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**COUNTY BOROUGH OF OLDHAM**

●

**ANNUAL REPORT**

**OF THE**

**MEDICAL OFFICER OF  
HEALTH**

●

**1952**





9/12/54



**COUNTY BOROUGH OF OLDHAM**



# **ANNUAL REPORT**

**OF THE**

**MEDICAL OFFICER OF  
HEALTH**



**1952**



Public Health Department,  
Town Hall,  
Oldham.  
November, 1953.

To the Chairman and Members of the Health Committee,  
Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1952. I regret this report has not appeared earlier, but an outbreak of smallpox early this year (1953) and the preparation of a special report which the Council requested in June, have delayed the completion.

In accordance with Ministry of Health Circular 29/52, a special survey of the Local Health Services provided under the National Health Service Acts is included in this Report. A short review of each particular service is given at the beginning of the survey report, and it is particularly pleasing to record that the services which were a new responsibility for the Committee—the Home Nursing, Ambulance and Mental Health Services—have been efficiently developed and are functioning smoothly.

In April, Ministry of Health Circular 11/52 was received. This Circular referred to a report submitted by the Central Health Services Council on co-operation in the National Health Service between the Hospital, Local Authority and the General Practitioner Services. The problem of co-operation in the Service arises from the administration of the Service through three separate branches and is aggravated by the differing administrative and geographical divisions within each of those branches. The Act created a unified hospital service which was an urgent necessity but it drove a division between the closely administered curative and preventive services which had been built up by progressive local authorities. The survey report describes fully the close co-operation that exists at local level, but experience has shown that there is a need for amending legislation to create new boundaries and a new authority to be responsible for all these functions.

During the year a report was submitted to the Welfare Services Committee following a survey of the residents in Part III Accommodation at the Boundary Park General Hospital Annexe. This survey revealed an urgent need for the provision of "half-way house" accommodation. There are many hospital cases who, after full investigation, no longer require specialist treatment and are ready for discharge, but owing to their disability are unsuitable for admission to an ordinary hostel or for discharge home. There are other cases at home requiring special care and attention who are equally unsuitable for hostel admission, nor do they require hospital care. The provision of "half-way house" accommodation would not only assist in the disposal of cases in Part III Accommodation, but would also enable hospital beds which are desperately needed, to be vacated.

The birth rate of 14.96 per thousand of the population compares with 16.23 for the previous year. This is a substantial fall, although a fall is also recorded for England and Wales from 15.5 to 15.3 and for the Great Towns from 17.3 to 16.9. The death rate of 13.96 compares with 15.05 for the previous year and is the lowest death rate recorded since 1932, when the rate was 13.9. The infant mortality rate of 42.97 per thousand live births compares with 27.6 for England and Wales and 40.74 for the



previous year. This increase is again due to neo-natal deaths (infant deaths under one month), this rate having risen from 23.72 to 27.34 per thousand live births and the deaths increasing from 46 to 49. There were 43 deaths due to tuberculosis (all forms) and the death rate of 0.36 compares with 0.31 for the previous year. There were two maternal deaths and the maternal mortality rate of 1.08 compares with 0.50 for the previous year when there was one death.

Full details of the prevalence of infectious disease are contained in the body of the report. Again no case of diphtheria was diagnosed or confirmed. This disease is becoming a *rara avis*, but will only remain so if diphtheria immunisation is fully maintained. The staff of the Department and all others concerned in this particular field are doing conscientious and successful work.

Early in the year cases of smallpox (*variola minor*) were reported in and around Rochdale. The outbreak resulted in 135 cases being diagnosed and confirmed. No cases occurred in Oldham, but one case occurred in Chadderton and one in Middleton. The close proximity of the outbreak necessitated the initiation of full preventive measures and precautions which are fully described in the report. These included the temporary notification of chicken pox under Section 147 of the Public Health Act, 1936. The operative date of the Order was considerably delayed awaiting the Council's confirmation of the Health Committee's resolution and to avoid such delay in the future, the Council, in November, granted the Health Committee delegated powers under this Section. Following a report to the Health Committee, approval was sought from the Ministry of Health for chicken pox in persons over 15 years of age to be a notifiable disease, but unfortunately an Order limiting notification as suggested was not possible.

The sure shield against the spread of smallpox is prompt diagnosis and removal to hospital of the first case and the immediate vaccination of every possible contact. Early diagnosis is not always easy and infection may be spread before this is effected or smallpox suspected. It is, therefore, imperative that all persons whose duties may bring them into contact with smallpox should be adequately protected by recent vaccination. This especially applies to all nursing and medical personnel, whether employed by Executive Councils, Hospital, or Local Health Authorities, and arrangements should exist for vaccination or re-vaccination of such personnel on their appointment to the service and for their re-vaccination at regular intervals.

Considerable concern has been expressed at the poor response to infant vaccination now this is voluntary. I am satisfied that if more vigour and enthusiasm were applied and staff and adequate facilities were available, a successful result could be achieved. In the light of recent experience, infant vaccination is not enough. An outbreak of smallpox has again occurred this year (1953) and in Oldham three cases were diagnosed—all unvaccinated. We must now take more energetic steps to obtain a high degree of vaccination in the general public and press for vaccination and re-vaccination (i) in infancy; (ii) at school entry; (iii) on leaving school; (iv) at the age of 21 years. It will be no easy task to provide the necessary facilities for such an undertaking, but the vaccination or re-vaccination of school leavers is urgent and will be offered to this age group in December (1953). If two of the above cases had been successfully protected on leaving school, one would certainly not have contracted the disease and the other might have escaped but would certainly have only suffered a modified attack.



Again I have to report that no progress has been made with regard to slum clearance. It is now over thirteen years since slum clearance was officially suspended following the outbreak of war. During this period the worst properties have gone from bad to worse, although 198 have been demolished following official representation owing to their dangerous and dilapidated condition. The property scheduled for later demolition is deteriorating owing to lack of repair and maintenance and an alarming and grave problem lies ahead.

The Health Committee have for some years desired to adopt the model byelaw in relation to smoke abatement, but the appropriate Ministry would not give the necessary support to this recommendation. Following a special report by the Medical Officer of Health and the submission of the byelaw in draft, the Minister of Housing and Local Government confirmed the byelaw to become operative on the 1st January, 1953. This byelaw will prove of undoubted value in reducing the emission of black smoke from industrial sources.

There have been a number of staff changes during the year. In January Dr. A. J. I. Kelynack and Dr. Isobel R. S. Troup were appointed to fill existing vacancies. In July the London School of Hygiene and Tropical Medicine awarded to Dr. Kelynack an Elliston Scholarship of the value of £150 with remission of tuition fees for the D.P.H. Course. The award of this scholarship is an honour which reflects credit on the service and merits congratulation. Dr. Kelynack was granted leave of absence and Dr. T. A. J. Thorp was appointed in a temporary capacity. In February, Mrs. M. McGough, Domestic Help Organiser, resigned on her marriage and was succeeded by Miss G. L. Eastwood. Miss M. Dixon commenced duty as Superintendent of the District Nursing Service in April. In August Mrs. C. Houghton, Superintendent Health Visitor, left the service and was succeeded by Miss F. Collins who commenced duty in October. In November the appointment of Mr. D. G. Pickles, as Psychologist was confirmed by the Council.

In May, Councillor Stead and Dr. D. Hilson, who joined the Health Committee in August, 1951, ceased to be members. In the same month Councillor Arthurs, who joined the Committee in November, 1946, also ceased to be a member. Councillor Arthurs was Chairman of the Mental Health Sub-Committee for the years 1949-1952, and during this period the service was developed and extended. In May, Mrs. P. Dunkerley, who joined the Home Nursing Sub-Committee in May, 1949, ceased to be a member. 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 very busy year. I especially wish to place on record my appreciation of the extra duties which were so willingly and efficiently performed in connection with the precautions taken against smallpox.

I have the honour to be,

Your obedient Servant,

J. T. CHALMERS KEDDIE,

MEDICAL OFFICER OF HEALTH.



## THE HEALTH COMMITTEE

(from 19th May, 1952)

### *Chairman:*

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

### *Deputy Chairman:*

Councillor G. Halbert

### *The Mayor:*

Councillor H. B. Whittaker, J.P.

Councillor W. Barker

Councillor D. C. Hanson

Alderman J. Bradley

Councillor E. Rothwell

Councillor G. Morrell, J.P.

Councillor A. A. Kenyon, J.P.

### *Non-Council Members:*

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

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

Mrs. L. M. Whittaker

Miss A. Rawcliffe

Mr. P. C. Steptoe, M.R.C.O.G., F.R.C.S.

## MATERNITY AND CHILD WELFARE SUB-COMMITTEE

### *Chairman:*

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

### *Deputy Chairman:*

Councillor G. Halbert

The Mayor

Councillor W. Barker

Alderman J. Bradley

Councillor D. C. Hanson

Councillor G. Morrell, J.P.

Councillor E. Rothwell

### *Non-Council Members:*

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

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

Mrs. L. M. Whittaker

Miss A. Rawcliffe

Mr. P. C. Steptoe, M.R.C.O.G., F.R.C.S.

## HOME NURSING SUB-COMMITTEE

### *Chairman:*

Councillor W. Barker

The Mayor

Councillor D. C. Hanson

Councillor S. T. Marron, J.P.

Councillor E. Rothwell

Alderman J. Bradley

Councillor G. Halbert

Councillor A. A. Kenyon, J.P.

### *Non-Council Members:*

Miss M. Lees

Miss E. Goode

Miss F. Brierley

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

Mr. T. E. C. Crozier

Miss A. Wrigley



### AMBULANCE SUB-COMMITTEE

*Chairman:*

Councillor G. Halbert

The Mayor

Councillor S. T. Marron, J.P.

Councillor G. Morrell, J.P.

Councillor D. C. Hanson

Councillor W. Barker

Councillor A. A. Kenyon, J.P.

### MENTAL HEALTH SUB-COMMITTEE

*Chairman:*

Alderman J. Bradley

The Mayor

Councillor S. T. Marron, J.P.

Councillor D. C. Hanson

Councillor G. Halbert

Councillor E. Rothwell

Councillor G. Morrell, J.P.

Councillor A. A. Kenyon, J.P.

*Non-Council Members:*

Miss I. M. Brislee

Rev. G. R. Lloyd

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

Mrs. M. Rose

## 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 Officer of Health and Senior School Medical Officer:

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

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

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

Walter P. B. Stonehouse, M.A., M.R.C.S., L.R.C.P., D.P.H.

Isobel R. S. Troup, M.B., Ch.B. (from 14-1-52)

Arthur J. I. Kelynack, M.B., B.S. (from 10-1-52)

T. A. J. Thorp, M.B., Ch.B., D.P.H. (temporary from 29-9-52)

#### Senior Dental Officer:

James Fenton, L.D.S.

#### Assistant Dental Officers:

D. J. Franks, L.D.S.

J. H. Woolley, L.D.S.

Miss M. E. Curtis, L.D.S. (from 19-5-52)

#### 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
D. Hilson, M.A., M.B., B.Chir., M.R.C.P., D.C.H. ....	Paediatrician
Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M. ....	Psychiatrist
G. S. Robertson, M.B., Ch.B. ....	Mental Deficiency
J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. ....	Aural Surgeon
G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., D.A. ....	Anaesthetist

#### 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, D. Eckersley,  
T. Boardman, J. Smith, A. Renshaw, C. Buckley (from  
29-9-52), D. G. Russell (to 27-9-52)

*Lay Administrative Officer:*

T. P. McKniff

*Chief Clerk:*

Miss M. Royle

*Ambulance Officer:*

E. G. Crapper

*Mental Health Visitors  
and Duly Authorised Officers:*

Albert White (Senior), Miss J. A. Pick, B.A. (to 28-6-52),  
Dennis G. Pickles, M.A., J. B. Dearnaley, B.A. (from 30-6-52)

*Mental Health Visitors:*

Miss B. Butterworth, J. B. Dearnaley, B.A. (to 30-6-52),  
Miss G. Murray-Williams, B.A. (from 25-8-52)

*Psychologist:*

D. G. Pickles, M.A.(Cantab), Hons. Psych. (from 6-11-52)

*Supervisor of Occupation Centre:*

Mrs. J. L. Worfolk

*Superintendent Health Visitor  
and Superintendent School Nurse:*

Mrs. C. Houghton (to 31-8-52)  
Miss F. Collins (from 1-10-52)

*Deputy Superintendent Health Visitor  
and Deputy Superintendent School Nurse:*

Miss C. Williamson (from 1-10-52)

*Health Visitors/School Nurses:*

Miss C. Williamson (Senior to 30-9-52), Mrs. H. Emmott (to 14-4-52),  
Mrs. E. E. Robinson (to 23-6-52), Mrs. C. Smith, Miss C. Briggs,  
Miss M. Barnes (to 31-3-52), Miss E. J. Thompson, Miss M. Barker,  
Miss M. E. Strain (to 27-1-52), Mrs. A. G. Willmott, Miss E. Keenan  
(from 12-5-52), Miss W. McDonnell (from 12-5-52)

*School Nurses:*

Miss E. E. Williams  
Miss T. Dolan



*Superintendent Nursery Teacher:*

Mrs. M. T. Beech

*Non-Medical Supervisor of Midwives:*

Miss M. M. Nugent

*Assistant Superintendents:*

Miss W. Lister (Senior)

Miss J. L. Walker (from 1-9-52)

*Municipal Midwives:*

Miss B. Holland, Mrs. A. M. Walshe, Mrs. I. Hartley, Miss M. Bennett (to 30-9-52), Mrs. M. Barrett (to 7-12-52), Mrs. S. A. Pugh (to 30-6-52), Mrs. M. Critchley (née Foster), Mrs. E. Kidder, Mrs. N. Davies, Miss F. Chew (to 31-10-52), Miss M. E. Jones (to 31-10-52), Mrs. E. Lees, Mrs. E. C. McMahon, Miss J. L. Walker (from 1-1-52), Miss F. M. Moore (from 1-10-52), Miss M. Tully (from 10-11-52), Miss N. Lawless (from 1-10-52)

*Superintendent of District Nursing:*

Miss M. Dixon (from 1-4-52)

*District Nurses:*

Miss J. A. Baker, Miss A. A. Murray, Mrs. A. Schofield, Miss A. Tulley, Miss E. Bailey, Miss W. Davies, Miss H. Hollinshead, Mrs. M. Schofield, Mrs. J. Cox (from 6-10-52), Mr. F. P. Earnshaw, Mr. E. L. Taylor, Mr. S. Harrop.

*Domestic Help Organiser:*

Mrs. M. McGough (to 15-2-52)

Miss G. L. Eastwood (from 11-2-52)

## SUMMARY OF STATISTICS

### General Statistics

Area in Statute Acres .....	5,340
Enumerated Population (Census, 9-4-51) .....	121,212
Registrar General's Estimate of Population (middle of 1952) ...	119,800
Density of Population, i.e., number of persons per acre (whole Borough) .....	22.4
Number of Houses in the Borough, December, 1952:—	
(a) Permanent .....	41,884
(b) Temporary (prefabricated) .....	350
	———— 42,234
Number of new houses erected in 1952:—	
(a) Permanent:	
(i) by local authority .....	334
(ii) by other bodies or persons .....	49
	———— 383
(b) Temporary (prefabricated):	
(i) by local authority .....	—
(ii) by other bodies or persons .....	—
	———— —
Rateable Value (March, 1952) .....	£714,615
Sum represented by a Penny Rate (March, 1952) .....	£2,870
Total number of persons on doctors' lists in the Borough at 31-12-52 .....	117,552
Number of marriages during 1952 .....	1,064
Persons married per thousand of population .....	8.88

### Extracts from Vital Statistics

<b>Live Births</b> (Males 881; females 911) .....	1,792
Birth rate per 1,000 of estimated population .....	14.96
<b>Stillbirths</b> (Males 31; females 21) .....	52
Stillbirth rate per 1,000 births .....	28.20
<b>Deaths</b> (Males 853; females 819) .....	1,672
Death rate per 1,000 of estimated population .....	13.96
<b>Maternal Deaths</b> .....	2
Maternal mortality rate per 1,000 births .....	1.08
<b>Deaths of Infants under one year</b> .....	77
Infant mortality rate per 1,000 live births .....	42.97
<b>Other Death Rates per 1,000 of estimated population—</b>	
Tuberculosis:	
(a) All forms .....	0.36
(b) Pulmonary .....	0.29
Other respiratory diseases .....	1.70
Cancer .....	1.95
Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, and Diphtheria .....	0.01



## 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 1,225 feet, and its lowest 350 feet 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.

#### Area and Population

The area of the Borough is 5,340 acres. The Registrar General's estimate of the population of the Borough at the middle of 1952 is 119,800, which compares with 119,450 for the previous year.

At the 1951 census the population of the Borough was 121,212.

#### Rateable Value

The rateable value on 31st March, 1952, was £714,615 and the sum represented by a penny rate was £2,870 6s. 1d.

#### Unemployment

In December 1951, the first signs of a trade recession appeared in the textile industry, many mills having a stoppage of one week and a few for two weeks during and after Christmas. This recession, which was characterised by employees being temporarily suspended or working less than a five-day week rather than being totally unemployed, gradually gathered momentum during the early months of the year. The peak was reached in May when the highest number of persons unemployed or temporarily suspended was recorded. Employment improved during each succeeding month, but at a date in December the number of persons so affected registered at the Oldham Employment Exchange totalled 2,439.

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.



**UNEMPLOYED REGISTER**  
1st January to 31st December, 1952.

DATE	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
14th January, 1952	177	123	3	6	42	59	—	8
11th February, "	189	140	2	6	183	408	17	46
17th March, "	251	258	5	—	1255	2201	62	185
21st April, "	346	327	10	7	1447	3061	93	297
12th May, "	394	433	17	9	1974	3080	104	278
16th June, "	426	512	7	14	1531	3030	57	153
14th July, "	464	537	13	17	1479	2485	51	165
11th August, "	525	476	18	18	1254	2302	42	211
15th September, "	519	448	7	14	996	2011	32	186
13th October, "	557	423	9	9	1049	1509	30	125
10th November, "	603	450	10	21	575	1394	27	105
8th December, "	623	380	7	13	393	911	22	90

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 2,632 live births (1,319 males and 1,313 females) registered in the Borough during the year. After correction for inward (53) and outward (893) transferable births, the net total of births is 1,792 (881 males and 911 females). The illegitimate live births numbered 108 or 6.03 per cent of the total live births.

##### (b) STILLBIRTHS :

During the year 82 stillbirths were registered. After being adjusted by inward and outward transfers, the number is 52.

#### Births Notified

During the year 1,831 notifications of birth were received relating to 1,775 live births and 56 stillbirths. In addition 926 notifications were received which were transferred to other authorities concerned. The 2,672 live and 85 stillbirths were notified by:—

Midwives .....	2,757
Doctors .....	—

### Marriages

There were 1,064 marriages during the year, the rate per thousand of the population being 8.88. In 1951 the number of marriages was 1,055.

### Deaths

During the year 1,973 deaths (1,024 males and 949 females) were registered in the Borough. After correction for inward (123) and outward (424) transferable deaths, the net total deaths is 1,672 (853 males and 819 females), a decrease of 126 on the total for 1951.

Of the 1,672 deaths, 561 (or 33.55 per cent) occurred in one or other of the following institutions:—

Boundary Park General Hospital .....	179
Boundary Park General Hospital Annexe .....	180
Oldham Royal Infirmary .....	96
Westhulme Hospital .....	5
Strinesdale Sanatorium .....	5
Dr. Kershaw's Cottage Hospital .....	15
Woodfield Maternity Home .....	1
St. Joseph's Hospital, Manchester .....	1
Manchester Royal Infirmary .....	8
Salford Royal Infirmary .....	1
Hope Hospital, Salford .....	3
Christie's Hospital, Manchester .....	3
Royal Manchester Children's Hospital, Pendlebury ...	1
Crumpsall Hospital Annexes, Manchester .....	11
Northern Hospital, Manchester .....	1
Manchester Victoria Memorial Jewish Hospital .....	3



District Infirmary, Ashton-under-Lyne .....	1
Lake Hospital, Ashton-under-Lyne .....	2
Birch Hill Hospital, Rochdale .....	7
Rochdale Infirmary .....	2
Monsall Hospital, Manchester .....	1
Withington Hospital, Manchester .....	2
Duchess of York Hospital, Manchester .....	2
Ancoats Hospital, Manchester .....	1
Baguley Hospital, Manchester .....	3
Park Hospital, Urmston .....	4
The General Hospital, Altrincham .....	1
Racefield Pulmonary Hospital, Chadderton .....	1
Peel Hall Hospital, Little Hulton .....	1
Stepping Hill Hospital, Stockport .....	1
Hargraves Convalescent Home, Greenfield .....	1
Mental Hospitals .....	9
Mental Deficiency Hospitals .....	1
Other Hospitals and Homes .....	8

Of the total deaths 1,043 (or 62.38%) occurred in persons aged 65 years or over.

The following are the chief causes of death in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948:—

Tuberculosis .....	43
Malignant and Lymphatic Neoplasms .....	234
Vascular Lesions of Nervous System .....	239
Coronary Disease, Angina .....	176
Hypertension with Heart Disease .....	28
Other Heart Disease .....	330
Other Circulatory Disease .....	117
Pneumonia .....	57
Bronchitis .....	134
Suicide .....	24
Motor Vehicle, other accidents, homicide and operations of war .....	37

These groups of diseases represent 1,419 deaths occurring during the year, or 84.87 per cent of the total deaths registered.







### Maternal Mortality

During the year three maternal deaths occurred in the Borough. One of these was a transferable death and the Medical Officer of Health of the district concerned was notified accordingly. The remaining two were true maternal deaths, giving a maternal mortality rate of 1.08 per thousand live and stillbirths which compares with 0.50 for the previous year, when only one true maternal death was registered.

The cause of death in each case as stated on the death certificate is as follows, classified in accordance with the manual of the International Statistical Classification of Diseases, Injuries and Causes of Death:—

#### Deaths Due to Pregnancy or Childbirth

A. Complications of Pregnancy (640-649) .....	1
(642) Toxæmias of Pregnancy—	
Case No. 1/53. Aged 25 years.	
I (a) Toxæmia of Pregnancy	
associated with jaundice (P.M.).	
B. Abortion (650-652) .....	0
C. Delivery without Complication (660) .....	0
D. Delivery with Specified Complication (670-678) .....	0
E. Complications of Puerperium (680-689) .....	1
(682) Puerperal Phlebitis and Thrombosis—	
Case No. 2/53. Aged 33 years.	
I (a) Myocardial failure.	
(b) Inferior vena cava embolus and thrombosis.	
II Parturition.	
Third Pregnancy—living child.	

#### Deaths Due to Associated Conditions

There were no maternal deaths registered or reported which were due to associated conditions.

In the previous year (1951) one death was reported under this heading, the cause of death being certified as follows—

- I (a) Pulmonary Infarct.
- (b) Myocardial failure.
- (c) Rheumatic carditis.
- II Pregnancy.

#### Investigation of Maternal Deaths

In November, 1951, Medical Officers of Health were notified of revised arrangements with regard to investigations into maternal deaths. The Medical Officer of Health and an Obstetrician in the area will undertake the local enquiries and when these are completed, the report will be forwarded to the Regional Assessor, who is an Obstetrician of high standing. The Regional Assessor completes the report which he then forwards to the Chief Medical Officer. These investigations are made solely for scientific and public health purposes and the information is strictly confidential.

In accordance with these arrangements the two maternal deaths which occurred during the year were investigated and the reports forwarded to the Regional Assessor.

### Infantile Mortality

There were 106 deaths (59 males and 47 females) of infants under one year of age registered in the Borough. After correction for inward (5) and outward (34) transferable deaths, the net total of infant deaths is 77 (40 males and 37 females), a decrease of 2 on the total for 1951. Of the 77 infant deaths, four were those of illegitimate children and 49 occurred in infants under four weeks old, equivalent to a neo-natal mortality of 27.34 per 1,000 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
1950 .....	35	18.73	66	35.31
1951 .....	46	23.72	79	40.74
1952 .....	49	27.34	77	42.97



**INFANTILE MORTALITY DURING 1952**  
Deaths from stated causes at various ages under one year.

CAUSES 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 ...	19	6	7	1	1	2	5	41	4	2	1	48	8	14	3	3	76
Uncertified	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Abcess of Lung ...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1
Asphyxia ...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Atelectasis ...	6	1	1	1	...	...	1	11	...	...	...	11	1	1	...	...	13
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Broncho-Pneumonia ...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	1	...	8
Congenital Heart Disease ...	1	...	...	...	...	...	1	2	1	1	...	3	2	1	...	...	4
Congenital Malformations ...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	...	7
Cystitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Diaphragmatic Hernia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Diarrhoea and Enteritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Empyema ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Haemolytic Disease of new-born ...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	1
Haemorrhagic Disease of new-born ...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	1
Injury at Birth ...	2	...	2	...	...	...	...	4	...	...	...	4	...	1	...	...	4
Intussusception ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Miliary Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
Otitis Media... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Pink Disease... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Pneumonia of new-born ...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	1	2
Premature Birth ...	10	5	4	1	...	...	1	21	...	1	...	22	...	...	...	...	22
Toxaemia of Pregnancy ...	1	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	1
Septicaemia ...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	1
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
TOTALS ...	20	6	7	1	1	2	5	42	4	2	1	49	8	14	3	3	77

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

YEAR	Popula- tion estimated to middle of each year	BIRTHS			Transferable Deaths		Nett Deaths after correction				
		Births Regis- tered	Nett after correction		Total deaths regis- tered in the Borough	Of non- residents regis- tered in the Borough	Of resi- dents not regis- tered in the Borough	At all ages		Under 1 year	
			Number	Rate				Number	Rate	Number	Rate per 1,000 nett births
1930-1939 Average 10 years	—	2016	1734	12.9	2314	380	72	1962	14.7	126	72
1940	118,400	2092	1542	13.02	2359	510	101	1950	16.47	105	67
1941	116,860	2317	1649	14.11	2376	533	86	1929	16.50	107	64
1942	114,300	2576	1707	14.93	2163	513	65	1715	15.00	110	64
1943	112,300	2885	1845	16.43	2292	542	77	1827	16.27	114	61
1944	112,700	3268	2023	18.03	2168	525	83	1726	15.39	108	53
1945	111,350	2911	1899	17.05	2145	486	71	1730	15.54	96	50
1946	116,240	3420	2132	18.34	2148	525	70	1693	14.56	92	43
1947	117,900	4076	2533	21.48	2213	524	74	1763	14.95	147	58
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
1940-1949 Average 10 years	—	2997	1953	16.82	2231	524	75	1782	15.36	106	55
1950	119,500	2946	1869	15.64	2114	503	107	1718	14.38	66	35
1951	119,450	2913	1939	16.23	2139	453	112	1798	15.05	79	41
1952	119,800	2632	1792	14.96	1973	424	123	1672	13.96	77	43



## COMPARATIVE STATEMENT OF VITAL STATISTICS FOR THE YEAR 1952.

	Birth Rate	Death Rate	Infantile Mortality Rate		Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate (per 1,000 total live and stillbirths).						
			Year 1952	Average Five Years 1947-1951			Sepsis of Pregnancy	Abortion with Toxaemia and other Toxaemias of Pregnancy	Haemorrhage of Pregnancy	Abortion without Sepsis or Toxaemia	Abortion with Sepsis	Other complications of Pregnancy	Total
England & Wales	15.3	11.3	27.6	33	*	*	.09	.23	.09	.04	.07	.20	.72
160 Great Towns	16.9	12.1	31.2	37.6	*	*	*	*	*	*	*	*	*
Birkenhead	18.2	12.6	35	49	.23	.04	...	...	...	...	...	.74	.74
Burnley	14.09	14.25	31	45	.27	.02	...	...	...	...	...	...	...
Bury	14.68	14.20	30	37	.26	.05	...	...	...	...	...	1.13	1.13
Halifax	14.39	14.14	27	34	.17	.02	.69	...	...	...	...	...	.69
Liverpool	20.0	11.4	35	48	.34	.04	...	...	...	...	...	.43	.43
Manchester	17.53	12.16	34	43	.38	.03	.08	.08	.16	.08	.08	.23	.71
Oldham	14.96	13.96	43	44	.29	.07	...	...	...	...	...	1.08	1.08
Preston	16.44	12.19	32	43	.23	.01	...	...	...	...	...	...	...
Rochdale	15.2	14.3	39	47	.29	.05	...	...	...	...	...	.74	.74
Salford	17.57	12.15	35	47	.35	.01	...	.32	.31	...	...	...	.63
St. Helens	17.8	10.4	38	49	.34	.03	...	...	...	...	...	.50	.50
Stockport	14.97	12.62	29	40	.25	.06	...	...	.47	.46	...	.93	1.86
Wallasey	16.50	12.47	33	35	.18	.03	...	...	...	...	...	.58	.58
Wigan	16.10	13.15	41	51	.12	.05	...	...	...	...	...	...	...

\* Not available.

## SECTION II

### HOSPITAL AND SPECIALIST SERVICES

#### MANCHESTER REGIONAL HOSPITAL BOARD

The hospital and specialist services are provided through the Manchester Regional Hospital Board and a full consultant service is now available through the Oldham Hospital Group.

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. All practitioners are fully aware of the facilities available.

Councillor S. T. Marron, J.P., F.C.C.S., Chairman of the Health Committee, is a member of the Board, having been re-appointed by the Minister for a period of three years ending 31st March, 1955.

#### UNITED MANCHESTER HOSPITALS

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

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 re-appointed by the Minister for a period of three years ending 31st March, 1953.

#### OLDHAM AND DISTRICT HOSPITAL MANAGEMENT COMMITTEE.

##### GROUP 11

Councillor S. T. Marron, J.P., F.C.C.S., and Dr. J. T. Chalmers Keddie who had been appointed members of the Committee for the period ended 31st March, 1952, were re-appointed for a period of three years.

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

For the period ending:

31st March, 1953—Councillor A. Hallwood,  
Councillor A. A. Kenyon, J.P.,  
Councillor A. Tweedale.

31st March, 1954—Alderman F. Lord, O.B.E., J.P. (Chairman),  
Councillor G. Halbert.

31st March, 1955—Councillor S. T. Marron, J.P., F.C.C.S.



I am indebted to Mr. F. W. Barnett, Secretary of the Oldham and District Hospital Management Committee, for the details contained in the following report:—

The Oldham and District Hospital Management 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, orthopaedic, paediatric and gynaecological beds, an ante-natal clinic and a large maternity unit. A treatment centre is provided for the diagnosis and treatment of venereal diseases.

There are eight beds available in the hospital for private patients. In the maternity unit there are 16 amenity beds and up to the 31st May patients were charged 6/- per day for a single bedded ward and 3/- per day for beds in other wards. From the 1st June, these charges were increased to 12/- and 6/- per day respectively.

**Boundary Park General Hospital Annexe:** Part of the accommodation at this hospital is used for hospital purposes and provides 372 beds for the chronic sick and 228 beds for psychiatric cases.

A psychiatric Out-Patient Department was opened in September. This was made possible by the adaptation of premises which had been in disuse.

Certain premises considered to be unsuitable for hospital purposes continue to be used by the Welfare Services Committee and provide accommodation under Part III of the National Assistance Act.

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

**Chadderton Hospital:** 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 fourteen beds were in use.

**Woodfield Maternity Home:** This is a general practitioner maternity home with twenty amenity beds. Up to 31st May patients were charged 6/- per day for a single-bedded ward and 3/- per day for beds in other wards. From the 1st June, these charges were increased to 12/- and 6/- per day respectively.

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



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

**The Chest Clinic, Brook Street, Chadderton:** This clinic is situated in Chadderton and is used by patients from the adjacent county areas.

**The Orthopædic 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.

#### **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.

#### **EMERGENCY MATERNITY UNIT**

An Emergency Maternity Unit operates from Boundary Park General Hospital and is available to all general practitioners in the area.

#### **PATHOLOGICAL SERVICES**

The majority of the pathological and bacteriological work of the Public Health Department is undertaken in the laboratories at Boundary 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.

#### **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 were increased in July from 1d. per week for a single person to 2d. per week and from 2d. per week for a married person to 4d. It was thought that when the contributions were increased the membership would decline, but the exact opposite happened and at the end of the year the membership had



increased to 47,000. The contributions entitle the member, his wife, and his or her children up to school-leaving age to receive the benefits of the scheme, but do 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.

