

**[Report 1949] / Medical Officer of Health, Oldham County Borough.**

**Contributors**

Oldham (England). County Borough Council. nb2004302054

**Publication/Creation**

1949

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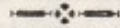
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COUNTY BOROUGH OF OLDHAM



# ANNUAL REPORT



OF THE

MEDICAL OFFICER OF  
HEALTH



1949

1663



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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 1949.

It is now over eighteen months since the main provisions of the National Health Service Act became operative. The new service is still in its infancy and it will be some years before many of the essential provisions are fully established and available to all. Progress has been made in most fields but it is to be regretted that this cannot be said of the Public Dental Service. The lucrative awards of the General Dental Practitioner Service have attracted many dentists from the School Dental Service, and as a result clinics have been closed and in many areas the facilities provided for school children and expectant and nursing mothers have ceased to exist. The priority classes instead of being at the head of the queue are now in no queue at all. The rot continues and it will be no easy task to rebuild this vital preventive service.

The services provided under Part III of the Act are fully described in the Report. The new services have been extended and further developed. It is particularly gratifying to report that in Oldham a full and efficient dental service has been provided for expectant and nursing mothers. In October the Minister approved arrangements for B.C.G. vaccination. At present this vaccination only applies to contacts of a case of Tuberculosis. A simple skin test is performed and if there is no reaction, a negative result is obtained and vaccination undertaken. Under the Domestic Help Service "night attendants" have been supplied in cases where the patient is acutely ill and living alone or where the relatives need some temporary night help. The new responsibilities for the mental defective and the mental sick are fully appreciated but this service cannot be extended until suitable staff is available. In this field there has been the closest co-operation with the Oldham and District Hospital Management Committee and your Medical Officers have undertaken clinical duties on the mental wards of the Boundary Park General Hospital Annexe.

The birth rate of 16.30 per thousand of the population compares with 18.56 for the previous year and shows a substantial fall. The death rate of 14.92 compares with 14.01 for the previous year. The infant mortality rate of 41.71 per thousand live births compares with a rate of 46.47 for the previous year and is the lowest rate yet recorded. There were 48 deaths due to Tuberculosis (all forms) and the death rate of 0.39 compares with 0.51 for the previous year. This is the lowest rate to be recorded and compares with an average rate of 0.74 for the three years 1937-39. This improvement is indeed gratifying. There were three maternal deaths and the maternal mortality rate of 1.49 compares with 3.47 for the previous year.



Only eight cases of diphtheria were notified during the year and again a record low incidence has been achieved. None of the cases was classified "severe" and no deaths occurred. Dysentery again caused concern, the majority of the cases notified being associated with outbreaks of infection in day nurseries and nursery classes.

There has been no change in the staffing of the Westhulme Hospital. Dr. A. P. Curran continued to be resident at the hospital and Dr. J. Starkie, on his return from H.M. Forces, resumed his clinical duties. This arrangement has proved economic and efficient and has linked prevention with treatment. When undertaking hospital duties, these officers are directly responsible to the Hospital Management Committee.

The housing conditions of the Borough remain most unsatisfactory. There are approximately 10,000 houses to be dealt with under slum clearance and there is no prospect of an early attack on this problem. Owing to the acute housing shortage and restrictions on the building of new houses, the only houses dealt with were those in a dangerous condition and liable to partial or complete collapse.

Atmospheric pollution due to industrial and domestic smoke continues and new legislation is necessary to effect improvement. Public opinion is apathetic but if roused some action and improvement would result. The growing popularity of the new "approved" solid fuel appliances will effect an economy in the use of fuel and reduce the amount of domestic smoke.

The Borough Centenary Celebrations took place during the year and in October a Local Government Centenary Exhibition was held in the Drill Hall, Rifle Street. The Exhibition was opened by the Rt. Hon. George Tomlinson, M.P., Minister of Education. The Public Health stand depicted the Public Health Services and the progress made since 1873 when the first Medical Officer of Health was appointed. It also included a section of the "Health of the People" Exhibition which was opened in London in May, 1948.

There have been few staff changes during the year, and we have been fortunate to retain the services of senior medical staff. In February, Dr. J. H. Hilditch left, having been appointed Medical Officer of Health to the County Borough of Wigan. Dr. Hilditch was a conscientious and loyal colleague and our good wishes go with him in his new responsibilities. In March, Dr. W. P. B. Stonehouse was appointed Assistant Medical Officer of Health and in July we welcomed back Dr. J. Starkie after his two years in the R.A.M.C.

In May, Alderman Arnold Tweedale ceased to be a member of the Health Committee and I record with deep regret that early in the same month Councillor E. Selwyn Dunkerley died after a short illness. With the exception of his period of service with H.M. Forces, Alderman Tweedale had been a member of the Health Committee since November, 1939. He was Chairman of the Mental Health Sub-Committee. Councillor Dunkerley only joined the Health Committee in March, 1947. He was Chairman of the Home Nursing Sub-Committee and a very active member of the

Maternity and Child Welfare Sub-Committee where he rendered the greatest assistance in developing our new nursery provision. I wish to record my appreciation of the co-operation and courtesy these members always gave to myself and the members of my staff.

I wish to tender my sincere thanks to the Chairman and Members of the Health Committee for their support and encouragement. My thanks are also due to all members of the staff for their loyal service during a busy year.

I have the honour to be,

Your obedient Servant,

J. T. CHALMERS KEDDIE,

MEDICAL OFFICER OF HEALTH.



## THE HEALTH COMMITTEE

(from 23rd May, 1949)

*Chairman:*

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

*Deputy Chairman:*

Councillor G. Halbert

*The Mayor:*

Alderman Alfred Marshall, J.P.

Councillor J. A. Arthurs	Councillor D. C. Hanson.
Councillor W. Buckley	Councillor Winifred C. Kirkman
Councillor A. Hallwood, J.P.	Councillor D. L. Lees
Councillor G. A. Taylor, M.B., Ch.B.	

*Non-Council Members:*

M. Strang, Esq., M.B., Ch.B.	Alderman F. Lord, O.B.E., J.P.
Mrs. G. Morrell, J.P.	Mrs. T. Rothwell

Vacancy.

## MATERNITY AND CHILD WELFARE SUB-COMMITTEE

*Chairman:*

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

*Deputy Chairman:*

Councillor G. Halbert

The Mayor	Councillor Winifred C. Kirkman
Councillor W. Buckley	Councillor D. L. Lees
Councillor D. C. Hanson	Councillor G. A. Taylor, M.B.Ch.B.

*Non-Council Members:*

M. Strang, Esq., M.B., Ch.B.	Alderman F. Lord, O.B.E., J.P.
Mrs. G. Morrell, J.P.	Mrs. T. Rothwell

Vacancy.

## HOME NURSING SUB-COMMITTEE

*Chairman:*

Councillor D. L. Lees.

The Mayor	Councillor G. Halbert
Alderman S. T. Marron, J.P.	Councillor D. C. Hanson
Councillor J. A. Arthurs	Councillor Winifred C. Kirkman
Councillor W. Buckley.	

*Non-Council Members:*

Miss M. Lees	Miss E. Goode
Miss F. Brierley	M. Strang, Esq., M.B., Ch.B.
Mr. T. E. C. Crozier	Mrs. P. Dunkerley.



## AMBULANCE SUB-COMMITTEE

### *Chairman:*

Councillor G. Halbert

The Mayor

Alderman S. T. Marron, J.P.

Councillor A. Hallwood, J.P.

Councillor D. C. Hanson

Councillor D. L. Lees

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

## MENTAL HEALTH SUB-COMMITTEE

### *Chairman:*

Councillor J. A. Arthurs.

The Mayor

Alderman S. T. Marron, J.P.

Councillor W. Buckley

Councillor G. Halbert

Councillor A. Hallwood, J.P.

Councillor D. C. Hanson

Councillor D. L. Lees.

### *Non-Council Members:*

Miss I. M. Brislee

Rev. G. R. Lloyd

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

Mrs. G. Morrell, J.P.

## 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 Medical Officers of Health and Senior School Medical Officers:*

John Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

(with H.M. Forces to 30-6-49)

J. Haworth Hilditch, M.B., Ch.B., D.P.H. (to 28-2-49)

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

\*Andrew P. Curran, B.Sc., M.B., Ch.B., D.P.H. (from 1-3-49—30-6-49)

\* 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.

Andrew P. Curran, B.Sc., M.B., Ch.B., D.P.H.

Walter P. B. Stonehouse, M.R.C.S., L.R.C.P. (from 10-2-49)

#### *Assistant Medical Officer of Health (Maternity and Child Welfare):*

Fanny Stang, M.D.(Vienna), L.R.C.P., L.R.C.S.(Ed.). (to 11-4-49)

#### *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.

#### *Consultants:*

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

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

Eric Gostynski, M.D.(Berlin), L.R.C.P., L.R.C.S., D.P.M. ....Psychiatrist

#### *Chest Physician:*

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

#### *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 (to 19-3-49), W. Urmson (to 15-12-49), F. W. Welsby,

D. Eckersley (from 18-4-49).

#### *Lay Administrative Officer:*

T. P. McKniff



*Chief Clerk:*  
Miss M. Royle

*Ambulance Officer:*  
W. E. Cooke

*Senior Mental Health Visitor  
and Duly Authorised Officer:*  
Albert White

*Mental Health Visitor  
and Duly Authorised Officer:*  
Mrs. E. Whitehead

*Psychiatric Social Worker:*  
Mrs. S. D. Hancock (from 16-5-49)

*Supervisor of Occupation Centre:*  
Mrs. S. D. Hancock (to 13-5-49)  
Mrs. J. L. Worfolk (from 16-5-49)

*Superintendent Health Visitor  
and Superintendent School Nurse:*  
Mrs. C. Houghton (née Graham)

*Deputy Superintendent Health Visitor  
and Deputy Superintendent School Nurse:*  
Miss I. Watson (from 7-1-49)

*Health Visitors/School Nurses:*  
Miss A. W. Moordaff (Senior), Mrs. H. Emmott, Miss E. E. Taylor,  
Miss C. Williamson, Mrs. C. Smith, Miss A. Cadman,  
Miss M. J. Newman, Miss J. B. McLeod, Miss C. Briggs  
(from 1-6-49)—Miss M. Brierley, Miss C. Poole, Miss M. Barnes,  
Miss E. Johnson, Miss M. Parry.

*School Nurses:*  
Mrs. A. G. Willmott (Senior), Miss C. Wild, Miss E. E. Williams.

*Lay Supervisor of Municipal Midwives:*  
Miss M. M. Nugent

*Assistant Superintendents:*  
Miss B. Holland (Senior), Miss V. E. Sanderson (to 31-3-49),  
Miss W. Lister (from 13-1-49).

*Municipal Midwives:*  
Mrs. A. M. Walshe, Mrs. G. Rodgers (to 30-11-49), Mrs. I. Hartley,  
Miss E. Whitehead (to 30-11-49), Mrs. A. Taylor, Miss M. Bennett  
(from 1-2-49), Miss M. Partington (from 10-1-49), Mrs. S. A. Pugh  
(from 17-10-49), Miss M. I. Morris (from 21-11-49), Miss M. Foster  
(from 1-7-49), Mrs. N. Davies (part-time).



*Superintendent of District Nurses:*

Miss C. Bonsall

*Assistant Superintendent of District Nurses:*

Miss F. B. Laing (to 15-7-49)

*District Nurses:*

Miss J. A. Baker, Miss A. A. Murray, Mrs. A. Schofield,  
 Miss A. Tulley, Miss B. O. Thomas, Mrs. A. Stewart,  
 Miss A. O'Connell (from 18-7-49), Miss C. M. Campion  
 (from 20-2-49), Mrs. C. E. Whyatt (5-9-49—30-11-49),  
 Miss F. Pountney (from 1-12-49), Mr. F. P. Earnshaw,  
 Mr. E. L. Taylor.

*Domestic Help Organiser:*

Miss M. Haydock, B.A. (Admin.) (from 1-11-49)

## SUMMARY OF STATISTICS

## General Statistics

Area in Statute Acres (1931 census) .....	4,735	
Enumerated Population (1931 census) .....	140,314	
Registrar General's Estimate of Population (middle of 1949) .....	120,600	
Density of Population, i.e., Number of Persons per acre (whole Borough) .....	25	
Number of Houses in the Borough, December, 1949—		
(a) Permanent .....	41,172	
(b) Temporary (pre-fabricated) .....	350	
	————	41,522
Number of New Houses erected in 1949—		
(a) Permanent		
(i) by local authority .....	333	
(ii) by other bodies or persons .....	7	
(b) Temporary (pre-fabricated) .....	—	
	————	340
Rateable Value (March, 1949) .....	£687,875	
Sum represented by a Penny Rate (March, 1949) .....	£2,700	
Total number of persons on doctors' lists in the Borough as at 31-12-49 .....	121,900	
Number of Marriages during 1949 .....	1,174	
Persons married per thousand of population .....	9.73	

## Extracts from Vital Statistics

Live Births (Males 984, Females 982) .....	1,966	196
Birth rate per 1,000 of estimated population .....	16.30	
Stillbirths (Males 24, Females 25) .....	49	
Stillbirth rate per 1,000 births .....	24.32	25
Deaths (Males 894, Females 905) .....	1,799	
Death rate per 1,000 of estimated population .....	14.92	
Maternal Deaths .....	3	
Maternal Mortality rate per 1,000 births .....	1.49	
Deaths of Infants Under One Year .....	82	
Infant Mortality rate per 1,000 live births .....	41.71	
Other Death Rates per 1,000 of estimated population—		
All forms of Tuberculosis .....	0.39	
Pulmonary Tuberculosis .....	0.32	
Other Respiratory Diseases .....	2.25	
Cancer .....	2.29	
Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, and Diphtheria .....	0.02	



## SECTION I

### 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 1,225ft. and its lowest 350ft. above sea level.

Cotton spinning and textile engineering are the main industries. Other industries include the manufacture of radio and other electrical equipment. There are numerous light industries now established in the town, manufacture of bedding, leather goods, biscuits, etc. There is one colliery in the town and one on the Borough boundary. During the year trade has been brisk, with a heavy demand for labour in all industries, particularly for female labour in the cotton mills, which it is impossible to meet.

#### 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 1949 is 120,600. This figure of population is identical with that for last year. At the 1931 census the population was 140,314.

#### Rateable Value

The rateable value at the 31st March, 1949, was £687,875, and the sum represented by a penny rate £2,700.

#### Unemployment

The figures shown in the table on page 12 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.

#### Health Insurance

The total number of persons on doctors' lists in the Borough at the 31st December, 1949, was 121,900, an increase of 1,908 on the figure of 119,992 on the 31st December, 1948.



**UNEMPLOYED REGISTER**  
1st January to 31st December, 1949.

	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
10th January, 1949	494	51	11	12	9	7	1	—
14th February, "	461	40	6	2	10	12	1	—
14th March, "	519	38	6	2	9	3	—	—
11th April, "	487	40	8	6	13	5	—	—
9th May, "	461	49	5	7	6	5	—	—
13th June, "	378	32	4	1	25	52	—	4
11th July, "	388	44	1	6	10	8	—	—
15th August, "	396	52	37	40	9	11	—	—
12th September, "	382	33	26	15	24	23	—	—
10th October, "	391	58	10	11	3	5	—	—
14th November, "	360	46	6	1	11	1	—	—
5th December, "	371	49	6	6	7	7	—	—

NOTE.—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-resident persons registering in Oldham, and may exclude Oldham residents registering elsewhere.

## VITAL STATISTICS

### Births

#### Births Registered

##### (a) LIVE BIRTHS:

There were 2,950 live births (1,500 males and 1,450 females) registered in the borough during the year. After correction for inward (44) and outward (1,028) transferable births, the net total of births is 1,966 (984 males and 982 females). The illegitimate live births number 126, or 6.41 per cent of the total live births.

##### (b) STILLBIRTHS:

During the year 74 stillbirths were registered. After being adjusted by inward and outward transfers, the number is 49.

#### Births Notified

During the year 2,010 notifications of births were received relating to 1,959 live births and 51 stillbirths. In addition, 1,028 notifications were received which were transferred to other authorities concerned. The 3,038 live and stillbirths were notified by:—

Midwives .....	3,037
Doctors .....	1

### Marriages

There were 1,174 marriages during the year, the rate per thousand of the population being 9.73. The number of marriages for the previous year was 1,178.

### Deaths

During the year 2,302 deaths (1,141 males and 1,161 females) were registered in the borough. After correction for inward (59) and outward (562) transferable deaths, the net total deaths is 1,799 (894 males and 905 females), an increase of 109 on the total for 1948.

Of the 1,799 deaths, 689 (or 38.3 per cent) occurred in one or other of the following Institutions:—

Boundary Park General Hospital .....	219
Boundary Park General Hospital Annexe .....	281
Oldham Royal Infirmary .....	125
Westhulme Hospital .....	9
Strinesdale Sanatorium .....	16
Dr. Kershaw's Cottage Hospital .....	4
Manchester Royal Infirmary .....	8
Mental Hospitals .....	11
Mental Deficiency Institutions .....	2
Liverpool Sanatorium .....	1
Other Hospitals .....	13

Of the total deaths, 1,110 (or 61.7 per cent) occurred in persons aged 65 years or over.



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

Heart Disease .....	580
Cancer .....	276
Cerebral Hæmorrhage .....	199
Bronchitis .....	184
Arterial Disease .....	67
Pneumonia .....	64
Suicide and Other Violence .....	55
Tuberculosis .....	48
Nephritis .....	28

These groups of diseases represent 1,501 deaths occurring during the year, or 83.43 per cent of the total deaths registered.



**INFANTILE MORTALITY DURING 1949**  
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 ...	14	8	8	2	4	3	1	40	3	2	6	51	11	8	5	7	82
Uncertified ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Broncho-Pneumonia ...	...	...	...	...	...	...	...	...	...	...	2	...	4	4	1	4	15
Pneumococcal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Injury at birth ...	2	1	3	...	2	...	...	8	...	...	...	...	...	...	...	...	8
Premature Birth ...	3	4	1	1	1	...	...	10	...	1	1	12	...	...	1	...	12
Congenital Malformation ...	2	...	...	...	...	...	...	2	2	...	...	4	4	...	...	1	10
Congenital Malformation of heart ...	...	1	1	...	...	1	1	3	...	1	1	4	1	1	...	...	6
Congenital Heart Disease ...	...	...	...	...	...	...	...	1	...	...	...	2	2	...	...	...	4
Congenital Debility ...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Atelectasis ...	6	2	2	...	...	...	1	11	...	...	1	12	...	...	...	...	12
Diarrhoea and Enteritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
Lack of care of the new born ...	1	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	1
Icterus ...	...	...	1	...	1	...	...	2	...	...	...	1	...	...	...	...	2
Haemorrhage of new-born ...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Haemolytic Disease of the new-born ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes ...	...	...	...	...	...	1	...	1	1	...	1	2	...	...	...	1	3
TOTALS ...	14	8	8	2	4	3	1	40	3	2	6	51	11	8	5	7	82

VITAL STATISTICS FOR THE BOROUGH FOR THE YEAR AND PREVIOUS YEARS.

YEAR	Popula- tion estimated to middle of each year	BIRTHS			Transferrable' Deaths	Nett Deaths after correction					
		Births Regis- tered	Nett after correction			At all ages		Under 1 year			
			Number	Rate		Number	Rate	Number	Rate per 1,000 nett births		
1935-1939 Average 5 years	—	2053	1663	12.88	2296	418	74	1937	15.08	107	64
1940	118,400	2092	1542	13.92	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
Average 5 years 1940-1944	—	2628	1753	15.30	2272	525	82	1829	15.93	109	62
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
1948	120,600	3477	2238	18.56	2146	516	60	1690	14.01	104	46
1949	120,600	2950	1966	16.30	2302	562	59	1799	14.92	82	42
Average 5 years 1945-1949	—	3367	2154	18.35	2191	523	67	1735	14.80	104	48



## COMPARATIVE STATEMENT OF VITAL STATISTICS FOR THE YEAR 1949.

	Birth Rate	Death Rate	Infantile Mortality Rate		Death Rate from Pulmonary Tuberculosis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate (per 1,000 total live and stillbirths).				
			Year 1949	Average Five Years 1944-1948			(140) Abortion with Sepsis	(141) Abortion without Sepsis	(147) Puerperal Infections	(142-6) (148-150) Other Causes	Total
England & Wales	16.7	11.7	32	42	*	*	.11	.05	.11	.71	.98
126 Great Towns	18.7	12.5	37	47	*	*	*	*	*	*	*
Birkenhead	19.8	12.3	39	66	.73	.08	.35	...	...	.69	1.04
Burnley	16.36	15.52	42	49	.45	.08	...	...	...	.70	.70
Bury	15.39	14.81	44	45	.32	.02	...	...	...	...	...
Halifax	16.5	15.4	33	36	.30	.03	.50	...	...	...	...
Huddersfield	15.37	14.77	34	47	.35	.06	...	...	...	.49	.50
Liverpool	20.7	11.6	44	65	.79	.11	.165	.605	...	...	.49
Manchester	18.77	12.91	38	54	.65	.05	.30	...	.15	.74	.77
Oldham	16.30	14.92	42	50	.32	.07	...	...	...	1.49	1.49
Preston	18.16	12.91	43	55	.40	.08	.45	...	...	...	.45
Rochdale	15.3	14.8	41	47	.17	.04	...	...	...	2.14	2.14
Salford	20.3	13.0	53	56	.60	.12	...	...	...	...	...
St. Helens	17.9	10.7	41	61	.52	.06	...	...	...	1.45	1.45
Stockport	16.11	13.18	40	54	.45	.05	...	...	...	.42	.42
Wallasey	17.71	12.08	35	49	.46	.12	...	...	.54	.54	1.08
Wigan	17.02	12.49	47	60	.49	.08	.66	...	...	1.32	1.98

\* Not available.

### Maternal Mortality

During the year there were five deaths attributed to pregnancy or childbirth. Of these three were true maternal deaths, giving a maternal mortality rate of 1.49 per thousand live and stillbirths. The cause of death in each case was as follows:—

"A"—Deaths due to Sepsis .....	0
"B"—Deaths due to other Puerperal Causes	3

Case No. 1. Age 31.

- I. (a) Post-Partum Hæmorrhage.
- (b) Placenta Prævia.
- II. Cæsarean Section.

Case No. 2. Age 28.

- I. (a) Obstetric Shock.

Case No. 3. Age 44.

- I. (a) Post-Operative Shock.
- (b) Hæmorrhage.
- (c) Cæsarean Section.

