery who had recently suffered from suspicious symptoms were investigated and 4 more cases were proved bacteriologically. None of the staff was found infected and no further cases occurred in the nursery. One secondary case was brought to notice, a girl of 7 years who was a house contact.

### **Flexner Dysentery.**

One outbreak of Flexner dysentery occurred during the year. Following an outbreak of diarrhoea in March, at Westhill Nursery, 14 children and three staff, were found to be infected with the Flexner "Z" bacillus. Further investigation in the homes of these cases brought to light 6 more cases (5 adults and 1 school child), and a Flexner "Z" bacillus carrier, who was the father of one of the first cases. This man suffered from dysentery in the Far East, whilst in H.M. Forces, and it is considered that he infected his child who caused the outbreak.

### **Ophthalmia Neonatorum.**

During the year 9 cases of Ophthalmia Neonatorum were notified. These were kept under observation, and in no case was vision impaired.

### **Puerperal Pyrexia.**

Three cases of Puerperal Pyrexia were notified. These occurred on the district.

### **Smallpox.**

No cases of smallpox occurred during the year and no suspects or contacts were referred to the department for surveillance.

### **Cholera.**

In January, information was received from the Airport Medical Officer, Heathrow Airport, Middlesex, that a contact of cholera had arrived in this country from Egypt and was proceeding to Oldham. The case was kept under surveillance for the necessary period.

### **Other Diseases.**

No cases of Anthrax, Malaria, Glandular Fever, Undulant Fever or Typhus Fever were brought to the notice of the department during the year.

Table showing the Number of Cases of Certain Diseases notified, and the Deaths registered from these Diseases During the Several Months of the Year.

MONTHS	Measles		Scarlet Fever		Diphtheria		Para-Typhoid		Typhoid		Puerperal Pyrexia		Cerebro-Spinal Fever		Acute Poliomyelitis / Polio-Encephalitis		Whooping Cough		Erysipelas		Acute Primary Pneumonia		Acute Influenzal Pneumonia	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
January ...	36	—	11	—	1	—	—	—	—	—	1	—	—	—	1	—	29	—	1	—	4	—	1	—
February ...	48	—	14	—	2	—	—	—	—	—	—	—	—	—	—	—	28	1	2	—	1	—	—	—
March ...	38	—	10	—	3	—	—	—	—	—	—	—	—	—	—	—	21	1	1	—	7	—	1	—
April ...	71	—	3	—	3	—	—	—	—	—	—	—	1	—	—	—	38	1	3	—	3	—	—	—
May ...	110	1	13	—	5	—	—	—	—	—	—	—	1	—	—	—	23	—	1	—	3	—	—	—
June ...	136	—	5	—	1	—	—	—	—	—	1	—	—	—	—	—	11	—	—	—	5	—	—	—
July ...	121	—	15	—	1	1	—	—	—	—	1	—	—	—	—	—	14	—	4	—	7	—	1	—
August ...	163	1	8	—	2	—	—	—	—	—	—	—	—	—	1	—	16	—	3	—	4	—	—	—
September ...	99	—	14	—	1	—	—	—	—	—	—	—	—	—	2	—	16	—	1	—	3	—	1	—
October ...	139	—	25	—	—	—	—	—	—	—	—	—	1	—	1	—	13	—	1	—	8	—	—	—
November ...	207	—	32	—	—	—	—	—	—	—	—	—	—	—	—	—	11	—	1	—	11	—	1	—
December ...	216	1	37	—	—	—	—	—	—	—	—	—	—	—	—	—	15	—	2	—	10	—	2	—
TOTALS	1384	3	187	—	19	1	—	—	—	—	3	—	3	1	5	—	235	3	20	—	66	20	7	—

Smallpox—None.

Epidemic Encephalitis (Encephalitis-Lethargica)—3 deaths.



TABLE SHOWING CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1948.

Notifiable Disease.	Notifications in Age Groups						Notifications in the Various Wards of the Borough												
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	St. Mary's.	St. Peter's.	Werneth.	Westwood.	St. Paul's.	Coldhurst.	Hartford.	Hollinwood.	Clarksfield.	Mumps.	St. James'.	Waterhead.
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera—Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	2	10	3	4	...	...	...	...	...	1	2	...	2	3	1	3	3	2
Erysipelas	...	1	...	1	5	10	2	1	2	2	3	2	1	2	...	2	...	1	4
Scarlet Fever	...	64	109	8	6	...	...	10	14	24	12	15	3	4	14	26	5	28	32
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Para-Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	93	959	326	3	3	...	...	163	59	138	94	164	60	129	119	129	73	127	129
Whooping Cough	26	140	69	...	...	...	...	14	6	34	27	45	31	8	7	23	9	14	17
Puerperal Pyrexia	...	...	...	1	2	...	...	1	...	...	...	...	...	1	1	...	...	2	...
Cerebro-Spinal Fever	...	2	1	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	1
Acute Poliomyelitis	...	3	...	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Acute Polio-Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	9	...	...	...	...	...	...	1	...	...	...	...	2	1	1	3	...	1	...
Respiratory Tuberculosis	...	6	7	21	40	16	4	1	6	4	6	4	6	10	10	15	6	14	12
Other forms of Tuberculosis	...	3	13	7	5	1	...	3	3	1	1	5	...	1	5	4	1	2	3
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	5	122	28	10	17	2	2	16	4	13	8	6	8	4	5	40	9	34	39
Acute Influenzal Pneumonia	1	1	1	...	1	2	1	1	...	1	...	...	1	1	...	2	...	...	1
Acute Primary Pneumonia	4	14	6	4	15	17	6	9	1	2	3	6	3	3	4	6	5	15	9
Acute Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	139	1317	570	60	98	48	15	223	96	219	155	251	115	167	169	251	111	241	249.

### Westhulme Hospital.

At the beginning of the year there were 39 patients in hospital, these with 325 admitted during the period 1st January to 4th July inclusive, made a total of 364 cases under treatment. Of this total, 327 were discharged, 12 died and 25 remained in hospital.

The daily average number of patients in hospital over the period was 35, the highest being 58 and the lowest 16.

The admissions were made up as follows:—

Authority	Diph.	S. Fever.	Measles.	Erys.	W. Cough.	Other.	Total.
Oldham ... ..	34	33	15	2	6	143	233
Chadderton ... ..	4	14	1	3	1	8	31
Royton ... ..	1	10	1	—	2	4	18
Crompton ... ..	1	2	—	—	—	2	5
Limehurst ... ..	1	6	—	—	—	1	8
Failsworth ... ..	1	3	—	1	—	7	12
Saddleworth ... ..	—	5	1	2	—	2	10
Lees ... ..	1	—	—	—	—	2	3
Ashton ... ..	—	1	—	—	—	—	1
Middleton ... ..	—	—	—	—	—	2	2
Golcar, Yorks. ...	—	—	—	2	—	—	2
Totals ... ..	43	74	18	10	9	171	325

The 171 "Other Diseases" admissions were made up as follows:—

Enteritis ... ..	38	Typhoid ... ..	2
Tonsillitis ... ..	6	Chicken Pox ... ..	3
Rubella ... ..	8	Mumps ... ..	2
Dysentery ... ..	65	Pneumonia ... ..	4
Poliomyelitis ... ..	4	Pemphigus ... ..	1
Otitis Media ... ..	23	Ophthalmia Neonatorum ...	2
Meningitis ... ..	13	(with mother)	

### Ear, Nose and Throat Defects.

Early in the year the number of school children referred from the school clinics awaiting operative treatment caused serious concern. As operating theatre facilities and vacant beds were available at Westhulme Hospital, arrangements were made for one ward adjacent to the theatre to be set aside for these cases, and for Mr. M. J. Maxwell, F.R.C.S.(Ed.), Aural Surgeon, to attend for two operating sessions per week. The Matron, Miss R. Rowell, and her staff co-operated enthusiastically and welcomed their new responsibilities. As a result, between May 20th and July 3rd (both inclusive) 80 children were admitted and 79 operations were performed.



## TUBERCULOSIS.

The year 1948 was one of transition. On July 5th the National Health Service Act came into force and responsibility for the treatment of tuberculosis passed from the Local Authority to the Manchester Regional Hospital Board. Prevention, care and after-care becomes the responsibility of the Local Health Authority.

The change-over has not led to any great alterations in the service so far though re-organisation of the services for the treatment of tuberculosis on a Regional basis is pending. Prevention, care and after-care being a local authority responsibility will not, of course, be affected by this re-organisation. This side of the service proceeded during 1948 on similar lines to those of previous years except that the maintenance allowances scheme under Memo. 266/T ceased on July 4th, being replaced by special arrangements for tuberculous patients by the National Assistance Board. These arrangements also covered patients previously in receipt of allowances and grants under the Local Authority's scheme.

This year is also of interest as during its course, streptomycin came into general use for the treatment of tuberculous meningitis. During late 1947 and the first part of 1948 the supply was very restricted and confined to certain teaching hospitals in the chief centres of the country. Later in 1948 Boundary Park General Hospital became an approved hospital for streptomycin treatment. This disease used to be uniformly fatal but the results obtained have been encouraging though it is clear that early treatment is essential if full benefit is to be obtained. At the time of writing streptomycin has come into more general use and is available for certain types of pulmonary tuberculosis.

The incidence of tuberculosis during 1948 was appreciably lower than in previous years but the new pulmonary cases included an abnormally large proportion of children of school and pre-school age—12 in all. Of these, 2 were discovered during 1947 but not finally diagnosed till early 1948 and therefore properly belong to the former year. All the cases were of a benign character and all have done well, the majority having already completely recovered. The reason for this abnormally high incidence is not clear but 8 of the cases were close contacts of pulmonary cases. Many of the cases were slight and the tendency in former years was to avoid notification of such children if at all possible in order to avoid the stigma of tuberculosis. Nowadays however, unless they are accepted as definite cases they are not eligible for extra milk and other rations, additional points for re-housing, etc., and there is no doubt that the tendency is more towards accepting such cases. This may be a partial explanation.

The table overleaf gives details of these cases with subsequent findings on review.



## Children Accepted as Pulmonary Cases during 1948.

Case	Sex	Age	Mantoux	Type of Lesion	Known Contact	Treatment	Condition on Review
F.T.	Male	4½	+ive	Pleural effusion	None	4/12 Hospital	Good. Chest clear.
E.A.	Male	5	+ive	Pleural effusion	Pulm. T.B. Aunt	1/12 Hospital	Fair. Attending ordinary school.
B.W.	Male	6	+ive	Pleural effusion	Pulm. T.B. Aunt	4/12 Home	Good. Attending school.
C.R.	Male	7	+ive	Epituberculosis	Pulm. T.B. Father	1 year in country	Good Attending ordinary school.
B.M.	Male	10	—ive	Pleural effusion	None	3/12 Hospital 2/12 Sanatorium	Good. Attending Open Air school.
N.G.	Male	13	—ive	Pleural effusion	None	6/52 Hospital 2/12 Sanatorium 3/12 Sanatorium	Satisfactory. Now working.
L.H.	Female	1¾	+ive	Hilar adenitis	Pulm. T.B. Mother	6/12 Sanatorium	Fair. Not yet completely clear.
M.S.	Female	1 2/12	+ive	Primary focus	Pulm. T.B. Uncle	6/12 Sanatorium	Very Good.
E.S.	Female	2 11/12	+ive	Epituberculosis	Pulm. T.B. Father	2/12 Sanatorium	Good, but lesion not yet completely cleared
F.A.	Female	4	+ive	Pleural effusion	None	3/12 Hospital	Good. Attending school.
L.P.	Female	4	—ive	Epituberculosis L.U. zone	Pulm. T.B. Sister	3/12 Sanatorium followed by S.O.A.S. Res.	Satisfactory, but lesion not completely cleared.
M.P.	Female	7	+ive	Primary focus	Pulm. T.B. Sister	3/12 Sanatorium followed by S.O.A.S. Res.	Excellent. Still at S.O.A.S.

It is interesting to note that in the case of 5 of the 6 boys tuberculosis took the form of pleurisy with effusion whilst this occurred only in 1 of the 6 girls. All the cases were classified R.A.1. and were non-infectious.



**The Dispensary.**

1946, was

Attendances at the Dispensary, compared with the two years, are as follows:—

	1946	1947	1948
Adults ... ..	2483	2440	2738
Children ... ..	650	714	1032
	<hr/> 3133 <hr/>	<hr/> 3154 <hr/>	<hr/> 3770 <hr/>

The Tuberculosis nurse paid 1024 visits to the homes of tuberculous patients.

**X-ray Work.**

During the year 1075 films were taken compared with 702 films in 1947 and in addition 92 films were borrowed from other hospitals.

**Pathological Examinations.**

During the year 819 specimens of sputum were examined. Of these 190 were positive and 629 negative.

**Deaths.**

The number of deaths registered, 62 (49 pulmonary and 13 non-pulmonary) gives a rate per thousand of the population of .51 (.40 pulmonary and .11 non-pulmonary) compared with 75 (63 pulmonary and 12 non-pulmonary) and a rate of .63 (.53 pulmonary and .10 non-pulmonary) for 1947.

**The Dispensary Register.**

The total number of accepted cases on the Register on the 31st December, 1948, was 625. Of these 265 were cases in which tubercle bacilli had been found in the sputum at some period of the illness.

	Pulmonary			Non-Pulmonary			Total		
	Male	Fem.	Total	Male	Fem.	Total	Male	Fem.	Total
No. on Register on 31/12/47 ... ..	287	191	478	106	89	195	393	280	673
Cases previously removed, returning during 1948	2	2	4	...	...	...	2	2	4
Inward transfers ... ..	2	3	5	1	1	2	3	4	7
New cases placed on Register during 1948 (Trans. from Non-Pulm.)	52	36	88	10	18	28	62	54	116
Cases removed during 1948 (Trans. to Pulmonary) ... ..	68	40	108	34	33	67	102	73	175
No. on Register on 31/12/48 ... ..	275	192	467	83	75	158	358	267	625



During the year 175 patients were removed for the following reasons:—

1. Recovered ...	56	or 32%	of total removals.
2. Removal out ...	30	} or 29.1%	do.
3. Not desiring further treatment ...	13		
4. Lost sight of ...	6		
5. Diagnosis not confirmed ...	2	} or 38.9%	do.
5. Death ...	68		

Of the 56 recovered cases, 18 were pulmonary—13 or 72.2% Tb. Minus, 2 or 11.1% R.B.1 and 3 or 16.7% R.B.2.

Of the 68 deaths, 56 were pulmonary cases, classified as follows:—

Tb. Minus ...	9 or 16.1%	R.B.1 ...	1 or 1.8%
R.B.2 ...	36 or 64.3%	R.B.3 ...	10 or 17.8%

### Pulmonary Tuberculosis.

#### New Cases.

During 1948, 97 new cases were placed on the Dispensary Register and were classified as follows:—

R.A.1 (Early cases, sputum negative or absent) ...	27
R.A.2 (Intermediate cases, sputum negative or absent) ...	13
R.A.3 (Advanced cases, sputum negative or absent) ...	3
R.B.1 (Early cases, sputum positive) ...	3
R.B.2 (Intermediate cases, sputum positive) ...	30
R.B.3 (Advanced cases, sputum positive) ...	21

In addition 3 other cases came to notice but were not placed on the Dispensary Register.

#### Deaths.

During the year 49 patients, compared with 63 in the previous year, died from pulmonary tuberculosis. This represents a death rate of .40 per thousand of the population.

In addition 4 pulmonary cases died from causes other than tuberculosis.

Of these 49 deaths, 14 or 28.6% had been notified more than 5 years. A further 8 or 16.3% had been notified 3 to 5 years whilst 10 or 20.4% died 1 to 3 years after notification. The remaining 17 (34.7% of total) occurred within 1 year of coming to notice and included 3 which escaped statutory notification, 1 being notified posthumously and 2 coming to notice through the Local Registrar's Returns.

The following table shows the length of time between notification and death of the remaining 14:—

Under 1 week ...	3
1 to 4 weeks ...	2
1 to 2 months ...	1
2 to 3 months ...	2
3 to 6 months ...	3
6 to 9 months ...	1
9 to 12 months ...	2

Thus of the 49 patients dying during the year 35 or 71.4% died within 5 years of coming to notice.

### Non-Pulmonary Tuberculosis.

#### New Cases.

The number of new cases placed on the Dispensary Register during the year was 30. 3 other cases came to notice. These compare with 28 and 5 for 1947.



The localisation of the disease, compared with 1947 and 1946, was as follows:—

	1946	1947	1948
Bones and Joints ... ..	7	12	9
Abdomen ... ..	1	4	3
Meninges ... ..	2	6	5
Peripheral Glands ... ..	3	8	13
Other Organs ... ..	2	3	2
Generalised ... ..	1	—	1
Totals ...	16	33	33

### Deaths.

During the year there were 13 deaths compared with 12 for 1947. This represents a death rate of 0.10 per thousand of the population. In addition 2 cases died from causes other than tuberculosis.

These deaths occurred in the following Institutions:—

Strinesdale Sanatorium ... ..	2
Boundary Park General Hospital ... ..	4
Westhulme Hospital ... ..	1
Oldham Royal Infirmary ... ..	1
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry ... ..	1
Wrightington Hospital, Near Wigan ... ..	1

The three remaining deaths occurred at home.

The localisation of the disease was as follows:—

Meninges 6, Spine 3, Abdomen 1, Generalised 3.

The following is a summary of the new cases and deaths during the year.

Age Periods				New Cases				Deaths			
				Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
				Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
0 to 1 ... ..	...	...	...	...	...	...	...	...	...	...	...
1 to 5 ... ..	...	...	...	1	5	2	3	...	...	1	1
5 to 10 ... ..	...	...	...	3	1	5	5	...	...	2	...
10 to 15 ... ..	...	...	...	2	...	1	2	...	...	...	...
15 to 20 ... ..	...	...	...	2	6	2	1	...	4	...	1
20 to 25 ... ..	...	...	...	10	6	...	3	...	3	...	...
25 to 35 ... ..	...	...	...	14	11	...	3	6	3	2	1
35 to 45 ... ..	...	...	...	10	7	2	2	7	5	2	...
45 to 55 ... ..	...	...	...	8	2	1	...	7	1	1	2
55 to 65 ... ..	...	...	...	6	1	1	...	9	2	...	...
65 and upwards ... ..	...	...	...	3	2	...	...	2	...	...	...
Totals ... ..	...	...	...	59	41	14	19	31	18	8	5
1948 ... ..	...	...	...	100	...	33	...	49	...	13	...
1947 ... ..	...	...	...	120	...	33	...	63	...	12	...
1946 ... ..	...	...	...	126	...	16	...	52	...	6	...
1945 ... ..	...	...	...	111	...	40	...	63	...	12	...

The following list gives a summary of the principal occupations of new cases and of deaths:—

	New Cases.		Deaths.	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
Cotton Operatives ... ..	15	1	3	3
Household duties ... ..	16	2	10	1
Machinists, Tool makers, etc.	10	4	6	—
Labourers ... ..	11	1	6	2
Clerks ... ..	—	3	1	1
Brass and Sheet Metal Workers ... ..	1	—	1	—
Iron Workers ... ..	1	—	1	—
Shop Assistants and Salesmen ... ..	6	1	4	—
No Occupation ... ..	2	—	—	—
Transport Workers ... ..	4	—	2	—
School Children ... ..	8	15	—	3
Children under school age ...	5	4	—	1
Nurses ... ..	2	—	2	—
Wood workers ... ..	—	1	—	—
Miners ... ..	1	—	—	—
Other Occupations ... ..	18	1	13	2
Totals ... ..	100	33	49	13

### Maintenance Allowances and Grants.

The arrangements for the granting of financial and other assistance under Memo. 266/T and the Authorities Local Scheme remained as described in the report for 1942 until they ceased on July 4th, being replaced by special arrangements through the National Assistance Board.

The following summaries give particulars of the number of applicants and applications dealt with and amounts expended during the period up to and including July 4th.

#### 1. Memorandum 266/T.

Amounts expended.

Period 1.1.48 to 4.7.48.

Total number of applicants—1948 38

Number carried forward from 1947 54

Total number of applications—1948 65

£1,971 18. 8.

#### Maintenance Allowances.

Number of applicants—1948 ... 18

Number carried forward from 1947 45

Number of applications—1948 ... 31

£1,902 15. 11.

#### Discretionary Allowances.

Number of applicants—1948 ... 5

Number carried forward from 1947 6

in Maintenance Allowances ... 5

Number of applications—1948 ... 5

£48 6. 11.



**Special Payments**

		Amounts expended.
Number of applicants in 1948 ...	2	
Number carried forward from 1947	—	
in Maintenance Allowances ...	—	£20 15. 10.
in Discretionary Allowances ...	—	
Others ...	2	
Number of applications—1948 ...	2	

**2. Local Scheme.**

Period 2.1.48 to 4.7.48.

Total number of applicants—1948...	16	£996 15. 9.
Number carried forward from 1947	28	
Total number of applications—1948	35	

**Maintenance Allowances.**

Number of applicants—1948 ...	5	
Number carried forward from 1947	25	£983 18. 6.
Number of applications—1948 ...	9	

**Discretionary Allowances.**

NIL

**Special Payments.**

Number of applicants—1948 ...	4	
Number carried forward from 1947	3	
in Maintenance Allowances ...	1	£12 17. 3.
in Discretionary Allowances ...	—	
Others ...	3	
Number of applications—1948 ...	4	

**STRINESDALE SANATORIUM.**

Dr. H. S. Bagshaw undertook the clinical care of the patients and there was no major change in the facilities provided. On the 4th July, the Sanatorium ceased to be the responsibility of the Health Committee. Dr. Bagshaw became an employee of the Regional Hospital Board but continued to have the same responsibilities at the Sanatorium.

The Ministry of Health was again requested to approve the erection of a handicraft hut in the grounds of the Sanatorium, but the suggestion could not be accepted until the supply position became easier and the Council were asked to refer the matter for review in 12 months time.

In February a Ford Utilicon Shooting Brake was purchased for the use of the patients and staff—mainly to carry them from the Sanatorium to the principal bus routes.

# SANATORIUM AND HOSPITAL TREATMENT.

The following tables summarise the number of patients receiving hospital and sanatorium treatment during the year.

Table 1. Pulmonary Cases.

	In-patients 1.1.48			Admissions			Discharges			Deaths			In-patients 31.12.48		
	Male	Fem.	Ch'n	Male	Fem.	Ch'n	Male	Fem.	Ch'n	Male	Fem.	Ch'n	Male	Fem.	Ch'n
Strinesdale Sanatorium ...	23	30	2	55	36	5	32	28	7	11	11	—	35	27	—
Liverpool Sanatorium ...	4	3	—	9	3	—	9	5	—	2	—	—	2	1	—
Abergele Sanatorium ...	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—
Barrowmore Hall Sanatorium	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—
Totals ...	28	33	4	65	39	5	41	33	9	13	11	—	38	28	—

Table 2. Non-Pulmonary Cases.

	In-patients 1.1.48			Admissions			Discharges			Deaths			In-patients 31.12.48		
	Male	Fem.	Ch'n	Male	Fem.	Ch'n	Male	Fem.	Ch'n	Male	Fem.	Ch'n	Male	Fem.	Ch'n
Strinesdale Sanatorium ...	1	1	—	1	—	—	1	—	—	1	1	—	—	—	—
Robert Jones and Agnes Hunt Orthopaedic Hospital	6	3	6	2	2	7	5	4	9	1	—	—	2	1	4
Wrightington Hospital ...	1	—	1	1	1	1	—	—	—	—	1	—	2	—	2
Boundary Park General Hospital*	—	—	—	—	—	3	—	—	—	—	—	—	—	—	3
Totals ...	8	4	7	4	3	11	6	4	9	2	2	—	4	1	9

\* Admitted for streptomycin treatment.



**TREATMENT OF TUBERCULOSIS**  
**Return relating to the work of the Dispensary during the year ended 31st December, 1948.**

	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
1. No. of definite cases of T.B. on Dispensary Register at beginning of the year ...	273	181	14	10	41	42	65	47	314	223	79	57	673
Transfers from other areas ...	4	5	—	—	1	1	—	—	5	6	—	—	11
"Lost sight of" cases returning ...	—	—	—	—	—	—	—	—	—	—	—	—	—
2.—No. of new cases diagnosed during year as:													
Class A (T.B. Minus) ...	16	13	6	6	4	7	6	9	20	20	12	15	67
Class B (T.B. Plus) ...	30	17	—	—	—	1	—	1	30	18	—	1	49
No. of cases included in 1 and 2 written off the Dispensary Register during the year.													
(1) Recovered ...	12	5	1	—	6	12	12	8	18	17	13	8	56
(2) Dead (all causes) ...	37	18	—	1	2	6	3	1	39	24	3	2	68
(3) Removed to other areas ...	7	11	3	—	2	2	4	1	9	13	7	1	30
(4) For other reasons ...	8	5	—	—	2	3	3	—	10	8	3	—	21
No. of definite cases of Tuberculosis on Dispensary Register at 31.12.1948 ...	259	177	16	15	34	28	49	47	293	205	65	62	625

# **PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.**

## **Part I.—Summary of Notifications during the period from 1st January, 1948, to the 31st December, 1948, in the area of the County Borough of Oldham.**

Age Periods.	Formal Notifications												
	Number of Primary Notifications of new cases of tuberculosis												
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	Total (all ages)
Pulmonary Males	...	1	1	3	2	3	7	14	9	7	5	1	54
" Females	...	1	3	2	...	6	4	8	7	2	1	2	36
Non-Pulmonary Males	...	...	...	4	2	1	1	1	1	...	...	...	11
" Females	...	1	3	4	1	1	4	1	2	...	...	...	17
TOTALS	3	7	13	5	11	16	24	19	10	6	3	1	118
													126

## **Part II.—Supplemental Return.**

### **New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by Formal Notification.**

Age Periods.	0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75 and up.	Total
Pulmonary, Males	...	...	1	...	...	...	...	2	2	...	1	...	...	6
" Females	...	...	...	...	...	1	3	...	...	...	...	...	...	4
Non-Pulmonary Males	...	...	...	1	...	...	...	...	...	...	...	...	...	1
" Females	...	...	2	...	...	...	1	...	...	...	...	...	...	3
TOTALS	...	...	3	1	...	1	6	2	2	...	1	...	...	14

### **Source of Information.**

### **No. of Cases**

Source of Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns—from local Registrars	...	...
transferable deaths from Registrar General	2	1
Posthumous Notifications	...	...
" Transfers " from other areas (other than transferable deaths)	2	2
Other Sources	6	1



**CANCER.**

The number of deaths attributed to cancer shows a decrease of 8 compared with 1947.

The figures for the last 5 years are as follows:—

1944	...	...	...	...	...	204
1945	...	...	...	...	...	237
1946	...	...	...	...	...	240
1947	...	...	...	...	...	246
1948	...	...	...	...	...	238

The following is an analysis of the age and sex distribution of all persons who were certified as dying from cancer during the year:—

Ages	Males	Females	Total
0—15	—	—	—
15—25	—	1	1
25—35	—	1	1
35—45	6	8	14
45—55	23	14	37
55—65	26	35	61
65—75	52	41	93
75—	15	16	31

**Localisation of the Disease.**

Buccal Cavity and Pharynx ...	{	Lips ...	1
		Tonsil ...	1
		Mouth ...	1
		Palate ...	1
		Jaw ...	1
		Pharynx ...	3
Digestive Tract ...	{	Oesophagus ...	7
		Stomach ...	54
		Rectum ...	25
		Liver and Biliary	
		Passages ...	4
		Pancreas ...	4
		Colon ...	26
		Caecum ...	1
Respiratory Organs ...	{	Ileum ...	1
		Small Intestine ...	1
	{	Larynx ...	2
		Lung ...	22
Male Genito-Urinary ...	{	Scrotum ...	2
		Bladder ...	3
		Kidney ...	3
		Testicle ...	3
		Prostate ...	6

Female Genital Organs ... ..	{	Uterus ... ..	20
		Ovary ... ..	8
		Vulva ... ..	2
		Vagina ... ..	1
Breast ... ..			22
Skin ... ..			4
Brain ... ..			1
Other and unspecified ... ..			8

### VENEREAL DISEASES.

The Public Health (Venereal Diseases Regulations) Revocation Regulations, 1948, which came into operation in July brought to an end the existing arrangements for the treatment of Venereal Diseases as from the 5th July, 1948, when the new provisions with respect to treatment under the National Health Service Act, 1946, became operative. Up to this date there was no material change in the arrangements for the diagnosis and treatment of Venereal Diseases and Dr. C. H. Strachan and Dr. G. K. Kirkland continued to undertake duties in this service.

On the 16th June, the Health Committee agreed to offer the appointment of Venerologist to Dr. Lucien Read in accordance with the terms of Ministry of Health Circular 202/46 subject to any approval of the Manchester Regional Hospital Board.

#### Regulation 33B.

In January, Ministry of Health Circular 5/48 was received which advised that Defence Regulation 33B, concerning the compulsory treatment of venereal disease in certain cases, expired on the 31st December, 1947. This regulation was introduced in 1943 as a special war-time measure.

#### Supplies of Arsenobenzene Compounds.

Up to the 4th July, two doctors on the list had availed themselves of this free supply and 30 doses of various strengths of these compounds were supplied.

#### Diagnosis and Treatment.

The returns overleaf which have been kindly supplied by Dr. Lucien Read, the Medical Officer in charge of the Treatment Centre, relate to all persons who were treated at the centre together with details of the pathological work involved during 1948. In addition to the numbers given on this return the following figures indicate the number of Oldham residents making their first attendance at clinics in other areas.

Gonorrhoea 3.

Non-V.D. 7.