During the year the Association provided the following benefits to members resident in the Borough and the adjacent districts:—

Mobile Physiotherapy Service .....	256
Convalescent Home Service .....	261
Sick Room Requisites—articles loaned .....	471
Optical Benefits—claims .....	3,870
Surgical Appliances—grants .....	138
Dental—claims .....	1,106
Domestic Help—refunds .....	20

#### **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

# REPORT AND SURVEY OF THE LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

## GENERAL

### 1. Administration

The Health Committee exercises all the powers and duties of the Council under the National Health Service Acts. The constitution of the Committee provides for the co-option of:—

- 1 medical practitioner of specialist or consultant status,
- 1 medical practitioner engaged in general practice,
- 1 member of the Oldham and District Hospital Management Committee,
- 2 women members.

The Health Committee appoints the following Sub-Committees:—

- (a) Maternity and Child Welfare,
- (b) Ambulance,
- (c) Mental Health (on which two members of the Oldham Council for Mental Health are co-opted),
- (d) Home Nursing (on which three members of the Oldham Nursing Association and one member of the St. John Ambulance Brigade (Oldham Corps) are co-opted).

The Medical Officer of Health is responsible to the Health Committee for the general administration of the service. The Lay Administrative Officer and the Chief Clerk have major administrative responsibility and the following officers are employed as head of their particular service—Ambulance Officer, Domestic Help Organiser, Senior Mental Health Visitor, Superintendent Health Visitor, Supervisor of Midwives, Superintendent of District Nursing.

There is the happiest co-operation at officer level with the adjacent health authorities. Under an agency agreement with the Lancashire County Council Oldham provides ambulance cover for the adjacent County districts. By agreement Oldham also provides ambulance cover for the Saddleworth area of the West Riding County Council, and accommodation is available in the Occupation Centre for the admission of suitable children from this area.

### 2. Co-ordination and Co-operation with other Parts of the National Health Service

There are no special arrangements or committees set up for securing co-ordination between the local health authority, the hospital and the general practitioner services. Co-ordination is provided at committee level by the members of the local health authority who are also members of the Oldham Executive Council or the Oldham and District Hospital



Management Committee. The Medical Officer of Health is also a member of each of these Committees, and of the Oldham Medical Committee. There is the closest co-operation at officer level.

General practitioners are showing an increasing willingness to co-operate and many are learning to appreciate and to use the help that the local health authority services provide.

Practitioners are advised of any special development or new feature of the service through the Oldham Medical Committee or by a circular letter from the Medical Officer of Health.

### 3. Joint Use of Staff

The Senior Assistant Medical Officer of Health and the Senior Dental Officer hold appointments with the Oldham and District Hospital Management Committee. The Senior Assistant Medical Officer of Health has duties at Westhulme Hospital, and the Senior Dental Officer at Boundary Park General Hospital and Strinesdale Sanatorium. These joint appointments provide the highest degree of co-operation.

The following Consultants to the Oldham Hospital Group have been appointed Consultants to the Local Health Authority:—

Mr. N. Appleton—Aural Surgeon.

Mr. A. H. Barber—Obstetrician.

Dr. D. Hilson—Consultant Pædiatrician.

Dr. A. Pool—Consultant Psychiatrist.

Mr. A. H. Barber ceased to be employed by the Manchester Regional Hospital Board in April.

Dr. H. S. Bagshaw, Chest Physician, has duties in connection with Care and After-Care, and the services of Dr. G. S. Robertson, Consultant in Mental Deficiency, are available through the Manchester Regional Hospital Board.

One health visitor has duties in the Venereal Diseases Clinic and the tuberculosis health visitor assists at the Chest Clinic sessions.

The Mental Health Visitors and the Psychologist undertake duties at the Psychiatric Unit and in the Psychiatric Out Patient Department at Boundary Park General Hospital Annexe.

### 4. Voluntary Organisations

There are a number of voluntary bodies in the Borough covering a wide range of services, and their advice and help is sought in problems relating to their particular sphere. This help, which has always been freely given, is much appreciated.

In the following two cases formal arrangements have been agreed:—

**The St. John Ambulance Brigade (Oldham Corps).**—The Brigade operates the major part of the Local Health Authority scheme for the provision of nursing requisites.

**The Oldham Council for Moral Welfare.**—An annual grant of £100 is made to this body for which the services of the Social Worker are made available.



The Council, with the approval of the Minister, makes the following annual grants to National bodies :—

	£	s.	d.
The Royal Society for the Prevention of Accidents .....	2	2	0
National Council for the Unmarried Mother and Her Child	10	10	0
National Association for Maternity and Child Welfare ...	2	2	0
National Baby Welfare Council .....	2	2	0
Central Council for Health Education .....	40	0	0
The National Society of Children's Nurseries .....	3	3	0
The Invalid Children's Aid Association .....	3	3	0
National Association for Mental Health .....	25	0	0
National Association for the Prevention of Tuberculosis ...	5	5	0

## SERVICES

### Health Centres

No proposals for the provision of Health Centres have been submitted to the Minister. There has been considerable discussion and consultation with the various professional bodies but no definite steps have been taken to secure sites. As the new housing estates are now being rapidly developed, it is anticipated that in the next financial year definite proposals will be formulated for the siting of Health Centres to serve these areas and for the provision of at least one Health Centre.

### Care of Mothers and Young Children

There has been no major change in this service. The Dental Service has been maintained and there is closer and improved supervision of the unmarried mother. There is an urgent need for new clinic and infant welfare centre premises, but many of these may have to await the development of Health Centre provision. The provision of day nursery accommodation will require review in the light of the rising cost of this service due largely to wage awards to the staff which are quite fantastic.

### Midwives

This service has borne the heat and burden of the day, and especially the toil of the night. Increasing demands have been and continue to be made on the staff. In recent years the percentage of domiciliary confinements as compared with hospital confinements has shown a slight increase. The service has been further developed by the special provision for the premature infant, and the extension of the attendance of the midwife for one month after the confinement instead of the recognised fourteen days. This is a pioneer venture but there can be no argument against the advantages and benefits to be gained by the mother.

### Health Visiting

The responsibilities of the health visitor have increased and there has been co-ordination of her duties as school nurse. She plays a large part in the successful immunisation of pre-school children, and she is often the first person to bring to notice the young handicapped child. She now undertakes the visiting of the aged, and her province is the whole family. All these and her other responsibilities have been undertaken with great difficulty especially during the past year owing to shortage and changes in staff. Many would like this field to be extended so as to assist more closely the general practitioner and the hospital staffs. These are worthy fields



for her, but they can only be visions till adequate staff is available for the existing tasks that lie ahead.

### **Home Nursing**

This service was previously provided by the Oldham Nursing Association, and on the "appointed day," by agreement, the staff were transferred to the local authority. This enabled the new service to function without any break with the past, and no new problems arose. This service is expanding yearly and more staff will be required. The main problem is to maintain a sufficient number of staff with district training, and unless some action is taken centrally to meet this need, those in charge of the service, for whom such training is essential, will not be forthcoming.

### **Vaccination and Immunisation**

Diphtheria and Whooping Cough immunisation continue to be well maintained and an increasing number of children are receiving this protection from their own family doctor. The family doctor is competent to immunise his young patients, but it is clearly the responsibility of the Medical Officer of Health to see that the child population in his area is highly immunised and retains this protection. He must constantly stress the importance of immunisation and the need for reinforcing injections to maintain immunity and, therefore, must make comprehensive arrangements for the immunisation of infants and schoolchildren. For these reasons, reinforcing injections are more conveniently undertaken by the medical staff of the department.

The number of infants receiving primary vaccination has increased during the last three years, but this is still too low. The weekly session at the Health Office serves a useful purpose but owing to staffing difficulties and lack of accommodation it is not possible to arrange additional sessions. This service can most usefully be performed by the family practitioner, who should be encouraged to accept this responsibility.

### **Ambulance**

The statistics in the body of the report show a continued increase in the amount of work undertaken, and each year, as regards Oldham cases, the mileage run has increased. It is to be regretted that in the new year (1953) the connection with the adjacent districts of the Lancashire County Council will be severed. Oldham has provided the ambulance service for these areas since 1922, but in October a communication was received from the Clerk of the County Council stating that the County Council would soon be in a position to provide their own service, and that the agency arrangements which have operated since the 5th July, 1948, would be terminated.

A joint service covering Oldham and the adjacent districts must be more economic and efficient than two separate services, and as far as Oldham is concerned an increase in cost estimated at £10,000 per annum, will result. As regards the hospitals in the Borough, muddle and fuddle is bound to occur as they will have to deal with different and separate administrations. In these times of financial stress and the need for efficient control of expenditure in the National Health Service, the Central Authority is not entirely free from blame for approving this change which the Oldham authority has consistently opposed.



### **Prevention of Illness, Care and After-Care**

Since the "appointed day" B.C.G. Vaccination has been introduced, and regular mass radiography examination has been made compulsory for staffs employed in the care of children. Entrants to the teaching profession and newly engaged teachers also undergo this X-ray examination.

The arrangements for the provision of nursing requisites through the Medical Comforts Depot of the Oldham Corps of the St. John Ambulance Brigade has proved most useful and economic. This service enables patients to remain at home who might otherwise be admitted to hospital and occupy an urgently needed bed. The loan of wheel-chairs to non-ambulant mental defectives has been much appreciated by the parents and the loan of walking-frames to certain of these cases is proving a valuable adjunct in their rehabilitation.

### **Domestic Help**

This service has expanded considerably and the main provision is for aged persons, the majority of whom are living alone. The provision of a domestic help in many of these cases undoubtedly prevents them becoming a responsibility of the Welfare Services Committee and requiring admission to Part III Accommodation. The night attendant service has proved of inestimable value and has enabled patients who do not wish to spend their last hours in hospital, to remain at home.

### **Mental Health**

In the period under review, this service has been transformed. Prior to the "appointed day" the Health Committee had no responsibility for the care of the mental defective or the mentally sick. A comprehensive service is now provided with consultant advice available and complete co-operation with the local hospital and the mental deficiency hospitals serving the area. During the past year approval was given to the appointment of a Psychologist to the staff of the Mental Health Service. This appointment has proved of the greatest value.

## **HEALTH CENTRES**

### **(Section 21)**

Under Section 21 of the National Health Service Act, 1946, 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 organization 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.

No formal proposals have been submitted to the Minister with regard to Health Centres.

In December, 1949, the Health Committee appointed a Special Committee to advise on all matters in connection with Health Centres. This 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).

In November, 1950, in order that the views of the medical profession could be fully represented, the Health Committee agreed to a request from the Oldham Medical Committee that two additional representatives nominated by that Committee be invited to attend meetings of the Health Centres' Committee in an advisory capacity only, and without power to vote.

This constitution has remained unchanged.

In 1951 the Special Committee recommended that a large Health Centre should be provided in the centre of the town on the West Street site, adjacent to the proposed new Public Health Offices. The Oldham Medical Committee agreed this proposal, such a Centre to serve only the central area of the town.

The Oldham Dental Committee approved of the centralising of Dental Clinic services.

The Oldham Pharmaceutical Committee expressed the view that there was no necessity for fully equipped dispensaries in Health Centres.

The Health Committee have approved in principle the proposal for a large Health Centre on the West Street site.

During the year the professional bodies submitted the following views and suggestions as to the location of Health Centres in other parts of the town and the accommodation they considered necessary:—

The Oldham Medical Committee suggested that Sub Health Centres should be provided in the Fitton Hill area; in the Limeside and Hollinwood area, and in the Abbeyhills area, to serve the Holt, Alt and Abbeyhills districts. The provision of Health Centres in the remaining part of the Borough had not been considered in detail, but it was suggested that the Watersheddings and Waterhead area and the Lees Road area would each require a Health Centre.



The Oldham Dental Committee expressed the view that the provision of facilities for dental treatment, other than at the proposed Centre on the West Street site, was not considered necessary.

The Oldham Pharmaceutical Committee re-affirmed its previous decision that the distribution of Chemists' shops is such that a patient in any part of the town is able to obtain medicines and appliances without effort. Provision is made for urgent prescriptions after normal hours. In view of this there is no necessity for fully-equipped dispensaries in Health Centres.

The Oldham Optical Committee suggested that in addition to the provision of Centres on the West Street site and at Limeside, one might be provided between Lees Road and Huddersfield Road.

At the end of the year no decision had been reached with regard to the suggested sites for these or other Health Centres.

## CARE OF MOTHERS AND YOUNG CHILDREN

### (Section 22)

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

Ante-Natal Clinics are held at the Central Clinic, 29, Queen Street 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.

Expectant mothers are advised on all aspects of ante-natal and post-natal care and lectures and talks are arranged by the Supervisor of Midwives. 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 weekly on Thursday mornings, attendance being by appointment. The Consultant Obstetrician, Mr. A. H. Barber, attends the clinic on alternate Wednesday mornings to see cases referred for specialist advice or treatment from the ante-natal and post-natal clinics.

By arrangement with the Principal of the Women's Institute, which is under the control of the Education Committee, a sewing teacher attends the booking session each week to instruct mothers in the making and repairing of children's clothing.

The following table gives details of the sessions held and attendances made at the clinics:—

	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	1162	5339
Post-Natal Clinics	1	4	221	242



### **Relaxation Exercises**

A special class in association with the ante-natal clinic is held weekly each Wednesday evening. A fully qualified physiotherapist attends each class.

### **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 at 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.

Mr. Fenton, the Senior Dental Officer, with the full approval of the Education Committee, holds an appointment under the Manchester Regional Hospital Board as Visiting Dental Officer to the Oldham and District Hospital Management Committee and attends the Boundary Park General Hospital for three sessions per week, where he is able to treat mothers and young children requiring hospital facilities. This provides the closest link between the preventive and curative services and is of the greatest benefit to the patient, the local health authority and the hospital.

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

### **Expectant and Nursing Mothers**

"The dental service provided for expectant and nursing mothers has been maintained as in the previous year and the staffing position has allowed for the provision of a fully comprehensive service. It has been possible to carry out all the treatment required for those patients who have accepted the offer of treatment. It should be appreciated, however, that many of the expectant mothers who are inspected at the clinics do not receive the dental treatment they require. This is often caused by the patients stating they will arrange for treatment with a dental practitioner of their own choice and then failing to do so.

**Inspection.**—During the year 1,115 patients received a dental inspection and 666 were found to require treatment. Many of the patients not requiring treatment were edentulous and wearing full dentures. These inspections were carried out at the ante-natal clinics held at Boundary Park General



Hospital and Queen Street. A dental officer visits these clinics weekly and the visit coincides with the day on which new patients attend for booking. Some difficulty was encountered at the hospital where patients now book on two separate days in the week, but this has been overcome by inviting patients to attend the following week on the day the dental officer is present.

Where treatment is necessary, this is offered to the patients unless they state a preference to attend a dental practitioner of their own choice. Many patients are unaware that they are entitled to free dental treatment through the General Dental Practitioner Service, although such treatment does not include the supply of free dentures. Dentures are only supplied free if treatment is given through the dental service of the local health authority.

Some of the younger patients have received conservation treatment and attend a dental practitioner at regular intervals. Generally speaking, however, the majority of patients are apathetic towards this type of treatment. It is disappointing to discover fillings which were carried out by the School Dental Service, where the patient has failed to continue with regular inspection and treatment after leaving school. This cannot be entirely on the grounds of financial hardship, since young people under the age of 21 years are entitled to free inspection and treatment through the General Dental Practitioner Service.

**Treatment.**—During the year 236 patients commenced a course of dental treatment and 211 were made dentally fit. The majority of broken appointments are by patients commencing a course of conservation treatment. Dental education is sadly lacking and this will have to be corrected before these patients fully appreciate the benefit of retaining their natural teeth in a healthy condition for as long a period as possible.

The number of patients requiring total extractions has decreased, but 93 dentures were supplied free of charge to 64 patients. The institution of a charge for dentures supplied under the General Dental Practitioner Service does not appear to have appreciably increased the demand for dentures supplied under the local health authority service.

Use has been made of the X-ray unit installed at Cannon Street Dental Clinic and 27 films were taken.

A general anaesthetic was administered on 21 occasions when teeth were extracted. The services of Dr. G. Mason-Walshaw, the anaesthetist employed by the School Health Service, are utilised when required. The employment of a highly competent and experienced anaesthetist is essential in this work.

The services of Mr. W. C. Mellor, F.D.S., R.C.S., Consulting Dental Surgeon to the Oldham Hospital Group, are available if required. During the year 2 cases were referred for his opinion.

#### **Pre-School Children**

During the year 268 children were brought for examination compared with 254 in the previous year.

The majority of these children were referred to the clinics from the infant welfare centres. Unfortunately many of the children were complaining of toothache and this necessitated the extraction of teeth.



The number of temporary teeth extracted was 722 and 269 general anaesthetics were administered. In the case of very young children who require a general anaesthetic, it is usual to refer them to Boundary Park General Hospital for treatment. As the Senior Dental Officer holds an appointment as Visiting Dental Officer at the Hospital, he is able to arrange and carry out the necessary treatment.

The following figures indicate the ages of the 268 children examined during the year:—

Under 1 year	1 year	2 years	3 years	4 years	5 years
1	5	24	100	135	3

Details of the work undertaken for expectant and nursing mothers and pre-school children are shown in the following tables:—

	Expectant and Nursing Mothers	Children under Five Yrs.
<b>(a) Provided With Dental Care</b>		
Examined .....	1115	268
Needing Treatment .....	666	254
Treated .....	236	250
Made Dentally Fit .....	211	244
<b>(b) Dental Treatment Provided</b>		
Extractions .....	432	722
Anaesthetics:		
Local .....	162	21
General .....	21	269
Fillings .....	123	65
Scalings or scaling and gum treatment ...	79	—
Silver Nitrate Treatment .....	1	26
Dressings .....	29	27
Radiographs .....	27	1
Dentures Provided:		
Complete .....	60	—
Partial .....	33	— "

#### Care of Premature Infants

All infants weighing 5½lbs. or less at birth are regarded as premature babies irrespective 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.

One district midwife specially trained and experienced was employed whole time on the nursing care of premature babies. Where possible this midwife is in attendance at the confinement and continues in attendance until the baby weighs 6lbs., or the mother is able to care for the baby herself without supervision. She also attends all premature babies discharged from Boundary Park General Hospital and the Woodfield Maternity Home daily or more frequently if required.



There were 145 notifications received of births regarded as premature relating to Oldham residents (including transferred notifications) during the year:—

Born at home .....	48
Born in nursing homes or maternity homes .....	6
Born in hospitals .....	91

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

Birth Weight	Births at home						
	Prema- ture still- births	Premature live births					Trans- ferred to hospital
		Nursed entirely at home					
		Died in First 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- vived 28 days	Total	
2lbs. 3ozs. or less .....	3	—	2	—	—	2	—
Over 2lbs. 3ozs. up to & inc. 3lbs. 4ozs. ..	3	1	2	—	—	3	1
Over 3lbs. 4ozs. up to & inc. 4lbs. 6ozs. ..	1	1	—	—	6	7	—
Over 4lbs. 6ozs. up to & inc. 4lbs. 15ozs. ..	—	—	—	—	11	11	—
Over 4lbs. 15ozs. up to & inc. 5lbs. 8ozs. ..	2	1	—	—	23	24	—
Totals ....	9	3	4	—	40	47	1

#### Care of Unmarried Mothers and their Children

No Mother and Baby Home is provided, but full use is made of the services available through voluntary organisations and an annual grant of £100 is made to the Oldham Council for Moral Welfare, for which the services of their social worker are available.

Cases are referred to the social worker for investigation. She advises the expectant mother on the social aspects of her problem and arranges admission to a suitable home or hostel where necessary. In certain cases where it has not been possible for her to make this provision through the homes available to her, the Department has made every endeavour to obtain suitable accommodation.

Under these arrangements provision was made for the accommodation of eight cases and the full cost was met by the Health Committee, the following homes being used:—

Parkinson House, Preston.  
St. Monica's Home, Liverpool.



Liverpool Catholic Children's Protection  
Society Home, Liverpool.  
Wyther Hostel, Leeds.  
Huddersfield Mission Home.  
Council for Moral Welfare Refuge, Lancaster.  
The Grange, Wilpshire, near Blackburn.  
Ennismore Home, Eccles.

Two cases received ante-natal and post-natal care, one at Parkinson House, Preston and the other at the Huddersfield Mission Home. Both of these cases were confined in a hospital in the area of the Home.

One case was admitted to the Liverpool Catholic Children's Protection Society Home for ante-natal and post-natal care. She was confined in a hospital in the area of the Home but was later transferred to Ennismore Home, Eccles, for further post-natal care.

Three cases received ante-natal care in voluntary homes, but subsequently returned home after a short stay. They were later admitted to Boundary Park General Hospital for confinement.

One case, who had made no arrangements for confinement, was admitted to Boundary Park General Hospital in emergency where she was confined. She was later transferred to the Wyther Hostel, Leeds, for post-natal care.

One case was admitted to the St. Monica's Home, Liverpool, for ante-natal care, but had not been confined at the end of the year.

#### 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. A doctor is in attendance at each of these centres. Details of the Centres are as follows:—

Centre		Days	Times
Central	Queen Street	Tuesday	9.30 a.m.
Central	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	Tuesday	2.0 p.m.
Scottfield	off Ashton Road	Tuesday	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.

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.

Clinic assistants are employed at the centres in connection with the sale of foods and to assist in the keeping of records, etc.



### Attendances at Infant Welfare Centres during 1952

Centre	No. of Sessions	No. of Children who attended Centres	New Cases		Total Attendances	
			0-1	1-5	0-1	1-5
Queen Street .....	98	582	274	28	4303	832
Brunswick .....	53	304	154	12	2671	443
Millgate .....	51	399	185	53	2505	553
Beulah .....	49	154	62	41	996	334
Scottfield .....	51	267	124	14	1972	317
St. Ambrose .....	50	272	128	10	2166	354
St. Barnabas .....	50	360	157	29	2563	783
Pitt St. East .....	53	344	159	11	2482	486

### Co-operation with Voluntary Organisations

With the exception of the Oldham Council for Moral Welfare, no duties have been delegated to other voluntary organisations. The Maternity and Child Welfare Sub-Committee made grants during the financial year 1952/53 in support of the general work which the following organisations undertake in the care of the mother and her child:—

	£	s.	d.
The Royal Society for the Prevention of Accidents .....	2	2	0
National Council of the Unmarried Mother and her Child .....	10	10	0
Oldham Council for Moral Welfare .....	100	0	0
National Association for Maternity and Child Welfare .....	2	2	0
National Baby Welfare Council .....	2	2	0
Central Council for Health Education .....	20	0	0
The National Society of Children's Nurseries .....	3	3	0
The Invalid Children's Aid Association .....	3	3	0

### DAY NURSERIES

#### Municipal Day Nurseries

On the 1st January, Westhill, Overens Street, Horsedge, Tate Street, Honeywell Lane and Haven Lane Nurseries were providing accommodation for 256 children.

The provision of additional nurseries in the post-war years was primarily to assist the labour recruitment drive of the cotton industry to reach and if possible exceed their export target and mothers working in the cotton industry received priority admission after those mothers who proved they had an urgent social need. A high proportion of places in the nurseries was occupied by the children of these parents and the trade recession in the industry had a marked effect on the nursery attendances as many mothers worked short time or were "played off" for a whole week or longer. These children were not removed from the register unless the mother ceased to be employed, but from March, owing to the large waiting list, other mothers engaged in full time employment received equal consideration as vacancies became available.

The attendances made by children during the year totalled 42,910 which compares with 46,910 for the previous year.



The Overens Street Day Nursery premises which had been presented to the Corporation as a gift in the previous year, were legally transferred in June.

In October, following repeated requests by the owners for the purchase or derequisition of the premises, the Maternity and Child Welfare Sub-Committee resolved that the Westhill Day Nursery be closed as soon as possible. These premises were requisitioned for use as a war time day nursery and after adaptation were opened as such in May, 1942. The building was far below modern standards and would have required considerable alterations involving heavy capital expenditure to bring it up to the necessary standards.

Following the decision to close the nursery no new admissions were allowed and as vacancies occurred transfers to other nurseries were offered to the mothers. At the end of the year 10 children still remained on the register, but in the new year this number was further reduced and the nursery closed on the 15th January, 1953.

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

Nursery	Age Groups			Total Places.
	0-1	1-2	2-5	
Westhill .....	5	15	25	45
Horsedge .....	8	15	25	48
Overens Street .....	4	8	25	37
Tate Street .....	—	13	21	34
Honeywell Lane .....	8	17	21	46
Haven Lane .....	8	17	21	46
Totals .....	33	85	138	256

During the year the charges for children attending the nurseries were under review. These charges, 2/3 per day, Monday to Friday, and 1/6 for Saturday morning, were adopted in 1950 following the receipt of Ministry of Health Circular 26/50. As a result of the additional expenditure resulting from a Whitley Council award for nursery staffs and other increasing costs, the Health Committee in December resolved that in view of the urgency the charges be increased to 5/- per day and 2/6 for Saturday morning as from the 1st January, 1953. These charges may be reduced in cases of hardship and appeals against the full charge are dealt with by the Appeals Section of the Maternity and Child Welfare Sub-Committee.

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

By arrangement with the Oldham and District Hospital Management Committee the Westhill Nursery had been approved by the General Nursing Council for the training of pupils entering the Group Enrolled Assistant Nurses Training Scheme. The first pupils were received in May and at the end of the year 5 pupils had each completed eight weeks practical training in the care of young children. Following the decision to close the nursery, the Oldham and District Hospital Management Committee expressed their thanks and appreciation for the facilities provided.



## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

### Industrial Day Nurseries

On the 1st January, 13 nurseries were registered under this Act for children aged 0-5 years and provided a total accommodation of 543 places comprised as follows:—

Age 0-1 years .....	46 places.
Age 1-2 years .....	181 places.
Age 2-5 years .....	316 places.

In addition, one nursery was registered for the accommodation of not more than 35 children aged 5-10 years during the school holidays only.

Details of these nurseries have been given in previous reports.

No plans for new nurseries were submitted or approved during the year. Following an application by the Werneth Spinning Co. Ltd. in November (1951) for the registration of premises at the All Saints School, Chadderton Road, for the accommodation of children (over 5 years of age) during school holidays, an Order was made in January imposing the usual requirements and limiting the number of children to 45.

The textile recession which resulted in some unemployment among cotton operatives had its effect upon the industrial day nurseries and the policy of the managements varied. During the first half of the year the nurseries were not fully used, but none was closed as firms were reluctant to alter a policy which had been so recently forced upon them. Later in the year three nurseries were closed permanently and one temporarily. Three firms requested approval for an alteration in their accommodation so as to receive more children aged 2-5 years and fewer aged 1-2 years. This was readily agreed and only minor alterations were required in the nurseries. Owing to fewer children being received in the nurseries and the amount of short time there was a tendency for staff to be reduced and not replaced when a vacancy occurred.

The following nurseries were closed during the year:—

Name of Nursery	Age Groups			Total Places	Date Closed
	0-1	1-2	2-5		
Central Mill .....	6	9	12	27	24th October, 1952
Coldhurst Hall .....	—	—	30	30	31st October, 1952
Orme Mill (L.C.C.) .....	—	17	24	41	31st October, 1952
	—	—	—	—	
Total .....	6	26	66	98	
	—	—	—	—	

In the following nurseries minor adaptations were effected and accommodation was approved to provide for more children aged 2-5 years to be received.

Name of Nursery	Previous Registration				Amended Registration			
	Age Groups				Age Groups			
	0-1	1-2	2-5	Total	0-1	1-2	2-5	Total
Werneth Spinning Co. ..	10	15	24	49	—	15	42	57
Oakbank .....	—	15	42	57	—	—	48	48
Hartford House .....	—	34	34	68	—	10	58	68



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

Name of Nursery	Age Groups			Total Places
	0-1	1-2	2-5	
* Derker Mill .....	7	14	25	46
* Hartford House .....	—	10	58	68
* Heathbank .....	6	14	30	50
Iris Mill .....	12	16	19	47
Oldham Twist .....	—	13	19	32
* Oakbank .....	—	—	48	48
Royd Mill .....	—	15	25	40
* Werneth Spg. Co. Ltd.	—	15	42	57
Willow Bank .....	—	12	19	31
Borough Spinning Co. ...	5	7	13	25
Totals .....	30	116	298	444

Greenbank Nursery -- Children aged 5—10 years — 35

All Saints School -- Children over 5 years of age — 45

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

The Willow Bank Nursery closed temporarily in May and had not reopened at the end of the year, although the management intend to reopen the nursery when trade circumstances permit.

Close co-operation exists between the 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 only one nursery does the management have their own practitioner attending for the medical care of the children.

#### Child Minders

No child minder is registered under the Act.

During the year only one person applied for registration and this was refused.

- (1) The applicant was an Italian, speaking very little English and day minding 3 children under the age of five years. Registration was refused on account of the age of the applicant and her imperfect English. The premises were also considered unsuitable.



## MIDWIVES SERVICE

### (Section 23)

At the beginning of the year, in addition to the Supervisor of Midwives, fourteen midwives were employed and two midwives were on leave of absence granted in the previous year. During the year, one midwife was granted leave of absence, six midwives left the service and four midwives were appointed and commenced duties. The following were employed at the end of the year:—

- 1 Non-Medical Supervisor.
- 1 Senior Assistant Superintendent.
- 1 Assistant Superintendent.
- 10 District Midwives.
- 11 Pupil Midwives.

A part-time nurse was engaged on duties in connection with hospital discharges after the tenth day and other special visits. She undertook no deliveries and accepted no bookings. One district midwife, specially trained and experienced, undertook full-time duties in connection with the nursing of premature babies.

The Oldham District Midwifery Service is approved by the Central Midwives Board as a Part II Training School. During the year sixteen pupils were accepted for training and a former pupil for a refresher course of three months. Twelve pupils sat the Part II Examination of the Central Midwives Board and all were successful. An Australian midwife was also accepted for a three months refresher course in district midwifery to fulfil the requirements of the Central Midwives Board.

The Maternity and Child Welfare Sub-Committee have approved the award of prizes to the best pupil midwives. An examination consisting of a written paper, viva voce and practical, is carried out each six months and prizes are awarded on the results of this examination which is conducted by members of the staff.

### Attendance after Confinement

The recommendation contained in the Report of the Working Party on Midwives (H.M.S.O. 1949)—“The midwife should attend the mother and baby for one month after confinement”—was adopted by the Maternity and Child Welfare Sub-Committee in November (1951) and has operated since the 1st January.

The midwife usually visits three times in the third week and two or three times in the fourth week according to requirements, the last visit usually being on the 28th day. If difficulty is being experienced in the feeding, or the baby is not well, visiting may continue beyond the 28th day.

It has only been possible to apply this recommendation to cases booked and delivered by municipal midwives but it is felt that the following advantages apply:—



- (1) The number of mothers breast feeding babies has definitely increased. At the post-natal clinic it has been found that approximately ninety per cent. of the mothers attending are breast feeding their babies.
- (2) The percentage of mothers attending the post-natal clinic has also increased.
- (3) The extended supervision by the midwife in the home has made the mother more self-reliant and confident of her ability to cope with the management of the new baby.
- (4) The fact that the midwife is able to advise the mother of the day and approximate time of each successive visit is much appreciated and ensures qualified assistance and advice being readily available during the early days of her commencement of the care of the infant. Particularly is this so in the case of first born babies where the mother has little or no qualified advice available in her family circle. The mothers themselves have co-operated fully and to avoid inconvenience to the midwife will advise her if they will not be available for her next visit.

On the day of the last visit the midwife completes a neo-natal record form giving full particulars of the case, i.e., name, address, age, date of confinement, labour and puerperium, birth weight and condition at birth, any abnormalities, method of feeding and if baby is still breast fed on the fourteenth day. She also states the condition of the mother and baby on discharge and the weight of the baby. This form is made available to the health visitor concerned before her first visit. In this way the health visitor is equipped with full knowledge of each case.

#### **Gas and Air Analgesia**

All the midwives employed during the year were qualified to administer gas and air analgesia. Provision is made for training in the use of approved methods of analgesia of any domiciliary midwife entering the service who is not already so trained. There are fourteen sets of apparatus provided and the necessary transport is available through the Ambulance Service.

During the year 797 cases were delivered and of these 700 (87.83 per cent) received gas and air analgesia. The remaining 97 cases did not receive gas and air analgesia for the following reasons:—

Patient refused .....	2
Medical reasons .....	16
B.B.A. or delay in summoning a midwife .....	54
Doctor booked, trilene or other anæsthetics given ...	7
Doctor booked, not booked for gas and air .....	10
Emergency cases (not booked) .....	8

#### **Transport**

Transport is provided by the Ambulance Service from 5.30 p.m. to 8.30 a.m. and at week-ends. 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 district and in emergency. This car is also available for transporting gas and air equipment. At all other times the midwives use public service vehicles.