"C"—Deaths Associated with Pregnancy ... 2

Case No. 4. Age 34.

- I. (a) Hypostatic Pneumonia.
- (b) Cerebral Hæmorrhage.
- II. Pregnancy.

Case No. 5. Age 26.

- I. Acute heart failure due to shock following injection of fluid into the womb. Not sufficient evidence to show by whom the fluid was injected. P.M. inquest.

### Infantile Mortality

There were 135 deaths (78 males and 57 females) of infants under one year of age registered in the borough. After correction for inward (1) and outward (54) transferable deaths, the net total of infant deaths is 82 (45 males and 37 females), a decrease of 22 on the total for 1948. Of the 82 infant deaths, seven were those of illegitimate children, and 51 occurred in infants under four weeks old, equivalent to a neo-natal mortality of 25.94 per thousand births.

The following table shows the neo-natal and infantile mortality during the last five years, together with five-year averages from 1935:—

Year	Infant Deaths under 1 month	Neo-Natal Mortality rate per 1,000 births	Infant Deaths under 1 year	Infantile Mortality rate per 1,000 births
Average 5 yrs.—1935-1939	60	35.75	107	64.68
Average 5 yrs.—1940-1944	47	26.86	109	62.48
1945 .....	47	24.75	96	50.55
1946 .....	47	22.05	92	43.15
1947 .....	69	26.45	147	58.03
1948 .....	55	24.57	104	46.47
1949 .....	51	25.94	82	41.71
Average 5 yrs.—1945-1949	54	24.75	104	47.98



Table of Causes of Death at different periods of life during the year, 1949.

CAUSES OF DEATH	Sex	All Ages	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES ... ..	M	894	45	7	3	4	7	24	33	92	173	286	220
	F	905	37	4	5	1	8	14	27	60	145	301	303
1 Typhoid and Para-Typhoid Fever ... ..	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
2 Cerebro-Spinal Fever ... ..	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
3 Scarlet Fever ... ..	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping Cough ... ..	M	1	...	1	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
5 Diphtheria ... ..	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
6 Tuberculosis of Respiratory System ... ..	M	26	...	...	...	...	2	4	5	4	10	1	...
	F	13	...	...	...	...	1	3	1	3	1	4	...
6 Other forms of Tuberculosis ... ..	M	7	...	1	1	...	1	2	1	1	...	...	...
	F	2	...	...	1	...	1	...	...	...	...	...	...
8 Syphilitic Diseases ... ..	M	8	...	...	...	...	...	...	1	1	4	1	1
	F	1	...	...	...	...	...	...	1	...	...	...	...
9 Influenza ... ..	M	11	...	...	...	...	...	...	...	...	5	3	3
	F	10	...	...	...	...	...	...	...	...	4	3	3
10 Measles ... ..	M	1	1	...	...	...	...	...	...	...	...	...	...
	F	1	...	1	...	...	...	...	...	...	...	...	...
11 Acute Poliomyelitis and Polio-Encephalitis ... ..	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
12 Acute Infective Encephalitis ... ..	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer of Buccal Cavity and Oesophagus ... ..	M	12	...	...	...	...	...	...	...	1	4	6	1
	F	2	...	...	...	...	...	...	...	1	...	1	...
14 Cancer of Stomach and Duodenum ... ..	M	39	...	...	...	...	...	...	2	3	13	17	4
	F	26	...	...	...	...	...	...	...	1	12	9	4
15 Cancer of Uterus ... ..	F	18	...	...	...	...	...	...	4	2	5	5	2
16 Cancer of Breast ... ..	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	26	...	...	...	...	...	1	3	6	9	5	2
17 Cancer of all other sites ... ..	M	83	...	...	...	...	...	1	4	20	12	33	13
	F	70	...	...	1	...	...	1	3	13	17	22	13
18 Diabetes ... ..	M	3	...	...	...	...	...	...	...	...	1	1	1
	F	9	...	...	...	...	...	...	...	...	1	4	4
19 Intra Cranial Vascular Lesions ... ..	M	75	...	...	...	...	...	1	1	2	10	27	34
	F	124	...	...	...	...	...	1	2	8	14	59	40
20 Heart Diseases ... ..	M	277	...	...	...	...	...	2	8	25	45	100	97
	F	303	...	...	1	...	...	...	5	8	37	106	146
21 Other Diseases of the Circulatory System ... ..	M	31	...	...	...	...	...	...	...	...	7	10	14
	F	36	...	...	...	...	...	...	...	1	7	7	21
22 Bronchitis ... ..	M	109	...	...	...	...	1	1	2	13	37	36	19
	F	75	1	...	...	...	2	...	2	5	15	31	19
23 Pneumonia ... ..	M	34	7	...	...	...	...	1	...	1	8	15	2
	F	30	8	3	1	...	1	...	...	...	3	9	5
24 Other Respiratory Diseases ... ..	M	11	...	...	...	...	...	1	...	3	3	3	1
	F	13	...	...	...	...	1	1	...	2	1	5	3
25 Ulcer of Stomach and Duodenum ... ..	M	9	...	...	...	...	...	1	...	2	2	3	1
	F	4	...	...	...	...	...	...	...	...	1	2	1
26 Diarrhoea (under 2 years) ... ..	M	2	1	1	...	...	...	...	...	...	...	...	...
	F	1	1	...	...	...	...	...	...	...	...	...	...
27 Appendicitis ... ..	M	1	...	...	...	...	...	...	1	...	...	...	...
	F	2	...	...	...	...	1	...	...	...	...	1	...
28 Other Digestive Diseases ... ..	M	14	...	...	1	1	...	...	2	2	3	3	2
	F	21	...	...	...	...	...	1	2	1	3	9	4
29 Nephritis ... ..	M	12	...	...	...	...	...	2	...	...	2	4	4
	F	16	...	...	...	...	...	...	1	4	4	1	6
30 Puerperal and Post-Abortive Sepsis ... ..	F	...	...	...	...	...	...	...	...	...	...	...	...
31 Other Maternal Causes ... ..	F	3	...	...	...	...	...	2	1	...	...	...	...
32 Premature Birth ... ..	M	10	10	...	...	...	...	...	...	...	...	...	...
	F	2	2	...	...	...	...	...	...	...	...	...	...
33 Congenital Malformation, birth injury, etc. ... ..	M	24	23	...	...	1	...	...	...	...	...	...	...
	F	23	23	...	...	...	...	...	...	...	...	...	...
34 Suicide ... ..	M	8	...	...	...	...	...	1	...	1	1	2	3
	F	4	...	...	...	...	...	...	...	...	2	2	...
35 Road Traffic Accidents ... ..	M	11	...	...	1	...	2	3	...	2	...	2	1
	F	3	...	...	...	...	...	...	...	...	2	...	1
36 Other Violent Causes ... ..	M	13	...	1	...	1	...	1	2	4	1	3	...
	F	16	1	...	...	...	...	1	...	1	3	6	4
37 All other Causes ... ..	M	62	3	3	...	1	1	3	4	7	5	16	19
	F	51	...	...	1	1	1	3	3	3	4	10	25

# **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 1949 were 250 (142 males, 108 females).

Of this total, 37 were lunatics and mental defectives in institutions.

In 102 of the cases reported the deaths were investigated by the Coroner but no inquests held.

There were 148 inquests held (97 males and 51 females).

Of the 148 inquests, 74 were held with a jury.

There were 170 post-mortem examinations, in 38 of which no inquest was held. The expenses of the inquests amounted to £531 1s. 10d.

The verdicts returned were:—

- Suicides 13 (9 males, 4 females).
- Accident or misadventure 69 (44 males, 25 females).
- Natural causes 60 (43 males, 17 females).
- Open verdicts 4 (1 male, 3 females).
- Want of attention at birth (1 female).

The ages of the thirteen suicides were as follows:—

Between 30 and 40 years of age .....	1
Between 50 and 60 years of age .....	3
60 years and over .....	9

The types of suicide were:—

Gassing .....	10
Hanging .....	2
Gun shot wound .....	1

There were no inquests on infants suffocated whilst in bed with their parents.

There was one inquest on a newly-born child.

In 1948 there were 256 deaths reported, 176 inquests were held, and the expenses were £590 9s. 0d.



## SECTION II

### HOSPITAL AND SPECIALIST SERVICES MANCHESTER REGIONAL HOSPITAL BOARD

The hospital and specialist services are provided through the Manchester Regional Hospital Board. It is the policy of the Board to provide a fully specialised service and such a service is gradually being built up.

A domiciliary specialist service has been established by the Board to assist the family doctor and the patient when the patient's condition makes it impossible for him or her to be referred to the out-patient or in-patient departments of a hospital for diagnosis or treatment. A list of specialists who have signified their willingness to participate in this scheme has been supplied to all general practitioners.

Specialists are available for any urgent or emergency cases and practitioners desiring their services should make application to the Bureau at the Central Offices of the Oldham and District Hospital Management Committee. (Tel. No. MAIn 4687.)

Alderman S. T. Marron, J.P., Chairman of the Health Committee, was appointed a member of the Board for a period of three years ending 31st March, 1952.

### UNITED MANCHESTER HOSPITALS

This is the designated teaching group for the area and comprises the following:—

- The Manchester Royal Infirmary.
- The Manchester Royal Eye Hospital.
- St. Mary's Hospitals for Women and Children.
- The Dental Hospital of Manchester.
- The Manchester Foot Hospital.

These hospitals, and other hospitals in the Manchester and Salford area are utilised by Oldham residents for the more specialised services.

Councillor G. Halbert, Deputy Chairman of the Health Committee, is a member of the Board of Governors, having been appointed for the period ending 31st March, 1950.

### OLDHAM AND DISTRICT HOSPITAL MANAGEMENT COMMITTEE.

#### GROUP 11.

The following members of the Local Health Authority are members of the Management Committee:—

For the period ending

- 31st March, 1951—Alderman F. Lord, O.B.E., J.P. (Chairman).
- 31st March, 1951—Councillor G. Halbert.
- 31st March, 1950—Alderman A. Hallwood.
- Alderman A. Tweedale.
- 31st March, 1952—Alderman S. T. Marron, J.P.

This Committee is responsible for the following hospitals, dispensaries and clinics and as the agent of the Manchester Regional Hospital Board, undertakes their day to day administration.



**Oldham Royal Infirmary:** This is a general hospital of 200 beds with surgical, orthopaedic, ophthalmic and aural beds, a limited number of medical and gynaecological beds and a children's ward. There is a rehabilitation unit associated with the orthopaedic department, to which other cases can also be referred.

**Boundary Park General Hospital:** This is a general hospital of 390 beds with medical, surgical, paediatric and gynaecological beds, an ante-natal clinic and a large maternity unit. The total accommodation for maternity cases is 121 beds. A treatment centre is provided for the diagnosis and treatment of venereal diseases.

There are 8 beds available in the hospital for private patients. In the maternity unit there are 16 amenity beds, patients being charged 6/- per day for a single bedded ward and 3/- per day for beds in other wards.

**Boundary Park General Hospital Annexe:** The premises comprising the Boundary Park General Hospital Annexe were formerly the Westwood Park Institution. Part of the accommodation has been designated for hospital use and provides 422 beds for the chronic sick and 210 beds for mental cases. 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 National Assistance Act.

**The Strinesdale Sanatorium:** The Sanatorium provides accommodation for 57 patients suffering from pulmonary tuberculosis—55 being in the main ward, 2 in separate chalets.

**The Racefield Hospital, Chadderton:** This hospital, which is situated in Chadderton, provides 52 beds for female patients suffering from pulmonary tuberculosis.

**Westhulme Hospital:** This hospital provides accommodation for patients suffering from infectious diseases. According to Ministry of Health standards the accommodation available is 85 beds. Throughout the year only two wards with a total accommodation of 43 beds and a cubicle ward of 14 beds, were in use.

**The Woodfield Maternity Home:** This is a general practitioner maternity home with 20 amenity beds, patients being charged 6/- per day for a single bedded ward and 3/- per day for beds in other wards.

**Dr. Kershaw's Cottage Hospital, Royton:** This is a general practitioner hospital situated in Royton and provides accommodation for 20 patients.

**The Dispensary, Barker Street:** These premises are available for the use of Oldham residents. Patients continue to be referred to Boundary Park General Hospital for X-ray examination.

**The Dispensary, Brook Street, Chadderton:** This dispensary is situated in Chadderton and is used by patients from the adjacent county area.

**The Orthopaedic Clinic, Gainsborough Avenue:** This clinic also provides facilities for physiotherapy and artificial sunlight. Cases are referred for treatment from the school clinics, child welfare centres and by private practitioners.



## PATHOLOGICAL SERVICES

The majority of the pathological and bacteriological work of the Public Health department is undertaken in the laboratories at Boundary Park Park General Hospital and Oldham Royal Infirmary. Certain examinations, e.g., ice cream and water, are undertaken by the Public Health Laboratory Service at the Public Health Laboratory, Monsall Hospital, Manchester.

## NURSING HOMES

There are no registered nursing homes in the Borough.

## THE HARGRAVES CONVALESCENT HOME

This Home, providing 28 beds, usually known as "The Nook" is situated in Saddleworth and is administered by the Huddersfield Hospital Management Committee, 21 beds being available for patients from the Oldham hospitals.

## OLDHAM AND DISTRICT HEALTH SERVICES CONTRIBUTORY ASSOCIATION

The following information is given by courtesy of Mr. Edgar Ormerod, Secretary Administrator of the Association—

The Oldham and District Health Services Contributory Association is a voluntary association whose object is to enable contributors to provide by means of a small weekly payment, convalescent treatment, physiotherapy in the home and also to obtain financial assistance towards expenses for surgical appliances, dentures, optics and the like. Assistance is also given towards payment for domestic help, prevention of illness, care and after-care, and the provision of sick room and invalid equipment. There is no income limit for contributors. The rates of contribution are 1d. weekly for a single person and 2d. weekly for a married person. Such contribution entitles the member, his wife, and his or her children up to school leaving age, to receive the benefits of the scheme, but does not entitle any other person or persons dependent on the member to receive the benefits. Such persons may become members of the scheme by payment of the recognised contribution.

## AMBULANCE SERVICE, HOME NURSING SERVICE, MIDWIVES SERVICE, MENTAL HEALTH SERVICE

These services are provided by the Local Health Authority and are fully described elsewhere in this Report.



## SECTION III

### LOCAL HEALTH AUTHORITY SERVICES.

#### HEALTH CENTRES

Under Section 21 of the National Health Service Act it is the duty of every local health authority to provide, equip and maintain to the satisfaction of the Minister, premises at which facilities will be available for all or any of the following purposes:—

- (a) for the provision of general medical services under Part IV of this Act by medical practitioners;
- (b) for the provision of general dental services under Part IV of this Act by dental practitioners;
- (c) for the provision of pharmaceutical services under Part IV of this Act by registered pharmacists;
- (d) for the provision or organisation of any of the services which the local health authority are required or empowered to provide;
- (e) for the provision of the services of specialists or other services provided for out-patients under Part II of this Act; or
- (f) for the exercise of the powers conferred on the local health authority by section one hundred and seventy-nine of the Public Health Act, 1936, or section two hundred and ninety-eight of the Public Health (London) Act, 1936, for the publication of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures or cinematograph films in which such questions are dealt with.

The local health authority has to provide to the satisfaction of the Minister staff for any Health Centre provided by them, provided that it does not employ medical or dental practitioners at Health Centres for the purpose of providing general medical services or general dental services under Part IV of the Act. X

At the end of the year no proposals had been formulated for submission to the Minister, but at a meeting held in December the Health Committee decided that a special committee be appointed to discuss this matter. The Special Committee consists of eleven members (six Council members of the Health Committee; one member of the Oldham Executive Council; one member of the Oldham Medical Committee; one member of the Oldham Dental Committee; one member of the Oldham Optical Committee, and one member of the Oldham Pharmaceutical Committee).

#### CARE OF MOTHERS AND YOUNG CHILDREN

##### Ante-Natal and Post-Natal Clinics

Ante-natal clinics are held at the Central Clinic, 29, Queen Street, on each afternoon from Monday to Friday with the exception of Wednesday afternoon when new cases attend for booking and examination by the midwife. A Medical Officer attends each session fortnightly. No clinics are held in the homes of the midwives.



Every opportunity is taken to advise expectant mothers of all the aspects of ante-natal and post-natal care and lectures and talks are arranged by the Supervisor. The advantages of gas and air analgesia are fully explained and one apparatus is available at the clinic for demonstration purposes.

A post-natal clinic is held fortnightly on Thursday mornings, attendance being by appointment. The Consultant Obstetrician, Mr. A. H. Barber, attends a special clinic on alternate Wednesday mornings to see cases referred for specialist advice or treatment from ante-natal or post-natal clinics.

The following table gives details of the clinics provided:—

	No. of Clinics provided at end of year	No. of sessions held per month	No. of women who attended during the year	Total number of attendances made by these women
Ante-Natal Clinics	1	22	1211	5458
Post-Natal Clinics	1	2	192	200

#### Relaxation Exercises

In September arrangements were approved for instruction in relaxation exercises to be given in association with the ante-natal clinics. The classes are held weekly in the evenings, the first class being held in November. A fully qualified physiotherapist attends each session.

#### Provision of Maternity Outfits

Maternity outfits, sterilised and packed ready for use, are available free to expectant mothers, whether or not they have booked a municipal midwife for their confinement, and can be obtained from the ante-natal clinic.

#### 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 available 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. 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 are supplied free of charge to expectant and nursing mothers.

I am indebted to Mr. James Fenton, Senior Dental Officer, for the following report:—



### 1. Expectant and Nursing Mothers

"The following is a summary of the treatment carried out by this service over the past four years. This service has expanded considerably and the increase is clearly shown in these figures:—

	1946	1947	1948	1949
No. of new cases commencing treatment .....	161	198	270	330
No. of attendances of patients for treatment	675	837	1134	1179
No. of permanent teeth extracted .....	769	1171	1176	1040
No. of permanent teeth filled .....	25	84	220	311
No. of scalings .....	—	42	62	117
No. of other operations .....	580	667	783	763
No. of administrations of N <sub>2</sub> O .....	50	68	75	64
No. of X-rays .....	—	38	63	54
No. of patients supplied with dentures .....	—	58	63	79
No. of dentures supplied .....	81	98	105	121

It is again possible to report an all round increase in this work. This is an extremely satisfactory state of affairs when compared with the services provided by other local authorities.

Maintenance of the service at a high level has been possible since there have been no staff changes during the year. The inability of most authorities to retain and obtain dental officers has caused partial, and in many cases complete collapse of the dental services which should be available for "priority classes." Consequently these authorities have been unable to carry out their statutory obligations under the National Health Service Act.

The service provided by this Authority could, of course, be expanded and the amount of conservation treatment increased but in the present circumstances it would be extremely satisfactory if we could maintain our dental service at its present level during 1950. This will be entirely dependent on the retention of staff. The establishment of satisfactory national scales for Public Dental Officers should have an important bearing on this difficult problem. The present salary scales compare most unfavourably with the financial rewards of the National Health General Practitioner Service.

**Inspection:** Weekly visits have been made to Boundary Park General Hospital and the Queen Street Ante-Natal Clinic: The days selected for these visits coincide with the attendances of new cases at the clinics. Thus, if an expectant mother books early during her pregnancy, the maximum amount of time is available for the carrying out of any necessary dental treatment. Most of these patients are now fully aware of the difficulties encountered when trying to obtain dental treatment through the General Dental Practitioner Service, and consequently many avail themselves of the offer of treatment through the service of the Local Authority.

Requests for emergency treatment are received from patients who have been unsuccessful in obtaining treatment through the General Dental Practitioner Service.

**Treatment:** Details of this treatment are outlined in the above table. During the last few years there has been an increase in the number of fillings. This is a satisfactory state of affairs and every effort will be



made to encourage this type of treatment. Total extractions, unless considered essential, are discouraged during pregnancy. Scalings and gum treatment are carried out in selected cases where it is felt that this type of treatment would enable the patient to retain teeth in a reasonably healthy condition.

X-ray facilities are readily available since there is an X-ray apparatus at the Cannon Street Dental Clinic. If extra-oral X-ray films are required the services of the X-ray Department at Boundary Park General Hospital are utilised.

The services of the anaesthetist employed by the Education Committee are available if required.

Dentures are supplied to patients where there has been a partial or complete loss of teeth. The services of a dental mechanic to the profession are used and the present arrangements work satisfactorily. There is no undue delay in the supply of dentures to these patients.

## 2. Pre-School Children

The amount of treatment carried out for these children has increased during the year. Unfortunately many of these children attend the clinics with toothache and consequently it is often necessary to extract teeth. The staffs at the Welfare Clinics encourage mothers to attend the dental clinics with their children for advice and conservation treatment is encouraged. When it is possible to appoint an additional Assistant Dental Officer every effort will be made to improve this important branch of the service and routine inspections and treatment can be arranged.

Details of the work undertaken for pre-school children during the last three quarters of the year are shown in the following table:—

No. of children inspected .....	92
No. of children referred for treatment .....	88
No. of children actually treated .....	92
No. of attendances for treatment .....	252
No. of temporary teeth extracted .....	182
No. of temporary teeth filled .....	90
No. of other operations—temporary teeth .....	126
No. of local anaesthetics .....	27
No. of children treated under general anaesthetic—	
Clinics .....	47
Boundary Park General Hospital .....	16

The following figures indicate the ages of the 92 children inspected during the last three quarters of the year:—

1 year	2 years	3 years	4 years	5 years
2	11	40	38	1

## Care of Premature Infants

All infants weighing 5½ lbs. or less at birth are regarded as premature babies regardless of the period of gestation.

Premature infants born on the district, where the home conditions are unsatisfactory, are removed to hospital by ambulance in a special cot and are accompanied by the midwife. In other cases arrangements are made



by the Supervisor of Midwives for the home nursing of these infants and if necessary, suitable equipment is supplied. In the case of premature infants born in Boundary Park General Hospital and the Woodfield Maternity Home, who are 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.

There were 195 notifications received of births regarded as premature relating to Oldham residents (including transferred notifications) during the year:—

Born at home .....	50
Born in Nursing Homes or Maternity Homes .....	5
Born in Hospitals .....	140

The following table gives particulars of premature babies born at home during the year:—

	Trans- ferred to hospital	Died in First 24 hrs.	Nursed entirely at home Died on 2nd to 7th day	Died on 8th to 28th day	Sur- vived 28 days	Total	Grand Total
Under 3 lbs. ..	—	2	—	—	—	2	2
3-4 lbs. ....	—	2	—	—	1	3	3
4-5½ lbs. ....	1	5	4	—	35	44	45
Totals .....	1	9	4	—	36	49	50

### Care of Unmarried Mothers and their Children

Full use is made of the service provided by voluntary organisations. The services of the Social Worker of the Oldham Council for Moral Welfare are available and cases are referred to her for investigation. She advises the expectant mother and if no satisfactory arrangements can be made for the ante-natal and post-natal care or for the confinement, the Social Worker arranges admission to a suitable home or hospital and the full cost is met by the Health Committee.