# RETURN relating to all persons who were treated at the Treatment Centre during the year ended 31st December, 1948.

	Syphilis		Soft Chancre		Gonorrhoea		Non-venereal or undiag'd conditions		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tot.
1. Number of cases on 1st January under treatment or observation ...	260	212	...	...	54	19	16	13	330	244	574
2. Number of cases removed from the register during any previous year which returned during the year under report or treatment or observation of the same infection ...	...	...	...	...	...	...	...	...	...	...	...
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from:—											
Syphilis, primary ...	17	6	...	...	...	...	...	...	17	6	23
" secondary ...	10	17	...	...	...	...	...	...	10	17	27
" latent in 1st year of infection*	1	2	...	...	...	...	...	...	1	2	3
" all later stages ...	30	28	...	...	...	...	...	...	30	28	58
" congenital ...	2	13	...	...	...	...	...	...	2	13	15
Soft Chancre ...	...	...	1	...	...	...	...	...	1	...	1
Gonorrhoea, 1st year of infection ...	...	...	...	...	83	22	...	...	83	22	105
" later ...	...	...	...	...	...	...	...	...	...	...	...
Non-venereal conditions ...	...	...	...	...	...	...	130	75	130	75	205
Conditions remaining undiagnosed at 31st December ...	...	...	...	...	...	...	10	6	10	6	16
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation, at other Centres or Service Hospitals, or by General Practitioners approved under Ministry of Health Circular 2226 ...	10	...	...	...	3	...	1	...	14	...	14
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	330	278	1	...	140	41	157	94	628	413	1041
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal...	17	3	...	...	64	21	119	78	200	102	302
6(a). Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:—											
Syphilis, primary ...	1	...	...	...	...	...	...	...	1	...	1
" secondary ...	...	...	...	...	...	...	...	...	...	...	...
" latent in 1st year of infection *	...	1	...	...	...	...	...	...	...	1	1
" all later stages ...	1	1	...	...	...	...	...	...	1	1	2
" congenital ...	1	...	...	...	...	...	...	...	1	...	1
Soft Chancre ...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection ...	...	...	...	...	...	...	...	...	...	...	...
" later ...	...	...	...	...	...	...	...	...	...	...	...
6(b). Number of cases under treatment or observation which died:—											
From the disease ...	...	...	...	...	...	...	...	...	...	...	...
From treatment ...	...	...	...	...	...	...	...	...	...	...	...
From other causes ...	2	2	...	...	...	...	...	...	2	2	4
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure ...	23	58	...	...	31	4	...	...	54	62	116
8. Number of cases transferred to other Centres or to institutions, or to care of private practitioners ...	12	10	...	...	10	2	1	...	23	12	35
9. Number of cases remaining under treatment or observation on 31st December...	273	203	1	...	35	14	37	16	346	233	579
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 ...	330	278	1	...	140	41	157	94	628	413	1041
10. Number of cases in the following stages of Syphilis included in Item 6 which failed to complete one course of treatment of either penicillin or of arsenic and bismuth:—											
Syphilis, primary ...	...	...	...	...	...	...	...	...	...	...	...
" secondary ...	...	...	...	...	...	...	...	...	...	...	...
" latent in 1st year of infection ...	...	1	...	...	...	...	...	...	...	1	1
" all later stages ...	1	1	...	...	...	...	...	...	1	1	2
" congenital ...	1	...	...	...	...	...	...	...	1	...	1

\* "Syphilis, latent in 1st year of infection," applies to cases presenting no clinical sign of syphilis but discovered (by blood test, etc.) to have contracted this disease within the preceding 12 months.



**RETURN relating to all persons who were treated at the  
Treatment Centre during the year ended 31st December, 1948.**

	Syphilis		Soft Chancre		Gonorrhoea		Non- venereal or undiag'd conditions		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tot.
<b>11. Number of attendances :—</b>											
(a) for individual attention of the medical officer(s) ... ..	3535	2899	4		920	188	62	314	5021	3401	8422
(b) for intermediate treatment, e.g., irrigation, dressing, ... ..	852	858	4		10	31	8	10	1014	899	1913
<b>TOTAL ATTENDANCES</b> ... ..	4387	3757	8		1070	219	570	324	6035	4300	10335
<b>12. In-patients :—</b>											
(a) Total number of persons admitted for treatment during the year	3	4			1				4	4	8
(b) Aggregate number of "in-patient days" of treatment given ...	3	8			6				9	8	17
<b>13. Number of cases treated with penicillin</b>	85	85			70	31	Other Dis. M. F. 10 8		165	124	289
<b>14. Number of cases of congenital syphilis in Item 3 above classified according to age periods ... ..</b>	Under 1 yr.		1 and under 5 years		5 and under 15 years		15 years and over		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
		2					2	11	2		13
<b>15. Pathological Work :—</b>	Microscopical				Serum						
	for Syphilis	for Gonorrhoea	Cultural for Gonorrhoea		for Syphilis	for Gonorrhoea	Cerebro-spinal fluid		Others for diagnosis of Venereal Disease		
(a) Number of specimens examined at, and by the medical officer of, the Treatment Centre ...	68	899	—		2003	175	19		—		
(b) Number of specimens from patients attending at the Treat- ment Centre sent for examin- ation to an approved laboratory (if available) ... ..	—	—	—		—	—	—		—		

**Statement showing the services rendered at the Treatment Centre during the year,  
classified according to the areas in which the patients resided.**

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Oldham	Lancashire	Yorkshire	Rochdale	Cheshire	Manchester	Salford	Blackpool	Birkenhead	Total
<b>A. Number of cases from each area included under the following headings in Item 3 :—</b>										
Syphilis ... ..	89	26	6	3	...	1	1	...	...	126
Soft Chancre ... ..	...	1	...	...	...	...	...	...	...	1
Gonorrhoea ... ..	67	30	5	1	1	...	1	...	...	105
Non-venereal and undiagnosed con- ditions ... ..	139	64	7	6	1	4	...	...	...	221
<b>TOTAL</b> ... ..	295	121	18	10	2	5	2	...	...	453
<b>B. Total number of attendances of all patients residing in each area ... ..</b>	6702	2984	373	166	20	35	50	2	3	10335



## SANITARY CIRCUMSTANCES OF THE AREA.

### Water Supply.

The Waterworks Engineer and Manager (Mr. C. Busfield) has kindly supplied the following particulars:—

"During the past year a constant supply of water of a high standard of purity was maintained to all premises within the Department's area of supply, which are supplied through the Department's domestic distribution system.

Practically all dwelling-houses within the Department's area of supply, numbering about 67,000 are connected direct to this Department's mains and very few supplies are provided by means of common stand pipes. The estimated population in the Department's area of supply is 216,000.

The pH values of the water supplied from the Piethorne and Hanging Lees sources, all of which is unfiltered, varied between 5.0 and 8.0. The pH values of the water supplied from the Castleshaw source, which is filtered, ranged between 7.5 and 8.0, and the pH values of the water supplied from the Readycon Dean source, which is also filtered, ranged between 6.0 and 8.0. No cases of contamination by lead of the water supplied were noted.

All water supplied from the Department's two reservoirs at Strinesdale is utilised for trade purposes only. In the case of water from the Strinesdale Upper reservoir, the water is sterilised by the addition of chlorine and delivery of the necessary plant to deal similarly with water from the Lower Strinesdale reservoir is now awaited.

During 1948 samples of water were submitted for chemical and bacteriological examination as follows:—

Reservoir.	Chemical.	Bacteriological	Remarks.
<b>Piethorne.</b>			
Raw water:—			
From Main	1	3	B. Coli present in one sample—3 per 100 c.c.
From Tom Clough Inlet.	—	2	No B.Coli in 100 c.c.
After Sterilisation.	5	12	B. Coli present in one sample—1 per 100 c.c.
<b>Hanging Lees.</b>			
Raw Water.	1	3	No B.Coli in 100 c.c.
After Sterilisation.	5	12	No B.Coli in 100 c.c.
<b>Castleshaw.</b>			
Raw Water.	1	4	B. Coli present in one sample—1 per 100 c.c. B. Coli present in one sample—5 per 100 c.c.
After Sterilisation.	4	11	No B.Coli in 100 c.c.
<b>Readycon Dean.</b>			
Raw Water.	1	3	B Coli present in one sample—3 per 100 c.c.
After Sterilisation.	5	11	No B.Coli in 100 c.c."



## Drainage and Sewerage.

I am indebted to Mr. J. Taylor, the Sewage Works Manager, for the following information:—

The present plant was opened in 1938 and most of the sewage reaches the works by gravitation.

In the Detritus Pits, new buckets and chains on the grit elevator and new trays on the screening plant were installed, thus giving greater mechanical efficiency.

Difficulty in obtaining spare parts for various sections of the machinery caused delay in certain branches of the maintenance, although by the end of the year, all of them had arrived on site.

For the greater part of the year, the Aeration Plant gave very fair results, but during the months of June, July and August the efficiency of the plant fell off considerably; the deterioration in the quality of the activated sludge was very marked, increased aeration over a period failed to restore the sludge to normal and the plant was finally taken out of use, the whole of the activated sludge evacuated and a new sludge built up. By this time, the sewages received at the Works were much weaker and no further trouble was encountered to the end of the year. In the spring, the units were emptied in rotation, the air-tiles removed and cleaned and general maintenance and repairs carried out.

The effluents leaving the percolating filters and entering the water course remained on the average, fair. On occasions, as in previous years, a good effluent was spoiled by an excessive amount of humus solids in suspension.

Four more filters were fitted with new mechanical distributors, making 9 now re-fitted out of a total of 14.

Several samples of final effluent were taken by the District Inspectors of the Lancashire Rivers Board, all of which were classed as satisfactory.

During the year, numerous experiments were conducted into the control of filter flies by the use of various types of insecticide, including D.D.T., Creosote and Gammexane. The experiments were, in the main, helpful and further work on a practical scale will be done. Chlorination was also used at points in the Purification Plant.

Sludge from the whole of the works was treated in the Primary Digestion Plant. Two out of the 3 tanks only, were in use; No. 2 Primary Tank being out of use for cleaning and inspection and while a fault in the concrete roof was repaired. In the process of cleaning, a large quantity of grit was found, this has been our experience when each of the tanks required emptying. The grit is very difficult to remove and copious volumes of tank effluent are needed for dilution and swilling.

The temperature of the sludge in the Digestion Tanks was on average 80°F and the gas production, 70,000 cubic feet per day; the whole volume of gas was used on the Works for heating purposes.

The total amount of sludge deposited in the Sedimentation Tanks was approximately 35,000 tons, equal to 15.8 tons per million gallons, 5,000 tons of sludge cake from the drying area were removed from the Works to farmers and allotment holders.



### Sewage Flow.

The total amount of sewage received for treatment during the year was 2,219,000,000 gallons, which is equal to an average daily flow of 5,902,000 gallons.

### Public Cleansing.

The Director of Public Cleansing (Mr. A. Millward) has kindly supplied the following particulars:—

There are no ashpits in the Borough. All the house refuse from the 40,062 ash cans is collected by motor vehicles. 54% is dealt with by tipping under the controlled system, and the remainder by separation and incineration at the Refuse Disposal Works.

There is only one Refuse Disposal Works, and this is situated at Rhodes Bank. The Cleansing and Transport Committee intend to proceed with the erection of a new Refuse Disposal Works on the Glodwick Road site, and this will replace the existing works at Rhodes Bank.

The conversion of the sanitary pail closets to the fresh water system by the Borough Engineer's Department is now proceeding but there are still many engineering difficulties in the way of rapid conversion.

#### Gulley cleansing.

Number of gullies cleansed	...	...	...	...	...	18,782
Number of cleansings during the year	...	...	...	...	...	48,313

The following figures indicate the amount of work done during the year:—

#### House and Trade Refuse Collection.

Number of Ashbins emptied	...	...	...	...	...	2,102,548
„ Sanitary Pails emptied	...	...	...	...	...	48,087
„ Collections of Garbage	...	...	...	...	...	17,068
„ Loads of Excreta collected	...	...	...	...	...	572
„ „ Garbage collected	...	...	...	...	...	593
„ Tons of Ashes taken to Refuse Disposal Works	...	...	...	...	...	11,907
„ „ „ „ Corporation Tips	...	...	...	...	...	15,829
„ „ Clinker removed from Refuse Disposal Works	...	...	...	...	...	6,605
„ „ Baled tins sold	...	...	...	...	...	572
„ „ Mortar sold	...	...	...	...	...	557

#### Waste Water Closets and Latrines.

Blockages cleared (W.W.C.'s)	...	...	...	...	...	5,272
Blockages cleared (Latrines)	...	...	...	...	...	3
Drains cleared	...	...	...	...	...	193
Drains found blocked, requiring excavating	...	...	...	...	...	374
Tippers found not working and re-adjusted	...	...	...	...	...	83
Tippers, fittings, etc., found broken	...	...	...	...	...	1,796
New Tippers, fittings, etc., fixed	...	...	...	...	...	1,679
Visits paid flushing Latrines etc.	...	...	...	...	...	8,136

#### Closet Accommodation.

The total number and type of closets in the Borough at the end of 1948 are shown overleaf.

Fresh Water Closets	...	...	...	16,154
Waste Water Closets	...	...	...	24,195
Latrines	...	...	...	2,299
Pail Closets	...	...	...	854

## GENERAL SANITARY INSPECTION.

To the Medical Officer of Health.

Sir,

I have pleasure in submitting my report for the year 1948. During the year Mr. F. W. Welsby was appointed Assistant Sanitary Inspector, and one pupil sanitary inspector was engaged in accordance with the scheme approved in 1947.

The whole time course for ex-servicemen organised by the Ministries of Health, Education and Labour continued, and 6 student sanitary inspectors were afforded facilities in the Department, for practical training.

I have commented under the various headings on unsound meat products, revision of the methods for salvage of unsound and other foodstuffs, and also the supervision of hostels.

In conclusion I wish to tender to yourself and members of the staff my sincere thanks for the willing help and co-operation I have received during the year.

Yours respectfully,

HAROLD V. CASS,

*Chief Sanitary Inspector.*

### Summary of Work carried out by Sanitary Inspectors.

During the year, 7,794 visits and 3,034 re-visits, as shown below, were made by the Sanitary Inspectors in connection with inspections under the various Acts.

#### General.

Inspections.	Visits	Re-visits	Total
Accumulations	49	14	63
Closets—Water	78	147	225
Waste Water	359	655	1014
Pail	22	7	29
Drainage	474	816	1290
Drain Tests	684	11	695
Public Sewers	124	81	205
Dustbins	319	257	576
Entertainment houses	7	—	7
Factories—Mechanical	165	45	210
Non-Mechanical	37	5	42
Offices and Workplaces	—	—	—
Outworkers	8	—	8
Interviews	430	4	434
Keeping of animals and birds	11	1	12
Mill lodges	1	—	1



## Inspections—continued.

	Visits	Re-visits	Total
Marine stores ... ..	1	—	1
No access... ..	1106	632	1738
Offensive trades... ..	8	—	8
Rag gatherers ... ..	9	—	9
Rats and mice ... ..	191	267	458
Schools ... ..	—	—	—
Shops Acts ... ..	1	1	2
Smoke observations ... ..	25	17	42
Water supply ... ..	23	12	35
Yards and courts ... ..	1	1	2
Miscellaneous ... ..	816	11	827
Houses let in lodgings ... ..	19	2	21
Tents, vans and sheds ... ..	1	1	2
Common lodging houses ... ..	14	—	14
Hostels ... ..	13	—	13
Smoke abatement ... ..	446	—	446
Overcrowding ... ..	169	10	179

**Food premises.**

Slaughterhouses ... ..	472	—	472
Meat Shops ... ..	108	—	108
Markets ... ..	10	—	10
Wharves ... ..	—	—	—
Food preparation premises ... ..	50	4	54
Ice cream premises ... ..	140	—	140
Restaurants and cafes ... ..	4	—	4
Fish fryers ... ..	2	—	2
Fishmongers and poulterers ... ..	59	6	65
Grocers ... ..	107	6	113
Greengrocers ... ..	15	5	20
Cold stores ... ..	9	—	9
Street vendors ... ..	—	—	—
Hospitals ... ..	—	—	—
Destructor ... ..	—	—	—
Cowsheds ... ..	105	—	105
Dairies ... ..	101	1	102
Milkshops ... ..	16	—	16
Bakehouses—Mechanical ... ..	103	1	104
Non-Mechanical ... ..	32	1	33
Contagious Diseases Animals Act ... ..	31	—	31
Potted meat survey ... ..	444	3	447

**Infectious disease.**

Inquiries—Infectious disease ... ..	367	10	377
Food Poisoning ... ..	8	—	8
Disinfection ... ..	—	—	—
	<hr/> 7794	<hr/> 3034	<hr/> 10828

**Summary of Action taken and Work carried out:—**

Number of complaints received ...	...	...	...	...	1,167
Referred to other Departments ...	...	...	...	...	495
Letters to owners, etc, ...	...	...	...	...	1,951
Cases reported to Committee ...	...	...	...	...	2,056
Cases taken in Court ...	...	...	...	...	10
Rent Restrictions Certificates issued	...	...	...	...	2

### Disrepair.

Roofs repaired or renewed	...	...	...	...	...	435
Walls and chimneys repaired or rebuilt	...	...	...	...	...	308
Wall plaster repaired or renewed	...	...	...	...	...	285
Ceiling plaster repaired or renewed	...	...	...	...	...	162
Floors repaired or relaid	...	...	...	...	...	73
Windows repaired	...	...	...	...	...	126
Extra lighting provided	...	...	...	...	...	6
Ventilation provided or improved	...	...	...	...	...	67
Ranges or fireplaces repaired, re-set or renewed	...	...	...	...	...	97
Staircases repaired or renewed	...	...	...	...	...	10
Handrails provided or repaired	...	...	...	...	...	5
Doors repaired	...	...	...	...	...	64
Food stores provided or altered	...	...	...	...	...	2
Washing accommodation provided or repaired	...	...	...	...	...	11
Rooms, cleansed or redecorated	...	...	...	...	...	3
Contents of rooms cleansed or destroyed	...	...	...	...	...	2
Dampness remedied	Rising	...	...	...	...	7
	Penetrating	...	...	...	...	1
Outbuildings repaired	...	...	...	...	...	16
Courts, yards and passages paved or repaved	...	...	...	...	...	20
	Cleansed	...	...	...	...	—
Obstructive buildings removed	...	...	...	...	...	1

### Sanitary Defects.

Drainage.....	Cleansed ...	...	...	...	205
	Repaired or altered	...	...	...	175
	Reconstructed	...	...	...	18
	Provided ...	...	...	...	—
Public Sewers.....	Cleansed ...	...	...	...	1
	Repaired or altered	...	...	...	15
	Reconstructed	...	...	...	6
Eaves Gutters repaired or renewed, cleansed	...	...	...	...	289
Rain Water Pipes repaired or renewed	...	...	...	...	181
	Disconnected	...	...	...	27
Sinks renewed or provided	...	...	...	...	43
Sink Waste Pipes repaired or renewed	...	...	...	...	72
Water Closets.....	Provided ...	...	...	...	5
	Repaired ...	...	...	...	88
	Cleansed ...	...	...	...	23
Waste Water Closets	Repaired ...	...	...	...	215
	Cleansed ...	...	...	...	33



## Closets converted to Water Closets (or abolished)—

Latrine ... ..	16
Pails ... ..	7
Waste Water ... ..	47
Other Closets.....	
Provided ... ..	—
Repaired ... ..	24
Cleansed ... ..	—
Soil Pipes repaired or renewed ... ..	1
Water supply provided or improved ... ..	26

**Miscellaneous.**

Dustbins repaired or renewed ... ..	486
Extra provided ... ..	4
Nuisances abated.....	
Animals and Birds ... ..	1
Accumulations ... ..	7
Other Conditions ... ..	1

**Common Lodging Houses.**

Five premises remained on the Register during the year with accommodation for 84 persons; of these four receive men only and one women only.

**Offensive Trades.**

Offensive trades carried on in the Borough, numbering 20 in all, are as follows:—

Tripe Boilers...	7
Marine Stores ... ..	8
Gut Scrapers ... ..	2
Hide and Skin Dépôt ... ..	1
Chemical Works ... ..	2

During the year 8 visits were paid to these premises. No notices were served in respect of defects.

**Bakehouses.**

No new premises were registered during the year and none discontinued, leaving 283 on the register at the end of the year. One basement bakehouse remains in use, the Council having granted a certificate permitting its use for a period of 5 years from 1st October, 1944.

**Factories Acts, 1937 and 1948.**

In accordance with Section 128 of the Factories Act, 1937, the following particulars under Part I and Part VIII of that Act are submitted.

1.—Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of		
			Inspections (4)	Written notices (5)	Occupiers prosec'ted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	N.Mech. 107	37	17	
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	2	Mech. 709	165		
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	3				
TOTAL ... ..		816	202	17	—

2.—Cases in which Defects were found.

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
		Found (3)	Remedied (4)	To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1) ... ..	4					
Overcrowding (S.2) ... ..	5					
Unreasonable temperature (S.3) ...	6					
Inadequate ventilation (S.4) ... ..	7					
Ineffective drainage of floors (S.6)	8					
Sanitary Conveniences (S.7)						
(a) insufficient ... ..	9	6	1		10	
(b) Unsuitable or defective ...	10	29	12		4	
(c) Not separate for sexes ...	11	2	1		2	
Other offences against the Act (not including offences relating to Outwork) ... ..	12	3	3		5	
TOTAL ... ..		40	17		21	

**Outworkers.** One list relating to one outworker was received during the year. The premises were found to be satisfactory.



## SMOKE ABATEMENT.

### Survey.

During the year a survey of the sources and incidence of atmospheric pollution was carried out, and the following is a summary of the information supplied to the National Smoke Abatement Society:—

"The most serious atmospheric pollution in this area arises from domestic smoke and industrial smoke from cotton textile mills.

There is also occasional light pollution by cotton fibre from the textile mills, varying according to atmospheric conditions. There has been heavy pollution of the atmosphere by sawdust from woodwork processing plants, and by grit from gasworks, but these have now been remedied or alleviated. In addition, owing to the prevailing wind being south west, there is pollution of the atmosphere from Manchester and adjacent districts."

Conditions now are generally better than in 1939, and the following conversions have effected some reduction in the pollution of the atmosphere:—

### Conversions to Electricity and Gas:

A large number of cotton mills and other industrial processes have been converted to electricity. Since 1939 approximately 9,500 h.p. and 2,000 k.w. of lighting originally driven by steam plant has been converted to electricity. Fourteen bakers ovens have been converted to electric heating in lieu of solid fuel, and the use of electric appliances for domestic heating has increased considerably.

In addition 59 bakers ovens, 93 fried fish shops, and 46 central heating plants have been converted to gas.

Further improvement in smoke abatement is being hindered by the unsatisfactory fuels being allocated for industrial and domestic purposes, and in industry particularly where fuels are being burned, which prior to 1939 would have been rejected.

The following additional improvements have been effected at various plants in an effort to eliminate smoke:—

- |     |  |  |
|-----|--|--|
| (1) | Ashworths Laundry Ltd. ...                   | Steam jet secondary air appliance fixed to vertical boiler.  |
| (2) | L.C.C. Royd Mill ... ..                      | Fire doors altered to admit secondary air.   |
| (3) | Benj. Lees & Co. Ltd.,<br>Ashley Mill ... .. | Fixed new patent Lancashire Boiler. Door for the admission of secondary air. This door has been suggested by the Department of Scientific and Industrial Research indicated in their pamphlet "A smoke eliminator for natural draught Lancashire boilers." |
| (4) | James Stott Ltd., Hartford<br>Mill ... ..    | Furnace grates and secondary air inlets altered.   |
| (5) | Werneth Spinning Co. Ltd.,                   | Furnace grates and secondary air inlets altered.   |



### Smoke Observations.

During the year 10 smoke observations of 30 minutes duration were taken. The extent of the emission of black smoke was as follows:—

No black smoke	...	...	...	...	...	5
Under 1 minute	...	...	...	...	...	—
1—2 minutes	...	...	...	...	...	—
2—3 minutes	...	...	...	...	...	—
3—4 minutes	...	...	...	...	...	1
Over 4 minutes	...	...	...	...	...	4

Four notices have been served on the firms where a smoke nuisance existed, and some improvement was effected.

### RODENT CONTROL.

At the beginning of the year the Ministry of Agriculture and Fisheries, who had taken over the responsibility of rodent control from the Ministry of Food, issued Circular N.S.19 which indicated that there would now be one consolidated grant of 50% of the approved net expenditure incurred by each local authority (other than on agricultural property) during the year ending 31st March, 1949. Availability of the grant depended on local authorities maintaining an adequate organisation, complying with the Ministry's methods, carrying out sewer maintenance treatments, and effective action for rodent control in all surface properties. The scheme was accepted by this authority, and approval was obtained for the appointment of two permanent whole-time rodent operators.

### Sewer Maintenance Treatments.

Two sewer maintenance treatments were carried out during the year, with the following results:—

	2nd Treatment.	1st Treatment
	1947/48.	1948/49.
Number of manholes...	2,308	2,308
Number of manholes baited...	1,989	1,997
Number of manholes showing pre-bait takes...	1,560	1,560
Number of manholes showing pre-bait takes on one or both days...	1,047	1,201
Baits and poisons used	Sausage rusk and zinc phosphide.	Bread mash and arsenious oxide.
Rough estimate of kill	10,460	8,000

### Rats and Mice Destruction Act, 1919.

During the year 301 complaints were received. In 193 of these cases it was found that the rat infestation was due to defective drainage.



The Borough is a member of Workable Area Committee No. 21. Alderman A. Tweedale and Councillor J. W. Steadman, together with the Chief Sanitary Inspector, were appointed representatives of this Authority. Much valuable work is being done by this Committee, particularly in the co-ordination of rodent control and also in relevant discussions on the administrative and practical problems.

The Chief Sanitary Inspector represents Workable Area Committee No. 21, on the Regional Consultative Committee, which co-ordinates the work of the Area Committees in the North West Region.

## HOUSING.

**Pre-War Slum Clearance.** At the end of the year 3 families affected by pre-war slum clearance schemes, were still awaiting re-housing.

The demolition of properties affected by outstanding clearance orders was continued and 4 houses in clearance areas were demolished by such action.

**Other Demolitions.** Information was received with regard to the demolition of two houses by voluntary action.

**Individual Unfit Houses.** It was found necessary to make Demolition Orders in respect of 39 houses involving the displacement of 40 families (149 persons). At the end of the year 13 of these families (50 persons) had moved into Corporation houses, and 4 families (10 persons) had found their own accommodation.

The following is a summary of the individual unfit houses dealt with during the years 1943 to 1948:—

Year	Houses Represented	No. of Families	No. of Persons	Position as at 31st December, 1948					
				Houses Vacated	Persons Rehoused		Total No. of Persons awaiting Rehousing	Houses Demolished	Total No. of Houses awaiting Demolition
					By Corporation	By Own Arrangements			
1943	12	9	44	12	44	...	...	12	...
1944	11	8	37	11	28	9	...	11	...
1945	20	15	50	20	46	4	...	20	...
1946	37	47	128	34	88	13	27	24	13
1947	48	46	109	29	63	7	39	18	30
1948	40*	41	153	17	54	10	89	7	32

\* An undertaking under Section II (3) of the Housing Act, 1936, was accepted in respect of one house.

**Overcrowding.** During the year 36 new cases of overcrowding were discovered. In 11 of these cases it was found to be deliberate overcrowding.



**Eradication of Bed Bugs.** The following figures show the number of houses inspected and the number disinfested:—

	Corporation.	Others.
Houses inspected ... ..	286	243
Found infested during the year	5	75
Disinfested by H.C.N. ... ..	2	8
Disinfested by spraying with liquid insecticide... ..	1	128

During the year the furniture of 85 families was disinfested prior to removal to Corporation houses.

### **Hostels.**

During the year an influx of foreign workers into the cotton industry resulted in 16 premises being used as hostels. The Department has endeavoured to achieve as high a standard as possible to ensure that public health and the health of the occupants is not endangered. Consultation has existed between industrial concerns, architects and the Ministry of Labour, and advice has been offered and usually accepted. Difficulties have arisen in cases where private individuals have opened hostels as money making concerns, and some additional legislation for control of these premises is desirable, particularly in view of the fact that the standard of education in hygiene of the occupants is unusually low.

### **Disinfection.**

The arrangements for disinfection continued as in previous years. During the year 47,083 articles were disinfected and 2,947 destroyed. The total number of houses disinfected was 1,029 and 5,089 rooms.

### **PUBLIC HEALTH ACT, 1936—Section 93.**

Legal proceedings were instituted during the year in two cases of failure to abate nuisances. In the first case, the magistrates made an order requiring the defendant to execute the works within 28 days, and a fine of £3 0. 0d. was imposed. In the second case, the defendant gave an undertaking that the work would be completed within 14 days. The work was satisfactorily completed, and at the adjourned hearing the summons was withdrawn on payment of costs.

### **PUBLIC HEALTH ACT, 1936—Sections 48 and 287.**

On two occasions during the year it was found necessary to obtain authority to open up and test drains in accordance with the provisions of the above Sections. The first case was due to flooding, and the second a rat infestation.

### **Swimming Baths and Pools.**

The General Superintendent of Baths, Mr. J. M. Buckley, has kindly supplied the following particulars:—

“The whole of the Swimming Pools of the Baths Department are now equipped with modern filtration and chlorination plants and break-point chlorination has been in operation at the Central Baths for the past



few months, and chemical and bacteriological tests carried out in conjunction with the Chief Sanitary Inspector and the Borough Analyst have proved that the new breakpoint technique is superior in every respect to the previously operated marginal chlorination, so much so, that breakpoint chlorination is now being applied at the whole of the Corporation's Bathing Establishments. Bacteriological tests taken showed *B. Coli* absent in 100 c.c. of water.

Breakpoint chlorination requires more skilful attention in operation than marginal chlorination, with particular reference to the maintenance of the degree of alkalinity of the water within the range pH 7.4 to pH 7.8, and the members of the staff responsible for operating the various purification plants have received the requisite instructions in this matter.

The whole of the Bathing Establishments have been maintained in a satisfactorily hygienic condition."

## INSPECTION AND SUPERVISION OF FOODS.

### Milk Supply.

**Milk Samples.** During the year 247 samples of milk were reported upon for the presence of Tubercle Bacilli. Of these, 93 were from farms within the Borough, 3 (3.22%) of which contained Tubercle Bacilli. The remaining 154 were from milk produced outside the Borough, of these 18 (11.68%) contained Tubercle Bacilli.

There were 14 animals slaughtered under the Tuberculosis Order, 1938, following investigation in respect of the above positive samples.

There were 8 samples of raw milk examined for Bacterial Count and *B. Coli*, 3 of which were unsatisfactory. Of 3 samples of sterilized milk examined for Methylene Blue and Phosphatase, all were satisfactory.

**Milk Purveyors.** The following figures have been compiled from the register:—

Milk Shops on Register at January 1st, 1948	509
Discontinued during the year ... ..	39
Registered during the year ... ..	—
Milk Shops on Register at December 31st, 1948	470

At the end of the year there were 24 Oldham farmers on the register, and 90 farmers and dairymen residing outside the Borough.

**Dairies and Cowsheds.** There were 24 farms in the Borough, comprising 60 cowsheds, housing approximately 460 cows.

**Milk (Special Designations) Regulations, 1936-1948.** The following licences were issued:—

- 27 Supplementary licences to sell milk as "T.T./Pasteurised."
- 12 Supplementary licences to sell milk as "Pasteurised."
- 4 Supplementary licences to sell milk as "Accredited."
- 6 Licences to produce and sell milk as "Accredited."
- 1 Licence in respect of Pasteurising Establishments.



