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COUNTY BOROUGH OF OLDHAM



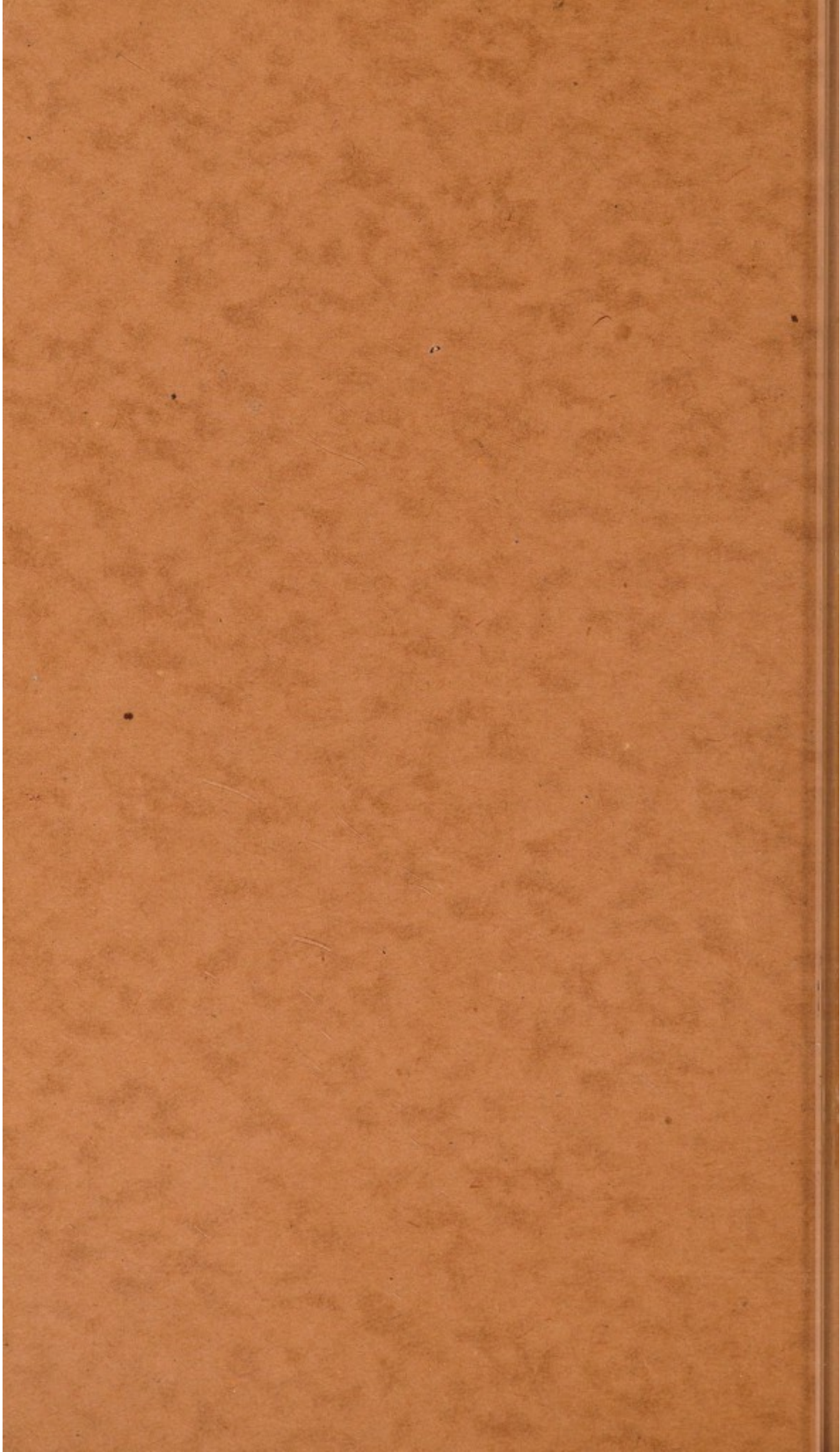
ANNUAL REPORT

OF THE

**MEDICAL OFFICER OF
HEALTH**



1953



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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF
HEALTH



1953

Public Health Department,
Town Hall,
Oldham.
September, 1954.

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

I have the honour to present my Annual Report on the health of Oldham and the work of the Health Department for the year 1953.

The year has been particularly strenuous, especially for the senior staff. The occurrence of smallpox in the Borough threw additional work on all the staff and for a period of four weeks only the minimum of routine work could be undertaken. Following a resolution of the Council in June which froze the employment of staff pending a special report on the organisation and staffing of each department, the clerical staff was depleted for five months of the year. Early in October the ban on the engagement of staff was lifted and at the end of the month a full staff was available.

In June the Council approved the recommendation of the Health Committee to abolish the Ambulance Sub-Committee and transfer the matters previously referred to that Sub-Committee to the Health Committee. The Council also approved an alteration in the constitution of the Maternity and Child Welfare, Home Nursing and Mental Health Sub-Committees to allow all the Council members (exclusive of the Mayor) on the Health Committee to be appointed to these Sub-Committees.

During the year the Health Committee and the Council, after considerable thought and discussion, reached a definite decision with regard to the provision of health centres. It was agreed that the first health centre should be in the Alt area and that sites should be earmarked in the Bardsley, Hollins and Holts districts.

The nursery provision has been substantially reduced. In April Horsedge Nursery was closed following three months' notice from the owners terminating the tenancy of the site and in the same month the Haven Lane Nursery was closed. As a result of salary awards and the general rise in costs, the nursery service had become exceedingly costly—the gross cost per place per day for the financial year 1952/53 being 12/-d. and the gross cost per day per attendance being 18/4d. In order to effect economies no new nursery students were engaged from August; the vacancy of Superintendent Nursery Teacher was not filled, and from July the nurseries were not opened on Saturday morning.

The occurrence of smallpox brought home the importance and urgency of vaccination and a special enquiry into the vaccinal state of school entrants showed that only 16.14 per cent of those medically examined had been vaccinated in infancy. It is imperative that vaccination should be pressed forward with full vigour, but it is also important that school leavers and others should be offered vaccination against smallpox. In December vaccination was offered to children leaving school at the end of the year and as a result 57 children were successfully vaccinated or re-vaccinated (43 primary and 14 re-vaccinations).

At midnight on the 31st August the agency arrangements with the Lancashire County Council, under which the Borough Ambulance Service provided ambulance cover for the adjacent districts of Chadderton, Crompton, Failsworth, Lees, Limehurst and Royton, terminated. Thus ended an association which had existed since January, 1922. This crazy reduplication of services and waste of public monies was resisted by the Oldham Authority to the last, but to no avail. I am confident that at some future date the wheel will turn full circle and that one Ambulance Service will again serve Oldham and district. The transfer was effected

smoothly and I wish to record my appreciation of the co-operation of the County Medical Officer of Health and his staff. One outstanding difficulty persisted after the transfer—owing to the overlapping of telephone areas a number of "999" calls originating in the County area were directed to the Oldham Ambulance Depot. To avoid any misunderstanding or delay in the removal of cases these calls were accepted by the Oldham Service.

In the Mental Health Service the co-operation with the local hospitals and the mental deficiency hospitals serving the area has been continued. The provision of "day care" accommodation at the Boundary Park General Hospital Annexe Psychiatric Unit for senile psychotics has met an urgent need. No difficulties have been experienced with the admission of patients.

The birth rate of 15.88 per thousand of the population compares with 14.96 for the previous year which shows a substantial rise. A slight rise from 15.3 to 15.5 is also recorded for England and Wales although the rate for the Great Towns remained almost stationary being 17.0 compared with 16.9 for the previous year.

The death rate of 15.52 compares with 13.96 for the previous year. This rate, however, is not comparable owing to the revised procedure of the Registrar General in connection with the transfer of births, deaths and stillbirths which became operative on the 1st January, 1953. It is clearly absurd and statistically wrong that persons admitted from outside areas to the Boundary Park General Hospital Annexe should be included in the Oldham deaths. The death rate produced for Oldham is falsely inflated and that of the adjacent districts reduced. In addition, the causes of death at different periods of life are no longer comparable with previous years and deaths, e.g., cancer, are substantially increased and again erroneous figures for the Borough are recorded. A revision of the memorandum issued from the General Register Office is necessary and official representation has already been made to the responsible authority.

The infant mortality rate of 31.20 per thousand live births compares with 26.8 for England and Wales and 42.97 for the previous year. This substantial and gratifying fall is mainly due to a reduction in the neo-natal deaths (infant deaths under one month), this rate having fallen from 27.34 to 19.04 and the deaths decreasing from 49 to 36.

No maternal deaths occurred during the year and all associated with the domiciliary and hospital maternity services are to be congratulated. In the previous year two maternal deaths occurred and a maternal mortality rate of 1.08 was recorded.

There were only 16 deaths due to tuberculosis (all forms) and the death rate of 0.14 compares with 0.36 for the previous year. This is an amazing fall and the death rate is the lowest ever recorded for the Borough. Progress has indeed been made in conquering this disease and tuberculosis is no longer "Captain of the Men of Death." These results must not be accepted with any complacency. We are saving the patient's life, but are we eliminating the disease? The number of new cases of pulmonary tuberculosis shows no comparable fall and has averaged 98 per year over the last five years compared with 106 per year over the five years 1939/43. The number of cases on the Dispensary Register at the 31st December totalled 702 compared with 608 at the 31st December, 1939. Mass radiography and Mantoux testing are bringing the early and missed case to notice but there should be stronger measures to prevent or eliminate the disease.

In December the Minister of Food made the Milk (Special Designations) (Specified Areas) (No. 3) Order, 1953, which comes into operation on the 1st January, 1954. Oldham was one of the areas specified and from this date all milk sold in the Borough must be "pasteurised," "sterilised," "Tuberculin Tested" milk or, until 30th September, 1954, "accredited" milk from a single herd. The risk of infection from raw milk will be still further reduced by the implementation of this Order which is another weapon against the spread of tuberculosis.

Full details of the prevalence of infectious disease are given in the body of the Report. A new record was created as, excluding tuberculosis, no death was registered as due to any of the infectious diseases. The major incidence in the year was the occurrence of smallpox in Lancashire and Yorkshire.

In March a case of smallpox—*variola major*—occurred and two secondary cases, both house contacts, resulted. The precautions taken to prevent the spread of infection are fully described in the Report. The source of infection could not be determined. The patient was unvaccinated and employed in the blowing room of a cotton mill, but he was a close friend of a lorry driver who visited Todmorden and who had had some slight contact with the original case in this town. The driver had no symptoms, but he may have conveyed the infection. The patient had made a large number of contacts in the early stages of his illness and numerous cases could have resulted. Emergency measures were instituted without delay and a heavy responsibility was thrown upon all the senior members of the staff who responded magnificently and carried out their respective duties most efficiently. The fullest co-operation was received from many persons and firms who were approached and I wish to record my personal thanks to them all, but especially to the Chief Fire Officer (Mr. Burt Bellamy), to the Medical Officers of the Ministry who made numerous visits to Oldham and were in constant communication with me, to Dr. C. Metcalfe Brown, to the Smallpox Consultants (Dr. D. C. Liddle and Dr. J. Yule), and to all the contacts. The Council, by formal resolution, placed on record their appreciation of the work of the staff.

Another year has passed and no progress has been made with regard to slum clearance. In November the Government White Paper "Houses—The Next Step" (Cmd. 8996) was issued, which outlines the Government policy and forecasts the full resumption of slum clearance which the war interrupted. When these proposals become law a very big task lies ahead of the Department.

In July Dr. A. J. I. Kelynack returned to the Department having obtained the Diploma in Public Health at the London School of Hygiene and Tropical Medicine and in the same month, Dr. T. A. J. Thorp, who had been temporarily engaged during his absence, ceased duties. In April Miss G. L. Eastwood, Domestic Help Organiser, resigned and was succeeded by Miss E. M. Kenworthy. In November Miss F. Collins, Superintendent Health Visitor, left the Service. Miss A. W. Moordaff was appointed to succeed her but did not commence duty until January, 1954. Mrs. M. T. Beech, Superintendent Nursery Teacher, terminated her duties in December and the post was not filled.

In May Councillors G. Halbert and D. C. Hanson ceased to be members of the Health Committee. Councillor Halbert, who joined the Committee in November, 1946, was Deputy Chairman during the years 1947/53 and Chairman of the Ambulance Sub-Committee since its inception in September, 1948. He was very closely associated with the changes and developments of the Service during these crucial years. Councillor Hanson joined the Committee in July, 1949, and during the year 1951/52 was Chairman of the Home Nursing Sub-Committee. I wish to record my appreciation of the courtesy these members always gave to myself and to 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 due to all the members of the staff for their loyal service during the year. I wish to record my appreciation of the devotion to duty which they showed during the smallpox outbreak and the excellent service they gave at great personal sacrifice.

I have the honour to be,

Your obedient Servant,

J. T. CHALMERS KEDDIE,

MEDICAL OFFICER OF HEALTH.

THE HEALTH COMMITTEE

(from 18th May, 1953)

Chairman:

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

Deputy Chairman:

Alderman J. Bradley

The Mayor:

Alderman Frank Kenyon, J.P.

Councillor J. A. Arthurs, J.P.

Councillor Miss A. A. Kenyon, J.P.

Councillor W. Barker

Councillor Mrs. G. Morrell, J.P.

Councillor J. H. Broadbent

Councillor Mrs. 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.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

Chairman:

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

Deputy Chairman:

Alderman J. Bradley

The Mayor

Councillor J. H. Broadbent

Councillor J. A. Arthurs, J.P.

Councillor Miss A. A. Kenyon, J.P.

Councillor W. Barker

Councillor Mrs. G. Morrell, J.P.

Councillor Mrs. 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 Miss A. A. Kenyon, J.P.

Alderman J. Bradley

Councillor S. T. Marron, J.P.

Councillor J. A. Arthurs, J.P.

Councillor Mrs. G. Morrell, J.P.

Councillor J. H. Broadbent

Councillor Mrs. E. Rothwell

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

MENTAL HEALTH SUB-COMMITTEE*Chairman:*

Councillor J. A. Arthurs, J.P.

The Mayor
Alderman J. Bradley
Councillor W. Barker
Councillor J. H. Broadbent

Councillor Miss A. A. Kenyon, J.P.
Councillor S. T. Marron, J.P.
Councillor Mrs. G. Morrell, J.P.
Councillor Mrs. E. Rothwell

Non-Council Members:

Miss I. M. Brislee
Rev. G. R. Lloyd

Alderman F. Lord, O.B.E., J.P.
Mrs. M. Rose, J.P.

STAFF

THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health and Principal 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 Circuit, 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., D.P.H.

Arthur J. I. Kelynack, M.B., B.S., D.P.H.

T. A. J. Thorp, M.B., Ch.B., D.P.H. (Temporary to 18-7-53)

Principal School 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. (to 29-8-53)

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, A. Renshaw, J. Smith, C. Buckley

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 G. Murray-Williams, B.A.,
J. B. Dearnaley, B.A. (to 18-4-53), W. Davies (from 1-9-53)

Mental Health Visitor:

Miss B. Butterworth

Psychologist:

Dennis G. Pickles, M.A.(Cantab), Hons. Psych.

Supervisor of Occupation Centre:

Mrs. J. L. Worfolk

Superintendent Health Visitor and Superintendent School Nurse:

Miss F. Collins, S.R.N., S.C.M., H.V.Cert. (to 14-11-53)

Deputy Superintendent Health Visitor and Deputy Superintendent School Nurse:

Miss C. Williamson, S.R.N., S.C.M., H.V.Cert.

Health Visitors/School Nurses:

Miss M. Gasquet (Senior from 26-1-53), Mrs. C. Smith, Miss C. Briggs,
Miss E. J. Thompson, Miss M. Barker (to 19-9-53), Mrs. A. G. Willmott
(to 31-12-53), Miss E. Keenan, Miss W. McDonnell, Miss B. Bourke
(from 1-1-53), Miss I. Oldham (from 1-6-53), Miss J. France (to
19-12-53)

School Nurses:

Miss E. E. Williams, Miss T. Dolan, Mrs. A. Oldham (from 13-4-53)

Superintendent Nursery Teacher:

Mrs. M. T. Beech (to 23-12-53)

Non-Medical Supervisor of Midwives:

Miss M. M. Nugent, S.R.N., S.C.M.

Assistant Superintendents:

Miss W. Lister (Senior to 31-10-53), S.R.N., S.C.M.

Miss M. Tully (Senior from 1-11-53), S.R.N., S.C.M.

Miss J. L. Walker, S.R.N., S.C.M.

Municipal Midwives:

Miss B. Holland, Mrs. A. M. Walshe, Mrs. I. Hartley, Mrs. M. Critchley, Mrs. E. Kidder, Mrs. N. Davies (to 31-8-53), Mrs. E. Lees, Mrs. E. C. McMahon, Miss F. M. Moore, Miss M. Tully (to 31-10-53), Miss N. Lawless, Miss J. Critchley (from 1-11-53), Miss M. Hall (from 1-7-53), Miss S. Nixon (from 1-7-53), Miss A. Pearson (from 1-12-53), Mrs. A. Quinn (from 5-1-53), Miss F. M. Sewell (from 17-1-53), Mrs. K. Noonan (from 1-10-53 to 30-11-53)

Superintendent of District Nursing:

Miss M. Dixon, S.R.N., S.C.M., Q.N.

District Nurses:

Miss J. A. Baker, Mrs. A. Schofield, Mrs. E. Newton (née Bailey), Mrs. J. Cox, Miss H. Hollinshead, Miss E. Dumville (from 24-8-53), Miss A. A. Murray, Miss A. Tulley, Mrs. W. Woolfenden (née Davies), Mrs. M. Schofield, Mr. F. P. Earnshaw, Mr. S. Harrop, Mr. E. L. Taylor.

Domestic Help Organiser:

Miss G. L. Eastwood (to 11-4-53)

Miss E. M. Kenworthy (from 1-5-53)

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 1953) ...	119,100
Density of Population, i.e., number of persons per acre	22.3
Number of Houses in the Borough, December, 1953:—	
(a) Permanent	42,307
(b) Temporary (prefabricated)	350
	42,657
Number of new houses erected in 1953:—	
(a) Permanent:	
(i) By local authority	386
(ii) By other bodies or persons	82
	468
(b) Temporary (prefabricated):	
(i) By local authority	—
(ii) By other bodies or persons	—
	—
Rateable Value (1st April, 1953)	£726,423
Sum represented by a penny rate (1st April, 1953)	£2,897
Total number of persons on doctors' lists at 31-12-53	117,212
Number of marriages during the year	911
Persons married per thousand of population	7.65

Extracts from Vital Statistics

Live Births (Males 949; Females 942)	1,891
Birth rate per 1,000 of estimated population	15.88
Stillbirths (Males 18; Females 26)	44
Stillbirth rate per 1,000 births	22.74
Deaths (Males 963; Females 885)	1,848
Death rate per 1,000 of estimated population	15.52
Maternal Deaths	nil
Maternal mortality rate per 1,000 births	nil
Deaths of Infants under one year	59
Infant mortality rate per 1,000 live births	31.20
Other Death Rates per 1,000 of estimated population—	
Tuberculosis:	
(a) All forms	0.14
(b) Pulmonary	0.12
Other respiratory diseases	2.37
Cancer	2.48
Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, and Diphtheria	nil

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 1953 is 119,100, which compares with 119,800 for the previous year.

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

Rateable Value

The rateable value on the 1st April, 1953, was £726,423, and the sum represented by a penny rate was £2,897.

Unemployment

Throughout the year the cotton industry was working full-time and the demand for labour, particularly female labour, increased. With the introduction of new industries into the town, e.g., textile and clothing manufacturing, it was not possible to meet the demand for female labour in the cotton mills, many women having taken up employment in other newly-established light industries during the trade recession of the previous year. The number of persons unemployed, both male and female, fell consistently during the year, and by the end of the year the recession which appeared in the textile industry at the end of 1951 had completely disappeared.

The figures shown in the table on page 12 are the numbers of persons registered as wholly unemployed or temporarily stopped during each month of the year, and include persons engaged in the building trades unemployed due to weather conditions and also persons changing employment. These figures have been kindly supplied by the Manager of the Employment Exchange.

UNEMPLOYED REGISTER
1st January to 31st December, 1953.

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
12th January, 1953	688	386	17	11	379	621	22	73
16th February, "	689	323	15	5	428	901	20	50
16th March, "	581	323	14	6	384	502	10	46
13th April, "	470	297	15	7	119	167	—	12
11th May, "	469	269	11	8	88	136	1	9
15th June, "	397	223	14	7	73	127	1	3
13th July, "	367	187	9	4	64	96	1	1
10th August, "	355	184	6	8	61	151	2	2
14th September, "	364	134	11	8	59	61	—	—
12th October, "	371	145	7	6	43	35	—	—
16th November, "	364	114	3	2	24	25	—	—
7th December, "	355	111	5	3	25	22	—	—

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 2,707 live births (1,390 males and 1,317 females) registered in the Borough during the year. After correction for inward (36) and outward (852) transferable births, the net total of births is 1,891 (949 males and 942 females).

The illegitimate live births numbered 84 or 4.44 per cent of the total live births.

(b) STILLBIRTHS :

During the year 63 stillbirths were registered. After being adjusted by inward and outward transfers the number is 44. The stillbirth rate is 22.74 per thousand total births which compares with 28.20 for the previous year and 22.4 for England and Wales.

Births Notified

During the year 1,868 notifications of birth were received relating to 1,830 live births and 38 stillbirths. In addition 855 notifications were received which were transferred to other authorities concerned. The 2,658 live and 65 stillbirths were notified by :—

Midwives	2,712
Doctors	11

In addition to the above, one birth, not notified, that of a baby found dead on the district, was brought to the notice of the Department following a Coroner's inquest.

Marriages

There were 911 marriages during the year, the rate per thousand of the population being 7.65. In 1952 the number of marriages was 1,064 and the rate 8.88.

Deaths

During the year 1,999 deaths (1,046 males and 953 females) were registered in the Borough. After correction for inward (93) and outward (244) transferable deaths, the net total deaths is 1,848 (963 males and 885 females), an increase of 176 on the total for 1952.