Under these arrangements 5 cases received ante-natal and post-natal care and 4 post-natal care only, the following homes being used:—

Ministry of Health Hostel, Southport.

Lancaster, Morecambe and District Moral Welfare Home, Lancaster.

St. Mary's Home, Bury.

Simpson Hill Maternity Home, Heywood.

Steele House, Wallasey.

St. Monica's Home, Liverpool.

The cases admitted to the Ministry of Health Hostel, Southport were confined in the Boundary Park General Hospital and attended the ante-natal clinic. The other cases were confined in hospitals in the areas of the Homes to which they were admitted.



### Child Welfare Centres

A Child Welfare Centre is held at 29, Queen Street, twice weekly and there are seven branch Centres in church and school premises. Details of these Centres are as follows:—

Centre		Days	Times
Queen Street		Tuesday	9.30 a.m.
Queen Street		Friday	9.30 a.m.
Brunswick	Oxford Street	Wednesday	2.0 p.m.
Millgate	Hollins Road	Thursday	2.0 p.m.
Beulah	Withins Road	Monday	9.30 a.m.
	(from 25th April)	Monday	2.0 p.m.
Scottfield	off Ashton Road	Tuesday	2.0 p.m.
Scottfield	off Ashton Road	Friday	2.0 p.m.
St. Ambrose	Prince Charlie St.	Thursday	2.0 p.m.
St. Barnabas	Arundel Street	Tuesday	2.0 p.m.
Pitt St. East	off Glodwick Road	Wednesday	2.0 p.m.

As the numbers attending the Beulah Centre decreased, the Medical Officer attended fortnightly instead of weekly as from the 26th June. No Medical Officer attends the Friday afternoon session at the Scottfield Centre.

Orange juice, cod liver oil, national dried milk and vitamins issued by the Ministry of Food are obtainable at all the centres and certain proprietary brands of infant food can be purchased.

By arrangement with the Principal of the Women's Institute which is under the control of the Education Committee, 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 demonstrations were also held at the Centres under similar arrangements.

### Attendances at Infant Welfare Centres during 1949

Centre	No. of Sessions	New Cases		Total Attendances	
		0-1	1-5	0-1	1-5
Queen Street .....	100	318	155	3178	2068
Brunswick .....	51	177	46	1796	1301
Millgate .....	50	137	47	1392	909
Beulah .....	48	61	21	497	680
Scottfield .....	98	181	93	1584	2020
St. Ambrose .....	50	140	50	1324	1063
St. Barnabas .....	49	182	74	1992	1542
Pitt St. East .....	50	191	75	1960	942

### DAY NURSERIES.

#### Municipal Day Nurseries.

On the 1st January, Westhill, Overens Street, Horsedge, Park House and Mayall Street Nurseries were providing accommodation for 216 children.



In May adaptations to the premises in Tate Street, which will provide accommodation for 34 children, were completed. The Nursery was formally opened by Mrs. M. Rogers, a member of the Maternity and Child Welfare Sub-Committee.

Consequent upon the opening of the Tate Street Nursery, the premises 16/18 Mayall Street, temporarily loaned by the Children's Committee for use as a day nursery following the closing of Fernholme Nursery, were vacated, the children being accommodated at Tate Street Nursery.

In February approval for loan sanction was obtained for the proposed day nursery in Honeywell Lane and work commenced in March. This nursery will accommodate 46 children and it is anticipated that it will be ready for occupation early next year. In March approval for loan sanction was also received in respect of the new nursery in the Strinesdale area, adjacent to Haven House and work commenced in the same month. It is anticipated that this nursery will also be ready for occupation early next year.

In April Haven House was transferred to the Corporation by voluntary assignment and tenders were invited for the work of adapting the premises for use as a 24-hour nursery. These were received in July, but far exceeded the original estimate. It was decided that consideration be given to an extension to the Haven Lane Day Nursery to provide accommodation for a 24-hour nursery.

The following accommodation was provided at the 31st December:—

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
Tate Street .....	—	13	21	34
	—	—	—	—
Totals .....	25	65	130	220
	—	—	—	—

All the nurseries, with the exception of the Park House Nursery, are approved training schools for the training of nursery students for the National Nursery Examination Board Certificate. During the year 13 students were successful in obtaining this certificate.

#### Industrial Day Nurseries

On the 1st January there were 9 nurseries registered under the Nurseries and Child Minders Regulation Act, providing a total accommodation of 389 places comprised as follows:—

Age 0-1 year .....	23 places.
Age 1-2 years .....	132 places.
Age 2-5 years .....	234 places.

Details of these nurseries were given in the report for last year.



The following new nurseries were registered during the year, plans having been previously approved:—

Name of Nursery	Age Groups			Total Places	Remarks
	0-1	1-2	2-5		
Heathbank .....	6	14	30	50	Converted private house. Opened March, 1949.
Iris Mill.....	12	16	19	47	New building erected in the mill curtilage. Opened June, 1949.
Orme Mill..... (Lancashire Cotton Corpn.)	—	17	24	41	New building erected on open site in the vicinity of the mill. Opened October, 1949.

In May, final plans for adapting the premises Eastbourne Villa, Brook Lane, for use as a Day Nursery for the Willow Bank Mill Ltd. were agreed.

The Greenbank Nursery (Messrs. Lees and Wrigley Ltd.) which provided accommodation for 44 children was closed in March. This was the first industrial nursery to be opened in the Borough. Certain building conditions were imposed when it was registered under the Act, but the management who were aware of the deficiencies of the nursery decided to close the nursery when their new Heathbank Nursery was opened.

The following table summarises the nursery provision at the 31st December:—

Name of Nursery	Age Groups			Total Places
	0-1	1-2	2-5	
* Central Mill .....	6	9	12	27
* Coldhurst Hall .....	—	—	30	30
* Derker Mill .....	7	14	25	46
* Hartford House .....	—	34	34	68
* Heathbank .....	6	14	30	50
* Iris Mill .....	12	16	19	47
Oldham Twist .....	—	13	19	32
Orme Mill .....	—	17	24	41
* Oakbank .....	—	15	42	57
Royd Mill .....	—	15	25	40
* Werneth Spinning Co. Ltd. ....	10	15	20	45
Totals .....	41	162	280	483

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



Close co-operation exists between this department and the industrial firms concerned and, by arrangement with certain of the firms, regular visits are made to the nurseries by the medical staff of the department for medical inspection and immunisation of the children. The firms are encouraged to consult the department if any difficulties arise. In three nurseries the management have their own practitioner attending for the medical care of the children.

### MIDWIVES SERVICE

At the beginning of the year 9 full-time midwives and 1 part-time midwife were employed. During the year 5 new appointments were made and 4 resignations received. The following staff was employed at the end of the year:—

- 1 Non-Medical Supervisor.
- 1 Senior Assistant Supervisor.
- 1 Assistant Supervisor.
- 8 Full-time District Midwives.
- 1 Part-time District Midwife.
- 7 Pupil Midwives.

The part-time midwife employed is engaged on duties in connection with hospital discharges and other special visits. She undertakes no deliveries and accepts no bookings.

The Oldham District Midwifery Service is approved by the Central Midwives Board as a Part II Training School to train 8 pupil midwives at any one time. During the year 13 pupils were accepted for training and of these, 12 were successful in passing the Part II examination of the Central Midwives Board.

### Gas and Air Analgesia

All the full-time midwives employed are qualified to administer gas and air analgesia. Provision is made for the training in the use of approved methods of analgesia to all domiciliary midwives entering the service who are not already so trained. There are 14 sets of apparatus provided and the necessary transport is available through the Ambulance Service.

During the year 796 cases were delivered and of these 526 (66 per cent) received gas and air. The 270 remaining cases did not receive gas and air for the following reasons:—

Patient refused .....	4
Medical reasons .....	100
B.B.A.'s .....	30
Request for midwife received too late to enable midwife to administer gas and air .....	20
Emergency cases (not booked) .....	10
Doctor booked (used own anæsthetic) .....	12
Doctor booked (not booked for gas and air) .....	28
Premature birth (prior to 36th week — no certificate) .....	40
Failed to attend doctor or clinic for certificate (no certificate) .....	14
Certificates out-dated (prior to October, 1949) .....	12



### Transport

Transport is provided by the Ambulance Service from 5-30 p.m. to 8-30 a.m. By arrangement with the Cleansing and Transport Department a car is available during the day-time for urgent calls to confinements for midwives attending cases out of their own districts and in emergency. This car is also available for transporting gas and air equipment. At all other times the midwives use public service vehicles.

### Midwives Accommodation

At the end of the year the Council was providing the following accommodation for midwives:—

#### 1 Private Houses.

Houses owned by local health authority ..... 2

Rented by local health authority—

(i) from private owner ..... 1

(ii) from Corporation Housing Dept. ... 3 4

#### 2 Midwives Homes ..... 2

These provide accommodation for 11 midwives or pupil midwives.

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

#### Confinements—

Number of cases booked .....	924
Number of confinements attended .....	796
Number of cases receiving analgesia .....	526

#### Visits—

Ante-natal cases .....	3,137
During lying-in-period .....	15,001
Post-natal .....	239

During the year 1,957 live births and 51 stillbirths relating to Oldham residents were notified. In addition 1 birth which occurred during the year but was not notified, was brought to the notice of the Department by the Local Registrar early in 1950. Of these, 1,144 (56.92%) occurred in institutions and 866 (43.08%) were domiciliary confinements. Of the latter, 811 (93.76%) were attended by Municipal Midwives and the remaining 54 (6.24%) by midwives in private practice.

### Midwives Acts, 1902—1936

#### Supervision of Midwives

During the year 46 midwives notified their intention to practice, compared with 40 in 1948. Of these, 11 were municipal midwives; 4 midwives in private practice; 22 midwives in Boundary Park General Hospital and 9 midwives in Woodfield Maternity Home.

### Maternity Cases Attended During the Year

	Domiciliary Cases		* Cases in Institutions		Total	
	As Midwife	As Maternity Nurse	As Midwife	As Maternity Nurse	As Midwife	As Maternity Nurse
Midwives employed by local health authority ...	687	109	—	—	687	109
Midwives employed by Oldham and District Hospital Management Committee ...	—	—	1576	564	1576	564
Midwives in private practice ...	53	1	—	—	53	1
Totals ...	740	110	1576	564	2316	674

\* These figures include non-resident cases confined in the Borough.

### Medical Aid under Section 14 (1) of the Midwives Act, 1918

There were 305 medical aid forms sent in by domiciliary midwives as compared with 354 in 1948. The conditions for which medical aid was sought were as follows:—

#### Conditions in Mother

Ante Partum Hæmorrhage ...	16
Abortion or threatened abortion .....	3
Delayed labour (2nd stage) ...	4
Breech Presentation .....	9
Adherent Placenta .....	2
Post Partum Hæmorrhage ...	1
Malpresentation .....	1
Obstructed labour .....	1
Pyrexia .....	9
Ruptured Perineum .....	108
Toxæmia of Pregnancy .....	4
Premature Labour .....	2
Maternal Distress .....	5
Retained Placenta .....	4
Breast Condition .....	2
Heart Condition .....	1
Fœtal Distress .....	1
Other Conditions .....	3

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#### Conditions in Child

Feebleness or Prematurity ...	30
Inflammation of, or discharge from the eyes .....	73
Cyanosis .....	2
Colds .....	9
Asphyxia .....	2
Jaundice .....	5
Phimosis .....	5
Septic Spots .....	1
Tongue tied .....	7
Vomiting Blood .....	1
Fœtal abnormalities .....	2

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### Emergency Maternity Unit

This unit has continued to operate from Boundary Park General Hospital and was called out on two occasions for the following emergencies:—

1. Retained placenta.
2. Third stage hæmorrhage.

### HEALTH VISITING

The new responsibilities of the Health Visitor were fully described in the Report for last year and the statistical return summarises the work undertaken during the year.

There has been no marked increased demand on the service, which was fortunate, as the number of Health Visitors employed throughout the year has only been sufficient to allow for the routine duties to be undertaken.

The policy of achieving closer co-ordination of the duties of the Health Visitors and School Nurses, as outlined last year, has continued and all new appointments have been as Health Visitor/School Nurse.

One Health Visitor undertakes whole time duties in connection with tuberculosis. She also attends as nurse in charge at the Barker Street Dispensary and the cost of her services in this connection is reimbursed by the Oldham and District Hospital Management Committee.

In addition to their responsibilities in the Health Visiting Service, the Superintendent Health Visitor, the Deputy Superintendent Health Visitor and the Senior Health Visitor have duties in connection with the Day Nursery Service. These officers also take an active part in the teaching of Nursery Students at the School of Commerce under arrangements made with the Principal.

At the end of the year in addition to the Superintendent and Deputy Superintendent Health Visitor, 13 Health Visitor/School Nurses were employed by the Maternity and Child Welfare Sub-Committee and 1 Health Visitor/School Nurse employed by the Education Committee was devoting 4/11ths of her time to the Health Visiting Service.

The employment of Student Health Visitors has been continued. Two students were appointed and commenced training at the Manchester College of Technology in October. The five students who were appointed in the previous year were all successful in obtaining the Health Visitor's Certificate and in June joined the staff as Health Visitors.

The following table summarises the work of the Health Visitors during the year:—

No. of Visits paid by Health Visitors							
Expectant Mothers		Children under 1 year of age		Children between the ages of 1 and 5		Other Cases	
		First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
196	339	1993	8359	515	13,162	2236	3588



The 3,588 visits made by Health Visitors to other cases were made up as follows:—

Stillbirths .....	29
Infant Deaths .....	85
Handicapped Children .....	59
Cases of Infectious Diseases:	
Whooping Cough .....	223
Measles .....	1066
Ophthalmia Neonatorum .....	17
Dysentery .....	318
Applications for provision of domestic help .....	529
Aged and infirm persons .....	59
Tuberculosis .....	1024
Other Visits .....	179

The following attendances were made by Health Visitors at Infant Welfare Centres, Clinics, Nurseries, and Nursery Classes:—

Infant Welfare Centres .....	987
Day Nurseries .....	366
Nursery Classes .....	206
Chest Clinic .....	129
Immunisation Clinics .....	31
Vaccination Clinics .....	21

### HOME NURSING

The arrangements for the provision of this service as outlined in the proposals were continued without change.

During the year the service was able to meet all demands made. No night service is available, but a night/attendant service is provided through the Domestic Help Service (Section 29). This has proved extremely helpful to the work of the Home Nursing Service.

At the beginning of the year the staff consisted of the following:—

- 1 Queen's Superintendent.
- 1 Queen's Assistant Superintendent.
- 3 Queen's Nurses (2 female, 1 male).
- 5 District Nurses (4 female, 1 male).
- 2 Nursing Auxiliaries (2 female).

In July Miss F. B. Laing, Assistant Superintendent, terminated her duties and Miss A. O'Connell was appointed to fill this vacancy. The staff employed at the 31st December, was as follows:—

- 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).



In March the Finance and General Purposes Committee gave approval for the installation of telephones in the homes of eight district nurses who were working from their own homes. This provision has facilitated the distribution of work and has greatly increased the efficiency of the Service.

The district nurses use public transport but at week-ends and in exceptional circumstances, e.g., shortage of staff or extraordinary pressure of work, transport is provided by the Ambulance Service.

Application was made by the male nurses for assistance in connection with the purchase of auto-cycles and the Finance and General Purposes Committee was asked to agree to a travelling allowance of 10/- per week being paid to each male nurse as travelling expenses subject to these nurses purchasing their own auto-cycles.

In March the Ministry of Health gave formal consent to loan sanction in respect of the purchase of the premises "Glenthorne," 57, Queen's Road, together with the chattels contained therein for use as a district nurses home, and the purchase of this property was completed in September. The home provides accommodation for 6 district nurses and the Superintendent.

#### Queen's Institute of District Nursing

The local health authority is in membership with the Queen's Institute of District Nursing and the Service is inspected annually by an Inspector of the Institute.

#### Summary of Cases Nursed

There were 1,089 cases nursed and 24,356 visits made by district nurses to these cases during the year.

	Children		Others		Total No. of Cases
	0-5	5-15	Male	Female	
Cases on books at 1.1.49...	3	0	53	97	153
New cases.....	43	27	258	608	936
Total cases nursed during the year.....	46	27	311	705	1089
Cases on books at 31.12.49	1	—	30	128	159

The following table summarises the cases nursed and visits made by the district nurses during each month of the year:—

	Children		Others		Total No. of Cases	Visits by District Nurses
	0-5	5-15	Male	Females		
January ...	7	5	76	145	233	2306
February ...	5	5	71	144	225	2037
March ...	4	3	90	184	281	2155
April ...	6	1	76	153	236	2156
May ...	—	—	62	144	206	1920
June ...	3	1	51	146	201	1761
July ...	4	4	48	143	199	1778
August ...	2	3	46	145	196	1765
September ...	6	7	42	145	200	1783
October ...	8	2	51	149	210	2284
November ...	8	1	46	163	218	2082
December ...	9	1	53	184	247	2329



## VACCINATION AND IMMUNISATION

Vaccination against smallpox and immunisation against diphtheria and whooping cough was continued on the same lines as in 1948.

The proposals allow for practitioners undertaking vaccination or immunisation against diphtheria and whooping cough to receive the necessary materials free of cost and payment of the recognised fee in respect of returns of such vaccination or immunisation to the Medical Officer of Health. This fee was to be fixed centrally after negotiation with representatives of the profession and in December, local authorities were notified that a fee of 5/- had been agreed.

Combined diphtheria and whooping cough immunisation has been continued throughout the year and the majority of children 0-3 years of age received this dual protection.

Parents are encouraged to have their children immunised before they attain the age of one year and the majority of children are now immunised prior to school entry. Immunisation is undertaken at all the Welfare Centres and a special immunisation clinic is held at the Queen Street Centre on Saturday mornings for the convenience of parents who are working in industry. All children admitted to municipal day nurseries in the Borough are immunised where possible prior to admission and in other cases after admission. A constant check is maintained 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 sixth and eleventh years. Special sessions are arranged at the schools when necessary and sessions are also held regularly at the Scottfield and Gower Street school clinics. Children, the majority of whom require "re-inforcement" injections only, attend these sessions by appointment.

The materials used and dosage given are as follows:—

Protection	Age Group	Material Used	Dosage
Combined Diphtheria and Whooping Cough Immunisation.	0-5 yrs.	D.P.P. (Glaxo) each c.c. containing 20,000 million H pertussis	Three injections of 0.5 c.c., 0.5 c.c., and 1.0 c.c. at an interval of four weeks between injections.
Diphtheria Immunisation (a) Primary Immunisation.	0-10 yrs.	A.P.T.	Two injections of 0.2 c.c. and 0.5 c.c. with an interval of four weeks between injections.
	10 yrs. & over	T.A.F.	Three injections of 1.0 c.c. at four weekly intervals.
(b) Re-inforcement Injections.	5-10 yrs.	A.P.T.	One injection of 0.5 c.c.
	10 yrs. and over	T.A.F.	One injection of 1.0 c.c.
Whooping Cough Immunisation.	0-5 yrs.	A.P.V. (Glaxo) each c.c. containing 20,000 million H pertussis.	Three injections of 1.0 c.c. at four weekly intervals.



The following table summarises the number of children completing the full course of immunisation against Diphtheria and those receiving "re-inforcement" injections during the year; the majority of children under 3 years of age received Diphtheria Pertussis Prophylactic (Glaxo).

Age in Years	Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	Total under 15 yrs.
<b>Diphtheria Immunisation.</b>								
(a) Primary.								
Sessional Arrangements	465	452	100	50	49	139	51	1306
Private Practitioners...	39	114	23	8	6	3	1	194
Totals ...	504	566	123	58	55	142	52	1500
(b) Reinforcement Injections.	No. of Children having Received			First Reinforcement Injection.		Second Reinforcement Injection.	Total number of Reinforcement Injections.	
Sessional Arrangements	1568			496		2064		
Private Practitioners...	73			2		75		
	1641			498		2139		

The following figures indicate the number of children receiving Whooping Cough protection during the year; the majority of these children received Diphtheria Pertussis Prophylactic (Glaxo).

Age in Years	Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	Total under 15 yrs.
Sessional arrangements	447	387	73	25	5	2	—	939
Private Practitioners...	54	147	33	24	—	—	—	258
Totals ...	501	534	106	49	5	2	—	1197

#### Vaccination against Smallpox

The number of vaccinations performed in the early months of the year was extremely low and gave cause for concern. There is no doubt that in some measure this was due to the long delay in fixing the fee to be paid to general practitioners in respect of returns of vaccinations undertaken by them. In June the Home Nursing Sub-Committee agreed that a weekly session should be held so that mothers who wished to have their infants vaccinated could attend. The clinic was held weekly, attendance being by appointment. This arrangement was still in operation at the end of the year.

Midwives attending mothers confined in their own home, or mothers discharged from hospital with their babies, stress the importance of vaccination. It is again stressed by the Health Visitor when she makes her first visit and in each case the mother is advised of the facilities available.



There are no special arrangements for the vaccination of school children. During the year 20 children of school age were vaccinated or re-vaccinated. These were mainly children who were proceeding overseas.

No special arrangements exist for the vaccination of adults. The majority of vaccinations undertaken by private practitioners relate to persons proceeding overseas.

The following table indicates the number of vaccinations and re-vaccinations undertaken:—

- (i) By Sessional Arrangements.
- (ii) By Private Practitioners (in accordance with returns received).
- (iii) By Assistant Medical Officers.

	Under 1 yr.	1-4 yrs.	5-14 yrs.	15+ yrs.	Totals
<b>Primary Vaccinations.</b>					
Sessional Arrangements ...	129	9	2	6	146
Private Practitioners ...	48	7	16	33	104
Assistant Medical Officers ...	—	—	—	1*	1*
<b>Totals ...</b>	<b>177</b>	<b>16</b>	<b>18</b>	<b>40</b>	<b>251</b>
<b>Re-Vaccinations.</b>					
Sessional Arrangements ...	—	1	1	—	2
Private Practitioners ...	—	2	4	70	76
Assistant Medical Officers ...	—	—	—	83*	83*
<b>Totals ...</b>	<b>—</b>	<b>3</b>	<b>5</b>	<b>153</b>	<b>161</b>

\* These figures relate to members of the staff who were vaccinated or re-vaccinated by reason of their duties and possible contact with cases of smallpox.