During the year, 137 samples of designated milk were submitted for examination—110 Pasteurised for Methylene Blue and Phosphatase Tests; 18 Accredited for Methylene Blue and B. Coli Tests; and 9 Tuberculin Tested for Methylene Blue and B. Coli Tests. Of these 8 Pasteurised, 7 Accredited, and 5 Tuberculin Tested, failed to conform to the standard of the Milk (Special Designations) Regulations, 1936-1948.

### Meat Inspection.

One slaughterhouse remained in use during the year.

Number of animals killed and inspected during the year, together with the amount of meat condemned:—

	Beasts & Cows		Sheep	Pigs	Calves	Total
No. killed.	3,485	2,771	21,150	45 M. of F. 4 Cottages	3,321	30,776
Weight.	4,177,524 lbs.		1,020,275 lbs.	9,519 lbs.	199,718 lbs.	5,407,036 lbs.
Weight condemned.	135,994 lbs.		2,740 lbs.	214 lbs.	1,496 lbs.	140,444 lbs.
Percentage condemned.	3.255%		0.268%	2.248%	0.749%	2.597%

### Carcases Inspected and Condemned.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)...	3,485	2,771	3,321	21,150	49
Number inspected ... ..	3,485	2,771	3,321	21,150	49
ALL DISEASES EXCEPT TUBERCULOSIS:					
Whole Carcases con- demned ... ..	1	11	28	33	—
Carcases of which some part or organ was con- demned ... ..	970	984	11	386	6
Percentage of the number inspected affected with disease other than Tuberculosis ... ..	27.862	35.907	1.174	1.981	12.245
TUBERCULOSIS ONLY:					
Whole Carcases con- demned ... ..	4	80	7	—	2
Carcases of which some part or organ was con- demned ... ..	355	1,140	—	—	2
Percentage of the number inspected affected with Tuberculosis ... ..	10.301	44.027	0.210	—	8.163



Congenital tuberculosis was found in 4 calves and reports were forwarded to the appropriate Divisional Inspectors of the Ministry of Agriculture and Fisheries. Two dams of the calves, found to be tubercular, were slaughtered.

The following figures show the percentage of cows affected with Tuberculosis for the years 1943—1948:—

				Cow Carcases Examined	Percentage affected with Tuberculosis
1943	...	...	...	1410	60.14
1944	...	...	...	1994	50.55
1945	...	...	...	2568	44.47
1946	...	...	...	3345	47.11
1947	...	...	...	2755	44.68
1948	...	...	...	2771	44.02

The total weight of meat and offal destroyed was—for tuberculosis, 91,876 lbs.; for diseases other than tuberculosis, 48,568 lbs.

#### Summary of Diseased and Unsound Food destroyed during 1948.

Cattle	(96 whole carcasses)	...	...	55,932 lbs.
Sheep	(33 " " )	...	...	2,005 lbs.
Pigs	( 2 " " )	...	...	163 lbs.
Calves	(35 " " )	...	...	1,386 lbs.
Parts of Carcasses and Offal:				
(3,854 Cattle, Sheep, Pigs and Calves)				80,958 lbs.
Preserved Food	...	...	...	6,208 $\frac{3}{4}$ lbs.
Wheat Cereal	...	...	...	1,980 lbs.
Frozen Meat	...	...	...	1,352 lbs.
Canned Meat	...	...	...	1,247 $\frac{1}{2}$ lbs.
Mussels	...	...	...	392 lbs.
Fruit	...	...	...	205 lbs.
Dried Peas	...	...	...	142 lbs.
Poultry	...	...	...	130 lbs.
Rabbits	...	...	...	120 lbs.
Sugar	...	...	...	112 lbs.
Bacon	...	...	...	89 $\frac{3}{4}$ lbs.
Butter	...	...	...	68 lbs.
Barley Flakes	...	...	...	61 lbs.
Sausage	...	...	...	58 lbs.
Soyaggetti	...	...	...	56 lbs.
English Beef	...	...	...	44 lbs.
Cheese	...	...	...	41 $\frac{1}{4}$ lbs.
Tea	...	...	...	38 lbs.
Sweets	...	...	...	37 $\frac{1}{2}$ lbs.
Lamb	...	...	...	34 lbs.
Nuts	...	...	...	31 lbs.

Total ... 152,891 $\frac{3}{4}$  lbs.



**Slaughter of Animals Act, 1933.** The Department granted 3 renewal licences during the year.

**Horseflesh.** Two shops remain open in the borough for the sale of horseflesh. Arrangements for slaughtering and inspection continued as in the previous year.

### **Meat Inspection.**

In November, Ministry of Food Circular M.F. 5/48 was issued with regard to cysticercus bovis infestation of cattle. This circular called for closer examination of all beef carcasses and offals in order to detect this condition, and has necessitated a more detailed examination than heretofore and resulted in the meat inspector spending much more time at the slaughterhouse.

**Memo. 62B/Foods.** This memo was issued on the 30th April and was supplementary to Memo. 62/Foods. This gives detailed instructions for the inspection of carcasses of sheep and lambs showing evidence of having been infected with caseous lymphadenitis, and the action to be taken with regard to the condemnation of the carcass and/or organs.

### **Unsound Meat Products.**

Early in the year, the Department was involved, along with the Burnley Public Health Department, in tracing large quantities of unsound potted meat which were being distributed in this Borough and other towns, and on the day of notification had recovered approximately 180 lbs. of this. Subsequent legal proceedings resulted, 186 summonses being taken out, and fines totalling £2,042 being imposed.

In December, following this case, the Burnley County Council submitted a memorandum to the Minister of Health and Minister of Food suggesting amendments to the law, to enable more efficient control of meat and meat products that are for human consumption, and they are to be commended upon their action in this respect. The Health Committee and the Council of this Borough supported these recommendations.

### **Food and Drugs Act, 1938—Sections 9, 19 and 38.**

During the year a large quantity of beef (413 lbs.) unfit for human consumption and 6 lbs. of cooked horseflesh were found in the cellar of a local cafe. The Department had good reason to believe that this emanated from a knacker's yard and also from the same source as the Burnley meat. Investigations resulted in the issue of 60 summonses, and fines totalling £630 were imposed together with £27. 2. 0d. costs.

### **The Knacker's Yard Order, 1948.**

On the 19th December, the Knacker's Yard Order, 1948, became operative. This requires the occupier of a knacker's yard to hold an additional licence granted by the Ministry of Food, and to keep records of the animals or carcasses received.



### Food and Drugs Act, 1938.

Mr. S. Ernest Melling, M.Sc. F.R.I.C., has kindly furnished the following report which summarises the work undertaken:—

"During the year ended 31st December, 1948, 402 samples of food and drugs were submitted for analysis under the provisions of the above Act, compared with 405 in 1947.

The samples examined comprised 349 milks, 13 household drugs and medicaments, 10 sausages, 9 whiskies, 7 groceries, 3 rums and 9 miscellaneous unclassified samples.

In addition to the foregoing, 7 samples of so-called edible fat were submitted in connection with a Ministry of Food inquiry into the history and composition of stocks of fat held, under suspicious circumstances, by a local tradesman.

The total number of samples regarded as either definitely adulterated or, alternatively, of non-standard quality or otherwise not complying with official Regulations was 18—viz. 16 milks and 2 sausages—or 4.4 per cent. of the total number of food and drugs examined. This is a very marked improvement on last year's return of 7.1 per cent. and compares very favourably indeed with the records for the whole of the country.

Of the milks, 7 were more or less deficient in fat—in amount varying from 5 to 30%—when referred to the Sale of Milk Regulations 1939, which require genuine milk to contain, until the contrary is proved, a minimum fat content of 3.0% and, also, a minimum content of non-fatty solids of 8.5%. A further 8 samples were found to be adulterated with added water to an extent varying from 5.7 to 9.7%. It is of interest to note that 2 of these watered samples purported to be milk taken "on appeal to the cows"! Application of the Freezing Point test showed that this was not the case and analysis of a third "appeal" sample, subsequently taken under strict supervision at the farm in question, showed complete absence of extraneous water and a non-fatty solids content of 8.91%. Finally, one sample was found to be **naturally** deficient in non-fatty solids to the extent of 2.9% and any suspicion of dilution was entirely negated as the result of the cryoscopic test.

The 2 samples of sausage reported against were found to be deficient in meat content to the extent of 13.3 and 23.3%. When these samples were taken in February, 1948, the meat content of a sausage (sold as such and not 'beef' or 'pork' sausage) was required to be at least 30%. Such standard was prescribed in the First Schedule to the Meat Products and Canned Meat (Control and Maximum Prices) Order, 1947. The above sausages failed to reach this very meagre 'standard' in that they contained only 26 and 23% of meat. An amended Order came into force in July last requiring sausage to contain 50% of meat (subject to a 5% tolerance) as in the case of beef or pork sausage. Whether due to absence of a specific reference to sausage (as such) in the 1948 amended Order, the position has not been too clear but where there has been a sensible deficiency of meat (accepting 50% as 'standard') I have not hesitated in issuing a certificate under Section 3 of the Food and Drugs Act, 1938. I believe this to be a sound principle and a 'standard' of 50% of meat is most reasonable. The reputable manufacturer has not demurred in accepting and maintaining this content and, indeed, he has himself created the standard as the result of examination of a large number of samples taken all over the country has shown.



Apart from the samples referred to above, the milk-supply in Oldham was of very satisfactory quality and reflects great credit on the trade generally. The composition of all the samples sent in is given in the certificates of analysis issued. I have, however, looked through the records and worked out the averages and the following is a brief tabulated statement:—

		Milk-fat. %	Non-fatty solids. %
Maximum ...	...	5.9	9.25
Minimum ...	...	2.34	8.25
AVERAGE	...	3.64	8.82

Note that in this summary, the "adulterated" samples, i.e., those more or less watered and, also, one or two milks very deficient in fat (skimmed) are not included, but the 339 samples dealt with include "appeal to cow" specimens (but not those found to be watered) and those known to be legally genuine.

Apart from the foregoing statistics, all milks were found free from preservative agents and colouring matter. It can be stated that sophistication of the latter type has been practically stamped out in this country, but, even so, it is imperative to be vigilant in this matter.

In these days of short supplies and high prices, it is very reassuring to find that not one of the 12 samples of potable spirit had been broken down below the statutory limit of 35 U.P., the Proof Spirit content of 9 whiskies varying from 65 to 70.8% and of the three rums, from 65 to 68.1%.

The drugs and household remedies were properly compounded and the grocery samples were of sound commercial quality. A somewhat unusual request was in respect of a sample of tinned grapes in which some hard crystals had been observed, which, when dissolved in warm water, had a taste recalling alum. Analysis showed these crystals to consist of acid potassium tartrate, which body is naturally associated with the grape and, in its cruder form, is present in the deposit found in wine casks. It is in no sense harmful.

Outside the provisions of the above Act, a piece of cooked meat was forwarded with the query "Is it horse-meat?" A critical examination of the separated fat led to the conclusion that the sample was, in fact "beef."

### Unsound Sweets.

On the 4th December, an investigation into the sale of unsound sweets was made following a notification from Salford that several Salford school children had been made ill from consuming these. These sweets emanated from a wholesaler in this district, who had purchased these from the makers, a London firm. Several premises in Oldham which were listed as having a supply of these particular sweets, were visited and requested to hold up their sale. The analysis of these sweets showed that they contained 73% chalk and a trace of saccharin, plus colouring and flavouring agents. The Salford Authority instituted legal proceedings and early in the New Year, fines totalling £5. 5. 0d., with £5. 5. 0d. costs were imposed on the makers.



### Ice Cream (Heat Treatment) Regulations, 1947.

Throughout the year, negotiations proceeded with the large manufacturers of ice cream in the Borough on the implementation of the above regulations with regard to the re-construction and re-equipping of all premises. The 1949 Report will contain details of the work carried out.

#### Results of Action taken with regard to Samples Not Genuine.

Sample No.	Article	Result of Analysis	Action Taken
54.	Milk	30% fat deficiency.	Fined £2, £4. 4. 0d. Analyst's fee, £1. 1. 0d. Advocates fee.
118.	Milk	5% fat deficiency.	Letter of warning.
121.	Milk	9.7% added water.	Fined £2, Analyst's fee £2. 2. 0d.
122.	Milk	6.8% added water.	
135.	Milk	22% fat deficiency.	No action.
138.	Milk	5% fat deficiency.	Appeal to Cow. Corresponding to sample 135.
142.	Milk	6.7% added water.	Fined £10 on each of 2 summonses. £3. 3. 0d. Analyst's expenses, £5. 5. 0d. Analyst's fee. £2. 2. 0d. Advocates fee.
143.	Milk	7.4% added water.	
149.	Milk	5.7% added water.	Appeal to cow samples. Corresponding to No's. 142 and 143.
150.	Milk	6.2% added water.	
153.	Milk	25.6% fat deficiency.	Case dismissed.
154.	Milk	6.6% fat deficiency.	
186.	Milk	10.4% added water.	Fined £5, £2. 2. 0d. Analyst's fee.
188.	Milk	6.6% fat deficiency.	No action.
68.	Sausage	13.3% deficient in meat content.	£5 Fine, Analyst's fee £1. 1. 0d.
70.	Sausage	23.3% deficient in meat content	£2 Fine, Analyst's fee £1. 1. 0d., Ad- vocates fee £1.1.0d.

### Salvage of Foodstuffs.

In September and October, Circulars relating to the salvage and disposal of unsound food were issued. The object of these was to consolidate previous circulars on this subject and to ensure that food found to be unfit for human consumption should not be destroyed if it was possible to re-condition it for animal consumption or to use it for industrial purposes, and in certain cases, where possible, for it to be reconditioned for human consumption. Arrangements for the implementation of the requirements of the circulars were made.

### The Transfer of Functions (Food and Drugs) Order, 1948.

This Order, which provides for the joint transfer of the powers to make regulations under the Food and Drugs Act, 1948, to the Ministries of Health, Food, and Agriculture and Fisheries, became operative on the 1st March, 1948.



## GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA.

From 1st January—4th July, 1948.

### Pathological Services.

The majority of the pathological and bacteriological work of the Department was undertaken in the laboratories of the Oldham Laboratory Board at the Oldham Royal Infirmary and Boundary Park General Hospital. The Board provided a complete service for the hospitals in the area, and for the Public Health Department. The Board also undertook all the pathological work in connection with the Venereal Diseases Service and provided a fully equipped animal house recognised by the Home Office.

The following were the representatives of the Health Committee on the Board:—

- Alderman S. T. Marron, J.P.
- Alderman A. Hallwood, J.P.
- Alderman A. Tweedale.
- Councillor J. A. Arthurs.
- Councillor E. S. Dunkerley.
- Councillor G. Halbert.
- Councillor F. B. Balson.
- Councillor G. A. Taylor, M.B., Ch.B.

In January, Mr. F. Standring was appointed Secretary to the Board, vice Mr. H. A. Lord, who resigned in December of last year.

The Manchester Public Health Laboratory continued to undertake a limited amount of work, the main examinations undertaken being waters on behalf of the Waterworks Department.

### Ambulance Facilities.

The Borough Ambulance Service covered the County Borough, and by agreement the adjacent County districts of Chadderton, Crompton, Royton, Failsworth, Lees, and part of Limehurst, and also the Saddleworth district of the West Riding. Ratepayers in the area covered by the agreement were conveyed free of cost within a radius of ten miles. The service was administered by the Cleansing and Transport Committee prior to the 1st April, when it became the responsibility of the Health Committee, in anticipation of the new arrangements proposed under the National Health Service Act.

The Health Committee provided two ambulances, which were stationed at Westhulme Hospital, and used for the removal of all cases of infectious diseases including tuberculosis, in respect of the Borough and all infectious cases removed to Westhulme Hospital from the adjacent districts.



### **Professional Nursing in the Home.**

**General.** A voluntary body, the Oldham and District Nursing Association, whose Home was situated in Queen's Road, undertook the professional nursing of cases of general sickness in the home. By arrangement, members of the Oldham Royal Infirmary Workpeople's Contributory Scheme could receive free nursing care through the Association.

**Infectious Diseases.** No provision was made for the nursing of cases of infectious diseases in the home.

**Midwifery.** No voluntary association existed for the employment of midwives, the majority of domiciliary confinements being undertaken by municipal midwives employed in the Midwives Service of the Borough. Only two private midwives notified their intention to practise during the year.

### **Treatment Centres and Clinics.**

In addition to the Infant Welfare Centres and Ante-Natal Clinics, the undermentioned centres were provided by the local authority:—

Orthopaedic Clinic — 56-60, Gainsborough Avenue.

The Dispensary — 25, Barker Street.

### **The Boundary Park General Hospital.**

This is a General Hospital which was maintained under the Public Health Acts and by agreement, received cases from the adjacent County districts of Middleton, Royton, Crompton, Lees and Chadderton. A few cases were also received from the Saddleworth area of the West Riding County Council. The hospital was well equipped, and had a full staff of consultants.

The work of adapting the ground floor of the Children's Block for use as a Venereal Diseases Treatment Centre was commenced early in the year, and loan sanction was received from the Ministry of Health for the necessary adaptations. It was anticipated that the new clinic would be opened before the appointed day. As there was considerable delay in completing the adaptations, the clinic continued to be held at the Oldham Royal Infirmary.

Additional aural sessions were arranged at the hospital, and in June, Mr. M. J. Maxwell, F.R.C.S., (Ed.), Aural Surgeon, was appointed to the staff to undertake one out-patient session per week, and operative sessions by arrangement.

Mr. A. H. Barber resigned his position as Medical Superintendent, and was appointed Visiting Surgeon (Gynaecology) and Visiting Obstetrician.

The Health Committee agreed to offer the appointment of Venereologist to Dr. Lucien Read in accordance with the terms of Ministry of Health Circular 202/46, subject to any approval of the Manchester Regional Hospital Board.



### **Westhulme Hospital.**

This hospital provides accommodation for patients suffering from infectious diseases. At the beginning of the year, the accommodation available according to Ministry of Health standards was 83 beds. There was one cubicle ward for 14 patients.

### **Oldham Royal Infirmary.**

This was a voluntary hospital of 180 beds which served the Borough and adjacent areas. It has a large Out-Patient Department, a fully equipped Electrical and X-Ray Department, and a special Fracture Clinic. In addition to beds for general surgical patients, there was accommodation for Ear, Nose and Throat cases and Eye cases. The Venereal Diseases Clinic was held at this hospital.

### **The Nook Convalescent Home.**

This home, with 28 beds, was associated with the Oldham Royal Infirmary.

### **Strinesdale Sanatorium.**

The Sanatorium provides accommodation for 56 patients suffering from Pulmonary Tuberculosis or for suspected cases, 54 being in the main ward, and 2 in separate chalets.

### **Woodfield Nursing Home.**

This home, which was a gift to the Governors of the Oldham Royal Infirmary, provided accommodation for 20 patients, and received medical, surgical and maternity cases. It was the only Nursing Home in the Borough.

### **Westwood Park Institution.**

This served the Oldham County Borough and part of the Lancashire County area including Chadderton, Middleton, Crompton, Royton, Shaw, and Lees. The Institution provided accommodation for male and female able bodied persons; chronic and infirm persons who were not acute medical or surgical cases, and for mental cases.

### **Other Hospitals.**

The Manchester Royal Infirmary and other hospitals in Manchester and Salford were utilised by Oldham residents. The majority of patients were referred for the more specialised services available, as the general, medical, and surgical facilities in our local hospitals were during the war years and afterwards brought up to a high standard of efficiency.

Dr. Kershaw's Cottage Hospital (20 beds) situated in Royton, an excellent little hospital of its type, was administered under a trust. Patients enjoyed the facilities of private hospital accommodation, and could be attended by their own practitioner or specialist. A number of Oldham residents availed themselves of these facilities.



### **Mental Hospitals.**

There was no mental hospital in the area, the Lancashire Mental Hospitals Board being responsible for the treatment of patients suffering from mental illness, Oldham patients being admitted into the following hospitals:—

The County Mental Hospital, Lancaster.

The County Mental Hospital, Whittingham.

The County Mental Hospital, Prestwich.

The County Mental Hospital, Winwick.

### **Smallpox.**

The Council had an agreement with the Middleton and Chadderton District Joint Hospital Board for the acceptance in Racefield Hospital of smallpox cases in the Borough. For some years, this hospital has been rented to the Lancashire County Council for the treatment of patients suffering from tuberculosis. The Hartshead Smallpox Hospital, Ashton-under-Lyne, was available for any smallpox cases that might occur, this hospital was always open, and staffed with a matron, nurse and caretaker.

### **Mental Deficiency.**

The care of mental defectives was the responsibility of the Lancashire Mental Deficiency Acts Committee. An Occupation Centre was provided in the Borough in the premises of the Regent Street Congregational Sunday School. Patients requiring institutional care were usually admitted to Brockhall or Calderstones Institutions.

### **Poor Law Medical Out-Relief.**

There were six district medical officers who were under the control of the Public Assistance Committee. From the 5th June, these officers ceased to function, and the necessary medical care was provided through the general practitioner service of the National Health Service Act.

### **Supply of Insulin.**

The arrangements for the supply of insulin in accordance with Ministry of Health Circular 2734 continued to the 4th July. During this period 42 persons were supplied with insulin, including school children and residents in other districts by arrangement with the District Councils concerned. The net cost to the Council was £147 15s. 4d. An amount of £34 14s. 10d. was recovered from the patients, the Education Committee and out-districts.

### **Supply of Liver Extract.**

The arrangements for the supply of Liver Extract in certain cases continued to the 4th July, and 13 persons received supplies. The net cost to the Council was £63 7s. 11d.



## FROM THE "APPOINTED DAY."

5th July, 1948.

The Oldham and District Hospital Management Committee became responsible for the day to day administration of the following hospitals and clinics:—

Boundary Park General Hospital.  
Oldham Royal Infirmary.  
Westwood Park Institution.  
Racefield Hospital, Chadderton.  
Strinesdale Sanatorium.  
Westhulme Hospital.  
Woodfield Nursing Home.  
The Dispensary, Barker Street.  
The Dispensary, Brook Street, Chadderton.  
Orthopaedic Clinic, Gainsborough Avenue.  
Dr. Kershaw's Cottage Hospital, Royton.

These hospitals and clinics continued to provide services as prior to the 5th July, but with the following changes:—

### **Westwood Park Institution.**

This Institution became known as Boundary Park General Hospital Annexe. Following a survey by officers of the Manchester Regional Hospital Board, certain wards had been designated for hospital use, and the remainder for use as Part III accommodation under the National Assistance Act.

The hospital accommodation provides for the chronic sick and mental cases.

### **Woodfield Nursing Home.**

The Home was no longer available for private patients. It was subsequently designated by the Manchester Regional Hospital Board as a Maternity Home for general practitioner cases. The beds are "amenity" beds, patients being charged 6/- per day for single bedded wards, and 3/- per day for beds in other wards.

### **Dr. Kershaw's Cottage Hospital, Royton.**

The Hospital became a general practitioner hospital, patients being admitted free of charge.

### **The Nook Convalescent Home.**

As the Home is situated in the Saddleworth district of the West Riding, the Huddersfield Hospital Management Committee became responsible for the day to day administration. Patients are still transferred from Oldham Royal Infirmary, but as beds are now available to the Huddersfield Hospital Management Committee, the number of patients transferred has been reduced.

### **Smallpox.**

The Ashton, Hyde and Glossop Hospital Management Committee became responsible for the administration of the Hartshead Smallpox Hospital. The Hospital continued to remain open and staffed for the reception of patients suffering from smallpox.



### **Mental Hospitals.**

These hospitals passed from the Lancashire Mental Hospitals Board and Management Committees were established for their day to day administration and became known as:—

Lancaster Moor Hospital	Prestwich Hospital.
Whittingham Hospital.	Winwick Hospital.

Arrangements exist for the admission of Oldham patients to these hospitals.

### **Mental Deficiency.**

The Occupation Centre in Regent Street, previously administered by the Lancashire Mental Deficiency Acts Committee, was transferred to the Oldham County Borough. The Mental Deficiency Institutions passed from the Lancashire Mental Hospitals Board and Management Committees were established for their day to day administration and became known as:—

Calderstones Hospital.	Brockhall Hospital.
------------------------	---------------------

Arrangements exist for the admission of Oldham patients to these hospitals.

### **Ambulance Service, Home Nursing Service, Midwives Service, Mental Health Service.**

The provision of these services, which are fully described elsewhere in this Report, became the responsibility of the local health authority.

### **Pathological Services.**

The Oldham Laboratory Board ceased to function, but the service continues to be provided through the laboratories under the control of the Oldham and District Hospital Management Committee.

### **Diphtheria Anti-Toxin.**

The Regional Hospital Board through the Oldham and District Hospital Management Committee is responsible for the supply of Diphtheria Anti-Toxin for use in emergency by general practitioners. In addition to the Westhulme Hospital, a small supply of Anti-Toxin is held at the Oldham Royal Infirmary and the Central, Werneth and Townfield Police Stations.

### **Lymph for Smallpox Vaccination.**

Arrangements exist through the Ministry of Health for lymph for smallpox vaccination to be supplied free of charge to general practitioners. This can be obtained by application on the appropriate form to the Public Health Laboratory, Monsall Hospital, Manchester (Telephone COL. 2733). In an emergency, supplies can be obtained on application being made to the Laboratory by telephone.



## NATIONAL HEALTH SERVICE ACT, 1946.

The National Health Service Act, which received the Royal Assent in December, 1946, came into operation on July 5th, the "appointed day." Under the Act the following services have to be provided:—

Hospital and Specialist Services.

Local Health Services.

General Practitioner Services.

Prior to the "appointed day" much planning and discussion had taken place, but there was still much to be done especially as regards the hospital and specialist services. As regards the general practitioner service, negotiations with the profession were still incomplete. Local Health Authorities had their own staffs already well experienced in most of the services they were to control, and the new responsibilities did not create any major difficulties.

### HOSPITAL AND SPECIALIST SERVICES.

On the 5th July, all hospitals became vested in the Minister, and the Regional Hospital Boards. The Boards of Governors of Teaching Hospitals and Hospital Management Committees took over actual responsibility for their hospitals. The hospitals administered by the Health Committee, Westwood Park Institution administered by the Public Assistance Committee, and the hospital services provided by the Governors of the Oldham Royal Infirmary, passed to their new owners, as also did the Racefield Hospital, and Dr. Kershaw's Cottage Hospital. The Oldham Laboratory Board ceased to function, and the staff and laboratory equipment were transferred. The responsibility for providing the Orthopaedic Clinic at Gainsborough Avenue was also transferred but the premises, which housed other local authority services, remained the property of the Council. The responsibility for the diagnosis and treatment of Venereal Diseases was also transferred from the Local Authority to the Regional Hospital Board.

No hospitals in the area were disclaimed by the Minister under Section 6 (3) of the Act.

#### Manchester United Hospitals.

In March under the National Health Service (Designation of Teaching Hospitals (No. 1) Order, 1948), the Minister designated as teaching hospitals a number of provincial hospitals and groups of hospitals providing facilities for clinical teaching. One group was the United Manchester Hospitals, which comprised:—

The Manchester Royal Infirmary.

St. Mary's Hospitals for Women and Children.

The Manchester Royal Eye Hospital.

The Dental Hospital of Manchester.

The Manchester Foot Hospital.

Councillor G. Halbert, Deputy Chairman of the Health Committee was subsequently appointed a member of the Board of Governors retiring on 31st March, 1950.

#### Manchester Regional Hospital Board.

One of the first duties of the Board was to survey the hospital services in their area, and submit to the Minister a scheme for the appointment of Hospital Management Committees, for individual hos-



pitals and groups of hospitals. Early in the year the Minister approved the proposals of the Board. The scheme provides for the establishment of 32 Hospital Management Committees within the area of the Manchester Regional Board, included in these is the Oldham and District Hospital Management Committee (Group 11).

The Board then proceeded to the appointment of members of these Committees in accordance with the Third Schedule of the Act, after consultation with Local Health Authorities, Executive Councils, Governing Bodies of Voluntary Hospitals, Senior Medical and Dental Staff, and such other organisations as appeared to the Board to be concerned. In February, a letter was received from the Secretary of the Board setting out the procedure and stating that the Oldham Local Health Authority area comprised the area of part of the area served by the hospitals in the following groups, and asking for the names of persons suitable for membership of the Hospital Management Committees.

- Group 11 ... Oldham and District.
- Group 22 ... Wrightington Hospital.
- Group 25 ... Lancaster Moor Hospital.
- Group 26 ... Whittingham Hospital.
- Group 27 ... Prestwich Hospital.
- Group 30 ... Royal Albert Hospital.
- Group 31 ... Brockhall & Calderstones Hospitals.

The Health Committee resolved that the Chairman (Alderman S. T. Marron), the Deputy Chairman (Councillor G. Halbert), Alderman A. Hallwood, Councillor J. A. Arthurs, and the Medical Officer of Health, (Dr. J. T. Chalmers Keddie) be nominated for appointment to the Hospital Management Committees.

Subsequently the Public Assistance Committee recommended that the name of Alderman J. F. Waterhouse, who had been a member of the Mental Hospitals Board for many years, be submitted as a representative of the Council on one of the Mental Hospitals Management Committees.

#### **Oldham and District Hospital Management Committee.**

In May, the Regional Hospital Board appointed the following as members of the Oldham and District Hospital Management Committee, with Alderman Frank Lord, O.B.E., J.P., as Chairman:—

- |                                |                                  |
|--------------------------------|----------------------------------|
| J. H. Dickinson, Esq., J.P.    | Mr. A. H. Barber, M.A., F.R.C.S. |
| Councillor H. Perkins, J.P.    | Dr. R. A. Jackson.               |
| Alderman A. Tweedale.          | Mrs. F. Jackson.                 |
| Alderman A. Hallwood.          | Councillor J. G. Sweatman.       |
| A. C. C. Robertson, Esq., J.P. | Dr. J. T. Chalmers Keddie,       |
| Alderman S. T. Marron, J.P.,   | M.B., Ch.B., D.P.H.              |
| R. R. Roberts, Esq., J.P.      | Dr. R. I. Poston, M.D., Ch.B.    |

The Committee is responsible for the following hospitals and clinics in Group 11, and as the agents of the Manchester Regional Hospital Board, undertakes their day-to-day administration:—

- Boundary Park General Hospital.
- Oldham Royal Infirmary.
- Westwood Park Institution (now Boundary Park General Hospital Annexe).
- Racefield Hospital, Chadderton.