Of the 1,848 deaths, 680 (36.80 per cent) occurred in one or other of the following hospitals :—

Boundary Park General Hospital	165
Boundary Park General Hospital Annexe	372
Oldham Royal Infirmary	68
Westhulme Hospital	5
Strinesdale Sanatorium	2
Dr. Kershaw's Cottage Hospital	12
Woodfield Maternity Home	1
St. Joseph's Hospital, Manchester	1
Manchester Royal Infirmary	7

Christie's Hospital, Manchester	4
Royal Manchester Children's Hospital, Pendlebury ...	2
Crumpsall Hospital Annexe, Manchester	7
Northern Hospital, Manchester	1
Manchester Victoria Memorial Jewish Hospital	1
District Infirmary, Ashton-under-Lyne	3
Birch Hill Hospital, Rochdale	6
Rochdale Infirmary	1
Monsall Hospital, Manchester	1
Withington Hospital, Manchester	1
Park Hospital, Urmston	3
Racefield Pulmonary Hospital, Chadderton	2
Booth Hall Hospital, Manchester	1
Ladywell Hospital, Salford	1
St. Mary's Hospital, Manchester	2
Springfield Sanatorium, Rochdale	1
Skin Hospital, Manchester	1
Hyde Hospital	1
Ministry of Pensions Hospital, Liverpool	1
Other Hospitals	7

Of the total deaths 1,221 (66.07 per cent) 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	16
Malignant and Lymphatic Neoplasms	296
Vascular Lesions of Nervous System	251
Coronary Disease, Angina	153
Hypertension with Heart Disease	42
Other Heart Disease	383
Other Circulatory Disease	100
Pneumonia	63
Bronchitis	207
Suicide	15
Motor vehicle, other accidents, homicide and operations of war	48

These groups of diseases account for 1,574 deaths occurring during the year, or 85.17 per cent of the total deaths registered.

Transfer of Births, Deaths and Stillbirths

In October, 1952, a revised Memorandum on Transfer of Births, Deaths and Stillbirths, was issued from the General Register Office. Under this Memorandum, which came into force on the 1st January, 1953, the following types of institutions are regarded as the usual residence of their inmates:—

- Hospitals for the Chronic Sick,
- Mental Deficiency Institutions,
- Mental Hospitals.

The Boundary Park General Hospital Annexe is classified as a hospital for the chronic sick, and accordingly ALL deaths occurring in this hospital from the 1st January are non-transferable. This hospital also admits patients from the adjacent County districts, many of whom die within a short period of admission. Under the revised procedure of the Registrar General such deaths are regarded as non-transferable. The inclusion of these deaths has caused an increased and erroneous death rate for the Borough as is evidenced by the following figures which have been supplied through the co-operation of the Secretary of the Oldham and District Hospital Management Committee:—

During the year 137 deaths of persons admitted from outside areas occurred in the Annexe within the following periods of admission:—

Within 4 weeks	75
4 weeks to 3 months	22
3 months to 6 months	11
6 months to 9 months	8
9 months to 12 months	—
Over 12 months	21
	<hr/>
	137
	<hr/>

The 137 deaths occurred in the following age groups:—

Years	25—	35—	45—	55—	65—	75+
	1	2	3	14	47	70

During the year notification was received of 19 deaths of Oldham residents which occurred in outside mental hospitals or mental deficiency institutions, 16 of these occurring twelve months or more after admission.

A better procedure, and one which would produce a more accurate death rate for the Borough, would be for all deaths occurring in hospitals for the chronic sick, mental deficiency institutions and mental hospitals within twelve months of admission to be transferable, and those occurring twelve months or more after admission to be non-transferable.

The death rate for the year is 15.52, which compares with 13.96 for the previous year. If the suggested procedure was adopted, the death rate for the Borough for this year (1953) would be 14.68, which is a more comparable rate.

Maternal Mortality

During the year one maternal death occurred in the Borough. This was a transferable death and the Medical Officer of Health of the district concerned was notified accordingly.

No deaths due to pregnancy or childbirth occurred in women resident in the Borough. This compares with 2 maternal deaths in the previous year and a maternal mortality rate of 1.08.

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

Deaths Due to Pregnancy or Childbirth 0

Deaths Due to Associated Conditions 0

Infant Mortality

There were 86 deaths (46 males and 40 females) of infants under one year of age registered in the Borough. After correction for inward (4) and outward (31) transferable deaths, the net total of infant deaths is 59 (33 males and 26 females), a decrease of 18 on the total for the previous year. Of the 59 infant deaths, two were those of illegitimate children and 36 occurred in infants under four weeks old, equivalent to a neo-natal mortality of 19.04 per 1,000 births.

The following table shows the neo-natal and infant 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	Infant 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
1953	36	19.04	59	31.20

One death of an infant aged 12 weeks was certified as due to post-vaccinal encephalitis. Details of the case were not known until after death and from information available it is doubtful if the cause of death could be correctly regarded as post-vaccinal encephalitis, especially as no post-mortem was held.

INFANT MORTALITY DURING 1953
Deaths from stated causes at various ages under one year.

CAUSES OF DEATH	Under 1 day	1-2 days	3-4 days	5-6 days	7-8 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 ...	13	2	5	2	5	28	3	2	1	34	9	8	3	3	57
Uncertified	2	...	...	...	...	2	...	...	...	2	...	...	...	...	2
Acute Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2
Acute Bronchiectasis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Arachnoiditis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Asphyxia and Atelectasis ...	3	...	1	...	...	4	...	...	...	4	...	...	...	...	4
Asphyxia and Atelectasis with Prematurity ...	3	...	1	1	1	6	...	...	...	6	...	...	...	...	6
Asphyxia—Accidental ...	1	...	...	...	...	1	...	...	...	1	2	1	...	...	4
Acute Pneumonia ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Broncho-Pneumonia ...	...	...	...	...	...	...	...	...	...	...	3	3	1	1	8
Congenital Heart Disease ...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	3
Congenital Malformations ...	1	...	...	1	...	2	1	...	...	3	...	...	...	...	3
Congenital Amyotonia ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Injury at Birth ...	2	...	...	...	...	2	...	...	...	2	...	...	...	...	2
Injury at Birth with Prematurity ...	...	2	1	1	1	5	...	...	...	5	...	...	...	...	5
Pneumonia of new-born ...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	2
Pneumonia of new-born with Prematurity ...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	2
Post-Operative Infection (Herniotomy) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Post-Vaccinal Encephalitis ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Premature Birth ...	5	...	2	1	...	10	...	...	...	10	1	...	...	...	10
Septicaemia ...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1
Staphylococcal Meningitis ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
TOTALS ...	15	2	5	2	5	30	3	2	1	36	9	8	3	3	59

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

YEAR	Popula- tion estimated to middle of each year	BIRTHS		Total deaths- regis- tered in the Borough	Transferable Deaths		Nett Deaths after correction				
		Births Regis- tered	Nett after correction		Of non- residents regis- tered in the Borough	Of resi- dents not regis- tered in the Borough	At all ages		Under 1 year		
			Number				Rate	Number	Rate	Number	Rate per 1,000 nett births
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
1953	119,100	2797	1891	15.88	1999	244	93	1848	15.52	59	31

COMPARATIVE STATEMENT OF VITAL STATISTICS FOR THE YEAR 1953.

	Birth Rate	Death Rate	Infant Mortality Rate		Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate (per 1,000 total live and stillbirths).						
			Year 1953	Average Five Years 1948-1952			Sepsis of Preg-nancy	Abortion with Toxaemia and other Pregnancies of Pregnancy	Haemor-rhage of Preg-nancy	Abortion without Sepsis or Toxaemia	Abortion with Sepsis	Other complica-tions of Pregnancy	Total
England & Wales	15.5	11.4	26.8	31	*	*	.10	.25	.13	.04	.06	.18	.76
160 Great Towns	17.0	12.2	30.8	35	*	*	*	*	*	*	*	*	*
Birkenhead	18.4	11.8	28	42	.19	.02	...	...	...	...	...	...	Nil
Burnley	14.4	14.4	27	41	.14	.07	...	...	...	...	...	...	Nil
Bury	14.94	14.84	18	35	.12	.02	...	...	...	...	...	...	Nil
Halifax	14.57	15.15	30	31	.21	.02	...	...	...	...	...	...	Nil
Liverpool	20.3	10.7	35	41	.33	.03	.12	...	...	...	...	.18	.30
Manchester	17.41	12.31	31	38	.28	.03	..	.24	.24	...	...	.32	.80
Oldham	15.88	15.52	31	41	.12	.02	...	...	...	...	...	...	Nil
Preston	16.10	11.39	33	36	.22	.01	...	1.02	.51	...	...	.51	2.04
Rochdale	15.0	14.4	31	42	.27	.02	...	...	...	.75	...	...	.75
Salford	17.05	12.32	32	42	.29	.02	...	...	...	...	...	.33	.33
St. Helens	17.5	10.6	44	43	.25	.04	...	...	...	...	...	.51	.51
Stockport	15.3	14.5	30	37	.16	.03	...	...	.91	...	...	.45	1.35
Wallasey	16.22	11.11	25	35	.11	.06	...	...	1.21	...	.60	...	1.81
Wigan	15.65	12.02	38	46	.24	.01	...	...	...	...	.74	...	.74

* 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.

OLDHAM AND DISTRICT HOSPITAL MANAGEMENT COMMITTEE

GROUP 11

Councillors A. Tweedale and Miss A. A. Kenyon, J.P., who had been appointed members of the Committee for the period ended 31st March, 1953, 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, 1954—Alderman F. Lord, O.B.E., J.P. (Chairman),
Mr. G. Halbert.

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

31st March, 1956—Councillor J. A. Arthurs, J.P.,
Councillor Mrs. E. Rothwell,
Councillor Miss A. A. Kenyon, J.P.,
Councillor A. Tweedale.

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 190 beds with surgical, orthopædic, ophthalmic and aural beds, a limited number of medical and gynæcological beds and a children's ward. There is a rehabilitation unit associated with the orthopædic department to which other cases can also be referred.

Boundary Park General Hospital: This is a general hospital of 379 beds with medical, surgical, orthopædic, pædiatric and gynæcological 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 8 private beds available in the general part of the hospital and 2 for obstetrical cases in the maternity unit. There are also 6 amenity beds in the maternity unit, all of which are in single wards, the charge being 12s. 0d. per day.

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. There is also a psychiatric out-patient department.

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 14 beds were in use.

Woodfield Maternity Home: This is a general practitioner maternity home with 20 amenity beds. Patients are charged 12s. 0d. per day for a single bedded ward and 6s. 0d. per day for beds in other wards.

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

The 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 home help, and the provision of sick room and invalid equipment. There is no income limit for contributors. The rates of contribution are 2d. per week for a single person and 4d. per week for a married person. 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:—

Convalescent Home Service	251
Sick Room Requisites—articles loaned	512
Optical Benefits—claims	4,526
Surgical Appliances—grants	140
Dental Claims	1,326
Home Help—refunds	13

The Association also provides a Mobile Physiotherapy Service. There has been a tremendous growth in the amount of work undertaken by this service and since its inception in November, 1947, there have been 269 patients treated and discharged. The Unit now operates two mobile physiotherapy vans which, during the year, covered 11,364 miles. The following figures relate to the work of the Unit during the year:—

Number of new patients registered	98
Number of visits made during the year	4,444
Number of treatments given during the year	9,576
Number of patients on waiting list at 31-12-53	41

SECTION III

LOCAL HEALTH AUTHORITY SERVICES

HEALTH CENTRES

(Section 21)

During the year the Health Committee and the Council, after considerable thought and discussion, reached definite decisions with regard to the provision of an experimental Health Centre and the earmarking of sites. Informal discussions also took place with the local Medical Committee and the Oldham Executive Council.

Following a report on a visit made to the John Ryle Health Centre at Nottingham, which was opened in October, 1952, two model plans of a sub-health centre which could be modified to meet the particular needs of any area in the Borough, were considered. The scheme finally selected was of single storey construction to provide accommodation as follows:—

4 Consulting Rooms,	1 Staff Toilet,
4 Examination Rooms,	1 Public Toilet,
1 Dental Clinic,	1 Equipment Store,
1 Dental Recovery Room,	1 Food Store and Sales.

The rooms are arranged so as to allow the use of these premises as a branch welfare centre or school clinic when they are not in use as doctors' surgeries.

Consideration was also given to the suggested large new health centre on the West Street site being proceeded with, but finally in November the following decisions were reached and received Council approval:—

- (i) That as an experiment, one health centre be built at Alt Lane at its junction with Abbeyhills Road to serve the adjacent area.
- (ii) That the following sites be earmarked for possible future use for the erection of further health centres:—
 - (i) Park Lane, Bardsley,
 - (ii) Hollins,
 - (iii) Browndge Road, Holts.

In December the Oldham Executive Council was informed of these decisions and their views invited, but they had not been received at the end of the year.

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 No. of attendances made by these women
		Medical Officers Sessions	Mid-wives Sessions		
Ante-Natal Clinics	1	8	12	1185	5830
Post-Natal Clinics	1	4	—	199	199

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.

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.

In August a Dental Officer left the service and in spite of numerous advertisements in the Press and in the British Dental Journal, it has been impossible to replace this officer.

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 previous years and a fully comprehensive service has been provided and is available to all expectant and nursing mothers. These patients are entitled to free dental treatment (excluding dentures) under the General Dental Practitioner Service and through the dental service of the Local Health Authority which provides free dentures, but the dental condition of those examined does not indicate that they have regularly availed themselves of these services. An intensive dental propaganda campaign might stimulate more interest in dental health, but with the present staff available this is impossible.

Regular weekly visits have been made to the Queen Street Ante-Natal Clinic. Many of the patients attending the Ante-Natal Clinic at Boundary Park General Hospital have also received a dental inspection. Some difficulty has, however, been experienced at the hospital, since the new cases book on two separate days. Previously all new cases booked on the same day. Arrangements are, however, being made whereby it is hoped to examine most of these patients.

Inspection.—During the year 949 patients received a dental inspection and 583 (61.43%) were found to require treatment. Of the patients not requiring treatment, 145 were edentulous and wearing full dentures. Of the patients requiring treatment, 308 (52.83%) accepted treatment at the dental clinics and 133 patients (22.81%) stated a preference to attend a dental practitioner of their own choice. Unfortunately 142 patients (24.36%) who were advised to have dental treatment, refused to take any action. The absence of pain often influences many of these patients in reaching this decision and they prefer to attend as and when pain develops and then usually for the extraction of the offending tooth. This policy results in the patient requiring dentures at a comparatively early age.

It is interesting to record that 111 patients had attended dental practitioners and received conservation treatment, i.e. fillings, and that 43 patients had received fillings through the School Dental Service, but did not continue with this type of treatment after leaving school. Financial barriers cannot be the entire reason for this state of affairs, since everyone is entitled to free dental treatment under the National Health Service up to the age of 21 years.

Treatment. — Details of the treatment carried out are given in the appended returns, and the amount of work undertaken is approximately the same as in the previous year.

540 permanent teeth were extracted as compared with 432 last year.

111 permanent teeth were filled and this shows a slight decrease (123). As stated previously in this report, many of these patients are not interested in conserving their teeth and keeping them in a healthy condition for as long as possible.

65 scalings were performed and this is often associated with attendant gum treatment.

36 X-rays were taken to assist in correct diagnosis and treatment—use being made of the X-ray unit installed at the Cannon Street Clinic.

52 patients were supplied with dentures. There has been no increase in the demand for dentures through this service following the introduction of a charge for dentures through the National Health Service (Charges for Dental Treatment) Regulations, 1952. There is no charge for dentures supplied under the Local Health Authority arrangements.

The services of a dental mechanic to the profession have been used to assist in the construction of dentures.

A general anaesthetic was administered on 35 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 four cases were referred for his opinion.

Pre-School Children

During the year 309 children have received a dental inspection compared with 268 in the previous year.

These children are usually referred from the infant welfare centres and are often suffering from toothache which necessitates the extraction of teeth.

The number of children between the ages of 2 and 3 years who develop toothache is extremely high. The average child does not complete eruption of its temporary teeth until two years of age. The incidence of caries has increased in recent years and it is common to find that the upper front teeth are hopelessly carious by the age of two years. This condition is invariably associated with the use of "dummies" and it is common practice for mothers to dip these rubber dummies in some form of carbohydrate, e.g. syrup, condensed milk, etc.

710 teeth were extracted and 54 fillings were inserted in temporary teeth.

288 children received general anaesthetics for the extraction of teeth.

The very young children who require a general anaesthetic are referred to Boundary Park General Hospital and are usually treated as out-patients. The Senior Dental Officer in his capacity as Visiting Dental Officer to the hospital is able to arrange and carry out the necessary treatment.

The following figures indicate the ages of the 309 children examined during the year:—

Under 1 year	1 year	2 years	3 years	4 years	5 years
1	6	38	121	140	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.
(a) Provided with Dental Care:		
Examined	949	309
Needing Treatment	583	295
Treated	231	290
Made Dentally Fit	180	269
(b) Dental Treatment Provided:		
Extractions	540	710
Anaesthetics:		
Local	162	24
General	35	288
Fillings	111	54
Scalings or Scaling and Gum Treatment	65	10
Silver Nitrate Treatment	—	12
Dressings	28	18
Radiographs	36	3
Dentures Provided:		
Complete	61	—
Partial	18	— "

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.

Premature Births

The following tables give details of premature births notified during the year relating to Oldham residents (including transferred notifications):—

	Premature Live Births	Premature Stillbirths
(a) In Hospital	90	13
(b) At Home	33	7
(c) In Private Nursing Homes	—	—
	—	—
	123	20
	—	—

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before the 28th day		
	Total	Died Within 24 hrs. of birth	Survived 28 days	Total	Died Within 24 hrs. of birth	Survived 28 days	Total	Died Within 24 hrs. of birth	Survived 28 days	Total	Died Within 24 hrs. of birth	Survived 28 days	Total	Died Within 24 hrs. of birth	Survived 28 days
3lb. 4oz. or less (1,500 gms. or less)	13	7	2	2	...	1	1	1	...	...	...	...	...	3	...
Over 3lb. 4oz. up to and including 4lb. 6oz. (1,500-2,000 gms.)	23	...	19	6	...	6	...	...	...	...	...	...	...	4	...
Over 4lb. 6oz. up to and including 4lb. 15oz. (2,000-2,250 gms.)	19	...	18	13	1	11	...	...	...	...	...	...	...	1	...
Over 4lb. 15oz. up to and including 5lb. 8oz. (2,250-2,500 gms.)	35	...	33	11	...	11	...	...	...	...	...	...	...	5	...
Totals	90	7	72	32	1	29	1	1	...	...	...	...	...	13	...

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 organizations 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 five cases received ante-natal and post-natal care and one case ante-natal care only, and the full cost was met by the Health Committee, the following homes being used:—

Manchester and Salford Mission Maternity Home,
Manchester.
St. Margaret's Home, Leeds.
Council for Moral Welfare Refuge, Lancaster.
Council for Moral Welfare Refuge, Huddersfield.
Wyther Hostel, Leeds.

Of the five cases receiving ante-natal and post-natal care, two were admitted to the Manchester and Salford Mission Maternity Home, one to St. Margaret's Home, all being confined in the Homes; one was admitted to the Moral Welfare Refuge, Lancaster, and one to the Wyther Hostel, each being confined in a hospital in the area of the Home.

The case receiving ante-natal care only was admitted to the Council for Moral Welfare Refuge, Huddersfield, but returned to Oldham to be married prior to her confinement.

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	Thursday	2.0 p.m.
St. Ambrose	Prince Charlie Street	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 1953

Centre	No. of Sessions	No. of Children who attended Centres	New Cases		Total Attendances	
			0-1	1-5	0-1	1-5
Queen Street	99	561	293	32	4068	822
Brunswick	51	276	150	7	2285	572
Millgate	52	361	161	12	2578	400
Beulah	49	236	92	40	1531	326
Scottfield	48	307	185	6	2518	470
St. Ambrose	52	247	120	18	1954	314
St. Barnabas	51	298	137	13	2371	541
Pitt St. East	52	302	146	4	2598	375

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 1953/54 in support of the general work which the following organisations undertake in the care of the mother and her child:—

	£	s.	d.
National Society of Children's Nurseries	3	3	0
Invalid Children's Aid Association	3	3	0
Royal Society for the Prevention of Accidents	2	2	0
National Council for 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

DAY NURSERIES

Municipal Day Nurseries

On the 1st January, in addition to Westhill Nursery which closed on the 15th January and was accommodating 10 children, the following accommodation was available:—

	Age Groups			Total Places
	0-1	1-2	2-5	
Haven Lane	8	17	21	46
Horsedge	8	15	25	48
Honeywell Lane	8	17	21	46
Overens Street	4	8	25	37
Tate Street	—	13	21	34
Totals	28	70	113	211

In February the Health Committee resolved that the Haven Lane Nursery should be closed with effect from the 4th April.

In the same month, three months formal notice was received from the owners terminating the tenancy of the Horsedge Street Nursery site and the Health Committee decided that this Nursery should also close on the 4th April.

The closure of these two nurseries reduced the nursery accommodation available to 117 places.

Following the resignation of the Matron who was resident at the Overens Street Nursery, a room on the ground floor was adapted for use as a baby nursery and the accommodation was increased by five places—one in the 0-1 and four in the 1-2 age groups. This additional accommodation was made available in July.

In June, in order to effect further economies in staff, the Maternity and Child Welfare Sub-Committee accepted a recommendation that the nurseries should close at 6-30 p.m. each day and not open on Saturday mornings. This arrangement was effective from July.

The attendances made by children during the year totalled 24,456, which compares with 42,910 for the previous year when six nurseries were open.

The following accommodation was available at the 31st December.

	Age Groups			Total Places
	0-1	1-2	2-5	
Honeywell Lane	8	17	21	46
Overens Street	5	12	25	42
Tate Street	—	13	21	34
Totals	13	42	67	122

As a result of the additional expenditure following a Whitley Council award to nursery staffs and other increasing costs, the Health Committee in December (1952) increased the charges from 2/3 to 5/- per day and from 1/6 to 2/6 for Saturday morning. The new charges became operative from the 1st January. 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. The charges were under review later in the year but no change was recommended.

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 ten students were successful in obtaining this Certificate.

In April, Miss C. Williamson, Deputy Superintendent Health Visitor, and Mrs. M. T. Beech, Superintendent Nursery Teacher, attended a Nursery Education Course arranged by the Ministry of Education and held at the Furzedown Training College, London, from the 8th to the 17th April.

Mrs. Beech, the Superintendent Nursery Teacher, left the service in December, and the post was not filled.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Industrial Day Nurseries

On the 1st January 10 nurseries were registered under this Act for children aged 0-5 years and provided a total accommodation of 444 places comprised as follows:—

Age 0-1 years	30 places.
Age 1-2 years	116 places.
Age 2-5 years	298 places.

In addition two nurseries were registered for the accommodation of 80 children over the age of 5 years during school holiday periods.

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 Belgrave Mills Ltd. for registration of premises in the mill for the accommodation of children between the ages of 5-11 years during the school holidays, an Order was made in December imposing the usual requirements and limiting the number of children to 55.

In April approval was given for the number of children accommodated at Hartford House to be altered to allow the number to be received in the 1-2 age group to be increased by 10 and the number in the 2-5 age group to be similarly reduced.