### AMBULANCE SERVICE

At the beginning of the year the service was operating from the West Street Depot under very difficult conditions. The premises were ill-equipped for ambulance purposes, the garage accommodation was inadequate and the accommodation for the personnel was poor. In July, a start was made on the alterations and adaptations which had been approved by the Ministry. The Service had to function while the work was in progress and all the personnel had to endure considerable discomfort and inconvenience especially during the winter months. Credit is due to all concerned for the way they carried out their duties under these difficult conditions.

In the early part of the year the bulk of the fleet was comprised of old pre-war vehicles and a number of the men were new to the work. The calls on the service continued to increase throughout the year and the patients carried and the mileage run showed substantial increases over the preceding year.

At the beginning of the year, including two vehicles at Westhulme Hospital, the ambulance fleet comprised thirteen ambulances and one sitting case car. Three new ambulances and three vehicles for use as sitting case cars were delivered and put into commission during the year. Two of these ambulances were Bedfords with Lomas bodies and the other a Karrier ambulance.



These new vehicles enabled two of the older vehicles in the service to be put out of commission. One of these vehicles, which was roadworthy for light ambulance work, was handed over to the Oldham and District Hospital Management Committee for the removal of internal transfers between Boundary Park General Hospital and the Annexe.

The Ambulance Sub-Committee have given much thought to the most suitable type of ambulance and finally decided to standardise the service with a special ambulance built by Lomas Ltd. (Manchester) on a 30-cwt. Bedford chassis. Two of the new ambulances are of this type and are proving most satisfactory.

Prior to the "appointed day" no special provision was made for sitting case patients, these patients being moved in the ordinary ambulances. The Austin ambulance, which was presented to the Health Committee in December of last year has proved most useful for the conveyance of out-patients, but more vehicles of this type were required. This need was partially met by removing the old ambulance body of an Austin ambulance with a sound chassis and building on it a special body to carry one stretcher case and four sitting cases or alternatively eight sitting cases.

Smaller vehicles were required for use when only one or two patients need removal. A 10 h.p. Hillman Minx Estate Car and a 12 h.p. Bedford Utilicon were obtained for this purpose. These vehicles serve a useful purpose but are unsuitable for a long journey and provide little comfort for the patients and any attendant. There is a real need for a small standard sitting case car to carry up to four patients which is economical to run and can be purchased at a reasonable cost. The modern car does not look the part, the seating can hardly be described as roomy and it would be difficult for many patients to enter the vehicle and almost impossible to get out when once in owing to the narrow and impossible doors that many of these cars possess.

In June, the arrangements with the Oldham and District Hospital Management Committee for two ambulances to be garaged at Westhulme Hospital and operated by the hospital staff, were terminated. The ambulances were transferred to the West Street Depot and the removal of cases of infectious disease is now undertaken by the general ambulance service. Special instructions and precautions are observed by the personnel and thorough disinfection of the vehicle is effected after the removal of the patient. A Milton Dynalisor for speedy disinfection has been installed at the Depot.

In March the staff was increased by the appointment of a maintenance man for night duty, his duties to consist of oiling and greasing and simple maintenance. He was also to act as driver/attendant in an emergency. In this way the cover for night calls and the efficiency of the service was increased. In August, following the centralisation of all infectious removals to the West Street Depot, and to meet the increasing calls, the



establishment was increased by two driver/attendants. At the end of the year the establishment was as follows:—

- 1 Clerk/Storekeeper.
- 1 Depot Foreman.
- 1 Mechanic.
- 4 Telephonists.
- 1 Maintenance Man.
- 34 Driver/Attendants (including 7 Class I).

In the early part of the year a number of the personnel ceased to be employed. These vacancies and the expansion of the service necessitated new men being engaged. At the end of the year only one driver/attendant, newly engaged, did not possess a recent First Aid Certificate. By the end of June all the personnel were employed as driver/attendants and the employment of personnel as attendants only was discontinued.

The Ambulance Sub-Committee has approved driver/attendants being entered for the Safe Driving Competition of the Royal Society for the Prevention of Accidents. At the end of the year 13 out of 18 driver/attendants who were eligible had qualified for the Diploma issued by the Society.

The number of patients and the mileage run increased month by month. There was a considerable increase in the number of patients removed to and from the Out-Patients Departments of the hospitals in the area. This is particularly the case with regard to out-patients attending the Oldham Royal Infirmary where, in order to facilitate the turn round of ambulances and to reduce the waiting of patients to a minimum, a class I Driver/Attendant has been stationed since January. This system proved to be advantageous both to the service and to the hospital, and was continued throughout the year.

There was one major incident. On August 19th a Dakota passenger plane travelling from Belfast to Ringway Airport crashed in a dense mist on Winberry Rocks above Chew Valley, Greenfield. Following receipt of a call from the Saddleworth Police Office that a plane had crashed on the hills near Greenfield two ambulances were despatched with three driver/attendants. The ambulance teams found some difficulty in locating the crash but when they reached the nearest possible point it was ascertained that a large passenger plane had crashed. The depot was immediately informed and more ambulances and men requested. Two machines were despatched and later in the afternoon five machines arrived from the West Riding. Only 8 cases were removed, 7 in our ambulances, the remaining passengers and crew, 22 in number, were all dead. It was a long climb from the ambulance parking point to the crashed plane and considerable time was taken in dressing the patients and making them safe for the difficult descent of the hillside. It required at least eight men to carry each patient down and it was necessary to work in relays. The ambulance personnel were ably assisted by workers from the Greenfield Mill who were the first at the accident. Later in the afternoon personnel of an R.A.F. Mountain Rescue Squad arrived and effected the removal of the dead. It was almost impossible to carry the service stretchers up the hillside and the "Walker" stretchers which had been purchased early in the year proved invaluable. The ambulance personnel received the highest praise for the services they performed.



## Arrangements with Adjacent Health Authorities

### West Riding County Council

The Saddleworth District of the West Riding County Council has for many years been served by the Borough Ambulance Service and these arrangements continued on an agency basis pending final negotiations being completed. Early in the year the following proposals were agreed by both authorities:—

1. The Oldham Ambulance Service to accept direct all accident, emergency and infectious cases arising in the Saddleworth Urban District.
2. Each authority to afford assistance to the other as and when the need arises.

Payment for the work done is based on an agreed rate per mile which is determined at the end of each financial year.

### Lancashire County Council

The existing ambulance service operated by this Authority in the administrative County area has been continued and 10,253 county cases were removed involving a mileage of 53,299.

In September the Clerk of the County Council forwarded new proposals for the modification of the County Ambulance Service proposals. The following clauses in these proposals affected the agency arrangements made with this authority:—

No. 5:

"To extend the area of service of the Middleton Ambulance Station to include the Urban District of Chadderton (31,270) and to terminate the agency agreement with Oldham Corporation."

No. 6:

To establish a new Station at Crompton to serve the Urban Districts of Crompton (12,620) and Royton (14,840) and to terminate the agency agreement with Oldham Corporation."

In the interests of economy and efficiency there should be a co-ordinated ambulance service with the adjacent health authorities. This recommendation was contained in the following report which was submitted to the Health Committee:—

"The Oldham Ambulance Service was established in 1922, and prior to the 'appointed day' under agreement served, in addition to the Borough, the County Districts of Chadderton, Crompton, Failsworth, Lees and Royton. It is clearly in the interests of economy and efficiency, that there should be complete co-ordination of the Ambulance Service provided for Oldham and the adjacent county districts. The majority of the removals from these districts are contiguous to Oldham and this is particularly the case with Chadderton which is the largest.



The Health Committee have established a depot at West Street which is conveniently situated to serve the hospitals under the control of the Oldham and District Hospital Management Committee and is in close proximity to Chadderton. The provision of a separate ambulance service to cover these adjacent County districts by the Lancashire County Council will result in increased expenditure, extravagant administration and confusion for the hospitals and practitioners concerned. It is appreciated that a depot is already established at Middleton and such a depot will well fit into a co-ordinated service, but here again there should be definite agreed arrangements to prevent reduplication of staff with regard to the night shifts, otherwise there will be an unnecessary wastage of manpower at a time when it is essential that it should be conserved."

The Health Committee decided to object to the proposals of the County Council as far as they affected this authority and the Town Clerk was instructed to communicate this decision to the Minister and the Clerk of the Council.

In addition to undertaking the statutory duties required under the Act the Ambulance Service has provided transport for the following services administered by the Health Committee:—

**(1). Midwives Service.**

For normal routine duties the midwives use public transport, but for urgent calls during the day, and when the gas and air apparatus is required, a car is requested from the Cleansing and Transport Department. At all other times and over the week-end the Ambulance Service is responsible for providing transport for the midwives, a small sitting case car being used. This arrangement is economical and most efficient, and during the year involved a total mileage of 14,585 miles.

**(2.) Home Nursing Service.**

The district nurses use public transport, but at week-ends and in exceptional circumstances, e.g., shortage of staff or extraordinary pressure of work, other transport is provided by the Ambulance Service, which during the year involved a total mileage of 2,516 miles.

**(3). Occupation Centre.**

In October the Ambulance Sub-Committee agreed to purchase a Bedford "Spurmobus" which could be used for the conveyance of children to and from the Centre. During the latter months of the year a few special cases were conveyed to and from the Centre involving a mileage of 163 miles.

The Ambulance Service has also provided transport for the "Flying Squad" which operates from Boundary Park General Hospital.



The following statistics indicate the work of the Ambulance Service during the year:—

	Ambulances	Cars	Total
1. Number of vehicles at 31st December .....	14	4	18
2. Number of journeys .....	10416	1302	11718
3. Number of patients carried .....	30794	2364	33158
4. Number of accident and other emergency journeys (included in (2) above) .....	2642	—	2642
5. Total Mileage .....	130023	17940	147963

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

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

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

The staffing arrangements described in the report for last year have been continued. Dr. H. S. Bagshaw, Chest Physician, has duties in connection with prevention and after-care, and the Health Committee reimburse the Manchester Regional Hospital Board in respect of 3/22nds of his remuneration. The Tuberculosis Health Visitor undertakes duties at the Dispensary sessions, and the Board reimburse the Health Committee in respect of this work. Under these arrangements there is some degree of co-operation between the preventive and curative services.

The supply of milk to patients attending the Dispensary has been continued, and cases in need of extra nourishment are referred to the Public Health Department so that orders can be issued. During the year 246 orders were issued for the supply of free milk to 43 individual patients.

It is well known that good housing conditions play a large part in the prevention and cure of tuberculosis, but owing to the acute housing shortage it is not possible to rehouse every family where the housing conditions are unsatisfactory. The Housing Sub-Committee assist selected cases. Open cases of pulmonary tuberculosis who do not have separate sleeping accommodation receive "priority," and under the points scheme other cases recommended by the Chest Physician receive additional points up to a maximum of five. During the year priority recommendations were made in respect of 21 cases and 24 cases received additional points. The Housing Sub-Committee rehoused twelve families under the "priority arrangements" in the course of the year.

### B.C.G. Vaccination

In August, Circular 72/49 was received from the Ministry of Health. This circular stated that arrangements had been made for the use of B.C.G. vaccine in this country, and that responsibility for carrying out this form of vaccination should rest on physicians with special knowledge and experience of tuberculosis, e.g., Chest Physicians. The circular also pointed out that this form of vaccination would fall within the scope of the Local Health Authorities' arrangements for the prevention of tuberculosis under Section 28 of the National Health Service Act.



Before B.C.G. vaccination could be undertaken it was necessary to have the Minister's approval of these arrangements for the prevention of tuberculosis. A formal proposal was submitted, and in October approval was received for the following addendum to the section dealing with Tuberculosis in the Council's proposals under Section 28 (Prevention of Illness, Care and After-Care):—

"The Local Health Authority intends to provide for B.C.G. vaccination by or under the direct supervision of a physician with specialist knowledge and experience of tuberculosis as regards persons to whom it is judged medically expedient, subject to the necessary preliminary tests, to offer such vaccination in view of their known contact with tuberculosis infection. Records of B.C.G. vaccinations will be kept in such standard form as may be recommended by the Ministry, and information concerning these records will be supplied to the Ministry on request."

B.C.G. vaccination will be undertaken by Dr. H. S. Bagshaw, Chest Physician, and it is hoped to commence inoculation of contacts of known tuberculosis cases early in the new year.

#### Mental Illness or 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.

Nursing requisities are available through the Dispensary. During the year 14 patients were issued with nursing equipment, and at the end of the year 32 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 31.12.49
Beds .....	8	23
Mattresses .....	8	24
Mattress covers .....	—	19
Blankets .....	2	54
Pillows .....	2	20
Bed rests .....	2	2
Urinals .....	—	2
Bed pans .....	1	3
Air-rings .....	5	3



**(ii) Maternity 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 Organisations.**

St. John Ambulance Brigade (Oldham Corps).  
Medical Comforts Depot, Park Road, Oldham.

General medical and surgical cases in need of nursing requisites can obtain these through the Medical Comforts Depot. This depot was established by the Oldham Corps of the St. John Ambulance Brigade in February, 1946, and since its opening has met a very real need. In accordance with the proposals, nursing requisites can be obtained on the certificate of a medical practitioner. The Brigade arrange to have available such items of equipment as the Medical Officer of Health may consider necessary. A deposit is charged when an article is loaned but is refunded on its return. The service has functioned smoothly during the year and 468 patients received assistance. At the end of the year the following items of equipment were on loan:—

Invalid chairs .....	15	Crutches .....	5
Commodore .....	2	Walking sticks .....	1
Bed rests .....	22	Feeding cups .....	2
Bed cradles .....	4	Kidney Bowls .....	1
Bed pans .....	35	Urinals .....	13
Rubber sheets .....	21	Inhalers .....	1
Air-rings .....	27	Water jugs .....	1

The Health Committee reimburse the Brigade in respect of all establishment charges incurred at the Medical Comforts Depot, and also made grants amounting to £75 towards the cost of the replacement of nursing requisites. In September, the Corps Superintendent reported that there was a shortage of wheel chairs, and in October the Health Committee purchased six chairs to meet this need.

In October, Captain J. M. Buckley, Corps Superintendent, who had done much to initiate the scheme and always afforded the Department the closest co-operation, left the area. The Home Nursing Sub-Committee placed on record their appreciation of the services he had rendered.

**Convalescence**

Local Health Authorities have power under Section 28 to provide for convalescence, where no active treatment is required, as part of their after-care arrangements. Regional Hospital Boards can also provide convalescent care for patients who still require medical treatment and nursing. Where convalescent treatment is in the nature of a rest after illness, or a change of air, and there is no active treatment required, it will not be provided by the Boards. All would benefit by a rest and change of air, and most adults could make a claim for convalescence of this type.



The acceptance of convalescence provision in this wide sense would be impracticable and cause serious financial implications. No complete scheme for convalescence has been approved by the Health Committee, but it has been agreed that in special circumstances cases may be recommended to the Committee for consideration.

During the year 5 pre-school children were provided with a period of convalescence under these arrangements. The full cost was met by the Committee, but in 4 cases it was possible to recover a part of the cost from the parents in accordance with Scale "B" of the Association of Municipal Corporations' Basis of Charges to Householders.

In addition to the arrangements outlined above, a scheme for the provision of convalescence for school children is operated by the Local Education Authority, suitable cases being recommended through the School Health Service. During the year 9 children were provided with a period of convalescence under this scheme.

### DOMESTIC HELP SERVICE

The arrangements for the provision of this service as outlined in the report for last year were continued. The Superintendent Health Visitor was responsible to the Medical Officer of Health for the general supervision, and the detailed organisation was undertaken by a full-time female clerk. Each case is referred to a Health Visitor for investigation and report with special reference to the needs and circumstances of the case.

During the year the number of Home Helps employed has increased as the following figures show:—

	Employed at 1st January	Employed at 31st December
Whole-time .....	9	17
Part-time .....	25	28

In March a report was submitted to the Home Nursing Sub-Committee recommending the appointment of a full-time Domestic Help Organiser. This recommendation was accepted, and in November Miss M. Haydock, B.A. (Admin.) commenced duties in this capacity, and the Superintendent Health Visitor ceased to be responsible for the Service.

During the winter of 1948/49 by arrangement with the Education Department a course of 12 lectures in Homecraft for domestic helps was held in the Women's Institute, Chaucer Street. The lectures, which were held in the evening, were well attended and those who completed the course were presented with a certificate.

The provision of a home help is not free, and it is the duty of the local health authority to recover the cost from those using the service. Where the full cost cannot be met the charge may be reduced or waived according to the financial circumstances. Prior to May the full charge was 1/9d. per hour but following a revision in the rate of pay to home helps this charge was increased to 2/1d. per hour.



The following table shows the number and types of cases that received assistance during the year:—

Type of Case	Cases on books 1.1.49	New Cases	Total Cases receiving Assistance	Cases (remaining) on books 31.12.49
Sickness .....	33	54	87	30
Accidents .....	1	9	10	2
Old Age and Sickness ...	55	137	192	133
Old Age .....	16	12	28	28
Post Operative .....	—	8	8	3
<b>MATERNITY CASES:</b>				
Ante-Natal .....	—	2	2	—
Home Confinements .....	4	67	71	4
Hospital Discharges .....	3	16	19	—
<b>Totals</b>	<b>112</b>	<b>305</b>	<b>417</b>	<b>200</b>

The total number of new cases, 305, compares with 221 for the previous year.

#### Night Attendants

Soon after the "appointed day" a letter from the Honorary Secretary of the Oldham Council for Social Welfare was submitted to the Home Nursing Sub-Committee drawing attention to the difficulty in obtaining temporary help for the care of sick people in their homes, and enquiring whether the Domestic Help Service could be extended to meet this urgent public demand. The Sub-Committee subsequently authorised the Medical Officer of Health to arrange such assistance as was possible through the Domestic Help Service.

The assistance required does not warrant the attendance of a qualified nurse, and the need has been met by providing night attendants. The duties mainly consist of attending to the personal needs of the patient, making the patient comfortable and being present if required. The night attendant does not undertake any routine housework or cleaning. The help is provided to relieve the relatives, or if the patient is living alone. They attend from 8-9 o'clock in the evening until 7-8 o'clock the following morning, depending upon the circumstances of each case, and what assistance is available during the day and evening from neighbours and relatives.

The service is really an emergency provision and each case is fully investigated before a night attendant is supplied. The patient must be confined to bed, and is usually a hospital case awaiting admission or is acutely ill and dying. The cost of this service, 10/- per session, is recoverable from the patient, but as the majority of cases receiving this assistance are old age pensioners, in only a few cases can the full charge be made.

During the year eight attendants were employed as follows:—

Number of cases .....	21
Number of "Night Sessions" .....	177



## MENTAL HEALTH SERVICE

All matters relating to Mental Health and Mental Deficiency are referred to the Mental Health Sub-Committee of the Health Committee. The Sub-Committee consists of seven members of the Health Committee and four co-opted members.

The proceedings of the Sub-Committee are subject to confirmation by the Health Committee and the Council, but in November the Council appointed the Mental Health Sub-Committee a special committee under Section 85 of the Local Government Act, 1933, and delegated to the Sub-Committee all the powers of the local health authority under paragraphs (a) and (b) of section 30 of the Mental Deficiency Act, 1913 (as amended by subsequent Acts).

The Medical Officer of Health is responsible for the administration of the service and is assisted by the Senior Medical Officers of the Department.

### STAFF

#### Medical Staff

Dr. A. P. Buchan, Senior Medical Officer, undertakes special clinical duties in the Department. This officer, together with Dr. J. Starkie, Senior Medical Officer, and Dr. A. P. Curran, Assistant Medical Officer, are approved by the Authority for the purposes of the Mental Deficiency Acts, 1913-38. These officers are also approved by the Minister of Health for the purpose of making recommendations under sections 1 (3) and 5 (3) of the Mental Treatment Act, 1930.

Dr. E. Gostynski, Medical Director of the Child Guidance Clinic, is approved by this Authority for the purposes of the Mental Deficiency Acts, 1913-38, and his services are used in a consulting capacity.

#### Duly Authorised Officers

The establishment provides for the appointment of three Duly Authorised Officers, who are also Mental Health Visitors. In January the number of officers was increased from one to two by the appointment of Mrs. E. Whitehead. Every attempt was made to secure another officer, but, in spite of repeated advertisements, the post was not filled. This service cannot be efficiently maintained by two officers, especially when sickness and annual leave occur. This deficiency in the service was appreciated by the Committee, and in May, the Lay Administrative Officer, Mr. T. P. McKniff, was appointed temporary Duly Authorised Officer to act in the absence on annual leave or illness of the permanent officers.

#### Social Workers

As stated above, the establishment provides for the appointment of three Mental Health Visitors, who also act as Duly Authorised Officers, but only two posts were filled throughout the year.

Following repeated attempts to fill this vacancy the post of Student Mental Health Visitor was created with the following conditions:—

1. That the student be between twenty and thirty years of age and the holder of a School Certificate (preferably with matriculation standard).



2. That it be a condition of appointment that the student agrees to undertake a recognised course for a diploma or degree in social science, and that the student is accepted for such a course at a University.
3. That the salary for the post be £200-£385 per annum (General Division) and that when the student has obtained a recognised qualification, he be appointed Mental Health Visitor and Authorised Officer at the salary grade for the post, namely, A.P.T. IV.

Mr. J. Chadwick, a member of the clerical staff of the Department, was subsequently appointed Student Mental Health Visitor.

The establishment also provides for the appointment of two Psychiatric Social Workers. Mrs. S. D. Hancock, who had extensive experience in Mental Deficiency and was Supervisor of the Regent Street Occupation Centre, was appointed to one of these vacancies and commenced duty in May.

#### **Occupation Centre**

At the beginning of the year the staff of the Occupation Centre was one Supervisor and two Assistants. In July approval was given to increase the establishment to one Supervisor and three Assistants.

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

During July and August, the Lay Administrative Officer, the two Mental Health Visitors and the Psychiatric Social Worker attended in rotation a week's course for Mental Health Staffs held at Calderstones Hospital. This course was also attended by the Supervisor and Assistant Supervisor of the Occupation Centre.

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

The Mental Health Visitors have continued to supervise mental defectives on licence. They prepare all reports required in connection with these cases, and any reports for cases whose orders for detention are subject to review under Section 11 of the Mental Deficiency Act.