Municipal midwives are included as "casual users" in the Scheme of Motor Car Allowances of the Corporation.

### Midwives' Accommodation

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

#### 1. Private houses—

Owned by local health authority ..... 2

Rented by local health authority :

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

(ii) from Corporation Housing Dept. .... 2

— 3

2. Midwives Homes ..... 2

These provide accommodation for 11 midwives or pupil midwives.

### Post-Certificate Instruction

One district midwife, who is an approved teacher of pupil midwives, attended a course for midwives engaged in teaching arranged by the Royal College of Midwives and held in London from the 19th March to 1st April.

Dr. A. Pool, Consultant Psychiatrist, gave a series of six lectures at the Central Clinic, 29, Queen Street, to midwives, pupil midwives and other nurses employed in the Public Health Service. Midwives from adjacent areas were invited to attend these lectures.

### Hospital Discharges

Arrangements exist for all maternity patients discharged from Boundary Park General Hospital and the Woodfield Maternity Home to be notified to the appropriate local health authority. In the case of Oldham residents, the name, address and date of discharge is notified to the Supervisor of Midwives by telephone prior to an agreed discharge form being received.

### Summary of Work Undertaken by the Municipal Midwives during the Year

#### Confinements :

Number of cases booked ..... 919

Number of confinements attended ..... 797

Number of cases receiving analgesia ... 700

#### Visits :

Ante-natal cases ..... 3,021

During lying-in period ..... 18,016

Post-natal ..... 80

Hospital discharges ..... 2,124



During the year 1,775 live births and 56 stillbirths relating to Oldham residents were notified. Of these 1,022 (55.82 per cent) occurred in institutions and 809 (44.18 per cent) were domiciliary confinements. Of the latter 806 (99.63 per cent) were attended by municipal midwives and 3 (.37 per cent) by midwives in private practice.

During the year 116 cases were referred by the Almoner of Boundary Park General Hospital for investigation into home conditions to ascertain if these were suitable or otherwise for domiciliary confinement. In 72 cases the conditions were considered to be suitable and the patients subsequently booked for domiciliary confinement.

### Summary of Statistics for the Five Years 1948-1952

#### Training of Pupil Midwives

In August 1948 the Central Midwives Board approved the Oldham District Midwifery Service as a Part II Training School. The whole of the six months period of training is spent on district midwifery. The first pupil was accepted on the 1st September, 1948 and from this date to the end of December 1952, 55 pupils were accepted for training; of these 44 completed the course and entered for the Part II examination of the Central Midwives Board. Only 2 pupils failed to satisfy the examiners, and of the 42 who qualified, 6 were later appointed municipal midwives.

The following table gives births notified and attended by midwives in institutions, municipal midwives and midwives engaged in private practice, together with the comparative percentages of these births:—

#### Notified Births (Live and Stillbirths).

	1948	1949	1950	1951	1952
Institutional .....	1448	1144	1207	1154	1022
Domiciliary:					
(i) Municipal Midwives .....	779	810	649	740	806
(ii) Midwives in Private Practice .....	72	54	36	25	3
Total:	2299	2008	1892	1919	1831

#### Percentage of Total Births.

(a) Institutional .....	62.99	56.97	63.80	60.14	55.82
(b) Domiciliary:					
(i) Municipal Midwives ...	33.88	40.34	34.30	38.56	44.02
(ii) Midwives in Private Practice .....	3.13	2.69	1.90	1.30	.16



## MIDWIVES ACT, 1951

## Supervision of Midwives

During the year 59 midwives notified their intention to practise compared with 63 in 1951. Of these, 18 were municipal midwives, 1 a midwife in private practice, 32 midwives in Boundary Park General Hospital and 8 midwives in Woodfield Maternity Home.

**Number of Maternity Cases in the Area of the Local Supervising  
Authority Attended by Midwives During the Year**

	Domiciliary Cases		* Cases in Institutions		Total	
	As Midwife (1)	* As Maternity Nurse (2)	As Midwife (3)	As Maternity Nurse (4)	As Midwife (5)	As Maternity Nurse (6)
Midwives employed by local health authority ... ..	758	39	—	—	758	39
Midwives employed by Oldham and District Hospital Management Committee ... ..	—	—	1375	548	1375	548
Midwives in private practice ... ..	—	3	—	—	—	3
Totals ... ..	758	42	1375	548	2133	590

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

Number of cases included in columns (3) or (4) and excluded from columns (1) or (2) attended after discharge from the hospital or institution and before the fourteenth day ..... 727



### Medical Aid under Section 14 (1) of the Midwives Act, 1951

There were 190 medical aid forms sent in by domiciliary midwives as compared with 209 in 1951. The conditions for which medical aid was sought were as follows:—

Conditions in Mother		Conditions in Child	
Ante-Partum Hæmorrhage ...	4	Congenital Deformity .....	1
Abortion or threatened abortion	2	Coryza .....	2
B.B.A. ....	1	Cyanosis .....	4
Breast Condition .....	6	Feebleness or Prematurity .....	9
Cystitis .....	1	Hæmatemesis .....	1
Delayed Labour: Second Stage	4	Icterus .....	1
Fœtal Distress .....	1	Inflammation of, or discharge	
Hæmorrhoids .....	1	from the eyes .....	55
Heart Condition .....	1	Septic Conditions .....	3
Hypertension .....	3	Stillbirth .....	3
Malpresentation .....	3	Other Conditions .....	7
Œdema .....	1		
Placenta Praevia .....	1		
Prolapsed Cord .....	1		
Post-Partum Hæmorrhage ...	4		
Pyrexia .....	12		
Retained Placenta .....	4		
Ruptured Perineum .....	46		
Sub-involution .....	1		
Toxæmia .....	1		
Varicose Veins .....	1		
Other Conditions .....	8		
	<hr/>		<hr/>
	107		86
	<hr/>		<hr/>

### Emergency Maternity Unit

During the year the Emergency Maternity Unit operating from the Boundary Park General Hospital was called out to two domiciliary cases attended by municipal midwives for the following emergencies:—

Port-partum hæmorrhage .....	2
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### HEALTH VISITING SERVICE

#### (Section 24)

There has been no material change in the service during the year. The statistical return summarises the work undertaken by the health visitors.

There is complete co-ordination with the School Health Service, all health visitors being appointed school nurses and the Superintendent Health Visitor being Superintendent School Nurse.

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



One health visitor is appointed to the staff of the Venereal Diseases Clinic of the Oldham and District Hospital Management Committee and attends one evening clinic per week. This arrangement provides close co-operation between the curative and preventive services. The Management Committee remunerate this officer for her services while employed at the clinic but home visits in connection with social and other problems are regarded as the responsibility of the Health Visiting Service.

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 and the Industrial Day Nurseries. 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 beginning of the year the staff consisted of—

- 1 Superintendent Health Visitor.
- 1 Senior Health Visitor.
- 10 Health Visitors.

During the year five health visitors resigned but only two health visitors joined the staff, both being student health visitors who obtained their certificates in June. Two other appointments were made, one a student health visitor who obtained her certificate in June, but could not commence duties owing to domestic reasons and the other, a health visitor from another authority was appointed Senior Health Visitor. Both commenced duties in the New Year. In August the Superintendent Health Visitor, Mrs. C. Houghton, ceased duties, having tendered her resignation owing to ill-health. Miss F. Collins, S.R.N., S.C.M., H.V., was appointed to succeed her and commenced duty in October. Miss C. Williamson, S.R.N., S.C.M., H.V., who had held the post of Senior Health Visitor, was appointed Deputy Superintendent Health Visitor from 1st October.

At the end of the year, in addition to the Superintendent Health Visitor, the Deputy Superintendent Health Visitor and the health visitor engaged on tuberculosis duties, six health visitors devoting 2/11ths of their time to the School Health Service, were employed and one health visitor employed on full-time duties in the School Health Service was available for occasional and emergency duties.

Owing to the shortage of health visitors it was necessary to engage two part-time clinic nurses and one part-time health visitor to undertake duties in the infant welfare centres.

The employment of student health visitors has been continued and the following are the conditions of appointment:—

During training, three-quarters of the present minimum salary of a qualified health visitor.

On qualifying, the minimum of the health visitor's scale.

Period of service under contract—2½ years from commencement of training.



No uniform or uniform allowance to be provided by the local authority during training.

The local authority to pay lecture fees and travelling expenses.

Students to pay their own examination fees.

One student health visitor was appointed and commenced training at the Manchester College of Technology in September. Prior to commencing training she was employed as temporary public health nurse.

Since the scheme for the employment of student health visitors commenced in 1947, 16 students have been appointed and of the 15 who sat the examination, all were successful in obtaining the health visitor's certificate. The remaining student who was appointed in 1952 will sit the examination in May, 1953.

Arrangements exist for one or more health visitors to attend a refresher course each year. One health visitor attended a course arranged by the Women Public Health Officers' Association which was held at Oxford from the 12th to 26th July.

In May approval was given for health visitors to be included in the Car Allowances Scheme of the Corporation as "casual users."

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
	33	48	1698	5827	2691	4512

The 4,512 visits made by health visitors to other cases were made up as follows :—

Premature Births .....	8
Stillbirths .....	27
Infant Deaths .....	57
Handicapped Children .....	50
Cases of Infectious Diseases :	
Whooping Cough .....	146
Measles .....	1,304
Ophthalmia Neonatorum .....	7
Dysentery .....	498
Nursery Accommodation .....	186
Daily Minders .....	3
Applications for provision of domestic help .....	638
Aged and Infirm Persons .....	224
Tuberculosis .....	1,279
Vaccination .....	3
Other Visits .....	82



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

Infant Welfare Centres .....	787
Day Nurseries .....	212
Nursery Classes .....	46
Chest Clinic .....	182
Post-natal Clinic .....	47
Immunisation Clinic .....	46
Vaccination Clinic .....	46
School of Commerce,—Lectures to Nursery Students	87

### **The Oldham Mothers' Circle**

The Oldham Mothers' Circle is a social Club for mothers which was established and organised by the Superintendent Health Visitor and the Health Visitors in 1950. The health visitors are free to partake in its activities if they desire. The health visitors devote much of their leisure time to the Circle which receives no assistance whatever from the local authority. It is a voluntary effort and its main object is to enable mothers to meet each other and enjoy an evening free of their everyday responsibilities and to chat over a cup of tea and listen to talks of topical interest. Meetings are held fortnightly and are well attended. The membership has continued to increase and there are now well over 100 members. There is no charge for admission and refreshments are provided at a small charge.

During the year talks, films and demonstrations were given on a variety of subjects. The mothers have also enjoyed outings to the country and the seaside. The Circle is much appreciated by the mothers and has met with great success.

### **HOME NURSING**

#### **(Section 25)**

There was no change in the organisation or administration of the service during the year.

The services of a district nurse can be obtained by a general practitioner on application to the Superintendent at "Glenthorne," 57, Queen's Road, (Tel: MAIn 4899). No night service is provided but evening visits are made to patients where necessary. There is always a member of the staff on duty for evening calls and in an emergency the services of a district nurse can be obtained at any hour of the night. Telephones are installed in the homes of all district nurses.

Patients discharged from hospital requiring nursing care are notified to the Superintendent by the almoners who give the case history and the name of the general practitioner responsible for the patient. By this arrangement close co-operation is provided between the hospitals and the Home Nursing Service.



The fullest co-operation is received from the general practitioners. Doctors have been requested to issue a note prescribing the treatment required and the district nurse does not attend a patient unless this written authority is available.

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. The payment of 12/6 per week to district nurses using their own auto-cycles was discontinued in July when financial responsibility was accepted for the charges of tax, insurance, licence and petrol consumed and also for the maintenance of the vehicles, for an experimental period of twelve months.

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

- 1 Queen's Superintendent (vacant),
- 4 Queen's Nurses (3 female, 1 male),
- 7 District Nurses (5 female, 2 male),
- 1 District Nurse (part-time).

Two female auxiliaries undertake simple bathing and give personal attention to patients. These auxiliaries are only employed on selected cases and always under supervision. Their services are especially useful in the case of old people who are confined to bed and whose main needs are simple care and attention as contrasted with skilled nursing. The employment of these auxiliaries has been most helpful to the Nursing Service and has allowed the trained nurses to devote themselves fully to their professional duties. The appointment of an additional auxiliary has been approved.

In February, Miss M. Dixon, S.R.N., S.C.M., Q.N., was appointed Superintendent of District Nursing to fill the vacancy caused by the death of Miss C. Bonsall in December of the previous year.

The Superintendent, Miss Dixon, attended a study course for junior and senior administrators arranged by the Queen's Institute of District Nursing at the Roffey Park Institute, Horsham, Sussex, from the 6th to the 11th October.

On the 31st December, the staff employed was as follows:—

- 1 Queen's Superintendent,
- 4 Queen's Nurses (3 female, 1 male),
- 8 District Nurses (6 female, 2 male),
- 1 District Nurse (part-time).

The alterations to "Glenthorne" District Nurses' Home, to provide a district room, were completed. This provision has met a very urgent need and has greatly improved the efficiency of the service.

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

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



This authority is also a member of the North Western Federation of the Queen's Institute of District Nursing and in June the Chairman of the Home Nursing Sub-Committee, Councillor W. Barker, Mr. T. E. C. Crozier and the Medical Officer of Health were appointed to represent the authority at meetings of the Federation.

There is approval for one student nurse to be appointed under the Scheme of the Queen's Institute of District Nursing for the training of district nurses. No application was received for such training during the year.

### Work Undertaken

There were 1,487 cases (575 males, 912 females) nursed and 38,378 visits made by district nurses to these cases during the year. These figures compare with 1,240 cases (453 males, 787 females) nursed and 31,136 visits made by district nurses during the previous year.

The statistics show a marked increase in work compared with the previous year, the new cases accepted having increased from 1,064 to 1,239. The number of penicillin and other injections increased enormously and practitioners are referring an increasing number of patients for such treatment.

There was a sharp rise in the incidence of respiratory diseases in December and in this month 145 new cases (70 males, 75 females) were accepted.

The majority of the cases nursed (67.38 per cent) were in the age range of 60 years and over. Many of these patients were in need of hospital treatment but could not be admitted to Boundary Park General Hospital Annexe owing to lack of accommodation. Some of these aged people, particularly those living alone, present a real problem as there is no one available to attend to essentials. When such patients are first visited the district nurses report the circumstances to the Superintendent who passes all the relevant information to the Department when, according to the need or circumstances, home help or night attendant assistance may be provided. In some cases enquiry by a Medical Officer has revealed that the only satisfactory solution is admission to hospital and with the co-operation of the practitioner in attendance, a request has been made to the hospital authorities for urgent priority admission on medico-social grounds.

### Cases Nursed and Visits Made

	Children		Others		Total No. of Cases
	0-5	5-15	Male	Female	
Cases on books at 1st Jan.	5	—	64	179	248
New cases.....	65	31	461	682	1239
Total cases nursed during the year.....	70	31	525	861	1487
Cases on books at 31st Dec.	2	3	80	187	272



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	Female		
January ...	10	1	111	238	360	3430
February ...	7	1	112	236	356	3322
March ...	7	2	116	229	354	3649
April ...	9	5	129	221	364	3430
May ...	7	2	103	222	334	2681
June ...	5	2	93	214	314	2836
July ...	6	4	84	215	309	3091
August ...	10	1	90	215	316	3099
September ...	6	2	90	236	334	3075
October ...	13	4	95	234	346	3271
November ...	8	8	105	228	349	3037
December ...	18	9	132	232	391	3457

#### New Cases Accepted During Each Month of the Year

Age Groups	0-1		1-5		5-15		15-40		40-60		60-65		65+		Totals
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Jan	2	—	1	2	1	—	3	5	8	3	5	10	31	41	112
Feb.	1	—	—	2	—	1	1	3	3	11	4	9	31	35	101
Mar.	—	2	1	1	1	1	5	7	13	7	5	5	22	24	94
April	—	—	4	1	1	3	3	3	13	15	2	4	27	27	103
May	—	1	2	2	1	1	3	5	3	14	9	8	20	34	103
June	—	—	1	2	1	—	1	2	11	10	3	10	20	28	89
July	—	—	2	2	2	2	2	2	6	12	6	4	17	29	86
Aug.	—	—	—	4	—	1	6	4	1	13	7	8	18	31	93
Sept.	—	1	1	1	—	—	3	7	2	20	3	4	15	37	94
Oct.	—	—	4	7	2	1	3	9	3	14	7	5	23	33	111
Nov.	2	2	1	1	3	2	2	7	10	13	4	12	19	30	108
Dec.	4	1	3	4	5	2	6	10	11	10	12	3	29	45	145
Totals	9	7	20	29	17	14	38	64	84	142	67	82	272	394	1239

The following table summarises the work of the Home Nursing Service from 5th July, 1948, to the end of 1952:—

Year	New Cases	Cases Nursed	Total Number of Visits Paid
1948 (from 5-7-48)	316	418*	10,904
1949	936	1,089	24,356
1950	960	1,114	29,470
1951	1,064	1,240	31,136
1952	1,239	1,487	38,378

\*This figure includes 102 patients on the books of the Oldham Nursing Association on the 5th July.



## VACCINATION AND IMMUNISATION

### (Section 26)

Immunisation against diphtheria and whooping cough has continued throughout the year and the majority of children in the age group 0-3 years have received combined diphtheria pertussis prophylactic. 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.

From the 27th October, the dosage for combined immunisation against diphtheria and whooping cough was changed from three injections of 0.5c.c., 0.5c.c., and 1.0c.c. with an interval of one month between each injection, to three injections of 0.5c.c. each with the same interval between injections. From this date the materials used and dosage given were as follows:—

Protection	Age Group	Material Used	Dosage
<b>Combined Diphtheria and Whooping Cough Immunisation</b>	0-5 yrs.	Adsorbed diphtheria pertussis (Glaxo) each c.c. containing 20,000 million H pertussis	Three injections of 0.5 c.c. each at an interval of four weeks between injections.
<b>Diphtheria Immunisation</b> (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-inforcing 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.
<b>Whooping Cough Immunisation</b>	0-5 yrs.	Adsorbed whooping cough vaccine (Glaxo) each c.c. containing 20,000 million H pertussis.	Three injections of 1.0 c.c. at four weekly intervals.

Immunisation of pre-school children is carried out at the infant welfare centres and day nurseries and also by appointment at the immunisation clinic which is held weekly at the Central Clinic, 29, Queen Street, on Saturday mornings.

The majority of children entering school have already received primary immunisation and their parents are informed at the school entrance medical examination of the importance of reinforcing injections. If the consent of the parents is received, arrangements are made for these children to receive the first reinforcing injection as early as possible after the medical examination. Where the number of consents received from any one school is sufficiently large, a special session is arranged at the school and parents are invited to be present. In all other cases appointments are made for the children to attend, along with their parents, at either Scottfield or Gower Street school clinic.



Periodic visits are made to all junior schools to ascertain the immunisation state of these children and a second reinforcing injection is offered to all children over the age of ten years who have not received this further protection. Arrangements for this to be given are made accordingly. Under these arrangements mothers are constantly reminded of the dangers of diphtheria and facilities available for the protection of their children against this disease.

Following the occurrence of cases of poliomyelitis in the adjacent districts and in the Borough, immunisation against diphtheria and whooping cough was suspended from the 28th July to the 1st October. No cases of poliomyelitis were associated with recent diphtheria or whooping cough injections.

The following table summarises the number of children completing the full course of combined diphtheria and whooping cough immunisation. :—

#### Combined Diphtheria and Whooping Cough Immunisation

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	359	267	67	15	12	2	—	722
Private Practitioners...	150	192	25	1*	3	10	—	381
Totals ...	509	459	92	16	15	12	—	1103

The following figures indicate the number of children completing the full course of immunisation against diphtheria only and those receiving reinforcing injections during the year :—

#### Diphtheria Immunisation

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	6	16	6	14	20	121	55	238
Private Practitioners...	10	10	3	2	1	2	—	28
Totals ...	16	26	9	16	21	123	55	266
(b) Reinforcing Injections.	No. of Children having received					Total number of Reinforcing Injections.		
	First Reinforcing Injection.		Second Reinforcing Injection.					
	1699		714		2413			
	168		21		189			
Sessional Arrangements	1867		735		2602			
Private Practitioners...								



### Whooping Cough Immunisation

No children were immunised against whooping cough only during the year.

### Vaccination Against Smallpox

A weekly session is held at the Health Office on Tuesday afternoons, primarily for the vaccination of infants. This session was suspended from the 4th December, 1951, to the 19th February, 1952, owing to the shortage of medical staff and again from the 28th July to the 1st October following the occurrence of cases of poliomyelitis in the adjacent districts and in the Borough.

There are no special arrangements for the vaccination of school children or adults. During the year 160 children of school age and 893 adults were vaccinated or re-vaccinated. These figures compare with 39 school children and 454 adults vaccinated or re-vaccinated in the previous year.

The number of primary vaccinations undertaken shows a considerable increase over the previous year, 1,149 compared with 723. This increase was almost entirely due to the prevalence of smallpox in Rochdale and adjacent districts. The number of re-vaccinations also shows an increase, 644 compared with 332, but the figure includes 292 re-vaccinations of members of the staff of the Public Health Department who were offered re-vaccination following the notification of cases of smallpox in Rochdale.

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 ...	273	59	23	26	381
Private Practitioners ...	293	107	111	197	708
Assistant Medical Officers ...	—	—	—	60*	60*
Totals ...	566	166	134	283	1149
<b>Re-Vaccinations.</b>					
Sessional Arrangements ...	—	4	4	58	66
Private Practitioners ...	—	4	22	260	286
Assistant Medical Officers ...	—	—	—	292*	292*
Totals ...	—	8	26	610	644

\*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

### (Section 27)

The demands on the Ambulance Service have continued to increase, though not to the same extent as in previous years, the total cases removed being 42,956 compared with 42,705. In October, again as in the previous year, a new high level was reached, 4,036 cases being conveyed in the month. The mileage run, 251,123, which includes a mileage of 37,454 in connection with other services, shows an increase of 8,580. The area served includes the Saddleworth district of the West Riding and the adjacent districts of Health Division 14 of the Lancashire County Council.

The following figures indicate the number of cases removed:—

	Ambulance	Car	Total
Oldham County Borough .....	15,638	8,400	24,038
Lancashire County Council .....	9,296	6,470	15,766
West Riding County Council .....	1,862	1,281	3,143
Other Authorities .....	3	6	9
	26,799	16,157	42,956

In addition to the above, 9 cases were removed by train, the return fare of an escort being provided.

In accordance with the National Health Service Amendment Act a number of removals were effected by other authorities for the County Borough and in 8 cases a charge was made for these removals.

The majority of journeys outside the Borough and the adjacent districts are to hospitals in the Manchester area. Journeys beyond these limits are not numerous and long distance journeys (over 100 miles) are comparatively rare, and whenever possible the patient is conveyed by rail. There were 80 single journeys over 25 miles but under 50 miles; 42 single journeys over 50 miles but under 100 miles and 11 single long distance journeys over 100 miles.

The following figures show the number of patients removed during each of the years 1948-52. As the ambulance service prior to the "appointed day" served Oldham and the same adjacent County districts, the figures for 1948 apply to the full year and are not from the 5th July:—

1948	1949	1950	1951	1952
25,922	33,158	39,084	42,705	42,956

On the 1st January the fleet consisted of 16 ambulances and 6 sitting case vehicles. One of these ambulances, BU 7638, was on loan to the Oldham and District Hospital Management Committee.

The following vehicles were taken into service during the year:—

February	Austin A.70 Hire Car
April	Bedford/Lomas Ambulance (Lomas F type body). Bedford/Lomas large sitting case vehicle.
May	Bedford/Lomas large sitting case vehicle.
July	Oldham Motor Bodies sitting case vehicle.



The service is now well equipped with new vehicles and a considerable degree of standardisation has been effected. The Austin Hire Car is admirably suited for the conveyance of sitting cases having wide floor space and wide door entrances. The Bedford/Lomas large sitting case vehicles carry 9 sitting cases or 3 sitting cases and 1 stretcher case.

The sitting case vehicle supplied by Oldham Motor Bodies (Oldham) Ltd. was designed in conjunction with officers of the Department. The body is built on an Austin Hire Car chassis and is especially designed for the purpose of transporting young children who require removal by stretcher over long distances, e.g. to sanatorium or a convalescent home. A folding type of stretcher is fitted to the division between the front and rear seats and enables the child to see out of the window during the journey and also provides comfortable accommodation for an accompanying parent. An economy has been effected by the use of this vehicle as previously this type of case was conveyed in a 27 h.p. ambulance. When used for normal sitting-cases this vehicle can carry five patients, two bucket seats being provided beneath the stretcher tray. It has also been found ideal for patients with large splints and those with legs in plaster, the ample space provided in the rear seats allowing maximum comfort and the wide doors facilitating easy entry.

In March the Oldham and District Hospital Management Committee purchased the ambulance (BU 7638) which was on loan to them and no longer required in the service. It is used for internal hospital transfers, e.g., ward to ward removals, but the majority of inter-hospital removals are still undertaken by the ambulance service.

During the year 5 vehicles were removed from service, 2 sitting-case vehicles (Austin A.40 car, FBU.84; Bedford-Utilicon, FBU.813) and 3 ambulances (BU.7638, BU.9600, EXN.995).

On the 31st December the fleet consisted of 14 ambulances and 8 sitting case vehicles.

In February the Establishment Committee approved a proposal that 4 part-time drivers be employed for the transport of children to and from the Occupation Centre for a trial period of twelve months.

Driver/Attendants are entered each year for the National Safe Driving Competition of the Royal Society for the Prevention of Accidents. At the end of the year 29 out of 33 Driver/Attendants eligible had qualified for the Diploma issued by the Society.

Improvements were carried out at the West Street Depot by the provision of an additional entrance to provide for the quicker turn-out of vehicles. There is still an urgent need for a canopy to the car-wash and though plans had been drawn up for this structure, the work had to be postponed as a steel licence could not be obtained.

In November, 1947, approval was received for the appropriation for use as an Ambulance Depot of the land and building comprising the casual block and adjoining buildings of the Westwood Park Institution belonging to the Public Assistance Committee but proposals to erect a new garage on this site did not mature. There has been no development of the site but it has been retained.



In July the Ambulance Sub-Committee again considered the installation of radio-telephone equipment and accepted an offer made by Pye Tele-Communications Ltd. to loan for a trial period of approximately three months radio-telephone apparatus for use in the service. The equipment was installed in 18 ambulances, but as this did not operate until January (1953) no decision was made with regard to the permanent installation.

There has been little abuse or extravagant use of the ambulance service in this area, administrative arrangements having been designed to prevent unnecessary calls. A Class I Driver/Attendant is stationed at the Oldham Royal Infirmary to organise the intake and removal of patients and this arrangement has proved effective and reduces the possibility of abuse of the service. Detailed lists of discharges and out-patients to be conveyed the following day are received from the hospitals in the Oldham area the previous evening. These lists are regrouped so as to avoid any unnecessary overlapping of journeys which subsequently means a saving of mileage.

There is no separate or distinct provision for the removal of cases of infectious diseases as existed in 1948. These cases are removed and dealt with by the staff at the West Street Depot, but special precautions are observed. One ambulance is used solely for the removal of infectious cases. It has a simple stretcher fitment which can be washed down and easily disinfected. Soap and towels are carried but no blankets. By arrangement a nurse or orderly from Westhulme Hospital acts as attendant. The ambulance first proceeds to the hospital for the attendant and also collects blankets and protective clothing which are returned to the hospital. When the patient has been admitted the ambulance returns to the depot and is then disinfected with the Milton Dynalisor equipment.

In the case of smallpox or suspected smallpox removals, a special and rigid procedure has been laid down. Special protective clothing consisting of gown, skullcap, rubber gloves, rubber boots, together with disinfectant are kept at the depot for the use of the driver/attendant and for a female attendant, a health visitor, if required. The patient is removed to the smallpox hospital without delay, special precautions being observed when loading and unloading the patient from the ambulance. The ambulance and crew do not return to the depot but proceed direct to the disinfecting station at Rhodes Bank where the ambulance is thoroughly disinfected and left overnight. The ambulance crew have a bath and their personal clothing is steam disinfected. They then proceed home to await further instructions and do not return to their normal rota duty until the next day.

Following a communication from the Ministry of Health clarifying the responsibility for the removal of cases of accident or illness occurring at mines, the National Coal Board since April, 1951, have agreed to reimburse the whole cost of such removals from collieries in the area served by the ambulance service. In September, 1950, an undertaking was given that the Oldham ambulance service would accept this responsibility and the arrangement has worked efficiently and economically.



### Modification of Proposals

Experience has shown that the number of ambulances (16) allowed under the proposals is adequate to maintain an efficient service, but the number of sitting case vehicles required to be increased beyond the 6 allowed. The Health Committee, by formal resolution, modified the proposals and the second paragraph of the development plan of the proposals now reads as follows:—

"The requirements of the ambulance service will be kept under constant review and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting case cars and staff, or to such greater numbers beyond those maxima as the Minister of Health may from time to time approve."

In May formal approval of the Minister was received to this modification and also to an increase in the number of sitting case vehicles from 6 to 8.

### Arrangements with Adjacent Health Authorities

#### West Riding County Council

By agreement with the West Riding County Council the Oldham Ambulance Service accepts and removes all accident, emergency and infectious cases arising in the Saddleworth area, with the exception of the occasional case which occurs in the area remote from Oldham and proximate to Huddersfield, which is usually removed by one of the County ambulances based at Huddersfield. Payment for work done is based on a rate per mile which is determined at the end of each financial year.

#### Lancashire County Council

There has been no change in the agency arrangements with the Lancashire County Council and the County Borough continues to provide ambulance cover for Chadderton, Crompton, Royton, Lees, Failsworth and Limehurst. Payment for work done is based on a rate per mile which is determined at the end of each financial year.

The service also provides emergency transport for the duly authorised officers and for the emergency maternity unit which operates from Boundary Park General Hospital.

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

	Ambulances	Cars	Total
1. Number of vehicles at 31st December .....	14	8	22
2. Number of journeys .....	12442	11258	23700
3. Number of patients carried .....	26799	16157	42956
4. Number of accident and other emergency journeys (included in (2) above) .....	5166	107	5273
5. Total mileage .....	112597	138526	251123

(The above figures include removals for the Lancashire and West Riding County Councils and also the mileage run in connection with other services.)



In March, 1952, the Minister approved proposals for the modifications of the County Ambulance Service which would terminate the agency agreement with this authority. In October a communication was received from the Clerk of the Council stating that the County would, in the near future, be in a position to take over certain districts served by Oldham under agency arrangements. Following informal discussion with the officers concerned, the following suggestions were subsequently received—

- (1) The County Ambulance Service would like to assume responsibility for all the work of the Chadderton, Royton, Failsworth and Limehurst districts and the non-urgent cases in Crompton.
- (2) The emergency cases in Crompton would be taken over when the new Ambulance Station at Crompton becomes operative; this new station is not likely to be completed within twelve months.
- (3) No provision is anticipated for the taking over of the Lees area.

The Ambulance Sub-Committee considered these suggestions and resolved that the appropriate Committee of the County Council be requested to meet the members of the Sub-Committee to discuss the Ambulance Service.

#### **Transport for Other Services**

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 midwives use public transport but for urgent cases 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 sitting case car being used. This arrangement is economical and most efficient and during the year involved a total mileage of 17,392 miles compared with 15,592 miles for the previous year.

##### **(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, transport is provided by the Ambulance Service. A total mileage of 2,591 miles was involved compared with 3,016 miles for the previous year.

Two male district nurses use auto-cycles which are supplied with petrol and oil and are maintained by the mechanics at the depot.

##### **(3). Occupation Centre**

During the year regular transport has been provided through the Ambulance Service, the children being conveyed to and from their homes. Four vehicles are used for this work and are normally manned by the part-time drivers. One vehicle is used to convey children to the Chadderton Occupation Centre on behalf of the Lancashire County Council.

	Oldham County Borough	Lancashire County Council	Total
Number of journeys .....	1,302	390	1,692
Number of children carried	6,762	1,462	8,224
Total mileage .....	13,713	3,392	17,105



### **Civil Defence**

The peace time ambulance service will be the nucleus of the war-time ambulance service which will be built up with Civil Defence Volunteers. The full-time and volunteer personnel are required to undergo special training which includes first aid and sectional training as laid down in the Civil Defence Sectional Training programme. Training of personnel was commenced early in the year and is being continued. The Ambulance Officer, who undertakes most of the sectional training, receives assistance from other officers who give lectures on their special field.

It has been necessary to provide separate and additional toilet facilities at the depot. The necessary adaptations commenced in December but had not been completed at the end of the year. The full cost of these adaptations will be borne by the Civil Defence Committee.