Strinesdale Sanatorium.  
 Westhulme Hospital.  
 Woodfield Nursing Home.  
 The Dispensary, Barker Street.  
 The Dispensary, Brook Street, Chadderton.  
 Orthopaedic Clinic, Gainsborough Avenue.  
 Dr. Kershaw's Cottage Hospital, Royton.

The first meeting of the Committee was held on the 7th June, and at a meeting held on the 10th July, Mr. F. W. Barnett, F.H.A., F.C.C.S., A.A.I.A., was appointed Secretary.

To assist in effecting a smooth transition, when the responsibility for administering the hospital services was transferred to the Board on the appointed day, the Health Committee agreed to continue to operate on an agency basis any existing centralised services for hospital purposes as an interim measure to the 31st March, 1949.

From the appointed day the administration of the hospitals previously under the control of the Health Committee, was completely removed from the Medical Officer of Health, but clinical responsibility in respect of the admissions and treatment of patients in Westhulme Hospital, remained with the Medical Officer of Health and his Medical Staff.

### LOCAL HEALTH SERVICES.

Under Part III and Part V of the Act, the following services became the responsibility of the Local Health Authority:—

Care of Mothers and Young Children.  
 Midwives' Service.  
 Health Visiting.  
 Home Nursing.  
 Vaccination and Immunisation.  
 Ambulance Service.  
 Prevention of Illness, Care and After Care.  
 Domestic Help.  
 Mental Health Service.  
 Health Centres.

In accordance with Section 20 of the Act proposals for each of these Services, with the exception of Health Centres, had been submitted to the Minister, and final approval was received prior to the "appointed day." These Services are fully described under their respective heads, and where they existed prior to the "appointed day" the report covers the full year.

### HEALTH CENTRES—Section 21.

No proposals have been submitted to the Minister with regard to Health Centres. In January, Ministry of Health Circular 3/48 was received. This advised that in view of the building situation and other restrictions, the time was not opportune for the preparation of proposals, and that the Minister did not expect Local Health Authorities normally to submit any proposals for the immediate provision of Health Centres. At the appropriate time, a date would be specified for this purpose.



**CARE OF MOTHERS AND YOUNG CHILDREN—Section 22.****Births.**

During the year 2,299 notifications of births were received relating to 2,235 live births and 64 stillbirths. In addition, 1,304 notifications were received which were transferred to other authorities concerned. The 2,299 live and stillbirths were notified by:—

Midwives	...	...	...	2,296.
Doctors	...	...	...	3.

**Transferred Births.**

The names and addresses of 1,403 infants and young children who left the Borough (including children born in Oldham hospitals whose home addresses were outside the Borough) were notified to the Medical Officer of Health of the areas of their destination, and 161 were notified as coming to live in the Borough.

**Ante-Natal and Post-Natal Clinics.**

At the beginning of the year, Ante-Natal Clinics were held weekly in the undermentioned church premises:—

Hollins Methodist Church	...	...	...	Millgate
Brunswick Methodist Church	...	...	...	Werneth
Pitt St. East Baptist Church	...	...	...	Glodwick
St. Ambrose Church	...	...	...	Watersheddings

Accommodation and conditions at these clinics were far from satisfactory. Washing facilities were inadequate, and in no case was hot water laid on for the use of the doctor. The facilities available were anything but desirable or efficient, and with the increased numbers attending, it had been realised for some time that other arrangements would have to be made. The Committee were fortunate in securing accommodation at 29, Queen Street, and the necessary adaptations to these premises were made, the clinics commencing in June. The premises are most conveniently situated, being in the centre of the town in close proximity to the Public Health Department, and only two minutes walk from any bus route.

Ante-Natal Clinics are held each afternoon Monday to Friday, Wednesday being reserved as booking day for new cases. A Medical Officer attends two clinics each week, Monday and Friday one week; Tuesday and Thursday the next, when specimens for W.R. tests are taken. Patients requiring specialist advice or treatment are referred by appointment to the Consultant Obstetrician, Mr. A. H. Barber, who holds a special Ante-Natal Clinic at 29, Queen Street, on alternate Wednesday mornings. This clinic commenced in October.

A Post-Natal Clinic was also commenced in October, and is held fortnightly on Thursday mornings. Attendance is by appointment, and a Medical Officer conducts the examinations.

A summary of the attendances at the Ante-Natal and Post-Natal Clinics from the 5th July, is given below:—

	Ante-Natal Clinic	Post-Natal Clinic
No. of women who attended during 5th July—31st Dec., 1948	498	41
Total No. of attendances made by these women	3,149	43



### Provision of Maternity Outfits.

From the 5th July, maternity outfits, sterilised and packed ready for immediate use, were available free to all expectant mothers. Prior to this date, these outfits had been included in an inclusive charge for the services of a Municipal Midwife.

### Dental Inspection and Treatment.

Special arrangements exist for the dental care of expectant and nursing mothers and young children, and by agreement with the Education Committee, the resources of the School Dental Service are fully utilised on a user basis. The Senior Dental Officer, Mr. J. Fenton, L.D.S., under the direction of the Medical Officer of Health, is responsible for the organisation and development of the Service, and has direct access to the appropriate Sub-Committee. The Senior Dental Officer is assisted in this work by the Assistant Dental Officers. Expectant mothers attending for the first time at the Ante-Natal Clinic are examined, and if treatment is required, arrangements are made for this to be carried out at one of the Dental Clinics. Nursing mothers desiring treatment attend by appointment at one of the Dental Clinics for examination, and any treatment required. Dentures of the prescribed type have, from the 5th July, been supplied free of charge to expectant and nursing mothers.

The Senior Dental Officer, Mr. J. Fenton, L.D.S., has submitted the following report on the work of the Service during the year:—

Patients treated	...	...	...	...	270
Attendances of patients	...	...	...	...	1,134
Extractions	...	...	...	...	1,176
Fillings	...	...	...	...	220
General anaesthetics given	...	...	...	...	75
Other operations	...	...	...	...	783
Scalings	...	...	...	...	62
No. of patients provided with dentures	...	...	...	...	63
No. of dentures supplied	...	...	...	...	105
No. of X-rays taken	...	...	...	...	63

### Pre-School Children.

Owing to staff difficulties it has not yet been possible to make arrangements for the routine examination and treatment of these children. A limited amount of treatment has been given to children referred from the Welfare Centres, or if mothers attended with these young children for advice. It is chiefly emergency treatment, and consists of the extraction of teeth, but a limited amount of conservation treatment has been done.

In order that a comprehensive Dental Service might be provided for these children, the Education Committee approved the appointment of an additional Dental Officer. Owing to the extreme difficulty in obtaining staff, however, it does not appear likely that this recommendation will be implemented in the very near future.



### Care of Premature Infants.

Premature infants born in the district, where home conditions and facilities available are not considered suitable, are removed to hospital by ambulance in a special cot, and are accompanied by the midwife. Where home conditions are considered suitable, arrangements are made by the Supervisor of Midwives for the home nursing of these infants. Suitable equipment is available, and supplied. These cases receive special nursing, and additional visits are made according to requirements. In the case of premature infants born in Boundary Park General Hospital and discharged against medical advice or to unsatisfactory home conditions, the Almoner of the hospital advises this Department, and arrangements are made for follow-up visits and supervision.

The following are details of the number of premature babies notified during the year, born either in their own homes, or in hospitals or nursing homes, and those who died during the first 24 hours:—

Number of premature babies notified during 1948 whose mother is normally resident in the Authority's area ... ..	173
Total number of premature babies notified during 1948, and who were born—	
(i) At home ... ..	70
(ii) In hospital or nursing home ... ..	180
Number of those born at home who were nursed entirely at home	70
Number of those born at home and nursed entirely at home—	
(i) Who died during the first 24 hours ... ..	3
(ii) Who survived at the end of 1 month ... ..	56
Number of those born in Nursing Homes—	
(i) Who died during the first 24 hours ... ..	Nil.
(ii) Who survived at the end of 1 month ... ..	1
Number of those born in hospital—	
(i) Who died during the first 24 hours ... ..	5
(ii) Who survived at the end of 1 month ... ..	168

### Care of Unmarried Mothers and their Children.

The Council does not provide a Mother and Baby Home. No special officer is allocated solely to this particular work, but the Superintendent Health Visitor in conjunction with the Social Worker of the Oldham Council for Moral Welfare, investigates the circumstances of these cases, and advises the mothers, making whatever provision is considered necessary. The Oldham Council for Moral Welfare is a voluntary body to which the Maternity Child Welfare Sub-Committee made an annual grant of £100 for the financial year ending 31st March, 1949. A grant of £10 10s. 0d. was also made by the Committee to the National Council for the Unmarried Mother and her Child.

During the year the Social Worker of the Oldham Council for Moral Welfare referred nine cases to the Maternity and Child Welfare Sub-Committee for financial assistance in connection with their forthcoming confinements. With the exception of one case, a young girl of 17½ years whose mother offered to contribute towards the cost, the Committee accepted full financial responsibility in outside Mother and Baby Homes, and arrangements for admission were made through the Social Worker of the Council.



### Infant Welfare Centres.

At the beginning of the year the Central Welfare sessions were held in premises in the Public Health Department which is adjacent to the Town Hall. Two sessions were held each week. The existing conditions and facilities available were most unsatisfactory for this purpose. In June, arrangements were completed for the Centre to be transferred to the recently acquired Ante-Natal Clinic premises at 29, Queen Street. Two sessions per week have been held, one on Tuesday morning, and the other on Friday morning. This arrangement has proved much more satisfactory.

There are also seven branch Centres which are held in Church and School premises throughout the town. The arrangements made last year for the use of the Beulah Baptist School, pending satisfactory heating arrangements being made at Millgate, were continued. The Millgate Centre recommenced on the 26th February.

### Infant Welfare Centres with Days and Times on which Sessions are Held.

CENTRE.				DAYS.			TIMES.
Central	...	29, Queen Street	...	Tues.,	...	...	9-30 a.m.
"	...	"	...	Fri.,	...	...	9-30 a.m.
Brunswick	...	Oxford Street	...	Wed.,	...	...	2-0 p.m.
Millgate	...	Hollins Road	...	Thurs.,	...	...	2-0 p.m.
Beulah	...	Withins Road	...	Mon.,	...	...	9-30 a.m.
Scottfield	...	off Ashton Road	...	Tues.,	...	...	2-0 p.m.
"	...	"	...	*Fri.,	...	...	2-0 p.m.
St. Ambrose	...	Prince Charlie Street	...	Thurs.,	...	...	2-0 p.m.
St. Barnabas	...	Arundel Street	...	Tues.,	...	...	2-0 p.m.
Pitt St. East	...	off Glodwick Road	...	Wed.,	...	...	2-0 p.m.

\* Doctor does not attend this session.

Immunisation against Diphtheria and Whooping Cough is carried out at all these Centres.

### Attendances at Infant Welfare Centres during 1948.

Centre	No. of sessions	New Cases	Individual Cases Attending		Total Attendances	Average Attendances per Session
			Under 1 year	1—5 years		
Central ...	104	463	286	398	4,856	47
Brunswick ...	52	224	158	236	3,571	69
Millgate (from 26/2/48)	45	125	87	128	1,804	40
Beulah ...	55	99	57	186	1,965	36
Scottfield ...	99	313	165	317	3,823	39
St. Ambrose ...	52	230	147	215	2,727	52
St. Barnabas ...	51	204	136	233	4,076	80
Pitt St. East ...	52	191	155	152	2,818	54

### Supply of Infant Foods.

Mothers are able to obtain the children's supply of Orange Juice, Cod Liver Oil, National Dried Milk, Vitamins, and can also purchase certain brands of Infant Foods at reduced cost at any of the centres.



### Make do and Mend.

A sewing teacher attends the centres on alternate weeks to advise mothers on the cutting out and sewing of children's clothing, patching, darning, and how to "make do and mend" with clothes generally.

### Cookery.

Cookery exhibitions were also held at the Centres.

### Infant Life Protection.

Up to the 4th July the supervision of infants under the age of nine years, received for maintenance and reward, was carried out by the Health Visitors. These children were visited frequently, and medically examined at the Infant Welfare Centres. The following figures relate to this period :—

Number of Foster Parents on the Register—				
(a)	at the beginning of the year	...	...	3
(b)	at the end of the period	...	...	8
Number of Children on the Register—				
(a)	at the beginning of the year	...	...	3
(b)	at the end of the period	...	...	8
(c)	who died during the period	...	...	Nil.
New Cases during the Period ...				
		...	...	5
Removed from the Register—				
(a)	returned to parents	...	...	Nil.
(b)	over 9 years	...	...	Nil.
(c)	adopted by Foster Parents	...	...	Nil.
(d)	removed from the district	...	...	Nil.
(e)	transferred to homes or hostels	...	...	Nil.

With the commencement of the Children Act, 1948, on the 5th July, the Children's Committee which was set up in February of this year, became responsible for the provisions relating to Child Life Protection of Part VII of the Public Health Act, 1936, and the Adoption of Children (Regulation) Act, 1939.

### The Adoption of Children (Regulation) Act, 1939.

The Oldham Adoption Committee has kindly supplied me with its fifth Report covering the period of 14 months from October 31st, 1947. During the period 14 babies were placed with suitable foster parents, and 14 legal adoptions (including those of some babies previously placed) have been completed; 4 more are awaiting completion. In one case the mother changed her mind and kept her baby, and one baby unfortunately died. At the end of the year there were 7 would-be adopters on the waiting list.

### DAY NURSERIES.

#### Municipal Nurseries.

On the 1st January, Westhill, Overens Street, Horsedge, Fernholme and Park House Nurseries were providing accommodation for 251 children. In addition Fernholme was providing residential accommodation for 21 children.

Formal notice had been received from the owners of Fernholme for the Corporation to vacate the premises in July, but the owners graciously granted an extension of the lease until the 1st November. Prior to the



closing of this nursery, every avenue was explored to provide a new nursery in the Werneth—Hollinwood area, but without success. Members of the Maternity and Child Welfare Sub-Committee visited numerous sites with a view to building a new prefabricated nursery. When the nursery closed a number of children were transferred to other nurseries and accommodation for 30 children was provided temporarily at 16/18, Mayall Street, pending the opening of Tate Street Nursery.

By arrangement with the Education Committee the children were collected at Freehold Infants School and conveyed to and from the Mayall Street premises, returning to the collecting point each evening. The residential children, who only numbered 9 were transferred to Park House Nursery as a temporary arrangement.

In January the owners of Haven House, Moorside, offered the property to the Corporation, and it was agreed that the premises were suitable for adaption as a residential nursery with accommodation for students. The proposal was subsequently submitted to the Ministry of Health, but in view of the provisions of the Children Act, could only be approved as a 24 hour nursery. Following formal approval, detailed plans and specifications were prepared prior to tenders being obtained.

The Committee also gave consideration to the provision of a day nursery in the Strinesdale area, and it was decided to erect a prefabricated nursery to accommodate 46 children on land adjacent to Haven House. A tender was accepted in December and application made to the Minister for the necessary loan sanction.

Early in the year loan sanction was obtained in respect of the adaptations to the premises in Tate Street, and work commenced in April.

Further consideration was given to the most suitable site for the erection of a prefabricated nursery in the vicinity of Honeywell Lane. With the willing co-operation of the Directors of the Belgrave Mills Co. Ltd., a most suitable site belonging to the Company and adjacent to the mill, was obtained on lease. In September a tender was accepted for the erection of a prefabricated nursery subject to loan sanction.

The nurseries open at 7-0 a.m. They are open throughout the year, only closing for the recognised Mill Holidays. The mothers are charged 1/6d. per day except for Saturday, when the charge is 1/0d. In the case of residential children a charge of 2/0d. is made.

With the exception of Park House all the nurseries are approved training schools for the training of nursery students for the National Nursery Examination Board Certificate. The course is run in conjunction with the Local Education Authority, and in April the Education Committee appointed a full-time Tutor.



The following accommodation was available during the year :—

NURSERY	AGE GROUPS			TOTAL PLACES
	0—1	1—2	2—5	
Westhill ... ..	5	15	25	45
Horsedge ... ..	10	15	25	50
Overens Street ...	4	8	25	37
Park House ... ..	6	14	34	54
Fernholme (to 31st Oct.)	10	11	44	65
Mayall Street (from 1st Nov.)	—	—	30	30

The Maternity and Child Welfare Sub-Committee has fully appreciated the urgent need to assist the labour recruitment drive of the cotton industry to reach and exceed if possible their export target, and have gone some way in meeting this need by the provision of new nurseries for the accommodation of children of parents employed in industry.

#### Industrial Day Nurseries.

There were four nurseries functioning on the 1st January :—

Greenbank Nursery (Lees & Wrigley Ltd.)  
Central Mill Nursery (Central Mill Ltd.)  
Coldhurst Hall Nursery (James Stott Ltd.)  
Werneth Spinning Nursery (Werneth Spinning Co. Ltd.)

The total accommodation provided 134 places comprised as follows :

0—1	...	...	...	10 places.
1—2	...	...	...	35 places.
2—5	...	...	...	89 places.

The following nurseries and a small extension to the Werneth Spinning Nursery were opened during the year, the plans having been previously approved.

Derker Mill Nursery (J. Greaves Ltd.).  
Royd Mill Nursery (Lancashire Cotton Corporation Ltd.).  
Hartford House Nursery (Belgrave Mills Ltd.).  
Oakbank Nursery (James Stott Ltd.).  
Oldham Twist Nursery (Oldham Twist Co. Ltd.).

Final plans for three further nurseries were submitted from the following firms and approved :—

Lees & Wrigley Ltd. (Heathbank).  
Lancashire Cotton Corporation Ltd. (Orme Mill).  
Borough Spinning Co. Ltd.

At the end of the year there were nine nurseries functioning, providing accommodation for 389 children.

In all cases the management make a charge to the mother which varies from 1/0d. to 1/6d. per day. Five of the firms have purchased and adapted vehicles for the conveyance of the children from their homes to the nursery.

There has always been very close co-operation between this Department and the firms providing day nurseries. Regular visits are made to the nurseries by the medical staff. The Superintendent Health Visitor and her deputy visit the nurseries regularly, general advice on all matters is given, and the firms are encouraged to seek advice if any difficulties arise.

**Accommodation Registered under the Nurseries and Child Minders Regulation Act, 1948, at the end of the Year.**

NAME OF NURSERY	AGE GROUPS			TOTAL PLACES	REMARKS
	0—1	1—2	2—5		
Greenbank ...	—	17	27	44	Situated in the Canteen of the main mill, a portion of the canteen being partitioned off to form the nursery..
*Central Mill ...	6	9	12	27	Converted private house, Queen's Rd. Opened May, 1947.
*Coldhurst Hall	—	—	30	30	Converted club, adjacent to the mill, used as a wartime nursery class and handed back to the firm. Opened in June, 1947
*Werneth Spinning	10	15	20	45	Adapted and extended air-raid shelter in the mill curtilage. Opened July, 1947. Extension opened July, 1948.
Royd Mill ...	—	15	25	40	New prefabricated nursery in land adjacent to mill. Opened March, 1948.
Oldham Twist	—	13	19	32	Converted engine shed in mill curtilage Opened March, 1948.
Derker ... ..	7	14	25	46	Converted storeroom in the mill curtilage. Opened April, 1948.
*Hartford House	—	34	34	68	Converted private house in Grange Ave., with extensive grounds. Opened July, 1948.
*Oakbank ...	—	15	42	57	Converted private house, Windsor Rd. Opened Oct., 1948.
Totals ... ..	23	132	234	389	

\* The management of these firms provide transport to and from the nursery.



## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

### Nursery Provision.

In recent years owing to the shortage of female labour, many firms have provided nurseries for their own employees. This was not only the case in Oldham, but throughout Lancashire, and even in other parts of the country. In many areas provision of this kind had been made, but the premises in use, and the general conditions under which some of the nurseries were run were highly unsatisfactory. This problem caused serious concern as no effective legislation was available for the control of these nurseries. In certain cases, however, it was possible to insist upon adequate standards with regard to the plans of new nurseries as the firms had to make application to the Ministry of Labour and the Cotton Board for the necessary building licences. In these cases the Ministry of Health were called in, and were able to bring their own opinion, and that of the local authority concerned to bear so that satisfactory plans were approved.

As the powers of local authorities for the control and medical supervision of these industrial nurseries were inadequate, the Nurseries and Child Minders Regulation Act was passed, receiving the Royal Assent on July 30th.

The main provisions of this Act give local health authorities powers to inspect and register premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days, and to register persons in their area who, for reward, receive into their home three or more children under the age of five to be looked after for the day or a substantial part thereof, or for any longer period not exceeding six days.

At the end of the year, nine nurseries had been registered. In only one case, the Greenbank Nursery, was it considered that alterations should be made to the premises to bring them up to the standards required. This nursery was the first industrial nursery opened in the Borough, and the management were aware of the deficiencies, and had under consideration the provision of new and more suitable premises.

Besides providing for registration, the Act allows a local authority to impose by order certain requirements, and the following are enforced as a routine :—

- (a) The person in charge of the premises shall have such qualifications as may be specified by the Authority.
- (b) The premises shall be adequately staffed.
- (c) The premises and equipment shall be adequately maintained.
- (d) Adequate arrangements should be made for feeding the children, and an adequate and suitable diet be provided for them.



- (e) The following records shall be maintained, and kept for inspection by an Officer authorised by the Authority :—
- (i) A daily register of children in attendance at the nursery.
  - (ii) A daily register of staff in attendance at the nursery.
  - (iii) A record of the daily menus of the meals provided for the children.
  - (iv) A register of the incidence of cases of infectious diseases.
  - (v) The provision of individual medical record cards, stating inter alia, the weight and condition of the child on admission to the nursery, and from time to time during its stay, and its immunisation state with regard to Diphtheria, Whooping Cough and Smallpox.
- (f) Adequate precautions are to be taken to minimise the risk of exposure of the children in attendance at the nursery to infectious diseases.
- (g) The services of a medical practitioner are to be retained for use in an emergency.

These requirements have been freely accepted by the managements and no difficulties have been experienced.

In three cases the management have their own practitioner for the medical care of the children. In all others, the medical staff of the Department undertake the medical examinations and immunisation of the children.

### **Child Minders.**

No person applied to be registered under the Act, and no cases were brought to the notice of the Department of persons who should have applied for registration. It is known that many women care for one or two children while the mothers are working, but such persons are not affected by the Act.

### **MIDWIVES SERVICE—Section 23.**

The proposals of the Council for the provision of a Midwives Service received the approval of the Minister on the 28th May, with the modifications set out below, it being appreciated that all services provided in pursuance of the approved proposals would be made available free of charge.

“And the Council propose to provide for the training in the use of approved methods of analgesia of all domiciliary midwives who are not already so approved, and to provide an adequate supply of the requisite apparatus for the midwives in their employment.”

From the appointed day fees paid by a Local Health Authority to a medical practitioner called in by a midwife are no longer recoverable from the patient.



Sub-Section 2 of the Act places on the Authority the duty of ensuring that an adequate number of certified midwives is available in the area for attending women in their own homes as midwives or maternity nurses.

At the beginning of the year 8 full-time midwives and 1 part-time midwife were employed by the Council. During the year 2 new appointments were made and 1 resignation received. The following staff were employed at the end of the year :—

- 1 Non-medical Supervisor of Midwives.
- 1 Senior Assistant Superintendent.
- 1 Assistant Superintendent.
- 6 Full-time District Midwives.
- 1 Part-time Midwife.
- 5 Pupil-Midwives.

Prior to the appointed day, facilities for the administration of gas and air analgesia were complete, transport was available, and 14 sets of gas and air apparatus were provided.

By arrangement with the Cleansing and Transport Committee, a car is available for use by the district midwives when required during the night, for urgent calls to confinements out of their own districts and in emergency. At all other times the midwives use public service vehicles.

In August, following an application to the Central Midwives Board, the Oldham District Midwifery Service was approved as a Part II Training School to train 8 pupil-midwives, and 7 midwives including the Supervisor, were approved as teachers.

In October, in order to recruit midwives to the service, the Maternity and Child Welfare Sub-Committee decided to purchase houses for the accommodation of midwives and the Finance Committee agreed an estimated expenditure of £3,500 for the acquisition of three houses. In December, following representations to the Housing Committee, this Committee agreed to allocate three additional houses on their estates for the use of midwives.

The following is a summary of the work undertaken by the municipal midwives during the year :—

#### Confinements.

	UP TO 4TH JULY	FROM 5TH JULY	TOTAL
Number of cases booked ... ..	397	489	886
Number of confinements attended ...	354	402	756
Number of cases receiving analgesia ...	269	328	597

#### Visits.

	UP TO 4TH JULY	FROM 5TH JULY	TOTAL
Ante-natal ... ..	1,450	1,346	2,796
During lying-in period ... ..	6,707	7,139	13,846
Post-natal ... ..	271	114	385

#### Births.

During the year 3,603 live and stillbirths were notified, 2,752 (76.38%) of these occurred in institutions and 851 (23.62%) were domiciliary confinements. Of the latter 779 (91.54%) were attended by municipal midwives, and the remaining 72 (8.46%) by midwives in private practice.



### Supervision of Midwives.

During the year 40 midwives notified their intention to practise, compared with 42 in 1947. Of these 9 were municipal midwives; 2 midwives in private practice; 23 midwives in Boundary Park General Hospital, and 6 midwives in Woodfield Nursing Home.

The following notifications were received from midwives practising in the Borough:—

Stillbirths	...	...	...	...	...	10
Deaths	...	...	...	...	...	9
Artificial Feeding	...	...	...	...	...	33
Liability to be a source of infection	...	...	...	...	...	1

There were 354 Medical Aid Forms sent in by midwives as compared with 302 in 1947. The conditions for which medical aid was sought were as follows:—

#### Conditions in Mother.

Ante-partum hæmorrhage	...	5
Abortion or Threatened		
Abortion	...	2
Delayed labour	...	12
Adherent Placenta	...	1
Post-partum hæmorrhage	...	4
Malpresentation	...	9
Pyrexia	...	15
Ruptured Perineum	...	81
Disproportion	...	1
Toxæmia of Pregnancy	...	2
Albuminuria	...	3
Premature Labour	...	2
Baby Stillborn	...	3
Uterine Inertia	...	1
Prolapsed Cord	...	1
Maternal Distress	...	2
Oedema	...	1
Retained Placenta	...	4
Hypertension	...	14
Eclampsia	...	1
Breast Condition	...	5
Heart Condition	...	2
Other Conditions	...	6

Total ... 177

#### Conditions in Child.

Feebleness or Prematurity	43
Inflammation of, or discharge from the eyes	73
Cyanosis ... ..	10
Foetal Distress ... ..	5
Congenital Deformity ...	6
Skin Infections ... ..	4
Asphyxia ... ..	3
Tongue Tied ... ..	10
Hæmorrhage ... ..	2
Jaundice ... ..	1
Macerated Foetus ... ..	1
Talipes ... ..	1
Phimosis ... ..	10
Birth Injury ... ..	1
Other Conditions ... ..	6

Total ... 177

### Emergency Maternity Unit.

This unit continued to operate in accordance with the arrangements for previous years, and was called out on a number of occasions.

### HEALTH VISITING—Section 24.

In the past, the health visitor has been mainly concerned with the care of mothers and young children. Under the National Health Service Act, the Local Health Authority must provide a complete Health Visiting Service. The function of the Service is to provide trained persons to visit people in their homes, to give advice on the care of persons



suffering from illness, to expectant and nursing mothers, and to mothers and others with the care of young children. The health visitor will now be concerned with the health of the household as a whole, including the preservation of health, and precautions against the spread of infection.

The proposals of this Authority for the provision of a Health Visiting Service provide, with the expansion of the service, for closer co-ordination of the duties of health visitor and school nurse. The Superintendent and Deputy Superintendent Health Visitor also hold the positions of Superintendent and Deputy Superintendent School Nurse. In anticipation, and to integrate and facilitate the surveillance of the whole family, all appointments are now as Health Visitor/School Nurse. In September, the Maternity and Child Welfare Sub-Committee, and the Ancillary Services Sub-Committee of the Education Committee, approved the following recommendations:—

1. Each Health Visitor/School Nurse employed by the Maternity and Child Welfare Sub-Committee to devote 9/11ths of her time to the Health Visiting Service, and 2/11ths to the School Health Service.
2. One Health Visitor/School Nurse employed by the Ancillary Services Sub-Committee to devote 4/11ths of her time to the Health Visiting Service, and 7/11ths to the School Health Service.
3. The three School Nurses who do not hold the Health Visitor's Certificate to continue to devote the whole of their time to the School Health Service as at present.

At the beginning of the year, in addition to the Superintendent and Deputy Superintendent Health Visitors, 6 health visitors were employed, one being engaged whole time in connection with the Tuberculosis Service.

In November the establishment of health visitors (including the Superintendent and Deputy Superintendent) was increased from 10 to 18 in order to meet the new and increased responsibilities. Approval was also given for one of the health visitors within the establishment to be designated Senior Health Visitor, to assist in the administration of the Service.

At the end of the year the staff employed was 1 Superintendent Health Visitor, 1 Deputy Superintendent Health Visitor, and 8 Health Visitors, including the Tuberculosis Visitor.

In September Miss W. M. Mills resigned from the post of Deputy Superintendent Health Visitor, and was succeeded by Miss I. Watson.

The staff establishment also allows for the appointment of student health visitors. After advertisement, candidates are appointed subject to their having been accepted at one of the recognised Training Schools for the Health Visitor's Certificate. Students are required to give a further 18 months service, i.e., 2 years from commencing training as health visitor in the County Borough, the remuneration for the first 12 months being at the rate of half the minimum salary of a Health Visitor, and afterwards on the full salary scale.

Students are required to make their own arrangements for admission to the course of training, and are responsible for the payment of lecture fees, examination fees, and any other expenses which they may incur while attending the course.



In October of last year, 4 students were appointed, and commenced training, 3 at Manchester College of Technology, and 1 at Leeds University; all were successful in obtaining the Health Visitor's Certificate, and in May joined the staff as Health Visitors/School Nurses. During the year 5 students were appointed, and commenced training in October, 4 at Manchester College of Technology, and 1 at Battersea Polytechnic.

The following summarises the visits paid by the Health Visitors during the year:—

Ante Natal Cases	...	...	...	248
New Births	...	...	...	2,221
Infants—under 1 year	...	...	...	2,453
Infants—1 to 5 years	...	...	...	5,946
Stillbirth Investigations	...	...	...	43
Deaths of Infants	...	...	...	102
Ophthalmia	...	...	...	38
Whooping Cough	...	...	...	270
Measles	...	...	...	1,237
Tuberculosis	...	...	...	727
Special Visits	...	...	...	387
Ineffective Visits	...	...	...	1,893
Attendance at Welfare Centre	...	...	...	980

#### HOME NURSING—Section 25.

Under Section 25 of the National Health Service Act, the duty of providing a Home Nursing Service has been imposed upon all local Health Authorities.