The Mental Health Visitors also prepare a detailed social history for each patient admitted to a mental hospital, and this is forwarded to the hospital shortly after the patient's admission.

Owing to shortage of medical staff at the Boundary Park General Hospital Annexe, your Assistant Medical Officers, Dr. A. P. Buchan and Dr. A. P. Curran, have undertaken routine duties in the Mental Wards of the Boundary Park General Hospital Annexe. This co-operation provided most useful experience, and a link between treatment and after-care was established.

The constitution of the Mental Health Sub-Committee allows for the member of the Oldham and District Hospital Management Committee, co-opted on the Health Committee, to be a member. Alderman Frank Lord, O.B.E., J.P., Chairman of the Hospital Management Committee, is the member for the year 1949-1950.



### Co-operation with Voluntary Associations

No specific duties have been delegated to voluntary organisations.

The Oldham Council for Mental Health, which has been in existence for the past sixteen years, continued its educational activities during the year, and organised the following lectures:—

Date	Title	
February	"The Relation of Occupation to Personality Adjustments"	Dr. N. J. De V. Mather, Consultant Psychiatrist, Crumpsall Hospital
March	"The New Mental Health Services"	Dr. G. James, Assistant Senior Medical Officer, Manchester Regional Hospital Board
October	"The Changing Attitude towards Mental Illness"	Dr. N. J. De V. Mather, Consultant Psychiatrist, Crumpsall Hospital
November	Brains Trust (Question Master, Rev. G. R. Lloyd)	Medical Officer of Health (Dr. J. T. Chalmers Keddie); Psychiatrist (Dr. J. N. Curran, M.B., B.Ch., D.P.M.); Justice of the Peace (Miss A. A. Kenyon, J.P.); Psychiatric Social Worker (Mrs. P. S. Foxcroft, B.A.)

A grant of £15 15s. 0d. was made to the Council, and two members, the Rev. G. R. Lloyd and Miss I. M. Brislee, are co-opted on to the Mental Health Sub-Committee.

Under the Council's proposals it was agreed that the Manchester Regional Branch of the National Association for Mental Health would continue to supervise the cases already on its register. Early in the year this Regional Branch closed down so that these arrangements with the Association ceased to exist.

### Prevention, Care and After-Care

In many cases the help of the Mental Health Visitors has been requested by general practitioners, relatives and hospital officers before the patient has needed removal to hospital.

Facilities exist for relatives of patients to be referred to the Mental Health Visitors for advice and information subsequent to admission to Boundary Park General Hospital Annexe and prior to transfer to other mental hospitals. Full use is made of this service and the facilities are much appreciated.

In accordance with the Mental Treatment Rules, 1948, the Medical Officer of Health receives details of all admissions and transfers or discharges from the Boundary Park General Hospital Annexe. Similar information is received from other mental hospitals in respect of Oldham residents.



During the year a closer association between the Psychotherapeutic Clinic of the Oldham Royal Infirmary and your officers was developed, 16 cases being referred to the Clinic for examination, and 32 Clinic cases being visited for purposes of after-care. This is only a limited co-operation—complete co-operation should be affected by the social workers undertaking care and after-care, also working in the Clinic.

## LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

### Work Undertaken by the Duly Authorised Officers

The services of the Duly Authorised Officers are available throughout the 24 hours, the officers being on rota duty for evening and week-end calls. The officer on duty can be contacted through the police or the Central Admissions Bureau at Boundary Park General Hospital, as both are supplied with the weekly duty rota.

The following is a summary of the work undertaken during the year by the Duly Authorised Officers:—

There were 136 visits made as follows:

1. At the request of general practitioners .....	91
2. Other sources (police, relatives, neighbours, &c.) .....	39
3. Subsequent Visits .....	6
	<hr/>
	136

### Boundary Park General Hospital Annexe

(a) Admissions :	
Lunacy Act, 1890, Section 20 (3 day orders) .....	91
Lunacy Act, 1890, Section 21 (14 day orders) .....	11
	<hr/>
	102
(b) Transfers to Mental Hospitals :	
(i) LUNACY ACT, 1890, SECTION 16	
Prestwich Hospital .....	15
Lancaster Moor Hospital .....	19
Whittingham Hospital .....	14
Cheadle Royal Hospital .....	1
	<hr/>
	49
(ii) MENTAL TREATMENT ACT, 1930, SECTION 5	
Prestwich Hospital .....	2
(c) Completion of Summary Reception Orders for Further Detention .....	
	40

### Other Hospitals:

(a) Lancaster Moor Hospital—Admissions :	
Lunacy Act, 1890, Section 16 .....	1

### Facilities for Treatment

A Psychotherapeutic Clinic is held at the Oldham Royal Infirmary on Wednesday and Thursday afternoons. There were sixteen cases during the year referred by this Department to the Clinic.



The Boundary Park General Hospital Annexe is a designated Mental Hospital and the majority of patients requiring inpatient treatment are admitted to this institution. 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 following summarizes the admissions of Oldham residents notified to the Department during the year:—

Hospital	Under Order	Voluntary Patients	Temporary Patients	Total
Boundary Park General Hospital Annexe .....	102	17	—	119
Prestwich Hospital .....	15	17	2	34*
Lancaster Moor Hospital .....	20	—	—	20*
Whittingham Hospital .....	14	—	—	14*
Winwick Hospital .....	1	—	—	1
Cheadle Royal Hospital .....	1	—	—	1

\*Includes patients transferred from Boundary Park General Hospital Annexe (see above).

Information was also received of 40 Oldham residents who died in Mental Hospitals during the year, and of 113 discharges.

#### Ambulance Service

The Ambulance Service 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.

### MENTAL DEFICIENCY

#### Cases Reported During the Year

There were 21 cases reported to the local health authority.

Of these 19 were reported under the Education Act, 1944, 11 having been found incapable of receiving education at school, and 8 requiring supervision after leaving school.

Two cases were reported under the Mental Deficiency Acts, one by the parent and one by the Secretary of the Oldham and District Hospital Management Committee.

#### Ascertained Defectives Found to be "Subject to be Dealt With."

During the year there were 22 defectives found to be "subject to be dealt with" (2 cases were reported in December of the previous year); of these 20 were placed under Statutory Supervision and 2 were admitted to institutions.

#### Statutory Supervision

At the end of the year there were 208 cases remaining under Statutory Supervision.



The following is a summary of the disposal of the newly ascertained cases who were placed under Statutory Supervision during the year:—

(a) **Children of School Age:**

(i) **Incapable of Receiving Education** ..... 12

At home—Attending the Occupation Centre ..... 4

At home—Awaiting removal to institutions ..... 3

At home—In care of parents ..... 5

(These cases were not considered suitable for admission to the Occupation Centre and there was no urgent need for institutional care, the parents being able to provide the necessary care and attention.)

(ii) **Requiring Supervision after Leaving School** ..... 7

There were 5 children who left the Educationally Sub-Normal Department of the Chaucer Special School, and 1 left an ordinary school. At the end of the year these 6 children were all in useful and suitable employment.

One girl, under the care of the Children's Committee, was in attendance at a school for Educationally Sub-Normal Children in Preston. This child remained in the care of the Children's Committee, continuing to reside in a residential home in Preston.

(b) **Adults** ..... 1

This was a female of 50 years who was notified by the Secretary of the Oldham and District Hospital Management Committee on her discharge from the Mental Wards of Boundary Park General Hospital Annexe to Part III Accommodation.

### **Institutional Care**

Defectives in need of institutional care are usually admitted to one of the Mental Deficiency Hospitals in the Manchester region.

At the beginning of the year there were 4 cases (1 male, 3 females) recommended in previous years for institutional care, awaiting admission.

Five cases (3 males, 2 females) ascertained during the year were considered to require institutional care, and were so recommended. Of these, it was only possible to obtain vacancies for the following 2 cases:—

A female aged 43 years, whose aged parents could no longer look after her, was removed to Calderstones Hospital as a "place of safety" and was subsequently placed under Order.

A girl of 7 years, who had been found incapable of receiving education at school and had returned to Oldham after being temporarily with relatives in Sheffield, was admitted to St. Joseph's Certified Institution, Sheffield.

At the end of the year there were 7 cases (4 males, 3 females) awaiting institutional care.

### **Guardianship**

At the beginning of the year one female aged 38 years was under the Guardianship of her father. Following the receipt of Circular 117/48, though a grant was payable by the National Assistance Board, it was considered in the best interests to continue the Guardianship Order.



In June, a male of 20 years under Statutory Supervision was placed under the Guardianship of an officer of the Local Health Authority. He had appeared before the Magistrates' Court on a charge of larceny of a 10/-d. Bank of England note. This was not his first offence as he had previously been before the Court and committed to prison for one month. The Magistrates requested that he be medically examined and Dr. A. P. Buchan, Senior Medical Officer, submitted a report and attended the Court when the case was again heard. He stated that arrangements could be made for his close supervision and that he be placed under the Guardianship of an officer of the Local Authority. In view of this undertaking the Magistrates bound him over for two years. At the end of the year he was working steadily and earning £5-£6 per week.

This case well illustrates the practical application of community care of the mental defective. Through the agency of the Department this defective, instead of being sent to an institution remained a useful member of society, was able to support himself and continued in full employment.

No newly ascertained cases were placed under Guardianship.

#### **Voluntary Supervision**

At the end of the year there were 53 cases under Voluntary Supervision.

Three patients were transferred from Statutory Supervision to Voluntary Supervision during the year.

#### **Taken to "Place of Safety"**

Only one case, a female of 43 years, was removed to a "place of safety," and was subsequently placed under Order. Details are given above.

#### **Cases Ceasing to be Under Care**

Notification was received from the Board of Control to the effect that Orders under the Mental Deficiency Acts had been discharged in three cases (all females). These cases were placed under Voluntary Supervision, but by the end of the year were all living out of the area.

#### **Occupation Centre**

The Occupation Centre continued to function in the Regent Street Congregational Sunday School, a portion of the premises being rented for the purpose. The Centre is open each week day except Saturday, but is closed during the ordinary school holidays. A mid-day meal is provided through the School Meals Service, a charge being made to the parents; in necessitous cases this charge is reduced or waived.

During the year the staff consisted of the Supervisor and two Assistant Supervisors. In May, Mrs. S. D. Hancock, the Supervisor, resigned to take up her new duties as Psychiatric Social Worker. Mrs. J. L. Worfolk, the Senior Assistant Supervisor, was appointed to succeed her. In April, a visit to the Centre was paid by an Inspector of the Board of Control.

The Centre is much appreciated by the parents, and during the year there were 15 new admissions, 6 males and 9 females. There were 4 cases removed, 3 males and 1 female—they were all from the Lancashire County area and in each case travelling to and from the Centre was too inconvenient for the parents. On the 31st December there were 48 defectives on the register, 30 from the Oldham County Borough, 17 from the adjacent districts of the Lancashire County and 1 from the Saddleworth District of the West Riding.



In November, owing to the urgent need for accommodation for Oldham children, the Lancashire County Council were requested to consider the provision of separate accommodation for their own cases.

It was soon appreciated that the existing accommodation would prove inadequate and consideration was given to the provision of alternative accommodation. Enquiries and search were both unsuccessful and the only satisfactory solution will be to acquire a suitable site and erect a new centre.

The Centre contains a number of adult defectives and there is an urgent need for these to be removed from the close association of the younger children. The provision of an Industrial Centre would meet this need and enable some adult defectives who still remain at home to receive care and training.

No satisfactory arrangements exist for the conveyance of the children to and from the Centre. Some are met at a collecting point by one of the staff and escorted to the centre, but in the majority of cases the parents have to bring them in the morning and call for them in the early afternoon. This does cause some hardship and in October the Ambulance Sub-Committee agreed to purchase a Bedford "Spurmobus" which could be used for this purpose and for the conveyance of hospital out-patients when not so required.

#### Home Training

No special arrangements were provided for the home training of mental defectives.

The following are the statistical returns relating to mental defectives:—

#### Mental Deficiency Acts, 1913 to 1938

##### I. Particulars of Mental Defectives as on 1st January, 1950.

	M.	F.	T.
(1) Number of Mental Defectives Ascertained to be "Subject to be dealt with":—			
(a) In Institutions (including cases on licence therefrom)			
Under 16 .....	5	2	7
Over 16 .....	51	27	78
(b) Under Guardianship (including cases on licence therefrom)			
Under 16 .....	—	—	—
Over 16 .....	1	1	2
(c) In "places of safety" .....	—	—	—
(d) Under Statutory Supervision (excluding cases on licence)			
Under 16 .....	12	22	34
Over 16 .....	97	77	174
(e) Action not yet taken under any one of the above headings .....	1	—	1
<b>TOTAL</b> ascertained cases found to be "subject to be dealt with" .....	167	129	296



	M.	F.	T.
No. of cases included in (b) to (e) above awaiting removal to an Institution ..	4	3	7

- (2) Number of Mental Defectives not at present "Subject to be dealt with," but over whom some form of voluntary supervision is maintained:—

	M.	F.	T.
Under 16 years of age .....	—	—	—
Aged 16 years and over .....	32	21	53
Total number of mental defectives .....	199	150	349

- (3) Number of Mental Defectives Receiving Training:—

	M.	F.	T.
(a) In day-training centres			
Under 16 years of age .....	7	6	13
Aged 16 years and over .....	8	8	16
(b) At home .....	—	1	1
	15	15	30

## II. Particulars of Cases Reported during the Year, 1949.

	M.	F.	T.
(1) Ascertainment.			
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—			
(i) Under Section 57 (3) .....	4	7	11
(ii) Under Section 57 (5)			
On leaving special schools ...	2	4	6
On leaving ordinary schools	—	1	1
(b) Other ascertained defectives reported during 1949 and found to be "subject to be dealt with" .....	—	2	2
TOTAL ascertained defectives found to be "subject to be dealt with" during the year	6	14	20
(c) Other reported cases ascertained during 1949 who are not at present "subject to be dealt with" .....	1	—	1
TOTAL number of cases reported during the year .....	7	14	21



	M.	F.	T.
(2) Disposal of cases reported during the year.			
(a) Ascertained defectives found to be "subject to be dealt with"			
(i) Admitted to Institutions .....	—	2	2
(ii) Placed under Guardianship .....	—	—	—
(iii) Taken to "places of safety" .....	—	—	—
(iv) Placed under Statutory Supervision	6	12	18
(v) Died or removed from area .....	—	—	—
(vi) Action not yet taken .....	—	—	—

TOTAL ascertained defectives found to be "subject to be dealt with" .....	6	14	20
---	---	----	----

(b) Cases not at present "subject to be dealt with"			
(i) Placed under Voluntary Supervision	—	—	—
(ii) Later found not to be defective ...	—	—	—
(iii) Died or removed from area .....	—	—	—
(iv) Action unnecessary .....	—	—	—
(v) Action not yet taken .....	1	—	1

TOTAL cases not at present "subject to be dealt with" .....	1	—	1
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**III. Number of Mental Defectives in Institutions under Community Care including Voluntary Supervision or in "Places of Safety" on 1st January, 1949, who have ceased to be under any of these Forms of Care during 1949.**

	M.	F.	T.
(a) Ceased to be under care .....	—	3	3
(b) Died, removed from area, or lost sight of .....	20	3	23
<b>TOTAL</b>	<b>20</b>	<b>6</b>	<b>26</b>

**IV. Of the Total Number of Mental Defectives known to the Local Health Authority.**

(a) Number who have given birth to children undering 1949—	
(i) After marriage .....	3
(ii) While unmarried .....	Nil
(b) Number who have married during 1949 .....	1 Male 2 Females



## SECTION IV

## 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, eight of whom are appointed by the Oldham Health Authority. Representatives are appointed for a period of three years and Councillors G. A. Taylor and D. L. Lees and the Medical Officer of Health, who automatically retired on the 31st March were re-appointed. In July Councillor W. Buckley was appointed to fill the vacancy caused by the death of Councillor S. Dunkerley.

The following are the representatives of the Local Health Authority:—

Alderman S. T. Marron, J.P.  
Alderman A. Tweedale.  
Alderman A. Hallwood, J.P.  
(to retire 31st March, 1950).  
Councillor G. Halbert.  
Councillor W. Buckley  
(to retire 31st March, 1951).  
Councillor D. L. Lees.  
Councillor G. A. Taylor.  
Dr. J. T. Chalmers Keddie  
(to retire 31st March, 1952).

I am indebted to Mr. F. L. Pick, Clerk of the Council, for the details contained in the following report:—

## General Medical Services

The number of Oldham patients registered on all doctors' lists was 119,992 at 1st January and 121,900 at 31st December. These figures compare with the Registrar General's estimated population for mid-June of 119,500. All the doctors practising in the County Borough are in the scheme and at the end of the year there were 87 (including assistants) on the Medical List, 50 being resident in the Borough and 37 in the adjacent districts. In the previous year there were 82 doctors 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 2,749 compared with 2,615 for the previous year.

At the end of the year there were 79 practitioners on the Obstetric List which was the same number as for the previous year.

## Pharmaceutical Services

All the chemists practising in the Borough are in the scheme and at the end of the year there were 51 chemists, an increase of two compared with the previous year, providing services as follows:—

Pharmacies in the area .....	43
Drug Stores .....	2
Surgical Appliance Suppliers .....	6



### Dental Services

All the dentists in the area provide dental services under the scheme. At the end of the year 32, compared with 36 for the previous year, were on the Dental List and 27 were resident in the Borough compared with 24 in 1948.

### Ophthalmic Services

The Supplementary Ophthalmic Treatment Regulations provide for patients who have obtained the necessary certificate from their medical practitioner 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 1 dispensing optician were providing optical services.

### Finance

The Executive Council's financial year ends on the 31st March and for the first nine months under the Act, the expenditure totalled £293,895 which compares with £474,733 for the full financial year ending 31st March, 1950.

The following is an abstract of gross payments under the respective heads for the periods stated:—

	1948/1949 (5th July—31st March)	1949/1950
	£	£
Doctors—		
(a) General Medical Services .....	79,295	105,918
(b) Maternity Services .....	383	3,706
Chemists .....	69,408	123,593
Dentists .....	70,696	131,135
Ophthalmic .....	69,690	104,960
Administration .....	4,423	5,421

The payments to doctors 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 for these services by the Oldham Executive Council.



## SECTION V

## INFECTIOUS AND OTHER DISEASES

## General

The epidemic of Measles which commenced in November of last year continued until March, the highest number of notifications being received during the month of February.

Diphtheria again achieved a record low incidence, only eight cases being notified and no deaths recorded as due to this disease.

There were 188 cases of Dysentery notified and it is to be regretted that the majority of these cases were associated with outbreaks occurring in day nurseries and nursery classes.

## Attack Rates and Death Rates

Disease	Attack Rate per 1,000 of the population		Death Rate per 1,000 of the population	
	England and Wales	Oldham	England and Wales	Oldham
Typhoid Fever .....	0.01	0.01	0.00	0.00
Paratyphoid Fever .....	0.01	0.01	—	—
Cerebro-Spinal Fever .....	0.02	0.02	—	—
Scarlet Fever .....	1.63	3.26	—	—
Whooping Cough .....	2.39	1.75	0.01	0.01
Diphtheria .....	0.04	0.07	0.00	0.00
Erysipelas .....	0.19	0.17	—	—
Smallpox .....	0.00	—	0.00	—
Measles .....	8.95	8.92	—	—
Pneumonia .....	0.80	0.65	0.51	0.15
Acute Poliomyelitis .....	0.13	0.01	0.01	0.00
Acute Polio-Encephalitis .....	0.01	—	—	—
Puerperal Pyrexia .....	6.31	0.02	—	—†
Enteritis and Diarrhoea under 2 years of age .....	—	—	3.0	1.53*

†Rates per 1,000 live and stillbirths.

\*Rates per 1,000 live births.

## Diphtheria

During the year there were eight cases notified as compared with nineteen in 1948. No deaths were registered from this disease compared with one in the previous year. Of the eight cases notified, three were pre-school children, one was in attendance at school, and four over school age. These cases were classified clinically as follows:—

Faucial Diphtheria—Moderate .....	5
Mild .....	2
Nasal Diphtheria .....	1

Of the total cases, two had been immunised. One was a child of 2 years 8 months, who had received two injections of A.P.T. (0.2 c.c. and 0.5 c.c.) and was a mild case of faucial diphtheria. The other was a girl of 17 years, a moderate faucial diphtheria who had been immunised at the age of 7 years and received a "reinforcement" injection at the age of 13 years.



### Scarlet Fever

The number of cases notified was 393 compared with 187 in 1948. Of these, 115 were removed to hospital. No deaths were recorded from this disease. Of the 393 notifications, 208 were received during the months of October, November and December.

### Erysipelas

There were 21 cases notified compared with 20 in 1948. No deaths were registered as due to this disease. Of the 21 cases notified, 13 occurred in persons 45 years of age and over.

### Enteric Fever

#### (a) Typhoid

In December one case was brought to the notice of the Department. Following information from the Port Medical Officer for London that an outbreak of Typhoid Fever had occurred on the s.s. "Mooltan," three passengers who had arrived in Oldham were seen by a Medical Officer of the Department and a child of 3 years was admitted to Westhulme Hospital. The organism was isolated from the faeces and after culture was identified as Vi-Phage Type A, the type responsible for the outbreak on the s.s. "Mooltan." No further cases were reported in the Borough.

In November information was received from the Medical Officer of Health, Salford, that four contacts of an outbreak of Typhoid were Oldham residents. The necessary medical and administrative action was taken.

#### (b) Para-Typhoid B

In September, a boy aged 7 years was admitted to Boundary Park General Hospital and later transferred to Westhulme Hospital suffering from Para-Typhoid B infection. The diagnosis was made on a positive Widal reaction 1/5,000 para-typhosus B, and later the organism was isolated from the faeces. On investigation it was found that the patient had contracted the disease whilst on a visit to a Lancashire resort where other cases had occurred.

### Cerebro-Spinal Fever

During the year two notifications were received. No deaths were registered as due to this disease.

### Acute-Poliomyelitis and Polio-Encephalitis

One case was notified in December. A female of 9 months was admitted to Westhulme Hospital, where the diagnosis was confirmed and after a stay of 33 days was transferred to Booth Hall Hospital. No deaths were recorded as due to this disease.

### Epidemic Encephalitis (Encephalitis Lethargica)

No case was notified and no deaths were registered as due to this disease.

### Pneumonia (Acute Primary and Influenzal)

There were 79 cases of Acute Primary Pneumonia and 38 cases of Influenzal Pneumonia notified. The deaths from all forms of Pneumonia numbered 64.