## **PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

### **(Section 28)**

#### **Tuberculosis**

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

There has been no change in the staffing arrangements. Dr. H. S. Bagshaw, Chest Physician, undertakes duties in connection with Prevention and After-Care and the Tuberculosis Health Visitor assists at the Chest Clinic sessions. Dr. Bagshaw is also available for regular consultation on problems which arise in connection with tuberculosis patients. These arrangements provide for co-operation between the preventive and curative services.

During the year the remuneration for the services of the Chest Physician was under review and in November the Health Committee agreed that the Manchester Regional Hospital Board should be reimbursed as from the 1st January, 1953 in respect of 2/11ths of the salary of this officer.

The supply of milk to patients attending the Chest Clinic has been continued and suitable cases in need of extra nourishment are referred to the Public Health Department so that orders can be issued. During the year 36 individual patients were issued with 205 orders for the supply of free milk. Each order permits the supply of milk for a period of four weeks and 134 orders were for two pints per day and 71 orders for one pint per day.

Good housing conditions play a large part in the prevention and cure of tuberculosis but the acute housing shortage persists and it is still not possible to recommend for re-housing every family where the housing conditions are unsatisfactory. On the recommendation of the Medical Officer of Health the Housing Sub-Committee gives priority to cases of pulmonary tuberculosis with a positive sputum and under the points scheme other cases of tuberculosis receive up to a maximum of five points by reason of this condition. During the year priority recommendations were made in respect of 17 cases and 19 cases received additional points. The Housing Sub-Committee, in the course of the year, rehoused eight families under the "priority arrangements."



### Co-operation with Voluntary Associations

No specific duties have been delegated to voluntary organisations.

The Home Nursing Sub-Committee made a grant of £5 5s. 0d. for the financial year 1952/53 to the National Association for the Prevention of Tuberculosis in support of the general work which the association undertakes in the fight against tuberculosis.

During the year no cases were admitted to, or discharged from, colonies for tuberculosis patients, but two patients remained in such colonies, a male aged 29 years (admitted 1951) in the Rehabilitation Unit of the British Legion Village (Preston Hall), Maidstone, and a male aged 42 years (admitted 1950) in the East Lancashire Tuberculosis Colony, Barrowmore Hall.

### Ministry of Education Circular 248

In April, Ministry of Education Circular 248 was received. This circular deals with the protection of organised groups of school children against the risk of infection by adults suffering from tuberculosis and raises the following points:—

- (i) All teachers entering service for the first time should undergo an X-ray as part of their medical examination. This X-ray will be compulsory for those entering the profession after the beginning of the summer of 1953.
- (ii) All teachers and others concerned with school children should be strongly urged to take increasing advantage of the facilities of the mass radiography service for periodic re-examinations.
- (iii) The circular also lays down the requirements of fitness for teachers who have been suffering from active tuberculosis and suspended from teaching.

In almost all cases the X-ray examination of entrants to courses of training for teaching and to the teaching profession is undertaken by the Mass Miniature Radiography Service of the Manchester Regional Hospital Board. In only occasional cases is it necessary for this examination to be made at a hospital or chest clinic and a charge incurred.

### Mass Miniature Radiography

The Manchester Regional Hospital Board has a mobile unit based at Rochdale which serves the County Boroughs of Bury, Oldham and Rochdale and also adjacent County districts. The unit was in the Oldham area from the 7th January to 9th June and I am indebted to Dr. J. O'Regan, Medical Director, for the following table which gives the number of persons examined and the centres used:—

	Males.	Females.	Total
Gower Street Clinic, Oldham .....	4,935	4,484	9,419
Oldham Corporation, Transport Dept. ....	804	247	1,051
Platt Bros. & Co. Ltd., Werneth, Oldham .....	6,181	4,647	10,828
J. Chadwick & Co. Ltd., Middleton Road .....	300	73	373
Hulme Grammar School, Oldham .....	254	253	507
T. Mellodew & Co. Ltd., Moorside, Oldham .....	129	146	275
Boundary Park Hospital Annexe, Rochdale Road ...	503	713	1,216
Belgrave Mill Co. Ltd., Hathershaw, Oldham .....	282	555	837
H.M. Stationery Office, Hollinwood, Oldham .....	349	548	897
Totals:	13,737	11,666	25,403



In accordance with Ministry of Health Circular 64/50, Home Office Circular 228/50 and Ministry of Education Circular 248, staff requiring X-ray examination prior to engagement and at regular intervals are referred to the Medical Director of the Unit for examination. During the year 260 members of the Public Health Department, 843 members of the Education Department and 48 members of the Children's Department, were sent for examination. Arising from these examinations 6 persons were referred for further investigation and examination.

#### **B.C.G. Vaccination**

The vaccination of selected contacts of known cases has been continued. These arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year 87 children (41 boys and 46 girls) who were found to be Mantoux negative received B.C.G. Vaccination. Subsequent Mantoux tests were positive in each case.

#### **Medical Research Council—Anti-Tuberculosis Investigation**

The Medical Research Council is undertaking controlled clinical trials of anti-tuberculosis vaccines and in July, 1951, requested the co-operation of this authority in their investigation. The Education and Health Committees readily agreed to co-operate and the scheme is fully described in the reports of the School Medical Officer for the years 1951/1952.

The volunteers who are taking part in the trial are leavers from Secondary Modern Schools and are, therefore, about to enter the 15-25 age group, one which is known to produce a very large number of cases of tuberculosis.

The Unit visited the Borough in February, when the Summer (1952) leavers were examined and in October for the examination of the Christmas (1952) and Easter (1953) leavers. No more children will be admitted to the Scheme, but every child who completes one series of tests will be very carefully watched for a period of at least three years and will be offered an annual X-ray examination.

The health visitors and school nurses are now assisting in the follow-up of the children who left school in December, 1951, and in April they made 208 home visits in this connection.

Dr. G. G. Lindsay, the Physician-in-Charge, in his report on the working of the Scheme during 1952, writes:—

"In last year's report a brief outline of the Medical Research Council's Anti-Tuberculosis Vaccines Trial was given.

Throughout the year 1952 further groups of school leavers from the same schools have entered the scheme and the last child entered the scheme in December, 1952. No further children will be admitted to the Scheme.

The work of following up the children is now under way and is proving interesting, although involving the health visitors and school nurses in a great deal of hard work. It is hoped to contact each child three times during the year. A questionnaire form is sent out to each child about four months after leaving school, in which information is sought regarding general health and the type of occupation the young person is following. After a further four months, a representative of the nursing services calls on the child and seeks information along the same lines as the questionnaire form but a personal contact is formed and questions raised by the children or by their parents can be answered.



About a year after they have left school, the Medical Research Council Unit visits the town and annual examinations are carried out. At this examination each child is X-rayed again and skin tested, and valuable information is thus provided. It is intended that each young person admitted to the scheme will be followed up each year in this way for at least three years.

As the number of young people in the scheme from Oldham is 1,046, it will be seen that the amount of work falling on the nursing staff makes a very considerable extra burden, but the visits are being done promptly and well and the information is being kept up to date.

It is much too early yet to draw any conclusions on the success of the vaccines being tested and it will not be until 1954 when the first children who entered the scheme will have completed their three years' follow-up period since leaving school, that any reliable information will be available.

Meanwhile, grateful thanks are extended to the staffs of the Public Health and Education Departments and all who are co-operating in this trial which is one of the largest ever carried out in this country."

The following figures relate to the children examined during the year:—

	Summer Leavers 1952	Christmas 1952 and Easter 1953 Leavers
Number of School Leavers .....	340	550
Number of Acceptances .....	298	422
Percentage of Acceptances .....	87.6	76.7
Number attending first test .....	260	385
Excluded as cases or contacts .....	9	4
Failed to complete examination .....	15	8
Number completing examination .....	236	373
Percentage admitted to trial .....	69.4	67.8
Total number positive .....	110	180
Total number negative .....	126	193
Total number vaccinated .....	54	134
Total number in control group .....	72	59

#### **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 Requisites and Apparatus**

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

##### **(i) Tuberculous Cases**

Nursing requisites are available through the Chest Clinic. During the year 20 patients received nursing requisites and at the end of the year 26 patients were receiving this assistance. 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 at 31st Dec.
Beds .....	12	20
Mattresses .....	12	20
Mattress Covers ....	—	11
Blankets .....	31	49
Pillows .....	18	21
Bed Rests .....	2	2
Urinals .....	—	1
Bed Pans .....	1	3
Air-rings .....	2	2

(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. The depot continues to provide a most useful service and nursing requisites are obtained on the certificate of a medical practitioner. The Brigade have agreed to make available such items of equipment as the Medical Officer of Health may consider necessary. A deposit is charged when an article is loaned but this is refunded on its return. The depot is open on week-days from 7.30 p.m. to 9.0 p.m. During the year 551 patients received assistance and 813 articles were loaned. 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 at 31st Dec.
Air-beds .....	—	—
Air-rings .....	150	52
Bed cradles .....	11	4
Bed pans .....	155	53
Bed rests .....	110	42
Bed tables .....	4	1
Bronchitis kettles ...	2	—
Commodes .....	6	5
Crutches (pairs) ...	12	8
Douche cans .....	2	—
Enamel bowls .....	2	1
Feeding cups .....	24	11
Fracture Boards ...	1	3
Hot water bottles ...	1	—
Invalid chairs .....	30	21



Item	No. issued during the year	No. on loan at 31st Dec.
Ice bags .....	2	—
Jugs .....	1	—
Kidney bowls .....	—	—
Lotion bowls .....	1	—
Rubber sheets .....	174	58
Sorbo beds .....	—	1
Sorbo pillows .....	3	—
Shock cage .....	1	—
Splints .....	2	—
Sputum mugs .....	3	—
Urinals .....	111	50
Walking sticks .....	3	3
Water beds .....	3	1

For the financial year 1952/53 the Health Committee reimbursed the Brigade in respect of all establishment charges incurred at the Medical Comforts Depot and made a grant of £60 for the replacement of nursing requisites.

#### Convalescence

As part of their after-care arrangements Local Health Authorities have power under Section 28 to provide convalescence where no active treatment is required. 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 three pre-school children were provided with a period of convalescence under these arrangements at a cost of £90. The full cost was met by the Committee, but in each case it was possible to recover part of the cost.

In addition to the arrangements outlined above, a scheme for the provision of convalescence for school children is provided by the Local Education Authority, suitable cases being recommended through the School Health Service. During the year 17 children (2 boys and 15 girls) were sent for a period of convalescence under this scheme.

Following receipt of Circular M.641/16 from the Ministry of Education, the Education Committee accepted financial responsibility for providing 3 diabetic children with two weeks holiday at the Bewerley Park Camp, Pateley Bridge, Yorkshire.



The following table summarises the assistance given during the five year period 1948-1952:—

<b>Free Milk</b>	1948	1949	1950	1951	1952
Individual Patients Supplied (4 weeks) .....	47	43	39	38	36
Number of orders issued .....	286	246	263	225	205
<b>Re-housing</b>					
Patients awarded priority .....	†	21	14	12	17
Patients awarded 1-5 points ...	†	24	11	11	19
Number of "priority" cases re-housed .....	†	12	6	8	8
<b>Nursing Requisites (Tuberculous Cases)</b>					
Patients assisted .....	18	14	17	25	20
Number of items loaned .....	97	28	48	90	78
<b>Nursing Requisites (General Illness) (St. John Ambulance Brigade)</b>					
Patients assisted .....	172*	468	523	553	551
Number of items loaned .....	—	—	701	804	813

† Not available.

\* From 5th July.

The following figures relate to B.C.G. vaccination which commenced in June, 1950:—

	1948	1949	1950	1951	1952
Number vaccinated .....	—	—	23	80	87

## DOMESTIC HELP SERVICE

### (Section 29)

There was no change in the organisation or administration of the Service during the year. The Domestic Help Organiser is responsible to the Medical Officer of Health for the general supervision of the Service.

Mrs. M. McGough resigned from the post of Domestic Help Organiser and ceased duties in February. She was succeeded by Miss G. L. Eastwood.

The following figures show the staff employed at the beginning and end of the year:—

	1st Jan.	31st Dec.
Whole-time (30 hours or more per week) .....	14	23
Part-time (under 30 hours per week) .....	36	52

The demand on the Service has continued. The main provision has again been for aged persons, the majority of whom were living alone and in some cases awaiting admission to hospital.

The full charge made to householders was increased from 2/9 per hour to 2/10 per hour with effect from the 25th February, following a wage award of the North Western Whitley Council to domestic helps.

All cases are assessed according to income and the applicants advised of the proposed charge. Persons wishing to appeal against the assessment may do so and the appeals are submitted for review to a Special Section of the Home Nursing Sub-Committee.



Domestic help is provided free of charge to blind and tuberculous persons. Persons entitled to national assistance, having the services of a domestic help, are assessed in the normal manner and an arrangement has been agreed with the Board whereby the amount assessed is recovered from the user.

In September it was reported that the financial cost of the Service was 2/10½ per hour, but the sub-Committee resolved that no increase in charges be made.

The following table shows the number and type of cases that received assistance :—

(a) Maternity (including expectant mothers) .....	57
(b) Tuberculosis .....	6
(c) Others .....	586

### Night Attendants

The arrangements for the provision of a night/attendant in cases where a patient is acutely ill or living alone, or where the relatives need some temporary night help, have been continued. This service has met a real need, especially in the case of patients who could not get immediate hospital admission.

The cost of this service is 12/6 per session and 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.

There were 11 night/attendants who undertook regular duties throughout the year when required and additional assistance was obtained when there was a heavy demand on the service.

Number of cases .....	51
Number of "night sessions" .....	1044

In many cases it has been necessary for a night/attendant to be provided for 2/3 weeks and in some cases where there have been no relatives or friends an attendant has been provided each night. This has been due to difficulty in getting these cases admitted to hospital.

### 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 Council have 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). All other proceedings of the Sub-Committee are subject to confirmation by the Health Committee and the Council.

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



## **Staff**

### **Medical Staff**

Dr. W. P. B. Stonehouse, Assistant Medical Officer, undertakes special clinical duties in the Department and this officer, together with Dr. J. Starkie, Senior Assistant Medical Officer, are approved by the Authority for the purposes of the Mental Deficiency Acts, 1913-1938. 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.

The services of Dr. G. S. Robertson, Medical Superintendent, Calderstones Hospital, and Consultant in Mental Deficiency, Oldham Hospital Group, are available to the Local Health Authority and his opinion is always obtained in cases which present any difficulty or doubt.

Dr. Arthur Pool, Consultant Psychiatrist to the Oldham Hospital Group, is also Consultant Psychiatrist to the Local Health Authority.

### **Duly Authorised Officers**

The establishment provides for the appointment of three Duly Authorised Officers, who are also Mental Health Visitors. In June Miss J. H. Pick resigned her position as Mental Health Visitor and Duly Authorised Officer so as to attend the Mental Health Course at the London School of Economics and Political Science. Mr. J. B. Dearnaley, Mental Health Visitor, was appointed to the vacancy of Duly Authorised Officer.

### **Social Workers**

As stated above, the establishment provides for the appointment of three Mental Health Visitors, who also act as Duly Authorised Officers.

The establishment also provides for the appointment of two Mental Health Visitors or Psychiatric Social Workers, but in October a recommendation was accepted that the establishment be varied to allow for the appointment of a Psychologist.

In August Miss G. Murray-Williams, B.A. (Hons.) was appointed Mental Health Visitor following the vacancy created by the resignation of Miss Pick.

### **Psychologist**

In October approval was given to the appointment of a Psychologist, and in November Mr. D. G. Pickles, M.A., was appointed to this post. By arrangement, Mr. Pickles undertakes the duties of Educational Psychologist and devotes two sessions per week to duties undertaken in connection with the Child Guidance Clinic, which is provided by the Education Committee.

### **Occupation Centre**

The staff establishment allows for the appointment of 1 Supervisor and 4 Assistants. These posts were filled throughout the year.

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

In July Miss A. H. Lord, Assistant Supervisor, attended a Refresher Course for Staffs of Occupation Centres held at the Froebel Training College, London, from the 24th July to the 1st August.

In October, the Mental Health Visitors attended a two day refresher course on "Health Education for Mental Health" organised by the Central Council for Health Education in Salford.



The National Association for Mental Health for a number of years has organised a three term course to qualify staff for the training of ineducable children in Day Occupation Centres, Residential Institutions or for Home Teaching. These courses have been held in London, but in response to an increased demand, a second similar course commenced in Manchester in September.

In accordance with a previous decision of the Committee, the Supervisor, Mrs. J. L. Worfolk, was granted leave of absence with pay, to attend this course. The Committee also met the fees of the course and certain incidental expenses.

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

The staff of the Mental Health Service have received the fullest co-operation from the Consultant Psychiatrists of the Oldham Hospital Group and also from the Group Secretary, Mr. F. W. Barnett, who acts as Clerk.

Dr. G. S. Robertson, the Consultant in Mental Deficiency, visits Oldham at regular intervals and his opinion is requested in cases where problems of diagnosis or disposal arise. His services are especially appreciated in the cases of adults who have not been ascertained or notified as defectives before leaving school.

Dr. Arthur Pool, in his capacity as Consultant Psychiatrist to the Local Health Authority, holds a weekly discussion group with the medical officers and all the mental health social workers when new cases are discussed and the problems and progress of other patients reported. This arrangement facilitates co-ordination between the hospital and preventive services which is so essential to provide the best service for the patient.

The Mental Health Visitors and the Psychologist undertake duties at Boundary Park General Hospital Annexe, both in the Psychotherapeutic Clinic and in the Psychiatric Unit, which are the responsibility of the hospital service. One Mental Health Visitor attends Dr. Pool's Out-Patient Clinic and others visit the mental wards and assist with group and recreational therapy. The Management Committee reimburse the Health Committee the full cost of these services.

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 suffering from mental illness and admitted to a Mental Hospital and this is forwarded to the hospital concerned shortly after the patient's admission. They prepare any further reports that may be required on home conditions prior to the patient's discharge if requested.

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 1952/53,



### Co-operation with Voluntary Associations

No specific duties have been delegated to voluntary organisations.

The Oldham Council for Mental Health, whose main function is now educational, organised the undermentioned lectures during the year, and the annual meeting took place in May. No grant was made to the Council during the financial year 1952/53.

May.	"The Mental Health Services in Oldham."	Dr. Arthur Pool, Consultant Psychiatrist.
December.	"The Defence of Peace in the Minds of Men."	Dr. Alfred Torris, Physician Superintendent, The Retreat, York.

Two members of the Council are co-opted on to the Mental Health Sub-Committee and in May the Health Committee re-appointed the Rev. G. R. Lloyd and Miss I. M. Brislee as members for the current municipal year.

In June the Mental Health Sub-Committee agreed to make a grant of £25 for the financial year 1952/53 to the National Association for Mental Health in support of the general work which the Association undertakes in the field of mental health.

### Prevention of Illness, Care and After-Care

General practitioners and relatives are bringing an increasing number of cases to the notice of the Mental Health Visitors before admission to hospital is arranged, or is necessary. After a full history has been obtained the most appropriate action is taken. This early reference results in patients receiving early treatment as out-patients, or agreeing to admission as voluntary patients.

Following the admission of a patient to the Boundary Park General Hospital Annexe or other mental hospital, arrangements are made for relatives to be referred to the Mental Health Visitors for information and advice.

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

Many patients on discharge from hospital are recommended for supervision and any necessary after-care. The Mental Health Visitors visit these cases, and their progress or any problems that may arise are reported to the Consultant Psychiatrist at his weekly meeting.

The following is a summary of the visits and reports made by the Mental Health Visitors:—

Pre-Care Reports .....	182
Social Histories .....	131
Pre-Discharge Reports .....	6
After-Care Reports .....	420



### Convalescence from Mental Illness

There are no facilities in the North West for patients suffering from mental illness who would benefit from simple convalescent home treatment. The Medical Officers of Health in this region have continued discussions with representatives of the Manchester and Liverpool Regional Hospital Boards and the Mental After-Care Association is willing and anxious to maintain a home in the North West. The Association will admit cases to this home where the full maintenance charge is guaranteed by the Local Health Authority or other bodies. It is hoped that in the near future the Association will acquire premises for use as a home which will meet this need.

### LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

#### Work Undertaken by the Duly Authorised Officers

Duly Authorised Officers undertake duties under the Lunacy and Mental Treatment Acts which were previously performed by Relieving Officers. Their main duty is to take the initial proceedings for the removal of a patient requiring hospital care.

The services of the Duly Authorised Officer are available throughout the 24 hours, one officer being on rota duty for evening and weekend calls. The officer on duty can be contacted through the Police or the Central Admissions Bureau at Boundary Park General Hospital Annexe.

The following is a summary of the visits made and work undertaken by the Duly Authorised Officers:—

#### (A) Visits:

1. At the request of general practitioners .....	177
2. Other sources (police, relatives, neighbours, etc.) .....	21

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198

#### (B) Admissions and Removals to Hospital:

##### (a) Lunacy Act, 1890, Section 16 (Summary Reception Orders)

Birch Hill Hospital, Rochdale .....	1
Boundary Park General Hospital Annexe .....	20
Lancaster Moor Hospital, Lancaster .....	1
Prestwich Hospital, Manchester .....	2*
Springfield Hospital, Manchester .....	1

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25

##### (b) Lunacy Act, 1890, Section 20 (3-day orders)

Boundary Park General Hospital Annexe .....	23
Prestwich Hospital, Manchester .....	3
Springfield Hospital, Manchester .....	2

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28

##### (c) Lunacy Act, 1890, Section 21 (14-day orders)

Birch Hill Hospital, Rochdale .....	4
Boundary Park General Hospital Annexe .....	19
Prestwich Hospital Manchester .....	4
Springfield Hospital, Manchester .....	1

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28



**(C) Completion of Orders for Further Detention:****(a) Lunacy Act, 1890, Section 16 (Summary Reception Orders).**

Boundary Park General Hospital Annexe ..... 16

\*Includes one patient transferred from Boundary Park General Hospital Annexe, admitted on a fourteen day order.

**Facilities for Treatment**

In September the Psychiatric Out-Patient Department was completed and opened at Boundary Park General Hospital Annexe and shortly afterwards the Psychotherapeutic Clinic at the Oldham Royal Infirmary was discontinued. Patients are referred direct by their own practitioner or by the Mental Health Visitors with the consent of the general practitioner, or on the advice of the Consultant Psychiatrist. All attendances are by appointment.

The majority of patients requiring hospital treatment are admitted to the Boundary Park General Hospital Annexe which is a designated mental hospital. The appointment of a Consultant Psychiatrist has made it possible for modern methods of therapy to be undertaken both in the Unit and in the Out-Patient Department. The accommodation is utilised to the full but it is often necessary for patients to be admitted to Prestwich Hospital owing to beds not being available.

The number of voluntary patients admitted continues to increase, 121 Oldham patients being admitted compared with 107 in the previous year. The Mental Health Visitors give every assistance to these patients and frequently accompany the patient to hospital.

No real difficulty has been experienced in securing the admission of mental cases to hospital and in all cases of acute urgency, admission was readily effected.

The following summarises the admissions of Oldham residents notified to the Department during the year:—

Hospital	Admissions			Total
	Under Order	Voluntary Patients	Temporary Patients	
Birch Hill Hospital .....	5	3	—	8
Boundary Park General Hospital Annexe .....	62	91	—	153
Cheadle Royal Hospital ....	—	2	—	2
Lancaster Moor Hospital ...	1	—	—	1
Prestwich Hospital .....	9	20	—	29*
Springfield Hospital .....	4	4	—	8
Winwick Hospital .....	—	1	—	1
Total .....	81	121	—	202

\* Includes one patient transferred under Section 16 from Boundary Park General Hospital Annexe.

Notification was received of 31 Oldham residents who died in mental hospitals and of 160 discharges.



Information was received of 32 patients detained in hospital who were transferred to voluntary status (Boundary Park General Hospital Annexe 28, Prestwich Hospital 3, Rainhill Hospital 1).

Information was also received of 8 patients who were transferred under Section 64 of the Lunacy Act, 1890, by two members of the Hospital Management Committee authorising the removal of the patient. The following are details of these cases:—

Boundary Park General Hospital Annexe to	
Prestwich Hospital .....	1
Prestwich Hospital to Bridgewater Hospital .....	7

### Ambulance Service

The Ambulance Service is utilised for the removal of patients to mental hospitals and mental deficiency institutions. The Duly Authorised Officers have authority to request an ambulance or sitting-case car and where necessary, the services of attendants are obtained from the Boundary Park General Hospital Annexe.

The transport of children attending the Regent Street Occupation Centre, to and from home, is also arranged with the Ambulance Service.

### National Health Service (Amendment) Act, 1949

In conjunction with the majority of Local Health Authorities in the North West, this Authority has agreed to a "knock for knock" arrangement in connection with the payment of medical practitioner fees for the certification of patients admitted to the Psychiatric Unit from addresses outside the area of this Authority.

### Short-Term Care of Mental Defectives

Early in the year Ministry of Health Circular 5/52 was received which drew attention to the need for the provision of short-term care for defectives in certain cases of emergency, e.g., illness of a member of the family, or the mother being in urgent need of a holiday. This need could be met in one of two ways—

1. The Board of Control had approved the admission of such cases to mental deficiency hospitals, without legal formality and at the discretion of the Medical Superintendent, the cost of the maintenance being borne by the Hospital Management Committee.

2. The powers conferred on Local Health Authorities under Section 28 of the National Health Service Act, 1946, were considered adequate to authorise them to find accommodation and pay for all or part of the maintenance of the defective, but the proposals of the Local Health Authority, under this Section, might require amendment and if so the necessary action should be taken.

Following the receipt of this Circular and recommendations an amendment of the proposals under Section 28 was formally submitted to the Minister and approved.

During the year short-term care was provided for four defectives. In each case accommodation was found in mental deficiency hospitals, the length of stay varying from 3-8 weeks.



### Amendment of Proposals

Following the receipt of Circular 2/52 an amendment of the original proposals under Section 28 was approved by the Health Committee in June. The Minister subsequently approved the following amendment in September:—

“The Authority will, when necessary, provide temporary accommodation in any suitable place for periods normally not exceeding two months for mental defectives who, for a limited period and for their own well-being and/or that of their relatives or guardians, are urgently in need of care elsewhere than at home. The authority may contribute to the expenses of mental defectives received under such circumstances otherwise than at hospitals up to (at the discretion of the authority) the full amount involved.”

### MENTAL DEFICIENCY

#### Cases Reported During the Year

There were 45 cases reported during the year.

Of these, 24 were reported under the Education Act, 1944, 9 having been found incapable of receiving education at school and 15 requiring supervision after leaving school.

There were 21 cases reported under the Mental Deficiency Acts as follows:—

(a) Detained in the Mental Wards of Boundary Park General Hospital Annexe .....	4
(2 males aged 28 and 62 years)	
(2 females aged 63 and 54 years)	
(b) In Part III Accommodation, (Boundary Park General Hospital Annexe) .....	6
(3 males aged 52, 48 and 41 years)	
(3 females aged 39, 44 and 28 years)	
(c) At the instance of the parent or guardian .....	6
(2 males aged 47 and 30 years)	
(4 females aged 35, 24, 17 and 15 years)	
(d) Referred by the police or by the Courts under Section 8 (1) (a) or as a result of other action by the Courts .....	1
(Male aged 45 years)	
(e) Cases reported but not regarded as defectives “subject to be dealt with” and receiving adequate care .....	4
(Females aged 64, 57, 50 and 33 years)	

With regard to the four cases detained in the mental wards of the Boundary Park General Hospital Annexe, certificates of exception were applied for and received in respect of these cases.

Further particulars relating to the cases reported during the year are given in the tables relating to mental deficiency.



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

During the year there were 41 defectives found to be "subject to be dealt with." Of these 20 were placed under statutory supervision. There were 19 defectives recommended for institutional care, including 6 who were in Part III Accommodation of the Welfare Services Committee, and 4 who were detained in the Mental Wards of the Boundary Park General Hospital Annexe.

There was 1 case placed under Statutory Guardianship.

Consideration of 1 case (a female aged 15 years) reported in November was adjourned for further examination and report.

### Statutory Supervision

At the beginning of the year there were 163 cases under statutory supervision.

During the year 20 cases were placed under statutory supervision.

The following details relate to the ascertained cases found to be "subject to be dealt with" and placed under statutory supervision:—

(a) Children of School Age .....	17
(i) Incapable of Receiving Education .....	4
Admitted to the Occupation Centre .....	1
At home—In care of parents .....	3
(ii) Requiring Supervision after Leaving School .....	13
There were 7 children who left the Educationally Sub-Normal Department of the Chaucer Special School and 6 who left ordinary schools. Twelve of these children were in useful and suitable employment at the end of the year and the remaining one, a boy who left school at Easter, was still out of employment in spite of every effort being made to find him suitable work.	
(b) Adults and Juveniles .....	3
At home—At work .....	2
(Male aged 30 and female aged 17 years)	
At home—attending the Occupation Centre .....	1
(Female aged 15 years)	

The following cases were removed from statutory supervision during the year:—

Recommended for institutional care .....	2
Court Action—Subsequently admitted to Mental Deficiency Hospitals .....	3
Ceased to be under care .....	1
Removed out of area .....	2
Died .....	1

At the end of the year there were 174 cases remaining under statutory supervision.

### Institutional Care

Defectives recommended for institutional care are usually admitted to one of the Mental Deficiency Hospitals in the area of the Manchester Regional Hospital Board.



At the beginning of the year, 61 cases recommended in previous years for institutional care, including 50 cases detained in the Mental Wards of Boundary Park General Hospital Annexe, were awaiting admission to Mental Deficiency Hospitals. Of these cases only 4 were admitted during the year, but 2 cases (1 male, 1 female) detained in the Mental Wards died.

At the end of the year 72 cases recommended for institutional care, including 52 cases detained in the Mental Wards of Boundary Park General Hospital Annexe, and 6 cases in Part III Accommodation, Boundary Park General Hospital Annexe, were awaiting admission to Mental Deficiency Hospitals.

The following table shows the number of cases (1) recommended for institutional care, (2) admitted to Mental Deficiency Hospitals, and (3) awaiting institutional care at the end of the year:—

Cases prior to 1st January .....	Recommended for Instit'nal Care			Admitted to M.D. Hospitals or died			Awaiting vacancies in M.D. Hospitals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
							27	34	61
<b>(i) New Cases</b>									
(a) Ascertained Cases .....	8	7	15	2	2	4	6	5	11
(b) Ascertained Cases (B.P.G.H.A.) .....	2	2	4	—	—	—	2	2	4
<b>(ii) Other Cases</b>									
* (a) Under Stat. Super. ....	1	1	2	—	—	—	1	1	2
(b) Court Action .....	3	—	3	3	—	3	—	—	—
	—	—	—	—	—	—	—	—	—
Total .....	14	10	24	5	2	7	9	8	17
At 1st January .....	27	34	61	3	3	6	24	31	55
	—	—	—	—	—	—	—	—	—
At 31st December .....	41	44	85	8	5	13	33	39	72
	—	—	—	—	—	—	—	—	—

\* These two cases on Statutory Supervision were recommended for institutional care at the request of the parents.

The following table summarises the eleven cases admitted to institutional care:—

Hospital		Age Groups				
		0-5	5-10	10-15	15-20	Over 20
Brockhall	M ...	—	—	—	—	—
Hospital	F ...	—	—	1	—	1
Calderstones	M ...	—	—	1	2	—
Hospital	F ...	—	—	—	—	1
Royal Albert	M ...	—	—	—	2	—
Hospital	F ...	—	—	—	—	—
Mary Dendy	M ...	—	—	—	1	1
Hospital	F ...	—	—	—	—	—
Newchurch	M ...	—	—	—	—	—
Hospital	F ...	—	—	1	—	—
Total .....		—	—	3	5	3



### Guardianship

At the beginning of the year 3 cases were under guardianship.

- (1) A female aged 41 years who has been under the guardianship of her father for many years.
- (2) A male of 23 years who was placed under the guardianship of an officer of the local health authority in August, 1949. He has continued to do well and worked steadily throughout the year earning £6—£7 per week.
- (3) A female of 20 years employed in the St. Saviour's Convent, Liverpool, is under the guardianship of the Sister Superior.

In January the female aged 41 years was discharged from her Order and offered voluntary supervision.

During the year 2 cases were placed under guardianship.