The Royd Mill nursery closed in January and the Borough Spinning Co. nursery was closed in March following a fire which occurred at the mill. This nursery did not re-open. These nurseries provided the following accommodation:—

	Age Groups			Total Places
	0-1	1-2	2-5	
Royd Mill	—	15	25	40
Borough Spinning Co.	5	7	13	25
	—	—	—	—
Totals	5	22	38	65
	—	—	—	—

The Willowbank nursery, which closed temporarily in May, 1952, was re-opened on the 21st September.

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

Name of Nursery	Age Groups			Total Places
	0-1	1-2	2-5	
*Derker Mill	7	14	25	46
*Hartford House	—	20	48	68
*Heathbank	6	14	30	50
Iris Mill	12	16	19	47
Oldham Twist	—	13	19	32
*Oakbank	—	—	48	48
*Werneth Spinning Co.	—	15	42	57
Willowbank	—	12	19	31
	—	—	—	—
	25	104	250	379
	—	—	—	—

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

The following accommodation was registered for school children during the school holidays only:—

Belgrave Mill	Children aged 5—11 years	55
Greenbank Mills Nursery	Children aged 5—10 years	35
All Saints School (Werneth Spinning Company)	Children over 5 years of age	45

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

During the year the first child-minder was registered under the Act. She was a married woman living in a Council house with 3 children of her own—all of school age. An Order was made limiting the number of children to be day minded to 7 (including her own) and imposing requirements regarding precautions against infectious disease.

One other application was received, but was subsequently withdrawn.

MIDWIVES SERVICE

(Section 23)

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

- 1 Non-Medical Supervisor.
- 1 Senior Assistant Superintendent.
- 1 Assistant Superintendent.
- 13 District Midwives.
- 1 District Midwife (part-time).
- 7 Pupil Midwives.

One district midwife who was granted leave of absence in the previous year returned to undertake part-time duties pending her return to full-time duty.

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.

In August, one district midwife attended the Sorrento Hospital, Birmingham, for a course of instruction of four weeks in premature baby nursing. It is intended to have two district midwives especially trained to undertake duties in premature baby nursing.

The Oldham District Midwifery Service is approved by the Central Midwives Board as a Part II Training School. During the year eleven pupils were accepted for training. Fifteen pupils sat the Part II Examination of the Central Midwives' Board and all were successful.

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 arrangement for the midwife to continue in attendance on the mother and baby for one month after confinement has been continued. This arrangement, which at present only applies to mothers confined on the district, has been found to be of the greatest value to the mothers.

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 866 cases were delivered and of these 810 (93.53%) received gas and air analgesia. The remaining 56 cases did not receive gas and air analgesia for the following reasons:—

Patient refused	1
Medical reasons	15
B.B.A. or delay in summoning a midwife	37
Doctor booked—not booked for gas and air	3

The following table shows the number of cases in which gas and air analgesia and pethidine were administered by the midwives in domiciliary practice during the year:—

	Doctor present at time of delivery	Doctor not present at time of delivery
Gas and air administered ...	38	772
Pethidine administered	17	271

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

During the year one private house owned by the Health Committee and regarded as no longer suitable owing to its situation and there being a midwife resident in the vicinity, was disposed of by sale. At the end of the year the following accommodation was provided for midwives:—

1. Private houses—

Owned by local health authority 1

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.

In June the premises 61, Werneth Hall Road, were purchased and adaptations to combine these premises with 63, Werneth Hall Road, the present midwives home, to provide improved accommodation, were approved and put in hand. The premises 31, Werneth Hall Road, at present used as a Midwives Hostel will be closed on completion of the adaptations and all the resident midwives and pupil midwives will be housed in the one home 61/63, Werneth Hall Road.

Post-Certificate Instruction

Two district midwives, who are approved teachers of pupil midwives, attended a course for midwives engaged in teaching arranged by the Royal College of Midwives and held in London, one from the 7th to the 21st April and the other from the 1st to the 15th September.

Hospital Discharges

Arrangements exist for all maternity patients discharged from Boundary Park General Hospital and the Woodfield Maternity Home before the fourteenth day to be notified to the appropriate local health authority. In the case of Oldham residents, the name, address and date of discharge are 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	923
Number of confinements attended	866
Number of cases receiving analgesia ...	810

Visits:

Ante-natal cases	3,627
During lying-in period	20,511
Post-natal	21
Hospital discharges	2,850

Premature Babies:

(i) Domiciliary births	1,415
(ii) Hospital discharges	673

During the year 1,830 live births and 38 stillbirths relating to Oldham residents were notified. Of these 1,000 (54.64%) occurred in institutions and 868 (46.47%) were domiciliary confinements. Of the latter 867 (99.88%) were attended by municipal midwives and 1 (.12%) by a midwife in private practice.

During the year 122 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 84 cases the conditions were considered to be suitable and the patients subsequently booked for domiciliary confinement.

MIDWIVES ACT, 1951

Supervision of Midwives

During the year 59 midwives notified their intention to practise, the same number as in 1952. At the end of the year the following midwives were practising in the area of the Borough:—

In Domiciliary Practice:

- (a) Employed by Local Health Authority ... 15
- (b) In private practice Nil

Employed in Institutions:

- (a) Boundary Park General Hospital 15
- (b) Woodfield Maternity Home 4

The following table shows the number of deliveries attended by midwives during the year:—

**Number of Deliveries Attended by Midwives in the Area
During the Year**

	Domiciliary Cases				Totals	Cases in Institu- tions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not pres- ent at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not pres- ent at time of delivery of child		
Midwives employed by local health authority	18	348	68	432	866	—
Midwives employed by Oldham and Dis- trict Hospital Management Com- mittee at Eoundary Park General Hos- pital and Woodfield Maternity Home ...	—	—	—	—	—	1842
Midwives in private practice	—	—	—	1	1	—
Totals	18	348	68	433	867	1842

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 793

Breast Feeding

Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day 747

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

There were 186 medical aid forms sent in by domiciliary midwives as compared with 190 in 1952. The conditions for which medical aid was sought were as follows:—

Conditions in Mother		Conditions in Child	
Adherent placenta	1	Abscess of leg	1
Ante-Partum hæmorrhage	5	Asphyxia	2
B.B.A.	2	Congenital abnormalities	7
Breast condition	3	Coryza	7
Delayed labour—Second stage	4	Cyanosis	2
Fœtal distress	1	Hæmatemesis	1
Hæmorrhoids	1	Hæmorrhage from cord	1
Hypertension	4	Icterus	1
Malpresentation	6	Inflammation of, or discharge	
Placenta prævia	1	from eyes	32
Post-partum hæmorrhage	8	Prematurity	4
Pyrexia	23	Respiratory distress	3
Ruptured perineum	44	Septic conditions	2
Toxæmia	2	Other conditions	17
Twin delivery	2		
Varicose veins	2		
Other conditions	12		
	121		80

Emergency Maternity Unit

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

Retained placenta	2
Post-partum hæmorrhage	2

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 Deputy Superintendent Health Visitor,
- 1 Senior Health Visitor,
- 7 Health Visitors.

During the year two health visitors resigned and two health visitors joined the staff, a senior health visitor appointed in the previous year, and a student health visitor who obtained her certificate in May. In November the Superintendent Health Visitor, Miss F. Collins, ceased duties and Miss A. W. Moordaff was appointed to this post with duties to commence on the 1st January. In addition to the Deputy Superintendent Health Visitor and the Health Visitor engaged on tuberculosis duties, seven 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 continue the employment of part-time nurses and at the end of the year one part-time health visitor and one part-time nurse were undertaking duties in the infant welfare centres.

The employment of student health visitors has been continued. One student health visitor was appointed and commenced training at the Manchester College of Technology in September.

Arrangements exist for one or more health visitors to attend a refresher course each year. One health visitor attended a course arranged by the Royal College of Nursing which was held in London from the 14th to the 25th July.

Health visitors are 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 age 1 and age 2 but under 2 years		Total visits paid to tuberculous households	Other Cases
First Visits	Total Visits	First Visits	Total Visits	under 2 years	age 2 but under 5 years		
46	60	1,950	7,943	3,751	6,938	1,281	2,668

The 2,668 visits made by health visitors to other cases were made up as follows:—

Premature Births	9
Stillbirths	2
Infant Deaths	16
Handicapped Children	72
Cases of Infectious Diseases:	
Whooping Cough	188
Measles	730
Ophthalmia Neonatorum	3
Dysentery	208
Nursery Accommodation	145
Daily-Minders	14
Applications for provision of domestic help	958
Aged and Infirm Persons	144
Other Visits	179
	<hr/>
	2668
	<hr/>

The total number of visits made by Health Visitors during the year is 27,760, which includes 4,119 ineffective visits.

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

Infant Welfare Centres	649
Day Nurseries	93
Nursery Classes	26
Chest Clinic	164
Post-Natal Clinic	38
Immunisation Clinic	22
Vaccination Clinic	52
School of Commerce—Lectures to Nursery Students	68

The Oldham Mothers' Circle

The Oldham Mothers' Circle continued to function and had another successful year. The Circle, which is a voluntary activity, has a committee consisting of eight mothers, together with a President, Secretary and Treasurer. The membership is now 68, with an average attendance of forty mothers at each meeting. The meetings are held in the evening fortnightly at the Community Centre, Clegg Street, when a charge of 2d. is made to the members towards the cost of the room.

The object of the Circle is to enable mothers to have an evening free of their everyday responsibilities where they can meet other mothers and discuss topics of the day. The Health Visitors devote much of their leisure time to the Circle and during the year, talks, films and demonstrations were given on a wide range of subjects and visits were also organised to local industries. The mothers enjoyed a pantomime in Manchester and summer evening trips to Delamere and Blackpool Illuminations.

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. District Nurses are allowed to use their own auto-cycles and the authority accepts financial responsibility for the cost of tax, insurance, licence and petrol consumed and also for the maintenance of the vehicles which includes the renewal of tyres and inner tubes.

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

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

Three female auxiliaries undertake simple bathing and give personal attention to patients. These auxiliaries are only employed on selected cases and always under supervision. During the year the auxiliaries made 5,299 visits.

During the year one Queen's Nurse was appointed and commenced duty.

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

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

One district nurse attended a refresher course for district nurses arranged by the Manchester District Nursing Institution and held at the Hollyroyde Residential College, Manchester, from the 7th to the 11th September.

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 June.

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. Mr. S. Harrop, a male nurse employed in the Home Nursing Service, applied to take this training and was authorised to attend a course which commenced in Rochdale on the 5th October.

Work Undertaken

There were 1,748 cases (645 males, 1,103 females) nursed and 38,048 visits made by district nurses to these cases during the year. These figures compare with 1,487 cases (575 males, 912 females) nursed and 38,378 visits made by district nurses during the previous year.

The statistics show a further increase in work compared with the previous year, the new cases accepted having increased from 1,239 to 1,476. The number of injections, i.e., penicillin, insulin, liver, vitamin, streptomycin, mersalyl and cytamin, have again increased, the total number given during the year being 12,634. Practitioners are referring an increasing number of patients for this type of treatment. There was also an increase in the number of tuberculous cases receiving streptomycin injections, 24 patients receiving this treatment compared with 20 in the previous year.

Cases Nursed and Visits Made

	Children		Others		Total No. of Cases
	0-5	5-15	Male	Female	
Cases on books at 1st Jan.	2	3	80	187	272
New cases.....	76	28	518	854	1476
Total cases nursed during the year.....	78	31	598	1041	1748
Cases on books at 31st Dec.	4	—	72	215	291

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 ...	15	6	119	268	408	3460
February ...	15	3	128	264	410	3014
March ...	8	2	136	269	415	3119
April ...	8	3	125	256	392	3088
May ...	4	4	113	269	390	3096
June ...	1	2	111	257	371	2888
July ...	7	3	117	251	378	3150
August ...	4	2	112	261	379	3242
September ...	3	2	90	259	354	3013
October ...	9	3	110	268	390	3333
November ...	9	5	116	284	414	3299
December ...	18	3	120	286	427	3346

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	1	1	7	4	1	2	2	8	11	22	1	6	25	45	136
Feb.	—	1	2	6	1	1	2	9	16	17	8	3	31	46	143
Mar.	2	—	1	3	1	—	5	7	8	16	8	10	31	47	139
April	—	1	—	3	—	3	4	11	9	21	6	6	25	35	124
May	—	1	1	—	1	2	4	7	7	24	3	8	23	38	119
June	—	—	—	—	2	—	1	12	8	9	6	6	28	32	104
July	1	—	1	4	—	3	7	14	12	18	5	6	24	20	115
Aug.	—	1	1	—	2	—	4	9	20	17	1	11	16	29	111
Sept.	—	—	2	—	2	—	2	12	8	16	3	2	10	33	90
Oct.	—	2	2	4	1	1	5	11	15	17	5	7	22	37	129
Nov.	1	1	2	2	1	2	4	9	7	24	7	14	21	35	130
Dec.	1	1	7	9	1	1	5	8	11	14	10	5	22	41	136
Totals	6	9	26	35	13	15	45	117	132	215	63	84	278	438	1476

The following table is a summary of the types of cases nursed and the visits paid to these cases during the year:—

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in (2) - (7) who were 65 or over at the time of the first visit during the year	Children included in (2) - (7) who were under 5 at the time of the first visit during the year	Patients included in (2) - (7) who have had more than 24 visits during the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of Cases attended...	1122	301	—	24	2	299	1748	890	78	44
Number of Visits paid ...	28237	7440	—	737	18	1616	38048	6885	337	1366

VACCINATION AND IMMUNISATION

(Section 26)

Immunisation Against Diphtheria and Whooping Cough

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 1st January suspended diphtheria-pertussis prophylactic (Glaxo) was used for combined immunisation against diphtheria and whooping cough, the dosage being three injections of 1.0 c.c. at intervals of four weeks, and suspended pertussis prophylactic (Glaxo) was used for immunisation against whooping cough only with the same dosage as previously, i.e., three injections of 1.0 c.c. at four-weekly intervals.

Throughout the year the materials used and the dosage given were as follows:—

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

All prophylactic is supplied to general practitioners free of charge and can be obtained on application to the Department.

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 advised 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 clinics.

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 the facilities available for the protection of their children against this disease.

Following the occurrence of a case of poliomyelitis in the Borough diphtheria and whooping cough immunisation was suspended on the 4th August and all general practitioners in the area were advised. In all, four cases of poliomyelitis were confirmed and the suspension was lifted on the 19th October. The total period of suspension was 76 days. Only one of these cases was associated with prophylactic inoculations:—

Case No. 1.—A boy aged five who developed poliomyelitis received an injection (reinforcing) of 0.5 c.c. A.P.T. in the left arm ten days before the onset of the illness. On admission to hospital he had complete paralysis of the muscles of the left shoulder girdle and weakness of the forearm muscles.

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	336	172	23	22	11	1	—	565
Private Practitioners...	134	161	11	4	4	6	—	320
Totals	470	333	34	26	15	7	—	885

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.
(a) Primary Immunisation.								
Sessional Arrangements	2	2	—	6	18	116	9	153
Private Practitioners...	2	1	2	—	—	1	1	7
Totals ...	4	3	2	6	18	117	10	160
(b) Reinforcing Injections.								
1st Reinforcing—								
Sessional Arrangements	—	—	—	1	78	774	216	1069
Private Practitioners...	—	—	—	—	26	90	3	119
2nd Reinforcing—								
Sessional Arrangements	—	—	—	—	—	1	480	481
Private Practitioners...	—	—	—	—	—	3	5	8
Totals ...	—	—	—	1	104	868	704	1677

Whooping Cough Immunisation

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

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	—	2	1	—	—	—	—	3
Private Practitioners	—	2	—	—	1	1	—	4
Totals ...	—	4	1	—	1	1	—	7

Vaccination Against Smallpox

A weekly session is held at the Health Office on Tuesday afternoons, primarily for the vaccination of infants. Vaccination against smallpox was suspended from the 4th August to the 19th October following the occurrence of cases of poliomyelitis in the Borough.

During the year 1,130 children of school age received primary vaccination and 323 were re-vaccinated. These figures include 43 primary vaccinations and 14 re-vaccinations of school leavers who were offered vaccination in December.

At the periodic examination of school entrants, information is obtained regarding the state of vaccination of the children examined. During the year 1953, of 1,592 children examined only 257 (16.14 per cent) were found to have been vaccinated.

The total number of persons vaccinated or re-vaccinated during the year, including school children, shows a considerable increase over previous years. This increase is entirely due to the occurrence of smallpox in the Borough. It was necessary to provide special facilities to meet the demands of the public seeking vaccination, although at no time was mass vaccination ever advocated or encouraged. A full account of the special arrangements made for vaccination during the outbreak is included in the section on infectious diseases.

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.
- (iv) Special Smallpox Arrangements.

Age at date of vaccination in years	Under 1 yr.	1 year	2-4 yrs.	5-14 yrs.	15+ yrs.	Totals
Primary Vaccinations.						
Sessional Arrangements	271	13	21	43	114	462
Private Practitioners ...	238	51	153	416	576	1434
Assistant Medical Officers	—	—	—	—	15*	15*
Smallpox Arrangements:						
(a) At sessions ...	22	35	194	658	1353	2262
(b) At home ...	3	—	4	13	14	34
(c) At place of employment ...	—	—	—	—	19	19
Totals ...	534	99	372	1130	2091	4226
Re-Vaccinations.						
Sessional Arrangements	—	1	2	17	63	83
Private Practitioners ...	—	3	24	155	641	823
Assistant Medical Officers	—	—	—	—	278*	278*
Smallpox Arrangements:						
(a) At sessions ...	—	2	29	147	1062	1240
(b) At home ...	—	—	3	4	51	55
(c) At place of employment ...	—	—	—	—	83	86
Totals ...	—	6	58	323	2178	2565

*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.

Supplies of lymph are available to all general practitioners on direct application to the Public Health Laboratory, Monsall Hospital, Newton Heath, Manchester, 10 (Tel.: COLlyhurst 2733).

Amendment of Proposals

In September the Health Committee approved an amendment of the original proposals under Section 26 of the National Health Service Act, 1946, so as to provide for the vaccination of persons of all age groups. The Minister subsequently approved the amendment of the proposals by the

insertion of the following paragraph under the heading "Vaccination Against Smallpox":—

" (iii) **Other Age Groups.**—Arrangements will also be made for the vaccination or re-vaccination of other persons by Medical Officers of the Department or by general practitioners, either in individual cases or at sessions."

AMBULANCE SERVICE

(Section 27)

The demands on the Ambulance Service have continued to increase, the total cases removed being 44,929 compared with 42,956 in the previous year. The mileage run, 247,333, which includes a mileage of 39,595 in connection with other services, shows a decrease of 3,790. The area served includes the Saddleworth district of the West Riding and the adjacent districts of Health Division 14 of the Lancashire County Council up to the 31st August.

The number of cases removed in the County Borough area totalled 29,302 compared with 24,038 in the previous year, an increase of 5,264. The increase is entirely in cases removed by "sitting case vehicles." In this connection it should be appreciated that additional work has fallen on the ambulance service with the development of the Psychiatric Out-Patient Department at Boundary Park General Hospital Annexe and the admission of "day care" patients to the Psychiatric Unit.

It is the considered view that there is no extravagant use of the Ambulance Service in the area and there is satisfactory co-operation with the staffs of the local hospitals. The arrangement which provided for a Class I Driver/Attendant to be stationed at Oldham Royal Infirmary to organise the intake and removal of patients, had to be discontinued from 1st September when staff reductions were effected.

The following figures indicate the number of cases removed:—

	Ambulance	Car	Total
Oldham County Borough	15,027	14,275	29,302
Lancashire County Council (to 31st August)	5,844	5,900	11,744
Lancashire County Council (from 1st September) ...	111	—	111
West Riding County Council	1,368	2,390	3,758
Other Authorities	13	1	14
	<hr/> 22,363	<hr/> 22,566	<hr/> 44,929

The figures for the Lancashire County Council from the 1st September relate only to removals following misdirected "999" calls.

In addition to the above, 8 cases were removed by train, the return fare of an escort being provided in 4 cases.

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 73 single journeys over 25 miles but under 50 miles; 29 single journeys over 50 miles but under 100 miles, and 9 single long distance journeys over 100 miles.

Mutual aid was supplied in one major accident. On the 15th August two trains collided in the vicinity of the Smedley Lane viaduct, Collyhurst, the coaches of one train crashing down to the Irwell below. A number of serious casualties resulted. At 07.56 hours a call was received from the Manchester Ambulance Depot asking for assistance and two ambulances were at once despatched, reaching the accident at 08.12 hours. Four Manchester ambulances had already arrived, but no vehicles from other authorities. One ambulance conveyed two patients to the Jewish Hospital and the other, five patients to Crumpsall Hospital. Both vehicles returned to the scene of the accident, but were soon dismissed and returned to the Depot at 09.00 hours. The Medical Officer of Health, Manchester, expressed his appreciation of the assistance received and congratulated the service on a speedy turnout.

On the 1st January the fleet consisted of 14 ambulances and 8 sitting case vehicles.

The following vehicle was taken into service during the year:—

October	Bedford/Lomas large sitting-case vehicle.
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During the year 5 vehicles were removed from service. These included 2 ambulances and 1 sitting-case vehicle transferred to the Lancashire County Council.

Ambulances	Sitting-Case Vehicles
BBU 130	Hillman FBU 765.
DKX 742	Austin DJH 18.
CNF 588	

On the 31st December the fleet consisted of 11 ambulances and 7 sitting-case vehicles, 2 of the ambulances being used exclusively for Civil Defence training.

In February, the Establishment Committee approved, for a further period of twelve months, the employment of 4 part-time drivers for the transport of children to and from the Occupation Centre. On the termination of the agency agreement with the Lancashire County Council, the number of driver/attendants employed was reduced from 30 to 25. This is not a firm establishment and the position will be reviewed in accordance with the exigencies of the service. The use of radio-telephony has permitted a temporary reduction in the number of telephonists employed from 4 to 2.

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, out of 29 driver/attendants eligible, 28 had qualified for an award, 5 for the Five-Year Medal of the Society and the remainder for the annual Diploma.

Following the release of steel from licence, the canopy to the car wash was erected at the West Street Depot in November.

In December (1952) Pye-Telecommunications Ltd. installed radio-telephone equipment in 18 vehicles for a free trial period of three months. Prior to the expiration of this period the Ambulance Sub-Committee resolved that the equipment be withdrawn and that consideration of permanent installation be deferred until the next financial year (1954-55). In April Pye-Telecommunications Ltd. offered to extend the loan period until the 31st March, 1954. This offer was accepted and in November approval was given for the equipment to be purchased at the end of the financial year.

The use of radio-telephony has increased the efficiency of the service and effected economies. The equipment was installed in 14 vehicles, including the Ford Prefect used in the Midwives' Service.