### Influenza

During the year 21 deaths were registered as due to this disease. All occurred in persons aged 55 years and over. During the latter part of February and March, 32 cases of Influenzal Pneumonia were notified and during this period 19 Influenza deaths occurred.

### Measles

During the year 1,076 cases were notified compared with 1,384 in 1948. Of these, 21 cases were removed to hospital and two deaths were registered as due to this disease. During the months of January to March, 704 cases were notified, being the continuation of an epidemic which started in the previous year.

### Whooping Cough

The number of cases notified was 211 compared with 235 in 1948. Of these, four cases were removed to hospital and one death was registered as due to this disease. The one death was an inward transfer, an infant of 21 months.

### Dysentery

During the year 188 cases of Sonn  Dysentery were notified. Of these cases 138 were associated with outbreaks in day nurseries and nursery classes. The remaining cases were sporadic and not associated with any particular outbreak. No deaths were registered as due to dysentery.

In January, an outbreak occurred in Overens Street Day Nursery. Information was received that 24 children out of 36 at risk had developed diarrhoea. Following full enquiries and investigations, six children, one member of the staff, and four house contacts (two adults and two school children) were proved Sonn  positive. The outbreak was confined to the 2-5 age group and the source of infection was probably a child who had no clinical symptoms but was found to be Sonn  positive. A member of the staff dealing with this age group was herself infected and probably infected the majority of the other children. Three of the house contacts were from the family of the child suspected as the cause of the outbreak.

In January, an outbreak occurred in Richmond Street Nursery Class. During the routine visit of the Medical Officer, a child was found to have loose stools which on bacteriological examination were reported "Sonn  positive." Further investigation and bacteriological examinations resulted in eight more cases being confirmed. No staff were affected and no cases were discovered among home contacts. The infection was probably introduced into the nursery by a child who on careful enquiry was found to have had an attack of diarrhoea three weeks previously for which she had received no treatment. On examination, the stools of this child were reported "Sonn  positive."

In January, ten cases occurred in an industrial day nursery. The first case was diagnosed after a faeces specimen had been submitted by the Matron on account of the child having diarrhoea. Following investigation and bacteriological examination five more cases were confirmed among the children attending the nursery. All the staff were examined bacteriologically but none were found to be Sonn  positive. Several children were absent at this period with measles and home visits resulted



in two further cases being confirmed. All children who had been absent from the nursery were required to submit specimens of faeces for examination prior to re-admission and as a result of this action two further cases were detected. No cases were discovered among the home contacts. On careful enquiry it was found that one of the children in the nursery found to be "Sonné Positive" had suffered from diarrhoea lasting 24 to 48 hours approximately three weeks previously and this case appears to be the probable source of the other cases. Of the ten cases, eight were from Oldham and two from the adjacent districts of Limehurst and Chadderton.

In May an outbreak occurred in an Industrial Nursery. Out of 34 children on the register, 21 were found Sonné positive. Following investigations, 2 members of the staff and 9 home contacts (4 adults, 3 school children, 2 pre-school children) were also affected. In order to assist the nursery staff, arrangements were made for one of our Deputy Matrons to be seconded during the period of the outbreak.

In May, information was received that an outbreak of Sonné dysentery had occurred in a Chadderton Industrial Day Nursery. Following full investigations, 15 nursery children resident in Oldham and 6 house contacts (2 adults, 2 school children, 2 pre-school children) were found Sonné positive.

In May an outbreak occurred at Watersheddings Nursery Class and out of 27 children at risk, 23 developed symptoms of the disease, the Sonné organism being recovered from 17 of these cases. The cases were ascertained following a report that a number of children had developed diarrhoea and vomiting. As a result of investigations 14 house contacts (2 adults and 12 children) were also confirmed. One member of the staff was infected and the probable source of infection was a child who had a mild attack of diarrhoea at home and returned to the nursery and was subsequently found to be "Sonné positive" on investigation. It is considered that the member of the staff involved was infected through this source and that she was responsible for the mass infection that subsequently occurred.

During May to July, 19 cases of Sonné dysentery were confirmed among Oldham children attending an industrial nursery in the Royton area. This outbreak also accounted for 6 house contacts (4 adults, 2 pre-school children).

#### **Ophthalmia Neonatorum**

During the year 5 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, 2 from Boundary Park General Hospital and 1 from the Woodfield Maternity Home.

#### **Smallpox**

In April information was received that a passenger on the s.s. "Mooltan" which had docked in the Port of London, had died at sea. The fatal illness at first believed to be chicken-pox was subsequently diagnosed as smallpox. No contacts were notified by the Port Medical



Officer as proceeding to the Borough, but it was later brought to the notice of the Department that an officer of the s.s. "Mooltan" was in the Borough. On enquiry it was ascertained that he was under surveillance elsewhere and his stay in the Borough was for less than twenty-four hours.

During the year one contact of smallpox, a member of the W.R.A.F., was referred to the Department for surveillance, and the necessary action was taken.

During the year vaccination was offered to all members of the staff who might come into immediate contact with cases or contacts of smallpox and in this connection 1 primary vaccination and 83 re-vaccinations were performed.

The Manchester Regional Hospital Board have arranged for cases or suspected cases of smallpox to be removed to the Ainsworth Smallpox Hospital, Bury, and the Hartshead Smallpox Hospital is no longer used for this purpose.

In November the Ministry of Health issued a revised panel of smallpox consultants who are available to be called in by Medical Officers of Health if their services are required.

#### Other Diseases

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

#### FOOD POISONING

Section 17 of the Food and Drugs Act, 1938, requires a medical practitioner to notify the Medical Officer of Health of any patient whom he is attending if he becomes aware, or suspects that such patient is suffering from food poisoning. Ministry of Health Memo 188/Med. (Revised) which became operative from the beginning of 1949 summarises the steps to be taken in the investigation of food poisoning and requests Medical Officers of Health to submit annual returns of food poisoning notifications. Medical Officers of Health are also requested to submit to the Ministry of Health returns of each food poisoning outbreak as soon as is convenient.

During the year 54 cases of food poisoning were notified. In 44 of these cases an organism was isolated from the faeces of the patient (*Salm. typhi-murium*—43; *Salm. newport*—1). Two outbreaks involved 21 cases, the remaining 33 being isolated cases.

The following are details of the two outbreaks that occurred during the year:—

##### 1. Moorside/Watersheddings Outbreak (15 cases).

On the 24th May a practitioner informed the Department of the illness and sudden death of a man aged forty-two years residing in the Moorside area. He had been taken ill on the 21st May with abdominal pain, vomiting and diarrhoea, which had become worse until his death on the 23rd May. Post mortem examination and laboratory tests showed that death was due to food poisoning. The organism isolated was *Salm. typhi-murium*, Vi-phage type 2.



Following investigation the suspected article of food was considered to be corned beef sandwiches which had been consumed by the deceased on the 20th May. His wife, who had also eaten the foodstuff, had no clinical symptoms, but their only child who had consumed a small portion of the meat had a mild attack of diarrhoea. Both the wife and child were found by subsequent examination of blood and faeces to be infected with the same organism that had been isolated from the deceased. None of the suspected food was available for examination.

Following the initial case, local practitioners in the area were warned of the occurrence of food poisoning and in the next few days five other cases in the Moorside/Watersheddings area were brought to notice, all of whom became ill within the period 20-24th May and were affected with abdominal pain, diarrhoea and vomiting to a varying degree. Visits were paid to each household concerned and a history of the foodstuffs eaten and other relevant data obtained. It was ascertained that all the individuals affected had consumed either corned beef, potted meat, or polony shortly before the onset of the symptoms. The incubation period between the eating of the suspected food and the onset of the illness being usually twelve to eighteen hours, although varying periods from six to thirty-six hours were noted.

These foodstuffs had been purchased from local retail butchers who obtained their supplies from a wholesale butcher, who in turn received supplies of sausage and potted meat, including that used for the manufacture of polony, from a wholesale manufacturer. Owing to the interval of time elapsing between the ingestion of the infected food stuff, the onset of symptoms and the confirmation of the diagnosis by laboratory examination, no portions of the suspected foodstuffs were obtained for bacteriological investigation.

Blood and faeces examinations of the personnel engaged in the handling and distribution of the food resulted in negative findings. Examination of the premises and swabs taken from equipment such as mincing machines, boilers, bowls, fillers, droppings, etc., yielded similar negative results. No evidence of infected mice was found.

During the period 25th May to 2nd June, four other cases of food poisoning were notified and subsequently confirmed as due to *Salm. typhi-murium*. The individuals concerned had eaten sausage meat obtained from another retail butcher who was supplied by the wholesale butcher already noted.

Following investigation and supervision of all members of the households concerned, three secondary cases were subsequently discovered and *Salm. typhi-murium* isolated from the faeces of all three cases.

Also at this time, cases of food poisoning were reported in the Saddleworth area—two of which proved fatal—one a woman aged fifty-eight years who died in hospital on the 27th May and from whom *Salm. typhi-murium* had been isolated. The suspected article of food in this case was potted meat obtained from the same source as our initial group of cases. The other fatal case from this area was a baby aged four months who had acute gastro-enteritis and from whom a similar organism was isolated. Polony, sausage and potted meat were suspected in this case,



and although none had been consumed by the child, *Salm. typhi-murium* was isolated from two other members of the family although they had not had any symptoms.

It seemed most probable that all the above cases were part of the same outbreak and Dr. C. H. Adderley, the Group Pathologist, forwarded cultures of the *Salm. typhi-murium* organisms isolated from all the above cases to the Central Public Health Laboratory at Collindale for typing. These cultures were all reported Vi-phage type 2.

## 2. Shaw Outbreak (6 cases).

In June an outbreak of food poisoning due to *Salm. typhi-murium* Vi-phage type 4, occurred in Shaw involving 10 cases, 6 of the patients residing in Oldham, the main symptoms being diarrhoea, colic and vomiting. One case was admitted to hospital. The outbreak was traced to sausage meat which was infected by a food handler from whom *Salm. typhi-murium* Vi-phage type 4 were isolated. I am indebted to Dr. A. V. Stocks, Medical Officer of Health for Shaw, for details of this outbreak.

The following cases are of particular interest:—

(a) In June a male aged 35 years was notified as suffering from food poisoning. On returning home from work in the evening he had cold bacon for tea which had been cooked 48 hours previously and kept in a cupboard. During the night he commenced with acute abdominal pain, vomiting and diarrhoea. Following examination of the faeces, *Salm. typhi-murium* was isolated. On investigation at the home, specimens of mice droppings were obtained which were sent for culture and also produced a growth of *Salm. typhi-murium*. The laboratory subsequently reported that the patient's serum agglutinated the organism isolated from the faeces and the organism isolated from the mice droppings. It would appear that the cold bacon had been infected with mice droppings and this infected food was the cause of the illness.

(b) In October a girl of two years was notified as suffering from food poisoning. This diagnosis was confirmed when *Salm. newport* organisms were isolated from the faeces. This was an isolated case and full investigation failed to produce the source of infection.



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		Dysentery (Sonné)		Food Poisoning		Cerebro-Spinal Fever		Acute Polio-myelitis 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
Jan. ...	160	2	24	...	1	...	28	...	...	...	1	...	...	...	12	...	6	...	6	...	...	...
Feb. ...	297	2	38	...	1	...	20	...	...	...	...	...	...	...	33	...	8	...	5	...	6	...
March ...	247	...	24	...	1	...	3	...	...	...	1	...	...	...	15	...	14	...	6	...	27	...
April ...	73	...	23	...	1	...	...	...	...	...	...	...	...	...	21	...	...	...	1	...	5	...
May ...	38	...	13	...	...	...	57	...	1	...	...	...	...	...	42	...	...	...	...	...	2	...
June ...	20	...	12	...	1	...	50	...	...	...	...	...	...	...	25	...	...	...	...	...	...	...
July ...	9	...	14	...	...	...	18	...	...	...	...	...	...	...	20	...	...	...	...	...	1	...
Aug. ...	18	...	17	...	...	...	3	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...
Sept. ...	13	...	20	...	...	...	...	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...
Oct. ...	31	...	41	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...
Nov. ...	76	...	80	...	1	...	3	...	...	...	...	...	...	...	4	...	...	...	...	...	1	...
Dec. ...	94	...	87	...	1	...	...	...	...	...	...	...	...	...	11	...	3	...	...	...	1	...
Totals ...	1076	2	393	...	8	...	188	...	54	1	2	...	1	...	211	1	21	...	79	18	38	6

Shallpox. None.  
Para-Typhoid. 1 case. No Deaths.  
Typhoid. 1 case. No Deaths.  
Epidemic Encephalitis (Encephalitis-Lethargica). None.  
Puerperal Pyrexia. 3 cases. No Deaths.



TABLE SHOWING CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1949.

Notifiable Disease	Notification in Age Groups									Notifications in the Various Wards of the Borough.											
	Under 1.	1 and under 3.	3 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	St. Mary's.	St. Peter's.	Werneth.	Westwood.	St. Paul's.	Coldhurst.	Hartford.	Hollinwood.	Clarksfield.	Mumps.	St. James'.	Waterhead.
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Respiratory Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Forms of Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery (Sonné)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Influenzal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	128	559	609	555	60	59	118	67	37	123	149	134	176	348	89	129	238	276	70	228	232



## TUBERCULOSIS

During the year no material change occurred in the tuberculosis services provided for the Borough. Out-patient diagnosis and preventative work is carried out at the Barker Street Dispensary and inpatient treatment provided at Strinesdale Sanatorium though a few cases are sent to other sanatoria and hospitals by special arrangements. The service continued on the whole to work smoothly in spite of the divided responsibilities between Local Authority and Regional Hospital Board.

The number of deaths from tuberculosis was the lowest on record giving a rate 0.39 per 1,000 population and the number of new cases coming to light was also low. This satisfactory state of affairs is doubtless due to numerous factors of which improved social conditions and nutritional standards, earlier diagnosis and improved methods of treatment are probably the most important.

During the year streptomycin became available for use in certain cases of pulmonary tuberculosis and proved valuable though limited in application. Para aminosalicylic acid is another valuable weapon against tuberculosis which came into use during the year—commonly known as P.A.S. It is less potent than streptomycin though less toxic but like streptomycin it is not effective in all cases. One valuable application of these new drugs is that their use sometimes renders a case fit for surgical treatment which would be otherwise unsuitable.

The incidence of pulmonary tuberculosis among school children and pre-school children was again higher than in former years but it is not thought that this represents any real increase in these age groups. A more intensive search amongst contacts and greater use of x-rays probably accounts for it to a great extent, together with other factors mentioned in the last report. All the cases were slight and have made a good recovery.

### The Dispensary

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

	1947	1948	1949
Adults .....	2440	2738	2708
Children .....	714	1032	1023
	—	—	—
	3154	3770	3731
	—	—	—

The tuberculosis nurse paid 1,229 visits to the home of tuberculous patients.

### X-ray Work

During the year 1,023 films were taken compared with 1,075 in 1948 and in addition 95 films were borrowed from other hospitals. 6 patients attended the Oldham Royal Infirmary for tomograms.

### Pathological Examinations

During the year 920 specimens of sputum were examined. Of these 198 were positive and 722 negative.



### Deaths

The number of deaths registered, 48 (39 pulmonary and 9 non-pulmonary) gives a rate per thousand of the population of .39 (.32 pulmonary and .07 non-pulmonary) compared with 62 (49 pulmonary and 13 non-pulmonary) and a rate of .51 (.40 pulmonary and .11 non-pulmonary) for the previous year.

### The Dispensary Register

The total number of accepted cases on the Register on the 31st December was 655. Of these 272 were cases in which tubercle bacilli had been found in the sputum at some period of the illness.

During the year 94 cases were removed for the following reasons:—

1. Recovered .....	27	or 28.7% of total removals
2. Removal out .....	17	} or 26.6% of total removals
3. Not desiring further treatment	4	
4. Lost sight of .....	2	
5. Diagnosis not confirmed .....	2	
6. Death .....	42	or 44.7% do.

Of the 27 recovered cases, 6 were pulmonary—5 or 83.3% Minus, and 1 or 16.7% R.B.2.

Of the 42 deaths, 40 were pulmonary cases, classified as follows:—

Tb. Minus 9 or 22.5%	R.B.1. 2 or 5%
R.B.2. 21 or 52.5%	R.B.3. 8 or 20%

### Pulmonary Tuberculosis

#### New Cases

During 1949 83 new cases were placed on the Dispensary Register and were classified as follows:—

R.A.1 (Early cases, sputum negative or absent) .....	21
R.A.2 (Intermediate cases, sputum negative or absent) .....	10
R.A.3 (Advanced cases, sputum negative or absent) .....	—
R.B.1 (Early cases, sputum positive) .....	14
R.B.2 (Intermediate cases, sputum positive) .....	32
R.B.3 (Advanced cases, sputum positive) .....	6

In addition 6 other cases came to notice, but were not placed on the Dispensary Register.

### Deaths

During the year 39 patients, compared with 49 in the previous year, died from pulmonary tuberculosis. This represents a death rate of .32 per thousand of the population.

In addition 7 pulmonary cases died from causes other than tuberculosis.

Of these 39 deaths, 8 or 20.5% had been notified more than 5 years. A further 8 or 20.0% had been notified 3-5 years, whilst 11 or 28.2% died 1-3 years after notification. The remaining 12 (30.8% of total) occurred within 1 year of coming to notice and included 3 which escaped statutory notification, 1 being notified posthumously, 1 coming to notice through the Local Registrar's Returns and 1 through the Registrar General's Returns.



The following table shows the length of time between notification and death of the remaining 9:—

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

Thus of the 39 patients dying during the year 30 or 76.9% 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 25. In addition 9 other cases came to notice. These compare with 30 and 3 for the previous year.

The localisation of the disease, compared with 1948 and 1947, was as follows:—

	1947	1948	1949
Bones and Joints .....	12	9	5
Abdomen .....	4	3	5
Meninges .....	6	5	4
Peripheral Glands .....	8	13	6
Other Organs .....	3	2	3
Generalised .....	—	1	—
Skin .....	—	—	2
	—	—	—
Totals	33	33	25
	—	—	—

#### Deaths

During the year there were 9 deaths compared with 13 for the previous year. This represents a death rate of .07 per thousand of the population. In addition 2 cases died from causes other than tuberculosis.

The localisation of the disease was as follows:—

Meninges 6, Miliary T.B. 2, Kidney 1.



## Summary of New Cases and Deaths during the Year.

Age Groups	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
0 to 1 ... ..	1	1	2	1	...	...	...	...
1 to 5 ... ..	3	2	2	3	...	...	2	1
5 to 10 ... ..	1	1	3	...	...	...	...	...
10 to 15 ... ..	...	...	1	...	...	...	...	...
15 to 20 ... ..	7	5	1	3	1	1	1	1
20 to 25 ... ..	1	10	3	2	1	...	...	...
25 to 35 ... ..	10	11	4	3	4	3	2	...
35 to 45 ... ..	7	4	2	2	5	1	1	...
45 to 55 ... ..	7	2	1	1	4	3	1	...
55 to 65 ... ..	10	...	...	...	10	1	...	...
65 plus ... ..	5	1	...	...	1	4	...	...
Totals ... ..	52	37	19	15	26	13	7	2

1949 .....	89	...	34	...	39	...	9
1948 .....	100	...	33	...	49	...	13
1947 .....	120	...	33	...	63	...	12
1946 .....	126	...	16	...	52	...	6

The following is a summary of the principal occupations of new cases:—

	Pulm.	Non-Pulm.
Cotton Operatives .....	17	9
Household duties .....	11	—
Machinists, Toolmakers, etc. ....	15	3
Labourers .....	2	2
Clerks .....	8	3
Brass and Sheet Metal Workers .....	1	1
Warehousemen .....	3	—
Shop Assistants and Salesmen .....	9	2
No occupations .....	3	1
Transport Workers .....	—	—
School children .....	3	4
Children under school age .....	7	8
Nurses .....	1	—
Sewing Machinists .....	2	—
Other occupations .....	7	1
	—	—
	89	34
	—	—



## RETURN OF CASES ON THE DISPENSARY REGISTER.

	Pulmonary			Non-Pulmonary			Total			Grand Total
	Male	Female	Ch'n.	Male	Female	Ch'n.	Male	Female	Ch'n.	
1. No. of definite cases of Tuberculosis on Dispensary Register at beginning of year ... ..	261	180	26	42	37	79	303	217	105	625
Transfers from other areas ...	5	7	...	...	...	2	5	7	2	14
"Lost sight of" cases returning ...	1	...	...	1	...	...	2	...	...	2
2. No. of new cases diagnosed during year as :										
Class A (T.B. Minus) ...	10	12	9	5	7	7	15	19	16	50
Class B (T.B. Positive) ...	32	20	...	1	3	2	33	23	2	58
No. of cases included in 1 and 2 written off the Dispensary Register during the year.										
(1) Recovered ... ..	3	2	1	4	6	11	7	8	12	27
(2) Dead (all causes) ... ..	25	15	...	2	...	...	27	15	...	42
(3) Removed to other areas ...	4	10	1	1	...	1	5	10	2	17
(4) For other reasons ... ..	2	2	1	2	...	1	4	2	2	8
No. of definite cases of Tuberculosis on Dispensary Register at 31.12.1949 ... ..	275	190	32	40	41	77	315	231	109	655



# SANATORIUM AND HOSPITAL TREATMENT.

The following table summarizes the number of patients receiving hospital and sanatorium treatment during the year.

Table I. Pulmonary Cases.

	In-patients 1.1.1949			Admissions			Discharges			Deaths			In-patients 31.12.1949		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Strinesdale Sanatorium	35	27	...	49	42	5	36	35	3	10	6	...	38	28	2
Baguley Sanatorium	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Liverpool Sanatorium	2	1	...	...	...	...	2	1	...	...	...	...	...	...	...
Barrowmore Hall Sanatorium	1	...	...	...	...	...	1†	...	...	...	...	...	...	...	...
Crossley Sanatorium	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Wolstenholme Pulmonary Hospital	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...

Table II. Non-Pulmonary Cases.

	In-patients 1.1.1949			Admissions			Discharges			Deaths			In-patients 31.12.1949		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Strinesdale Sanatorium	...	...	...	1	2	1	1	2	...	...	...	...	...	...	1
The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry	2	1	4	...	4	6	2	3	9	...	...	...	...	2	1
Wrightington Hospital	2	...	2	1	...	1	2	...	...	...	...	...	1	...	3
Boundary Park Hospital *	...	...	3	1	2	3	...	...	4	1	1	2	...	1	...

\* Admitted for streptomycin treatment.