- (1) In March a male aged 45 years, not previously notified to the Department was placed under the guardianship of an officer of the Local Health Authority. He had appeared before the Magistrates Court on charges of indecent exposure, was found guilty and placed on probation for 2 years. The patient's response to supervision and care has been most satisfactory.
- (2) A male aged 38 years, who had been on licence from an Institution since April 1946, was placed under the guardianship of his sister at Mytholmroyd, Yorkshire. He is employed as a gardener earning £5 12s. 8d. weekly and reports with regard to his conduct and work are very satisfactory.

At the end of the year there were four cases under guardianship.

### Voluntary Supervision

At the beginning of the year, there were 45 cases under voluntary supervision.

No cases died during the year but 11 were lost sight of. Four new cases were placed under voluntary supervision, 1 case was transferred from Guardianship and 1 case was offered voluntary supervision, following discharge from an Institution.

At the end of the year there were 40 cases under voluntary supervision.

### Taken to "Places of Safety"

There were 2 cases admitted into "places of safety" during the year:—

- (a) A male aged 47 years who, following the death of his mother was found to be neglected. He was admitted to Boundary Park General Hospital Annexe and subsequently admitted to the Mary Dendy Hospital on Petition.
- (b) A female aged 16 years was admitted to Calderstones Hospital, but as she did not come within the provisions of the Mental Deficiency Acts, 1913 to 1938, was discharged after a stay of 14 days.



### Community Care

The duties of the Mental Health Visitors include the community care and supervision of mental defectives under statutory supervision, guardianship and on licence. During the year the following reports and visits were made:—

Progress Reports .....	57
Statutory Guardianship .....	24
Statutory Supervision .....	579
Initial Visits to New Cases .....	30

Two of the Mental Health Visitors have been appointed Statutory Guardians, and 1 of these officers undertakes the work of the Licensee of a patient on licence from Calderstones Hospital. This work entails frequent and close contact with the defectives concerned and necessitates a strict supervision and management of their affairs. So far this arrangement has proved to be a success as one of the cases has been under the guardianship of an officer of the Local Health Authority for 3½ years and the other two have been dealt with during the current twelve months. All have adequate incomes, two from gainful employment and the other from part wages, supplemented by disability benefit.

### Arrangements with Adjacent Health Authorities

The proposals of the West Riding County Council allow pupils in the area of the County Council to be sent to Occupation Centres established by other Local Health Authorities, and it has been agreed that suitable cases can be accepted from the Saddleworth district into the Regent Street Occupation Centre, a charge being made to the County Council for these cases.

No formal arrangements exist with the Lancashire County Council for children from the adjacent County Districts to be admitted to the Regent Street Occupation Centre. The Health Committee have approved the admission of children living in the Lees area or in close proximity to the Centre, provided accommodation is available. A charge is made to the County Council for such cases.

No other arrangements exist with other Local Health Authorities.

### 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. Free milk is also supplied once a day to each child under 18 years of age.

A report of the Inspector of the Board of Control, who visited the Occupation Centre in November 1951, was received during the year. The report expressed general satisfaction in what is described as a well-run Centre. A suggestion was made that three of the pupils should be excluded



because of their obvious inability to profit from the training provided in the Centre and following the suggestion, consideration was given to the provision of creche facilities for this type of case.

In September Mrs. J. L. Worfolk, Supervisor, commenced a course organised by the National Association for Mental Health, and Miss A. H. Lord was appointed Acting Supervisor during her absence, Mrs. M. Travis, an Assistant Supervisor, resigned in September and Mrs. M. Leister was appointed to fill the vacancy in a temporary capacity.

During the year there were 4 new admissions, 3 (2 girls, 1 boy) from the Oldham County Borough and 1 (boy) from the Saddleworth area. On the 31st December there were 42 defectives on the register, 39 from the Oldham County Borough, 1 from an adjacent district of the Lancashire County Council and 2 from the Saddleworth District of the West Riding County Council.

The Ambulance Service continued during the year to transport children to and from the Occupation Centre, part-time drivers being engaged for this purpose, to relieve the strain on the Ambulance personnel.

A most successful trip to the seaside was provided by the Oldham Blind Children and Welfare Organisation in July when the children were taken to Fleetwood and we are grateful to the members of this Organisation for their generosity.

Two Christmas Parties were arranged for the children, one by the Parents' Association and the other by the Oldham Blind Children and Welfare Organisation. Both were very much appreciated.

During the year approval was given to the facilities of the School Health Service being made available to provide for the dental care of the pupils in the Occupation Centre. By this arrangement provision is made for emergency treatment and for periodic inspections to take place.

### **New Occupation Centre**

In January copies of the working drawings, bills of quantities, brief specifications and plans and particulars of the engineering services were submitted to the Ministry of Health for approval. The final plans were later approved but subsequently advice was received that as no steel could be made available for this scheme within the next twelve months, no steps could be taken to apply for a starting date. This was the position at the end of the year.

### **Industrial Centre**

The Mental Health Sub-Committee continue to be alive to the urgent need for the provision of an Industrial Centre for adult defectives. The estimates for the financial year 1952/53 again included an amount for equipping and opening such a Centre, but no premises were found suitable for adaptation at a reasonable cost, although a number of properties were inspected by the Sub-Committee.



### 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, 1952.

	M.	F.	T.
(1) Number of Ascertained Mental Defectives Found to be "Subject to be dealt with":—			
(a) In Institutions (including cases on licence therefrom)			
Under 16 years of age .....	7	8	15
Aged 16 years and over .....	59	36	95
(b) Under Guardianship (including cases on licence therefrom)			
Under 16 years of age .....	—	—	—
Aged 16 years and over .....	3	1	4
(c) In "places of safety" .....	—	—	—
(d) Under Statutory Supervision (excluding cases on licence)			
Under 16 years of age .....	22	21	43
Aged 16 years and over .....	81	70	151
(e) Awaiting removal to an institution (Not included in (b) to (d) above)			
(i) At Home .....	10	10	20
(ii) In Boundary Park General Hospital Annexe .....	23	29	52
<b>TOTAL ascertained cases found to be "subject to be dealt with" .....</b>	<b>205</b>	<b>175</b>	<b>380</b>
(2) Number of Mental Defectives under Voluntary Supervision :—			
Under 16 years of age .....	—	—	—
Aged 16 years and over .....	23	17	40
<b>TOTAL number of mental defectives .....</b>	<b>228</b>	<b>192</b>	<b>420</b>
(3) Number of Mental Defectives Receiving Training :—			
(a) In day-training centres			
Under 16 years of age .....	11	10	21
Aged 16 years and over .....	8	10	18
(b) At home .....	—	—	—
<b>TOTAL .....</b>	<b>19</b>	<b>20</b>	<b>39</b>



**II. Particulars of Cases Reported During 1952.**

	M.	F.	T.
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with."			
Action taken on reports by—			
(i) Local Education Authorities on children			
(1) While at school or liable to attend school .....	7	2	9
(2) On leaving special schools .....	5	3	8
(3) On leaving ordinary schools ...	3	3	6
(ii) Police or by courts .....	1	—	1
(iii) Other sources .....	7	9	16
(b) Cases reported but not regarded at 31.12.52 as defectives "subject to be dealt with" on any ground .....	—	4	4
(c) Cases reported by local Education Authority but not confirmed as defectives by 31.12.52 and thus excluded from (a) or (b) .....	—	1	1
<b>TOTAL number of cases reported during the year .....</b>	<b>23</b>	<b>22</b>	<b>45</b>

**III. Number of Mental Defectives in Institutions under Community Care including Voluntary Supervision or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these Forms of Care during 1952.**

	M.	F.	T.
(a) Ceased to be under care .....	2	—	2
(b) Died .....	1	1	2
(c) Removed from area .....	1	1	2
(d) Lost sight of .....	6	7	13
<b>Total .....</b>	<b>10</b>	<b>9</b>	<b>19</b>

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

(a) Number who have given birth to children during 1952:—		
(i) After marriage .....	Nil.	
(ii) While unmarried .....	Nil.	
	M.	F.
(b) Number who have married during 1952 .....	—	1



## SECTION IV

**GENERAL MEDICAL AND DENTAL SERVICES****PHARMACEUTICAL SERVICES AND SUPPLEMENTARY  
OPHTHALMIC SERVICES****Oldham Executive Council**

The Oldham Executive Council consists of the Chairman (Mr. A. C. C. Robertson) and 24 other members, eight of whom are appointed by the Oldham Health Authority. Members are appointed for a period of three years and Councillor D. C. Hanson, Alderman G. A. Taylor and the Medical Officer of Health, Dr. J. T. Chalmers Keddie, who automatically retired on the 31st March, 1952, were re-appointed by the Health Committee. The following are the representatives of the Local Health Authority:—

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

Councillor A. Tweedale.

Councillor Ethel Rothwell

(to retire 31st March, 1953).

Councillor G. Halbert.

Councillor A. E. Stead

(to retire 31st March, 1954).

Councillor D. C. Hanson.

Alderman G. A. Taylor.

Dr. J. T. Chalmers Keddie

(to retire 31st March, 1955).

In July Mr. F. L. Pick resigned as Clerk of the Council and was succeeded by Mr. F. W. Chapple, to whom I am indebted for the following report:—

**General Medical Services**

The number of Oldham patients registered on all doctors' lists was 121,946 at 1st January, and 117,552 at 31st December. These figures compare with the Registrar General's estimated population for mid-June of 119,800. All the doctors practising in the County Borough are in the scheme and at the end of the year there were 85 (including assistants) on the medical list, 52 being resident in the Borough and 33 in the adjacent districts. In the previous year there were 86 doctors on the medical list, 50 being resident in the Borough and 36 in the adjacent districts. The average number of patients on the lists of doctors resident in Oldham was estimated to be 2,868 compared with 2,836 for the previous year.

At the end of the year there were 77 practitioners on the Obstetric List, an increase of one on 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 53 chemists, the same number as in the previous year, providing services as follows:—

Pharmacies in the area .....	44
Drug Stores .....	2
Surgical Appliance Suppliers .....	7



### Dental Services

All the dentists in the area provide dental services under the scheme, At the end of the year 32, the same number as in the previous year, were on the Dental List and 27 were resident in the Borough, the same number as the previous year.

### 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 two ophthalmic medical practitioners, 33 ophthalmic opticians representing 27 shops or firms and one dispensing optician were providing optical services.

### Finance

Following the passing of the National Health Service Act, 1952, further charges were imposed for treatment, drugs and appliances supplied to patients. In cases of hardship application can be made to the National Assistance Board for the charge to be refunded.

Under the National Health Service (Charges for Drugs and Appliances) Regulations, 1952, which came into force on the 1st June, the following charges became operative:—

- (1) One shilling in respect of an item or items (excluding elastic hosiery) ordered on any one prescription (Form E.C.10) by a medical or dental practitioner.
- (2) In respect of any item of elastic hosiery ordered on Form E.C.10. (These charges range from 5/0d to 10/0d each item).

Under the National Health Service (Charges for Dental Treatment) Regulations, 1952, which came into operation on the 1st June, the following charges became operative:—

#### (1) Treatment: (other than dentures)

The amount payable by the patient is £1 0s. 0d. or the full cost if this is less than £1 0s. 0d.

There are important exceptions and exemptions from this charge:—

- (i) No patient will be required to pay for an examination and report, arrest of bleeding or for any domiciliary visit up to five miles. The fees for these items will continue to be payable to dentists by the Executive Councils.
- (ii) Children and young persons under 21, expectant mothers and mothers who have had a child during the preceding twelve months are completely exempt.



(2) Relining of one denture or set of dentures, or the addition to dentures of teeth, bands or wires.

The charge of £1 0s. 0d. will include relining and the addition of teeth, etc., and is payable by ALL patients including children and young persons under 21, expectant mothers and mothers who have had a child during the preceding twelve months.

The existing charges for the supply of dentures, which are payable by ALL patients, were not affected.

These charges are payable to the chemists and dentists on application for making up of prescriptions or dental treatment.

The following amounts were recovered from members of the public (patients) for dental, ophthalmic and pharmaceutical services:—

	1952-53	1951-52
	£	£
General Dental Services .....	14,988	5,537
Supplementary Ophthalmic Services ...	18,219	11,195
Pharmaceutical Services .....	16,984	—

The Executive Council's financial year ends on the 31st March and for the financial year ending 31st March, 1953, the expenditure totalled £442,472 which compares with £403,555 for the financial year ended 31st March, 1952.

The following is an abstract of gross payments made by the Executive Council under the respective heads for the periods stated, they do not include amounts recovered from members of the public which are paid direct to dentists, opticians and chemists:—

	1952/53.	1951/52.
	£	£
<b>Doctors—</b>		
(a) General Medical Services .....	£196,105	103,587
(b) Maternity Services .....	4,115	4,930
<b>Chemists .....</b>	158,579	162,881
<b>Dentists .....</b>	48,795	88,345
<b>Ophthalmic .....</b>	28,155	36,828
<b>Administration .....</b>	6,722	6,984

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 are on Oldham, Lancashire, West Riding, Manchester, or 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.



The following shows the expenditure together with the amounts recovered from members of the public during the five years 1948-1952:—

(a) Expenditure	*1948-49	1949-50	1950-51	1951-52	1952-53
Doctors—	£	£	£	£	£
(a) General Medical Services	78,560	105,918	104,113	103,587	†196,105
(b) Maternity Services .....	1,118	3,706	4,295	4,930	4,115
Chemists .....	69,408	123,593	120,318	162,881	158,579
Dentists .....	70,696	131,135	124,478	88,345	48,795
Ophthalmic .....	69,690	104,960	80,125	36,828	28,155
Administration .....	4,423	5,421	5,505	6,984	6,722
(b) Amounts Recovered					
General Dental Services .....	—	—	—	5,537	14,988
Supplementary Ophthalmic Services .....	—	—	—	11,195	18,219
Pharmaceutical Services .....	—	—	—	—	16,984

\* from 5th July, 1948, to 31st March, 1949.

† This figure includes arrears of payment for the period July, 1948, to June, 1952, to practitioners under the Dankwerts award.



## SECTION V

## INFECTIOUS AND OTHER DISEASES

## General

Scarlet fever was prevalent during the first five months of the year and during the last quarter.

One case of para-typhoid B, Vi-phage type 1, was notified. The source of infection was not ascertained but information was received from Dr. M. T. Parker, Director of the Public Health Laboratory Service, Manchester, that sporadic cases of this phage type were occurring in the North West.

Cases of poliomyelitis again occurred during the late summer and in the early autumn. Sporadic cases now occur fairly regularly during this period of the year.

Measles was prevalent from July and assumed epidemic proportions in the last three months of the year, 650 cases being notified in December. It is interesting to record that 758 of the cases occurred in children attending infant schools.

The cases of whooping cough notified totalled 108. This is the lowest number recorded in any one year since this disease became notifiable under the Measles and Whooping Cough Regulations, 1939.

Dysentery was again prevalent during the first six months of the year but only 10 cases occurred during the remainder of the year. Again a number of outbreaks were associated with day nurseries.

The Public Health (Tuberculosis) Regulations, 1952, came into operation on the 1st May. A copy of the Regulations was forwarded to each medical practitioner practising in the area.

The Public Health (Aircraft) Regulations, 1952, came into operation on the 1st October.

## Attack Rates and Death Rates

	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 .....	0.00	—	0.00	—
Paratyphoid Fever .....	0.02	0.01	0.00	—
Meningococcal Infection .....	0.03	0.06	—	—
Scarlet Fever .....	1.53	1.92	—	—
Whooping Cough .....	2.61	0.90	0.00	0.01
Diphtheria .....	0.01	—	0.00	—
Erysipelas .....	0.14	0.12	—	—
Smallpox .....	0.00	—	0.00	—
Measles .....	8.86	12.87	—	—
Pneumonia .....	0.72	0.58	0.47	0.04
Acute Poliomyelitis .....	0.09	0.03	0.01	—
(a) Paralytic .....	0.06	0.01	—	—
(b) Non-Paralytic .....	0.03	0.02	—	—
Puerperal Pyrexia .....	17.87	0.04	—	—*
Enteritis and Diarrhoea (under two years of age) .....	—	—	1.1	0.01†
Food Poisoning .....	0.13	0.07	—	—

\* Rates per 1,000 live and stillbirths.

† Rates per 1,000 live births.



### **Diphtheria**

No cases were notified and no deaths registered.

### **Scarlet Fever**

There were 230 cases notified compared with 167 in the previous year. No deaths were registered.

### **Erysipelas**

There were 15 cases notified compared with 15 in the previous year. No deaths were registered. Of the 15 cases notified, 10 occurred in persons 45 years of age and over.

### **Enteric Fever**

#### **(a) Typhoid**

No cases were notified and no deaths registered.

In August information was received from the Medical Officer of Health, Blackpool, that three contacts of cases of typhoid fever were resident in the Borough. The necessary action was taken.

#### **(b) Para-Typhoid B.**

In May an apprentice confectioner, after a sub-acute illness of five days duration, was admitted to Westhulme Hospital with a tentative diagnosis of meningitis. The following day a positive Widal reaction 1/125 para-typhosus B was obtained and the organism was subsequently isolated from the faeces and reported para-typhosus B, Vi-phage type 1. In spite of intensive enquiries no source of infection was ascertained.

In September information was received from the Medical Officer of Health, Rhondda, South Wales, that a case of para-typhoid B had been notified in his district and that the father of the case was resident in the Borough. It was considered desirable to admit him to hospital for full investigation and he was subsequently discharged "no disease demonstrated."

### **Meningococcal Infection**

During the year 7 cases of meningococcal infection were notified. Of these, six were meningococcal meningitis and one meningococcal septicemia. No deaths were registered.

### **Acute Poliomyelitis**

There were four cases (paralytic 1; non-paralytic 3) notified and confirmed.

The non-paralytic cases, a male aged 9 years, notified in August, a male aged 5 years, notified in September and a male aged 6 years notified in October, all made a complete recovery. It is considered that the male aged 9 years was infected outside the Borough as he developed his symptoms four days after arriving from Pontypridd, South Wales.



The paralytic case was a male aged 5 years who was admitted to hospital in October with paralysis of the palate and partial respiratory paralysis. On discharge from hospital he was referred to the Orthopaedic Clinic for further treatment. At the end of the year he was walking without difficulty, could swallow ordinary foods, and the only defect found on examination was some sluggish movement of the palate.

A number of contacts were referred from other areas and the necessary action taken.

### **Acute Encephalitis**

No cases were notified and no deaths were registered.

### **Pneumonia**

#### **ACUTE PRIMARY PNEUMONIA**

There were 63 cases notified, 14 of these being notified during the month of December. Five deaths were registered.

#### **INFLUENZAL PNEUMONIA**

There were 6 cases notified. No deaths were registered.

### **Influenza**

There were no deaths registered compared with 47 in the previous year.

### **Measles**

There were 1,542 cases notified compared with 1,834 in the previous year. Of these, 1,366 were notified during the last four months of the year. In September the number of cases rose slightly and this was the beginning of an epidemic which continued into the new year (1953). The peak of this epidemic was reached in December when 650 cases were notified.

No deaths were registered as due to measles.

### **Whooping Cough**

There were 108 cases notified compared with 199 in the previous year. There was no peak period or epidemic occurrence during the year but rather strangely the highest number of cases occurred in July, when 19 cases were notified.

One death was registered, an infant of five months who had not been immunised. Death occurred four days after admission to hospital.

Of the 108 cases notified, 13 had received the full course of whooping cough immunisation and these were classified as follows:—

Severe .....	0
Moderate .....	1
Mild .....	12



### Dysentery

During the year 472 cases were notified (Sonné 441, no organism isolated 31). Of the 441 cases (Sonné dysentery) 145 were associated with outbreaks or infection in day nurseries, 71 with nursery schools or classes, 19 with an infant school, 11 were notified from hospitals and 195 were sporadic and not associated with any definite source of infection.

No deaths were registered as due to dysentery.

Outbreaks which occurred in day nurseries accounted for 128 Oldham cases and 4 cases (1 nursery child, 1 staff and 2 adults) not resident in the Borough and notified to the Medical Officer of Health of the district concerned. There were also 17 isolated cases which occurred among nursery children in the following nurseries:—

Municipal nurseries .....	3
Industrial nurseries (within the Borough) ...	5
Industrial nurseries (outside the Borough) ...	9

The following is a brief summary of outbreaks that occurred in day nurseries, nursery schools and an infant school:—

In January cases of diarrhoea occurred in Overens Street Nursery. and following investigation seven nursery children and four home contacts (1 school child, 3 pre-school children) were found to have Sonné dysentery.

In the same month the Medical Officer of Health, Royton, reported that three Oldham children attending an industrial nursery in his district were suffering from Sonné dysentery. No home contacts were confirmed.

In late January and early February cases of diarrhoea were reported from Haven Lane Nursery and following investigation four nursery children (1 adjacent area) and eight home contacts (2 adjacent area adults, 3 adults, 1 school child and 2 pre-school children) were found to have Sonné dysentery.

In February a child was excluded from an industrial nursery with diarrhoea and a specimen of faeces was subsequently reported Sonné positive. Following the visit of a Medical Officer, five nursery children and five home contacts (4 adults, 1 pre-school child) were subsequently confirmed.

In February a child attending Limeside Nursery School was notified by a general practitioner as suffering from Sonné dysentery. Following a visit by a Medical Officer to the school and full enquiry and investigation, twenty-six cases were confirmed. The infection was so rampant that the nursery was closed for one week. No staff were affected but prior to opening, negative specimens of faeces were obtained from all the staff and children before re-admission. This outbreak also accounted for twenty-six house contacts (13 adults, 11 school children and 2 pre-school children).

In the same month an outbreak of Sonné dysentery in an industrial nursery in Royton was notified to the Department. This outbreak accounted for fourteen cases in the Borough, ten nursery children and four house contacts (adults).



In February an outbreak also occurred in an industrial day nursery in the Borough involving seven nursery children and four contacts (1 adult, 2 school children and 1 pre-school child).

In March an outbreak in an industrial day nursery in Chadderton was responsible for twenty-three cases in the Borough—thirteen nursery children, one staff and nine contacts (8 adults, 1 school child).

During March cases of diarrhoea occurred in Westhill Nursery and following investigation thirteen cases were confirmed, seven nursery children, one staff and five contacts (2 adults, 2 school children and 1 pre-school child).

In March an outbreak also occurred in an industrial nursery in the Borough involving four nursery children and four contacts (1 adult, 3 school children).

In March two children attending the Derker Nursery School were reported suffering from diarrhoea. Specimens of fæces were sent for examination and reported Sonné positive. As a result of these investigations, eleven nursery children were found to have Sonné dysentery. This outbreak also accounted for eight house contacts (5 adults, 2 school children and 1 pre-school child).

In March cases of diarrhoea were reported among the children attending St. Peter's Infant School. Following investigation and specimens of fæces from children who were affected, nine cases of Sonné dysentery were confirmed. This outbreak also accounted for ten house contacts (7 adults and 3 pre-school children).

Also in March an outbreak in an industrial nursery in Shaw was responsible for five cases in the Borough—three nursery children, two home contacts (1 adult, 1 school child).

In April three cases occurred in Horsedge Nursery and one house contact (adult) was confirmed.

During April and May, seven cases occurred in Honeywell Lane Nursery—five nursery children, two staff (one resident in adjacent area) and five home contacts (4 adults, 1 school child) were confirmed.

In May an outbreak in an industrial nursery in Shaw accounted for six Oldham cases—four nursery children and two home contacts (1 adult, 1 pre-school child).

No further outbreaks of Sonné dysentery were reported during the year.

### **Ophthalmia Neonatorum**

During the year four cases of ophthalmia neonatorum were notified. These were kept under observation and in no case was vision impaired.

### **Puerperal Pyrexia**

There were five cases of puerperal pyrexia notified as follows:—

Boundary Park General Hospital .....	1
Woodfield Maternity Home .....	1
Domiciliary .....	3



### Smallpox

No cases of smallpox occurred in the Borough, but an outbreak occurred in Rochdale and its adjacent districts. The following is a full report of the precautions taken following receipt of information that smallpox was suspected and had been diagnosed:—

On Sunday evening, the 10th February, Doctor J. Starkie, Senior Assistant Medical Officer advised the Medical Officer of Health by telephone that a suspected case of smallpox had been removed to Ainsworth Smallpox Hospital. This information had reached him through his duties at Westhulme Hospital and not through any official channels. The Medical Officer of Health at once informed the Secretary of the Oldham and District Hospital Management Committee and recommended that the vaccinal state of the hospital staffs should be immediately reviewed. The following morning steps were taken to review the vaccinal state of all members of the Public Health staff, and key members were earmarked for urgent re-vaccination.

Preliminary measures were duly taken for dealing with an outbreak of smallpox should cases occur, and during this week 81 members of the staff were vaccinated or re-vaccinated.

On Tuesday the 19th February, the Medical Officer of Health, Rochdale, telephoned that cases of smallpox had been diagnosed in Rochdale. Following receipt of this information a letter was delivered to all practitioners stating that smallpox cases might occur, and advising them of the action they should take should a suspected case occur in their practice.

On Wednesday, the 20th February, at the request of the Principal Regional Medical Officer, the Medical Officer of Health attended a Conference at the Ministry of Health Offices, Manchester.

On Thursday, the 21st February, a letter with reference to vaccination was sent out to all practitioners, together with a copy of Ministry of Health "Memorandum on Vaccination against Smallpox" (Memo. 312/MED Revised). Practitioners were requested to forward any completed returns of vaccination without delay.

On Thursday, the 21st February, the first contacts were reported from Rochdale. Further contacts were subsequently reported from Milnrow, Bacup and Chadderton, and altogether a total of 24 contacts (19 work, 3 house, 2 other) required surveillance, their origin being as follows:—

Rochdale	— cases (5)	— 7 Contacts
Milnrow	— cases (1)	— 5 Contacts
Bacup	— cases (1)	— 11 Contacts
Chadderton	— cases (1)	— 1 Contact

On the 2nd April the Medical Officer of Health, Chadderton, reported a case of smallpox and in accordance with agreed arrangements requested this authority to arrange the removal of the patient by ambulance, and undertake the necessary disinfection.

On the 17th April the Medical Officer of Health, Middleton, reported a case of smallpox and made similar requests.



On Thursday, the 17th April, the Health Committee passed a formal resolution for a temporary Order to be made under Section 147 (3) of the Public Health Act, 1936, making chickenpox compulsorily notifiable within the County Borough for a period of one month from the date on which it was made.

The Council did not meet till the 30th April to confirm the resolution of the Health Committee, and the Order did not come into force till the expiration of one week from the date of the first public advertisement, namely, the 9th of May. By this time the epidemic was definitely on the wane, and this prolonged but unavoidable delay caused some quiet criticism by members of the public.

The Health Committee also resolved at their meeting on the 17th April to request the Minister to make a permanent Order making chickenpox notifiable in all persons over 15 years of age.

### **Suspect Cases**

Practitioners and hospital medical staff were asked to advise the Medical Officer of Health immediately of any suspicious cases in their practice, and particularly suspected chickenpox in adults. They were also advised that a Medical Officer of the department was always on call and could be contacted through the Ambulance Depot (MAIn 2433).

There were 20 cases (8 adults and 12 children) referred as possible suspects or for confirmation of a diagnosis of chickenpox, 17 being referred by general practitioners and 3 by hospital medical staff. These cases were all visited by the Senior Assistant Medical Officer, Dr. J. Starkie, and in 9 cases (7 adults and 2 children), the opinion of a Smallpox Consultant was obtained. The adult who was not referred for the opinion of a Consultant had developed a typical rubella eruption, and no further action was considered necessary.

In addition to the above, 5 definite cases of chickenpox were brought to notice (1 adult and 4 children). The children were in day nurseries and the adult a municipal midwife. The diagnosis in each case was confirmed by a medical officer of the department.

Two contacts under surveillance who were vaccinated developed a rise of temperature and a few atypical papules. They were both seen by a Consultant.

In none of the above cases was a diagnosis of smallpox confirmed or the symptoms suggestive enough to warrant removal to hospital for observation.

Specimens from six of the patients seen by a Consultant were sent to Professor Downie, Liverpool University, for examination and report. In every case egg culture was negative.

### **Contacts**

The names and addresses of 24 persons resident in the Borough who were contacts of a case of smallpox were notified to the Department by the Medical Officers of Health of the districts concerned. These contacts were classified as follows:—

- (1) Work Contacts ..... 19  
(i.e., Where the contact with the patient was at  
work)



(2) House Contacts .....	3
(i.e., Where the contact was in the home or at the house of the patient)	
(3) Other Contacts .....	2

(a) WORK CONTACTS (19)

These contacts were employed at the mill or works at which the case occurred, or were employees of an Oldham firm who were engaged on a job at the particular mill or works. In a few cases the patient either worked in the same section of the mill or works as the contact or passed through the shed or room in which they worked. In the majority of these cases the degree of contact could only be described as slight.

A number of these contacts were offered vaccination by the Medical Officer of Health of the Authority in whose area the mill was situated and 8 who accepted this offer were vaccinated while at work.

(b) HOUSE CONTACTS (3)

Two of these contacts, husband and wife, had the closest association with a patient as they visited her on Sunday afternoon, the 2nd March, and stayed several hours in her bedroom. On the following day she was removed to hospital with smallpox, having complained of symptoms for four or five days previously. Both these contacts were unvaccinated, but were vaccinated when the first contact visit was made.

The other house contact was a coal dealer who delivered a bag of coal to the house during the illness of a patient prior to her removal to hospital. He did not see or make any contact with the patient.

(c) OTHER CONTACTS (2)

These contacts, mother and daughter, visited a Manchester hospital. Advice was subsequently received that a child who attended the Out-Patient Department at the same time had some days later developed smallpox. The contact in these two cases would appear to have been negligible.

The following procedure was adopted for the surveillance of contacts.

Following notification, the contact was visited without delay by a medical officer and full details of their contact with the patient and such family circumstances which would be of value should they themselves develop smallpox, were obtained and recorded. The protection afforded by immediate vaccination was stressed, and where vaccination had not been performed following exposure, and if the contact was willing, this was done without delay. After the first batch of contacts were examined arrangements were made for medical officers on their first visit to carry with them the necessary kit to vaccinate the contact immediately. At this visit all other members of the household were listed and vaccination also offered to these persons. The contact was examined for the presence of any missed rash or spots and instructed to remain at home if he felt ill or noticed any spots or rash on the face, body or limbs.

At this visit the contact's practitioner was ascertained and he was subsequently advised of the degree of exposure to infection and that his advice might be sought, if the contact developed any symptoms or illness. He was also advised when surveillance ceased.



Arrangements were next made to visit the contact daily at a time which was mutually convenient. Contacts continued at their employment and as the majority of contacts were working evening visits were necessary. In all cases the convenience of the contact was the first consideration and his or her co-operation was essential.

All contacts were kept under surveillance up to and including the 21st day of contact and were visited daily by a medical officer or a sanitary inspector. Owing to the small number of contacts, medical officers were able to make the daily visit to all contacts who had any direct contact with the patient, however short or transient. The sanitary inspectors made the daily visits to all other contacts but the final visit was made with a medical officer who made a careful examination of the contact prior to his discharge from surveillance.

In the case of close house contacts and direct contacts the temperature was taken daily from the 10th to the 18th day of contact.

A few contacts were asked to restrict their movements or remain off work for a short period. This they did willingly and without grumble.

The management of one firm whose employees were working outside the Borough arranged for their employees to be seen on their premises before they left for home. This arrangement, which was most convenient to all concerned, was much appreciated.

In two cases contacts were excluded from work as a precautionary measure. The certificate in respect of the claim for benefits under the National Insurance was issued by the Medical Officer of Health on behalf of these contacts and the relative forms were completed by the visiting medical officer and at no time handled by the patient. The Manager of the local branch of the Ministry of National Insurance afforded every co-operation in this respect.

No school contacts were reported for surveillance but it was known that Rochdale children attended private schools in the Borough. The Heads of these schools were advised to insist on children from the Rochdale area being vaccinated.

### **Vaccination**

#### **(a) GENERAL**

As no case of smallpox developed in the Borough the question of mass vaccination never arose, so no special arrangements were necessary for dealing with large numbers of persons requiring vaccination. In case such a situation should arise a skeleton scheme was prepared and clinic premises selected at strategic points in the Borough which could be utilised if required. No special sessions were arranged at factories, schools or clinics.

Since July, 1949, vaccination sessions have been held for infants whose mothers desire them to be vaccinated by a Medical Officer of the Department. The sessions are held weekly, usually for one hour, and attendance is by appointment. Unfortunately owing to shortage of medical staff this session was temporarily suspended for three months. It was resumed in February. The prevalence of smallpox in the area gave a slight boost to infant vaccination, and it was necessary to extend this session for a full afternoon.



A few members of the public who requested vaccination attended this session or arrangements were made for them to be vaccinated along with members of the staff.