In May, formal approval of the proposals for the Home Nursing Service submitted in December of the previous year, was received. No modifications or additions were recommended by the Ministry.

#### Queen's Institute of District Nursing.

Under the proposals, the Council undertook to maintain the highest standard of home nursing, and to become members of the Queen's Institute of District Nursing. This was effected in August. The provision of a Home Nursing Service is a new responsibility for the Local Health Authority, and inspection by an outside body will ensure a high standard of efficiency and maintain the confidence of the public.

In accordance with these proposals the District Nursing Service provided by the Oldham Nursing Association was taken over by the Council on the appointed day, and is administered by the Home Nursing Sub-Committee of the Health Committee.

During the year the service functioned smoothly, and no excessive demands were experienced. No night service is available through the Home Nursing Service, but the Committee approved arrangements for a "sitter-up" service to be provided through the Domestic Help Service.



**Staff.**

On the appointed day the staff included the Superintendent and six nurses (5 female and 1 male), including 1 female Queen's Nurse.

The following table summarises the work carried out from 5th July to 31st December :—

NUMBER ON BOOKS AT 5TH JULY, 1948	CASES NURSED	TOTAL VISITS.
	102	—
New Cases — July ... ..	40	1,657
"  " — August ... ..	37	1,566
"  " — September ... ..	49	1,542
"  " — October ... ..	54	1,913
"  " — November ... ..	58	2,029
"  " — December ... ..	78	2,197
Totals ...	316	10,904
Number on books at 31st December, 1948 ...	153	—

On the 31st December, the following staff were employed :—

- 1 Queen's Superintendent.
- 1 Queen's Assistant Superintendent.
- 3 Queen's Nurses (2 female, 1 male).
- 6 District Nurses (5 female, 1 male).
- 2 Nursing Auxiliaries (2 female).

It was not possible to complete the negotiations with the Oldham Nursing Association for the transfer to the Council of the Nurses' Home, "Glenthorne," 57, Queen's Road, before the appointed day. In the meantime, it was agreed that the Council should continue to use the premises as a Nurses' Home on a rental basis. The final arrangements for the purchase of the premises and chattels were completed in December when application was made to the Ministry of Health for the necessary loan sanction.

**VACCINATION AND IMMUNISATION—Section 26.**

The proposals submitted in July, 1947, after some minor modifications had been agreed, were approved in May. The proposals allow for all practitioners providing general medical services to immunise or vaccinate any child at the parents request. No payment is made to the practitioner for this service but he is to receive a fee for notifying to the Medical Officer of Health details of the immunisation or vaccination performed. This fee will be fixed centrally after negotiation with representatives of the profession. Negotiations had not been completed at the end of the year so that no payments could be made.



In March, 1942, approval was given under Section 177 of the Public Health Act, 1936, for the provision by the Council of facilities for immunisation against whooping cough. The Minister had not directed that arrangements for immunisation against whooping cough be made, but Circular 66/47 provided for application to be made for any existing arrangements of this nature to continue. In accordance with the proposals the present arrangements were continued.

### Diphtheria Immunisation.

Comprehensive arrangements for diphtheria immunisation have existed for a number of years and under the proposals have continued without alteration. The majority of children are now immunised prior to school entry. The children in our day nurseries are all immunised where possible prior to admission and in other cases after admission and a constant check is kept on all new admissions to industrial nurseries.

In the schools the fullest co-operation is afforded by the Head teachers and staff. Primary immunisation is effected after school entry if necessary, and "re-inforcement" injections are offered to all children in their 6th and 11th years. The materials used and the dosage given are as follows :—

#### Primary Immunisation.

Children 0—9 years	...	...	Two injections of A.P.T. 0.2cc. and 0.5cc. at an interval of four weeks between injections.
Children 10 years and over	....		Three injections of T.A.F. 1cc. at four weekly intervals.

#### "Re-inforcement" Injections.

Children 5—9 years	...	...	One injection of 0.5cc. A.P.T.
Children 10 years and over	...	...	One injection of 1.0cc. T.A.F.

The following figures indicate the number of children completing the full course of immunisation and those receiving "re-inforcement" injections during the year.

#### NUMBER OF CHILDREN COMPLETING THE FULL COURSE OF IMMUNISATION.

	To 5TH JULY	FROM 5TH JULY	TOTAL
Children 0—4 years	777	640	1,417
Children 5—15 years	132	64	196
Totals	909	704	1,613

#### NUMBER OF CHILDREN RECEIVING "RE-INFORCEMENT" INJECTIONS.

	To 5TH JULY	FROM 5TH JULY	TOTAL
Children 5—15 years	535	774	1,309



### Whooping Cough Immunisation.

The previous arrangements were continued, the majority of children being immunised at welfare centres or in nurseries. The material used was Pertussis Vaccine (Glaxo), two injections of 1cc. (20,000 million organisms per cc.) being given at an interval of four weeks. Following the submission of the proposals to the Oldham Executive Council, the Local Medical Committee had suggested that the combined whooping cough—diphtheria prophylactic should be made available.

### Combined Diphtheria and Whooping Cough Immunisation.

From 1st August, Diphtheria—Pertussis Prophylactic (Glaxo) was used. (Each cc. containing at least Lf.25 diphtheria prophylactic and 20,000 million H. pertussis). The dosage was as follows:—

Children 0—5 years ... Three injections of D.P.P. 0.5cc., 0.5cc. and 1.0cc. at an interval of four weeks between injections.

The following figures indicate the number of children receiving whooping cough protection during the year:—

AGE IN YEARS	UNDER 1	1—2	2—3	3—5	TOTAL
To 5th July ...	197	371	40	12	620
From 5th July ...	214	307	60	13	594
Totals ...	411	678	100	25	1,214

### Vaccination against Smallpox.

Prior to the operation of the National Health Service Act, vaccination against smallpox was carried out under the Vaccination Acts, 1867 to 1907. On the "appointed day" these Acts ceased to have effect and the compulsory vaccination of infants against smallpox and the appointments of Public Vaccinators and Vaccination Officers came to an end.

The arrangements for vaccination are fully described in the proposals and provide for the measures which have proved so effective in diphtheria immunisation to be utilised to stimulate voluntary vaccination against smallpox. Arrangements exist for the carrying out of vaccination in individual cases by general practitioners and to supplement these arrangements, if necessary, facilities for sessional group vaccinations will be provided.

During the period January 1st—4th July, the Vaccination Officer issued 677 Q Notices requesting parents compliance with the Acts.

The Vaccination Officer notified the Public Vaccinators on H. Forms of 309 cases requiring vaccination.

The following figures indicate the vaccinations and re-vaccinations performed during the year:—

AGE AT 31ST DECEMBER, 1948	UNDER 1 YEAR	1—4 YEARS	5—14 YEARS	15 PLUS	TOTALS
To 4th July:—					
Number vaccinated	278	—	62	—	340
Number re-vaccinated	—	—	9	—	9
From 5th July:—					
Number vaccinated	46	4	2	10	62
Number re-vaccinated	1	—	—	24	25



The percentage of children vaccinated since the appointed day is deplorably low but it would be unfair to pass comment during this period of transition. Practitioners do not clearly understand the terms of service in this connection and any payment they should receive has not been agreed. Under such circumstances it was difficult to advise and urge parents to have their children vaccinated.

#### **AMBULANCE SERVICE—Section 27.**

The Borough Ambulance Service which was established in 1922 served the County Borough and the Lancashire County districts of Chaderton, Crompton, Royton, Failsworth, Lees and part of Limehurst, also the Urban District of Saddleworth in the West Riding of Yorkshire. The agreement provided that the Corporation should send ambulances for the purpose of removing persons injured by accidents and patients of medical practitioners within the area of the District Councils, except patients suffering from infectious diseases or lunatics. Rate payers in the area covered by the agreement were conveyed free of cost within a radius of 10 miles. The service was carried out by members of the Fire Brigade then under the control of the Chief Constable, Mr. A. K. Mayall, O.B.E.

Following the formation of the National Fire Service, the Ambulance Service passed to the Civil Defence Service for operational purposes and came under the control of the Emergency Committee. In August, 1945, the service was transferred to the Carrying and Cleansing Committee and came under the control of the Director of Public Cleansing.

In March, 1947, when the proposals for the provision of an Ambulance Service under the National Health Service Act, were being prepared, the Council accepted a recommendation that the Ambulance Service of the Borough should be administered by the Health Committee as from the appointed day. As it proved more convenient and there were no major difficulties, it was arranged that the Health Committee should take over the administration of the service as from the 1st April. In anticipation of their new responsibilities, the Health Committee in March appointed Mr. W. E. Cooke, Ambulance Officer, and he commenced duties on the 1st May.

The staff transferred on the 1st April consisted of :—

- 1 Clerk. who was appointed Clerk-Storekeeper.
- 3 Assistant Depot Superintendents, who were appointed temporary telephonists.
- 13 Drivers.
- 13 Attendants.

For many years, the Health Committee provided 2 ambulances at Westhulme Hospital for the removal of patients suffering from infectious disease, including tuberculosis. These ambulances also removed all cases admitted to Westhulme Hospital from the adjacent districts.

In June, formal approval of the Council's proposals was received, certain modifications having been agreed. The proposals allow for a total of 12 to 16 ambulances, 2 to 6 sitting case cars and 28 to 40 whole-time driver/attendants. The progressive policy of the Council and the



foresight of the late Mr. A. K. Mayall had anticipated the National Health Service Act and on the appointed day the service was capable of fulfilling all commitments. It was now free to all patients irrespective of distance travelled.

Most of the personnel had received first aid training and held a recognised certificate but in many cases these were of some years standing and no refresher course had been attended. Only a few of the attendants were able to drive, the majority having had little or no driving experience. It was essential that the standard of first aid should be raised by insisting upon a recent first aid certificate and that the attendants should attain the necessary standard to be employed as driver/attendants. At the end of the year 19 personnel held a recent first aid certificate and 4 attendants had qualified for promotion to driver/attendant. Following the adoption of the 44 hour week in September and the increasing demands on the service, the staff establishment was reviewed and in October the following establishment was approved :—

- 1 Ambulance Officer.
- 1 Clerk-Storekeeper.
- 4 Telephonists.
- 1 Depot Foreman.
- 1 Driver Mechanic.
- 7 Class I Driver/Attendants.
- 25 Driver/Attendants.

The Driver/Attendants, Class I, have additional responsibilities on their shift and are available for special duties. In June, the Committee agreed that they would only employ as telephonists Registered Disabled Persons, who by reason of their disability were seriously handicapped in obtaining employment but were able to perform efficiently the duties of telephonist.

On the appointed day, including two vehicles at Westhulme Hospital, there were 12 ambulances in the service but no sitting case cars. A number of these vehicles were over ten years old but the difficulties of securing new vehicles prevented them from being replaced. The Ambulance Section of the Health Committee did everything possible to secure new vehicles and placed orders for Austin Welfarer and Karrier Ambulances and for an Austin Dorset Saloon for use as a sitting case car. The Austin Dorset Saloon sitting case car was delivered in November and one Welfare Ambulance in December.

In December, the Committee received the gracious gift of a 26 h.p. Austin Ambulance which was presented by the Oldham and District Health Services Contributory Scheme. The vehicle was a specially adapted ambulance to carry one or two stretcher cases and up to nine sitting cases. This vehicle will be most useful for the new responsibilities that the Committee have to meet.

By arrangement with the Oldham and District Hospital Management Committee, the two vehicles used for the removal of infectious diseases cases continued to be garaged at Westhulme Hospital and were operated by the hospital staff.

Under the Cleansing and Transport Committee, all the ambulances were garaged with other Corporation vehicles at the Glodwick Road Garage. These arrangements were not regarded as satisfactory and the



proposals of the Council provided for the establishment of a new ambulance station adjacent to Boundary Park General Hospital. Application was made to the Ministry of Health for the appropriation of the land and buildings comprising the casual block, and adjoining buildings of the Westwood Park Institution, belonging to the Public Assistance Committee, for use as an Ambulance Depot, and formal approval was received in November, 1947.

In December, 1947, plans and estimates for a new garage on this site were forwarded to the Ministry of Health for approval in principle, but in view of the stringency in the supply of controlled materials, approval was not given to this scheme and consideration of the whole matter was left in abeyance.

It was essential that immediate accommodation should be found and consideration was given to the use of premises available at Kelsall Street, off West Street, previously used for the garaging of Police cars. These premises were conveniently situated and one mile nearer the centre of the town than the proposed Depot at the Westwood Park Institution. The Finance and General Purposes Committee agreed to grant the Health Committee the temporary use of these premises as an Ambulance Depot, and the Ministry was asked to approve in principle proposals for the adaptation which was in two stages.

The first stage included the adaptation of the main block to provide accommodation for a total of 15 vehicles, together with office and lavatory accommodation, staff room, messing room and stores. The second stage includes a new garage for 7 vehicles and a canopy to the main building.

In April, the Minister of Health gave approval to these proposals, the second stage to remain in abeyance for the present, and the Borough Engineer and Surveyor was asked to put in hand the preliminary work in connection with the drawing up of specifications, etc., for the first stage.

The vehicles and personnel were transferred from the Glodwick Road Depot on the 11th May, and the service operated from the West Street Depot from that date. The Depot, however, only provided accommodation for five vehicles and, by arrangement with the Public Assistance Committee, the remaining vehicles were garaged at the Westwood Park Institution.

The Lancashire County Council and the West Riding County Council agreed that as from the appointed day the Health Committee should continue to provide as an interim measure, the ambulance facilities for the adjacent county districts.

During the year, 25,466 patients were removed, an increase of 3,836 over the previous year. The mileage covered was 120,871, compared with 99,132 in 1947. In addition, 456 infectious diseases removals were effected with a total mileage of 3,281.

During the period 5th July to the 31st December, 12,767 calls were received, 13,829 patients carried, involving a total mileage of 61,509.

The above figures include removals for the Lancashire and West Riding County Councils.



## PREVENTION OF ILLNESS, CARE AND AFTER-CARE—Section 28.

The proposals which were submitted to the Minister in November, 1947, were approved with slight modifications, in April.

### Tuberculosis.

Details of notified cases and other statistics relating to cases of tuberculosis are given in the section of the report relating to Infectious Diseases.

Dr. H. S. Bagshaw, Senior Assistant Medical Officer of Health, whose duties were mainly in connection with the Tuberculosis Service, became an officer of the Manchester Regional Hospital Board on the "appointed day." It was subsequently agreed with the Board that for the interim period he should assist in connection with the preventive and after-care work under the Council's scheme. The Health Committee has agreed to reimburse the Board 3/22nds. of Dr. Bagshaw's remuneration. It was also agreed with the Board that the Tuberculosis Health Visitor should continue to assist at the Dispensary sessions, the Board reimbursing the Health Committee in respect of these duties. Under these arrangements there is some degree of co-operation between the preventive and curative services.

The previous arrangements for the after-care of persons suffering from tuberculosis have been continued throughout the year, but from the "appointed day" financial grants cannot be made.

The supply of milk to patients attending the Dispensary has been continued, and cases in need of extra nourishment are referred to this Department so that orders can be issued. During the year 286 orders were issued for the supply of free milk to 47 individual patients.

It is well known that good housing conditions play a large part in the prevention of tuberculosis. In many cases the housing conditions of tuberculous families are very unsatisfactory, but owing to the acute housing shortage it is only possible to recommend the most urgent cases. Arrangements exist with the Housing Committee for cases of tuberculosis with a positive sputum to receive priority in the allocation of a council house if their existing accommodation is considered unsatisfactory.

### Mental Illness of Defectiveness.

The arrangements for the care and after-care of persons suffering from mental illness or defectiveness are fully described in the Mental Health Section of this report.

### Other Types of Illness.

There has been co-operation between the Hospital Staffs and the officers of the Department, and requests were received for information with regard to patients. Assistance has been given through the Home Nursing and Domestic Help Services to patients discharged from hospital.



## Provision of Nursing Equipment and Apparatus.

### (a) By the Local Health Authority.

#### (i) TUBERCULOUS CASES.

Under the Tuberculosis Scheme nursing requisites continue to be available through the Dispensary. During the year 18 patients were issued with nursing requisites and at the end of the year 29 patients were still receiving assistance in this way. The following table shows the items issued during the year and the equipment on loan at the 31st December :—

ITEM	NO. ISSUED DURING THE YEAR	NO. ON LOAN 31/12/48
Beds ... ..	15	20
Mattresses ... ..	15	21
Mattress covers ... ..	13	19
Blankets ... ..	34	52
Pillows ... ..	13	20
Bed rests ... ..	1	1
Urinals ... ..	1	2
Bed pans ... ..	2	3
Air-rings ... ..	3	3

#### (ii) MIDWIFERY CASES.

The arrangements with the Midwives Service for the loan of nursing requisites required for the mother and her baby have been continued. Beds, mattresses, blankets, pillows, cot sheets, cot blankets, bed pans, air-rings, hot water bottles and nightdresses are available.

### (b) By Voluntary Organisation.

In accordance with the proposals an agreement has been entered into with the Oldham Corps of the St. John Ambulance Brigade to supply nursing requisites through their Medical Comforts Depot at Park Road to patients other than midwifery and tuberculosis cases. The agreement contains the following provisions :—

- (1) The Brigade must arrange to have available such items of equipment as the Medical Officer of Health may consider necessary.
- (2) The Brigade is allowed to charge a deposit on equipment loaned but the deposit must be refunded when the equipment is returned.
- (3) The Brigade will continue to purchase normal replacement requisites apart from the more expensive items such as wheel chairs. These more expensive items will be purchased by, and remain the property of, the Health Committee.
- (4) The Health Committee will reimburse the Brigade in respect of all establishment charges incurred at the Park Road Comforts Depot.
- (5) The Health Committee will make an annual grant towards the cost of purchasing nursing requisites.



In September, the Corps Superintendent reported that the depot was functioning smoothly under the new arrangements and the demand for equipment was being met with the exception of wheel chairs. In November, 6 chairs were provided by the Health Committee to meet this need.

From the "appointed day," 172 patients received assistance and at the end of the year the following items of equipment were out on loan:—

Invalid chairs ...	6	Hot water bottles	5	Feeding cups	1
Commodore ...	2	Rubber sheets	13	Kidney bowls...	1
Bed rests ...	18	Air-rings	22	Urinals ...	10
Bed cradles ...	6	Crutches	4	Inhalers	1
Bed pans ...	21	Sputum mugs	2	Water jugs	1

This arrangement with the St. John Ambulance Brigade has worked smoothly since its inception, and the co-operation of the Oldham Corps has been greatly appreciated. A grant of £75 towards the cost of purchasing nursing requisites was made for the period ending 31st December, 1948.

#### DOMESTIC HELP—Section 29.

The Public Health Act, 1936, enabled Welfare Authorities to provide home helps to maternity and child welfare cases, and Defence Regulation 68E enabled them to provide domestic help in any other case of need. These powers were replaced on the appointed day by the general power given to local Health Authorities by Section 29 of the National Health Service Act, to provide domestic help "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age." This new power is permissive and not obligatory.

The proposals received formal approval in May. They were not modified in any way, but the appointment of a whole-time organiser was recommended.

The Superintendent Health Visitor has continued to be responsible to the Medical Officer of Health for the general Supervision of the Service, but the detailed organisation has been undertaken by the full-time female officer. Each case is investigated by a Health Visitor who decides the immediate need.

This is one of the services under the Act which is not free. A charge of 1/9d. per hour is made to householders, but in cases where it is not possible to meet the full cost, assessment is made, and the persons are charged according to scale.

On the 1st January, 11 domestic helps (6 full-time and 5 part-time) were employed. The number in the service on the 31st December was 34 (9 full-time and 25 part-time).

The following table summarises the work undertaken during the year and the types of cases receiving assistance.



Type of Case	On books 1/1/48	New Cases		Total new cases	Total cases receiving assistance during the year	Cases remaining on books at 31/12/48
		To 4th July	From 5th July			
Sickness ... ..	14	35	41	76	90	33
Sickness and Old Age	18	12	35	47	65	55
Old Age ... ..	7	16	7	23	30	16
Accidents ... ..	—	—	2	2	2	1
Maternity Cases :						
Home Confinements	—	20	33	53	53	4
Hospital Discharges ...	1	7	13	20	21	3
Totals ...	40	90	131	221	261	112

The total number of new cases during the year compares with 118 cases during the year 1947.

#### MENTAL HEALTH SERVICE—Section 51.

Prior to the 5th July, the Health Committee had assumed no responsibilities for the care of mental defectives or the mentally sick.

The Relieving Officers employed by the Public Assistance Committee had duties under the Lunacy and Mental Treatment Acts for the removal and detention of patients. Patients requiring hospital treatment could be admitted direct to one of the hospitals under the control of the Lancashire Mental Hospitals Board, but the majority were usually transferred after admission to the Westwood Park Institution. A Psychotherapeutic Clinic was held at the Oldham Royal Infirmary on Wednesday and Thursday afternoons, and was attended by medical staff from Prestwich Mental Hospital.

The care of mental defectives was the responsibility of the Lancashire Mental Deficiency Acts Committee and they provided an Occupation Centre which received children from Oldham and the adjacent areas of the Lancashire County Council.

From the 5th July, the following functions relating to mental treatment and mental deficiency devolved upon the Health Committee:—

(1) Mental Treatment—the appointment of officers duly authorised to take initial proceedings in providing care and treatment for persons suffering from mental illness.

(2) Mental Deficiency—the duty of ascertaining what persons in the area are defectives; providing suitable supervision or taking steps to secure that the defectives are placed under institutional care or guardianship; and securing training or occupation for those not in institutions.



(3) Generally—the power, and, to the extent that the Minister directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or defectiveness.

In July the Health Committee by formal resolution appointed a Mental Health Sub-Committee to consist of 7 Council members (exclusive of the Mayor) and 4 non-Council members as follows :—

2 members of the Oldham Council for Mental Health to be appointed from 4 persons nominated annually by that body.

1 member appointed by the Council as a co-opted member of the Health Committee from among those members of the Oldham and District Hospital Management Committee who have not been nominated by the Oldham Borough Council.

1 woman who is not a member of the Council.

The proceedings of the Sub-Committee are subject to the approval of the Health Committee and the Council but it may be necessary in the near future to ask for delegated powers to deal with special urgent matters. The Sub-Committee meets monthly. The matters referred to this Committee are :

(1) Powers and duties as the local health authority under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938.

(2) Care of persons suffering from mental defectiveness.

The first Committee was held on the 16th September when Alderman A. Tweedale was elected Chairman.

### **Staff.**

The Medical Officer of Health is responsible for the administration of the Service and is assisted by the Medical Officers on his staff. In June, Dr. E. Gostynski, the Medical Director of the Child Guidance Clinic, was appointed Consulting Psychiatrist and his services are utilised in cases where another opinion is desired in connection with the certification of mental defectives. Dr. E. Gostynski and Dr. J. H. Hilditch, Senior Assistant Medical Officer of Health, are officers approved by the Authority for the purposes of the Mental Deficiency Acts.

Under the Council's proposals, approval of which was received in May, it was proposed to appoint three officers as Mental Health Visitors, one of whom would be a woman with experience in mental deficiency and whose duties would be primarily in connection with the ascertainment and community care of the mentally defective. The other two officers were to be transferred from the staff of the Public Assistance Committee and designated Duly Authorised Officers. Only one such officer was appointed, Mr. A. White, who was transferred from the staff of the Public Assistance Committee on the 1st June. Prior to commencing his duties on the appointed day he attended a special eight weeks' course at Manchester University arranged by the National Association for Mental Health. Every attempt was made to secure other officers, and in November, Mrs. E. Whitehead was appointed Mental Health Visitor and Duly Authorised Officer, but did not commence duties until January the following year. From the appointed day the entire duties of Duly Authorised Officer were undertaken by Mr. A. White.



The Occupation Centre staff consisted of one Supervisor, who was well experienced in Occupation Centre work, together with two Assistants.

The establishment also provides for two Psychiatric Social Workers, but no appointment was made as no suitable applicants with the necessary qualifications were available.

### **Co-ordination with Regional Hospital Boards and Hospital Management Committees.**

Following a suggestion made by the Senior Administrative Medical Officer of the Manchester Regional Hospital Board, Dr. F. N. Marshall, the Mental Health Sub-Committee approved that their officers should undertake the supervision of mental defectives on trial and licence. The Mental Health Visitors have undertaken these duties and prepare the necessary reports required for the Hospital Management Committees.

The Mental Health Visitors have also prepared social reports for patients admitted to the Boundary Park General Hospital Annexe, and other hospitals.

### **Co-operation with Voluntary Associations.**

No specific duties have been delegated by the Local Health Authority to voluntary organisations, but there is co-operation with the Oldham Council for Mental Health and the Regional Branch of the National Association for Mental Health.

#### **(a) NATIONAL ASSOCIATION FOR MENTAL HEALTH.**

Under the proposals it was agreed that the Manchester Regional Branch of the Association would continue to supervise the cases already on its register, in close co-operation with the officers in our employ. For these services a payment of £25 was made for the period ending 31st December.

#### **(b) OLDHAM COUNCIL FOR MENTAL HEALTH.**

This Council has been in existence for the past fifteen years and has done much useful pioneer work in the field of mental health. Its main function is now educational and during the year it organised a series of public lectures. Two members of the Council are co-opted on the Mental Health Sub-Committee and a grant of £15 15s. 0d. was made to the Council by the Health Committee for the financial year 1948-49.

### **Training of Mental Health Workers.**

No special schemes were initiated for the training of mental health workers during the year.

### **Prevention, Care and After-Care.**

General practitioners and the local hospitals have been informed of the facilities provided by the authority, and practitioners have requested the help of the Mental Health Visitors before patients have needed removal to the hospital.

Under the Mental Treatment Rules, 1948, the Secretary of the Oldham and District Hospital Management Committee notifies the Medical Officer of Health of all discharges from the Boundary Park General Hospital Annexe. Notifications of discharge are also received from other Mental Hospitals.



In accordance with Ministry of Health Circular 146/48 arrangements exist for cases of ex-service personnel and others discharged from service hospitals and resident in the area to be referred to this authority in order to provide any after-care that may be desirable. Provision has been made for the social workers of the Regional Branch of the Association of Mental Health to assist with this supervision.

It should be appreciated that only a very skeleton care and after-care service has been provided since July 5th. This is a new responsibility and the services of only one social worker—the Mental Health Visitor—have been available. There is an urgent need for the appointment of a Consultant Psychiatrist who will have duties at the Oldham Royal Infirmary, Boundary Park General Hospital and Annexe, and whose services will also be available to the local health authority.

### **Lunacy and Mental Treatment Acts, 1890—1930. Work undertaken by Duly Authorised Officer.**

The services of the Duly Authorised Officers are available throughout the twenty-four hours, the officers being on rota-duty for evening and week-end calls. The officer on duty can be contacted at home through the police or the staff at Boundary Park General Hospital Annexe, both of whom are supplied with the weekly duty rota.

During the period under review it was only possible to appoint one Duly Authorised Officer, Mr. A. White. He had very onerous responsibilities as he was on constant call for the whole six months. He suffered an excessive restriction of his personal and family life and I wish to record my appreciation of the service he rendered the Department during this initial period.

The following is a summary of the work done by the Duly Authorised Officer from the 5th July to the 31st December.

#### **Boundary Park General Hospital Annexe:**

(a) ADMISSIONS :				
Section 20 (3 day orders)	...	...	...	33
Section 21 (14 day orders)	...	...	...	8
Voluntary	...	...	...	2
				— 43
(b) TRANSFERS TO MENTAL HOSPITALS : SECTION 16.				
Prestwich Hospital	...	...	...	9
Lancaster Moor Hospital	...	...	...	8
Whittingham Hospital	...	...	...	3
				— 20
(c) COMPLETION OF SUMMARY RECEPTION ORDERS FOR FURTHER DETENTION IN THE HOSPITAL				
	...	...	...	6

#### **Facilities for Treatment.**

Boundary Park General Hospital Annexe, formerly the Westwood Park Institution administered by the Public Assistance Committee, has been designated a Mental Hospital. The majority of patients are admitted by the Duly Authorised Officers and as the facilities for treatment are limited, patients requiring special psychiatric care and treatment are transferred to one of the large mental hospitals in the Region. Only a few patients are admitted direct to these hospitals, the majority of these are voluntary patients and information was received that 11 voluntary patients were admitted, all to Prestwich Hospital.



# MENTAL DEFICIENCY ACTS, 1913—1938.

## Ascertainment.

From the 5th July 7 cases were ascertained, 6 being reported by the Local Education Authority, 5 under Section 57 (3) and 1 under Section 57 (5) of the Education Act, 1944. The other case was a male of 35 years who was before the Court.

During the year there were only 2 admissions to Institutions. These were two of the ascertained cases, both males aged 35 and 15 years, who were admitted to Calderstones.

At the end of the year there were 4 cases (1 males and 3 females) awaiting admission to Institutions.

## Guardianship and Supervision.

Only one case was under guardianship—a female of 37 years who was under the guardianship of her father. This case was taken over on the 5th July. She is suitably cared for and receives periodic visits from the Mental Health Visitor.

At the end of the year there were 204 cases under Statutory Supervision, 198 being taken over on the 5th July. During the few months available and with only one Mental Health Visitor on the staff it has only been possible to visit the more urgent cases and those who made a request for assistance or guidance.

The following table gives full particulars of the mental defectives as on the 1st January, 1949, and particulars of cases reported during the year.