† Discharged to the Colony.



**PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.**  
**Part I.—Summary of Notifications, during the period from 1st January, 1949, to the 31st December, 1949, 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 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	12 to 13	Total
Pulmonary Males ...	1	...	3	2	...	6	2	9	6	7	5	...	47	62
" Females ...	1	...	2	1	...	4	12	13	3	1	1	...	38	43
Non-Pulmonary Males ...	2	...	...	3	...	...	2	2	...	...	1	...	12	20
" Females ...	1	1	2	...	...	2	2	3	1	...	...	...	14	17
TOTALS ...	5	1	7	6	...	12	18	27	13	9	7	...	111	142

**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	No. of Cases													
	Source of Information													
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	Total
Pulmonary Males ...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
" Females ...	...	...	...	...	...	...	...	...	...	...	...	...	...	7
Non-Pulm'ny Males ...	1	...	2	...	...	...	...	...	...	...	...	...	...	7
" Females ...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
TOTALS ...	1	2	1	...	3	2	8	2	2	2	3	1	...	25

Source of Information	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns from Local Registrars ...	1	4
Transferable Deaths from Registrar General ...	1	1
Posthumous Notifications ...	2	2
" Transfers " from other areas (other than transferable deaths) ...	12	2
Other Sources, if any (Specify) ...	...	...



# CANCER

The number of deaths attributed to cancer shows an increase of 38 compared with 1948.

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

1945 .....	237
1946 .....	240
1947 .....	246
1948 .....	238
1949 .....	276

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 .....	—	1	1
15-25 .....	—	—	—
25-35 .....	1	2	3
35-45 .....	6	10	16
45-55 .....	24	23	47
55-65 .....	29	43	72
65-75 .....	56	42	98
75- .....	18	21	39

## Localisation of the Disease

	Tongue .....	3
	Tonsil .....	1
Buccal Cavity and Pharynx .....	Jaw .....	2
	Pharynx .....	1
	Naso-Pharynx .....	1
	Œsophagus .....	6
	Stomach .....	65
	Rectum .....	25
Digestive Tract .....	Liver and Biliary Passages ...	6
	Pancreas .....	7
	Colon .....	36
	Cæcum .....	2
	Large Intestine .....	1
Respiratory Organs .....	Larynx .....	6
	Lung .....	28
	Scrotum .....	1
	Bladder .....	7
Male Genito-Urinary .....	Kidney .....	2
	Testes .....	1
	Penis .....	1
	Prostate .....	3
	Uterus .....	17
Female Genital Organs .....	Ovary .....	12
	Vulva .....	2
Breast .....		26
Skin .....		1
Brain .....		3
Other and Unspecified .....		10



# VENEREAL DISEASES

The following figures relate to Oldham patients attending for the first time at a treatment centre, and are extracted from records received from the Consultant Venerologist in charge of the Centres:—

Condition	Oldham	Centres		
		Salford	Manchester	Bolton
Syphilis .....	79	—	1	—
Gonorrhœa .....	63	3	—	1
Other conditions .....	175	1	—	—
Totals	317	4	1	1



## SECTION VI

## SANITARY CIRCUMSTANCES OF THE AREA

## WATER SUPPLY

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

"During the 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 67,300 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 5.2 and 7.1. The pH values of the water supplied from the Castleshaw source, which is filtered, ranged between 7.0 and 7.5 and the pH values of the water supplied from the Readycon Dean source, which is also filtered, ranged between 6.0 and 7.3. No cases of contamination by lead of the water supplied were noted, but special measures were taken, as required, to counteract the occasional increase in the acidity of the water supplied from the Hanging Lees source.

All water supplied from the Department's two reservoirs at Strinesdale, which is utilised for trade purposes only, is sterilised by the addition of chlorine.

During 1949 samples of water were submitted for chemical and bacteriological examination as follows:—

Reservoir	Chemical	Bacteriological	Remarks
<b>Piethorne.</b>			
Raw Water .....	2	1	90 B. Coli per 100 ml.
		1	50 " "
		1	17 " "
		1	0 " "
After Sterilisation .....	3	1	25 B. Coli per 100 ml.
		1	5 " "
		2	1 " "
		1	13 " "
		12	0 " "
<b>Hanging Lees.</b>			
Raw Water .....	2	1	5 B. Coli per 100 ml.
		1	0 " "
After Sterilisation .....	4	14	0 B. Coli per 100 ml.
<b>Readycon Dean.</b>			
Raw Water .....	2	1	50 B. Coli per 100 ml.
		1	0 " "
After Sterilisation .....	3	14	0 B. Coli per 100 ml.
<b>Castleshaw.</b>			
Raw Water .....	3	1	160 B. Coli per 100 ml.
		1	0 " "
After Sterilisation .....	3	14	0 B. Coli per 100 ml.



## DRAINAGE AND SEWERAGE

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

"The method of treatment did not alter during the year and consisted of:—

- (1) Detritus Tanks.
- (2) Sedimentation Tanks.
- (3) Bio-Flocculation Tanks.
- (4) Percolating Filters and Humus Tanks.
- (5) Storm-Water Tanks.
- (6) Sludge Digestion and Drying Beds.

The above process was first used in the year 1938 and except for a small portion the sewage reaches the works by gravitation.

Treatment facilities in the detritus tanks were adequate and most of the grit in the sewage settled out there. It was found necessary, however, to renew the chains and buckets on the grit elevator. The elevator was originally designed for much deeper tanks and operating experience has shown that half the number of elevator buckets would serve our purpose and ease the maintenance costs. New screen trays were also fitted of much better design than the old ones, making the job of handling screenings cleaner and much more efficient.

The Bio-Flocculation plant gave consistently good results except during periods of warm dry weather, when the activated sludge had a tendency to deteriorate quickly. This was very noticeable if the percentage of sludge being carried exceeded three, after one hour's settlement, provided this figure was maintained both a good sludge and a well clarified effluent resulted. Once the activated sludge had deteriorated, no normal means of revitalisation was of any use and the complete evacuation of the plant became necessary; the plant then being re-started and a new supply of activated sludge built up. Air-tiles in the whole of the units were cleaned as a matter of routine, no excessive clogging of the tiles took place but a good number of them require renewing.

Effluents leaving the percolating filters and entering the brook remained on the average fair throughout the year; the humus tanks are not of very great capacity and at times the amounts of suspended matter contained in the effluents were excessive.

Five more filters were fitted with new mechanical distributors, thus completing the renewal of distributors on the whole low level unit of filters, fourteen in all.

Periodic samples of the final effluents were taken by the Inspector of the Lancashire Rivers Board, all of which were classed as satisfactory.

Further experiments on the use of insecticides for controlling filter flies were carried out and valuable experience gained. Two filters of similar design were used for the experiments, one filter being used as a control, the other was treated with various substances including Gammexane, and D.D.T. The results were encouraging, the fly population on the treated filter shewed a marked decline.



The whole of the raw sludge from the works, primary and secondary, was given full treatment in the heated sludge digestion tanks; the tanks were maintained at a temperature of approximately 80°F, good digestion was obtained, the gas production averaged 70,000 cubic feet per day.

The repairs to the roof of No. 2 primary digestion tank were completed, thus allowing the maximum period of sludge detention in the three units, namely 250,000 cubic feet.

Detritus and screenings were tipped and covered over, the sludge drying beds were in use throughout the year. 34,000 tons of raw sludge equal to 16.1 tons per million gallons of sewage were removed from the Sedimentation tanks, the drying beds yielded 4,500 tons of sludge cake.

#### Sewage Flow

The total amount of sewage received for treatment during the year was 2,111,580,000 gallons, which is equal to an average daily flow of 5,785,000 gallons.

#### Sewages and Effluents

The sewage purification and sludge digestion units were kept under strict control from the Laboratory."

#### 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 40,238 ash cans is collected by motor vehicles. 67.9% 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 at some future date 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 more rapidly but there are still many engineering difficulties in the way.

There are 163 miles of streets in the Borough, cleansed as follows:—

Daily .....	6 miles.
Three times weekly .....	9 miles.
Twice weekly .....	7½ miles.
Once weekly .....	102½ miles.
Less than once weekly .....	38 miles.

Square yards of streets cleansed (exclusive of footpaths) ..... 1,839,200



### Gulley Cleansing

Number of gullies cleansed .....	18,782
Number of cleansings during the year .....	49,123

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

#### House and Trade Refuse Collection

Number of Ashbins emptied .....	2,149,390
„ Sanitary Pails emptied .....	45,052
„ Collections of Garbage .....	23,088
„ Loads of Excreta collected .....	583
„ Loads of Garbage collected .....	754
„ Tons of Ashes taken to Refuse Disposal Works .....	9,396
„ „ Ashes taken to Corporation Tips .....	19,874
„ „ Clinker removed from Refuse Disposal Works .....	4,723
„ „ Baled tins sold .....	520
„ „ Mortar sold .....	489

#### Waste Water Closets and Latrines

Blockages cleared (W.W.C.'s) .....	5,638
Blockages cleared (Latrines) .....	5
Drains cleared .....	158
Drains found blocked, requiring excavating .....	393
Tippers found not working and re-adjusted .....	59
Tippers, fittings, etc., found broken .....	1,679
New Tippers, fittings, etc., fixed .....	1,476
Visits paid flushing Latrines, etc. ....	6,963

#### Closet Accommodation

The total number and type of closets in the Borough at the end of 1949 were as follows:—

Fresh Water Closets .....	16,729
Waste Water Closets .....	24,099
Latrines .....	2,283
Pail Closets .....	673

### GENERAL SANITARY INSPECTION

X

To the Medical Officer of Health,

Sir,

I have pleasure in submitting my report for the year 1949. During the year Mr. H. Corscadden and Mr. W. Urmson resigned to take up similar appointments elsewhere, and Mr. T. T. Boardman and Mr. D. Eckersley were appointed Assistant Sanitary Inspectors.

Considering the difficulties brought about by continual changing in staff, building labour and material shortage, steady if somewhat slow progress has been made in all branches of the sanitary inspectors' work. The implementation of the provisions of the Public Health and Housing Acts is, however, becoming increasingly difficult, due to the costs of repairs being prohibitive and unreasonable and there is urgent necessity for a review of the Rent Restrictions Acts, to enable owners to carry out their statutory obligations.



New milk legislation, which came into operation during the year, consolidated with improvements all previous enactments in regard to milk production. Briefly, the supervision of milk production has been removed from local authorities and placed with the Ministry of Agriculture and Fisheries, and the supervision of processing and distribution has been left with local authorities. It is hoped that the new changes will have the desired effects in promoting a cleaner and safer milk supply.

It is also gratifying to note that all the large ice cream manufacturers in the Borough have satisfactorily complied with the provisions of the recent Ice Cream Regulations in bringing their premises and equipment up to the required standard.

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

Yours respectfully,

HAROLD V. CASS,

Chief Sanitary Inspector.

#### Summary of Work Carried Out by Sanitary Inspectors

During the year 9,716 visits and 4,656 re-visits, as shown below, were made by the Sanitary Inspectors in connection with inspections under the various Acts.

Inspections.	General		
	Visits	Re-visits	Total
Accumulations .....	91	20	111
Closets—Water .....	82	48	130
Waste Water .....	381	361	742
Pail .....	32	12	44
Drainage .....	454	490	944
Drain Tests .....	617	12	629
Public Sewers .....	147	106	253
Dustbins .....	228	139	367
Entertainment Houses .....	—	5	5
Factories—Mechanical .....	184	72	256
Non-Mechanical .....	21	6	27
Offices and Workplaces .....	—	1	1
Outworkers .....	1	—	1
Interviews .....	340	—	340
Keeping of Animals and Birds .....	3	4	7
No Access .....	937	485	1422
Offensive Trades .....	11	—	11
Rats and Mice .....	343	225	568
Schools .....	1	1	2
Shops Acts .....	1	—	1
Smoke Observations .....	37	2	39
Water Supply .....	9	3	12
Yards and Courts .....	1	2	3
Miscellaneous .....	628	12	640
Smoke Abatement .....	84	—	84



**Food Premises.**

Slaughterhouses .....	474	—	474
Meat Shops .....	137	—	137
Markets .....	21	—	21
Food Preparation Premises .....	44	1	45
Ice Cream Premises .....	128	1	129
Restaurants and Cafes .....	7	—	7
Fish Fryers .....	10	—	10
Fishmongers and Poulterers .....	44	—	44
Grocers .....	109	2	111
Greengrocers .....	11	—	11
Cowsheds .....	81	—	81
Dairies .....	75	—	75
Fert. and Feeding Stuffs .....	7	—	7
Contagious Diseases Animals Act .....	73	—	73
Bakehouses—Mechanical .....	75	—	75
Non-Mechanical .....	9	1	10

**Infectious Diseases.**

Inquiries—Infectious Disease .....	432	4	436
Food Poisoning .....	82	21	103
Disinfection .....	—	—	—

**Housing.**

Unfit Houses—Housing Act .....	592	627	1219
Public Health Act .....	1887	1956	3843
Overcrowding .....	177	9	186
Vermin—Corporation Houses .....	244	6	250
Other Houses .....	303	9	312
Houses Let in Lodgings .....	15	—	15
Unfit Houses—Ind. Demolition .....	7	8	15
Tents, Vans and Sheds .....	6	5	11
Common Lodging Houses .....	15	—	15
Hostels .....	18	—	18
	<u>9,716</u>	<u>4,656</u>	<u>14,372</u>

**Summary of Action Taken and Work Carried Out.**

Complaints Received .....	1,481
Referred to other Departments .....	523
Letters to Owners, etc. ....	1,652
Cases reported to Committee .....	2,021
Cases taken in Court .....	4
Preliminary Notices served .....	2,037
Statutory Notices served .....	339
Rent Restrictions Certificates issued .....	—

**Disrepair.**

Roofs repaired or renewed .....	222
Walls and chimneys repaired or rebuilt .....	206
Wall plaster repaired or renewed .....	206
Ceiling plaster repaired or renewed .....	94
Floors repaired or relaid .....	45
Windows repaired .....	90
Extra lighting provided .....	1



Ventilation provided or improved .....	41
Ranges or fireplaces repaired, re-set or renewed .....	76
Staircases repaired or renewed .....	17
Handrails provided or repaired .....	8
Doors repaired .....	61
Food stores provided or altered .....	—
Washing accommodation provided or repaired .....	5
Rooms cleansed or redecorated .....	3
Contents of rooms cleansed or destroyed .....	1
Dampness remedied—Rising .....	3
Penetrating .....	2
Outbuildings repaired .....	15
Courts, yards and passages—Paved or repaved .....	12
Cleansed .....	1
<b>Sanitary Defects.</b>	
Drainage—Cleansed .....	176
Repaired or altered .....	118
Reconstructed .....	13
Provided .....	1
Public Sewers—Repaired or altered .....	2
Reconstructed .....	9
Eaves Gutters repaired or renewed, cleansed .....	167
Rain water pipes—Repaired or renewed .....	94
Disconnected .....	15
Sinks renewed or provided .....	28
Sink waste pipes repaired or renewed .....	50
Water Closets—Provided .....	12
Repaired .....	66
Cleansed .....	17
Waste Water Closets—Repaired .....	133
Cleansed .....	45
Closets converted to water closets—Latrine .....	3
(or abolished)         Pails .....	3
Waste Water .....	30
Other closets—Repaired .....	5
Soil pipes repaired or renewed .....	1
Water supply provided or improved .....	12



**I.—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		
			Inspection (4)	Written notices (5)	Occupiers prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	1	N.Mech. 107	27	21	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	2	Mech. 709	256		...
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers premises) ...	3	...	...	...	...
<b>TOTAL</b> ...		816	283	21	...

**II.—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)	Referred 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	4	...	...	3	...
(b) Unsuitable or defective ...	10	10	10	...	14	...
(c) Not separate for sexes ...	11	2	...	...	4	...
Other offences against the Act (not including offences relating to Outwork) ...	12	2	...	...	5	...
<b>TOTAL</b> ...	60	18	10	...	26	...



**Miscellaneous.**

Dustbins—Repaired or renewed .....	303
Extra provided .....	4
Nuisances abated—Animals and birds .....	3
Accumulations .....	5
Other conditions .....	1

**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:—

**Outworkers:** Eight lists relating to 10 outworkers were received during the year. All the premises were found to be satisfactory.

**Rent and Mortgage Interest Restrictions (Amendment) Act, 1933.**

During the year five applications for certificates as to state of repairs were received, but none was issued as the necessary repairs were being effected when authority was obtained to serve the certificates.

**Public Health Act, 1936 (Section 93).**

Legal proceedings were instituted during the year in two cases of failure to abate nuisances. In both cases orders were made requiring the defendants to execute the work within 21 days and this was carried out.

**Common Lodging Houses.**

Five premises remained on the register during the year. At the end of the year one of these premises, Bent House, West Street, was taken off the register. The accommodation at Bent House is occupied by aged women drawing the old age pension, who stay there permanently. Application was made by the Oldham Women Citizens' Association who own these premises, to the Director of Welfare Services for the premises to be registered under Section 37 of the National Assistance Act, 1948, as a home for aged persons. This application was granted and the premises ceased to be regarded as a common lodging house.

**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 Depot .....	1
Chemical Works .....	2

During the year 11 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 renewed the certificate permitting its use for a further period of 5 years from 1st October, 1949.

One bakehouse oven was converted to the gas fired type during the year.



### Smoke Abatement

During the year 84 visits were paid to various mills and laundries in the Borough which were emitting excessive quantities of heavy and black smoke and the managers and steam engineers of these firms were interviewed.

#### Conversions to Electricity and Gas

The following are some of the improvements which have been made at various plants in an effort to eliminate smoke:—

- (1) Werneth Spinning Co. .... Secondary air inlets fixed to furnace doors (7 boilers).
- (2) Chamber Mill, Heron Street ..... Mill electrified—1 boiler for heating purposes only.
- (3) Coldhurst Mill ..... New furnace doors were fixed for the admission of secondary air, a design advocated by the Ministry of Fuel and Power Research Station. This proved to be quite a success and reduced black smoke to almost negligible quantities.
- (4) Local Laundries ..... In one laundry improvement was effected by the fixing of a specially designed furnace door for the admission of secondary air and by steam injection. In another, where trouble was being experienced with a verticle boiler, orders were given for the provision of a similar type of furnace door, but unfortunately an outbreak of fire at the premises of this firm prevented any improvement being effected before the end of the year.
- (5) Steam Raising Plant, School Kitchen ..... Improvement was effected by changing the fuel from coal to coke and steam was maintained satisfactorily.

#### Smoke Observations

During the year 14 smoke observations of 30 minutes duration were taken. The extent of the emission of black smoke was as follows:—

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

#### Other Atmospheric Pollutions

A complaint was received during the year that the atmosphere was being polluted by fine particles of cotton from the fanny-hole of a certain cotton mill. After representations and experiments, this was considerably reduced by reducing the fan velocity, since which no complaint has been received.



### Rodent Control

The arrangements for Rodent Control continued as in the previous year. The consolidated grant of 50% of the approved net expenditure incurred by the local authority was continued under Circular N.S.21.

### Sewer Maintenance Treatments

The second sewer maintenance treatment for the financial year 1948/1949 and the first sewer maintenance treatment for 1949/1950 were carried out during the year when the following results were obtained:—

	1948/49	1949/50
Number of Manholes .....	2,085	2,085
Number of Manholes Baited .....	2,023	2,009
Number of Manholes showing Pre-bait take .....	1,307	1,388
Number of Manholes showing complete Pre-bait take ...	826	936

Baiting was carried out on two consecutive days and on the third day a poisoned bait was put down. The bait bases were sausage rusk and bread mash, and the poisons zinc phosphide and arsenious oxide.

The Borough continued in membership with the Workable Area Committee on Rodent Control. In June, Councillor D. L. Lees and the Chief Sanitary Inspector were appointed as representatives of the Health Committee to serve on the Committee for the ensuing year.

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

### Rats and Mice Destruction Act, 1919

During the year 463 complaints were received and the results of the investigations were as follows:—

Defective drainage .....	282
Electric Boxes .....	14
Stray Rats .....	56
Mice .....	103
Weasels .....	2
Dead Cat .....	1
Wrong addresses .....	5

### Prevention of Damage by Pests Act, 1949

This Act received the Royal Assent on the 30th July and comes into operation on the 31st March, 1950. The Act will repeal the Rats and Mice (Destruction) Act, 1919, and will strengthen the powers of local authorities and furnish them with the means of achieving radical improvement in the control of rats and mice.



## SECTION VII

## HOUSING

## Pre-War Slum Clearance

At the end of the year 3 families affected by pre-war clearance schemes were still awaiting re-housing.

The demolition of properties affected by outstanding clearance orders was continued and 9 houses in clearance areas were demolished by such action.

## Other Demolitions

Information was received with regard to the demolition of 3 houses by voluntary action. These were insanitary houses and no re-housing of the tenants was requested by the owners.

## Individual Unfit Houses

It was found necessary to make Demolition Orders in respect of 14 houses involving the displacement of 15 families (51 persons). At the end of the year 3 families (9 persons) had moved into Corporation houses.

The following is a summary of the individual unfit houses dealt with during the years 1943 to 1949:—

Year	Houses represented	No. of families	No. of persons	Houses Vacat'd	Position as at 31st Dec., 1949				
					Persons Rehoused		Total No. of persons awaiting re-hous'g	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	103	18	7	25	12
1947	48	46	109	36	83	7	19	22	26
1948	*40	41	153	30	108	11	34	24	15
1949	14	15	51	3	9	...	42	1	13

\* An undertaking under Section 11(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 12 of these cases it was found to be deliberate overcrowding.

## The Housing Act, 1949

This Act received the Royal Assent on the 30th July. Some of the provisions are designed to fill gaps which experience has shown to exist in the powers which Local Authorities have for providing new housing accommodation. The Act removes the limitation of the provision of houses for the working classes and Local Authorities will now, in the planning



and execution of their housing programmes, be able to meet the needs of the community and ensure a proper balance in the development of their new estates.

The Act also permits Local Authorities to provide extra facilities for tenants and exchequer assistance will be given to Local Authorities or private persons who carry out improvements to houses.

The improvement proposals are divided into two classes:—

- (i) The provision of dwellings by means of the conversion of houses or other buildings.
- (ii) The improvement of dwellings.

The building of new houses is generally to be regarded as the most satisfactory method of meeting the housing shortage and of replacing homes unfit for human habitation, but a contribution to both these ends can be made by the improvement of suitable and selected houses. It is a condition of all proposals for improvement that—

- (i) the dwelling must provide satisfactory housing accommodation for a period of not less than thirty years; and
- (ii) the dwelling must conform with the specified requirements with respect to their construction and physical condition and the provision of services and amenities.