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

Under the agency arrangement with the Lancashire County Council, the County Borough has, since the appointed day, provided ambulance cover for Chadderton, Crompton, Royton, Lees, Failsworth and Limehurst, payment for the work done being based on a rate per mile determined at the end of each financial year. This arrangement ceased at midnight on the 31st August.

In March, 1952, the Minister approved proposals for the modification of the County Ambulance Service which would terminate the agency agreement with this Authority. Following a communication in October, 1952, 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 the agency agreement, the Ambulance Sub-Committee resolved that the appropriate Committee of the County Council be requested to meet the members of the Sub-Committee to discuss the Ambulance Service.

This meeting took place in Preston in March, when the Oldham representatives stressed the value of a unified service and requested that the County Council should reconsider their decision to terminate the existing arrangement or alternatively consider some other form of joint service to avoid duplication of ambulance facilities in the area. The County Council representatives agreed to consider the views put forward, but in April a communication was received from the Clerk stating that the County Council had decided to proceed with their declared policy of terminating the agency arrangement.

In view of this decision, and in order to effect the necessary reduction in staff and vehicles as efficiently and smoothly as possible, the Health Committee resolved that the agency arrangement with the County Council should terminate completely as from the 1st September.

The County Council accepted the transfer of 2 driver/attendants who became redundant through the transfer and purchased three surplus vehicles (2 ambulances and 1 sitting-case vehicle).

Few difficulties were experienced in the actual change-over and the closest co-operation was received from the officials concerned. Unfortunately, owing to the overlapping of telephone areas, a number of "999" calls originating in the County area have been misdirected to the Oldham Ambulance Depot. In the interests of all concerned these calls have been accepted and the work executed by the Oldham Service, a charge of £2 per case being made to the County Council.

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. This arrangement is economical and most efficient and during the year involved a total mileage of 17,500 miles compared with 17,392 miles for the previous year.

In January the Ford Prefect ordered by the Maternity and Child Welfare Sub-Committee in 1949 for use in the Midwives' Service was delivered. This vehicle is garaged at the Ambulance Depot and driven by a driver/attendant.

(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 2,675 miles was involved compared with 2,591 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. Following the opening of the Occupation Centre, Haven Lane, in September, the mileage run was considerably increased.

The transport of children to and from the Lancashire County Council Occupation Centre at Chadderton ceased on the 1st September with the termination of the agency arrangement.

	Oldham County Borough	Lancashire County Council	Total
Number of journeys	1,605	234	1,839
Number of children carried	6,592	832	7,424
Total mileage	16,739	2,681	19,420

The service provides emergency transport for the mental health visitors who are also 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	11	7	18
2. Number of journeys	10,621	12,359	22,980
3. Number of patients carried	22,363	22,566	44,929
4. Number of accident and other emergency journeys (included in (2) above)	4,662	103	4,765
5. Total mileage	90,339	156,994	247,333

(The above figures include removals for the West Riding County Council and for the Lancashire County Council up to the 1st September, and also mileage run in connection with other services.)

Civil Defence

The sectional training of Civil Defence volunteers has continued throughout the year. Several volunteers have completed the 60 hours course and continue to attend refresher classes.

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 tuberculous patients. These arrangements provide for co-operation between the preventive and curative services.

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 41 individual patients were issued with 253 orders for the supply of free milk. Each order permits the supply of milk for the period of four weeks and 136 orders were for two pints per day and 117 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 certain other cases receive some degree of priority. During the year priority recommendations were made in respect of ten cases and 11 families were re-housed under this arrangement.

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 1953-54 to the National Association for the Prevention of Tuberculosis in support of the general work which the Association undertakes in the fight against tuberculosis.

A male aged 23 years who spent three months in the Rehabilitation Unit of the British Legion Village (Preston Hall) Maidstone, in 1951, but had to be transferred to Sanatorium because of a deterioration in his medical condition, was re-admitted in July and in November he was accepted for training as a motor mechanic under the Ministry of Labour training scheme. A male aged 30 years who was admitted to the British Legion Village in 1951 completed his course of training as a carpenter and in July was found employment with a nearby firm. A male aged 43 years (admitted 1950) continued to remain as a colonist in the East Lancashire Tuberculosis Colony, Great Barrow, near Chester.

Ministry of Education Circular 248/52

This circular, which was issued in the previous year, deals with the protection of organised groups of school children against the risk of infection by adults suffering from tuberculosis. In accordance with the circular the following arrangements are in force:—

- (i) All teachers are X-rayed on appointment but this is waived in the case of applicants who have undergone an X-ray examination on completion of their course of training and produce a recent satisfactory X-ray report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination. The Unit did not visit Oldham during the year, but in the previous year 479 teachers voluntarily offered themselves for examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination. In November all the staff were X-rayed while the Unit was temporarily stationed in Chadderton.

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 did not visit Oldham during the year but the staffs of the Public Health Department and the School Health Service were X-rayed whilst the unit was temporarily stationed in Chadderton.

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 a Mass Miniature Radiography Unit for an X-ray of the chest. During the year 265 members of the Public Health Department, 87 members of the Education Department, and 9 members of the Children's Department were sent for examination. Arising from these examinations 5 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 92 children (45 boys and 47 girls) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive in each case.

In addition to the arrangements outlined above, Circular 22/53 issued by the Ministry of Health in November permits Local Health Authorities to extend the arrangements for B.C.G. vaccination to include older school children who are not contacts of known tuberculous cases. It is anticipated that in the new year formal proposals to include this group of children will be submitted to the Minister.

Medical Research Council—Anti-Tuberculosis Investigation

X 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 Principal School Medical Officer for the years 1951/1952.

The volunteers taking part in the trials are leavers from the Secondary Modern Schools who left during the 18 months, September, 1951, to March, 1953. When the survey commenced these pupils were about to enter the 15-25 age group, one which is known to produce a very large number of cases of tuberculosis.

The first stage of this survey was completed by December, 1952, all the children who volunteered having been X-rayed, Mantoux tested and selected children having received B.C.G. or Vole vaccination. No more children were admitted to the scheme, but every child who completes one series of tests will be carefully watched for a period of at least three years and will be offered an annual X-ray examination.

During the year the unit visited the Borough in April and November in order to make follow-up examinations of the children already admitted to the scheme and of the 1,046 children invited to attend 737 attended.

The Health Visitors and School Nurses are now assisting in the follow-up of the children and during the year visited the homes of 558 children in order to complete the follow-up reports.

In March, Dr. G. G. Lindsay, Physician-in-Charge, left the Unit and he was succeeded by Dr. S. Keidan, to whom I am indebted for the following report:—

“The Medical Research Council, in co-operation with Oldham Public Health and Education Departments, is at present carrying out a large-scale trial of tuberculosis vaccines among young people to determine whether the vaccines should be introduced on a wide scale in Britain, in somewhat the same way as Diphtheria immunisation.

In Oldham the trial began in November, 1951, and it is also being conducted in other areas in the North, the Midlands, and North London. Fifty-four thousand young people, of whom 1,046 come from Oldham, are taking part. All these volunteers were X-rayed during their last terms at school, and a proportion of them were given the vaccines. The intake ended in December, 1952, and the follow-up of the young people, necessary to determine the value of the vaccines, is now being undertaken in several ways. A postal form which each volunteer returns is sent once a year. In addition, each volunteer is invited to have an annual chest X-ray. These examinations are carried out by the Medical Research Council's Mass Radiography Unit at The Community Centre, Clegg Street, in the evening, and, so far, a high proportion of those taking part have availed themselves of the opportunity to attend. Besides being of value to the research, these X-rays are a great health safeguard to the volunteers.

An equally important part of the follow-up is an annual home visit by a Health Visitor. Besides encouraging the young people to return for their annual X-ray and ensuring that interest in the scheme is maintained, they provide the opportunity for the recording of essential data. These visits, involving much painstaking work, have been carried out in a most conscientious and capable way, and much of the successful conduct of the trial so far is due to the nurses taking part.

Throughout the scheme there has been close co-operation between the Educational and Public Health Authorities in Oldham and the Medical Research Council. Although the difficulties of keeping closely in touch with such a large number of young people is considerable, it is hoped that the facts concerning the degree and duration of protection provided by the tuberculosis vaccines will be elicited. This knowledge, which cannot be obtained in any other way, will be of the greatest importance to the future control of tuberculosis, both in Britain and the rest of the world.”

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. In a few cases special walking frames and chairs have been supplied to assist the defective to learn to walk and become

ambulant. By this means it is hoped to effect some reduction in the number of non-ambulant defectives in the community.

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 11 patients received nursing requisites and at the end of the year 18 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	7	14
Mattresses	7	14
Mattress Covers	4	9
Blankets	24	38
Pillows	11	18
Bed Rests	—	—
Urinals	1	1
Bed Pans	1	2
Air-rings	—	1
Rubber sheets	1	1

(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 medical 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 p.m. During the year 584 patients received assistance and 859 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	2	-
Air-rings	143	40
Bed cradles	13	5
Bed pans	177	74
Bed rests	111	47
Bed tables	8	5
Bronchitis kettles ...	1	1
Commodes	13	8
Crutches (pairs) ...	9	14
Douche cans	1	-
Enamel bowls	9	3
Feeding cups	14	6
Fracture boards ...	-	1
Invalid chairs	35	25
Jugs	2	-
Rubber sheets	208	69
Sorbo beds	2	2
Sorbo pillows	-	-
Shock cages	2	-
Splints	-	2
Sputum mugs	1	-
Urinals	105	35
Walking sticks	4	4

For the financial year 1953-54 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.

A female aged 55 years who was suffering from rheumatoid arthritis had lost the use of her hands and she was being nursed by the Home Nursing Service. It was considered that the loan of an automatic page turning machine would be of great benefit to this patient and the Oldham District Nursing Association very kindly purchased such a machine and made it available through the St. John and British Red Cross Hospital Library Department, East Lancashire Branch.

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, 4 pre-school children were provided with a period of convalescence under these arrangements at a cost of £61. 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 5 girls were sent for a period of convalescence under this scheme.

The Education Committee again accepted financial responsibility for providing 3 diabetic school children with two weeks' holiday at the Cottage Pasture Camp, Etton, near Beverley, Yorkshire.

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.

Miss G. L. Eastwood, Domestic Help Organiser, left the Service in April and was succeeded by Miss E. M. Kenworthy, who commenced duties in May.

The following figures show the numbers of domestic helps employed at the beginning and at the end of the year:—

	1st Jan.	31st Dec.
Whole-time (30 hours or more per week)	23	22
Part-time (under 30 hours per week)	52	26

The full charge made to householders was increased from 2s. 10d. per hour to 2s. 11d. per hour with effect from the 26th January following a wage award of the North Western Whitley Council to domestic helps. A further award was made to domestic helps with effect from the 16th November, necessitating a further increase in the full charge from 2s. 11d. per hour to 3s. 0d. per hour from this date.

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.

During the year domestic help was provided for 716 cases, which compares with 649 cases for the previous year. The types of cases receiving assistance were as follows:—

(a) Maternity (including expectant mothers)	50
(b) Tuberculosis	3
(c) Chronic sick including aged and infirm	530
(d) Others	133

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 meets a real need, especially in the case of patients who cannot get immediate hospital admission.

The cost of this service is 12s. 6d. 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 9 night attendants who undertook regular duties and additional assistance was obtained when there was a heavy demand on the Service.

Number of cases	101
Number of "night sessions"	637

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 eight 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 and the Lay Administrative Officer.

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.

Social Workers

The establishment provides for the appointment of the following social workers:—

Mental Health Visitors, who also act as Duly Authorised Officers	3
Psychiatric Social Worker or Mental Health Visitor	1

At the beginning of the year 4 mental health visitors were employed.

In January, Miss G. Murray-Williams, Mental Health Visitor, undertook the duties of Duly Authorised Officer which had previously been undertaken by Mr. D. G. Pickles. In April, Mr. J. B. Dearnaley terminated his duties as Mental Health Visitor and Duly Authorised Officer, and was succeeded by Mr. W. Davies who commenced duty in September.

Psychologist

The establishment also provides for the appointment of a Psychologist. This officer undertakes duties in connection with the Child Guidance Clinic (two sessions per week), which is provided by the Education Committee, and by arrangement with the Oldham and District Hospital Management Committee, is the Psychologist to the Boundary Park General Hospital Annexe.

Occupation Centre

The establishment allowed for the appointment of 1 Supervisor, 4 Assistant Supervisors and 1 Creche Attendant, but in September the establishment was varied to allow for 1 Supervisor, 2 Assistant Supervisors, 1 Creche Attendant, and 2 Domestic Helpers.

Training of Mental Health Workers

At the beginning of the year, the Supervisor, Mrs. J. L. Worfolk, was attending the three-term course arranged by the National Association for Mental Health to qualify staff for the training of ineducable children in day occupation centres, residential institutions, or for home teaching. Mrs. Worfolk was granted leave of absence with pay to attend this course, the Committee meeting the fees and certain incidental expenses.

In July, Mrs. Worfolk was successful in obtaining the diploma issued by the Association.

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.

The Mental Health Visitors and the Psychologist undertake duties at Boundary Park General Hospital Annexe, both in the Psychiatric Unit and in the Psychiatric Out-Patient Clinic which are the responsibility of the hospital service. One Mental Health Visitor attends Dr. Pool's main 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.

In order to effect further co-ordination between the Hospital Service and the Local Health Authority, all requests for consultation from general practitioners addressed to the Appointments Department of the Oldham and District Hospital Management Committee for the Psychiatric Clinic are referred and dealt with through the Mental Health Service and one Mental Health Visitor is responsible for arranging all the appointments. This arrangement has the additional advantage that many cases are already known to the Department and this knowledge assists in the early reference or alternative disposal of the case. It also enables cases of urgency to be dealt with, if necessary, without waiting for an appointment, following discussion with the Psychiatrist and the practitioner.

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 1953-54.

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, held its Annual General Meeting in May. At this meeting a film, "Occupation and Training of the Mentally Handicapped," was shown by the Lay Administrative Officer. No grant was made to the Council during the financial year, 1953-54.

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.

The Mental Health Sub-Committee agreed to make a grant of £25 for the financial year 1953-54, 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

Many more patients are now being referred either to the Psychiatric Out-Patient Department or to the Mental Health Visitors for advice and treatment rather than for immediate admission to hospital.

In a number of cases a domiciliary visit is arranged with the Consultant Psychiatrist—this is always done with the approval of the general practitioner—and on such visits a Mental Health Visitor accompanies the Consultant.

During the year 366 pre-care visits were made to 155 cases. Of these 62 required no action with regard to admission to hospital or attendance at the out-patient clinic and their problems were resolved after discussion with the Consultant Psychiatrist and by follow-up visits. Thirty-four were eventually admitted to mental hospitals and 49 received treatment as out-patients. The remaining 10 were admitted into the Psychiatric Unit as day 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	366
Social Histories	97
Pre-Discharge Reports	7
After-Care	430
With Consultant	25

Convalescence from Mental Illness

The Mental After-Care Association is still anxious to obtain suitable premises in the North-West for use as a convalescent home for patients suffering from mental illness. A house in a Lancashire seaside resort was considered suitable and the purchase was proceeding but objections were raised under Town and Country Planning Development, and unfortunately on these grounds the project fell through.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

Work Undertaken by the Duly Authorised Officers

The Mental Health Visitors who are also appointed 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 these officers are available throughout the 24 hours, one officer being on rota duty for evening and week-end calls. The officer on duty can be contacted through the Police or the Central Admissions Bureau at Boundary Park General Hospital Annexe.

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

(A) Visits	147
1. At the request of general practitioners	117
2. Other sources (police, relatives, neighbours, &c.)	30
(B) Admissions and Removals to Hospital	*60
(a) Lunacy Act, 1890, Section 16 (Summary Reception Orders)	
Birch Hill Hospital, Rochdale	2
Boundary Park General Hospital Annexe	10
Lancaster Moor Hospital, Lancaster	1
Prestwich Hospital, Manchester	2†
Springfield Hospital, Manchester	1
	—
	16
(b) Lunacy Act, 1890, Section 20 (3-day orders)	
Birch Hill Hospital, Rochdale	1
Boundary Park General Hospital Annexe	17
Prestwich Hospital, Manchester	8
	—
	26
(c) Lunacy Act, 1890, Section 21 (14-day orders)	
Birch Hill Hospital, Rochdale	3
Boundary Park General Hospital Annexe	11
Prestwich Hospital, Manchester	2
Springfield Hospital, Manchester	2
	—
	18
(C) Completion of Orders for Further Detention	21
(a) Lunacy Act, 1890, Section 16 (Summary Reception Orders)	
Boundary Park General Hospital Annexe:	
Oldham residents	10
Non-residents	11

* This figure includes 10 patients who were not Oldham residents but were in local hospitals or resident at a temporary address in the Borough.

† These two patients were transferred from Boundary Park General Hospital Annexe having been admitted as voluntary patients, one being a new resident.

Facilities for Treatment

The majority of patients requiring hospital treatment are admitted to Boundary Park General Hospital Annexe which is a designated mental hospital and modern methods of therapy are undertaken both in the Psychiatric Unit and the Psychiatric Out-Patient Department. The accommodation is utilised to the full but patients are also admitted to Prestwich and Birch Hill Hospitals owing to beds not always being available.

The Out-Patient Clinics have been extended during the year and are now well staffed. At the end of the year Dr. Arthur Pool, the Consultant Psychiatrist, held 3 clinics per week and he was assisted by a Senior Psychiatric Registrar on the staff of Prestwich Hospital and a full-time Registrar employed at the hospital, these officers undertaking a total of 5 sessions per week.

A considerable amount of E.C.T. treatment is given to Out-Patients and 3 additional sessions are held for this treatment.

Towards the end of last year (1952) a few senile psychotics were admitted for "day care." This service has been extended and at the 31st December a total of 13 patients had received this form of care, the largest number at any one time being 8. The transport is provided by the ambulance service, a sitting-case car usually being used which calls for the patients during the morning and returns them home in the late afternoon or early evening.

No 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	6	2	—	8
Boundary Park General Hospital Annexe	31	70	—	101
Lancaster Moor Hospital ...	1	—	—	1
Prestwich Hospital	9	4	—	13
Springfield Hospital	3	—	—	3
Total	50	76	—	126

Notification was received of 26 Oldham residents who died in Mental Hospitals and of 108 discharges.

Information was received of 17 patients detained in hospital who were transferred to voluntary status (Boundary Park General Hospital Annexe, 13; Prestwich Hospital, 1; Whittingham Hospital, 1; Birch Hill Hospital, 2).

Information was also received of 5 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 Boundary Park General Hospital Annexe	4

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.

During the year 11 Summary Reception Orders relating to non-residents were completed by the Duly Authorised Officers.

Ambulance Service

The Ambulance Service is utilised for the removal of patients to mental hospitals and mental deficiency institutions. The Mental Health Visitors 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 senile psychotics receiving "day care" from and to their homes is undertaken by the Ambulance Service. Many out-patients receiving E.C.T. treatment are also conveyed to the Psychiatric Out-Patient Department and returned home usually by sitting-case car.

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

MENTAL DEFICIENCY

Cases Reported During the Year

There were 34 cases reported during the year.

Of these, 25 were reported under the Education Act, 1944, 10 having been found incapable of receiving education at school, and 15 requiring supervision after leaving school.

There were 9 cases reported under the Mental Deficiency Acts as follows:—

(a) Detained in Psychiatric Unit, Boundary Park General Hospital Annexe	3
(male aged 38 years)	
(2 females aged 20 and 63 years)	
(b) In Part III Accommodation (Boundary Park General Hospital Annexe)	0
(c) At the instance of the parent or guardian	0
(d) Referred by the police or by the Courts under Section 8 (1) (a), or as a result of other action by the Courts	2
(2 males aged 16 and 19 years)	

- (e) Cases reported but not regarded as defectives
 "subject to be dealt with" and receiving
 adequate care 4
 (2 males aged 36 and 58 years)
 (2 females aged 23 and 68 years)

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

At the end of the year action had not been taken in respect of 2 cases reported in December, under the Education Act, 1944.

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 28 defectives found to be "subject to be dealt with," together with 1 case, a female aged 15 years, consideration of whom was adjourned the previous year, making a total of 29. Of these 25 were placed under statutory supervision. There were 4 defectives recommended for institutional care, 3 of these were detained in the Psychiatric Unit, Boundary Park General Hospital Annexe, and 1 appeared before the Court.

Statutory Supervision

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

During the year 25 newly-ascertained cases were placed under statutory supervision, together with 3 cases at home who were removed from the waiting list, having been previously recommended for institutional care which is no longer considered necessary.

The following details relate to the 25 ascertained cases found to be "subject to be dealt with" and placed under statutory supervision:—

- (a) **Children of School Age** 24
- (i) **Incapable of Receiving Education** 8
- Admitted to the Occupation Centre 4
- At home—In care of parents 4
- (ii) **Requiring Supervision after Leaving School** 16
- There were 11 children who left the Educationally Sub-Normal Department of the Chaucer Special School, 1 who left the St. Francis Residential Special School, and 4 who left ordinary schools. Fourteen of these children were in useful and suitable employment at the end of the year and the remaining 2 children only left school in December.
- (b) **Adults and Juveniles** 1
- At home—At work 1
- (male aged 19 years)

The following 17 cases were removed from statutory supervision during the year:—

Placed under guardianship	2
Recommended for institutional care	2
Cancellation of report	1
Removed out of area	2
Died	2
Transferred to voluntary supervision	8

At the end of the year there were 185 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, 72 cases recommended in previous years for institutional care, including 52 cases detained in the Psychiatric Unit, Boundary Park General Hospital Annexe, and 6 cases in Part III Accommodation, Boundary Park General Hospital Annexe, were awaiting admission to Mental Deficiency Hospitals.

Of these only 3 cases (1 male, 2 females) were admitted during the year, but 3 cases (1 male, 2 females) detained in the Psychiatric Unit died and 1 case (female) died at home. In addition, 3 cases (2 males, 1 female) at home were removed from the waiting list and 1 case (male) also at home removed from the area.

During the year 6 cases (4 males, 2 females) were recommended for institutional care, 4 (2 males, 2 females) being newly-ascertained cases, and the remaining 2 being under statutory supervision. Of these, 2 cases (males) were admitted.