The method of vaccination used throughout was the multiple pressure method as recommended in Memo 312/MED Revised. The site in nearly every case was the posterior border of the deltoid. In a few instances, the mothers wished vaccination on the infant's leg, but this request was not encouraged.

In the letter addressed to practitioners, advising them of the prevalence of smallpox, they were reminded of the facilities for obtaining lymph. A copy of Memo 312/MED Revised was also sent to every practitioner.

A number of adults who received primary vaccination developed constitutional disturbance with marked local reaction, but no serious complications were recorded.

#### (b) CONTACTS AND MEMBERS OF THEIR HOUSEHOLD

There were 24 contacts notified for surveillance. Of these 8 were vaccinated or re-vaccinated outside the Borough (Rochdale 2, Milnrow 3, Bacup 3) and 11 at home by medical officers of the Department.

In 5 cases vaccination or re-vaccination was not performed. In two of these cases the contact was extremely remote, and re-vaccination would have afforded no protection. In the other three cases vaccination was refused, two of these had been vaccinated in the Services, but the remaining contact was unvaccinated. Fortunately in this last case there was no close contact.

Four unvaccinated contacts who were known to have had close contact were given two "insertions" to make more certain of a successful "take." In three cases the local reaction was particularly severe and accompanied by a rise of temperature for a few days. One of these contacts was kept off work owing to these symptoms.

The members of the household of every contact were offered vaccination, and the protection to be afforded by immediate vaccination was stressed. There were 53 such persons and 19 of these were vaccinated or re-vaccinated by Medical Officers of the Department. The majority of the remaining household contacts were not advised vaccination owing to age or for medical reasons; 11 household contacts refused vaccination.

#### (c) PUBLIC HEALTH STAFF

The vaccinal state of all staff who might come into immediate contact with cases of smallpox is reviewed annually. Key personnel are vaccinated or re-vaccinated on appointment, and vaccination is a condition of service for all personnel employed in the Ambulance Service. When information was received that a suspected case of smallpox had been removed to hospital, steps were immediately taken to offer vaccination to all members of the staff, and to re-vaccinate all key personnel. Apart from certain domestic staff and staff employed in the Domestic Help Service, only six employees refused vaccination. One had never been vaccinated, but the others had been vaccinated or re-vaccinated as adults.



The possibility of key personnel in close contact with a case of smallpox, e.g., ambulance driver/attendants, conveying infection was not overlooked, and such personnel were strongly advised to have members of their family vaccinated.

The following is a summary of the staff of the Public Health and School Health Services who were vaccinated or re-vaccinated during the period of the outbreak:—

	No. Employed	No. Vaccinated or Re-Vaccinated	NOT VACCINATED OR RE-VACCINATED		
			Off Duty Sick	Medical Reasons	Refused
Medical Officers .....	6	6	—	—	—
Sanitary Inspectors and Other Sanitary Staff ...	16	16	—	—	—
Disinfecting Station Staff	4	4	—	—	—
Ambulance Personnel ....	46	46	—	—	—
Health Visitors/School Nurses .....	15	15	—	—	—
Administrative & Clerical Staff .....	49	47	—	2	—
Day Nursery Staff .....	73	69	2	1	1
Dental Staff .....	6	3	—	—	3
Midwives .....	22	21	—	—	1
District Nurses .....	16	15	—	—	1
Domestic Helps .....	83	49	—	14	20
Domestic Staff (Health Office, Nurseries, &c.)	34	20	1	8	5
Totals .....	370	311	3	25	31

(d) HOSPITAL STAFFS—OLDHAM HOSPITAL GROUP

When it was known that a suspected case of smallpox had been removed to Ainsworth Smallpox Hospital the Secretary of the Oldham and District Hospital Management Committee, Mr. F. W. Barnett, was immediately informed and advised that the vaccinal state of the hospital staffs should be reviewed without delay. I am much indebted to him for the following note:—

"Immediately we were made aware of the outbreak of smallpox in Rochdale and district, all Matrons and Heads of Departments were contacted with a view to the hospital staffs being urged to undergo immediate vaccination. The response on the part of the staff was exceptionally good, and within a matter of days 405 members of the staff had been vaccinated or re-vaccinated, and upon further approaches being made, an additional 100 members were dealt with."

**Ambulance Arrangements**

Prior to the 'appointed day' cases of smallpox were removed by the infectious diseases ambulance which was stationed at Westhulme Hospital. As the removal of cases of infectious disease is now undertaken by the general ambulance service, the precautions to be taken by the personnel and the arrangements for disinfection had to be reviewed.

Detailed instructions which were to be observed when a case of smallpox was removed were prepared and issued, and driver/attendants



were given practical instruction in the use of special protective clothing which was issued.

After admitting the patient to hospital, driver/attendants proceeded direct to the disinfecting station for disinfection of their clothes and their vehicles.

The Oldham Ambulance Service removed two patients to the Ainsworth Smallpox Hospital, Bury, one being from Chadderton and the other from Middleton.

### Disinfection

The facilities for disinfection were reviewed and arrangements were made for all disinfection to be undertaken by the staff of the Disinfecting Station.

Following the removal of a case of smallpox, the bedding and clothing of the patient would be conveyed to the Station for disinfection and the house of the patient would be disinfected. House contacts were to proceed to the Disinfecting Station for bathing and disinfecting of their clothing.

Ambulance personnel, after removing a case of smallpox, were also to proceed to the Station for bathing and for disinfection of their clothing and their vehicle.

By arrangement, this authority undertook the disinfection in connection with the cases which occurred in Chadderton and Middleton.

The following figures give some indication of the work undertaken by the staff in connection with the outbreak.

<b>1. Cases Referred.</b>	
Suspect Cases .....	22*
Cases of chickenpox .....	5
<b>2. Cases Referred to Consultant .....</b>	<b>11*</b>
<b>3. Contacts under Surveillance.</b>	
Home or House contacts .....	3
Works contacts .....	19
School contacts .....	—
Other contacts .....	2
<b>4. Visits.</b>	
<b>(a) By Medical Staff.</b>	
(i) To Suspect cases .....	74
(ii) With Smallpox Consultant .....	11*
(iii) To Contacts under Surveillance—	
Home Visits .....	294
Visits to Place of Work .....	11
Ineffective Visits .....	5
<b>(b) By Sanitary Inspectors.</b>	
To Contacts under Surveillance .....	63
Ineffective Visits .....	4

\* This figure includes two contacts who were vaccinated and developed a rise of temperature with atypical papules.



#### 5. Cases Removed by Ambulance.

Middleton .....	1
Chadderton .....	1

#### 6. Disinfecting Station.

##### Work Undertaken.

Contacts bathed and clothing disinfected.....	4
Ambulance personnel bathed and clothing disinfected .....	5
Ambulances disinfected .....	3
Patients' clothing disinfected .....	2
Patients' bedding disinfected .....	2
Houses fumigated .....	2

#### Chicken Pox

An order was made by the Town Council making chicken pox notifiable as an emergency measure under Section 147(3) of the Public Health Act, 1936. This order was operative from the 9th to 30th May, 1952 (inclusive). During this period 30 notifications were received.

#### Other Diseases

No cases of cholera, malaria, glandular fever, undulant fever or typhus fever were brought to the notice of the Department.

#### Anthrax

No case of anthrax was brought to notice.

An Oldham emergency slaughterman's person and clothing were contaminated when he was called to slaughter a bullock in the Saddleworth area which was subsequently diagnosed as dying from anthrax. The necessary action was taken regarding disinfection of the slaughterman and some of his clothing was destroyed, for which he received compensation. He was given a dose of anti-anthrax serum (10 ccs) and developed a marked rash with other anaphylactic symptoms which required his admission to hospital for three days.

#### 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 who he is attending if he becomes aware, or suspects, that such patient is suffering from food poisoning.

In all cases of food poisoning, or suspected food poisoning, full enquiries are made to ascertain the source of infection. If any suspected food is available samples are submitted for bacteriological examination. Contamination by rodents is also fully investigated in cases due to *Salm. typhi-murium*.

During the year, nine cases of food poisoning were notified and the following cases are of especial interest:—

- (1) A male infant of 2 years developed vomiting and diarrhoea and *Salm. Anatum* was isolated from the faeces. All the other members of the household submitted faeces for examination and the mother,



aged 32, and grandmother, aged 68, were found to be *Salm. Anatum* "positive." Some evidence of mice was found in the house but examination of the droppings proved negative.

- (2) A male aged 38 years was reported by the Medical Officer of Health, Chadderton, as a contact of a case of *Salm. typhi-murium*. On investigation, he was found to have diarrhoea and *Salm. typhi-murium* was isolated from the fæces.
- (3) A male aged 56 years was admitted to hospital suffering from profuse diarrhoea and vomiting. Specimens sent for examination were reported negative. On enquiry he stated that three hours before the onset of his symptoms he had some pork veal loaf sandwiches for lunch. The source of this pork veal loaf was found to be a local butcher's shop and a portion still remained unsold. This was sent for bacteriological examination and a growth of *staphylococcus pyogenes* was subsequently reported.

The remaining four cases were all isolated cases of *Salm. typhi-murium* infection—a male aged 58 years, a schoolgirl aged 7 years and two infants aged 2—3 years.



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		Meningococcal Infections		Acute Poliomyelitis		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.	9	...	30	...	25	...	...	...	...	...	...	...	...	...	8	...	1	...	7	2	1	...
Feb.	6	...	31	...	115	...	...	...	...	...	1	...	...	...	4	...	...	...	7	...	2	...
March	31	...	24	...	173	...	...	...	...	...	...	...	...	...	7	...	1	...	6	...	...	...
April	7	...	17	...	74	...	...	...	...	...	...	...	...	...	12	...	2	...	8	...	1	...
May	11	...	19	...	28	...	...	...	1	...	...	...	...	...	15	...	...	...	2	1	...	...
June	8	...	8	...	15	...	...	...	3	...	1	...	...	...	16	...	2	...	2	1	...	...
July	45	...	8	...	2	...	...	...	2	...	2	...	...	...	19	1	1	...	3	1	...	...
Aug.	59	...	7	...	1	...	...	...	1	...	...	...	...	...	12	...	1	...	4	...	...	...
Sept.	86	...	8	...	1	...	...	...	1	...	2	...	1	...	4	...	1	...	...	...	1	...
Oct.	238	...	21	...	7	...	...	...	1	...	1	...	2	...	5	...	1	...	7	...	...	...
Nov.	392	...	22	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	3	...	...	...
Dec.	650	...	35	...	...	...	...	...	...	...	...	...	...	...	2	...	5	...	14	...	1	...
Totals	1542	...	230	...	441	...	9	...	7	...	4	...	...	...	108	1	15	...	63	5	6	...

Smallpox ... None. Para-Typhoid ... 1 case. No Deaths.

Typhoid ... None. Puerperal Pyrexia 5 cases.



TABLE SHOWING CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1952.

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.
Scarlet Fever	...	5	44	131	38	8	4	...	...	10	7	14	22	31	8	19	44	21	3	22	29
Whooping Cough...	11	27	26	41	1	1	1	...	...	6	3	13	9	20	5	3	9	14	6	10	10
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	48	378	517	585	10	2	2	...	...	86	49	145	126	252	55	119	242	171	43	133	121
Acute Pneumonia (Primary or Influenzal)	2	2	4	5	4	4	19	19	10	9	4	4	7	10	3	1	7	10	5	2	7
Meningococcal Infection	2	2	1	1	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	3	2
Acute Poliomyelitis— Paralytic	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Non-Paralytic	...	...	1	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
Acute Encephalitis— Infective	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post Infective	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery...	20	116	103	87	21	23	83	13	6	30	26	33	44	37	13	35	107	39	21	58	29
Ophthalmia Neonatorum	4	...	...	...	...	1	4	...	...	1	...	1	...	1	1	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Para-Typhoid Fever	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning	...	2	1	1	...	...	2	2	1	6	1	...	1	...	...	...	2	2	1	3	2
Erysipelas...	...	...	...	...	...	1	4	8	2	2	...	...	2	...	1	...	...	...	...	...	...
Respiratory Tuberculosis	1	10	4	7	3	35	54	31	4	9	5	14	12	18	6	14	16	20	6	16	13
Other Forms of Tuberculosis	...	...	1	6	...	6	3	...	...	1	1	...	2	2	1	...	1	3	2	...	3
*Chicken Pox	...	5	8	16	1	...	...	...	...	...	2	1	3	3	...	...	4	5	...	...	12
Totals ...	88	547	711	882	78	82	177	73	23	160	99	227	228	378	94	191	432	286	87	248	231

\* Notified under an Order made by the Town Council operating from 9th-30th May, 1952, inclusive.



## TUBERCULOSIS

No material change occurred in the Tuberculosis Services provided for the Borough. Out-patient diagnosis and preventive work is carried out at the Barker Street Chest Clinic and in-patient treatment is provided at Strinesdale Sanatorium and other hospitals and sanatoria outside the Borough, details of which are given in the table "Sanatorium and Hospital Treatment."

On the 1st May the Public Health (Tuberculosis) Regulations, 1952, came into operation. These Regulations revoke the Public Health (Tuberculosis) Regulations, 1930, and make similar provision for the notification of tuberculosis modified to accord with the structure and administration of the services now being provided under the National Health Service Acts.

The mobile unit No. 6 of the Manchester Regional Hospital Board, carried out a survey in the Borough from the 7th January to 9th June. The final report of Dr. J. O'Regan, the Medical Director of the Unit, was received some months later and extracts from his report, together with tables relating to Oldham residents are given at the end of this section.

### The Chest Clinic

Attendances at the Chest Clinic, compared with the two previous years, were as follows:—

	1950	1951	1952
Adults .....	2846	2827	3536
Children .....	1101	1333	1381
	—	—	—
	3947	4160	4917
	—	—	—

The tuberculosis health visitor paid 1,557 visits to the homes of patients.

### Deaths

The number of deaths registered, 43 (35 pulmonary and 8 non-pulmonary) gives a rate per thousand of the population of .36 (.29 pulmonary and .07 non-pulmonary) compared with 37 (32 pulmonary and 5 non-pulmonary) and a rate of .31 (.27 pulmonary and .04 non-pulmonary) for the previous year.

### The Tuberculosis Register

The total number of accepted cases on the Register on the 31st December, was 694. Of these, 39 had had a positive sputum during the latter six months.

During the year, 144 cases were removed for the following reasons:—

1. Recovered .....	53	or 36.8% of total removals
2. Removal out .....	29	} or 31.3% of total removals
3. Not desiring further treatment	9	
4. Lost sight of .....	3	
5. Diagnosis not confirmed .....	4	
6. Deaths .....	46	or 31.9% of total removals



Of the 53 recovered cases 37 were pulmonary (30 or 81.1% minus, 2 or 5.4% R.B.1. and 5 or 13.5% R.B.2.).

Of the 46 deaths, 39 were pulmonary, classified as follows:—

Minus 7 or 18.0%	R.B.2. 21 or 53.8%
R.B.1. 2 or 5.1%	R.B.3 9 or 23.1%

### Pulmonary Tuberculosis

#### New Cases

There were 127 new cases placed on the Register compared with 100 for the previous year. These were classified as follows:—

R.A.1. (Early cases, sputum negative or absent) .....	58
R.A.2. (Intermediate cases, sputum negative or absent) .....	12
R.A.3. (Advanced cases, sputum negative or absent) ...	1
R.B.1. (Early cases, sputum positive) .....	7
R.B.2. (Intermediate cases, sputum positive) .....	33
R.B.3. (Advanced cases, sputum positive) .....	16

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

#### Deaths

During the year, 35 patients compared with 32 for the previous year, died from pulmonary tuberculosis. This represents a death rate of 0.29 per thousand of the population.

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

Of these 35 deaths, 13 or 37.1% had been notified more than five years. A further 3 or 8.6% had been notified three to five years, whilst 6 or 17.2% died one to three years after notification. The remaining 13 (37.1% of total) occurred within one year of coming to notice and included 3 which escaped statutory notification; 1 being notified posthumously and two coming to notice through the local registrar's returns. The following table shows the length of time between notification and death of the remaining 10:—

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

Thus of the 35 patients dying during the year, 22 or 62.9% died within five years of coming to notice.



## Non-Pulmonary Tuberculosis

### New Cases

The number of new cases placed on the Register during the year was 16. In addition, 5 other cases came to notice. These compare with 16 and 4 for the previous year.

The following table shows the localisation of the disease in recent years:—

	1952	1951	1950
Bones and Joints .....	3	5	5
Abdomen .....	4	1	5
Meninges .....	1	1	1
Peripheral Glands .....	7	5	5
Other Organs .....	1	1	—
Skin .....	—	1	3
Generalised .....	—	2	—
Totals .....	16	16	19

### Deaths

There were 8 deaths compared with 5 for the previous year. This represents a death rate of 0.07 per thousand of the population.

The localisation of the disease was as follows:—

Abdomen .....	1
Meninges .....	5
Miliary .....	1
Pericardium .....	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	...	...	...	1
1 to 5 ... ..	5	6	1	1	...	...	...	...
5 to 10 ... ..	2	...	3	2	...	...	1	...
10 to 15 ... ..	...	2	...	1	...	...	...	...
15 to 20 ... ..	8	13	5	1	...	...	1	1
20 to 25 ... ..	6	10	...	...	...	...	2	...
25 to 35 ... ..	14	15	1	2	4	5	...	...
35 to 45 ... ..	18	3	1	1	6	1	1	...
45 to 55 ... ..	16	...	...	...	7	...	...	...
55 to 65 ... ..	8	3	...	...	7	3	...	...
65 plus ... ..	3	...	1	...	2	...	1	...
Totals ... ..	80	53	12	9	26	9	6	2

1952 .....	133	...	21	...	35	...	8
1951 .....	104	...	20	...	32	...	5
1950 .....	82	...	23	...	39	...	8
1949 .....	89	...	34	...	39	...	9



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

	Pulm.	Non-Pulm.
Cotton operatives .....	26	2
Household duties .....	17	1
Children under school age .....	12	3
School children .....	5	7
Unemployed .....	6	—
Labourers .....	5	1
Clerical workers .....	9	—
Engineers, fitters, etc. ....	19	—
Brass and sheet metal workers .....	3	1
Nurses .....	—	1
Porters .....	1	—
Joiners, etc. ....	2	—
Retired .....	4	1
Schoolteacher .....	1	—
Electricians .....	4	—
Food handlers .....	5	1
H.M. Forces .....	2	—
Other occupations .....	12	3
	—	—
Total .....	133	21
	—	—



## RETURN OF CASES ON THE TUBERCULOSIS REGISTER.

	Pulmonary			Non-Pulmonary			Totals			Grand Totals
	Male	Female	Ch'n.	Male	Female	Ch'n.	Male	Female	Ch'n.	
1. No. of definite cases of Tuberculosis on Register at 1st January	283	222	33	43	53	43	326	275	76	677
Transfers from other areas	10	7	...	...	2	...	10	9	...	19
"Lost sight of" cases returning	...	...	...	...	...	...	...	...	...	...
2. No. of new cases diagnosed during year as :										
Class A (T.B. Minus)	26	29	16	3	4	7	29	33	23	85
Class B (T.B. Positive)	43	13	...	2	...	...	45	13	...	58
No. of cases included in 1 and 2 written off the Register during the year :										
(1) Recovered	15	21	1	6	5	5	21	26	6	53
(2) Dead (all causes)	29	10	...	3	2	2	32	12	2	46
(3) Removed to other areas	12	10	1	2	3	1	14	13	2	29
(4) For other reasons	9	3	1	1	2	1	10	5	2	17
No. of definite cases of Tuberculosis on Register at 31st December	297	227	46	36	47	41	333	274	87	694



**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 1st January			Admissions			Discharges			Deaths			In-patients 31st December		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Strinesdale Sanatorium	19	17	...	47	23	...	42	23	...	4	...	...	20	17	...
Abergele Sanatorium	...	...	4	...	...	3	...	...	1	...	...	...	...	...	6
Aitken Sanatorium, Bury	...	1	...	...	1	...	3	1	...	...	...	...	2	1	...
Astley Hospital	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1
Baguley Hospital	2	...	...	...	3	1	6	1	1	...	...	...	4	1	...
Chadderton Pulmonary Hospital	...	2	...	...	12	...	...	5	...	...	2	...	...	7	...
Cherry Tree Hospital, Stockport	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1
Elswick Sanatorium, Kirkham	1	...	...	...	2	...	2	1	...	...	...	...	1	1	...
Fall Birch Hospital, Bolton	...	...	...	...	5	...	...	5	...	...	...	...	...	...	...
Florence Nightingale Hospital, Bury	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heath Charnock Hospital, Chorley	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...
Hefferston Grange Sanatorium, Weaverham	...	...	1	4	...	1	3	...	1	...	...	...	1	...	1
High Carley Sanatorium, Ulverston	5	5	1	5	9	3	10	11	4	...	...	...	...	3	...
Hulton Hospital, Bolton	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
Hyde Hospital	1	...	...	1	...	...	2	...	...	...	...	...	...	...	...
Ladywell Sanatorium, Salford	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
King Edward VII Sanatorium, Midhurst	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Monsall Hospital, Manchester	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
Nab Top Sanatorium, Marple	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...
Peel Hall Hospital, Little Hulton	1	...	...	1	...	...	1	...	...	1	...	...	...	...	...
Polish Hospital No. 4, Iscroyd Park	1	...	...	1	1	...	...	1	...	1	...	...	1	2	...
Springfield Sanatorium, Rochdale	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Stepping Hill Hospital, Stockport	...	...	...	2	1	...	...	1	...	1	...	...	1	...	...
Walton Sanatorium, Chesterfield	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
Westmorland Sanatorium, Grange- over-Sands	1	3	...	7	4	...	4	6	...	...	...	...	4	1	...
Wilkinson Sanatorium, Bolton	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
Withnell Hospital, Chorley	2	...	...	2	...	...	3	...	...	...	...	...	1	...	...
Wolstenholme Pulmonary Hospital, Rochdale	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
Switzerland	2	...	...	2	...	...	1	...	...	...	...	...	3	...	...

**Table II. Non-Pulmonary Cases.**

The Robert Jones and Agnes Hunt  
Orthopaedic Hospital, Oswestry



**Part I.—Summary of Notifications, during the year.**

Formal Notifications.														
Age Periods	Number of Primary Notifications of new cases of Tuberculosis.													
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 & upwards	Total (all ages)
Pulmonary Males ...	...	4	2	4	1	9	5	14	13	13	3	...	...	82
Females ...	1	3	5	3	2	10	11	19	1	3	...	...	...	64
Non-Pulmonary Males ...	...	...	...	2	...	3	2	1	...	...	...	...	...	8
" Females ...	...	...	1	4	...	1	...	1	...	...	...	...	...	8
TOTALS ...	1	7	8	13	3	23	18	35	21	14	16	3	...	162

**Part II—New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health, during the above-mentioned period, otherwise than by formal notification.**

**Supplemental Return.**

Age Periods	0—1	1—2	2—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65—75	75 and up.	Total (all ages)
Pulmonary Males ...	...	...	1	...	...	...	2	5	3	1	...	...	1	13
Females ...	...	...	...	...	...	...	2	3	2	...	1	...	...	8
Non-Pulmonary Males ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" Females ...	1	...	...	...	...	...	...	3	...	...	...	...	...	4
TOTALS ...	1	...	1	...	...	...	4	11	5	1	1	...	1	25

	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns from Local Registrars ...	2	1
Transferable Deaths from Registrar General ...	...	1
Posthumous Notifications ...	3	...
" Transfers " from other areas (other than transferable deaths) ...	16	2
Other Sources ...	...	...
TOTALS...	21	4



### MASS MINIATURE RADIOGRAPHY SURVEY

The Mass Miniature Radiography mobile unit (No. 6) of the Manchester Regional Hospital Board, based at Rochdale, which serves the County Boroughs of Bury, Oldham and Rochdale, was in the Oldham area from the 7th January to the 9th June. I am indebted to Dr. J. O'Regan, Medical Director, for the following details which have been extracted from his final report:—

"This was the second survey based on the Oldham County Borough, the first one being carried out from February to June, 1946, when 20,550 persons (Oldham 14,516; Lancashire County Council and surrounding areas 6,034) were examined. In this survey 26,655 persons (Oldham 22,491, Chadderton 3,940, Rochdale 224) were examined.

The Unit was first accommodated in the Gower Street School Clinic prior to visits to various firms and establishments in the Borough. One of the large firms visited was that of Platt Bros., Werneth, where excellent facilities were provided and the Management co-operated splendidly in allowing employees from other firms in the vicinity to attend while the Unit was on their premises.

Whilst at Platt Bros., members of the staff of the B.B.C. visited the Unit and made recordings in connection with a feature broadcast on tuberculosis.

Public sessions were held at Gower Street Clinic (two female and one male session) and these were well attended. Public sessions were also held in Platt Bros., Werneth, and as these premises were practically on the border of Chadderton, it was found that persons from Chadderton were visiting the public sessions held here.

The Unit also visited Boundary Park Hospital and X-rayed the staff of the Oldham and District Hospital Management Committee. Here, also, firms were allowed to visit the Unit on these premises.

#### Publicity

The local Press helped considerably in our Publicity campaign. Appointment forms were made available for the public at all lending libraries and at the Health Department. A form of application was also inserted in the local papers for use by the general public. Posters were displayed in shops and various buildings. Cinema slides were also shown in the picture houses.

Industrial firms in Chadderton were invited to co-operate at the end of the Oldham survey; also school children (14 years and over) were examined. No general public sessions were held in Chadderton on account of difficulty in obtaining suitable premises in the time at our disposal. During our stay in the Oldham and Chadderton areas, there was a recession in the cotton trade, which necessitated part-time working in most of the cotton mills and this naturally lowered the response; in fact, one mill employing over 400 operatives cancelled all arrangements at the last moment, although a number of employees did attend in their own time. The Unit worked at 13 sites, 7 in the Borough and 6 in adjacent districts.

#### Cases of Active Pulmonary Tuberculosis

There were 58 cases of active tuberculosis (52 Oldham, 6 other areas), i.e., 2.19 per thousand, discovered by the survey. Of these, 3 males were



already on the Chest Clinic Register as cases of tuberculosis, so 55 previously unknown cases (50 Oldham, 5 other areas) were discovered, representing a rate of 2.08 per thousand.

In the 1946 survey 20,550 persons were X-rayed and 43 cases of active pulmonary tuberculosis were found representing a rate of 2.09 per thousand.

The following details relate to the 58 cases detected:—

- (i) 36 were males and 22 females.
- (ii) 30 cases (Males 25, females 5) were sputum positive.
- (iii) 28 cases (Males 11, females 17) were sputum negative.
- (iv) 11 cases had family histories of pulmonary tuberculosis.
- (v) One schoolgirl aged 14 years was found to have an active primary lesion. There was no home contact and there was no source found in the school.

#### Disposal of Active Cases

- 35 were recommended for sanatorium treatment.
- 16 were placed on domiciliary treatment.
- 3 were already on the Chest Clinic Register.
- 3 refused further action.
- 1 was lost sight of.

During the survey an improved response was obtained from general practitioners in the area and 9 active cases of pulmonary tuberculosis were discovered amongst those referred from this source (204). It is felt that general practitioner referred cases are the most fruitful source of supply of active cases."

The figures quoted in the following tables, extracted from the report of Dr. J. O'Regan, Medical Director of the Unit, relate to Oldham residents only:—

**TABLE I**  
**Analysis of Persons Examined**

	Males	Females	Total
Number of industrial and office personnel available .....	20,044	11,365	31,409
Number of above who were X-Rayed .....	10,696	7,075	17,771
Percentage response .....	53.36%	62.25%	56.58%
Number of general public X-Rayed .....	818	1,998	2,816
Number of schoolchildren 14 years and over X-Rayed .....	825	742	1,567
Number of contacts examined at request of Chest Clinic, O/m.	35	59	94
Number of persons referred by general practitioners .....	114	90	204
Number examined (Oldham Occupation Centre) .....	17	22	39
Number of staff examined at request of Rochdale H.M.C. ...	—	—	—
<b>Total Number Examined .....</b>	<b>12,505</b>	<b>9,986</b>	<b>22,491</b>



**TABLE II**

**Number of Persons Recalled for Large Film, Interview  
or Clinical Examination**

	Males	Females	Total
No. persons recalled for large film .....	427	324	751
No. of above who failed to attend	16	25	41
No. persons recalled for interview or clinical examination by Medical Director .....	526	387	913
No. of above who failed to attend	1	2	3

**TABLE III**

**Cases Referred for Further Investigation**

	Males	Females	Total
No. of persons referred to Chest Physician .....	162	103	265
No. of persons referred to own Doctor .....	91	50	141
No. of persons who failed to attend Chest Clinic .....	5	4	9

**TABLE IV**

**Cases of Active Respiratory Tuberculosis Discovered**

	NUMBER EXAMINED			NUMBER OF ACTIVE CASES DISCOVERED		
	Males	Females	Total	Males	Females	Total
Office and industrial personnel ..	10,696	7,075	17,771	23	9	32
Examined as contacts for Chest Clinic, Oldham ..	35	59	94	3	—	3
General Public ...	818	1,998	2,816	2	5	7
General Practitioner Cases .....	114	90	204	4	5	9
School children ...	825	742	1,567	—	1	1
Attending Oldham Occupation Centre .....	17	22	39	—	—	—
Total .....	12,505	9,986	22,491	32	20	52
Rate per 1,000 persons examined	—	—	—	2.56	2.00	2.31



**TABLE IVa****Cases of Active Repiratory Tuberculosis Discovered—Age Groups**

Age Groups	Males	Females	Total
14 years .....	—	1	1
15-24 years .....	3	10	13
25-34 years .....	9	3	12
35-44 years .....	6	4	10
45-59 years .....	9	1	10
60 years and over .....	5	1	6
Total .....	32	20	52

**TABLE V****Inactive Pulmonary Tuberculosis Discovered**

	Males	Females	Total
Number of cases discovered .....	250	171	421
Rate per 1,000 persons examined	20.00	17.12	18.72

**TABLE VI****Disposal of Inactive Pulmonary Tuberculosis Discovered**

	Males	Females	Total
Placed under observation at Chest Clinic .....	71	46	117
Referred to own doctor .....	10	7	17
Already on Clinic Register .....	2	—	2
Refused further action .....	2	2	4
No further action necessary .....	165	114	279
Lost sight of .....	—	2	2
TOTAL .....	250	171	421



**TABLE VII****Classification of Non-Tuberculous Abnormalities**

	Males	Females	Total
Bony Thorax .....	28	24	52
Chronic Bronchitis .....	59	44	103
Lobar Pneumonia .....	1	2	3
Broncho-pneumonia .....	1	2	3
Consolidation of unknown cause	3	1	4
Bronchiectasis .....	41	20	61
Pulmonary fibrosis .....	43	8	51
Pneumokoniosis .....	8	—	8
Pleural thickening .....	56	19	75
Pleural and interlobar effusion	1	—	1
Spontaneous Pneumothorax .....	1	—	1
Intra-thoracic new growth .....	14	14	28
Cardio-vascular lesions .....	43	30	73
Miscellaneous .....	2	7	9
Total .....	301	171	472

**TABLE VIII****Disposal of Non-Tuberculous Cases**

	Males	Females	Total
Referred to own doctor .....	78	43	121
Referred to Chest Physician ...	36	24	60
Removed or lost sight of .....	3	—	3
Recommended for Hospital investigation or treatment ...	5	3	8
Refused further action .....	1	—	1
No action necessary .....	178	101	279
Total .....	301	171	472



**TABLE IX****School Children (14 years and over)**

	Males	Females	Total
Number of children examined .....	825	742	1,567
Number recalled for large film .....	21	21	42
Number recalled for interview or clinical exam. by Medical Director ...	20	23	43

**Abnormalities Discovered:**

Abnormality of bony thorax .....	3	2	5
Bronchitis .....	1	2	3
Bronchiectasis .....	2	2	4
Cardio-vascular lesions—acquired .....	1	—	1
Inactive primary pulmonary tuberculosis	11	10	21
Active Primary pulmonary tuberculosis (sputum absent) .....	—	1	1

**TABLE X****General Practitioner Cases**

	Males	Females	Total
No. of cases examined .....	114	90	204
No. recalled for large film .....	23	16	39
No. failed to attend for large film .....	1	1	2
No. recalled for interview or clinical ...	30	24	54
No. failed to attend for interview or clinical .....	1	1	2

**Abnormalities**

Bronchitis .....	15	12	27
Broncho-Pneumonia .....	1	—	1
Consolidation of unknown cause .....	1	—	1
Bronchiectasis .....	4	3	7
Pulmonary fibrosis .....	1	1	2
Pleural thickening .....	2	2	4
Non-tuberculous pleural effusion .....	1	—	1
Cardio-vascular lesions—acquired .....	1	8	9
Eventration of left diaphragm .....	1	—	1
Inactive primary pulmonary tuberculosis	3	—	3
Active post-primary pulmonary tuberculosis (Sputum positive) .....	4	2	6
Active post-primary pulmonary tuberculosis (Sputum negative) ....	—	3	3
Inactive post - primary pulmonary tuberculosis .....	5	5	10



**CANCER**

The number of deaths attributed to cancer show an increase of 10 compared with 1951.