## I. Particulars of Mental Defectives as on 1st January, 1949.

		M.	F.	T.
(1) Number of Mental Defectives Ascertained to be "Subject to be dealt with":—				
(a) Under Guardianship (under Order)				
Under 16 years of age	...	...	...	—
Aged 16 years and over	...	...	...	1 1
(b) In "places of safety"	...	...	...	—
(c) Under Statutory Supervision (excluding cases on licence (under 16 years of age)	...	10	20	30
(aged 16 years and over)	...	105	69	174
(d) Action not yet taken under any one of the above headings	...	1	1	2
No. of cases included in (a) to (d) above awaiting removal to an Institution	...	1	3	4
(2) Number of Mental Defectives not at present "Subject to be dealt with", but for whom the Local Health Authority may subsequently become liable		32	23	55
Of whom, number under Voluntary Supervision,				
Under 16 years of age	...	—	—	—
Aged 16 years and over	...	32	23	55
(3) Number of Mental Defectives Receiving Training :—				
(a) In day-training centres (Under 16 years)	...	5	4	9
(Aged 16 & over)	...	4	3	7
(b) At home	...	—	—	—
Total	...	9	7	16



## II. Particulars of Mental Defectives Ascertained During the Year, 1948.

	M.	F.	T.
(1) Ascertainment.			
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944)			
(i) Under Section 57 (3) ... ..	2	3	5
(ii) Under Section 57 (5) ... ..	1	-	1
(b) Other cases reported during 1948 and ascertained to be "subject to be dealt with"	1	-	1
Total cases ascertained to be "subject to be dealt with" during the year ... ..	4	3	7
(c) Other cases reported during 1948 who are not at present "subject to be dealt with" but for whom the L.H.A. may subsequently become liable ... ..	1	1	2
Total number of cases reported during the year ...	5	4	9

(2) Disposal of cases reported during the year.			
(a) Cases ascertained to be "subject to be dealt with"			
(i) Admitted to Institutions (by order) ...	2	-	2
(ii) Placed under Guardianship (by order) ...	-	-	-
(iii) Taken to "places of safety" ... ..	-	-	-
(iv) Placed under Statutory Supervision ...	2	3	5
(v) Died or removed from area ... ..	-	-	-
(vi) Action not yet taken ... ..	-	-	-
(b) Cases not at present "subject to be dealt with"			
(i) Placed under Voluntary Supervision ...	-	-	-
(ii) Found not to be defective ... ..	-	-	-
(iii) Died or removed from area ... ..	-	-	-
(iv) Action not yet taken ... ..	1	1	2
	5	4	9

## III. Number of Mental Defectives under community care including voluntary supervision or in "places of safety" on 1st January, 1948, who have ceased to be under community care or in "places of safety" during 1948 :-

	M.	F.	T.
(a) Admitted to Institutions ... ..	2	-	2
(b) Ceased to be under care ... ..	-	-	-
(c) Died or removed from area ... ..	-	1	1
Total ... ..	2	1	3



IV. Of the total number of Mental Defectives known to the Local Health Authority.

(a) Number who have given birth to children during 1948 :-

(i) After marriage	...	...	...	...	Nil.
(ii) While unmarried	...	...	...	...	Nil.
					Males Females

(b) Number who have married during 1948

**Occupation Centre.**

The Occupation Centre at Regent Street was transferred to this authority from the Lancashire Mental Deficiency Acts Committee on the appointed day. This Centre is held in the premises of the Regent Street Congregational Sunday School, a portion of the premises being rented for the purpose.

The Centre is open from 10 a.m. to 4 p.m. each week day, except Saturday and school holidays, and there is accommodation for 40 children. Cases are being received from the Oldham authority, the Lancashire County Council and a few cases from the Saddleworth area of the West Riding County Council. The staff consists of one Supervisor and two Assistants, but the number of Assistants will require to be increased as it is anticipated that more children will use the Centre. A mid-day meal is provided through the School Meals Service and a charge of 5d. per meal is made to the parents. In necessitous cases this charge is reduced or waived.

As ascertainment of defectives improves, it is anticipated that the demand for occupation centre training and industrial training will increase. The present premises are inadequate as they do not allow for segregation of the sexes to provide adequate training for older cases.

The number of cases receiving training at the Centre was as follows :

UNDER SIXTEEN YEARS :				5TH JULY	31ST DECEMBER
Males	...	...	...	7	12
Females	...	...	...	2	12
SIXTEEN YEARS AND OVER :					
Males	...	...	...	9	10
Females	...	...	...	3	3
Total				21	37

During the period under review there were 17 new admissions to the Centre. There was 1 case removed (Lancashire County Council), a boy of 13 years who was admitted to Calderstones Hospital.

At the end of the year there were 37 cases on the register :

Oldham County Borough	...	...	17
Lancashire County Council	...	...	19
West Riding County Council	...	...	1
			37



On the 5th July an Inspector of the Board of Control visited the Centre. A favourable report was subsequently received from the Board.

In August, the Supervisor, Mrs. S. D. Hancock, attended a refresher course at Daneshill Training College, Ranskill.

### **Home Training.**

No special arrangements were provided for the home training of mental defectives.

### **Ambulance Service.**

The Ambulance Service provided by the Department is utilised for the removal of patients to mental hospitals and mental deficiency institutions. The Authorised Officers have authority to call for an ambulance or sitting-case car, and, where necessary, the services of attendants are obtained from the Boundary Park General Hospital Annexe.

## **GENERAL MEDICAL AND DENTAL SERVICES. PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.**

### **Oldham Executive Council.**

The Oldham Executive Council consists of a Chairman, Mr. A. C. C. Robertson and twenty-four other members appointed as follows :—

Eight	...	by the Oldham Health Authority.
Four	...	by the Minister.
Seven	...	by the Oldham Medical Committee.
Three	...	by the Oldham Dental Committee.
Two	...	by the Oldham Pharmaceutical Committee.

The representatives of the Local Health Authority for the current year in order of retirement are :—

To retire 31st March, 1949	Councillor D. L. Lees (from May) vice Councillor J. Bannon, J.P. Councillor G. A. Taylor. Dr. J. T. Chalmers Keddie.
To retire 31st March, 1950	Alderman S. T. Marron, J.P. Alderman A. Tweedale. Alderman A. Hallwood (from July) vice ex-Councillor G. Morrell.
To retire 31st March, 1951	Councillor G. Halbert. Councillor E. S. Dunkerley (from January) vice ex-Councillor A. L. Simpson.

I am indebted to Mr. F. L. Pick, Clerk of the Council, for the main details of the following report on the services provided :—

### **General Medical Services.**

At the end of the year there were 119,992 Oldham patients registered on all doctors' lists. This figure compares with the Registrar General's estimated population for middle June of 120,600. All the doctors prac-



tising in the County Borough joined the scheme and at the end of the year there were 82 (including assistants) on the Medical List, (50 being resident in the Borough and 32 in the adjacent districts). The average number of patients on the lists of doctors resident in Oldham was estimated to be 2,615. The official arrangements limit the number of patients on a single doctor's list to 4,000, which number is increased proportionately in cases of partnerships and to 6,400 for the doctor who is single-handed and employs an assistant. The payments made to general practitioners totalled £50,054 13s. 2d. for general medical services (exclusive of midwifery).

All the practitioners, with the exception of three who undertook to provide general medical services, also undertook to provide domiciliary maternity services under the Act and were admitted to the obstetric list. At the end of the year there were 79 general practitioners on the obstetric list. The payments made for maternity services totalled £383 5s. 0d.

### Pharmaceutical Services.

All the chemists practising in the County Borough prior to the 5th July, joined the scheme. At the end of the year, there were 50 chemists providing services as follows :—

Pharmacies in the area	...	...	44
Drug Stores	...	...	1
Surgical Appliance Suppliers	...	...	4

The cost of this service for the period amounted to £37,376 13s. 6d.

### Dental Services.

All the dentists in the area entered the scheme and 36 were on the list at the end of the year, 24 being resident in the area. During the six months, dentists received a total of £40,739 13s. 0d. for their services.

### Ophthalmic Services.

The Supplementary Ophthalmic Treatment Regulations provide for patients who have obtained the necessary certificate from their medical practitioners to attend either an ophthalmic practitioner, or an ophthalmic optician, for eye-testing and to have the required spectacles dispensed by an ophthalmic optician, or a dispensing optician.

At the end of the year, 3 ophthalmic medical practitioners, 28 ophthalmic opticians representing 24 shops or firms, and one dispensing optician had undertaken to provide optical services. The total cost of these services for the period was £41,705 6s. 9d. Of this total £15,557 16s. 6d. was the cost of sight testing and £26,147 10s. 3d. the cost of supplying and repairing glasses.

The payments to medical practitioners only relate to Oldham patients on their lists. In the case of dentists, chemists and opticians, payment is for services rendered at their surgeries or places of business, e.g., an Oldham chemist is paid by the Oldham Executive Council for all prescriptions dispensed by him whether they were on Oldham, Lancashire, West Riding, Manchester, or on any other Executive Council forms. Many patients in the adjacent districts avail themselves of the pharmaceutical and optical facilities which have been developed by many progressive Oldham firms and this is reflected in the payments made for these services by the Oldham Executive Council.



## NATIONAL ASSISTANCE ACT, 1948.

In June, the Council constituted a Welfare Services Committee to consist of the Mayor (ex-officio) and 12 other members, of whom not less than 8 shall be members of the Council. To exercise and perform the powers and duties conferred on the Council by the National Assistance Act, 1948, and in particular :—

- (a) To provide residential accommodation for persons (other than sick persons needing treatment in hospital) who, by reason of age, infirmity or any other circumstances are in need of care and attention not otherwise available to them.
- (b) To provide temporary accommodation for persons who are in urgent need of it in circumstances which could not reasonably have been foreseen, or in such other circumstances as may in any particular case be determined.
- (c) To promote the welfare of persons who are blind, deaf or dumb, or those who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed.
- (d) To deal with the registration and inspection of homes for disabled persons and old persons, registration of charities for disabled persons and the provision of temporary protection for the moveable property of persons admitted to hospitals, &c.

Mr. H. Wrigley, Public Assistance Officer, was appointed Director of Welfare Services.

On the 5th July, the Westwood Park Institution (subsequently the Boundary Park General Hospital Annexe) administered by the Public Assistance Committee, became vested in the Minister, as the greater part of the accommodation was used for hospital purposes. Certain premises were unsuited for hospital purposes and continued to be used by the Welfare Services Committee to provide accommodation under Part III of the Act.

**Section 47.—Removal to suitable premises of persons in need of care and attention.** No action was taken during the year under Section 47 of the Act. One case was brought to the notice of the Department by a Health Visitor. The circumstances were such that consideration of the matter was deferred and no action had been taken at the end of the year.

### Hostels for Aged Persons.

The Director of Welfare Services (Mr. H. Wrigley) has kindly supplied the following information :—

"The only accommodation available for old persons in April, 1948, was for 22 women at "Claremont," Windsor Road, Oldham, and for 12 men at "Edward House," 14, Edward Street, Oldham.

Plans, of course, had been prepared for the setting up of several Homes and during the year "Greenacres Lodge" was opened on the 30th



August, 1948, to accommodate 36 women, and "Westlands" was opened on the 14th December, 1948, for 31 men.

During the year, adaptations were proceeding at "The Hollies," Frederick Street, for 30 men, and at "Stamford House," Lees, for 15 women.

For your information, I have to state that the administration of "Claremont" was taken over by the Lancashire County Council in April of this year.

### **CARE OF CHILDREN DEPRIVED OF A NORMAL HOME LIFE.**

In accordance with the suggestions contained in Home Office Circular No. 181/1947, the Council in March approved the constitution of a Children's Committee as a Standing Committee of the Council to consist of the Mayor for the time being (ex-officio) and twelve other members, of whom not less than seven shall be members of the Council. This Committee became responsible for the provisions relating to child life protection of Part VII of the Public Health Act, 1936, and the Adoption of Children (Regulation) Act, 1939. Under the Act this Committee also became responsible for the provision of all residential accommodation for children with the exception of 24-hour nursery provision.



### Medical Examinations—Corporation Employees.

During the year the Medical Staff of the Department undertook medical examinations for the various Corporation Departments as follows:—

Department	Entrants	Disability Pensions	Special Exam.	Total
Baths and Wash-Houses ...	3	—	—	3
Boundary Park General Hospital ...	36	1	—	37
Children's ...	2	1	—	3
Cleansing and Transport ...	29	1	4	34
Education ...	25	1	—	26
Electricity ...	27	2	—	29
Engineer and Surveyor's ...	68	1	—	69
Fire Service ...	6	—	—	6
Gas and Water ...	72	3	—	75
Health ...	56	—	—	56
Housing ...	19	—	—	19
Markets ...	1	—	—	1
Maternity and Child Welfare ...	37	—	3	40
Parks and Cemeteries ...	12	—	2	14
Passenger Transport ...	237	5	—	242
Police ...	3	—	—	3
Public Assistance ...	12	1	—	13
Public Libraries .....	6	—	—	6
Street Lighting ...	8	—	—	8
Town Clerk's ...	4	—	—	4
Treasurer's ...	7	—	—	7
Waterworks ...	19	1	—	20
Welfare Services ...	3	—	—	3
<b>Totals</b> ...	<b>692</b>	<b>17</b>	<b>9</b>	<b>718</b>

### Other Examinations.

Transport—Road Traffic Acts ...	62
Spouse Allowance ...	1
Waterworks—Entrants ...	13
Education—Teachers ...	22
For other Authorities ...	5
<b>Total</b> ...	<b>820</b>

X-Rays taken ...	27
Number of Persons referred to Consultants ...	42

There were 13 samples of blood for widal tests and 26 samples of faeces taken from employees of the Waterworks Department.



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### NOTE :-

Local Health Authority proposals for provision of Health Services under Part III and Part V of The National Health Service Act, 1946. (See back of Report).







# COUNTY BOROUGH OF OLDHAM.



## *National Health Service Act, 1946.*

Health Services to be provided by local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 31st May, 1948.

### CARE OF MOTHERS AND YOUNG CHILDREN.

Since the passing of the Maternity and Child Welfare Act in 1918, the Council have provided a comprehensive service for the care of mothers and young children. It is interesting to record that the Oldham Day Nursery was opened as early as 1905 and that following the adoption of the Notification of Births Act by the Council in 1907 a Home Visiting Service was undertaken by women inspectors. In 1910, the first School for Mothers was established under a voluntary Committee and others followed. In May, 1918, the buildings adjacent to the Health Office were opened as a Child Welfare Centre, and a maternity clinic for expectant mothers, where full consultation and medical advice could be obtained, was established in the same year.

#### General Statistical Data.

1. Total mid-1946 population ..... 116,240
2. Total mid-1946 number of children under 5 ..... 8,410
3. Number of registered live births:—

1945.		1946.	
Legitimate .....	1,769	Legitimate .....	1,992
Illegitimate .....	130	Illegitimate .....	140
<hr/>		<hr/>	
1,899		2,132	

#### Existing Service.

**Ante-Natal and Post-Natal Clinics.** Four ante-natal clinics are held weekly for expectant mothers booking municipal midwives and all the midwives' ante-natal care is undertaken at these clinics in addition to any home visiting. No clinics are held at the homes of the midwives. A medical officer attends fortnightly. These clinics are held in Church premises. The facilities provided are not satisfactory and arrangements for the lease of new premises are in hand. These are situated in the centre of the town and will be specially adapted for ante-natal and post-natal care and will provide much improved accommodation.

Expectant mothers who book for their confinement at the Maternity Unit, Boundary Park General Hospital receive ante-natal care from the staff of the hospital. For information five ante-natal sessions are held per week and 2,437 expectant mothers attended during 1946. As the



Hospital serves the adjacent areas expectant mothers attend from the County districts of the Lancashire and West Riding County Councils. One post-natal clinic is held per week.

Close co-ordination exists with the Boundary Park General Hospital, patients being referred for a consultant's opinion, X-ray or other examination, and if hospital treatment is indicated admission is arranged without difficulty. If complications occur at a home confinement during or after labour, patients are admitted at once by arrangement with the Medical Superintendent. An Emergency Maternity Unit based on the hospital is available for Oldham and adjacent districts.

It is anticipated that the Regional Board will continue to provide these facilities as part of the hospital services on the appointed day.

#### **Provision of Maternity Outfits.**

Maternity outfits sterilised and packed ready for immediate use are supplied through the midwives to expectant mothers who book a Municipal Midwife. No extra charge is made as the cost is included in the fee for the services of the midwife.

#### **Care of Premature Infants.**

The majority of premature infants born at home are removed to hospital. Special arrangements are made for the baby to be removed by ambulance in a heated basket and a midwife or nurse always accompanies the case to hospital. In the case of premature infants remaining at home the Supervisor of Midwives makes the necessary arrangements for the home nursing of these infants. The following special equipment is available and is loaned if required:—draughtproof cot with detachable linings, warm and suitable clothing, hot water bottles, special feeding bottles, thermometer and mucous catheters and oxygen. Each case receives special nursing and additional visits are paid by the midwife in attendance. The services of a home help are provided if deemed necessary.

There is close liaison between Boundary Park General Hospital and the Maternity and Child Welfare Department. Premature infants discharged against medical advice, or to unsatisfactory home conditions, are notified to this Department and arrangements are made through the Superintendent Health Visitor for a Health Visitor to visit and advise the mothers, and make any arrangements which are considered necessary.

#### **Care of Unmarried Mothers and their Children.**

Provision for the unmarried mother and her child is made through the voluntary organisations in the district, and the facilities available at Boundary Park General Hospital are utilised if admission to hospital is considered necessary. In a few cases unmarried mothers are admitted to outside institutions and the cost of maintenance is met by the Health Committee. In many cases the mother is anxious to keep her baby and she receives help from parents or grandparents. Where the mother is working the child is cared for during the day either by relatives or in a day nursery.



### Child Welfare Centres.

The Council provides seven Child Welfare Centres, one situated centrally and six in widely separated parts of the town. These premises are all unsatisfactory for present-day requirements, five of the Centres being held in Church Halls. The central Child Welfare Centre is unsuitable because of lack of space. Ten sessions are held weekly, and a medical officer is now in attendance at eight of these.

No facilities exist at the centres for treatment. Any defect requiring attention is referred to the appropriate department. Orthopaedic defects are referred to the orthopaedic clinic where facilities are also available for physiotherapy and artificial sunlight.

Immunisation against diphtheria and whooping cough is undertaken at each doctor's session at the Child Welfare Centres.

Infant foods and vitamins are obtainable at each session.

### Supply of Welfare Foods.

Facilities exist at the Child Welfare Clinics for the supply of dried milk, cod liver oil, orange juice and vitamin preparations. The charge for proprietary brands is slightly higher than the actual cost, to cover overhead charges incurred in the distribution. In cases where the mother cannot meet the cost, arrangements exist for the food to be supplied free of charge.

### Nursery Provision.

Prior to the war there was only one day nursery in Oldham, the Oldham Day Nursery in Overens Street, Lees Road, administered by a voluntary committee. During the war the Council provided eight war-time nurseries and at the request of the voluntary committee the Overens Street Nursery was also taken over.

In March, 1946, the financial arrangement which had operated during the war terminated and the position was reviewed. It was decided to close one nursery, transfer three to the Education Committee to be used as nursery classes, and to retain the following five nurseries for children aged 0—5 under the terms of Circular 221/45.

	No. of Places.
☆ Fernholme .....	65
Horsedge .....	50
Overens Street .....	37
Park House .....	54
Westhill .....	45

☆ The Fernholme Nursery is a 24-hour nursery and a number of children are resident from Monday to Friday inclusive. At the end of September, the Town Clerk received a communication from the agents, acting for the owners, from whom these premises are leased, intimating that the owners require the use of the premises and giving the necessary notice for the Corporation to vacate them on the 4th July next. The provision of alternative accommodation is under consideration.

All the nurseries, with the exception of the Park House Nursery, are recognised by the Ministry of Health for the training of nursery students.



The recent demands for female labour have fully justified this progressive policy and at the present time the accommodation is used to the full, but additional nursery provision is required and a site has been acquired from the Housing Committee for a new nursery to accommodate 40 children. It is the intention to close the Park House Nursery which is a private house requisitioned for the purpose, when premises which have been acquired in Tate Street (which is in the same area) are available after adaptation.

A number of firms in the Borough have established nurseries in connection with their mills. The majority have discussed their proposals with the officers of the Department and in this way co-operation has been effected.

### **Dental Care.**

#### **(i) Expectant and Nursing Mothers.**

A dental service for expectant and nursing mothers was first provided in 1936 and since this date has been extended. By agreement with the Education Committee the full resources of the School Dental Service are utilised, the Senior Dental Officer being responsible for the service under the direction of the Medical Officer of Health. The Health Committee have appointed the Senior Dental Officer to the visiting staff of Boundary Park General Hospital and in this way close co-ordination is effected and continuity of treatment assured.

The Senior Dental Officer attends one afternoon per week at Boundary Park General Hospital Ante-natal Clinic and all new cases receive dental inspection. Patients resident in the borough and found to be suffering from dental defects are offered treatment through the Local Authority's Dental Service unless they wish to make alternative arrangements for this treatment to be carried out. Patients from the County Districts of the West Riding and Lancashire County Councils receive dental inspection and are advised if treatment is required, but no arrangements exist for these cases to attend for treatment at the clinic. Patients engaging a municipal midwife and found to require treatment are referred to the Senior Dental Officer and receive treatment at the dental clinic. Patients recommended for treatment attend by appointment at the Cannon Street Clinic or Boundary Park General Hospital. In certain cases where it is considered desirable, they are admitted to the hospital under the care of the Senior Dental Officer. Most of the treatment carried out is of a remedial nature and many cases require multiple extractions necessitating the supply of dentures. At the present time only a limited amount of conservation treatment is possible.

The Education Committee also employ a part-time anaesthetist whose services are utilised for cases requiring a general anaesthetic. A dental x-ray unit has been installed at the Cannon Street Clinic and this is of the greatest value for diagnostic purposes. Arrangements also exist whereby patients can be referred to the Manchester Dental Hospital for consultation, and if necessary, treatment.



Dentures are supplied where required and any patients unable to meet the charge fixed by the Health Committee can appeal and are assessed on a sliding scale. No dental mechanic is employed by the Council, the necessary work being undertaken by a mechanic to the dental profession.

(ii) **Children Under 5.**

The Health Committee have long recognised the need for the provision of dental inspection and treatment for the pre-school child, but the intervention of the war and the shortage of dental staff in recent years, have not made possible this extension of the service. Occasionally children requiring extensive treatment and brought to the notice of the Senior Dental Officer have been treated in Boundary Park General Hospital.

**Arrangements with Voluntary Organisations.**

**Oldham Council for Moral Welfare Work.**—This Council carries out moral welfare work, educational, preventive and remedial by a trained worker in Oldham and the surrounding districts. The Health Committee have made an annual contribution to this Council since its inception ten years ago, and has representation on the Council. There is close co-operation between the officers of the Public Health Department and the trained worker employed by the Council and problem cases are frequently assisted after joint discussion. Where institutional care is required the trained worker arranges the admission to a suitable home or hostel and in special cases full maintenance is guaranteed by the Health Committee.

**Oldham Adoption Society.**—This Society was registered as an adoption society in 1943. There is the closest co-operation between the Society and the Health Department. The Health Committee contributes annually to the funds of the society and the Superintendent Health Visitor is a member of the Executive Committee.

**Brentwood Recuperation Centre.** — By arrangement with the Community Council of Lancashire a few selected mothers and young children have been sent to the Brentwood Recuperation Centre, Marple, and the Health Committee have contributed towards the cost of maintenance.

The Health Committee have contributed an annual subscription to the following voluntary organisations and societies:—

The Central Council for Health Education,  
Chair of Child Health, Manchester University,  
Royal Society for the Prevention of Accidents,  
National Council for the Unmarried Mother and her Child,  
Oldham Council for Moral Welfare Work,  
National Baby Welfare Council,  
Oldham Adoption Committee.



The following data (Appendix A) is supplied in accordance with Ministry of Health Circular 118/47.

**A. Ante-Natal Clinics.**

(i) Number of Clinic Premises .....	4
(ii) Number of expectant mothers who attended in 1946 .....	620
(iii) Number of sessions held weekly .....	4

**B. Post-Natal Clinics.**

(i) Number of clinics .....	nil.
(ii) Number of sessions held weekly .....	nil.

**C. Arrangements made with General Practitioners.**

No arrangements exist.

**D. Child Welfare Clinics.**

(i) Number of clinics .....	7
(ii) Number of sessions held weekly .....	10

**E. Day Nurseries.**

(i) Number .....	5
(ii) Number of places for children .....	251

These figures include a twenty-four hour nursery in which twenty-one places are available for resident children from Monday to Friday inclusive.

**F. Residential Nurseries Provided under Maternity and Child Welfare Powers.**

None provided.

**G. Mother and Baby Homes.**

None provided.

**H. Dental Treatment Given in 1946.**

**(i) To Expectant and Nursing Mothers.**

Number of new cases commencing treatment .....	161
Number of attendances for treatment .....	675
Number of permanent teeth extracted .....	769
Number of permanent teeth filled .....	25
Number of scalings .....	51
Number of other operations .....	580
Number of administrations of general anæsthetic .....	50
Number of patients supplied with dentures .....	47
Number of dentures supplied .....	81
Radiographs .....	nil.

(The dental x-ray unit was only installed in December, 1946.)

**(ii) To Children under 5.**

None provided.



## PART II.

### SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY.

#### A. GENERAL ARRANGEMENTS.

1. **Administrative Arrangements.** — The Medical Officer of Health will be responsible for the administration of the service and a full-time medical officer will be engaged in clinical duties. The Assistant Medical Officers on the staff of the Department will assist in the clinical and administrative arrangements.

2. **Joint Arrangements with other Local Health Authorities.** — No joint arrangements have been agreed with other Local Health Authorities. It is intended to effect the closest co-operation with adjacent Local Health Authorities and it will be necessary to discuss with the Medical Officers of Health concerned any service where co-ordination appears desirable, or the joint use of any premises would be economical (e.g., a residential nursery).

3. **Arrangements with Voluntary Organisations.** — It is proposed, subject to the approval of the Minister, to continue the existing arrangements with the Oldham Council for Moral Welfare Work. General approval will also be sought to utilise any Home or other institution which is approved by the Minister for the reception of mothers and babies and for any expenditure incurred to rank for grant.

The Council are desirous of continuing their agreement to make an annual contribution towards the Chair of Child Health of the University of Manchester. It is proposed to continue the annual subscriptions to the National Council for the Unmarried Mother and her Child, the Central Council for Health Education, the National Baby Welfare Council and the Royal Society for the Prevention of Accidents.

The payment of any contribution will be made subject to the condition that the service and any premises in which it is carried on are open to inspection at all reasonable times by duly authorised officers of the Authority or the Ministry of Health. If the contribution is substantial, representation on the Executive Committees of the voluntary organisations will be sought.

4. **Liaison with Other Bodies.** — The Council desires to effect the closest co-operation with the Regional Hospital Board, and will welcome any proposals which will link the Local Health Authority's arrangements with the hospital and specialist services provided by the Board.

It is proposed to make joint appointments of medical and other staff wherever this can be satisfactorily effected and it is also proposed that the present arrangements for co-operation with Boundary Park General Hospital be continued and wherever possible extended. The provision of specialist treatment and specialist services will be discussed with the Board at the earliest convenience.



## **B. PARTICULAR ARRANGEMENTS WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.**

### **1. Clinics.**

(a) **Ante-Natal Clinics, and (b) Post-Natal Clinics.**—No immediate change is contemplated in the arrangement to operate one central ante-natal clinic. It is intended to hold four ante-natal sessions and one post-natal session per week. The number of sessions will be increased in accordance with the development of the service and the availability of medical staff.

(c) **Infant Welfare Centres.**—The present arrangements will continue and ten sessions per week will be held in the seven centres now in use. New and up-to-date premises are urgently required but are not likely to be available in the immediate future. Until such time as more suitable accommodation can be provided, additional sessions will be held in existing premises if circumstances demand and agreement can be reached with the Church authorities concerned.

**2. Care of Premature Infants.** — The present arrangements will continue to operate on the appointed day but as soon as circumstances permit it is proposed that two or three midwives receive special training in the nursing of premature infants.

The Regional Hospital Board will be consulted with regard to hospital facilities and the services of any specialists.

### **3. Dental Care**

(a) **General.** — From the appointed day the Council will provide special arrangements for the dental care of expectant and nursing mothers and young children, and by arrangement with the Education Committee the resources of the School Dental Service will be fully utilised on a user basis. The Senior Dental Officer, under the direction of the Medical Officer of Health, will continue to be responsible for the organisation and development of the service, and will have direct access to the appropriate Sub-Committee. The Assistant Dental Officers will assist the Senior Dental Officer and will undertake duties in connection with inspection and treatment.

The Regional Hospital Board will be asked to appoint the Senior Dental Officer, Visiting Dental Surgeon to Boundary Park General Hospital, and to agree any arrangements for the examination of expectant mothers at the ante-natal clinic held at the hospital.

It would be of considerable assistance if the Board could provide a fully equipped dental clinic which would be available for the treatment of mothers and young children. The Board will also be requested to continue the arrangements for special cases to be referred to the Manchester Dental Hospital for consultation, and, if necessary, treatment.

(b) **Expectant Mothers.**—It is the intention to provide for the examination by a dental officer, of every expectant mother following her first attendance at the ante-natal clinic, or on her engaging a midwife. The expectant mother will be examined at the ante-natal clinic and if treatment is



required she will attend at the dental clinic by appointment. As a number of cases from the County Districts of the West Riding and Lancashire County Councils attend Boundary Park General Hospital ante-natal clinic it will be necessary to discuss with the Medical Officers of Health concerned the most suitable arrangements for the treatment of these cases.

(c) **Nursing Mothers.** — Arrangements will be made for any nursing mother desiring treatment to attend at one of the dental clinics for examination and any subsequent treatment that may be required.

(d) **Children Under 5.**—Routine dental inspection and treatment will be afforded to pre-school children from the age of three years, particular attention being given to conservative treatment.

(e) **Sessions and Dental Officers Employed.**—It is proposed to employ the equivalent of 9/11ths of a full time dental officer on this work, seven sessions per week being devoted to expectant and nursing mothers and two sessions per week to the inspection and treatment of young children. If necessary additional dentists will be employed.

(f) **Supply of Dentures.**—The present arrangements for the supply of dentures will be continued. On the appointed day dentures of the prescribed type will be supplied free to expectant and nursing mothers.

4. **Supply of Welfare Foods.**—The Council propose to arrange for the distribution of those welfare foods which are included in the Government's Welfare Food Scheme and to arrange for other welfare foods to be supplied where the welfare of expectant or nursing mothers or young children so requires.

5. **Provision of Maternity Outfits.**—The present arrangements for the supply of maternity outfits through the municipal midwives to expectant mothers making arrangements to be confined at home will be continued, but no charge will be made for these articles.

#### 6. **Nursery Provision.**

(a) **Day Nurseries.** — It is intended to retain the existing nurseries with the exception of Park House which will be closed when the proposed Tate Street Nursery is opened. Every endeavour will be made to provide alternative accommodation for Fernholme Nursery which will be closed on the 4th July, 1948. When approval has been received under Defence Regulation 56 (a) plans and specifications will be prepared for the proposed new nursery in the Hathershaw area.