At the end of the year 65 cases recommended for institutional care, including 52 cases detained in the Psychiatric Unit, 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, removed or died, and (3) awaiting institutional care at the end of the year:—

Cases prior to 1st January	Recommended for Institutional Care			Admitted to M.D. Hospitals or died			Awaiting vacancies in M.D. Hospitals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
							33	39	72
(i) New Cases									
(a) Ascertained Cases	-	-	-	-	-	-	-	-	-
(b) Ascertained Cases (B.P.G.H.A.)	1	2	3	-	-	-	1	2	3
(c) Court Action	1	-	1	1	-	1	-	-	-
(ii) Other Cases									
(a) Under Stat. Supervision	2	-	2	1	-	1	1	-	1
(b) Court Action	-	-	-	-	-	-	-	-	-
Total	4	2	6	2	-	2	2	2	4
At 1st January	33	39	72	5	6	11	28	33	61
At 31st December	37	41	78	7	6	13	30	35	65

The following table summarises the 5 cases admitted to institutional care:—

Hospital			Age Groups				
			0-5	5-10	10-15	15-20	Over 20
Brockhall	M	...	—	—	—	—	—
Hospital	F	...	—	—	—	—	—
Calderstones	M	...	—	—	—	2	—
Hospital	F	...	—	—	—	—	1
Royal Albert	M	...	1	—	—	—	—
Hospital	F	...	—	—	—	—	—
St. Elizabeth's							
Home, Much	M	...	—	—	—	—	—
Hadham, Herts.	F	...	—	—	—	1	—
Total			1	—	—	3	1

Guardianship

At the beginning of the year 4 cases were under guardianship.

- (1) A male aged 24 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.
- (2) A female aged 21 years employed in the St. Saviour's Convent, Liverpool, is under the guardianship of the Sister Superior.
- (3) A male aged 46 years, who was placed under the guardianship of an officer of the local health authority in March, 1952. The patient is unemployed owing to an arthritic condition.
- (4) A male aged 39 years, who was placed under the guardianship of his sister in Mytholmroyd, Yorkshire, in April, 1952. He is employed as a gardener and reports with regard to his conduct and work are very satisfactory.

During the year 2 cases were placed under guardianship.

- (1) In October, a male aged 26 years, under statutory supervision, was placed under the guardianship of an officer of the local health authority. He had appeared at the Quarter Sessions on a charge of assault and was found guilty. His response to supervision and care has been satisfactory.
- (2) In November, a male aged 19 years, under statutory supervision, was placed under the guardianship of an officer of the local health authority, following an appearance before the court on a charge of larceny. He is in attendance at the Occupation Centre and his conduct, although not wholly satisfactory, is slowly settling down under guardianship.

Voluntary Supervision

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

No cases died during the year, but four new cases were placed under voluntary supervision, 8 were transferred from statutory supervision and 1 was offered voluntary supervision following discharge from an Institution.

At the end of the year there were 53 cases under voluntary supervision.

Taken to "Places of Safety"

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

- (a) A female aged 26 years who, following the death of her mother, was found to be neglected. She was admitted to Calderstones Hospital and was subsequently detained on an Order following the presentation of a petition.
- (b) A female aged 35 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 4 weeks.

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	68
Statutory Guardianship	22
Statutory Supervision	638
Initial Visits to New Cases	30

Three of the Mental Health Visitors have been appointed Statutory Guardians. This work entails frequent and close contact with the defectives concerned and necessitates a strict supervision and management of their affairs. The arrangements are proving successful as institutional care has not been required in any of these cases.

One case on licence from Calderstones Hospital, for whom an officer of the local health authority was the licensee, was sufficiently stabilised to be discharged from Order during the year. The same officer undertook the duty of licensee of a patient on licence from Brockhall Hospital.

Temporary Accommodation for Defectives

During the year short-term care was provided for 3 defectives, and in each case this was found in a mental deficiency hospital.

No temporary accommodation was provided under the local health authority's proposals for this form of provision.

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 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 Occupation Centre, but 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 adjacent Local Health Authorities.

Creche Facilities

In order to provide for defectives who are not suited for admission to the Occupation Centre and who are unable to profit from the training provided, a recommendation was approved for "creche facilities" to be provided for these children. An additional room was obtained in the Regent Street premises and following the appointment of a Creche Attendant the new facilities were made available in January. There were 4 children (3 boys, 1 girl) transferred from the Centre, and 3 new cases (1 boy, 2 girls) accepted. The children attend part-time, four attending the maximum period allowed, i.e., four days per week, and the number limited to any one day is six.

When the Occupation Centre was transferred to the premises at Haven Lane, formerly used as a day nursery, accommodation was also found for the children attending the creche.

The creche is serving a useful purpose and is much appreciated by the parents. The accommodation at Haven Lane is restricted and an extension will be required to enable more children of this type to be admitted.

Occupation Centre

In August the Occupation Centre was transferred to the premises at Haven Lane, formerly used as a day nursery. These premises lack a main hall for assembly and other activities, but with this addition should prove very suitable. The situation of the premises is very open and there is ample room for out-of-door activities.

The Centre is open each week-day except Saturday and 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.

In November an Inspector of the Board of Control visited the Centre. In the report attention was drawn to the restricted accommodation of the Creche and the lack of a room of adequate size for physical activities.

In September Mrs. J. L. Worfolk resumed duty after completing the course organised by the National Association for Mental Health and obtaining the diploma issued by the Association.

In August, the establishment of the Occupation Centre was varied to allow for 1 Supervisor, 2 Assistant Supervisors, 1 Creche Attendant, and 2 Domestic Helpers.

In September, Miss A. H. Lord, Assistant Supervisor, resigned, having been awarded a bursary of £150 with fees by the National Association for Mental Health, to enable her to attend the full-time course, held in Manchester, for Supervisors of Occupation Centres.

During the year there were 4 new admissions (2 boys, 2 girls) from the Oldham County Borough. Four pupils (3 boys, 1 girl) were removed from the register and accommodated in the Creche, and in September one pupil (a boy) from the Lancashire County area ceased to attend. On the 31st December there were 41 defectives on the register, 39 from the Oldham County Borough and 2 from the Saddleworth District of the West Riding County Council.

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

In July a trip to the seaside was provided by the Oldham Blind Children and Welfare Organisation when the children were taken to Fleetwood and St. Annes, and once again we extend our gratitude to the members of this organisation for their continued generous interest.

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.

All the facilities of the School Health Service, including dental inspection and treatment, have been made available to the children attending the Occupation Centre and the Creche, and they are fully used.

New Occupation Centre

The final plans for a new Occupation Centre to be built on the Cardwell Street site had been approved by the Ministry of Health in July of the previous year, but as no steel could be made available for this scheme within the next twelve months, no steps were to be taken to apply for a starting date.

In March, a communication was received from the Ministry stating that the scheme could start during April to July, and requesting the Department to be informed when tenders had been invited. In view of the proposal to close the Haven Lane Day Nursery and a suggestion being made that these premises should be used as an Occupation Centre, the Health Committee decided that the proposal to erect a new Occupation Centre on the Cardwell Street site be postponed indefinitely.

Industrial Centre

The Mental Health Sub-Committee is fully aware of the urgent need to provide an industrial centre and an amount for equipping and opening such a centre was included in the estimates for the financial year 1953-54.

In February, industrial centres in Leeds were visited and subsequently premises in the Borough were inspected, but were found unsuitable for adaptation at a reasonable cost.

In March, the Sub-Committee inspected huts at the Glen Mill camp site which had been offered to the Parks and Cemeteries Committee for purchase, and agreed that certain of these huts could be adapted for use as an industrial centre if they became available. The Finance and General Purposes Committee, however, did not approve the proposal of the Parks and Cemeteries Committee to purchase these huts.

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 31st December, 1953

	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	6	8	14
Aged 16 years and over	60	38	98
(b) Under Guardianship (including cases on licence therefrom)			
Under 16 years of age	—	—	—
Aged 16 years and over	5	1	6
(c) In "places of safety"	—	—	—
(d) Under Statutory Supervision (excluding cases on licence)			
Under 16 years of age	16	21	37
Aged 16 years and over	79	69	148
(e) Awaiting removal to an Institution (Not included in (b) to (d) above)			
(i) At home	4	3	7
(ii) In Psychiatric Unit, Boundary Park General Hospital Annexe ...	23	29	52
(iii) In Part III Accommodation (B.P.G.H.A.)	3	3	6
TOTAL ascertained cases found to be "subject to be dealt with"	196	172	368
(2) Number of Mental Defectives under voluntary supervision:—			
Under 16 years of age	—	—	—
Aged 16 years and over	32	21	53
TOTAL number of mental defectives	228	193	421
(3) Number of Mental Defectives Receiving Training:—			
(i) In Occupation Centre	18	21	39
(ii) In Creche	4	3	7
(iii) At home	—	—	—
TOTAL	22	24	46

II. Particulars of cases reported during 1953

	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	3	5	8
(2) On leaving special schools	6	6	12
(3) On leaving ordinary Schools	2	1	3
(ii) Police or by Courts	2	—	2
(iii) Other sources	1	2	3
(b) Cases reported but not regarded at 31-12-53 as defectives "subject to be dealt with" on any ground	2	2	4
(c) Cases reported by Local Education Authority but not confirmed as defectives by 31-12-53 and thus excluded from (a) or (b)	—	2	2
TOTAL number of cases reported during the year	16	18	34

III. Number of Mental Defectives in Institutions under Community Care including Voluntary Supervision or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these Forms of Care during 1953

	M.	F.	T.
(a) Ceased to be under care	1	—	1
(b) Died	3	5	8
(c) Removed from area	2	1	3
(d) Lost sight of	—	—	—
TOTAL	6	6	12

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

(a) Number who have given birth to children during 1953 :—		
(i) After marriage	Nil	
(ii) While unmarried	Nil	
	M.	F.
(b) Number who have married during 1953	1	—

SECTION IV

**GENERAL MEDICAL AND DENTAL SERVICES
PHARMACEUTICAL SERVICES AND SUPPLEMENTARY
OPHTHALMIC SERVICES**

Oldham Executive Council

The Oldham Executive Council consists of a Chairman (Mr. A. C. C. Robertson) and 24 other members, eight of whom are appointed by the Oldham Health Authority. Members are appointed for a period of three years and Councillor S. T. Marron, J.P., Councillor A. Tweedale and Councillor E. Rothwell, who automatically retired on the 31st March, 1953, were re-appointed by the Health Committee. In June, Alderman J. Bradley, Councillor J. H. Broadbent and Councillor F. B. Balson were appointed to fill the vacancies of ex-Councillors G. Halbert, C. Hanson and A. E. Stead. The following are the representatives of the Local Health Authority:—

Alderman J. Bradley,
Councillor J. H. Broadbent
(to retire 31st March, 1954).
Alderman G. A. Taylor, M.B., Ch.B.,
Councillor F. B. Balson,
Dr. J. T. Chalmers Keddie
(to retire 31st March, 1955).
Councillor S. T. Marron, J.P., F.C.C.S.,
Councillor A. Tweedale,
Councillor Ethel Rothwell
(to retire 31st March, 1956).

I am indebted to Mr. F. W. Chapple, Clerk of the Council, for the following report:—

General Medical Services

The number of Oldham patients registered on all doctors' lists was 117,552 at 1st January, and 117,212 at 31st December. These figures compare with the Registrar General's estimated population for mid-June of 119,100. All the doctors practising in the County Borough are in the scheme and at the end of the year there were 86 (including assistants) on the medical list, 51 being resident in the Borough and 35 in the adjacent districts. In the previous year there were 85 doctors on the medical list, 52 being resident in the Borough and 33 in the adjacent districts. The average number of patients on the lists of doctors resident in Oldham was estimated to be 2,638 compared with 2,868 for the previous year.

At the end of the year there were 77 practitioners on the Obstetric List, the same as the previous year.

Pharmaceutical Services

All the pharmaceutical firms and suppliers of surgical appliances in the Borough are in the scheme and at the end of the year there were 56 firms, including 9 surgical appliance suppliers, an increase of 3 on the previous year, providing services as follows:—

Pharmacies in the area	46
Drug Stores	1
Surgical Appliance Suppliers	9

Dental Services

All the dentists in the area provide dental services under the scheme. At the end of the year 30 dentists, a decrease of two on the previous year, were on the Dental List, 24 being resident in the Borough, a decrease of 3 on 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 2 ophthalmic medical practitioners, 27 ophthalmic opticians representing 24 shops or firms, were providing optical services. There were no dispensing opticians on the list at the end of the year. At the end of the previous year 2 ophthalmic medical practitioners, 33 ophthalmic opticians representing 27 shops or firms and 1 dispensing optician were providing optical services.

Finance

Under the National Health Service Act, 1951, patients are required to pay certain charges for the provision of dentures and optical appliances and under the National Health Service Act, 1952, further charges were imposed for dental treatment and for 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. These charges are payable to the dentists, opticians and chemists on application for treatment, supply of glasses or the making up of prescriptions.

The financial year of the Executive Council ends on the 31st March and for the year ending 31st March, 1954, the expenditure totalled £362,560, which compares with £442,472 for the year ended 31st March, 1953.

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

	1953-54	1952-53
	£	£
Doctors:		
(a) General Medical Services	128,228	196,105*
(b) Maternity Services	4,884	4,115
Chemists	148,064	158,579
Dentists	45,514	48,795
Ophthalmic	29,781	28,155
Administration	6,089	6,722

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

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

	1953-54	1952-53
	£	£
General Dental Services	16,300	14,988
Supplementary Ophthalmic Services ...	18,948	18,219
Pharmaceutical Services	23,372	16,984

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.

SECTION V

INFECTIOUS AND OTHER DISEASES

General

Scarlet fever was prevalent during the first three months of the year, being a continuation of an epidemic which started in October of the previous year. The disease again became prevalent in the last three months of the year.

An epidemic of measles which started in September of the previous year continued into the first three months of this year, when 646 cases were notified.

Whooping cough notifications showed a sharp rise during September, and from then to the end of the year 90 cases were notified.

Cases of poliomyelitis again occurred during the late summer and in the early autumn.

Influenza was prevalent towards the end of January and during early February, but did not assume epidemic proportions and was exceedingly mild in character.

The Public Health (Infectious Diseases) Regulations, 1953, became operative on the 1st April, 1953, and are in substitution for the Public Health (Infectious Diseases) Regulations, 1927. They are similar to the old Regulations in requiring notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and in prescribing action in conformity with the present working of the health services in relation to certain diseases. They amplify, however, the precautionary measures provided for in the old Regulations against food poisoning:—

- (i) by relating them (instead of to enteric fever and dysentery as formerly) to typhoid fever, paratyphoid fever or other salmonella infections (which included the diseases previously known as enteric fever), dysentery, and staphylococcal infection likely to cause food poisoning;
- (ii) by applying those measures in general to persons shown to be carriers of those diseases as well as to persons suffering from them;
- (iii) by preventing such persons (in either class) not only from continuing employment involving the handling of food, as formerly, but also from entering such employment; and
- (iv) by enabling a local authority to authorise the medical officer of health to issue notices, in an emergency, in order to check the spread of those diseases.

The Health Committee authorised the Medical Officer of Health to issue notices on behalf of the authority under paragraphs 3 (3) and 4 (3) of Parts II and III respectively of the Fourth Schedule of these Regulations.

During the year it was necessary to exclude four persons suffering from salmonella infection from their employment under these regulations. In three of these cases the patients had symptoms of salmonella infection and in the fourth case the person gave no history of illness, but organisms were isolated from the faeces.

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	0.01	—	0.00	—
Meningococcal Infection	0.03	0.05	—	—
Scarlet Fever	1.39	1.80	—	—
Whooping Cough	3.58	1.17	0.01	—
Diphtheria	0.01	—	0.00	—
Erysipelas	0.14	0.17	—	—
Smallpox	0.00	0.02	0.00	—
Measles	12.36	6.76	—	—
Pneumonia	0.84	0.53	0.55	0.07
Acute Poliomyelitis	0.11	0.03	0.01	—
(a) Paralytic	0.07	0.02	—	—
(b) Non-Paralytic	0.04	0.01	—	—
Puerperal Pyrexia	18.23	0.33	—	—*
Enteritis and Diarrhoea (under two years of age) ...	—	—	1.1	—†
Food Poisoning	0.24	0.50	—	0.01

* Rate per 1,000 live and stillbirths.

† Rate per 1,000 live births.

Diphtheria

No cases were notified and no deaths registered.

Scarlet Fever

There were 214 cases notified compared with 230 in the previous year. No deaths were registered.

Erysipelas

There were 20 cases notified compared with 15 in the previous year. No deaths were registered. Of the 20 cases notified, 15 occurred in persons 45 years of age and over.

Enteric Fever**(a) Typhoid**

No cases were notified and no deaths registered.

(b) Para-Typhoid

No cases were notified and no deaths registered.

Meningococcal Infection

During the year 6 cases of meningococcal infection were notified. All the cases were meningococcal meningitis, the organisms having been isolated from the cerebro-spinal fluid. It is interesting to record that 5 of the cases were children aged 1 year or under. No deaths were registered.

Acute Poliomyelitis

There were four cases (3 paralytic, 1 non-paralytic) notified and confirmed. No deaths were registered.

The following details relate to the cases notified:—

Case No. 1 (P.S.) a boy aged 5 years was admitted to hospital on the 3rd August, the duration of the illness being one week. On admission he had complete paralysis of the muscles of the left shoulder girdle and weakness of the left forearm. He was discharged home on the 4th September to receive out-patient treatment. Six months later he was still attending for treatment but there was definite improvement. There was some return of power in all the affected muscle groups but the left arm still had little functional value. He was able to attend an ordinary school.

This case was associated with a prophylactic injection as the patient received a reinforcing dose of 0.5 c.c. A.P.T. in the left arm on the 17th July.

Case No. 2 (A.S.) a girl aged 14 years was admitted to hospital on the 10th August with difficulty in swallowing and a nasal speech. A diagnosis of poliomyelitis was confirmed. The condition improved and when discharged on the 9th September she was swallowing with very little difficulty. Six months later she complained of occasional difficulty in swallowing but this did not seem to cause her any particular difficulty. The speech and palate movements were normal. She appeared well and was attending school.

Case No. 3 (J.B.) a male aged 17 months was notified on the 22nd September from the Pædiatric Out-Patient Department at Boundary Park General Hospital. He had been sent there because of weakness of the right ankle. Subsequent enquiries indicated that the onset of illness was about the 28th August. The diagnosis of poliomyelitis was confirmed by lumbar puncture and he was treated as an out-patient. Six months later he was still attending for out-patient treatment. There was considerable wasting of the muscles of the right calf and appreciable loss of movement of the right ankle and toes. He could walk fairly well, run a little and could climb stairs.

Case No. 4 (C.T.) a boy aged 7 years was admitted to hospital on the 12th October with symptoms suggestive of poliomyelitis. He was subsequently discharged with a diagnosis of poliomyelitis (non-paralytic). Four months later he was in good health, attending an ordinary school and had no signs of paralysis.

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

During the months of August to October, cases also occurred in the adjacent districts as follows:—

Chadderton	1 (Paralytic)
Lees	3 (Paralytic)
Royton	1 (Paralytic)
Saddleworth	2 (Paralytic)

No cases were reported from Failsworth, Limehurst or Shaw.

Acute Encephalitis

No cases were notified and no deaths were registered.

Acute Primary Pneumonia

There were 42 cases notified and 8 deaths were registered.

Influenza and Influenzal Pneumonia

There were 21 cases of influenzal pneumonia notified and 3 deaths were registered as due to this form of the disease. There were also 11 deaths registered as due to influenza, making a total of 14 deaths classified as due to influenza. Of the total deaths, 11 occurred during the months of January and February when a mild form of influenza was prevalent.

Measles

There were 805 cases notified compared with 1,542 in the previous year. Of these 603 were notified during the first two months of the year, being the continuation of an epidemic which started in September, 1952.

No deaths were registered as due to measles.

Whooping Cough

There were 139 cases notified compared with 108 in the previous year. Of the total cases, 90 were notified during the last four months of the year.

No deaths were registered as due to whooping cough.

Of the 139 cases notified, 7 had received the full course of whooping cough immunisation and these were classified as follows:—

Severe	0
Moderate	3
Mild	4

Dysentery

During the year 137 cases were notified (Sonné 112, no organism isolated 25). Of the 112 cases (Sonné dysentery) 72 were associated with outbreaks or infection in nurseries, 9 with a nursery class, 3 were notified from a hospital and 28 were sporadic and not associated with any definite source of infection.

No deaths were registered as due to dysentery.

The following is a brief summary of outbreaks that occurred in nurseries and in the one nursery class:—

In January cases of Sonné dysentery were reported in an industrial nursery in Royton. Following investigations further cases were confirmed and the outbreak accounted for eighteen cases in the borough, ten nursery children and eight home contacts (4 adults, 3 school children and 1 pre-school child).

In April a further outbreak occurred in this nursery which accounted for fifteen cases in the Borough, twelve nursery children and three home contacts (2 school children, 1 pre-school child).

In May, three children in one family were notified by a general practitioner as suffering from Sonné dysentery. Two of these children attended the Richmond Nursery Class and following investigation, four nursery children and five home contacts (2 adults, 1 school child, 2 pre-school children) were found to have Sonné dysentery.

In June an outbreak occurred in Honeywell Lane Nursery. Following the exclusion of three children with relaxed stools which were reported Sonné positive, there were 23 confirmed cases, 14 nursery children, 1 staff and 8 home contacts (5 adults, 2 school children, 1 pre-school child). In addition, one nursery child was reported *Salm. typhi-murium* positive but no other cases of this infection occurred.

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

In September two isolated cases of Sonné dysentery occurred in Overens Street Nursery.

In October cases of Sonné dysentery occurred in the Greenbank Residential Nursery, Royton. One member of the staff resident in Oldham was found to be Sonné positive. No home contacts were confirmed.

In November a child was excluded from Honeywell Lane Nursery with loose stools and a specimen of faeces was subsequently reported Sonné positive. Following investigations five nursery children and three home contacts (2 adults and 1 school child) were found to have Sonné dysentery.

During August and September three isolated cases of Sonné dysentery occurred in the Male Psychiatric Unit at Boundary Park General Hospital Annexe. The three cases were transferred to Westhulme Hospital.

Ophthalmia Neonatorum

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

Puerperal Pyrexia

There were thirty-nine cases of puerperal pyrexia notified as follows:—

Boundary Park General Hospital	35
Monsall Hospital	1
Domiciliary	3

Smallpox

General

During March, April and May, cases of smallpox occurred in Lancashire and Yorkshire. The first intimation of the outbreak was on the 14th March when a communication was received from the Ministry of Health stating that a case of smallpox had occurred in Todmorden. The patient, a man aged 45 years, had been vaccinated in infancy but not since, and was employed as an under-carder in a cotton spinning mill. He commenced with symptoms on the 3rd March and was admitted to the Oakwell Smallpox Hospital on the 12th March.

Immediately on receipt of this information preliminary measures were taken for dealing with an outbreak should cases occur in the Borough and arrangements made for members of the staff to be re-vaccinated.

General practitioners and hospital medical staffs were given details of the case and asked to advise the Medical Officer of Health of any suspicious cases which came to their notice. They were also informed of the arrangements for contacting medical officers of the department and of the facilities for obtaining lymph.