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

1948 .....	238
1949 .....	276
1950 .....	278
1951 .....	224
1952 .....	234

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 .....	—	2	2
35-45 .....	2	5	7
45-55 .....	13	12	25
55-65 .....	39	32	71
65-75 .....	49	35	84
75+ .....	20	24	44

**Localisation of the Disease**

(Classified in accordance with the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death.)

**Malignant Neoplasm of Buccal Cavity and Pharynx (140—148)**

(140) Lip .....	2
(141) Tongue .....	1
(142) Salivary gland .....	—
(143) Floor of mouth .....	—
(144) Other parts of mouth and mouth unspecified .....	2
(145) Oral mesopharynx .....	1
(146) Nasopharynx .....	—
(147) Hypopharynx .....	1
(148) Pharynx, unspecified .....	1

**Malignant Neoplasm of Digestive Organs and Peritoneum (150—159)**

(150) Œsophagus .....	4
(151) Stomach .....	56
(152) Small intestine, including duodenum .....	—
(153) Large intestine, except rectum .....	30
(154) Rectum .....	16
(155) Biliary passages and of liver (stated to be primary site) .....	6
(156) Liver (secondary and unspecified) .....	3
(158) Pancreas .....	7
(158) Peritoneum .....	—
(159) Unspecified digestive organs .....	—

**Malignant Neoplasm of Respiratory System (160—165)**

(160) Nose, nasal cavities, middle ear and accessory sinuses .....	—
(161) Larynx .....	1
(162) Trachea, and of bronchus and lung specified as primary .....	2
(163) Lung and bronchus, unspecified as to whether primary or secondary .....	30



(164)	Mediastinum .....	—
(165)	Thoracic organs (secondary) .....	—
<b>Malignant Neoplasm of Breast and Genito-Urinary Organs (170—181)</b>		
(170)	Breast .....	16
(171)	Cervix uteri .....	9
(172)	Corpus uteri .....	—
(173)	Other parts of uterus, including chorioneplithelioma .....	—
(174)	Uterus, unspecified .....	6
(175)	Ovary, Fallopian tube, and broad ligament .....	6
(176)	Other and unspecified female genital organs .....	2
(177)	Prostate .....	9
(178)	Testis .....	—
(179)	Other and unspecified male genital organs .....	2
(180)	Kidney .....	1
(181)	Bladder and other urinary organs .....	7
<b>Malignant Neoplasm of other and Unspecified Sites (190—199)</b>		
(190)	Skin (melanoma) .....	—
(191)	Skin .....	1
(192)	Eye .....	—
(193)	Brain and other parts of nervous system .....	3
(194)	Thyroid gland .....	1
(195)	Other endocrine glands .....	1
(196)	Bone (including jaw bone) .....	2
(197)	Connective tissue .....	—
(198)	Lymph nodes (secondary and unspecified) .....	—
(199)	Other and unspecified sites .....	2
<b>Neoplasms of Lymphatic and Hæmatopoietic Tissues (200x205)</b>		
(203)	Multiple myeloma (plasmocytoma) .....	1
<b>Benign Neoplasms (210—229) .....</b>		
<b>Neoplasm of Unspecified Nature (230—239)</b>		
(237)	Neoplasm of unspecified nature of brain and other parts of nervous system .....	2

### 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 Centre:—

	Oldham	Rochdale	Salford	Manchester	Liverpool	Total
Syphilis .....	35	—	—	—	—	35
Gonorrhœa .....	50	11	—	—	1	62
Non-Venereal Undiagnosed Conditions .....	149	4	1	1	4	159
Total .....	234	15	1	1	5	256



## SECTION VI

## SANITARY CIRCUMSTANCES OF THE AREA

## WATER SUPPLY

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

“During the year 1952 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 68,300 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 205,000.

The pH values of the water supplied from the Piethorne and Hanging Lees sources, all of which is unfiltered, varied between 5.4 and 7.0. The pH values of the water supplied from the Castleshaw source, which is filtered, ranged between 6.8 and 7.3, and the pH values of the water supplied from the Readycon Dean source, which is also filtered, ranged between 5.9 and 7.5. 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 the year samples of water collected at source were submitted for chemical and bacteriological examination as follows:—

Reservoir	Chemical	Bacteriological	Remarks
<b>Piethorne</b>			
Raw Water .....		4	0 B. Coli per 100 ml.
After Sterilisation ...	4	12	0       "       "
<b>Hanging Lees</b>			
Raw Water .....		4	0 B. Coli per 100 ml.
After Sterilisation ...	4	12	0       "       "
<b>Castleshaw</b>			
Raw Water .....		3	0 B. Coli per 100 ml.
		1	1       "       "
After Sterilisation ...	4	12	0       "       "
<b>Readycon Dean</b>			
Raw Water .....		4	0 B. Coli per 100 ml.
After Sterilisation ...	4	12	0       "       "



## DRAINAGE AND SEWERAGE

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

“Operating conditions in general were similar to those existing since 1938. Most of the sewage from the County Borough arrives at the Works by gravitation and grit is removed in two grit chambers. The renewal of the driving chains on the mechanical screens was completed in the early part of the year.

The sedimentation tanks, of which there are twelve, worked efficiently, but returning sludge from the activated sludge plant tended to cause the formation of scum on the tanks, especially in warm weather; this scum can at times be objectionable.

The bio-flocculation plant gave fair results throughout; as in previous years it was found, however, that a percentage of activated sludge much in excess of three per cent, after one hour's settlement, caused trouble in very warm weather and intensive aeration was required if the sludge showed the least signs of deterioration. In cold and wet weather 8 to 10 per cent of activated sludge could quite easily be maintained in the sewage undergoing treatment.

Air-tiles in the whole of the seven units were scrubbed and cleaned twice during the year. On each occasion for a few weeks after cleaning the air-pressure on the air supply line dropped nearly one pound per square inch, thus effecting a saving in cost of electricity on the plant.

Final effluents leaving the percolating filter units were generally good despite an increase in the flow of gas works liquor entering the sewage works. The shortage of humus tank capacity for the settlement of suspended matter did on several occasions allow an excessive amount of suspended solids to pass over the final effluent.

Anisopus flies on the filter beds were attacked intensively by insecticides of the type D.D.T. and Gammexane from early March until late August. This fly is extremely troublesome during the months of April, May and June, after which it seems to almost entirely disappear.

Samples of final effluents were taken periodically by the Inspector of the Mersey River Board; only one was classified as unsatisfactory, due to suspended solids being over the limit.

The whole of the raw sludge from the works was given full treatment in the heated sludge digestion tanks. These tanks have a capacity of 250,000 cubic feet and the sludge is kept at a temperature of approximately 80°F. The treated sludge is then withdrawn either to the drying beds or to sludge lagoons. Good digestion was obtained and no difficulties were encountered.

Acute shortage of labour was again felt and in the early part of the year a mechanical shovel was brought into use for the removal of sludge cake from the drying beds, the re-ashing of the surface of the beds and the loading of sludge in lorries. This does its work very well and is an improvement on old methods of sludge removal.



There were 36,000 tons of raw sludge, equal to 14.6 tons per million gallons of sewage, removed from the sedimentation tanks, the drying beds and lagoons yielding approximately 5,000 tons of sludge cake. There was a fair sale both for the sludge as lifted from the beds and in the form of a powder.

#### **Sewage Flow :**

The total amount of sewage received for treatment during the year was 2,458,000,000 gallons, which is equal to an average daily flow of 6,716,000 gallons."

### **PUBLIC CLEANSING**

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

"There are no ashpits in the Borough. All the house refuse from the 41,302 ash cans is collected by motor vehicles. 76.85 per cent is dealt with by tipping under the controlled system and the remainder by separation and incineration at the Refuse Disposal Works.

A free dustbin scheme for the removal of refuse was adopted by the Corporation on the 15th June, 1950, and from that date to the 31st December, 1952, 11,211 dustbins have been supplied.

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 proceeding satisfactorily.

A scheme for an allowance to be granted to owners of houses of 50 per cent of the approved estimate of the cost for the conversion of a waste-water closet to a fresh-water closet was adopted by the Corporation on the 10th December, 1951. The number of waste-water closets converted under this scheme to the 31st December was 150.

There are 170 miles of streets in the Borough, cleansed as follows:—

Daily .....	6 miles
Once weekly .....	126 miles
Less than once weekly .....	38 miles

Miles of streets cleansed (exclusive of footpaths) ..... 21,100

#### **Gully Cleansing:—**

Number of gullies .....	19,212
Number of cleansings during the year	62,069

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

#### **House and Trade Refuse Collection**

Number of dustbins emptied .....	2,166,036
Number of dustbins supplied under free dustbin scheme .....	4,356
Number of sanitary pails emptied .....	8,702
Number of collections of garbage .....	21,996



Number of loads of excreta collected .....	160
Number of loads of garbage collected .....	692
Number of tons of ashes taken to refuse disposal works .....	7,200
Number of tons of ashes taken to Corporation tips .....	23,898
Number of tons of clinker, &c., removed from refuse disposal works .....	4,293
Number of tons of baled tins sold .....	354
Number of tons of mortar sold .....	101

#### Waste-Water Closets and Latrines

Blockages cleared (W.W.C.s) .....	4,588
Blockages cleared (latrines) .....	—
Drains cleared .....	35
Drains found blocked, requiring excavation .....	365
Tippers found not working and re-adjusted .....	105
Tippers, fittings, &c., found broken .....	2,039
New tippers, fittings, &c., fixed .....	1,351
Visits paid, flushing latrines, &c. ....	6,318

#### Closet Accommodation

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

Fresh-water closets .....	19,768
Waste-water closets .....	23,744
Latrines:	
Houses .....	207
Mills .....	185
Pail closets .....	130."

#### SWIMMING BATHS AND POOLS

The Général Superintendent of Baths (Mr. C. Murray) has kindly supplied the following particulars:—

"During the year ended 31st December, 1952, the water in the whole of the Corporation Swimming Baths has been maintained in accordance with the Ministry of Health maximum requirement with regard to **marginal** chlorination and maintenance of correct pH values.

At the Central, Robin Hill, Waterhead and Lowermoor establishments, where the chlorinating apparatus is capable of dealing with the increased amounts of chlorine necessary for the operation of the **Breakpoint** Chlorination technique, this method of sterilisation is used as an additional safeguard at peak periods. The smaller type of chlorinator in use at the Hollinwood, Hathershaw and Glodwick Baths will be replaced with the larger type when circumstances permit.

The continued use of coke as boiler furnace fuel is being maintained at the Central, Lowermoor, Hathershaw and Glodwick Establishments, where the steam demand allows this type of fuel to be used under conditions of reasonably slow combustion, and as these establishments are in close proximity to the main roads in the town, with considerable residential property in the districts, the mitigation of the smoke nuisance from these boiler plants is of some consequence, particularly so with regard to Central Baths.



During the year, the whole of the Baths and Wash-house premises and appurtenances have been maintained in a satisfactory hygienic condition. The swimming pool surrounds and all floors used by bathers are regularly cleaned with a solution of sodium hypochlorite which is an effective sterilising agent, and a safeguard against infection."

### GENERAL SANITARY INSPECTION

To the Medical Officer of Health,

Sir,

I have pleasure in submitting my report for the year 1952.

During the year, Mr. D. G. Russell resigned on being appointed Assistant Sanitary Inspector at Farnworth, and Mr. C. Buckley, a former Pupil Sanitary Inspector, was appointed to the vacancy.

I am pleased to report the success of Mr. A. Renshaw in obtaining the Meat and Other Foods Certificate of the Royal Sanitary Institute and Mr. C. Buckley, Pupil Sanitary Inspector, and Mr. A. P. Mellor, Clerk, in obtaining the Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

I regret to record the death in an accident of Mr. D. Fullen, Pupil Sanitary Inspector. Mr. Fullen had been a Pupil Sanitary Inspector with this authority since September, 1948.

Much good work was carried out during the year, but we are not fully covering our statutory obligations, especially those relating to regular routine visiting of food preparation premises and also educational instruction in this field.

It is pleasing to again be able to record a fall in the percentage of cows inspected found to be infected with tuberculosis. It is my considered view that routine milk sampling, together with the tracing of congenital tuberculous calves, is having a marked effect in reducing the incidence of tuberculosis. I would like to express my appreciation of the ready co-operation and assistance received from the Ministry of Agriculture and Fisheries and also of the adjacent authorities in the administration of Regulation 20 of the Milk and Dairies Regulations, 1949.

During the year a new H.T.S.T. plant was installed in a licensed pasteurising establishment in the Borough. This dairy was also re-equipped with a new vacuum bottle filler and a new washing machine.

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

Yours respectfully,

HAROLD V. CASS,  
CHIEF SANITARY INSPECTOR.



### Summary of Work Carried Out by Sanitary Inspectors

During the year 8,359 visits and 2,188 re-visits, as shown below, were made by the Sanitary Inspectors in connection with inspections under the various Acts:—

General	Visits	Re-visits	Total
Accumulations .....	55	28	83
Closets—Water .....	100	68	168
Waste Water .....	376	188	564
Pail .....	1	3	4
Drainage .....	392	512	904
Drain Tests .....	352	48	400
Public Sewers .....	168	78	246
Dustbins .....	176	—	176
Pet Shops .....	43	—	43
Factories—Mechanical .....	28	4	32
Non-Mechanical .....	2	—	2
Laundries .....	28	—	28
Outworkers .....	7	—	7
Interviews .....	735	12	747
Keeping of Animals and Birds .....	6	—	6
Mill Lodges .....	9	1	10
Marine Stores .....	3	—	3
No Access .....	1,274	789	2,063
Offensive Trades .....	15	5	20
Rag Gatherers .....	5	2	7
Rats and Mice .....	448	231	679
Schools .....	1	—	1
Shops Act .....	2	—	2
Contagious Diseases Animals Act .....	63	—	63
Water Supply .....	102	55	157
Yards and Courts .....	2	1	3
Houses let in Lodgings .....	58	7	65
Tents, Vans and Sheds .....	5	1	6
Smoke Abatement .....	11	—	11
Overcrowding .....	40	5	45
Miscellaneous .....	890	38	928
<b>Food Premises</b>			
Slaughterhouses .....	988	—	988
Meat Shops .....	205	—	205
Markets .....	129	—	129
Wharves .....	9	—	9
Food Preparation Premises .....	116	—	116
Ice Cream Premises .....	158	—	158
Restaurants and Cafes .....	111	22	133
Fish Fryers .....	18	—	18
Fishmongers and Poulterers .....	40	—	40
Grocers .....	291	5	296
Greengrocers .....	2	—	2
Cold Stores .....	8	—	8
Milk and Dairies .....	49	—	49
Licensed Premises .....	7	—	7



	Visits	Re-visits	Total
Dairies .....	32	—	32
Milkshops .....	10	—	10
Bakehouses—Mechanical .....	467	49	516
- Non-Mechanical .....	11	—	11
Infectious Disease—Inquiries .....	275	33	308
Food Poisoning .....	36	3	39
	<hr/> 8,359	<hr/> 2,188	<hr/> 10,547

### Summary of Action Taken and Work Carried Out

Number of cases taken in Court .....	—
Number of cases reported to Committee .....	1,899
Number of complaints received .....	1,667
Matters referred to other Departments .....	557
Number of letters to owners, &c. ....	1,714
Number of Rent Restrictions Certificates issued .....	—
Number of Preliminary Notices served .....	1,838
Number of Statutory Notices served .....	801

### Disrepair

Roofs repaired or renewed .....	385
Walls and Chimneys repaired or rebuilt .....	207
Wall plaster repaired or renewed .....	205
Ceiling plaster repaired or renewed .....	103
Floors repaired or relaid .....	45
Windows repaired .....	120
Extra lighting provided .....	3
Ventilation provided or improved .....	47
Ranges or Fireplaces repaired, reset or renewed .....	42
Staircases repaired or renewed .....	14
Handrails provided or repaired .....	1
Doors repaired .....	73
Food stores provided or altered .....	—
Washing accommodation provided or repaired .....	1
Rooms cleansed or redecorated .....	6
Contents of rooms cleansed or destroyed .....	10
Dampness Remedied—Rising .....	30
Penetrating .....	22
Outbuildings repaired .....	13
Courts, Yards and Passages paved or repaved .....	7
Cleansed .....	2

### Sanitary Defects

Drainage—Cleansed .....	203
Repaired or altered .....	162
Reconstructed .....	16
Provided .....	1
Public Sewers—Cleansed .....	11
Repaired or altered .....	7
Reconstructed .....	17
Eaves gutters repaired or renewed, cleansed .....	293
Rain water pipes—repaired or renewed .....	117
Disconnected .....	19



Sinks renewed or provided .....	11
Sink Waste Pipes repaired or renewed .....	44
Water Closets—provided .....	2
repaired .....	74
cleansed .....	8
Waste Water Closets—repaired .....	137
cleansed .....	35
Closets converted to Water Closets (or abolished)—Latrine .....	15
Pails .....	5
Waste Water ...	73
Other Closets—Provided .....	—
Repaired .....	7
Cleansed .....	6
Soil pipes repaired or renewed .....	2
Water supply provided or improved .....	43
<b>Miscellaneous</b>	
Nuisances abated—animals and birds .....	3
accumulations .....	8
other conditions .....	1
Information in rent books .....	—



## 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:—

**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		
			Inspec- tions (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	2	3	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	2	Mech. 709	32		...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	3	...	...	...	...
TOTAL ...		816	34	3	...

**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	...	...	...	6	...
(b) Unsuitable or defective ...	10	...	...	...	5	...
(c) Not separate for sexes ...	11	...	...	...	...	...
Other offences against the Act (not including offences relating to Outwork) ...	12	...	...	...	...	...
TOTAL ...	60	...	...	...	11	...



**Outworkers**

Two lists relating to seven outworkers were received during the year, relating to the following:—

M/cr. Line

No.

13 Wearing apparel, making, &c.

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

One application for a certificate as to state of repairs was received and granted, but the repairs were effected before a certificate could be issued.

**The Rag Flock and Other Filling Materials Act, 1951**

During the year one firm was registered for upholstering. No new premises were licensed, but in three cases the licence was renewed.

The following particulars refer to premises registered and licensed at the end of the year:—

**REGISTERED PREMISES:**

(a) for manufacture of bedding ..... 2

(b) for upholstering ..... 2

**LICENSED PREMISES:**

(a) for manufacture of rag flock ..... Nil

(b) for storage of rag flock ..... 3

There were 33 visits made under the above Act.

There were fourteen samples of rag flock and other filling materials taken during the year, and the following two cases did not conform to standard:—

(1) SAMPLE OF LAYERED COTTON FELT—Trash Content exceeded amount allowed by .5 per cent.

(2) SAMPLE OF NEW COTTON FELT—Trash Content exceeded amount allowed by .1 per cent, and Oil Content exceeded amount allowed by .3 per cent.

In both cases the firms were advised and they submitted detailed lists of samples taken by them during the previous twelve months, all of which were satisfactory. The firm manufacturing the new cotton felt also stated that new machinery was being installed when the unsatisfactory sample was taken. In view of these circumstances no further action was taken.

**Offensive Trades**

Offensive trades carried on in the Borough, numbering twenty 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 twenty visits were paid to these premises. No notices were served in respect of defects.



### Common Lodging Houses

No new premises were registered during the year. There are four premises registered with accommodation for 68 men. No premises are registered for the accommodation of women.

### Bakehouses

No new premises were registered during the year, and none discontinued. There were 283 bakehouses on the register at the end of the year.

One basement bakehouse remains in use, the Council having renewed on the 1st October, 1949, the certificate permitting its use for a further period of five years.

During the year, 527 visits were paid to bakehouses. The majority of these premises are maintained in a reasonably satisfactory condition and a steady improvement is being effected in many of the premises.

### Smoke Abatement

In September, the Minister of Housing and Local Government approved draft Byelaws proposed to be made under Section 104 (1) of the Public Health Act, 1936. These Byelaws will come into operation on the 1st January, 1953.

During the year, 104 smoke observations of thirty minutes' duration were taken. The extent of the emission of black smoke was as follows:—

No black smoke .....	49
Under 1 minute .....	8
1-2 minutes .....	31
2-3 minutes .....	14
3-4 minutes .....	1
Over 4 minutes .....	1

In the cases where excessive quantities of heavy and black smoke were being emitted, the managers and steam engineers of the firms concerned were interviewed and an improvement effected.

### Investigation of Atmospheric Pollution

The scheme for the investigation of atmospheric pollution as described in the Report for 1950 was continued. The Manchester and District Regional Smoke Abatement Committee act as Agents for the participating local authorities and re-charge the cost of the scheme on the basis of rateable value.

The analyses obtained are published in the Atmospheric Pollution Bulletin of the Department of Scientific and Industrial Research, and the following figures show the results obtained in Oldham and the neighbouring towns. At present the only estimation made is that of sulphur dioxide.



## SULPHUR POLLUTION—LEAD PEROXIDE METHOD

Mgm. Sulphur Trioxide per 100 sq. cms. exposed surface per day

	Jan. 1952	Feb. 1952	Mar. 1952	April 1952	May 1952	June 1952	July 1952	Aug. 1952	Sept. 1952	Oct. 1952	Nov. 1952	Dec. 1952
<b>OLDHAM</b>												
Alexandra Park	3.38	3.20	1.94	1.67	1.18	—	—	0.93	1.47	1.55	1.62	2.26
Haven Lane	2.53	2.62	1.71	1.40	1.16	—	—	0.94	1.04	1.03	1.67	2.11
Horsedge St.	3.33	4.24	3.11	2.21	1.76	—	—	1.54	1.68	1.67	2.37	4.41
Westhulme Hospital	3.67	3.29	2.21	1.91	1.14	—	—	1.37	1.32	1.68	1.94	2.74
Westlands	3.51	4.19	2.48	2.17	1.58	—	—	1.41	1.91	1.90	2.41	3.53
<b>CHADDERTON</b>												
Grammar School	3.45	2.76	2.45	1.40	1.46	—	—	0.95	0.98	1.07	1.49	2.78
Birch Lane	—	—	—	—	—	—	—	0.78	1.41	1.25	2.16	2.21
<b>CROMPTON</b>												
Shaw, Croft Bank	1.98	2.06	1.62	2.09	1.03	—	—	0.82	0.77	1.07	1.44	2.48
Shaw, Home Farm	1.87	2.40	1.88	16.7	1.39	—	—	0.93	1.22	1.14	1.36	2.06
<b>FAILSWORTH</b>												
Highways Depot	3.35	3.14	1.82	1.61	0.88	—	—	1.09	1.53	1.21	2.02	2.89
<b>HYDE</b>												
Highways Yard	2.37	2.63	1.53	1.39	1.11	—	—	0.77	—	1.82	2.20	1.93
Reservoir	2.57	2.75	1.45	1.27	1.03	—	—	0.83	1.40	1.49	1.09	1.72
<b>LEES</b>												
Cemetery	2.32	2.45	1.37	1.38	0.86	—	—	0.75	1.06	1.04	1.33	1.79
<b>MIDDLETON</b>												
Thornham School	2.35	2.29	1.99	1.58	1.30	—	—	1.04	1.08	1.02	1.72	2.37
Town Hall	2.54	1.83	1.77	1.34	1.00	—	—	0.66	0.73	1.23	1.61	2.00
<b>ROYTON</b>												
Hanging Chadder Farm	1.79	2.77	2.09	1.24	1.35	—	—	0.97	0.87	1.07	2.28	2.82
Royton Park	2.39	2.47	2.16	1.60	1.07	—	—	0.91	1.15	1.23	1.51	1.80
<b>STALYBRIDGE</b>												
Market Ground	2.83	3.25	1.69	1.72	1.16	—	—	1.14	1.59	1.29	1.92	2.06
Oakfield	3.28	2.58	1.50	1.26	1.24	—	—	1.21	1.06	1.61	1.39	1.83
<b>ASHTON</b>												
Grasmere, Stockport Rd.	2.43	2.68	—	—	—	2.26	—	—	—	—	—	—
Hartshead Pike	2.11	1.19	—	—	—	1.69	—	—	—	—	—	—
Lord St.	2.69	2.71	—	—	—	2.10	—	—	—	—	—	—
Lyndhurst Ave.	2.50	1.95	—	—	—	1.82	—	—	—	—	—	—
<b>ROCHDALE</b>												
Entwistle Rd.	2.55	2.27	1.81	1.13	1.25	1.02	0.94	1.19	1.61	1.19	1.42	2.20
Foxholes Hse., Rugby Rd.	2.00	1.75	1.67	1.25	1.04	0.97	0.92	1.05	1.17	1.34	1.56	1.61
Roch Mills Sewage Wks.	1.85	1.93	1.98	1.01	0.94	0.83	0.92	1.08	2.21	1.29	1.64	2.18
<b>SADDLEWORTH</b>												
Greenfield Sewage Wks.	—	1.86	1.41	0.89	0.91	0.97	0.67	1.13	1.37	1.60	1.45	2.66
<b>MANCHESTER</b>												
Monsall	5.37	5.06	3.85	3.39	0.26	2.20	1.95	2.14	2.45	4.17	5.41	6.03
Rusholme	3.82	4.01	2.66	2.08	1.55	1.35	1.25	1.07	2.48	2.67	4.28	3.88
Withington	2.33	2.44	1.94	1.36	0.84	0.79	0.59	0.57	1.26	1.74	3.05	2.44
<b>SALFORD</b>												
Ladywell Sanatorium	2.88	2.20	2.17	1.53	—	1.39	0.59	1.03	1.49	2.64	2.69	4.37
Regent Road	4.86	3.74	3.11	1.97	2.12	2.32	1.40	1.61	2.07	3.42	3.81	5.61
<b>STOCKPORT</b>												
Cheadle Sewage Wks.	2.51	2.06	1.51	1.35	1.14	—	—	0.85	—	1.78	2.74	2.77
Portwood	2.84	2.61	1.92	1.61	1.32	—	—	1.28	1.81	2.11	2.79	3.08
<b>LOGGERHEADS, Staffs.</b>												
Cheshire Joint Sanatorium	0.73	0.88	0.82	0.55	0.60	0.30	0.20	0.34	0.75	0.72	1.44	0.82



### Rodent Control

The arrangements for rodent control continued as in the previous year. The consolidated grant of 50 per cent of the approved net expenditure incurred by the local authority was continued under Circular N.S.21.

The Borough continued in membership with the Workable Area Committee No. 21 on Rodent Control. In May, Councillor Rothwell 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.

### Sewer Maintenance Treatments

The second sewer maintenance treatment for the financial year 1951-52 and the first sewer maintenance treatment for the year 1952-53 were carried out during the year, when the following results were obtained:—

	1951-52	1952-53
Number of manholes .....	2,125	2,125
Number of manholes baited .....	2,125	2,125
Number of manholes showing pre-bait take .....	1,381	1,407
Number of manholes showing complete pre-bait take .....	653	863
Number of manholes showing poison take .....	1,237	1,297
Estimated kill .....	—	—

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.

### Prevention of Damage by Pests Act, 1949

During the year, 543 complaints of rat infestation were received and the results of investigations made were as follows:—

Defective drainage .....	284
Stray rats .....	85
Mice .....	172
Birds .....	2

### The Pet Animals Act, 1951

This Act came into operation on the 1st April and regulates the sale of pet animals and all the powers and duties of the Council under the Act have been delegated to the Health Committee.

The Chief Sanitary Inspector, Deputy Chief Sanitary Inspector, one Assistant Sanitary Inspector, and Mr. J. Sullivan, M.R.C.V.S., Veterinary Surgeon, were appointed authorised officers for the purpose of inspection.

At the end of the year nine premises had been licensed and 43 visits made under the Act.



### Diseases of Animals Acts

The Chief Sanitary Inspector is the Authorised Inspector under the Diseases of Animals Acts.

During the year Oldham was included in an infected area on account of foot and mouth disease which had been confirmed in nearby areas, and movement of cattle was restricted accordingly. During this period 46 licences were issued for the movement of cattle.

In all, 63 visits were made under these Acts.

In December, an Oldham slaughterman was reported to have been in contact with a case of Anthrax in a bullock in the Saddleworth area. It was considered necessary for the clothing of this man to be destroyed for which he received compensation.

### Fertilisers and Feeding Stuffs Act, 1926

There were eight samples of fertilisers and thirteen samples of feeding stuffs sent for examination under the provisions of the above Act.

The following samples of feeding stuffs were reported upon as "not in accordance with the statutory statement":—

LAYERS MEAL—	5.8 per cent fibre as against 7 per cent in statutory statement.
DOMESTIC BALANCER MEAL—	6.1 per cent fibre as against 7.5 per cent in statutory statement.
BALANCER MEAL—	6.1 per cent fibre as against 7.5 per cent in statutory statement.
NATIONAL POULTRY FOOD NO. 1A—	3.9 per cent oil as against 3.25 per cent in statutory statement.
NATIONAL POULTRY FOOD NO. 1—	4.7 per cent oil as against 3.25 per cent in statutory statement.
NATIONAL PIG MEAL—	5.4 per cent fibre as against 4.5 per cent in statutory statement.

In all the above cases the differences were not to the prejudice of the purchaser and no further action was necessary.

BALANCER LAYER MEAL—	3 per cent oil as against 4 per cent in statutory statement.
BALANCER MEAL—	4.2 per cent oil and 17 per cent albuminoids as against 3.5 per cent oil and 20 per cent albuminoids in statutory statement.

These two samples were taken informally in December and it was considered necessary to follow them up with formal samples which were taken in the following year.

There were 38 visits made under the Act.



## SECTION VII

## HOUSING

## Pre-War Slum Clearance

During the year, the remaining two families (four persons) affected by pre-war slum clearance schemes, were re-housed.

There were six houses in clearance areas demolished, but three individual unfit houses were awaiting demolition at the end of the year.

## Other Demolitions

Information was received with regard to the demolition of eighteen houses by voluntary action. Of these, six were owned by private individuals. The remaining twelve were on the site of the new Technical College and demolition was necessary to allow building to commence. These properties had been purchased by the Education Committee together with the site for the first stage in the building of this College.

## Individual Unfit Houses

It was found necessary to represent seven houses. Demolition orders were made in respect of six of these houses involving the displacement of six families (26 persons). In the remaining case details of ownership were not completed and it was, therefore, not possible to arrange for the Committee to consider the making of a demolition order before the end of the year.

Demolition orders were also made in respect of three houses, represented in the previous year, involving the displacement of eight families (25 persons).

The following is a summary of the individual unfit houses dealt with during the years 1943 to 1952 :—

Year	Houses represented	No. of families	No. of persons	Houses Vacat'd	Position as at 31st Dec., 1952				
					Persons Rehoused		Total No. of persons awaiting re-hous'g	Houses Demolished	Total No. of Houses awaiting demolition
					By Corporation	By Own arrangements			
1943 to									
1945	43	32	131	43	118	13	...	43	...
1946	37	47	128	37	110	18	...	32	5
1947	48	46	109	48	92	17	...	48	...
1948	*40	41	153	40	135	18	...	39	...
1949	14	15	51	14	47	4	...	14	...
1950	†14	13	36	14	24	12	...	8	...
1951	11	15	48	11	42	6	...	7	4
1952	7	7	28	3	15	...	13	...	6

\* An undertaking under Section 11 (3) of the Housing Act, 1936, was accepted in respect of one house. This house was demolished during 1952.

† An undertaking under Section 11 (3) of the Housing Act, 1936, was accepted in respect of six houses. These houses were voluntarily demolished during 1951.



### Overcrowding

During the year, eighteen new cases of overcrowding were discovered. In two of these cases it was found to be illegal.

### Housing Applications Register

I am indebted to Mr. F. D. Matthews, Housing Manager, for the following information:—

"On the 31st December there were 2,444 applications for housing accommodation on the Housing Applications Register. This figure includes 356 applications for aged persons' bungalows."

### Housing Act, 1949

Under this Act exchequer assistance can be given to local authorities or private persons to carry out improvements to houses. It is a condition of all proposals for improvements, 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.

No applications for improvement grants were received during the year.