#### ERADICATION OF BED BUGS

The following figures show the number of houses inspected and the number disinfested:—

	Corporation	Others
Houses inspected .....	232	274
Found Infested .....	9	73
Disinfested by H.C.N. ....	5	—
Disinfested by spraying with liquid insecticide .....	7	99

During the year the furniture of 156 families was disinfested prior to removal to Corporation houses.

#### REMOVALS AND DISINFESTATION OF FURNITURE

At the beginning of the year a new Bedford 30cwt. van, specially designed and constructed for the disinfestation of furniture, was purchased. This van was fitted locally with a gas proof body and with a clamped ventilating door with rubber seal over the driving cab. An electric fan with direct connection to the electricity mains was also fitted and this has proved very efficient in the speedy removal of the gas, particularly during the winter months.

#### DISINFECTION

The arrangements for disinfection continued as in previous years. During the year 43,809 articles were disinfested and 2,756 destroyed. The total number of houses disinfested was 892 and 4,468 rooms.



### SWIMMING BATHS AND POOLS

The General Superintendent of Baths, Mr. C. Murray, has kindly supplied the following particulars:—

"The Water Purification and Sterilisation Plants, installed at our Bathing Establishments, are of the most modern design and construction and the turnover in every case is more than sufficient to cope with the heaviest bathing loads.

Regarding the sterilisation of the pools, I can inform you that Break Point Chlorination has been in operation for the past 1½ years with satisfactory results and without complaints from bathers, and is a decided improvement upon marginal chlorination. The chlorine content is normally 1 to 2 parts per million with a pH of 7.4 to 7.6. Adequate precautions have also been taken to ensure that the whole of our Bathing Establishments have been maintained in a satisfactory hygienic condition."



## SECTION VIII

## INSPECTION AND SUPERVISION OF FOODS

## MILK SUPPLY

During the year a number of important changes in the law were effected by the coming into force on the 1st October of the following Acts and Regulations:—

The Food and Drugs (Milk & Dairies) Act, 1944.

The Milk and Dairies Regulations, 1949.

The Milk (Special Designations) Act, 1949.

The Milk (Special Designations) (Raw Milk) Regulations, 1949.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The changes effected by these measures have been introduced with a view to securing for the public a safe and cleaner milk.

The Ministry of Agriculture and Fisheries is made responsible for the registration of all dairy farms and dairy farmers and in general for the production and handling of milk at the farm, whereas formerly these were matters for local authorities. Further powers are conferred on the Medical Officer of Health for preventing the spread of milk-borne infections. It is now possible for him to stop the sale, or order heat treatment of, milk which he suspects of being infected with disease communicable to man.

Food and Drugs Authorities become responsible for the licensing and supervision of pasteurising and sterilising establishments and local authorities remain responsible for the registration, supervision and licensing of persons and premises dealing in the sale, as distinct from the production, of milk.

The special designations which may now be used in relation to milk are:—

“Tuberculin Tested.”

“Accredited.”

“Pasteurised.”

“Sterilised.”

The designation “Accredited” will not be permitted after the 30th September, 1954. From this date the only special designation for raw milk will be “Tuberculin Tested.” The designation “Sterilised” is new and is defined in the Regulations.

## The Milk and Dairies Regulations, 1949

There were 23 dairy farms registered on the 30th September and details of these were supplied to the Ministry of Agriculture and Fisheries prior to the 1st October.

On the 31st December there were seven premises registered as dairies and 588 registered distributors of milk comprised as follows:—

Number of distributors producing milk in the Borough .....	16
Number of distributors producing milk outside the Borough ...	74
Number of distributors with dairy premises in the Borough ...	7
Number of distributors with dairy premises outside the Borough	7
Number of other distributors .....	2
Number of shops at which bottled milk only is sold .....	482



### The Milk (Special Designations) (Raw Milk) Regulations, 1949

The following licences were in force on the 31st December:—

(a) To use the designation "Tuberculin Tested":—

*Producer's Licence .....	1
Dealer's Licence .....	6
†Supplementary Licence .....	1

(b) To use the designation "Accredited":—

*Producer's Licence .....	4
Dealer's Licence .....	—
†Supplementary Licence .....	8

### The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The following licences were in force on the 31st December:—

(a) To use the designation "Pasteurised":—

Dealer's (Pasteuriser's) Licence .....	1
Dealer's Licence .....	111
†Supplementary Licence .....	5

(b) To use the designation "Sterilised":—

Dealer's (Steriliser's) Licence .....	—
Dealer's Licence .....	462
†Supplementary Licence .....	1

\*These licences are granted by the Ministry of Agriculture and Fisheries.

†A Supplementary Licence is issued to persons whose premises are outside the Borough but who distribute milk within the Borough.

### Milk Samples taken for Bacteriological Examination

There were 36 samples taken with the following results:—

Class of Milk Sample	No. of Samples Taken	Coliform Bacilli in 0.01 Millilitre		Methylene Blue Test	
		Absent	Present	Passed	Failed
Ungraded .....	10	3	7	—	—
Tuberculin Tested .....	10	7	3	10	—
Accredited .....	16	13	3	14	2
Totals	36	23	13	24	2

### Milk Samples taken for Phosphatase and Methylene Blue Test

Regular samples are taken of Pasteurised milk which comes into the Borough and of milk which is pasteurised in the Borough. Samples of the milk supplied under the Milk in Schools Scheme are taken monthly.

The following table details the samples taken:—

Class of Milk Sample	Phosphatase Test			Methylene Blue Test		
	No. of samples taken	Passed	Failed	No. of samples taken	Passed	Failed
Pasteurised .....	156	148	8	128	111	17
T.T./Pasteurised .....	1	1	—	—	—	—
Totals	157	149	8	128	111	17

The samples which failed to pass the Phosphatase test were followed up immediately. In the case of plants outside the Borough the Medical Officer of Health and the firm concerned were notified. Subsequent follow-up samples were in all cases found to be satisfactory.



### Examination of Milk (Samples) for Tubercle Bacilli

During the year 243 samples of milk were reported upon for the presence or absence of Tubercle Bacilli. There were 87 samples from farms within the Borough, one (1.15%) of which was reported "positive" and 156 samples from milk produced outside the Borough, seven (4.48%) of which were reported "positive." On information being received that a sample of milk is "positive" the name and address of the milk producer is immediately notified to the appropriate Divisional Inspector of the Ministry of Agriculture and Fisheries, and to the Medical Officer of Health of the area concerned if the milk was produced outside the Borough.

Following investigations by the Inspector of the Ministry of Agriculture and Fisheries, 8 cattle were removed and slaughtered under the Tuberculosis Order.

The following table details the samples taken:—

Class of Milk Sample	No. of Samples Taken	Tubercle Bacilli	
		Absent	Present
Ungraded .....	203	195	8
Tuberculin Tested .....	10	10	—
Accredited .....	30	30	—
Totals ...	243	235	8

### Milk Production in the Borough

At the end of the year 23 farms with 426 cows were producing milk in the Borough. There were 4 farms with "Accredited" licences and 1 farm with a "Tuberculin Tested" licence granted by the Local Authority in June under the Milk (Special Designations) Regulations 1936 to 1946.

The average daily production of milk in the Borough has been approximately 850 gallons.

It is estimated that approximately 12,000 gallons of milk per day are sold in the Borough, and the following shows the percentages of the various types of milk:—

Pasteurised	5,409 gallons	45.07%
T.T./Pasteurised	809 gallons	6.74%
Sterilised	2,667 gallons	22.22%
Tuberculin Tested	370 gallons	3.10%
Accredited	745 gallons	6.21%
Undesignated	2,000 gallons	16.66%

It will be seen from the above figures that nearly 75% of the milk is heat treated.

The pasteurised milk is distributed from 5 Dealer Pasteurisers, 1 within the Borough and 4 outside the Borough. There are no Dealer Sterilisers within the Borough, the milk coming mainly from 2 such dealers outside the Borough, the bulk of the milk being retailed within the Borough by shopkeepers.



### Ice Cream

Strict control has been maintained over the retail sale of ice cream. A number of manufacturers of ice cream who also retail this commodity have provided for this purpose excellent enclosed vehicles with the necessary washing and hygienic facilities.

#### Bacteriological Examination of Ice Cream

There were 21 samples of ice cream submitted for the methylene blue grading test with the following results:—

Grade I .....	7
Grade II .....	5
Grade III .....	6
Grade IV .....	3

These gradings are provisional until such time as a standard is determined. In the meantime samples falling into Grades I and II are regarded as good.

#### Legal Standard for Ice Cream

The question of a legal standard governing the composition of ice cream has been receiving considerable attention. The Food Standards Committee have considered a proposal that a statutory standard of composition should be prescribed for ice cream and in November expressed the opinion that a standard is, in principle, desirable for ice cream. They recommended that action should be deferred since, because of the scarcity of ingredients, especially fats and milk solids, a satisfactory standard could be prescribed at that time only at the expense of a reduction in supplies.

In April the Ministry of Food issued Circular MF. 3/49 which notified local authorities that manufacturers, in return for an increased allocation of sugar and fat, were required to sign an undertaking that the ice cream manufactured by them would have a minimum fat content of 2½ per cent. The Ministry stated that the use of the minimum fat content of 2½ per cent for this purpose would not be regarded as a proper standard for ice cream. The Ministry also requested local authorities to supply a monthly return of the results of any samples of ice cream taken under this circular. Following receipt of this circular, samples were taken. All failed to conform to the required fat content and the Ministry were informed accordingly. These samples showed appalling deficiencies and well illustrate the need for a legal standard. The following were the results obtained:—

No. of Sample	Fat Percentage	Percentage of Fat Deficiency
A.45	0.22	91
A.46	2.05	18
A.47	0.72	71
A.48	0.82	67
A.49	1.41	43
A.50	0.93	62
A.51	1.13	54



There were 18 further samples taken during the year and all showed a satisfactory standard as indicated in the following figures:—

Percentage	No. of Samples
2.5	1
Over 2.5—5.00	5
Over 5.0—10.00	7
Over 10	5

#### Ice Cream (Heat Treatment, &c.) Regulations, 1947 and 1948

There are seven large ice cream manufacturers in the Borough and at the end of the year alterations to improve their premises, which had commenced in the previous year, were completed. All the premises satisfy the requirements of the Regulations and the firms concerned are to be complimented on the changes they have effected. They are fully alive to the importance of producing a product which is prepared under strict hygienic conditions.

In addition to the above there are three premises registered for the manufacture of "Cold Mix" only. The following table gives details of the premises registered for the manufacture and sale of ice cream under Section 14 of the Food and Drugs Act, 1938:—

(a) For manufacture and sale of ice cream	10
(b) For storage and sale of pre-packed ice cream	162 - 201
(c) For storage and sale of loose and pre-packed ice cream	4

Total number of premises on register at  
31st December, 1949 ..... 176

#### 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 ...	3,305	3,160	23,564	140	2,657	32,826
Weight ...	4,314,812 lbs.		1,203,667 lbs.	36,451 lbs.	160,966 lbs.	5,715,896 lbs.
Weight condemned ...	145,818 lbs.		1,604 lbs.	1,553 lbs.	1,205 lbs.	150,180 lbs.
Percentage condemned ...	3.379%		0.133%	4.260%	0.748%	2.627%



## CARCASSES INSPECTED AND CONDEMNED.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ...	3,305	3,160	2,657	23,564	140
Number inspected ...	3,305	3,160	2,657	23,564	140
All Diseases except Tuberculosis— Whole Carcasses condemned	...	7	7	11	4
Carcasses of which some part or organ was condemned	776	1,166	11	478	26
Percentage of the number inspected affected with disease other than Tuberculosis ...	23.479	37.120	0.677	2.075	21.428
Tuberculosis only— Whole Carcasses condemned	6	91	17	...	3
Carcasses of which some part or organ was condemned	321	1,477	...	...	14
Percentage of the number inspected affected with Tuberculosis ...	9.894	49.620	0.639	...	12.142

Congenital tuberculosis was found in 8 calves and reports were forwarded to the appropriate Divisional Inspectors of the Ministry of Agriculture and Fisheries. As a result 5 dams of the calves were slaughtered under the Tuberculosis Order, 1938. One was disposed of to the knacker, and in the remaining 2 cases the evidence was insufficient for any action to be taken.

The following figures show the percentage of cows affected with Tuberculosis for the years 1945-1949:—

	Cow Carcasses Examined	Percentage affected with Tuberculosis
1945 .....	2568	44.47
1946 .....	3345	47.11
1947 .....	2755	44.68
1948 .....	2771	44.02
1949 .....	3160	49.62

The total weight of meat and offal destroyed was:—

For Tuberculosis, 104,222 lbs; for diseases other than Tuberculosis,  
45,958 lbs.



### Summary of Diseased and Unsound Food Destroyed During 1949

	lbs
Cattle (104 whole carcasses) .....	58,187
Sheep (11 whole carcasses) .....	608
Pigs (7 whole carcasses) .....	1,076
Calves (24 whole carcasses) .....	1,176
Parts of Carcasses and Offal	
(4,269 Cattle, Sheep, Pigs & Calves) .....	89,133
Tripe, &c. ....	12,556
Flour .....	6,300
Preserved Food .....	6,279½
Vegetables .....	1,972
Meat .....	1,318
Fat .....	1,008
Fish .....	826
Sago and Barley Flakes .....	496
Fruit .....	460
Poultry .....	216½
Cheese .....	170½
Livers .....	167
Crab .....	112
Bacon and Ham .....	111
Butter .....	93
Cake .....	87
Rabbits .....	86
Sweets and Chocolate .....	50½
Meat Pies .....	4
Coffee .....	½
<b>Total</b> .....	<b>182,493½lbs</b>

The above figures include a large quantity of raw tripe and associated offal which had to be destroyed at three of the local tripe works. This was due to unsatisfactory cleansing and treatment at the place of origin and full details were supplied to the Ministry of Food.

### Slaughter of Animals Act, 1933

The Department granted 14 renewal licences during the year.

### Horseflesh

There are two shops in the Borough for the sale of horseflesh. Arrangements for slaughtering and inspection continued as in the previous year.

### Diseases of Animals Acts

The Chief Sanitary Inspector is the Authorised Inspector under the Diseases of Animals Act and during the year 73 visits were made under the Acts. The following cases are reported:—

In April an outbreak of Fowl Pest occurred in three smallholdings in the Borough. This appeared to have originated in one of the adjacent districts and was imported into the Borough. The Department co-operated



with the officers of the Ministry of Agriculture and Fisheries in the tracing and disinfection of the infected and adjacent premises. The restrictions were withdrawn in May and approximately sixty birds had been destroyed to prevent the spread of the disease.

One case of suspected Swine Fever was reported during the year by a veterinary surgeon and the necessary action was taken.

#### **Fertilisers and Feeding Stuffs Act, 1926**

There were six samples of fertilisers and three samples of feeding stuffs sent for examination under the provisions of the above Act. All were reported to be satisfactory.

### **FOOD AND DRUGS ACT, 1938**

#### **Clean Food**

No special clean food campaign was conducted during the year but every opportunity is taken by the Chief Sanitary Inspector and his staff to emphasise the importance of cleanliness in the handling of food.

Under Section 15 of the Food and Drugs Act, 1938, Local Authorities are empowered to make bye-laws for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food, sold or intended for sale for human consumption and in connection with the sale of food or exposure of food for sale in the open air. In November the Health Committee agreed to adopt the model bye-laws which had been approved by the Minister of Food.

#### **Contamination of Food**

During the year a complaint was received of a loaf of bread which was found to contain a burned cigarette end. The loaf had been manufactured by a large mechanical bakery in one of the adjacent districts and the circumstances were reported to the authority concerned. The premises were inspected and found to be conducted on most hygienic lines and it was decided that a warning notice should be given.

#### **Report of the Borough Analyst**

Mr. S. Ernest Melling, M.Sc., F.R.I.C., Borough Analyst, has kindly furnished the following report:—

"I have the honour to report that, during the year ended 31st December, 1949, 413 samples of food and drugs were submitted for analysis under the provisions of the above Act.

The samples comprised 316 milks, 26 ice creams, 15 whiskies, 1 rum, 12 flavouring substances and essences, 10 groceries, 8 edible fats, 7 sweets, 5 condiments, 4 household drugs and medicaments, 2 meat and fish preparations, 1 vinegar, and 6 miscellaneous samples.

A further eleven samples of meat, meat pies and components used in the preparation of meat pies were also submitted in order that complaints as to the taste and smell of the latter could be investigated. The analysis of the various samples disclosed the presence of neither foreign nor harmful ingredient and it was suggested that the objectionable taste and odour



might be due to 'the transference from the surface of the vessel of a residual cleansing component retained in some way in the minute pores of the bowl.'

The total number of samples which were classed as adulterated or of non-standard quality was 11, or 2.7 per cent of the total number examined, which is an improvement on last year's total of 18 out of 349 samples examined—4.4 per cent of the total.

Ten of the samples reported against were samples of milk, one of which was naturally deficient in non-fatty solids to the extent of 3.6 per cent and one deficient in fat to the extent of 10 per cent. Eight samples were adulterated with extraneous water of which one contained 6.2 per cent, calculated on the basis of the Sale of Milk Regulations, 1939, which require, *inter alia*, genuine milk to contain, until the contrary is proved, a minimum of 8.5 per cent of non-fatty solids, whereas the sample contained only 7.97 per cent of non-fatty solids. No 'appeal-to-cow' sample was taken in this case, since subsequent samples taken on delivery from the farm in question proved to be genuine.

The remaining 7 samples were taken from the same source and were reported as being adulterated with 17.6, 30.3, 18.4, 4.5, 5.5, 6.0 and 22.7 per cent. of extraneous water, which calculations were based upon the average not-fatty solids content of 3 "appeal to cow" samples subsequently taken. It was suggested that a leaky brine cooler was responsible for the adulteration but analytical evidence entirely negated this possibility. The table given below is reproduced from the Report dated 17.10.49, and includes the results of analysis of the seven adulterated and three "appeal-to-cow" samples. On examination of the data herein the significance of the Freezing Point depression of genuine milk when compared with the watered samples will not be lost sight of.

It is pleasing to note that, during the period under review, no attempt was made to impart artificial colour to any of the milk samples, thereby giving a fictitious appearance of richness, nor was there any evidence throughout of the addition of preservative agents. As regards the all-round composition of the milk-supply, the particulars were set out in the formal certificates of analysis and need not be quoted again. The data, however, disclose a highly satisfactory quality, which bears favourable comparison with the high-level records of industrial communities of the status of Oldham.

The eleventh sample reported against was one of vinegar about which complaints had been made. It was deficient in acetic acid to the extent of 7 per cent, and contained an abnormal amount of organic deposit with a considerable vinegar-eel content.

Six samples of frying fats taken from chip-shops, after complaints of malodour in the district, were found to be normal in taste and odour and gave off only a slight non-permeating smell and no fumes when heated.

According to a Ministry of Food Requirement, manufacturers of ice-cream who are granted an allocation of fat and sugar are required to supply ice-cream containing a minimum of 2.5 per cent of fat. During the second quarter of 1949 seven samples were examined and all fell below this



requirement, the average fat content being 1.04 per cent. Since there is no legal definition of ice-cream these samples were not reported against, as "adulterated," and further samples submitted during the year complied with the requirement, the average fat content of the 26 samples examined during the year being 5.3 per cent. All the remaining samples of food and drugs were of sound commercial quality and conformed with the appropriate requirements, thus calling for no comment."

#### RESULTS OF ACTION TAKEN WITH REGARD TO SAMPLES NOT GENUINE

Sample No.	Article	Result of Analysis	Action Taken
103	Milk	10% Fat deficiency.	No action taken.
253	Milk	Naturally deficient in non-fatty solids to the extent of 3.6%	
259	Milk	6.2% Added Water	No action taken. Fined £5 0s. 0d. Analyst's Fee of £2 2s. 0d.
289	Milk	17.6% Added Water	Fined £20 0s. 0d. Analyst's Fee of £10 10s. 0d.
290	Milk	30.3% Added Water	
291	Milk	18.4% Added Water	
292	Milk	4.5% Added Water	
293	Milk	5.5% Added Water	
294	Milk	6.0% Added Water	
300	Milk	22.7% Added Water	
64A	Vinegar	Deficient in Acetic Acid to the extent of 7.0%.	No action taken.



## SECTION IX

## NATIONAL ASSISTANCE ACT, 1948

## Section 47—Removal to suitable premises of persons in need of care and attention

One case, a female of 73 years, was brought to the notice of the Department. She was aged and infirm, physically incapacitated and living under filthy conditions. There were no relatives to look after her, although some assistance was given by neighbours. She was repeatedly asked to agree to admission to Part III accommodation but refused and it was decided to take action under Section 47. Before the necessary formalities could be completed her condition deteriorated rapidly necessitating her removal to hospital where she died shortly after admission.

## Hostels for Aged Persons

The Director of Welfare Services (Mr. H. Wrigley) has kindly supplied the following information:—

“The following accommodation was available for aged persons at the beginning of the year:—

Greenacres Lodge, Greenacres Road, Oldham.  
Residential Home for 36 women.

‘Westlands,’ Grange Avenue, Oldham.  
Residential Home for 31 men.

During the year additional provision was made as follows:—

10-10-49, ‘The Hollies,’ Frederick Street, Oldham.  
Residential Home for 30 men.

28-11-49, ‘Stamford House,’ Lees New Road, Lees.  
Residential Home for 15 women.”



# 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 & Wash-houses .....	7	0	0	7
Borough Engineer & Surveyor ...	38	3	0	41
Borough Treasurer's .....	8	0	0	8
Children's .....	18	0	0	18
Cleansing & Transport .....	26	1	0	27
Education .....	36	0	0	36
Gas .....	32	0	0	32
Fire .....	1	0	0	1
Public Health .....	63	0	1	64
Housing .....	5	1	0	6
Markets .....	2	0	0	2
Maternity & Child Welfare .....	65	0	3	68
Parks & Cemeteries .....	8	0	1	9
Passenger Transport .....	178	5	0	183
Police .....	1	0	0	1
Public Libraries .....	2	0	0	2
Registrar's .....	1	0	0	1
Sewage .....	1	0	0	1
Street Lighting .....	1	0	0	1
Town Clerk's .....	3	0	0	3
Waterworks .....	23	0	0	23
Welfare Services .....	8	0	0	8
Totals .....	527	10	5	542

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For other Authorities .....	3
	— 162

Total ..... 704

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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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