On the 16th March information was received from a Medical Officer of the Ministry of Health that cotton waste from the mill in Todmorden was received at a waste mill in Oldham and that there was considerable contact between the employees of these two mills. The mill in Oldham was visited and full enquiries were made. Vaccination was offered the same day to all personnel who had visited Todmorden or had any contact with the Todmorden mill since the 1st February.

On the 18th March a communication was received from the Ministry of Health stating that further cases had occurred—two in Todmorden and one in Bacup.

On the 20th March the first case occurred in Oldham, an unvaccinated single man aged 26 years, employed in the blowing room of the Ace Mill, Chadderton.

During subsequent weeks further cases continued to be reported, the last case occurring in the month of May. In all there were 30 cases confirmed and 8 deaths, distributed as follows:—

	Notifications	Deaths
Bacup M.B.	2	1
Baildon U.D.	1	1
Bury C.B.	3	—
Colne Valley U.D.	1	1
Halifax C.B.	4	—
Leeds C.B.	4	1
Morley M.B.	1	1
Oldham C.B.	3	—
Todmorden M.B.	11	3

Smallpox in Oldham

On the morning of Friday, the 20th March, a practitioner notified by telephone a suspected case of smallpox, a male aged 26 years. The patient was immediately seen by Dr. J. Starkie, Senior Assistant Medical Officer of Health, who made a diagnosis of smallpox which was confirmed by Dr. D. C. Liddle, Smallpox Consultant.

The following immediate action was taken:—

The patient was removed to Ainsworth Smallpox Hospital, Bury.

The Ministry of Health, Whitehall, was advised by telephone.

The Medical Officer of Health for Chadderton, Dr. Ellis Taylor, was advised and informed that the place of employment of the patient was a Chadderton cotton mill, so that he could take the necessary action regarding vaccination of work contacts.

General practitioners and hospital medical staff who had previously been advised on the 14th March of the occurrence of smallpox in Todmorden, were now given details of the Oldham case by letter which was delivered the same evening through the staff of the Ambulance Service.

Full enquiries were commenced to ascertain the persons in close contact with the patient and on the same evening a large number of these contacts were visited and vaccinated at home by medical officers of the department.

Other contacts and their families were advised to visit the Health Office for vaccination without delay.

Contact enquiries were vigorously pursued by the Chief Sanitary Inspector and his staff.

The patient lived with his mother (M.W.) and a male friend (E.S.) in premises containing numerous rooms which were let off to families or individuals. In these premises, excluding the patient, 20 persons were at serious risk and, of these, only 5 had evidence of previous vaccination which could afford any degree of protection.

It was at once realised that a major catastrophe could arise and that the closest surveillance of these contacts was necessary.

In view of the very close contact of certain of the occupants of the premises, the Senior Administrative Medical Officer of the Manchester Regional Hospital Board (Dr. F. N. Marshall) willingly agreed to admit the following contacts to hospital as a precautionary measure:—

- (i) the patient's mother (M.W.),
- (ii) a male friend (E.S.) who lived with the family,
- (iii) one of the residents (H.B.) who had looked after the patient prior to his removal to hospital.

They were removed to Ainsworth Hospital, Bury, on the 24th March and one contact (M.W.) subsequently developed *variola major*.

To provide the closest possible supervision for certain other house contacts, on the 22nd March authority was obtained for the temporary use of Moorfield House which was owned by the Welfare Services Committee and was empty awaiting adaptation for use as a hostel. This house was in its own grounds and well suited for the purpose.

On the 24th March it was ready for occupation and 14 contacts were removed for segregation and supervision. One contact (E.H.) was removed to hospital on the 30th March and subsequently diagnosed as suffering from smallpox.

Only 3 contacts remained in the premises previously occupied by the patient. These were foreigners who had definite evidence of recent vaccination and could be relied upon to accept strict surveillance.

Additional medical staff was considered necessary and the Medical Officer of Health of Manchester (Dr. C. Metcalfe Brown) generously seconded one of his medical officers, Dr. I. G. Taylor, to the Department during the period of emergency.

Contacts

Contacts were classified as follows:—

(i) **House Contacts**—where the contact was in the home or at the house of the patient. These contacts are grouped into two classes—

(a) Close house contacts—those who lived in the same house as the patient, or anyone who visited and had direct contact with the patient at his home.

(b) Other house contacts—this group includes anyone who called at the house, but had no known contact with the patient, and includes the large group of routine callers, e.g., postman, milkman, newspaper boy, etc.

(ii) **Work Contacts**—where the contact with the patient was at work.

These contacts were employed at the mill or works at which the patients were employed. In many cases there was no real contact with the patient, but as a precaution they were placed in this category and kept under surveillance.

(iii) **Social and Other Contacts**—where the contact was not at work and not at home.

These form a very large group, the number depending on the movements of the patient during the period of illness when he or she was ambulant and unaware that they were liable to convey infection.

Contacts were from two sources—

(i) the first Oldham case (C.W.), and

(ii) cases occurring outside the Borough.

Case 1/53 (C.W.) had a very busy day on the 13th March when he first complained of symptoms. In the morning he visited a local Labour Exchange in the Borough and a number of shops. The afternoon was spent in a betting club which was filled with members as an important race meeting was being held. In the evening he visited three public houses, at the last of which he was employed "waiting on." There were 120 known Oldham contacts of this case (41 house; 12 work; 67 social and other) who were kept under surveillance.

NO NEW CONTACTS RESULTED FROM CASE 2/53 (M.W.) AS SHE WAS REMOVED TO AINSWORTH HOSPITAL BEFORE SHE COMMENCED TO BE ILL.

CASE 3/53 (E.H.) WAS SEGREGATED IN MOORFIELD HOUSE, SO NO NEW CONTACTS RESULTED FROM HER INFECTION, but the contacts already under surveillance had to be segregated for an extended period.

Cases occurring outside the Borough accounted for 33 contacts (23 work; 10 social and other). These were notified to the Department by the Medical Officers of Health of the districts concerned.

Surveillance

The procedure followed for the surveillance of contacts was fully detailed in the report for last year and the following is only a brief summary of the action taken:—

All contacts were visited by a medical officer or a sanitary inspector, and full details of their contact with the patient obtained. The protection offered by immediate vaccination was stressed and if the contact was willing, this was done without delay. At this visit all other members of the household were listed and vaccination also offered to these persons. In the case of house contacts and other direct contacts, the visit was made by a medical officer who carried the necessary kit to vaccinate the contact and other members of his household on the spot.

Arrangements were next made to visit the contact daily at a time which was mutually convenient. Contacts usually 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. Medical officers visited contacts who had had direct contact with the patient and were regarded as being at special risk.

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

A number of contacts were asked to restrict their movements and remain off work for a short period. This they did willingly and without protest.

In the case of close house contacts, exclusion from work was insisted upon as a precautionary measure. Certificates in respect of claims for benefits under the National Insurance were issued by the Medical Officer of Health on behalf of these contacts and the relative forms were completed by a member of the public health staff and were at no time handled by the contacts. The Manager of the local branch of the Ministry of National Insurance afforded every co-operation in this respect. With the co-operation of the Post Office Authorities arrangements were also made for the payment of old age pensions and children's allowances, the books being signed by the Medical Officer of Health on behalf of the contact. Payment was made by a member of the staff of the Department.

In the case of the contacts removed to Moorfield House and the three contacts remaining at the home address of the patient, permission was received from the Local Food Executive Officer for the ration books to be destroyed and for rationed foods to be purchased and delivered by the staff of the Department. New ration books were issued to the contacts at the end of the period of surveillance and to the patients on discharge from hospital.

A house contact, a woman aged 58 years, who had visited the premises of the patient and who was most unreliable, and where close surveillance was difficult if not impossible, was removed to Moorfield House as a precautionary measure on the 25th March.

Segregation at Moorfield House

The 14 close house contacts and the 1 house contact removed to Moorfield House were all regarded as possible cases and were kept under the closest surveillance. They were visited twice daily by a medical officer of the Department and carefully examined for any early symptoms or signs of the disease. From the tenth day, morning and evening temperatures were taken by a health visitor. Their movements were severely restricted and everything possible was done to prevent their contact with members of the public. Arrangements were made for a cook to attend and they were provided with all their meals. During the day a member of the portering staff was always on duty and at night slept on the premises. Special arrangements were made for the contacts to receive any National Insurance benefits due, payments being made through a member of the staff who visited Moorfield House and made payment to the contacts. All insurance certificates, pension books and children's allowance books were signed by the Medical Officer of Health and no member of the respective Government Departments had any contact whatsoever with these persons.

On the 30th March one of the contacts (E.H.), a married woman aged 17 years, was removed to Ainsworth Hospital as a suspect case and was subsequently confirmed as a case of smallpox (3/53). For convenience, and as a precautionary measure, her baby aged 11 weeks, who had been vaccinated, was admitted with her and on the 3rd April her husband was also removed to Ainsworth Hospital as a precautionary measure.

On the 2nd April, a contact, a male aged 84 years, was removed to Ainsworth Hospital for observation, having developed suggestive papules on the nose and cheek, with pyrexia.

On the 4th April, a contact, a boy aged 7 years, was also removed to Ainsworth Hospital for observation. He had developed a small papule below the nares with temperature, but no symptoms. He was seen by the Smallpox Consultant.

All the remaining contacts would have been discharged from surveillance on the 9th April, but owing to the occurrence of case 3/53 (E.H.) the period of surveillance was extended to the 17th April and on this date the contacts were discharged and Moorfield House vacated and closed.

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 (Tel.: MAIn 2433).

There were 17 cases (11 adults and 6 children) referred as possible suspects or for confirmation of a diagnosis of chickenpox, 14 being referred by general practitioners and 3 by hospital medical staff. These cases were all visited by a medical officer of the department and in 6 cases (4 adults and 2 children) the opinion of a smallpox consultant was obtained.

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

One contact under surveillance at home and 7 contacts at Moorfield House who developed a rise in temperature with atypical papules were also seen by a Consultant.

Specimens from 5 patients were sent to Professor Downie at Liverpool University for examination and report. In every case egg culture was negative.

Vaccination

(a) General

It was apparent that special facilities would be required for the vaccination of contacts and other persons. The Chief Fire Officer was contacted and without hesitation offered the use of the large assembly room at the Central Fire Service Depot. This room was equipped and staffed and vaccination sessions commenced at 10 a.m. on the 22nd March and were held daily from 10 a.m. to 8 p.m. until the 2nd April (inclusive).

At no time was mass vaccination advocated, but owing to the prevalence of smallpox and the general Press publicity given to cases as they occurred, members of the public sought vaccination, either from their own practitioner or through the emergency arrangements. The importance of vaccination was stressed with all persons who had any contact whatsoever with the original case and their own home contacts were also advised to be vaccinated or re-vaccinated.

The total number of persons vaccinated or re-vaccinated under the emergency arrangements was 3,696 which does not include those persons for whom records of vaccination or re-vaccination were received from general practitioners.

A total of 278 members of the staff of the Department were re-vaccinated though this had been carried out twelve months previously when cases of smallpox occurred in Rochdale and the adjacent districts. In addition 15 members of the staff received primary vaccination.

One death due to post-vaccinal encephalitis occurred during this period, a male aged 42 years who had received primary vaccination. This vaccination was not undertaken under the Local Authority arrangements and details of the case were not available until after death.

Ambulance Arrangements

As the removal of cases of infectious disease is now undertaken by the general ambulance service, special precautions had to be observed by the personnel removing a patient to the Smallpox Hospital. Driver/attendants were provided with special protective clothing and after admitting the patient to hospital they proceeded direct to the disinfecting station for bathing and for disinfection of their clothing and their vehicles.

In the case of the removal of a female patient, arrangements were made for a health visitor to accompany the patient in the ambulance.

Disinfection

Following the removal of a case of smallpox, the bedding and clothing of the patient were conveyed to the disinfecting station for disinfection and the house was disinfected. House contacts were removed to the disinfecting station for bathing and disinfecting of their clothing.

Ambulance personnel, after removing a case of smallpox, proceeded to the station for bathing and for disinfection of their clothing and their vehicle.

Summary

In March an unvaccinated cotton worker (Case 1/53), a male aged 26 years employed in the blowing room of the Ace Mill, Chadderton, developed *variola major*. The diagnosis was not made till the eighth day of the disease when the rash was fully developed.

Two subsequent cases (2/53 and 3/53) occurred, both being infected by Case 1/53 soon after the appearance of the rash and before his removal to hospital.

Case 2/53 was the patient's mother, aged 54 years, who had been vaccinated in infancy, but not since. She was a very close contact of the patient and developed a virulent attack of *variola major*.

Case 3/53 was an unvaccinated married girl who lived with her husband and baby in the room adjacent to the patient's bedroom. The contact was extremely slight, the patient passing her on the landing. She was vaccinated on the eighth day of contact and developed modified smallpox.

No other cases occurred in the Borough.

The source of infection of the first case cannot be determined with any clarity, but it is significant:—

- (i) that the patient was an unvaccinated cotton worker employed in the blowing room of a cotton mill.
- (ii) that cases of smallpox had occurred in Todmorden and there were numerous daily contacts between Oldham and the Todmorden mill involved.

The following are brief details of the three cases that occurred in the Borough:—

Case 1/53 (C.W.)—The patient was an unvaccinated single man, aged 26 years, employed in the blowing room of a Chadderton cotton mill.

12/3 At work and felt well.

13/3 Not at work as the mill was not working a full week. Made numerous and varied contacts during the day. In the late evening complained of pains in back and limbs and a "thick head."

14/3 Remained in bed; vomited several times.

15/3 No change.

16/3 Remained in bed.

- 17/3 Still in bed; a few spots noticed on face.
 18/3 Rash on face and wrists more marked. In the evening on trunk, arms and legs.
 20/3 Rash now typical *variola major* in distribution and appearance. Removed to Ainsworth Hospital.
 16/5 Discharged home.

He developed an extensive and confluent eruption and was desperately ill.

Case 2/53 (M.W.)—Aged 54 years. Vaccinated in infancy. Close house contact (13th to 20th March). Mother of Case 1/53 (C.W.).

- 20/3 Vaccinated successfully.
 24/3 Removed to Ainsworth Hospital as precautionary measure. No symptoms.
 29/3 Off colour.
 30/3 Raised temperature.
 1/4 Rash began to appear.
 13/6 Discharged from hospital.

She developed an extensive and confluent eruption and was desperately ill.

Case 3/53 (E.H.)—Aged 17 years. Not vaccinated. House contact (13th to 20th March). She lived with her husband and baby aged 11 weeks in the room adjacent to the bedroom of Case 1/53 (C.W.).

- 20/3 Vaccinated successfully.
 24/3 Removed to Moorfield House with family for close surveillance.
 29/3 Not so well. In the evening developed temperature of 102°. Complained of headache, backache and was flushed.
 30/3 Complained of headache. No rash. Morning temperature 99.6°. Removed to Ainsworth Hospital.
 31/3 Rash began to appear.
 16/4 Discharged home.

The rash was not extensive and the symptoms were very mild. The diagnosis was confirmed by laboratory examination.

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

1. Cases Referred:	
Smallpox	1
Suspect Cases	25*
Cases of Chickenpox	2
2. Cases referred to Consultant	14*
3. Contacts under Surveillance:	
Close House Contacts	26
Other House Contacts	15
Work Contacts	35
Social and other Contacts	77

4. Visits and Examinations by Medical Staff:	
Suspect Cases	40
With Smallpox Consultant	14
Contacts under Surveillance:	
At home	715
At place of work	120
At Moorfield House	562
Notified Cases of Chickenpox	102
5. Visits by Sanitary Inspectors	661
6. Cases removed by Ambulance:	
(a) To Ainsworth Hospital, Bury:	
(i) Smallpox	1
(ii) Suspects	1
(iii) For observation	2
(iv) Precautionary	5
(b) From Ainsworth Hospital:	
(i) Returned home	9
7. Disinfecting Station:	
Work undertaken:	
Contacts bathed and clothing disinfected	70
Ambulance personnel bathed and clothing	
disinfected	16
Health Visitors bathed and clothing disinfected ...	6
Ambulances disinfected	10
Public Service Vehicles disinfected	3
Patients' clothing disinfected	1
Patients' bedding disinfected	1
Houses fumigated	2
Laundry disinfected (bundles)	88

* This figure includes 7 contacts who were vaccinated and developed a rise in temperature with papules.

Chicken Pox

On the 19th March an Order was made by the Health Committee making chicken pox notifiable as an emergency measure under Section 147 (3) of the Public Health Act, 1936. This Order was operative from the 19th March to the 16th April (inclusive) and during this period 102 notifications were received. These cases were all visited by a medical officer to confirm the diagnosis.

Glandular Fever

During the year 5 cases were admitted to hospital and diagnosed glandular fever. Of the five cases, 2 were school children and 3 were adults.

Other Diseases

No cases of cholera, anthrax, undulant fever or typhus fever were brought to the notice of the Department. One case of malaria was brought to notice, but it was ascertained that this was a recurrence of malaria which had been contracted whilst the patient was serving overseas.

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.

During the year 59 cases were notified (*Salm. typhi-murium* 42; *Salm. enteritidis* 1; *Salm. bovis-morbificans* 1; no organism isolated 15). In 31 cases of salmonella infection the organism was sent for typing with the following results:--

Type B1	15
Type A2+B2	14
Type A3	2

During June and July cases of Salmonella infection characterised by diarrhoea of mild severity and short duration occurred in the chronic sick wards of a local hospital. *Salm. typhi-murium* organisms were isolated from the faeces of 4 patients with diarrhoea, from a further 5 patients without symptoms and from one member of the ward staff, also without symptoms, who had assisted in the distribution of meals in the wards. A further 7 patients with diarrhoea gave negative specimens but as many of these were incontinent of faeces it was difficult to assess the significance of their loose stools.

The first cases occurred some days after the death of an elderly patient who was admitted with severe diarrhoea and died two days later. This patient was admitted from Shaw where a number of cases of food poisoning had occurred and *Salm. typhi-murium* (Type B.1.) organisms were isolated from the faeces. This case was not notified to the Department until two weeks later when the above cases first occurred.

In the course of enquiry it was reported that an attendant in the hospital shop had been off duty for some weeks with gastro-enteritis. Examination of the faeces proved negative, but a specimen of blood gave a positive agglutination reaction *Salm. typhi-murium* H. 1/250.

The problem was further complicated by the results of phage typing. In the 10 cases in which *Salm. typhi-murium* organisms were isolated, 7 were phage type B.1. and 3 phage type A.2+ B.2.

The following cases are of special interest:—

- (1) A female aged 59 years, employed at an industrial canteen in Royton, was notified by a general practitioner. On enquiry she stated that she had developed diarrhoea and vomiting after eating chicken sandwiches supplied to the canteen. The Medical Officer of Health was informed and it was subsequently found that other persons at the canteen had been affected. *Salmonella typhi-murium* organisms (Type B.1.) were isolated and the patient was excluded under the Public Health (Infectious Diseases) Regulations, 1953.
- (2) A man aged 47 years who had suffered from abdominal pain with diarrhoea for a few days was admitted to hospital and died a few hours later. A post mortem examination was made and *Salm. enteritidis* organisms were isolated from the faeces. No source of infection was detected and investigations of the home contacts were negative.

- (3) A female aged 56 years was referred to the department by the Medical Officer of Health, Shaw, *Salm. typhi-murium* (Type A2+B2) having been isolated from her faeces. She had no history of diarrhoea and was apparently well, but was employed in a cafe where cases of food poisoning had occurred and was discovered during routine check of the food handlers. She was excluded from employment under the Public Health (Infectious Diseases) Regulations, 1953.
- (4) A male aged 23 years employed as a butcher commenced with abdominal pain, vomiting and diarrhoea, whilst at work. The symptoms continued for a few days and following admission to hospital, a specimen of faeces was reported *Salm. typhi-murium* (Type B1) positive. He was excluded from his occupation under the Public Health (Infectious Diseases) Regulations, 1953.
- (5) A baby born in a local hospital developed slight diarrhoea and specimens of faeces were reported *Salm. typhi-murium* positive (Type B1). On enquiry the mother, who was admitted from an adjacent area, gave a history of intermittent diarrhoea for a few weeks prior to admission. The Medical Officer of Health of the area concerned was notified and it was agreed that mother and child should be discharged home and subsequently a specimen of faeces from the mother was reported positive *Salm. typhi-murium* (Type B1).
- (6) A few days later a baby was notified from the same hospital suffering from *Salm. typhi-murium*, but in this case the organism was Type A3. No further cases occurred.
- (7) A male aged 60 years was admitted to hospital with vomiting and diarrhoea which started two hours after consuming pressed meat sandwiches for lunch. A specimen of the pressed meat was obtained from the butcher and on culture a growth of *staphylococcus pyogenes* was obtained. Enquiries at the butchers revealed that an assistant had suffered from boils, but on examination only healed scars remained. A home contact who consumed a portion of the pressed meat on the day of purchase, i.e. the day before the patient ate the meat, suffered no ill effects.
- (8) A male aged 50 years developed severe diarrhoea and vomiting which persisted for several days. *Salm. bovis-morbificans* was isolated from the faeces of the patient. It is interesting to record that the son of the patient was employed as a slaughterman, but repeated examination of his faeces and those of the other members of the family were all negative.

The remaining 33 cases in spite of full investigation and enquiry including bacteriological examination of close contacts, were regarded as isolated cases although in five cases one other member of the family was infected and in one case, two other members.

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.	438	...	33	...	...	...	...	...	...	...	1	...	...	...	3	...	4	...	5	...	...	1
Feb.	165	...	21	...	...	...	...	...	...	...	2	...	...	...	6	...	3	...	6	...	6	2
March	43	...	20	...	...	...	...	...	...	...	1	...	...	...	5	...	1	...	6	...	1	...
April	79	...	13	...	...	...	...	...	...	...	...	...	...	...	7	...	1	...	8	...	...	...
May	43	...	9	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	5	...	...	...
June	12	...	5	...	...	...	...	...	...	...	1	...	...	...	9	...	2	...	...	...	...	...
July	7	...	8	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...
Aug.	11	...	9	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...
Sept.	3	...	11	...	...	...	...	...	...	...	...	...	1	...	20	...	3	...	2	...	1	...
Oct.	2	...	26	...	...	...	...	...	...	...	...	...	...	...	24	...	3	...	3	...	...	...
Nov.	...	...	28	...	...	...	...	...	...	...	...	...	...	...	21	...	1	...	2	...	...	...
Dec.	2	...	31	...	...	...	...	...	...	...	...	...	1	...	25	...	1	...	2	...	3	...
Totals	805	...	214	...	...	...	112	...	59	1	6	...	4	...	139	...	20	...	42	...	21	3

Smallpox ... 3 cases. No Deaths. Para-Typhoid ... None.
Typhoid ... None. Puerperal Pyrexia 39 cases

TABLE SHOWING CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1953.