### Eradication of Bed Bugs

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

	Corporation	Others
Houses inspected .....	301	331
Found infested .....	5	24
Disinfested by H.C.N. ....	—	—
Disinfested by spraying with liquid insecticide .....	—	113

### Removals and Disinfestation of Furniture

The Bedford 30cwt. disinfecting van continues to be used for the disinfestation of furniture of families who are moving into Corporation houses, and during the year the furniture of 164 families was disinfested prior to removal to Corporation houses.

### Disinfection

The arrangements for disinfection continued as in previous years. During the year, 31,456 articles were disinfected and 3,171 destroyed. The total number of houses disinfected was 692 and 4,122 rooms.



## SECTION VIII

### INSPECTION AND SUPERVISION OF FOODS

#### MILK SUPPLY

Food and Drugs Authorities are responsible for the licensing and supervision of pasteurising and sterilising establishments and local authorities 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.”

#### Milk Production in the Borough

During the year one new farm was registered by the Ministry of Agriculture and Fisheries, and one farm ceased milk production.

At the end of the year 28 farms with 473 cows were producing milk in the Borough. There were fourteen farms with “Accredited” licences and two farms with “Tuberculin Tested” licences.

#### The Milk and Dairies Regulations, 1949

At the beginning of the year there were 23 distributors producing milk in the Borough. During the year, one distributor ceased production and one turned over completely to “wholesale” delivery.

There were 57 distributor producers outside the Borough at the beginning of the year. During the year one new distributor was registered and two ceased to retail milk in the Borough.

During the year, 38 new distributors were registered for the sale of bottled milk.

On the 31st December there were seven premises registered as dairies and 648 registered distributors of milk, comprised as follows:—

Number of distributors producing milk in the Borough .....	21
Number of distributors producing milk outside the Borough .....	56
Number of distributors with dairy premises in the Borough .....	7
Number of distributors with dairy premises outside the Borough ...	7
Number of other distributors .....	7
Number of shops at which bottled milk only is sold .....	550



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

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

- (a) To use the designation "Tuberculin Tested":—
- |                              |    |
|------------------------------|----|
| *Producer's Licence .....    | 2  |
| Dealer's Licence .....       | 48 |
| ‡Supplementary Licence ..... | 2  |
- (b) To use the designation "Accredited":—
- |                              |    |
|------------------------------|----|
| *Producer's Licence .....    | 13 |
| Dealer's Licence .....       | —  |
| ‡Supplementary Licence ..... | 13 |

### 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   |
| Dealers' Licence .....                 | 120 |
| ‡Supplementary Licence .....           | 4   |
- (b) To use the designation "Sterilised":—
- |                                       |     |
|---------------------------------------|-----|
| Dealer's (Steriliser's) Licence ..... | —   |
| Dealer's Licence .....                | 596 |
| ‡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.

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

During the year, 277 samples were taken for examination for the presence of tubercle bacilli. Unfortunately one sample (ungraded) had to be disregarded as the guinea pig injected with this sample died from another infection. Of the 276 samples reported upon, 109 were from farms within the Borough, seven (6.42 per cent) of which were "positive" and 167 were from milk produced outside the Borough, nine (5.39 per cent) being "positive."

The following table details the 276 samples reported upon:—

Class of Milk Sample	No. of Samples Taken	Tubercle Bacilli	
		Absent	Present
Ungraded .....	189	179	10
Tuberculin Tested .....	15	15	—
Accredited .....	72	66	6
Totals .....	276	260	16

Information was also received from the Medical Officer of Health, Congleton, Cheshire, with regard to a "positive" milk sample taken from a milk producer in that area. This producer delivers milk to an Oldham pasteurising plant.



On receipt of a "positive" report the name and address of the milk producer is immediately notified to the appropriate Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries and to the Medical Officer of Health of the district concerned if the milk was produced outside the Borough.

Following investigations by the Veterinary Surgeon, thirteen cows were removed and slaughtered under the Tuberculosis Order. In addition, one cow which had been removed from the herd since the sample was taken and prior to the Veterinary Surgeon's report, and one cow which was sent for grading by the Veterinary Surgeon in the course of examination, were traced and found to have been condemned for tuberculosis.

In the following eight cases notice was served under Regulation 20 of the Milk and Dairies Regulations, 1949, making the sale of milk used for human consumption or in the manufacture of products for human consumption conditional upon it being subjected to satisfactory heat treatment. In three of these cases the milk was from Oldham farms (Sample Nos. T/39, T/42, and T/112). In the other cases the milk was from farms outside the Borough and the notice was served by the Medical Officer of Health of the authority concerned:—

Sample No.

- T/39    The notice was served on the 9th April and withdrawn on the 24th May. The farmer subsequently submitted a claim to the Department for £34 8s. 8d. and payment of this amount was agreed.
- T/42    The notice was served on the 8th April and withdrawn on the 22nd July. The farmer subsequently submitted a claim to the Department for £42 16s. 11d. and payment of this amount was agreed.
- T/112   The notice was served on the 10th July and withdrawn on the 1st September. The farmer subsequently submitted a claim to the Department for £27 12s. 2d. and payment of this amount was agreed.
- T/74    This milk was from a farm in Rochdale. The notice was served on the 26th May and withdrawn on the 30th July.
- T/146   This milk was from a farm in Limehurst. The notice was served on the 7th August and withdrawn on the 26th September.
- T/154   This milk was from a farm in Limehurst. The notice was served on the 9th September and withdrawn on the 11th November.
- T/230   This milk was from a farm in Limehurst. The notice was served on the 18th December and was not withdrawn till 12th February, 1953.
- T/270   This milk was from a farm in Royton. The notice was served on the 10th December and was not withdrawn till 22nd May, 1953.

There were eighteen samples of milk taken to ascertain whether the milk was "sufficiently heat treated" and in one case the sample failed to pass the phosphatase test. The producer concerned was interviewed and contended that the sample taken was as supplied by the pasteuriser. Further samples were taken and these were all reported satisfactory.



### Milk Samples Taken for Methylene Blue Test

There were 151 samples taken with the following results:—

Class of Milk Sample	No. of Samples Taken	Methylene Blue Test	
		Passed	Failed
Pasteurised .....	140	140	—
T.T/Pasteurised .....	9	9	—
Heat Treated .....	—	—	—
Tuberculin Tested .....	2	2	—
Accredited .....	—	—	—
Ungraded .....	—	—	—
Totals .....	151	151	—

### Milk Samples Taken for Phosphatase 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	No. of Samples Taken	Phosphatase Test	
		Passed	Failed
Pasteurised .....	160	160	—
T.T/Pasteurised .....	9	9	—
Heat Treated .....	18	17	1
Totals .....	187	186	1

Samples which fail to pass the tests are followed up immediately and where this involves plants outside the Borough the Medical Officer of Health and the firm concerned are notified.

The sample of heat treated milk which failed to pass the phosphatase test was from a producer upon whom a notice had been served in accordance with Regulation 20 of the Milk and Dairies Regulations, 1949, and is referred to above.

### Milk Samples for Turbidity Test

There were fourteen samples of sterilised milk taken. All were reported as satisfying the test.

### ICE CREAM

During the year the control over the manufacture and sale of ice cream was maintained and 158 visits were paid to registered premises.

On the 31st December there were 294 premises registered under Section 14 of the Food and Drugs Act, 1938, for the sale, manufacture or storage of ice cream. The following table gives details of the premises registered:—

(a) For the manufacture and sale of ice cream .....	10
(b) For sale of pre-packed ice cream .....	276
(c) For sale of loose and pre-packed ice cream .....	8



In the previous year 243 premises were registered for the sale of pre-packed ice cream and seven for the sale of loose and pre-packed ice cream.

#### **Ice Cream (Heat Treatment, &c.) Regulations, 1947-1952**

There are seven large ice cream manufacturers in the Borough and three firms who use a "complete cold mix." All the firms have complied with the requirements of the Regulations and are fully alive to the importance of producing a product which is prepared and stored under strictly hygienic conditions.

#### **Bacteriological Examination**

There is no statutory bacteriological standard of cleanliness for ice cream, but a methylene blue test has been adapted for ice cream and the result is classified in one of four grades. Ice cream which consistently fails to reach Grades I or II is to be regarded as indicating defects of manufacture or of handling, which call for further investigation.

There were 65 samples of ice cream submitted for the methylene blue grading test, with the following results:—

Grade I .....	56
Grade II .....	5
Grade III .....	2
Grade IV .....	2

In the case of the Grade III and Grade IV samples, the attention of the manufacturers was drawn to the results of the test and subsequent samples from these firms were reported satisfactory.

#### **Standard for Ice Cream**

During the year, owing to the shortage of milk powder and fats, the Ministry of Food decided to modify the standards for ice cream and issued The Food Standards (Ice Cream) (Amendment) Order, 1952, which came into operation on the 7th July. This Order reduced the minimum fat content from 5 per cent to 4 per cent and the minimum non-fatty milk solids from 7.5 per cent to 5 per cent. The minimum standard for sugar remained at 10 per cent.

During the year, 29 samples of ice cream were taken for analysis and all complied with the required standard.

#### **MEAT INSPECTION**

The slaughterhouse arrangements were the same as last year, but in June one slaughterhouse was closed for a short period to allow alterations to be carried out.

Improvements have been effected at both slaughterhouses by the provision of electrical lifting blocks in place of the hand winches and electrical saws for chining the carcasses have dispensed with hand chopping and splintering of the chine bones. These modern improvements have added to the speed of through-put, as it is naturally possible to slaughter a greater number in a day compared with the old methods. This speed



does, however, tend to encourage overcrowding of the slaughterhouse, which is not a good thing for hygienic production and a close watch has constantly to be made in an effort to control this tendency.

The old construction and limited capacity of one of the slaughterhouses makes it difficult for it to be kept in a satisfactory condition and there is a need for the provision of a new abattoir.

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

	Beasts & Cows		Sheep	Pigs	Calves	Total
No. killed ...	4,292	2,925	26,000	4,320	3,321	40,858
Weight ...	4,638,286 lbs.		1,387,373 lbs.	700,456 lbs.	171,595 lbs.	6,897,710 lbs.
Weight condemned ...	160,693 lbs.		2,526 lbs.	10,799 lbs.	2,287 lbs.	175,705 lbs.
Percentage condemned ...	3.451%		0.182%	1.542%	1.333%	2.547%

#### Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ...	4,292	2,925	3,321	26,000	4,320
Number inspected ...	4,292	2,925	3,321	26,000	4,320
<b>All Diseases except Tuberculosis—</b>					
Whole Carcases condemned	2	21	37	39	9
Carcases of which some part or organ was condemned	682	1,518	4	498	140
Percentage of the number inspected affected with disease other than Tuberculosis ...	15.936	52.615	1.234	2.065	3.449
<b>Tuberculosis only—</b>					
Whole Carcases condemned	14	90	9	...	18
Carcases of which some part or organ was condemned	364	962	2	...	187
Percentage of the number inspected affected with Tuberculosis ...	8.807	35.596	0.331	...	4.745

Congenital tuberculosis was found in nine calves, but unfortunately, due to loss of auction mart numbers during transit, it was only possible to forward reports to the appropriate Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries in two cases. As a result both dams of the calves were traced and slaughtered under the Tuberculosis Order, 1938.

The question of the numbering of calves at the auction marts was raised with the Divisional Office of the Ministry of Agriculture and Fisheries with a view to instituting a more satisfactory method.



The following figures show the percentage of cows affected with tuberculosis for the years 1949-1952:—

	Cow Carcases Examined	Percentage affected with Tuberculosis
1949 .....	3,160	49.62
1950 .....	4,206	43.62
1951 .....	3,893	42.10
1952 .....	2,925	35.59

The total weight of meat and offal destroyed was:—

For Tuberculosis .....	105,553lbs.
For Diseases other than Tuberculosis .....	70,152lbs.

During the year fourteen cows were found to be affected with tuberculosis of the udder. In nine cases there was widespread infection of the organs and lymphatic glands necessitating condemnation of the whole carcase and offal. In the remaining five cases partial condemnation was necessary.

#### **Cysticercus Bovis**

Examination for the cysticercus bovis parasite has continued in accordance with Ministry of Food Circular MF5/48, and 28 beasts and cows were found to be affected as follows:—

Portion of Carcase and/or Organ Affected.	Beasts & Cows
Head and Skirt .....	1
Heart only .....	3
Head only .....	24

No generalised cases were found, but in eighteen cases the carcasses were sent to cold storage for treatment, being subsequently allocated by the Ministry of Food. Of the remainder, nine carcasses were allocated and one carcase was condemned due to emaciation.

#### **Summary of Diseased and Unsound Food Destroyed During 1952**

	lbs.
Cattle (127 whole carcasses) .....	73,421
Sheep (39 whole carcasses) .....	1,560
Pigs (27 whole carcasses) .....	5,172
Calves (46 whole carcasses) .....	2,035
Parts of Carcasses and Offal (4,351 Cattle, Sheep, Pigs and Calves) .....	93,517
Preserved Food .....	11,528
Beef .....	2,271
Pork .....	1,306
Tomatoes .....	589
Beans .....	476
Fruit .....	173
Coconuts .....	149
Bacon and Ham .....	132
Rabbits .....	129



	lbs.
Mutton .....	111
Cereals .....	99
Lamb .....	71
Poultry .....	67
Sausage .....	54
Cheese .....	52
Chocolate and Sweets .....	47
Butter and Margarine .....	22
Dried Peas .....	22
Liver .....	12
Boiled Ham .....	3
Lard .....	3
Flour .....	3
Total .....	193,024lbs.

### **Slaughter of Animals Act, 1933**

There were four renewal licences granted during the year.

### **Horseflesh**

At the beginning of the year there were two shops in the Borough for the sale of horseflesh, and in January an additional shop was opened. Arrangements for slaughtering and inspection continued as in the previous year.

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

#### **Food Hygiene**

The inspection and supervision of food preparation premises was continued and 1,197 visits were paid to these premises during the year. The following improvements were effected:—

Structural defects remedied .....	14
Premises separated from domestic .....	5
Sanitary accommodation provided .....	1
Toilet facilities provided or improved .....	12
Storage accommodation provided .....	2
Hot water provided .....	14
Refuse disposal arrangements improved .....	2
Vermin infestations cleared .....	3
Floors tiled .....	1
New sinks provided .....	19
Ovens converted .....	14
Premises cleansed (rooms) .....	85
Utensils cleansed .....	5



There is close liaison with the local officers of the Ministry of Food and eleven applications for catering licences were referred for investigation and report with the following results:—

Premises	Recommended	Not Recommended
Clubs .....	1	—
Chip Shops .....	1	—
Public Houses .....	5	1
Snack Bars .....	1	—
Bakers and Confectioners .....	2	1
General Shops .....	1	1

A 16m.m. Bell-Howell 621 Sound Projector was purchased towards the end of the year which will prove most useful for further instruction in food hygiene. The following film strips were shown to various bodies, and the Chief Sanitary Inspector gave eighteen lectures on this subject:—

What Food Infections Are.

The Food Handler's Part.

Hygiene in the Kitchen.

Hygiene in the Bakery.

Hygiene in Communal Feeding.

#### Report of the Public 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 ending 31st December, 1952, 427 samples of food and drugs were submitted for analysis under the provisions of the above Act. This total contrasts very favourably with previous years and includes a considerable proportion of samples taken informally for which there is ample justification. In the case of milk or spirits, however, the formalities of the Act (Section 70 (1)) are, for obvious reasons, usually observed.

The samples comprised 304 milks, 29 samples of ice cream, 8 of beef and one of pork sausage, 19 of flavourings, condiments, etc., 16 of household medicaments, drugs, etc., 14 groceries, 9 pudding, cake or soup mixtures or powders, 4 samples of white pepper, 4 of fish or meat paste, and 19 miscellaneous items.

Fifteen samples, equal to 3.5 per cent of the total submitted, were reported against as not complying with requirements. This is not to imply that they were of necessity adulterated, using this word in the sense of deliberate sophistication by the addition of some foreign substance or depriving it of one or other of its essential qualities—in other words, something done to the article whereby it is not of the nature, substance and quality demanded, as for example the addition of water or a preservative to milk, or the breaking down of a potable spirit beyond the statutory limit. In an over-all return the alternative or more correct tabulation of all samples which call for an adverse report is covered by the comprehensive title 'adulterated, below standard, or otherwise not complying with prescribed requirements.'



Of the above fifteen samples only one, a beef sausage, can legitimately be regarded as 'adulterated' since it contained only 32 per cent of meat content instead of a minimum 50 per cent required by the Meat Products and Canned Meat (Amendment) Order, 1950, and was, therefore, deprived of 36 per cent of its essential and valuable ingredient.

On the other hand, although it was necessary in the case of fourteen samples of milk to report unfavourably from the compositional standpoint in accordance with the Sale of Milk Regulations, 1939, there was no suggestion whatsoever of tampering, with one possible exception of a material fat deficiency; in this case, however, it was doubtful whether a true 'appeal to the cows' could be made. It will be recalled that the above-mentioned Regulations require a genuine milk to contain, until the contrary is proved, the following minimum contents of solids: (a) 3.0 per cent of milk-fat and (b) 8.5 per cent of non-fatty solids.

As to (a) certification was as follows:—

Serial No.	Fat Content %	Deficiency %	Observations
A.44	2.15	28.3	Informally taken; no "appeal."
A.48	2.9	3.3	Naturally deficient.
61	2.8	6.6	Naturally deficient.
116	2.3	23.3	Naturally deficient.
126	2.8	6.6	"Appeal to cow" re 116; naturally deficient.
127	2.4	20.0	"Appeal to cow" re 116; naturally deficient.
159	2.8	6.6	Naturally deficient.

The (b) series of seven samples is accounted for thus:—

Serial Number	Non-fatty Solids %	Deficiency %	Freezing Point (Hortvet)	Observations
A.36	8.1	4.6	—0.545°C.	Informally taken; naturally deficient.
57	8.3	2.3	—0.540°C.	Do.
60	8.3	2.3	—0.540°C.	Do.
94	8.3	2.3	—0.530°C.	Do.
95	8.3	2.3	—0.540°C.	Do.
260	8.3	2.3	—0.532°C.	Do.
291	8.0	5.8	—0.548°C.	Do.

Application of the Freezing Point test was the governing factor in the assessment of the above seven samples, and in this relation one's experience is that, except in the case of **bulk**ed milk supplied to dairies, the average figure of the mixed milk of a herd of cows lies somewhere between —0.545°C. and —0.550°C., and that only in most exceptional circumstances—and then where the individual cow is concerned—is the Freezing Point (Hortvet) as high as —0.530°C.



Referring to the vended supply throughout the year as reflected in the samples normally vended in the Borough—the composition of each having been detailed in the certificate of analysis issued—the all-round quality was well above the minimum of the Regulations and compares very favourably with that disclosed in the larger County Boroughs throughout the country.

The compositional value of ice cream is governed by an Amendment Food Standards (Ice Cream) Order which came into operation on 7th July, 1952, and which requires contents of at least 4 per cent fat, 10 per cent sugar, and 5 per cent milk solids other than milk-fat. This supersedes the previous Order, which required 5 per cent of fat, 10 per cent of sugar, and 7.5 per cent of milk solids other than milk-fat. It is of interest to record that of the 29 samples analysed the constituents averaged well above the foregoing limits in respect not only of fat but of the other ingredients. Since restrictions have been removed in recent times there appears to be very little disposition for the manufacturer to give the public other than what is rightly demanded and this, of course, is all to the good when one ascribes a definite value to the commodity.

In all samples of sausage except the one referred to above the required content of meat—pork or beef as the case may be—was present in accordance with the Meat Products and Canned Meat (Amendment) Order, 1950, and Public Health (Preservatives, &c., in Food) Regulations were observed in respect of the sulphur dioxide preservative where it was declared. In like manner the fish, &c., pastes conformed to the requirements and of the remaining (and considerable) variety of comestibles and food adjuncts the majority were of pre-packed type and a sound commercial quality obtained throughout.

The close attention paid to the provisions of the Food and Drugs Act is thus seen to be giving excellent results in the County Borough of Oldham."

#### **Results of Action Taken with Regard to Samples not Genuine**

In the case of one sample of meat sausage which was reported upon as being 36 per cent deficient in meat content, a letter of warning was sent to the vendor who was also the manufacturer.



## SECTION IX

## MISCELLANEOUS

National Assistance Act, 1948 (Section 47)

National Assistance (Amendment) Act, 1951

**Removal to suitable premises of persons  
in need of care and attention**

The Welfare Services Committee exercises all the powers and duties of the Council under the National Assistance Act, 1948, with the exception of the powers and duties under Section 47 which, by agreement, have been transferred to the Health Committee.

The Health Committee have delegated all the powers of the Local Authority under this Section to a Special Sub-Committee.

The National Assistance (Amendment) Act, 1951, amends Section 47 of the National Assistance Act, 1948, and provides an emergency procedure for the removal to suitable premises of persons urgently in need of care and attention. The Health Committee have passed a formal resolution authorising the Medical Officer of Health to make the necessary application in these cases.

Action is never taken under Section 47 until all alternative avenues have been fully explored. The case is visited frequently and only as a last resort is compulsory removal effected. Action under the Amendment Act is almost always urgent and usually necessitates admission to hospital.

No new cases were dealt with under Section 47, but in the following case action was necessary, primary action having been taken in December, 1951, under the Amendment Act:—

**Case No. 5/51.**—A female aged fifty years who had sustained a fractured femur, was admitted to the Oldham Royal Infirmary on the 31st December, 1951, on an Order made by a Justice. Prior to the expiration of the Order she still refused hospital treatment so it was necessary to report the circumstances to the Special Sub-Committee and an Order was made by the Court for her transfer to the Boundary Park General Hospital Annexe and her detention there for three months. Prior to the expiration of the three months the Order was renewed for a further six weeks. At the end of this period her condition had improved to allow her to return to her home which had been thoroughly cleaned and disinfected. She was kept under observation by the Department and no further action was necessary.

The following two cases were dealt with under the Amendment Act:—

**Case No. 1/52.**—A male aged 77 years, who had suffered for fifteen years with an ulcer of the forehead, was brought to notice as being in need of urgent hospital treatment. The ulcer, which was offensive, had reached an advanced stage and was eroding his forehead, orbits and nose. In addition he was blind and had a deformity of the legs which prevented him from walking without



assistance. He was cared for by his wife, aged 78 years, who was deaf and unable to cope with him in this condition. He was asked to go into hospital, but was a Christian Scientist and refused all forms of medical treatment. The necessary certificate was completed for his removal to the Boundary Park General Hospital Annexe and an Order for his detention in hospital for a period of three weeks was obtained from a Justice. He died three days after admission.

**Case No. 2/52.**—A female aged 77 years, who lived alone, was suffering from myocardial degeneration with œdema and ulceration of both legs. She was also doubly incontinent and refused admission to hospital. The necessary certificate was completed for her removal to the Boundary Park General Hospital Annexe and an Order for her detention for a period of three weeks was obtained from a Justice. Before the Order expired, she expressed her willingness to remain in hospital, where she died five months later.

In addition to the above cases, there were five cases which came under consideration and were dealt with as follows:—

- (i) A female aged 83 who was infirm and extremely filthy in her person, lived in a four-roomed house, two rooms of which were let off to a young couple with a child. She finally agreed to enter Part III Accommodation at the Boundary Park General Hospital Annexe.
- (ii) A female aged 76, who had severely ulcerated legs and lived alone, finally agreed to be admitted to the Boundary Park General Hospital Annexe.
- (iii) A male aged 78 years lived alone in filthy conditions. He was capable of taking care of himself so the agent of the property was approached and repairs and decorations were effected and the premises cleansed.
- (iv) A male aged 86 years lived with his two daughters. He was well cared for and the home was kept spotlessly clean. He developed senile symptoms and his personal habits became filthy in the extreme. On the advice of the Consultant Psychiatrist he was admitted to Birch Hill Hospital, Rochdale, on a Summary Reception Order, where he died later in the year.
- (v) A female aged 65 years lived alone. She consented to be admitted to the Boundary Park General Hospital Annexe, after the necessary medical certificates for removal under the Amendment Act were obtained, but before they had been submitted to a Justice.



### Hostels for Aged Persons

I am indebted to the Director of Welfare Services (Mr. J. Casson) for the details contained in the following report:—

The following accommodation was available in Residential Homes for Aged Persons during the year:—

Name of Home	Opened	Accommodation Provided	Category
Greenacres Lodge, Greenacres Road.	30-8-48	36 women	Aged Persons
"Westlands," Grange Avenue.	14-12-48	31 men	Aged Persons
"The Hollies," Frederick Street.	10-10-49	30 men	Aged Persons
Stamford House, Lees New Road, Lees.	28-11-49	15 women	Aged Persons
Edward House, Edward Street.	24-4-52	24 men and women	Blind Persons
"Lyndhurst," 79, Queen's Road.	14-8-52	15 men and women	Deaf Persons

At the end of the year accommodation in hostels was available for 112 aged persons (61 men and 51 women); 24 blind persons and 15 deaf persons.

### Manchester and Salford Family Service Unit

The service of the Family Service Unit was extended to the Oldham County Borough under an agreement made in 1949 for an experimental period of two years under which the Corporation made a grant to the Unit of £500, this payment being divided equally (£125 each) between the Health, Housing, Children's and Welfare Services Committees. This agreement was extended for a further five years from the 1st December, 1951, and the contribution increased to £750 on the following basis:—

Housing Sub-Committee .....	£125 per annum
Welfare Services Committee .....	£125 per annum
Children's Committee .....	£250 per annum
Health Committee .....	£250 per annum

Under the agreement the equivalent of one case worker is allocated to the Oldham area and the Housing Manager acts as Liaison Officer and any cases considered to be suitable for supervision by the Unit are referred to him by the Head of the Department concerned.

The following report on the work of the Unit in Oldham during the year has been made by the Deputy Fieldwork Organiser, Mr. D. Okell:—

"Concentrated family casework has been continued by Family Service Unit on a number of families requiring intensive help and supervision. Their work has been reviewed periodically through reports and meetings with their representatives. It was previously felt that they were being put in touch with families which, in some cases, were on the verge of



collapse and so we have tried, wherever possible, to refer families before their position appeared to be quite hopeless. Family Service Unit are still referred to families where it is felt that their approach would be valuable but we now hope to see the problems in their early stages, so as to avoid possible disintegration.

During the year eight cases have been opened and two more re-opened. One of these latter families came to notice when on the verge of being split up and so visiting ceased when the children were taken into care. Two families moved out of the area and visiting ceased in three cases where satisfactory standards were being maintained. They are at present in touch with 23 families. Three complete families have had a week's holiday and many children spent a week in a private home or at a camp during the summer.

Once again the Unit pays tribute to the excellent co-operation received from Oldham statutory and voluntary bodies."

### HEALTH EDUCATION

The facilities provided through the Central Council for Health Education are utilised and an annual grant is made to this body.

In November a 16mm. Bell-Howell "621" sound projector was purchased which will be of the greatest value in extending and improving our health education programme. Unfortunately our Infant Welfare Centres, accommodated as they are in church and school premises, and the lack of accommodation at our clinics, restricts the giving of film shows, but every endeavour will be made to make available a programme of health education for the public.

### Cancer Education

In October (1951) it was reported to the Health Committee that the Manchester Committee on Cancer proposed to conduct a scheme of research which would last for at least three years to ascertain whether or not an intensive scheme of public education in the necessity of obtaining advice about cancer or suspected cancer, would produce earlier approach for treatment and Oldham was one of the areas selected. All expenses would be borne by the Committee and no expense would fall on the local authority. The Health Committee willingly agreed to co-operate in the Scheme, which did not fully commence until the new year (1952).

I am indebted to Mr. John Wakefield, B.A., Executive Officer, Manchester Committee on Cancer, for the following report:—

"The Committee's campaign to try to reduce the delay in seeking treatment for cancer has gone well in 1952. The talks are specially designed to promote confidence in treatment, to banish fears and misconceptions and to warn the public of signs and symptoms that are serious enough to demand prompt medical attention.

There were 18 lectures given in the town and all but three were given at a normal meeting of some local church or lay organisation. The Committee believes that talks to small groups whose members are all acquainted have a more lasting effect than larger public meetings and the



less formal atmosphere encourages questions from those who might remain silent amongst a large body of strangers.

Despite the Committee's basic objections to larger audiences, the lecture in October at the School of Commerce, which was arranged by the Principal in consultation with the Medical Officer of Health, was most successful. Attendance exceeded accommodation and yet the atmosphere remained happily informal.

There has been close co-operation between the Medical Officer of Health and the Executive Officer to the Committee. Advice has been given on local problems; the Medical Officer of Health took the chair at the School of Commerce lecture, and members of his staff have joined the panel of lecturers.

It is too early to attempt any precise assessment of results; the misconceptions and prejudices of centuries are not to be banished in a few months. What can be said with certainty, however, is that several women are known to have received treatment for cancers whose symptoms they might have ignored had they not attended a lecture or read one of the many frank and valuable items published by the 'Oldham Chronicle.' The Executive Officer acknowledges an especial debt to the Editor and staff of the 'Chronicle' for their ready and generous collaboration in the campaign.

Sixteen more local organisations have asked during 1952 for speakers and dates during the early months of the new year have been arranged. Those church and lay groups who have not so far asked for speakers are urged to get in touch with the Committee or with the Medical Officer of Health."



### THE BOROUGH CORONER'S REPORT FOR 1952

The deaths reported to the Coroner during the year 1952 were 327 (males 186, females 141).

Of this total, 29 were lunatics and mental defectives in institutions.

In 122 of the cases reported, the deaths were investigated by the Coroner but no inquests held.

There were 205 inquests held (125 males and 80 females).

Of the 205 inquests, 74 were held with a jury.

There were 236 post-mortem examinations, in 76 of which no inquest was held. The expenses of the inquests amounted to £868 3s. 8d.

The verdicts returned were :—

Suicides 29 (males 12, females 17).

Accident or misadventure 71 (males 34, females 37).

Natural causes 99 (males 74, females 25).

Open verdicts 1.

The ages of the 29 suicides were as follows :—

Between 17 and 21 years of age .....	1
Between 20 and 30 years of age .....	2
Between 30 and 40 years of age .....	2
Between 40 and 50 years of age .....	7
Between 50 and 60 years of age .....	4
60 years and over .....	13

The types of suicide were :—

Gassing .....	21
Hanging .....	2
Overdose of barbiturates .....	5
Throwing from window .....	1

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

There was one case adjourned under Section 20 of the Coroners (Amendment) Act, 1926, and not resumed in which a person was subsequently found guilty of manslaughter.

In 1951 there were 276 deaths reported, 193 inquests were held, and the expenses were £694 5s. 11d.



## SUPERANNUATION AND OTHER MEDICAL EXAMINATIONS

### Corporation Employees

During the year the medical staff of the Department undertook medical examinations for the various Corporation Departments as follows:—

Department	Superannuation			Total
	Entrants	Disability	Special	
Baths & Wash-houses .....	2	—	—	2
Borough Engineer & Surveyor's .....	20	2	—	22
Borough Treasurer's .....	9	1	—	10
Children's .....	13	1	2	16
Cleansing & Transport .....	20	1	1	22
Education .....	39	1	3	43
Fire Service .....	1	1	1	3
Housing .....	8	—	—	8
Libraries .....	6	—	—	6
Parks & Cemeteries .....	47	—	—	47
Passenger Transport .....	201	3	2	206
Police .....	2	—	—	2
Public Health .....	71	1	23	95
Street Lighting .....	2	1	—	3
Town Clerk's .....	2	—	—	2
Waterworks .....	26	1	—	27
Welfare Services .....	16	—	1	17
	485	13	33	531

### Other Examinations

Transport—Road Traffic Acts .....	64
Waterworks—Entrants .....	73
Education—Entrants (Teachers) .....	115
Health Department—Entrants .....	19
Other Authorities .....	2

273

#### X-ray Examinations:

(i) Films .....	39
(ii) Miniature Radiography .....	146
Number of Persons referred to Consultant .....	16
Pathological examinations .....	172

The above pathological examinations included 73 samples of blood for Widal tests and 69 samples of faeces taken from employees of the Waterworks Department.



## EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

### Candidates Applying for Admission to Training Colleges

Candidates applying for entry to training colleges, university departments of education and "approved art schools," are now examined by the School Medical Officer of the area in which they reside.

During the year 48 candidates (9 males, 39 females) were examined and a report on Form 4 R.T.C. completed and forwarded to the appropriate college authority.

#### X-ray Examinations:

Miniature Radiography ..... 48

### Entrants to the Teaching Profession

Those entrants completing an approved course of training are examined by the college medical officer, but in other cases the medical examination is undertaken by the School Medical Officer of the appointing authority.

During the year two reports on Form 28 R.Q. regarding entrants (1 male, 1 female) were forwarded to the Ministry of Education.



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