(b) **Residential Nurseries.** — There is need for a residential nursery which will provide accommodation for the children under three at present in the nursery of the Westwood Park Institution, and other children of this age needing temporary accommodation. It is proposed, subject to the approval of the Ministry of Health, to convert premises in Mayall Street now loaned to the Public Assistance Committee and used as a children's home.

It is intended that this residential accommodation shall be provided in discharge of the duty which will rest on the County Borough Council under the Children Act. It will be administered in such manner as may be provided in the Act and the Regulations made thereunder.



(c) **Industrial Nurseries.**—Co-operation with industrial firms will be continued and, it is hoped, extended.

(d) **Other forms of provision for the care of children.**—It is not proposed to make any provision for daily guardians, or crèches in the Infant Welfare Centres. A register of "Sitters In" will be kept.

7. **Care of Unmarried Mothers and their Children.** — The present facilities will continue to be available for the unmarried mother and her child and the services of the voluntary organisations in the district will be fully utilised. The proposed residential nursery for children under three years will be available for babies and consideration will be given to the admission and employment of suitable unmarried mothers if this can be arranged.

### **PART III.**

#### **Development Plan.**

The present school clinics and child welfare centres are held in premises which are lacking adequate facilities according to modern standards. It is recognised that new and up-to-date premises will have to be provided probably in conjunction with the Health Centres to be set up in connection with the general practitioner service.

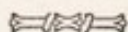
It is intended when circumstances permit, to provide a new Health Centre and this has been included in the Council's programme of capital expenditure submitted to the Ministry of Health for the year 1948/49. The Council in preparing the plan for the future town centre have allocated a site for this Centre.

The programme of capital expenditure for 1948/49 includes, in addition to the above, a branch centre to be provided on a site to be determined. It is also intended to provide a branch centre in the Hollinwood area and a site has been allocated on the new Limeside Housing Estate. These proposals will require modification and adjustment in the light of recommendations which may arise in the discussion of the provision of health centres for the general practitioner service.

The employment of specially qualified and experienced general practitioners at ante-natal clinics and welfare centres will receive consideration as the proposed new service develops.



# COUNTY BOROUGH OF OLDHAM.



## *National Health Service Act, 1946.*

Health Services to be provided by Local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 28th May, 1948.

### MIDWIVES SERVICE.

Since 1st July, 1937, the Council has provided a Domiciliary Midwifery Service under the Midwives Act, 1936. The Medical Officer of Health is responsible for the administration of this service and he is assisted by a medical and a non-medical supervisor. At the inception of the scheme the question of the Oldham Nursing Association sharing in the service was discussed with this body, but the committee of the Association did not desire to take any share in the new service and no arrangements have existed for the provision of this service through agents.

In March, 1943, arrangements, approved by the Central Midwives Board, were agreed with the City of Manchester and St. Mary's District Midwifery Training Association, for their pupil midwives to reside with municipal midwives of this Authority in order to obtain the district training prescribed in Part II of the course.

### PART I.

#### Statistical Data.

Total number of domiciliary births:—

(a) 1945 — 573

(b) 1946 — 627

#### Existing Service.

The following is the authorised establishment for this service:—

- 1 Non-medical Supervisor of Midwives,
- 1 Senior Assistant Superintendent,
- 2 Assistant Superintendents,
- 9 District Midwives.

The non-medical supervisor is responsible for the day to day supervision, direction and discipline of the district midwives. She also assists with the teaching of pupil midwives and ante-natal clinics.



The senior assistant superintendent is a district midwife, but deputises for the supervisor and assists in the teaching of pupil midwives. The two assistant superintendents, who are also district midwives, assist in the teaching of pupil midwives and undertake duties in the absence of the senior assistant superintendent.

All the district midwives are state registered nurses and possess the certificate of proficiency in the administration of gas and air analgesia. In addition, one part-time midwife who is a state registered nurse, is employed on relief duty and the visiting of patients who are discharged from Boundary Park General Hospital before the fourteenth day and require visits during the remainder of the puerperium period. She does not conduct any deliveries and her work is confined to morning visits.

The Council has adopted the recommendations of the Midwives Salaries Committee with regard to salaries and conditions of service.

#### **Accommodation.**

The following accommodation is provided by the Council:—

1. A hostel which accommodates the supervisor, the senior assistant superintendent, two district midwives and two pupils.
2. Two houses for married midwives; one of these was purchased by the Council for this particular purpose and the other is on a tenancy basis.

The Housing Committee have agreed to provide housing accommodation for a married midwife, if required in the case of the engagement of a midwife who does not possess her own house or who cannot reside at the hostel.

Two midwives practise from their own homes.

#### **Transport.**

By arrangement with the Transport Committee a car is available for use by the district midwives when required during the night, for urgent calls to confinements out of their own districts, in emergency, and for the conveyance of gas and air analgesia apparatus. At all other times the midwives use public service vehicles.

#### **Gas and Air Analgesia.**

One apparatus is allocated to each midwife who resides at her own home and three are available at the hostel. This number is regarded as adequate for the present demand.



### **Fees.**

An inclusive fee of £2 5s. 0d. per case is made for the services of the midwife. This includes the provision of sterile parcels containing dressings, etc. Necessitous cases can appeal and are assessed according to a scale approved by the Council. If necessary bed linen and bedroom requisites are supplied on loan.

## **PART II.**

**Service which will operate from the Appointed Day.**

### **General Administrative Arrangements.**

1. It is proposed to continue the existing arrangements but the services of the midwife will be free and fees paid to a practitioner called in by a midwife will no longer be recoverable.

Arrangements for dental care and the provision of maternity outfits will be detailed under the proposals for the "Care of Mothers and Young Children."

2. From the appointed day it is proposed to employ the present establishment of midwives as follows, if these are available:—

- 1 Non-medical supervisor,
- 1 Senior Assistant Superintendent,
- 2 Assistant Superintendents,
- 9 District Midwives,

together with one part-time midwife who will be employed half-time as at present. If any special circumstances arise and the casual services of a further part-time midwife are required and available, they will be utilised.

3. The arrangement made with the City of Manchester and St. Mary's District Midwifery Training Association will be continued, subject to any agreed arrangements with the Regional Hospital Board or the Hospital Management Committee concerned.

4. No joint arrangements with other local health authorities are proposed, but close co-operation will always be afforded.

### **Arrangements for the Supervision of Midwives.**

The service will be under the direction and control of the Medical Officer of Health but the day-to-day supervision of the district midwives will be undertaken by the non-medical supervisor who will refer to the medical supervisor or the Medical Officer of Health such special matters as arise from time to time.



**Transport.**

It is proposed to continue the existing arrangements with the Transport Committee for the transport of midwives and their equipment for gas and air analgesia.

**Gas and Air Analgesia.**

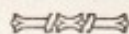
The present arrangements will continue and the Council propose to provide for the training in the use of approved methods of analgesia of all domiciliary midwives who are not already so trained and to provide an adequate supply of the requisite apparatus for the midwives in their employment.

**PART III.****Development Plan.**

It is anticipated that from the appointed day the whole of the area will be adequately covered but if staffing difficulties arise, it may be necessary for the Council to utilise their powers under Section 65 of the Act and provide additional residential accommodation for one or more of the district midwives.



# COUNTY BOROUGH OF OLDHAM.



## *National Health Service Act, 1946.*

Health Services to be provided by Local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 28th May, 1948.

### HEALTH VISITING.

#### PART I.

##### Statistical Data.

- |   |               |
|---|---------------|
| 1. Area of the borough .....                      | 7½ sq. miles. |
| 2. Total mid-1946 population .....                | 116,240.      |
| 3. Number of registered live births in 1946 ..... | 2,132         |

##### Existing Service.

The following is the authorised establishment of Health Visitors:—

- 1 Superintendent Health Visitor.
- 1 Deputy Superintendent Health Visitor.
- 7 Health Visitors engaged in maternity and child welfare.
- 1 Health Visitor engaged in tuberculosis.
- 3 Student Health Visitors.

The superintendent health visitor is also superintendent school nurse and devotes a certain proportion of her time to duties in connection with the School Health Service. She is responsible for the day-to-day supervision and work of the health visitors, supervises the home help and domestic help service and has administrative duties in connection with the day nurseries. In all these duties she is assisted by her deputy.

The deputy superintendent health visitor and the health visitors are also designated school nurses, and occasionally undertake duties in the School Health Service.

The borough is divided into eight districts, each of which is allocated to a health visitor.

The duties of the health visitor include the supervision of all children from birth to school age, in her district. The visiting of cases of ophthalmia neonatorum, whooping cough and measles is also undertaken by the health visitor. Other visits which form a small proportion of her work are in connection with uncleanness and verminous conditions. The health visitor also visits aged or infirm persons reported to the Medical Officer of Health as requiring care and attention. Each health visitor undertakes the management of a child welfare centre in her own district and attends weekly. Here she is particularly concerned with the teaching of mothercraft and assists the medical officer at her clinics and with immunisation.



The present establishment of health visitors is considered insufficient. No requests have been made for an increase in the establishment of health visitors in recent years because of the difficulty in maintaining the present establishment. At present the establishment is four health visitors short.

One health visitor is engaged wholtime in connection with the Tuberculosis Service.

The Education Committee employ five school nurses whose duties are almost exclusively in connection with the School Health Service, but by arrangement they assist with diphtheria immunisation, home visits and in other child welfare services should the necessity arise. Two, who hold the health visitor's certificate, have been appointed health visitor-school nurse and in future all appointments will be combined.

The Council have recently adopted a scheme for the employment of student health visitors. Under these arrangements, the student attends a recognised training school for the health visitor's certificate and on obtaining her certificate is appointed to the permanent staff. Her salary for the first twelve months service (six months as student health visitor, six months as health visitor) is half the minimum of the scale for a fully qualified health visitor.

The existing service has since its inception been provided directly by the Council.

## **PART II.**

### **Service which will operate from the appointed day.**

#### **General Administrative Arrangements.**

1. The Council will provide a complete health visiting service for the purpose of giving advice as to the care of persons suffering from illness, to expectant and nursing mothers and to mothers and others with the care of young children. The health visitor will be concerned with the health of the household as a whole, including the preservation of health and precautions against the spread of infection. It will be the duty of the health visitor to work in close co-operation with the family doctor and not to encroach upon the work of the nurse provided under the Council's Home Nursing Service or the sanitary inspector.

2. The Council will employ:—

- 1 Superintendent Health Visitor.
- 1 Deputy Superintendent Health Visitor.
- 12 Health Visitors.
- 1 Health Visitor for the Tuberculosis Service.
- Student Health Visitors.

The superintendent health visitor will continue to act as superintendent school nurse and will also undertake the duties of superintendent nursing officer. It will be the responsibility of this officer to effect day to day co-ordination of the midwives, health visiting and home nursing services.



The deputy superintendent health visitor and the health visitors will continue to be designated school nurses, and the arrangement for school nurses to undertake the duties of health visitor will continue. One health visitor will continue to be engaged on wholetime duties in the Tuberculosis Service but she will be assisted in the home visiting by the health visiting staff. This health visitor will also undertake social duties in connection with the care and after-care of tuberculous patients. It is proposed to continue the scheme for the recruitment of health visitors in the capacity of student health visitors and the number of such students will vary according to the needs of the service.

3. The service will be provided by the Council.

4. No joint arrangements are proposed with other local health authorities but close co-operation will always be afforded.

#### **Transport.**

No special arrangements are considered necessary for the provision of transport as public service vehicles are available and arrangements exist for a car to be available for use by this service in emergency or for special visits.

### **PART III.**

#### **Development Plan.**

In view of the extension of the functions to be undertaken by the health visitor, it is extremely difficult to assess the number of health visitors who will be required to adequately cover the whole area of the borough. It is, therefore, proposed to engage additional full-time health visitors in accordance with the demands of the service. With the expansion of the service and at an early date it is hoped to co-ordinate more closely the duties of the health visitor and school nurse.

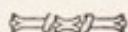
It is our intention to divide the town into districts which will be allocated to one or more health visitors who will undertake all the duties of health visitor and school nurse.







# COUNTY BOROUGH OF OLDHAM.



## *National Health Service Act, 1946.*

Health Services to be provided by Local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 29th May, 1948.

### HOME NURSING.

#### PART I.

1. Area of borough ..... 7½ sq. miles.
2. Total mid-1946 population ..... 116,240.

#### Existing Service.

A Home Nursing Service has been provided for many years by a voluntary organisation, the Oldham Nursing Association, which is affiliated to the Queen's Institute of District Nursing. The Association only undertakes district nursing, as private nursing was discontinued some years ago. The Association has an agreement with the Oldham Royal Infirmary Contributory Scheme Association to provide home nursing free for their members. The Association has recently purchased No. 57, Queens Road, for use as a Nurses' Home. This provides residential accommodation for 1 Matron, 4 nurses and 1 domestic.

On the 1st November, 1947, the staff consisted of:—

- 1 Queen's Superintendent,
- 2 Queen's Nurses,
- 4 State Registered Nurses.

The Oldham Royal Infirmary Contributory Scheme Association provides two cars to facilitate the work of the nurses and bears the entire cost of this transport.

The following figures indicate the amount of work done by the Association during 1944 and 1945 and are extracted from the annual reports:—

1944		1945	
Cases	Visits	Cases	Visits
390	8,428	284	8,634

No Home Nursing Service is provided by the Council and no other voluntary body provides a service of this type in the Council's area.

#### PART II.

Service which will operate from the Appointed Day.

#### General Administrative Arrangements.

1. The Council will provide a Home Nursing Service under the general direction of the Medical Officer of Health, and arrangements will be made, subject to agreement with the Committee of the Oldham Nursing Association, for the Council to take over the service which is provided by



them. The service will be administered by a Sub-Committee of the Health Committee and to this Sub-Committee will be co-opted representatives of the Oldham Nursing Association.

It is the intention of the Council to maintain the highest standard of home nursing, and to affiliate to the Queen's Institute of District Nursing and to accept any inspection by this body. The Council will appoint a Superintendent who will be a qualified Queen's Nurse and she will undertake the day-to-day management of the service. The Superintendent Health Visitor will undertake the duties of Superintendent Nursing Officer and it will be her duty to co-ordinate the Midwifery, Home Nursing and Domestic Help Services.

Nurses will be available for evening visits and emergency calls during the night, but so far as night nursing is concerned it is felt that cases requiring continuous night nursing are properly hospital cases. In connection with night calls, it will be necessary for a telephone to be installed in the homes of those nurses who are not resident at the Nurses' Home.

2. The Council propose to fix the following establishment and the maximum number of staff will be engaged as soon as circumstances demand and suitable personnel becomes available:—

- 1 Superintendent,
- 2 Assistant Superintendents,
- 18 Nurses.
- 1 Female Clerk.

It is the intention of the Council that the Superintendent and Assistant Superintendents shall be Queen's Nurses, one of the Assistant Superintendents to be a male nurse. The majority of the 18 nurses to be engaged will be State Registered Nurses, male and female, but it is anticipated that a number of Enrolled Assistant Nurses, male and female, will also be employed.

The Rushcliffe scales of salary and conditions of service for nursing staff will be observed.

In times of major incidence of illness when hospital beds are not available, additional part-time nurses, if available, will be engaged temporarily.

3. As before stated, arrangements will be made, subject to agreement with the Committee of the Oldham Nursing Association, for the Council to take over the service which is provided by them, including the nursing staff. It will be necessary to provide a home for such nurses as will require residential accommodation, and the Council will discuss with the Association the use of the present Nurses' Home for this purpose.



4. No joint arrangements are proposed with other Health Authorities, but close co-operation will always be afforded.

#### **Transport.**

Arrangements will be made for a car to be available for use in emergency or for special visits. In other cases, public service vehicles will be used.

### **PART III.**

#### **Development Plan.**

It is anticipated that the demand for nursing in the home will increase as the service becomes more widely known and appreciated. Consideration will therefore be given to increasing the number of nurses employed in accordance with the demand and the availability of suitable personnel.

The service will be subject to review from time to time, with a view to effecting any improvements or extensions that may appear desirable.





# COUNTY BOROUGH OF OLDHAM.

## *National Health Service Act, 1946.*

Health Services to be provided by Local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 24th May, 1948.

### VACCINATION AND IMMUNISATION.

#### **Diphtheria.**

Immunisation against diphtheria has been available in Oldham since 1933, but the arrangements were rather spasmodic in character until March, 1938, when a special campaign was arranged, and additional staff were engaged. Within two months all schools were visited and almost 4,000 school children were protected. This campaign was the basis of future success and in the following years the public rapidly became immunisation conscious. In 1942 we were able to record that 82.72% of the school population had been immunised. Since 1936 the methods of protection, publicity and co-operation have been under constant review and in the light of experience and medical advances, improvements have been effected.

"Re-inforcement" injections were first introduced in 1941 and have since been routine practice, being advised for children in their sixth year, (i.e., school entrants), and eleventh year. Parents of children who at their final routine medical examination (i.e., school leavers) are found to have escaped immunisation or "re-inforcement" injections, are again approached and, with the parents consent, the necessary injections are given prior to leaving school.

In recent years more attention has been devoted to the protection of children of pre-school age. In this connection home visiting by health visitors and lay visitors, and the approach to mothers through welfare centres, have been the main sources of securing immunisation of these children. Much use has also been made of other propaganda and press publicity.

Co-operation with general practitioners was effected by the free supply of material from the inception of the scheme. This co-operation was further effected in 1941 when the Council approved arrangements for parents to have their children immunised free of cost by their own private doctors if they so desired. The material was supplied free and a payment of 2/6d. per injection was paid to the practitioner on condition that he received no further payment and that he supplied the necessary records to the Medical Officer of Health.

The following figures indicate the number of children immunised during 1946, and the percentage of immunised children in the borough at the end of that year:—

	Age 0-4 (inclusive)	Age 5-15 (inclusive)
Number of children completing the full course of immunisation	1,068	417
Percentages of immunised children at 31st December, 1946 ...	64.46% .	93.98%



The fall in the incidence of diphtheria and deaths from this disease over the period 1934—1946, are shown in the following figures:—

	Cases.	Deaths
Yearly average, 1934—1938 ...	246	21
Yearly average, 1939—1943 ...	99	4
Yearly average, 1942—1946 ...	92	2

In only one case has death occurred in an immunised child; this was in 1940 and the patient died within 24 hours of admission to hospital.

### Smallpox.

Vaccination against smallpox is carried out under the Vaccination Acts, 1867 to 1907. The borough is divided into six districts, each comprising two wards, and there are five general practitioners, together with the Medical Superintendent of Boundary Park General Hospital, who hold the appointment of public vaccinator. One vaccination officer is employed in a part-time capacity. On the appointed day these Acts will cease to have effect and the compulsory vaccination of infants against smallpox and the functions and appointments of public vaccinators and vaccination officer under these Acts will come to an end.

During 1946, 312 children under one year of age were vaccinated, being 14.63% of the total live births registered during the year.

### Whooping Cough.

In March, 1942, the Ministry of Health gave sanction under Section 177 (i) of the Public Health Act, 1936, for the provision by the Council of facilities for immunisation against whooping cough. The material used was Whooping Cough Vaccine (B. & W.) 5,000 m. organisms (.5 c.c.) being given at an interval of one week between the first three injections and four weeks between the third and final injection. This protection was confined to children between the ages of six and twelve months.

Early in 1943, the recommendations of the Whooping Cough Subcommittee of the Ministry of Health were adopted, i.e., two injections of 1 c.c. Pertussis Vaccine (20,000 m. organisms per c.c.) with a monthly interval. This protection was confined to children under two years, and these arrangements have continued.

The facilities also included the free supply of Whooping Cough Vaccine to general practitioners, and a fee of 2/6d. per injection was paid to the practitioner on condition that he received no further payment and that he supplied the necessary records to the Medical Officer of Health.

During the year 1946, 786 children received the full course of injections.

**Proposals for the provision of Vaccination and Immunisation Services in Accordance with Section 26 of the National Health Service Act, 1946 and Circular 66/47.**

### Part I.

#### Statistical Data.

1. Total mid-1946 population ...	...	...	...	...	116,240
2. Mid-1946 child population:—					
Under 5 ...	...	...	...	...	8,410
5—15 ...	...	...	...	...	14,400



3.	Number of registered live births:—						
	1945	...	...	...	...	...	1,899
	1946	...	...	...	...	...	2,132
4.	Estimated percentage of mid-1946 child population immunised against diphtheria at 31st December, 1946.						
	Under 5	...	...	...	...	64.46%	
	5—15	...	...	...	...	93.98%	
5.	Estimated number of children aged 0—15 years to be (i) vaccinated against smallpox, (ii) immunised against diphtheria and (iii) immunised against whooping cough during the year ending March 31st, 1949:—						
SMALLPOX VACCINATION. Number of children receiving:—							
(a)	Primary vaccination	...	...	...	...	...	750
(b)	Re-vaccination	...	...	...	...	...	250
DIPHTHERIA IMMUNISATION. Number of children receiving:—							
(a)	Primary immunisation	...	...	...	...	...	1,750
(b)	“Re-inforcement” injections	...	...	...	...	...	4,000
WHOOPING COUGH INOCULATION.							
	Number of children completing course of injections						1,000

## Part II.

### Diphtheria Immunisation.

#### A. Children under 5.

It is essential that infants should receive primary immunisation on or before the age of twelve months. The general plan to secure this, which is based on existing arrangements, is as follows:—

(a) **i. Home Visiting.** Health visitors in their visits to mothers will recommend immunisation against diphtheria and if possible obtain written consent at the time of the visit. If this consent is not obtained then a "reply paid" consent card will be left for the parent to complete and post to the Medical Officer of Health. Where the consent is not forthcoming or the parents fail to attend with their children, further efforts will be made to persuade these parents to give consent, particular emphasis being laid on the dangers of diphtheria and the importance of immunisation at an early age. In the majority of these cases further home visits will have to be made, and these will be done either by health visitors or by a lay visitor specially trained for this work. Any parent who continues to refuse immunisation will be "specially noted" in the office records and repeated efforts to obtain consent will be made from time to time.

**ii. Welfare Centres.** Special talks will be given at the centres and all mothers attending will be asked to agree to their children being immunised. In this field, experience has shown that consent is given in almost every case.

**iii. Day Nursery Admissions.** All children who are to be admitted to the Council's day nurseries and nursery classes will be immunised prior to admission, or as soon as possible afterwards, according to circumstances. There are a number of industrial nurseries in the borough and the management of these will be asked to agree to arrangements being made for the immunisation of the children in their nurseries.



**iv. Co-operation with Private Practitioners.** If parents desire to have their children immunised by their own private practitioner, the necessary material will be provided free of cost and the recognised fee paid to the practitioner provided he immunises the child and supplies the necessary records to the Medical Officer of Health. Practitioners will also be employed if necessary for organised sessions.

- (b) Arrangements will provide for sessions to be held at the following centres:—

Health Office ...	...	...	...	...	Weekly
Central Welfare ...	...	...	...	...	Weekly
Branch Welfare Centres ...	...	...	...	...	Fortnightly

Additional sessions will be arranged in accordance with requirements.

- (c) Health visitors, matrons of nurseries and teachers in charge of nursery classes or schools are fully alive to their responsibilities to encourage immunisation. They will be kept fully informed of any new propaganda together with revised methods of procedure, and will be asked to co-operate in securing and maintaining the highest possible percentage of immunised pre-school children.

- (d) Regular use will be made of the local press to bring before the public information regarding immunisation and the incidence of diphtheria in the borough. The monthly reports of the Health Committee are published by the press and their representatives attend all meetings of the Health Committee and its Sub-Committees, and are always willing to co-operate when requested. Notices will be inserted in the press advising parents to have their children immunised and giving details of the facilities available. If diphtheria should be prevalent, a warning notice will be inserted in the press stressing the importance of immunisation.

- (e) Illustrated leaflets will be distributed by health visitors, school nurses, nursery matrons and sanitary inspectors. National publicity material including illustrated "reply paid" consent cards, leaflets and posters will be used, and combined National/Local Authority advertisements will be inserted periodically in the press in association with adjacent authorities.

## **B. Children of School Age.**

Appropriate sessional facilities at schools or elsewhere for group immunisation, and facilities for individual immunisation by general practitioners taking part in the Council's scheme will be arranged.

Primary immunisation, if not previously performed, and the first "re-inforcement" injection will be associated with the routine entrance examination. The second "re-inforcement" injection will be associated with the routine examination of the 11 age group. This will effect economy in the administration and clerical arrangements and will simplify "follow-up". It will afford the maximum co-operation with the head teachers and teachers, and personal contact will be made with the parent. The clerical arrangements will provide for the "immunisation details" of all pre-school children to be transferred to the School Medical Officer before school entry. In cases where primary immunisation has not been accepted and consent is not obtained prior to the medical examination, a personal letter will be addressed to the parents inviting them to an interview with the medical officer. Children requiring injections will



receive these at the school and special sessions will be arranged as required.

The medical officers of the Hulme Grammar Schools and the Blue Coat School, and the head mistresses of the private schools in the borough, will be asked to co-operate on similar lines.

Arrangements with regard to publicity and propaganda will be the same as those referred to in paragraph A.

### C. Records and Payments of Fees.

The Council will pay to general practitioners taking part in the Council's arrangements such fees as are fixed by negotiation with representatives of the profession in respect of:—

- i. The return to the Medical Officer of Health of information in a specified form for record purposes.
- ii. Services rendered on a sessional basis.

### D. Medical Arrangements.

In accordance with para. 7 of Circular 66/47, an opportunity will be given to all practitioners in the area providing general medical services, to provide services under the Council's arrangements for immunisation against diphtheria, whether or not the practitioner intends to give service under Part IV of the Act.

Medical Officers of the Department will undertake immunisation at welfare centres, day nurseries and also at schools when sessions are arranged. General practitioners will be employed on a sessional basis.

#### **Vaccination and Immunisation—Smallpox—Amendment of Proposals.**

H.N. Sub-Grp

21. 1. 54.

—It was reported that the Minister of Health had approved an amendment of the Council's proposals under section 26 of the National Health Service Act, 1946, in connection with vaccination against smallpox, by the addition of the following paragraph:—

"(iii) Other Age Groups.—Arrangements will also be made for the vaccination or re-vaccination of other persons by medical officers of the department or by general practitioners, either in individual cases or at sessions."

Vaccination and advise parents of the facilities available. Records will be kept of all children vaccinated and where vaccination is not undertaken in the first year a further home visit will be made. Arrangements will be made to provide for the carrying out of vaccination in individual cases by general practitioners taking part in the Council's scheme: and to supplement these arrangements, if necessary, such facilities for sessional group vaccinations will be provided as experience may show to be required. The parents of infants and young children will be encouraged through midwives, health visitors, and medical practitioners to agree to their children being vaccinated.

ii. **Children of School Age.** Facilities will be available for school entrants to be re-vaccinated if this is desired.

### B. Records and Payments of Fees.

The Council will pay to general practitioners taking part in the Council's arrangements such fees as are fixed by negotiation with representatives of the profession in respect of:—



- i. The return to the Medical Officer of Health of information in a specified form for record purposes.
- ii. Services rendered on a sessional basis.

### **C. Arrangements in the Event of an Outbreak of Smallpox.**

In the event of cases of smallpox occurring in the district, all contacts will be offered vaccination and this will be undertaken by medical officers of the department or by general practitioners. A strict watch will be kept on all contacts to ensure they accept vaccination. In the case of a large emergency demand for public vaccination or re-vaccination the co-operation of all practitioners in the area will be sought. Special emergency vaccination centres will be established and large local firms will be asked to assist by arranging for first aid rooms or other suitable premises in their works to be used as emergency centres. If necessary, additional centres will be opened in schools and clinics.

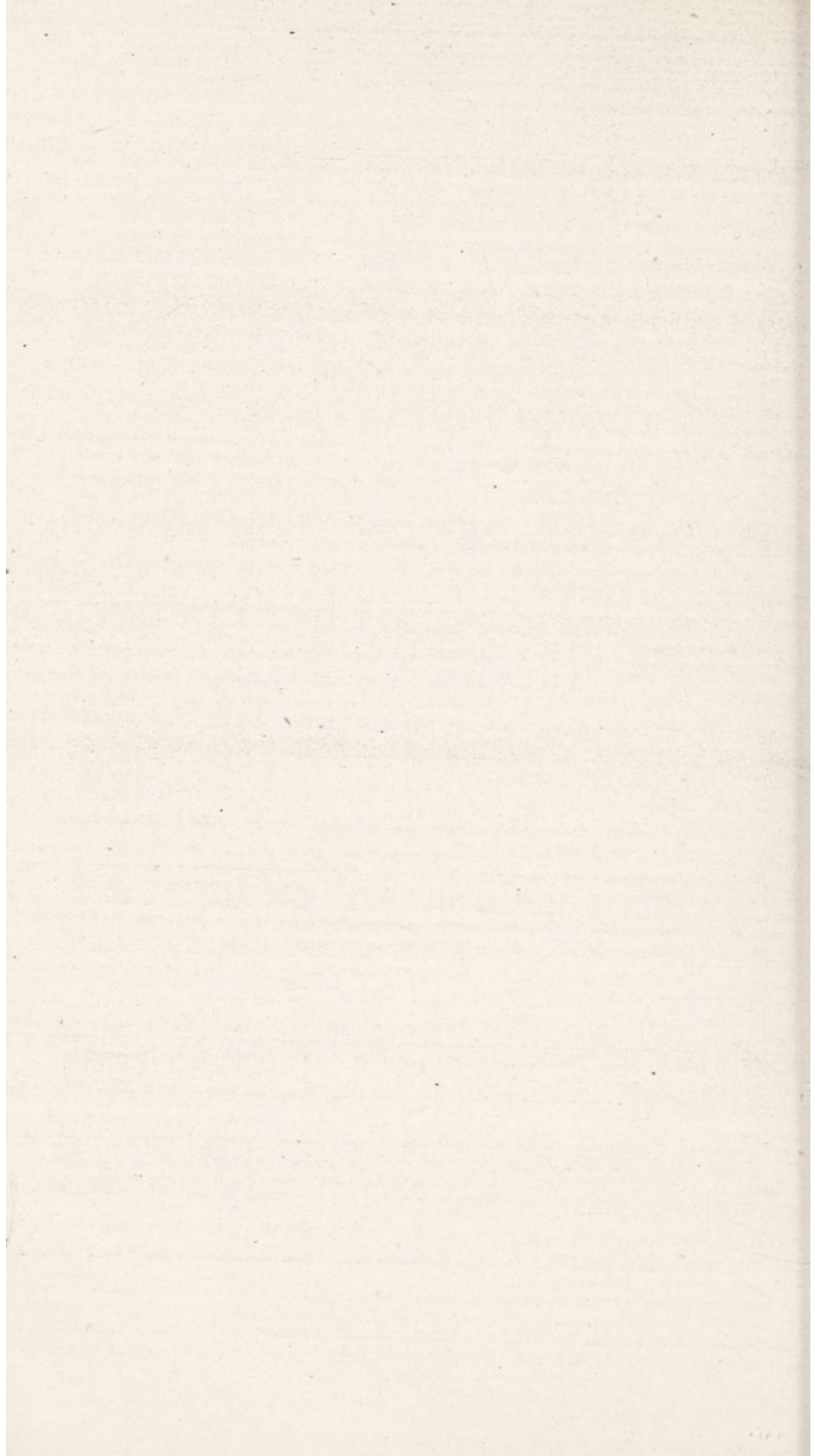
### **D. Medical Arrangements.**

In accordance with para. 7 of Circular 66/47, an opportunity will be given to all practitioners in the area providing general medical services, to provide services under the Council's arrangements for vaccination against smallpox, whether or not the practitioner intends to give service under Part IV of the Act.