Notifiable Disease	Notification in Age Groups			Notifications in the Various Wards of the Borough.																		
	Under 1.	1 and under 3.	3 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	St. Mary's.	St. Peter's.	Werneth.	Westwood.	St. Paul's.	Coldhurst.	Hartford.	Hollinwood.	Clarksfield.	Mumps.	St. James'.	Waterhead.	
Smallpox	1	1	1	3
Scarlet Fever	9	67	104	24	6	3	1	19	28
Whooping Cough...	14	42	29	52	1	...	1	...	...	9	6	3	18	21	10	11	33	27	7	5	...
Diphtheria
Measles ...	40	281	285	194	2	2	1	...	...	47	63	55	45	144	45	42	59	127	36	50	92
Acute Pneumonia (Primary or Influenzal)	1	4	4	5	3	4	12	17	13	11	4	3	3	9	4	2	4	6	4	4	9	
Meningococcal Infection	4	1	...	...	...	...	1	...	...	1	...	1	...	1	1	...	...	...	1	1	...
Acute Poliomyelitis— Paralytic ...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...
Non-Paralytic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis— Infective ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post Infective ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery...	8	55	14	25	1	4	20	6	4	6	15	12	8	18	9	16	8	4	12	8	21	
Ophthalmia Neonatorum	3	...	...	...	...	16	23	...	...	...	...	...	35	1	...	1	1	1	...	...	1
Puerperal Pyrexia	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Para-Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning ...	...	4	5	3	3	5	7	10	18	8	4	1	19	3	...	1	5	3	3	6	6
Erysipelas...	20	...	...	...	...	1	4	13	2	5	1	...	2	4	...	...	1	...	2	2	3
Respiratory Tuberculosis	80	1	3	3	3	21	20	21	8	6	10	3	6	11	4	7	7	7	4	8	7	
Other Forms of Tuberculosis ...	20	...	2	3	1	7	3	2	2	1	3	...	4	...	1	...	1	2	...	4	4	
*Chicken Pox ...	102	15	19	65	...	3	...	...	...	8	9	2	...	1	3	7	8	4	6	45	9
Totals ...	1694	413	428	456	39	70	96	71	47	111	121	99	161	242	89	110	157	194	77	153	180	

* Notified under an Order made by the Town Council operating from 19.3.53—16.4.53 inclusive.

TUBERCULOSIS

No 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."

The Chest Clinic

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

	1951	1952	1953
Adults	2827	3536	3237
Children	1333	1381	1405
	<hr/> 4160	<hr/> 4917	<hr/> 4642

The tuberculosis health visitor paid 1,627 visits to the homes of patients.

Deaths

The number of deaths registered, 16 (14 pulmonary and 2 non-pulmonary) gives a rate per thousand of the population of .14 (.12 pulmonary and .02 non-pulmonary) compared with 43 (35 pulmonary and 8 non-pulmonary) and a rate of .36 (.29 pulmonary and .07 non-pulmonary) for the previous year.

The Tuberculosis Register

The number of accepted cases on the Register on the 31st December was 702. Of these 39 had had a positive sputum during the latter six months.

During the year, 107 cases were removed for the following reasons:—

1. Recovered	50	or 46.7% of total removals.
2. Removal out	26	} or 31.8% of total removals.
3. Not desiring further treatment	7	
4. Lost sight of	1	
5. Diagnosis not confirmed	—	
6. Died	23	or 21.5% of total removals.

Of the 50 recovered cases, 27 were pulmonary (13 or 48.2% minus, 7 or 25.9% R.B.1 and 7 or 25.9% R.B.2).

Of the 23 cases that died, 8 (Pulmonary 7, non-pulmonary 1) died from causes other than tuberculosis.

Pulmonary Tuberculosis

New Cases

There were 82 new cases placed on the Register compared with 127 for the previous year. These were classified as follows:—

R.A.1. (Early cases, sputum negative or absent)	22
R.A.2. (Intermediate cases, sputum negative or absent)	19
R.A.3. (Advanced cases, sputum negative or absent) ...	4
R.B.1. (Early cases, sputum positive)	11
R.B.2. (Intermediate cases, sputum positive)	17
R.B.3. (Advanced cases, sputum positive)	9

In addition 1 other case came to notice, being notified posthumously, but was not placed on the Register.

Deaths

During the year 14 patients, including one case notified posthumously, compared with 35 for the previous year, died from pulmonary tuberculosis. This represents a death rate of 0.12 per thousand of the population.

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

Of these 14 deaths, 4 or 28.6% had been notified more than five years. A further 1 or 7.1% had been notified three to five years, whilst 4 or 28.6% died one to three years after notification. The remaining 5 (35.7% of total) occurred within one year of coming to notice and included 1 which escaped statutory notification, being notified posthumously. The following table shows the length of time between notification and death of the remaining 4.

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

Thus of the 14 patients dying during the year, 10 or 71.4% 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 20. No other cases were brought to notice. This compares with 16 for the previous year and 5 other cases which came to notice.

The following table shows the localisation of the disease in these cases:—

Bones and Joints	3
Abdomen	2
Meninges	3
Peripheral Glands	7
Other Organs	2
Skin	3
Generalised	—
	20

Deaths

There were 2 deaths compared with 8 for the previous year. This represents a death rate of 0.02 per thousand of the population.

The localisation of the disease in both cases was:—

Meninges	2
----------------	---

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 to 5	5	1	1	1	...	...	...	...
5 to 10	2	1	1	2	...	...	...	...
10 to 15	3	1	1	1	...	...	...	...
15 to 20	4	6	2	3	...	...	...	1
20 to 25	4	6	...	2	...	1	...	...
25 to 35	6	7	...	3	1	...	...	...
35 to 45	8	2	...	...	1	1	...	...
45 to 55	5	2	...	1	2	1	1	...
55 to 65	9	4	...	...	2	2	...	...
65 plus	7	...	1	1	2	1	...	...
Totals	53	30	6	14	8	6	1	1

1953	83	...	20	...	14	...	2
1952	133	...	21	...	35	...	8
1951	104	...	20	...	32	...	5
1950	82	...	23	...	39	...	8

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

	Pulm.	Non-Pulm.
Bookbinders	2	—
Bricklayers	3	—
Children under school age	5	1
Cinema employees	3	—
Clerical workers	3	2
Cotton operatives	13	2
Electricians	1	—
Engineers, fitters, etc.	1	—

	Pulm.	Non-Pulm.
Food handlers	2	—
Foundry workers	2	—
Household duties	8	4
Iron dressers	2	—
Laboratory assistants	2	—
Labourers	8	—
Machinists	1	—
Nurses	1	—
Painters	1	—
Retired	4	2
Schoolchildren	9	7
Shop assistants	2	—
Sheet metal workers	—	1
Students	2	—
Transport workers	1	—
Unemployed	2	—
Other occupations	5	1
	—	—
Total	83	20
	—	—

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952.
Part I.—Summary of Notifications during the year.

Age Periods		Formal Notifications.												
		Number of Primary Notifications of new cases of Tuberculosis.												
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 & upwards (all ages)
Pulmonary Males	4	2	2	3	5	4	8	6	11	6	1
Females	1	1	8	5	6	2	1	3	...	...
Non-Pulmonary Males	1	2	...	2	...	...	...	1	...	1	...
Females	1	1	1	3	2	3	...	1	...	...	1
TOTALS	6	6	4	16	12	13	10	9	14	7	2
														99

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
Females	1	...	1
Non-Pulmonary Males
Females
TOTALS	1	...	1

Source of Information	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns from Local Registrars	...	...
Transferable Deaths from Registrar General	...	...
Posthumous Notifications	1	...
TOTALS...	1	...

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	297	227	46	36	47	41	333	274	87	694
Transfers from other areas ...	4	8	...	...	1	1	4	9	1	14
"Lost sight of" cases returning ...	...	...	...	...	...	...	...	...	...	...
Children now adults ...	2	...	...	...	...	...	2	...	...	2
2. No. of new cases diagnosed during year as :										
Class A (T.B. Minus) ...	16	17	12	2	7	5	18	24	17	59
Class B (T.B. Positive) ...	27	9	1	1	3	2	28	12	3	43
No. of cases included in 1 and 2 written off the Register during the year :										
(1) Recovered ...	14	13	...	5	9	9	19	22	9	50
(2) Dead (all causes) ...	16	4	...	1	2	...	17	6	...	23
(3) Removed to other areas ...	7	10	6	1	1	1	8	11	7	26
(4) Children to adults ...	...	...	2	...	...	...	...	...	2	2
(5) For other reasons ...	4	2	...	...	2	1	4	4	1	9*
No. of definite cases of Tuberculosis on Register at 31st December ...	305	232	51	32	44	38	337	276	89	702

* This figure includes 1 Non-Pulmonary Case (female) transferred to Pulmonary.

CANCER

The number of deaths attributed to cancer shows an increase of 62 compared with 1952.

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

1949	276
1950	278
1951	224
1952	234
1953	296

The figure for 1953 includes 20 deaths occurring in the Boundary Park General Hospital Annexe, a chronic sick hospital which, under the revised procedure relating to transferable deaths of the Registrar General—operative from the 1st January, 1953—is regarded as the normal place of residence of all persons dying therein.

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	1	—	1
25-35	3	1	4
35-45	4	4	8
45-55	23	26	49
55-65	40	34	74
65-75	52	45	97
75+	42	20	62
	165	131	296

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	1
(141) Tongue	3
(142) Salivary gland	—
(143) Floor of mouth	—
(144) Other parts of mouth and mouth unspecified	1
(145) Oral mesopharynx	—
(146) Nasopharynx	—
(147) Hypopharynx	1
(148) Pharynx unspecified	1

Malignant Neoplasm of Digestive Organs and Peritoneum (150-159)

(150) Oesophagus	11
(151) Stomach	63
(152) Small intestine, including duodenum	4
(153) Large intestine, except rectum	36
(154) Rectum	21
(155) Biliary passages and of liver (stated to be primary site)	4

(156) Liver (secondary and unspecified)	2
(157) Pancreas	6
(158) Peritoneum	1
(159) Unspecified digestive organs	-
Malignant Neoplasm of Respiratory System (160-165)	
(160) Nose, nasal cavities, middle ear and accessory sinuses	-
(161) Larynx	3
(162) Trachea, and of bronchus and lung specified as primary	4
(163) Lung and bronchus, unspecified as to whether primary or secondary	45
(164) Mediastinum	1
(165) Thoracic organs (secondary)	-
Malignant Neoplasm of Breast and Genito-Urinary Organs (170-181)	
(170) Breast	25
(171) Cervix uteri	9
(172) Corpus uteri	2
(173) Other parts of uterus, including chorionepithelioma	-
(174) Uterus, unspecified	8
(175) Ovary, fallopian tube, and broad ligament	7
(176) Other and unspecified female genital organs	-
(177) Prostate	9
(178) Testis	-
(179) Other and unspecified male genital organs	1
(180) Kidney	2
(181) Bladder and other urinary organs	2
Malignant Neoplasm of other and Unspecified Sites (190-199)	
(190) Skin (melanoma)	-
(191) Skin	3
(192) Eye	-
(193) Brain and other parts of nervous system	4
(194) Thyroid gland	-
(195) Other endocrine glands	-
(196) Bone (including jaw bone)	-
(197) Connective tissue	1
(198) Lymph nodes (secondary and unspecified)	-
(199) Other and unspecified sites	6
Neoplasms of Lymphatic and Hæmatopoietic Tissues (200-205)	
(201) Hodgkin's Disease	2
(202) Other forms of lymphoma (reticulosis)	2
Benign Neoplasms (210-229)	
Neoplasm of Unspecified Nature (230-239)	
(237) Neoplasm of unspecified nature of brain and other parts of nervous system	5

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	27	...	...	...	...	27
Gonorrhœa	41	4	...	...	2	47
Non-Venereal and Undiagnosed Conditions	150	3	5	1	...	159
Total	218	7	5	1	2	233

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 1953 a constant supply of water, generally 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 Departments' area of supply, numbering about 68,800 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 6.5 and 8.5. The pH values of the water supplied from the Castleshaw source, which is filtered ranged between 6.6 and 9.8, and the pH value of the water supplied from the Readycon Dean source, which is also filtered, ranged between 6.4 and 6.9. 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
Piethorne			
Raw Water	1	8 0	B. Coli per 100 ml.
		33 1-10	" "
		49 11-50	" "
		5 Above 50	" "
After Sterilisation ...	4	59 0	" "
		36 1-10	" "
		7 11-50	" "
Hanging Lees			
Raw Water		2 0	B. Coli per 100 ml.
		2 1-10	" "
After Sterilisation ...	4	12 0	" "
Castleshaw			
Raw Water		3 0	B. Coli per 100 ml.
		0 1-10	" "
		0 11-50	" "
After Sterilisation ...	4	11 0	" "
		1 1-10	" "
Readycon Dean			
Raw Water		3 0	B. Coli per 100 ml.
		1 1-10	" "
After Sterilisation ...	4	12 0	" " ."

DRAINAGE AND SEWERAGE

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

"The Sewage Works were originally designed to purify the sewage by treatment in sedimentation tanks followed by ash filters. Subsequently contact beds and percolating filters were installed, the contact beds being discarded as a method of treatment in 1936. The present method of treatment was used for the first time in 1938 and consists of detritus or grit tanks, sedimentation tanks, diffused air activated sludge tanks, percolating filters and humus tanks. Sludge produced from these processes is treated in heated sludge digestion tanks followed by sludge drying beds and sludge lagoons. The sludge gas produced during digestion is used for boiler heating, fires, etc.

The Works treat the whole of the sewage from the County Borough together with the sewage from the adjoining Urban District of Lees.

During the year the purification plant has, generally speaking, functioned well, except during periods of very dry and hot weather when the bio-flocculation units had a tendency to deteriorate somewhat. The whole of the air-tiles in the Activated Sludge Plant were again cleaned, resulting in a saving in power costs and a better distribution of air. Repairs and renewals on the air-compressors also resulted in increased efficiency.

Excessive foam from the activated sludge plant, which may have been caused by synthetic detergents, persisted occasionally throughout the whole of the biological treatment plant.

Part of one of the percolating filter walls collapsed during the latter half of 1952. This wall was re-erected and the filter brought into use again about the end of February.

Final effluents leaving the purification plant were on the average good throughout the year. The shortage of capacity in the humus tanks did occasionally cause some trouble by allowing excessive amount of suspended solids to be discharged.

Insecticides for the control of filter flies were again used intensively from March to August, this treatment did help to keep the number of flies down to reasonable proportions. Each filter was treated thoroughly on the surface and the filter walls were also sprayed at least once per fortnight. Chlorination was also used at several points in the Purification Plant.

In the near future it is proposed to use the final effluent from the Works for cooling purposes at the adjoining Electricity Power Station and for this a new Pump House has been erected near the effluent outfall. It is estimated that three or four million gallons of effluent will be used each day.

Samples of final effluents were taken periodically by the Inspectors of the Mersey River Board, all with the exception of one being classified as satisfactory.

The total volume of raw sludge produced in the settling tanks was all treated in the heated digestion tanks; the tanks were maintained at a temperature of approximately 80°F, good digestion being obtained. The

sludge gas produced remained normal. The treated sludge was then either pumped on to prepared drying beds or to the storage lagoons.

Mechanical removal of the sludge cake from the drying beds quickened the rate of emptying and weather permitting, the beds could be used much more quickly than formerly. The demand for powdered sludge for gardens increased during the year and consequently two large sheds were brought into use for its preparation.

There were 37,000 tons of raw sludge, equal to 15.7 tons per million gallons of sewage, removed from the sedimentation tanks.

Sewage Flow:

The total amount of sewage received for treatment during the year was 2,355,300,000 gallons, which is equal to an average daily flow of 6,453,000 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 41,611 ash cans is collected by motor vehicles. 78.71 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, 1953, 15,034 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 remaining 115 sanitary pail closets to the fresh water system by the Borough Engineer's Department is retarded owing to the engineering difficulties which have to be overcome.

A scheme for an allowance to be granted to owners of houses of 50% 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, 1953, was 856.

There are 199 miles of streets and passages in the Borough, cleansed as follows:—

Daily	25 miles
Twice weekly	125 miles
Less than once weekly	49 miles

Miles of streets cleansed (exclusive of footpaths) 22,760

Gully Cleansing:

Number of gullies	19,325
Number of cleansings during the year ...	193,250

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

House and Trade Refuse Collection

Number of dustbins emptied	2,187,125
Number of dustbins supplied under free dustbin scheme	3,823
Number of sanitary pails emptied	6,874
Number of collections of garbage	22,050
Number of loads of excreta collected	104
Number of loads of garbage collected	753
Number of tons of ashes taken to refuse disposal works	6,663
Number of tons of ashes taken to Corporation tips	24,633
Number of tons of clinker, &c., removed from refuse disposal works	3,902
Number of tons of baled tins sold	364
Number of tons of mortar sold	92

Waste Water Closets and Latrines

Blockages cleared (W.W.C.s)	5,063
Blockages cleared (latrines)	—
Drains cleared	3
Drains found blocked, requiring excavating	371
Tippers found not working and re-adjusted	74
Tippers, fittings, &c., found broken	1,882
New tippers, fittings, &c., fixed	1,410
Visits paid flushing latrines, &c.	6,633

Closet Accommodation

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

Fresh water closets	20,971
Waste water closets	22,998
Latrines:	
Houses	203
Mills	155
Pail closets	115

SWIMMING BATHS AND POOLS

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

"During the year ended 31st December, 1953, 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 amount 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 district, 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, 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 1953.

No staff changes were made during the year. There is an urgent need for an increase in the establishment of Sanitary Inspectors. In recent years there has been a considerable increase in the amount of work, but no change has been made in the establishment since 1950, when the establishment was increased by one sanitary inspector, the first increase since 1939.

In March, smallpox occurred in the Borough, which created much additional work for the Sanitary Section. The tracing and surveillance of contacts was considerable and unfortunately held up other work for a few weeks.

The Smoke Abatement Byelaw came into operation on the 1st January this year. I am of the opinion that there has been a considerable reduction in industrial smoke, which has been evidenced by the fact that out of 297 smoke observations taken by the Department, only 20 exceeded the statutory period of two minutes.

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 9,760 visits and 2,219 re-visits, as shown below, were made by the Sanitary Inspectors in connection with inspections under the various Acts:—

	Visits	Re-visits	Total
General			
Accumulations	53	11	64
Closets—Water	128	105	233
Waste Water	425	287	712
Pail	12	1	13

	Visits	Re-visits	Total
Drainage	534	569	1,103
Drain Tests	438	32	470
Public Sewers	181	82	263
Dustbins	4	—	4
Entertainment Houses	7	3	10
Factories—Mechanical	34	6	40
Non-Mechanical	4	—	4
Outworkers	4	—	4
Interviews	568	13	581
Keeping of Animals and Birds	13	1	14
Mill Lodges	5	1	6
No Access	1,327	668	1,995
Offensive Trades	8	—	8
Rag Gatherers	18	2	20
Rats and Mice	522	320	842
Shops Act	5	—	5
Contagious Diseases Animals Act	90	—	90
Water Supply	80	32	112
Yards and Courts	—	1	1
Houses Let in Lodgings	23	2	25
Housing Applications	257	—	257
Common Lodging Houses	17	—	17
Tents, Vans and Sheds	5	2	7
Smoke Abatement	40	7	47
Overcrowding	26	2	28
Pet Shops	3	—	3
Rag Flock Act	37	—	37
Miscellaneous	614	15	629
Food Premises			
Slaughterhouses	1130	—	1130
Meat Shops	184	—	184
Markets	101	—	101
Food Preparation Premises	143	3	146
Ice Cream Premises	158	—	158
Restaurants and Cafes	75	2	77
Fish Fryers	19	—	19
Fishmongers and Poulterers	45	—	45
Grocers	244	—	244
Greengrocers	63	2	65
Cold Stores	6	—	6
Licensed Premises	4	—	4
Dairies	38	—	38
Milkshops	15	—	15
Bakehouses—Mechanical	266	3	269
Non-Mechanical	4	—	4
Food and Drugs	442	—	442
Street Vendors	1	—	1
Fertilisers and Feeding Stuffs	26	—	26
Infectious Diseases—Inquiries	230	29	259
Food Poisoning	137	18	155
Smallpox	661	—	661
	<hr/>	<hr/>	<hr/>
	9,474	2,219	11,693
	<hr/>	<hr/>	<hr/>

Closets Converted to Water Closets (or abolished)—Latrine	7
Pails	12
Waste Water ..	58
Other Closets—Provided	—
Repaired	1
Cleansed	—
Soil Pipes Repaired or Renewed	5
Water Supply Provided or Improved	37
Miscellaneous	
Nuisances Abated—Accumulations	1
Other Conditions	4

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		
			Inspection (4)	Written notices (5)	Occupiers prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	1	N.Mech. 79	4	4	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	2	Mech. 617	40		...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	3	...	...	...	...
TOTAL ...		696	44	4	...

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)	To H.M. Inspector (5)	Referred 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	...	...	...	2	...
(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	...	...	...	7	...

Outworkers

Two lists relating to two 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

Three applications for certificates as to state of repairs were received during the year. Two were granted and certificates issued. The certificates were, however, subsequently withdrawn on the repairs being effected. In the third case the repairs were effected and the application was withdrawn.

The Rag Flock and Other Filling Materials Act, 1951

During the year two firms were 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	4

LICENSED PREMISES:

(a) for manufacture of rag flock	0
(b) for storage of rag flock	3

There were 37 visits made under the above Act.

The following 14 samples of rag flock and other filling materials were taken during the year, and all conformed with the Regulation:—

Article	No. of Samples
Washed flock (loose)	5
Washed rag flock	1
New curled hair	1
Woollen flock	1
Processed poultry feathers	1
Coir fibre	1
Layered cotton felt	1
New cotton felt	1
Unused cotton felt	1
Unused cotton millpuffs	1

Public Health Act, 1936—Section 154—Contravention

Legal proceedings were instituted in the following three cases for offences under this section of the Act:—

1. In June, for exchanging a jar containing one goldfish for rags, the defendant was fined 10s.
2. In August, the same offender as Case No. 1., was before the Court for exchanging goldfish for rags. The summons was dismissed in view of cases in other parts of the country and the legal interpretation of the word "article."
3. In September, against two persons for exchanging goldfish and balloons for rags. The defendants were each fined £3 10s.