Medical officers of the department will undertake vaccination at welfare centres, day nurseries and also at schools when sessions are arranged. General practitioners will be employed on a sessional basis as and when required.

### **WHOOPING COUGH INOCULATIONS.**

The Council will make such arrangements for whooping-cough immunisation, including continuance of the arrangements at present operating, as may be recommended by the Medical Officer of Health who will be responsible for deciding the antigen(s) to be used and for keeping such records as will enable the value of this type of inoculation to be assessed. The arrangements under this heading will in general conform to those applicable to the Council's arrangements under Section 26 as a whole.







# COUNTY BOROUGH OF OLDHAM.

## *National Health Service Act, 1946.*

Health Services to be provided by Local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 25th May, 1948.

### AMBULANCE SERVICE.

The present Borough Ambulance Service was established in 1922 and under an agreement the area served included, in addition to the borough, the Urban Districts of Chadderton, Crompton, Failsworth, Lees, Royton and Springhead (now part of Saddleworth). The agreement provided that the Corporation should send ambulances for the purpose of removing persons injured by accidents and patients of medical practitioners within the area of the District Councils, except those patients suffering from infectious diseases or lunatics. Ratepayers in the area covered by the agreement are conveyed free of cost within a radius of ten miles. In 1932 an arrangement was entered into whereby the Watch Committee contracted with the Health Committee to remove patients from Boundary Park Hospital to and from the Middleton area at a fixed charge per patient. The service was carried out by members of the Fire Brigade staffs under the control of the then Chief Constable, Mr. A. K. Mayall, O.B.E.

Following the formation of the National Fire Service the Ambulance Service passed to the Civil Defence Service for operational purposes and came under the control of the Emergency Committee. In August, 1945, the Service was transferred to the Carrying and Cleansing Committee and came under the control of the Director of Public Cleansing.

### PROPOSALS FOR THE PROVISION OF AN AMBULANCE SERVICE IN ACCORDANCE WITH SECTION 27 OF THE NATIONAL HEALTH SERVICE ACT, 1946, AND CIRCULAR 66/47.

#### Part I.

1. The Registrar General's estimate of the population of the Borough in the middle of 1946 is 116,240 and that for Oldham and the out-districts served by the ambulance service is 248,884.
2. The area of the borough is  $7\frac{1}{2}$  square miles and that of Oldham and adjacent districts served by the ambulance service  $60\frac{1}{4}$  square miles.
3. **EXISTING AMBULANCE SERVICES.**

There are two services available, the Borough Ambulance Service administered by the Cleansing and Transport Committee under the control of the Director of Public Cleansing, and the Infectious Diseases Ambulance Service administered by the Health Committee under the control of the Medical Officer of Health.

#### (i) **Borough Ambulance Service.**

A. The present agreement provides for a service in respect of the County Borough and contiguous County Districts namely the Urban Districts of Chadderton, Crompton, Royton, Failsworth, Lees and the Parishes of Woodhouses, Bardsley, Alt and Littlemoss in the Rural District of Limehurst, all in the area of the Lancashire County Council, and



the Urban District of Saddleworth in the West Riding of Yorkshire. Each of the Districts named "pays to this Corporation in respect of the Ambulance Service such an annual sum as shall bear to the net annual cost of the service, the same proportion as the rateable value of each of the districts of the District Councils respectively shall bear to the total rateable value of the County Borough of Oldham and the districts of the District Council."

By arrangement with the Health Committee patients from Middleton are removed to and from Boundary Park General Hospital for a fixed charge per removal, the Borough of Middleton having their own ambulances for other cases.

**B.** The Council owns eleven vehicles and the following table includes the year of purchase and the mileage travelled since the vehicles were acquired. All the vehicles are of the two stretcher type and five of the vehicles have over ten years' service.

Reg. No.	Year Purchased	Make	Mileage to 31.12.46
BU 7306	1932	Austin	14,128
BU 8500	1935	"	97,956
BU 9000	1935	"	189,441
BU 9001	1935	"	134,893
BBU 130	1938	"	92,957
BBU 490	1938	"	51,926
CBU 364	1940	"	34,737
EXN 995*	1942	"	42,558
DJH 18*	1943	"	30,410
DKX 742*	1944	"	4,770
CNF 588†	1934	Humber	12,662

\* The chassis of these vehicles were purchased second-hand, being originally private vehicles in good condition which have been converted to their present use.

† In February 1945, the Failsworth Urban District Council transferred this vehicle for general use of the Borough Ambulance Service.

**C. D.** No cars in the ambulance service are used exclusively as sitting case cars and there are no other vehicles suitable for conveying patients.

**E.** All the ambulances are garaged with other Corporation vehicles at the Glodwick Road garage of the Cleansing and Transport Committee and are under the control of the Director of Public Cleansing.

**F.** The maintenance of all ambulances is carried out by the Cleansing and Transport Department of the Oldham Corporation.

**G.** The present staff at the Glodwick Road Depot, comprises 3 assistant superintendents, 1 clerk, 14 drivers and 14 attendants.

**H.** During the year 1946, there were 20,132 calls on the service. It is not possible to divide these into removals by ambulance, sitting case cars and other vehicles; though a number of these cases were of the sitting case type. The allocation and distribution of patients for the year 1946 (See Appendix "A") is extracted from the report of the Director of Public Cleansing for that year.

**I.** The total mileage run during the year 1946 was 82,187 miles.



**(ii) Infectious Diseases Ambulance Service.**

**A.** The service provides for the removal of all cases of infectious diseases, including Tuberculosis, in respect of the County Borough. In addition patients admitted from the Lancashire County Districts of Chadderton, Failsworth, Lees, Limehurst, Royton and Crompton, and the West Riding Urban District of Saddleworth are conveyed to Westhulme Hospital. These districts are charged a fixed rate per removal which is based on the average mileage. No tuberculosis patients are removed for the Lancashire County Council or for the West Riding County Council.

**B.** There are two ambulances available for this service:—

Reg. No.	Year Purchased	Make	Mileage to 31.12.46
BU 7638	1933	Morris	54,231
BU 9610	1936	Dodge	41,127

**C. D.** No cars in the ambulance service are used exclusively as sitting case cars and there are no other vehicles suitable for conveying patients.

**E.** These vehicles are garaged at Westhulme Hospital, Oldham, and are under the control of the Medical Officer of Health.

**F.** The maintenance of the two ambulances is carried out by the Cleansing and Transport Department of the Oldham Corporation.

**G.** There are no full-time drivers or attendants employed. The ambulances are operated by Porter-Drivers employed at the Westhulme Infectious Diseases Hospital.

**H.** During the year 1946 there were 678 calls on the ambulance service. These are summarised in Appendix "B".

**I.** The total mileage run during the year 1946 was 4,860 miles.

**PART II.**

**1. SERVICE WHICH WILL OPERATE FROM  
THE APPOINTED DAY.**

**A.** The whole of the service will be administered by the Health Committee on behalf of the Council.

**B.** The ambulances at present under the control of the Cleansing and Transport Committee will be transferred to the Health Committee. The existing garage arrangements are not regarded as satisfactory and it is proposed to establish a new ambulance station adjacent to Boundary Park General Hospital. Two sites convenient to the hospitals where the greatest amount of work is done are being considered; at Westwood Park Institution and at Kelsall Street. Allowances will be made for an increase in the number of vehicles and in the number of personnel. The service will be operated with ten ambulances and two sitting-case cars. (The latter will have to be acquired).

The existing arrangements for the removal of infectious patients will continue and the two ambulances used for this purpose will be garaged at the Westhulme Hospital.

**C.** Arrangements have been made with the Lancashire and West Riding County Councils for the County Borough to continue to provide the services referred to in Part 1, paragraph 3(i)A, for such periods as may be agreed.



**D.** It is proposed to employ 1 ambulance officer, 1 clerk-storekeeper, 3 switchboard operators, 28 driver-attendants, and 2 driver-mechanics.

The Authority will make arrangements for securing that, as far as possible

(i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health;

(ii) all such drivers and attendants shall be so trained as to be interchangeable in their duties.

**E.** Facilities for maintenance will be provided in connection with the new Ambulance Station. Major repairs and overhauls will be dealt with by the appropriate Corporation Department or by a commercial firm, according to requirements.

**F. Conveyance of patients by railway.**

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

**G. Call out arrangements.**

The Authority will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County Borough informed of the action to be taken to call an ambulance.

**2.**

**DEVELOPMENT PLAN.**

It is estimated that, in order to provide adequately for the conveyance, where necessary, at any time of the day or night of persons suffering from illness (as defined in Section 79(1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County Borough to places in or outside the County Borough and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will need to comprise a total of 12 to 16 ambulances, 2 to 6 sitting-case cars, and 28 to 40 whole-time drivers and attendants. The Council intend to develop the service up to the minimum mentioned as rapidly as circumstances permit.

The requirements of the ambulance service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting-case cars and staff.

It is anticipated that the new Ambulance Station will be completed by the appointed day. It is proposed to replace existing vehicles by the purchase of two new ambulances per year for the first three years and subsequently one new vehicle per annum. These vehicles will be purchased out of revenue.



# Appendix "A"

## COUNTY BOROUGH OF OLDHAM.

### Borough Ambulance Service.

#### Allocation and Distribution of Patients during the year 1946.

	Accidents		Infirmary	The Nook	Boundary Park General Hospital	Manchester	Mortuary	Over 10 miles	Orthopaedic Clinic	Woodfield Nursing Home	Dr. Ker-shaw's Home	House to House	Westwood Park Inst.	Misc. under 10 miles	Total 1946
	Public Place	Private Place													
Borough ... ..	431	393	5,920	953	3,345	199	61	60	1,200	50	18	22	556	16	13,224
Crompton ... ..	11	27	410	0	299	16	0	4	2	4	2	2	14	4	795
Royton ... ..	20	38	344	0	500	26	0	0	26	5	12	5	18	6	1,000
Chadderton ... ..	43	83	1,289	0	625	45	0	2	0	14	3	5	34	9	2,152
Failsworth ... ..	25	29	320	0	202	470	0	0	0	0	0	2	5	15	1,068
Lees ... ..	8	9	175	0	100	1	0	1	0	4	0	0	3	3	304
Limehurst: Alt, Bardsley, Little- moss & Woodhouses	17	20	43	0	21	7	0	0	0	2	0	0	0	78	188
Saddleworth ... ..	32	41	453	0	107	25	0	13	49	9	0	2	1	25	757
Middleton ... ..	1	3	0	0	618	0	0	0	0	0	0	0	22	0	644
Totals, ... ..	588	643	8,954	953	5,817	789	61	80	1,277	88	35	38	653	156	20,132



# Appendix "B"

## COUNTY BOROUGH OF OLDHAM.

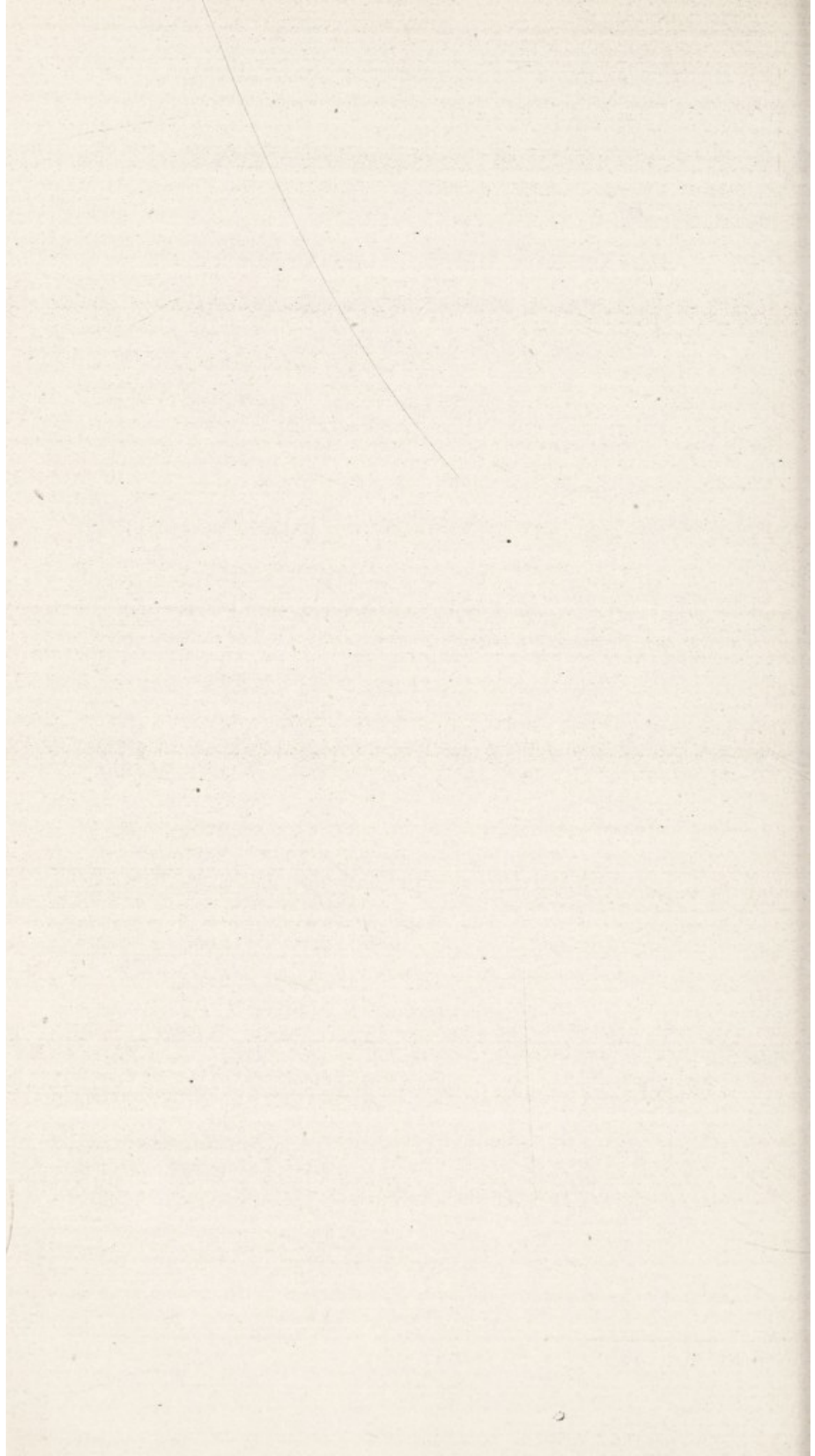
### Infectious Diseases Ambulance Service.

#### Summary of Journeys during the year 1946.

District	Admissions to Westhulme	*Other Journeys	Total
Oldham ... ..	310	243	553
Chadderton ... ..	40	—	40
Failsworth ... ..	29	—	29
Lees ... ..	3	—	3
Limehurst ... ..	8	—	8
Royton ... ..	16	—	16
Crompton ... ..	3	—	3
Saddleworth ... ..	26	—	26
Total ... ..	<u>435</u>	<u>243</u>	<u>678</u>

\*These include the following:—

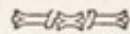
Borough patients removed home by ambulance.  
 Patients removed from Strinesdale Sanatorium for X-ray.  
 Removals over 25 miles.







# COUNTY BOROUGH OF OLDHAM.



## *National Health Service Act, 1946.*

Health Services to be provided by Local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 12th April, 1948.

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

#### PART I.

##### A. Tuberculosis.

There is no voluntary organisation for after-care in Oldham but the Health Committee has for a number of years provided assistance to tuberculous patients as follows:—

- (1) The supplying or loaning of beds and bedding to enable patients to sleep alone.
- (2) The provision of bed-rests, air-rings, mackintosh sheeting, bedpans, urinals and sputum flasks.
- (3) Assistance, by way of recommendation, for priority in the obtaining of better housing accommodation.
- (4) The provision of extra nourishment (milk and cod liver oil and malt) and clothing.
- (5) Assistance in obtaining suitable employment in collaboration with the Ministry of Labour and National Service under the Disabled Persons (Employment) Act.

Selected cases are from time to time sent to sanatoria with a view to transfer to village settlements. Patients have been sent to Papworth Village Settlement, Barrowmore Hall and Preston Hall. At the present time there is one patient in Papworth for whom this authority accepts responsibility.

In addition, a comprehensive scheme for dental treatment, with the supply of dentures is provided for all patients in Strinesdale Sanatorium.

The entire cost of treatment and after-care provision is free to the patient, no recovery of the cost being made.

##### Service which will Operate from the Appointed Day.

The Council will continue their existing after-care service which will be the responsibility of a Sub-Committee of the Health Committee. The arrangements will be on similar lines to those at present in existence except as regards dental treatment.

The Authority will seek agreement with the Regional Hospital Board regarding joint appointment of medical specialists responsible for the treatment of tuberculosis who will also be concerned in preventive and care work under the Authority's scheme, and for the Authority's staff who will visit tuberculous patients in their homes to spend part of their time working in the dispensaries in co-operation with the medical specialists.



*The authority will, when necessary, provide temporary accommodation in any suitable place for periods not normally in excess of 2 months, for mental defectives who, for medical reasons, are for their own welfare*

**B. Mental Illness or Defectiveness.**

It is the intention of the Council, subject to the approval of the Minister, to establish a service of after-care for persons suffering from mental illness, or defectiveness. Details of this service have been included in the Council's proposals for the Mental Health Service, in accordance with Circular 100/47.

**C. Other Types of Illness (or illness generally).**

The Health Visiting and Home Nursing Services will be utilised. The Authority will seek to develop arrangements, in the light of circumstances and experience, for affording all necessary care and after-care to persons discharged from hospital or other invalids, so, however, that the arrangements in this respect will be such as will not fall within the scope of the hospital and specialist services or of the provisions of Part III of the National Assistance Act. The Council will co-operate with the local hospitals and general practitioners in the area.

**Venereal Disease.** — Notifications of contacts are followed up by the Superintendent Health Visitor who endeavours to persuade the contacts to attend for treatment at the V.D. Centre and it is proposed to continue this arrangement. The authority will afford the Regional Hospital Board the closest co-operation.

**Health Education.**—As part of the arrangements for the purpose of the prevention of illness the Authority proposes as opportunity permits to extend its health education activities and for this purpose it will make use of the facilities provided by the Central Council for Health Education or any other source.

**D. Provision of Nursing Equipment and Apparatus.**

**Existing Arrangements.** — Under the present arrangements nursing requisites are loaned through the following sources:—

1. The Midwifery Service provides for the loan of nursing requisites required for the mother or her baby. These are issued by the midwives and no charge is made for their use. The majority of the requisites are kept at the home of the midwife but those of a more bulky nature and required less urgently or only occasionally are stored at the Midwives' Hostel.

2. Under the Tuberculosis Scheme nursing requisites are available and are issued to tuberculous patients through the Dispensary.

3. The Oldham Corps of the St. John Ambulance Brigade provides a Medical Comforts Service for the issue of sick room requisites to the general public. The Medical Comforts Depot is situated at the King Street end of Park Road and comprises two shop premises, the rent and rates of which are paid by the Brigade. The Depot is open each evening from 7 to 9 p.m. and Saturday afternoons from 2 to 4 p.m. and is staffed by voluntary personnel of the Oldham Corps. A comprehensive stock of

at home. The ambulance may come to the expense of mental defects, and under such circumstances either in the hospital or at home (at the discretion of the nurse) the full amount of nursing requisites is kept at the depot and these are loaned at a small charge per week, a deposit also being required. The depot is well stocked with the exception of invalid chairs, the difficulty in respect of these being the high cost. Medical requisites are not supplied for maternity or tuberculosis cases.

**Service which will operate from the Appointed Day.**

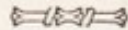
It is proposed to continue the existing arrangements under the Midwifery and Tuberculosis Services, nursing requisites being supplied on loan and no charge being made to the patients or other relatives.

The Council will arrange with the Oldham Corps of the St. John Ambulance Brigade for domiciliary and nursing requisites to be supplied on loan from their Park Road Depot for cases other than midwifery and tuberculosis. An agreement incorporating financial and other terms will be negotiated before the appointed day.





# COUNTY BOROUGH OF OLDHAM.



## *National Health Service Act, 1946.*

Health Services to be provided by Local Health Authorities under Part III of the Act. Approved by the Minister of Health on the 25th May, 1948.

### DOMESTIC HELP.

#### PART I.

##### Statistical Data.

1. Area of borough ..... 7½ sq. miles.
2. Mid-1946 population ..... 116,240.

##### Existing Service.

The existing service provides for domestic and home helps but the main demand is for domestic helps, and in recent months this service has increased. Home and domestic helps are employed in a full-time or part-time capacity. The engagement of part-time employees for this type of work is useful both from the point of view of the employer and the employee. The Superintendent Health Visitor is responsible for the organisation of the service, but the detailed organisation is undertaken by a full-time female member of the staff.

The conditions of service of the domestic and home helps have recently been reviewed and provide for a payment of 1s. 8d. per hour. Overalls are provided and travelling tokens are allowed. This rate of payment is based on the rate recommended by the National Joint Council for the Staff of Hospitals and Allied Institutions for a house mother or cook (i.e., group VI, 1s. 7½d. per hour). The conditions of service with regard to sickness and holidays laid down by the Whitley Council are applied to domestic and home helps.

In accordance with the recommendation of the Ministry of Health that a charge should be made to cover overhead expenses the sum of 1s. 9d. per hour is being charged to householders. Householders who cannot pay the full fee can appeal and are assessed in accordance with the scale set out in Ministry of Health Circular 110/46.

At the present time 5 full-time and 5 part-time domestic and home helps are employed.



## **PART II.**

**Service which will operate from the appointed day.**

### **General Administrative Arrangements.**

Subject to the approval of the Minister of Health the Council will continue to provide a domestic help service from the appointed day.

The Superintendent Health Visitor will be responsible to the Medical Officer of Health for the general supervision of the scheme, but the detailed organisation will continue to be undertaken by a full-time female officer.

It is anticipated that the number of domestic helps required for maternity and child welfare cases will increase, and it is the considered opinion that on the appointed day the equivalent of twelve full-time domestic helps should be employed.

A course of training will be arranged as soon as circumstances permit so that the domestic helps engaged will be fully appreciative of their responsibilities and the nature of their duties.

The wages of the domestic helps will be related to those agreed for domestics in hospitals by the Provincial Council of the National Joint Council for the Staff of Hospitals and Allied Institutions and a payment of 1s. 8d. per hour based on existing conditions will be paid. Other conditions of the National Joint Council regarding holidays, etc., will apply.

A charge of 1s. 9d. per hour will be made to householders, but those who cannot meet this charge will be assessed according to scale.

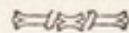
## **PART III.**

### **Development Plan.**

It is anticipated that the demand for domestic helps will increase as the service becomes more widely known. Consideration will, therefore, be given to increasing the number of domestic helps in accordance with the demand and any increase in the service.

It will be necessary from time to time to make adjustments in remuneration and conditions of service in accordance with the recommendations of the National Joint Council for Staff of Hospitals and Allied Institutions.

# COUNTY BOROUGH OF OLDHAM.



## *National Health Service Act, 1946.*

Health Services to be provided by local Health Authorities.

Approved by the Minister of Health on the 8th May, 1948.

### MENTAL HEALTH SERVICES.

The following functions will devolve upon local health authorities under the Acts relating to mental treatment and mental deficiency from the appointed day.

- (i) **Mental Treatment.** The appointment of officers duly authorised to take initial proceedings in providing care and treatment for persons suffering from mental illness.
- (ii) **Mental Deficiency.** The duty of ascertaining what persons in the area are defectives; providing suitable supervision or taking steps to secure that the defectives are placed under institutional care or guardianship; and securing training or occupation for those not in institutions.
- (iii) **Generally.** The power, and, to the extent that the Minister directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or defectiveness.

### EXISTING SERVICE.

- (a) The relieving officers employed by the Public Assistance Committee have duties under the Lunacy and Mental Treatment Acts.
- (b) Patients requiring hospital treatment may be admitted direct to one of the hospitals under the control of the Lancashire Mental Hospitals Board but are usually transferred from Westwood Park Institution.
- (c) A Psychotherapeutic Clinic is held at the Oldham Royal Infirmary on Wednesday and Thursday each week.
- (d) The care of mental defectives is the responsibility of the Lancashire Mental Deficiency Acts Committee. The Committee have provided an Occupation Centre for mental defectives in the premises of the Regent Street Congregational Sunday School. The Centre is open from 10.0 a.m. to 4.0 p.m. each week day except Saturday and school holidays. At present there are twenty-one children from Oldham and the adjacent County Districts on the register. The staff consists of one Supervisor and one Assistant Supervisor. By arrangement the medical supervision of these cases is undertaken by the staff of the School Health Service. The Centre was closed during the war years and only re-opened in June of this year. After-care service is also provided.



- (e) The Oldham Council for Mental Health has been in existence for the past thirteen years. It is affiliated to the National Council for Mental Hygiene (now one of the constituent bodies of the National Council for Mental Health). The Council has been active in publicising the benefits to be derived from early treatment in cases of mental disability and promoting educational lectures on the subject of mental health. The Health Committee and the Public Assistance Committee both make an annual subscription of ten guineas to the funds of the Council.
- (f) The National Association for Mental Health, which has a branch in Manchester, includes social and advisory services and community care for mentally defective, mentally disordered, nervous and unstable adults and children, the provision of homes and hostels, the promotion of clinical facilities including child guidance clinics, the training of professional workers, and the propagation of mental health principles as preventive measures. The Health Committee have not made a grant to this organisation but forty-six Oldham cases are on the "live register" of the Association.
- (g) There is a special voluntary committee in Oldham which meets at the Education Office once a quarter. The members of the Committee pay visits to the homes of children who have left Chaucer Street School and report on these visits at the meeting. The Committee has no statutory powers and there are no elected representatives on the Committee. Cases are followed up until they seem to be doing well and need no further visits.
- (h) The Education Committee provide a Child Guidance Clinic which is held at premises in Gainsborough Avenue.

## PART II.

### PROPOSALS.

#### General.

The local health authority welcomes this new responsibility and the opportunity now presented of embarking upon a fresh field of preventive medicine.

It recognises that it is not possible to provide anything like a complete service from the appointed day. There will have to be a period of initial transition owing to the shortage of suitably qualified social workers and specialists and it is essential that the fullest use should be made of the trained personnel available in the area. For these reasons the principle is fully accepted of mutual aid and interchange of the services of any officers with the adjacent local health authorities.

#### Administrative Arrangements.

The Health Committee will be responsible for the control of the new service and will establish a Mental Health Services Sub-Committee.



The Medical Officer of Health will be responsible for the administration of the service and will be assisted by the medical officers on his staff. It is intended to make arrangements with the Regional Hospital Board for the services of their specialist medical officers to be available and to advise on the organisation and development of the service as well as in individual cases of special difficulty.

It is proposed to appoint three officers as Mental Health Visitors one of whom will be a woman. The duties of the woman Mental Health Visitor, who should have had experience in mental deficiency, will be primarily in connection with the ascertainment and community care of the mentally defective. The other two officers will be transferred from the staff of the Public Assistance Committee. These officers will be designated "duly authorized officers." It is proposed that these officers should attend a special course of training to be arranged by the National Association for Mental Health. If this number of authorized officers is found to be inadequate selected officers in the Department will also be designated for these particular duties and receive any necessary training. These officers will operate from the Public Health Department but arrangements will be made for them to be contacted at their homes after the recognised office hours.

As the service develops and suitably trained and qualified personnel become available, two Psychiatric Social Workers (one male and one female) will be required on the staff.

#### **After-care.**

The Council will, subject to the approval of the Minister, develop an after-care service through its mental health visitors and other social workers. In this connection there will be close co-operation with the staff of the Regional Hospital Board and the Local Hospital Management Committee.

It is proposed to transfer, subject to agreement with the Lancashire County Council, the Occupation Centre at the Regent Street Congregational School and for the County Borough Council to administer it on a user basis for cases from Oldham and the adjacent county districts. It is anticipated that the number on the register will soon increase to 40 and that the staff required will be

- 1 Supervisor.
- 4 Assistants.

It is felt that the mental health visitors should have some share in the work of the centre.

Consideration will be given if the need arises to the provision of an industrial centre or a sheltered workshop.

#### **Co-operation with Voluntary Associations.**

##### **(a) Oldham Council for Mental Health.**

The Council recognises the work undertaken by the Oldham Council for Mental Health and, subject to approval by the Minister, will continue to make an annual contribution to this Council.



**(b) National Association for Mental Health.**

The Council is desirous of close co-operation with the National Association for Mental Health through its Regional Branch in Manchester and proposes that this Association continues to supervise the cases already on its register in close co-operation with the officers of this Authority.

The Council will discuss with the Association the remuneration to be arranged for these services and will request that the services of the Association's Social Workers be made available to assist with any special case or problem.

**Ambulance Service.**

The present arrangements will continue for the removal of patients to hospital by the Borough Ambulance Service, and arrangements will be made with the Regional Hospital Board or the Local Hospital Management Committee for one or more attendants to accompany the patient to the Westwood Park Institution or the adjacent mental hospital. In cases where the condition of the patient does not require an ambulance, removal will be by a "sitting case" or private car.

**Statistical Data.**

Total mid-1946 population .....	116,240
Number of patients at present chargeable to the local authority under the Lunacy and Mental Treatment Acts (1946) .....	462
Number of patients dealt with under those Acts by the Relieving Officers (1946) .....	73
Number of persons reported to the Local Mental Deficiency Acts Committee (1946) .....	11
Total number of persons on register as mental defectives and under supervision in their own homes—	
Statutory Cases .....	143
Voluntary Cases .....	51
	194