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 eight 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 273 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

The Byelaw which had been confirmed by the Minister of Housing and Local Government in the previous year, came into operation on the 1st January. This Byelaw regulates the emission of black smoke by prescribing that "for the purposes of Sub-Section (iv) of Section 103 of the Public Health Act, 1936, the emission of such smoke from a chimney of any building, other than a private house, for more than two minutes in any period of thirty minutes, shall, until the contrary is proved, be deemed to be a statutory nuisance and a smoke nuisance."

During the year 297 smoke observations of thirty minutes duration were taken. The extent of the emission of black smoke was as follows:—

No black smoke	165
Under 1 minute	33
1-2 minutes	79
2-3 minutes	7
3-4 minutes	7
Over 4 minutes	6

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 acts as agent for the participating local authorities and re-charges 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.

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 Committee in the North West Region.

Sewer Maintenance Treatments

The second sewer maintenance treatment for the financial year 1952-53 and the first sewer maintenance treatment for the year 1953-54 were carried out during the year, when the following results were obtained:—

	1952-53	1953-54
Number of manholes	2,130	2,130
Number of manholes baited	2,130	2,103
Number of manholes showing pre-bait take	1,053	1,063
Number of manholes showing complete pre-bait take	620	687

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 rusk and the poisons zinc phosphide and arsenious oxide.

Prevention of Damage by Pests Act, 1949

During the year, 549 complaints of rat infestation were received and the results of investigations were as follows:—

Defective drainage	318
Stray rats	73
Mice	157
Birds	1

The Pet Animals Act, 1951

The Chief Sanitary Inspector, the Deputy Chief Sanitary Inspector, one Assistant Sanitary Inspector and Mr. J. Sullivan, M.R.C.V.S., Veterinary Surgeon, are the appointed authorised officers for the purpose of inspection.

At the end of the year, nine premises were licensed and three visits had been made under the Act during the year.

Diseases of Animals Acts

The Chief Sanitary Inspector is the Authorised Inspector under the Diseases of Animals Acts.

On two occasions 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 these periods 53 licences were issued for the movement of cattle.

There were eleven cases of suspected swine fever notified to the Ministry of Agriculture and Fisheries, and in nine cases swine fever was confirmed by the Ministry. The necessary disinfection was carried out in all these cases.

In June fowl pest was confirmed at premises in Royton. Several Oldham persons purchased fowls from the infected premises and at the request of the Divisional Veterinary Inspector notices were served by this authority.

The Regulation of Movement of Swine Order, 1950—Article 5

The Movement of Animals (Records) Order, 1925—Articles 1 & 5 and 2 & 5

Legal proceedings were instituted against a pig keeper for the following three offences:—

- (1) Failing to produce records of the movement of swine.
- (2) Failing to keep a record of each movement of swine.
- (3) Failing to observe the conditions of the swine movement licence, i.e., removing pigs from the premises before the expiry of the prescribed period.

The defendant was fined a total of £9 0s. 0d., and ordered to pay 10s 0d. witness fees.

Fertilisers and Feeding Stuffs Act, 1926

There were fourteen samples of feeding stuffs sent for examination under the provisions of the above Act.

The following samples were reported upon as "not in accordance with the statutory statement":—

NATIONAL CATTLE FOOD No. 1 COARSE DAIRY MEAL—	5.9 per cent oil, 21.6 per cent albuminoids, and 7.8 per cent fibre, as against 4.0 per cent oil, 19.0 per cent albuminoids, and 9.5 per cent fibre in statutory statement.
WINTER GROWING MASH, WITH COD LIVER OIL—	18.4 per cent albuminoids as against 16.5 per cent in statutory statement.

In these two cases the differences were not to the prejudice of the purchaser and no further action was necessary.

BALANCER MEAL—	4.05 per cent oil, 15.75 per cent albuminoids, and 5.2 per cent fibre as against 3.5 per cent oil, 20.0 per cent albuminoids and 7.5 per cent fibre in statutory statement.
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This sample was taken formally following an unsatisfactory informal sample taken in the previous year. The result was reported to the firm concerned who stated that they had had some trouble by not allowing the meal to remain in the mixer the required time, but gave an assurance that every precaution would be taken to maintain the required standard.

NATIONAL POULTRY BALANCER	14.3 per cent albuminoids as
MEAL—	against 20.0 per cent in statutory
	statement.

This sample was taken formally following an unsatisfactory informal sample taken in the previous year. This matter was referred to the firm concerned, and two representatives of the firm were interviewed. Records were produced of the firm's analyses of this feeding stuff, which were all satisfactory, and they could not account for the unsatisfactory sample in this instance, as every precaution is taken.

There were 26 visits made under the Act.

SECTION VII

HOUSING

Pre-War Slum Clearance

All families affected by pre-war slum clearance schemes have been re-housed. At the end of the year three individual unfit houses were still awaiting demolition.

Other Demolitions

Information was received with regard to the demolition of 39 houses by voluntary action. Of these, 13 had been represented, but were demolished before demolition orders could be made and 20 were on the site of the new Technical College. These latter properties had been purchased by the Education Committee together with the site for the first stage in the building of this College. All these houses were included in the slum clearance programme.

Individual Unfit Houses

It was found necessary to represent 20 houses. Demolition orders were made in respect of 4 of these houses, involving the displacement of four families (8 persons). In 15 cases involving the displacement of twelve families (48 persons), the houses were demolished or in course of demolition before demolition orders could be made. In the case of one house the representation was not accepted, the Housing Committee having visited the property and resolved—

“That the owner of the house be requested to carry out certain essential repairs to the roof.”

The following is a summary of the individual unfit houses dealt with during the years 1943 to 1953:—

Year	Houses represented	No. of families	No. of persons	Houses Vacated	Position as at 31st Dec., 1953				
					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	...	*40	...
1949	14	15	51	14	47	4	...	14	...
1950	†14	13	36	14	24	12	...	†14	...
1951	11	15	48	11	42	6	...	7	4
1952	7	7	28	6	26	...	2	6	1
1953	‡20	16	56	17	53	...	3	‡15	4

* An undertaking under Section 11 (3) of the Housing Act, 1936, was accepted in respect of one house. This house was demolished voluntarily 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.

‡ Thirteen houses were demolished and two houses were in course of demolition before demolition orders could be made by the Council. In the case of one house the representation was not accepted.

Closing Orders

It was also found necessary to make closing orders under Section 12 of the Housing Act, 1936, upon portions of two buildings which were unsuitable for human habitation, involving the displacement of two families (11 persons). Both families were rehoused by the Corporation during the year.

Overcrowding

During the year 8 new cases of overcrowding were discovered. In 3 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 2,404 applications for housing accommodation on the Housing Applications Register. This figure includes 342 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 to the specified requirements with respect to their construction and physical condition and the provision of services and amenities.

During 1953 only one application was submitted to the Surveyors and Buildings Committee for an improvement grant, and this was refused on the grounds that the cost of the work was less than the minimum laid down.

Enquiries were also received from nine persons with regard to such grants, but on being informed of the conditions of the grant, the applications were not pursued any further.

Eradication of Bed Bugs

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

	Corporation	Others
Houses inspected	223	310
Found infested	5	14
Disinfested by H.C.N.	4	—
Disinfested by spraying with liquid insecticide	1	113

Removals and Disinfestation of Furniture

The Bedford 30-cwt. disinfecting van is used for the disinfestation of furniture of families who are moving into Corporation houses, and during the year the furniture of 186 families was disinfested prior to removal to Corporation houses.

Disinfection

The arrangements for disinfection continued as in previous years. During the year 26,850 articles were disinfected and 3,950 destroyed. The total number of houses disinfected was 659 and 3,872 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 of 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.

At the end of the year 29 farms with 458 cows were producing milk in the Borough. There were fifteen farms with “Accredited ” Licences and three farms with “Tuberculin Tested ” Licences.

The Milk and Dairies Regulations, 1949

At the beginning of the year there were 21 distributors producing milk in the Borough. During the year one distributor turned over completely to “wholesale ” delivery.

There were 56 distributor producers outside the Borough at the beginning of the year.

During the year, 22 new distributors were registered for the sale of bottled milk.

On the 31st December there were seven premises registered as dairies and 680 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	17
Number of shops at which bottled milk only is sold	572

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	3
Dealer's Licence	47
† Supplementary Licence	—

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

* Producer's Licence	15
Dealer's Licence	5
† Supplementary Licence	—

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	126
† Supplementary Licence	4

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

Dealer's (Steriliser's) Licence	—
Dealers' Licence	631
† 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 288 samples were taken for examination for the presence of tubercle bacilli. Unfortunately three samples (two ungraded and one accredited) had to be disregarded as the guinea pigs injected with these samples died from another infection. Of the 285 samples reported upon, 110 were from farms within the Borough, one (0.90 per cent.) of which was "positive" and 175 were from milk produced outside the Borough, ten (5.71 per cent.) being "positive."

The following table details the 285 samples reported upon:—

Class of Milk Sample	No. of Samples Taken	Tubercle Bacilli	
		Absent	Present
Ungraded	148	141	7
Tuberculin Tested	24	24	—
Accredited	113	109	4
Totals	285	274	11

On three occasions during the year information was received from adjacent local authorities with regard to "positive" milk samples taken from milk producers who were delivering milk in Oldham. In all three cases notices under Regulation 20 of the Milk and Dairies Regulations, 1949, were issued 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.

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, four cows were removed and slaughtered under the Tuberculosis Order. In addition it was reported that 9 cows had been removed from various farms prior to the enquiry and 3 cows had been removed and slaughtered during the enquiry.

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 all these 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/30 This milk was from a farm in Saddleworth. The notice was served on the 2nd April and withdrawn on the 8th April.
- T/84 This milk was from a farm in Chadderton. The notice was served on the 3rd June, and withdrawn on the 21st August.
- T/87 This milk was from a farm in Lees. The notice was served on the 19th June and withdrawn on the 5th August.
- T/96 This milk was from a farm in Royton. The notice was served on the 16th June and withdrawn on the 25th September.
- T/98 This milk was from a farm in Royton. The notice was served on the 29th June and withdrawn on the 10th September.
- T/152 This milk was from a farm in Limehurst. The notice was served on the 10th November and was not withdrawn till 4th January, 1954.
- T/217 This milk was from a farm in Chadderton. The notice was served on the 27th November and was not withdrawn till 18th January, 1954.
- T/235 This milk was from a farm in Chadderton. The notice was served on the 18th December and was not withdrawn till 2nd February, 1954.

Milk Samples Taken for Methylene Blue Test

There were 198 samples taken with the following results:—

Class of Milk Sample	No. of Samples Taken	Methylene Blue Test	
		Passed	Failed
Pasteurised	183	179	4
T.T/Pasteurised	13	12	1
Heat Treated	—	—	—
Tuberculin Tested	2	2	—
Accredited	—	—	—
Ungraded	—	—	—
Totals	198	193	5

The samples which failed to satisfy the Methylene Blue Test were all from sources outside the Borough:—

Two of the unsatisfactory results were alleged to be due to water main repairs being effected in the area of the pasteurising plant, one was due to the temperature being slightly above prescribed maximum, another was churn milk and resulted from unsatisfactory washing arrangements, and in the final case there was too much time lag before pasteurising and bottling.

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	183	183	—
T.T/Pasteurised	13	13	—
Heat Treated	—	—	—
Totals	196	196	—

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.

Milk Samples for Turbidity Test

There were twelve 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 338 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	318
(c) For sale of loose and pre-packed ice cream	10

In the previous year 276 premises were registered for the sale of pre-packed ice cream and 8 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 89 samples of ice cream submitted for the methylene blue grading test, with the following results:—

Grade I	63
Grade II	17
Grade III	4
Grade IV	5

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 the Ministry of Food restored the standards for ice cream and issued the Food Standards (Ice Cream) Order, 1953, which came into operation on the 1st June. This Order restored the minimum fat content to 5 per cent and the minimum non-fatty milk solids to 7.5 per cent.

During the year 16 samples of ice cream were taken for analysis and the following samples were reported as below standard:—

Sample No. 212.—Deficient in fat to the extent of 8.0 per cent.—

A letter of warning was forwarded to the manufacturer in this case.

Sample No. A56.—Deficient in fat to the extent of 20.0 per cent.

—This was an informal sample taken at the request of the manufacturer for checking purposes.

Sample No. A65.—Deficient in fat to the extent of 36.0 per cent.

—This was an informal sample and the manufacturer was interviewed and advised.

MEAT INSPECTION

The slaughterhouse arrangements were the same as last year, the two Ministry of Food slaughterhouses being in use for the whole of the period.

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

	Beasts & Cows	Sheep	Pigs	Calves	Total
No. killed ...	4,269 4,024	32,529	5,692	3,056	49,570
Weight ...	5,531,045 lbs.	1,650,795 lbs.	929,789 lbs.	157,790 lbs.	8,269,419 lbs.
Weight condemned ...	159,872 lbs.	1,754 lbs.	13,385 lbs.	2,363 lbs.	177,374 lbs.
Percentage condemned ...	2.890%	0.106%	1.439%	1.497%	2.144%

Carcases Inspected and Condemned

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ...	4,269	4,024	3,056	32,529	5,692
Number inspected ...	4,269	4,024	3,056	32,529	5,692
All Diseases except Tuberculosis— Whole Carcases condemned	2	8	41	20	45
Carcases of which some part or organ was condemned	709	2,053	5	490	534
Percentage of the number inspected affected with disease other than Tuberculosis ...	16.654	51.018	1.505	1.567	10.172
Tuberculosis only— Whole Carcases condemned	5	59	10	...	3
Carcases of which some part or organ was condemned	488	1,249	1	...	145
Percentage of the number inspected affected with Tuberculosis ...	11.548	32.504	0.359	...	2.600

Congenital tuberculosis was found in ten calves, but unfortunately, due to loss of an auction mart number during transit, it was only possible to forward reports to the appropriate Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries in nine cases. As a result, four dams of the calves were slaughtered under the Tuberculosis Order, 1938, one dam could not be traced, and in the remaining four cases the evidence was insufficient for any action to be taken.

Tuberculosis in Pigs

On three occasions during the year batches of pigs received at the slaughterhouse were found to be extensively affected with tuberculosis, and it was considered necessary to inform the appropriate Divisional Inspector of the Ministry of Agriculture and Fisheries to investigate and advise at the place of origin.

The following figures show the percentage of cows affected with tuberculosis for the years 1950-1953:—

	Cow Carcases Examined	Percentage affected with Tuberculosis
1950	4,206	43.62
1951	3,893	42.10
1952	2,925	35.59
1953	4,269	32.50

The total weight of meat and offal destroyed was:—

For tuberculosis	96,992lbs.
For diseases other than tuberculosis	80,382lbs.

During the year 21 cows were found to be affected with tuberculosis of the udder. In 8 cases there was widespread infection of the organs and lymphatic glands necessitating condemnation of the whole carcase and offal. In the remaining 13 cases partial condemnation was necessary.

Cysticercus Bovis

Examination for the cysticercus bovis parasite has continued in accordance with the Ministry of Food Circular MF5/48, and 12 beasts and cows were found to be affected as follows:—

Portion of carcase and/or organ affected	Beasts & Cows
Head and skirt	1
Head and heart	1
Heart only	1
Head only	9

No generalised cases were found, but in 10 cases the carcasses were sent to cold storage for treatment, being subsequently allocated by the Ministry of Food. The remaining 2 cases were allocated.

Summary of Diseased and Unsound Food Destroyed During 1953

	lbs.
Cattle (74 whole carcasses)	46,309
Sheep (20 whole carcasses)	822
Pigs (48 whole carcasses)	6,503
Calves (51 whole carcasses)	2,288
Parts of Carcasses and Offal (5,684 Cattle, Sheep, Pigs and Calves)	121,452
Preserved Food	12,231
Beef	2,942
Pork	1,212
Tomatoes	469
Veal	350
Bacon and Ham	340

	lbs.
Fish	238
Sausage	153
Rabbits	146
Pigs' Livers	145
Sheeps' Livers	86
Lamb	70
Cake	50
Cheese	43
Dried Fruit	37
Flour	29
Sugar	15
Margarine	12½
Peas	12
Pies	6
Nuts	6
Chocolate	6
Cereals	3
Sweets	2½
Gelatine	1
Total	195,981lbs.

Slaughter of Animals Act, 1933

There were ten renewal licences granted during the year.

Horseflesh

There are three shops in the Borough for the sale of horseflesh. 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 902 visits were paid to these premises during the year. The following improvements were effected:—

Premises separated from domestic	3
Sanitary accommodation provided	1
Toilet facilities provided or improved	1
Hot water provided	14
Refuse disposal arrangements improved	1
Vermin infestations cleared	1
Floors tiled	2
New sinks provided	19
Premises cleansed	37
Utensils cleansed	1
Butchers' benches improved	1

There is close liaison with the local officers of the Ministry of Food and 22 applications for catering licences were referred for investigation and report with the following results:—

Premises	Recommended	Not Recommended
General Shops	6	2
Bakers and Confectioners	2	—
Chip Shops	2	—
Public Houses	4	—
Snack Bars	3	—
Drug Stores	1	—
Milk Bars	1	—
Boarding Houses	1	—

A programme of lectures and film shows was arranged and during the year 31 lectures and film shows were given to 964 employees of various food undertakings. The programme unfortunately was seriously interrupted owing to an outbreak of smallpox in the Borough.

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, 1953, 437 samples of food and drugs were submitted for analysis under the provisions of the above Act, an increase of ten over last year.

The samples comprised 320 milks, 16 of ice cream, 15 of ice lollies, 12 of whisky, 8 of jam, 7 of sweets, 4 of flavourings, condiments, etc., 20 household medicaments, drugs, etc., and 35 miscellaneous preparations.

Eleven samples, equal to 2.5 per cent of the total submitted, were reported against as not complying with requirements. Eight of these were milk and the remaining three ice cream.

The Sale of Milk Regulations, 1939, require that genuine milk shall contain, until the contrary is proved, minima of 3.0 per cent of fat and 8.5 per cent of non-fatty solids.

These presumptive so-called 'standards' call for brief comment, particularly in respect of the content of non-fatty solids. During the past decade, at least, there has been an increasingly higher proportion of milk of genuine but abnormal quality, naturally deficient in these non-fatty constituents. Various theories have been advanced to account for this downward trend—breed, individuality, quality of feeding-stuffs, sub-acute mastitis, and so forth—but one's experience is that such deficiency is usually associated with the secretion of a herd giving a higher milk yield. From the administrative standpoint, however, there is no difficulty in assessing the legal quality and so avoiding proceedings against an innocent vendor, as the result of (a) determination of the freezing point of the sample, and (b) the cow herself being made the true arbiter of quality, i.e., by the taking of an immediate 'appeal' sample. Comparison of the respective data—non-fatty solids and the still more critical Freezing Point

—leaves no room whatsoever for any doubt. Oldham, however, has been fortunate in this relation, since not one of the 320 samples contained less than 8.5 per cent of non-fatty solids—an exceptional record.

On the other hand a milk sub-standard as to its content of fat is far more difficult to interpret owing to the greater liability of natural variation apart altogether from possible mishandling during storage and distribution (failure to plunge the kit contents, etc.). Thus of the eight fat deficient samples warranting an adverse certificate four failed to reach the 3 per cent minimum by a narrow margin only, and another with 2.7 per cent only (10 per cent deficient) was followed up with three 'appeals to the herd,' one containing $3\frac{1}{2}$ per cent fat but the two remaining being naturally deficient to the very material extent of 18.3 per cent and 26.6 per cent. The eighth sample reported against was 12.6 per cent deficient, but when an 'appeal' was made the herd was giving milk of quite satisfactory quality (3.48 per cent fat).

On balance, therefore, only one sample appeared to have been skimmed, and as there was no case of adulteration with water and the supply throughout was free from preservatives and artificial colouring matter, the year's record deserves high commendation.

The three unsatisfactory samples of ice cream were taken after the standard for this foodstuff had been restored to its original requirement of 5 per cent fat, 10 per cent sugar, and $7\frac{1}{2}$ per cent milk solids other than fat. All three were deficient in fat to the extent respectively of 8 per cent, 20 per cent and 36 per cent (fat content 4.6 per cent, 4.0 per cent and 3.2 per cent).

A sample of semolina which was suspected to have caused 'lumping' in a pudding mixture was examined microscopically and analytically and finally cooked in a pudding and eaten, all without appearing in any way abnormal or unsatisfactory. The complaint may have arisen from some external cause, possibly unsuspected 'acidic' contamination in the vessel used.

Two samples of sweets from one source were submitted because of a complaint about their hygienic quality. Although found to have a somewhat soiled appearance they were free from objectionable metallic contamination. Unevenly-distributed particles of crystallised sugar had picked up by some means traces of dirty greenish-black coloured dust—extraneous to the plain or chocolate-coated sweets—with which were associated traces of some lime-containing debris. There was insufficient of these particles to allow of a more complete chemical examination. Had the sweets been in this condition when vended one would have had no hesitation in regarding them as not of the quality demanded. The second and larger sample submitted of the same type of sweets was of genuine quality.

A sample of ice lolly contained copper to the extent of 13 parts per million (p.p.m.), an amount approaching border-line tolerance. There is no statutory limit laid down regarding the presence of this metallic contaminant in ice lollies, but having regard to a tentative limit of 50 p.p.m. in the dried solids of certain other dietaries—on which basis the copper present in the sample would be in the order of 40 p.p.m.—the sample was reported as genuine."

Results of Action Taken with Regard to Samples not Genuine

Sample No.	Article	Results of Analysis	
*8	Milk	3.3% fat deficiency	
*77	Milk	10.0% fat deficiency	
*82	Appeal to cow for Sample 77	Milk	26.6% natural fat deficiency
*83		Milk	18.3% natural fat deficiency
46	Milk	3.3% fat deficiency	
174	Milk	6.6% fat deficiency	
245	Milk	3.3% fat deficiency	Letter of warning
283	Milk	12.6% fat deficiency	Fined £2 0s. 0d.

* These samples were all taken from the same producer who was requested to seek advice on this deficiency.

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 has 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 has passed a formal resolution authorising the Medical Officer of Health to make the necessary application in these cases. An Order, when made, only authorises a person's detention for a period not exceeding three weeks.

The compulsory removal of a person to hospital or other accommodation is only undertaken as a last resort and when every avenue of approach has failed. During the year, action had to be initiated in six cases and in every case the persons were living alone or had been left alone and were incapable of caring for themselves owing to illness or physical disability.

In the following cases action was taken under the Amendment Act:—

Case 3/53.—A male aged 68, who was partially paralysed, was cared for by an aged female who could no longer cope with him so left him. He was removed to Boundary Park General Hospital Annexe. Before the expiration of the Order he agreed to remain in hospital. Some months later he was transferred to Part III Accommodation at the Boundary Park General Hospital Annexe.

Case 5/53.—A male, aged 78, who was living in dirty conditions in one room of a house let in lodgings. The room was approached by stairs and a narrow, wooden partitioned corridor. He was very weak and dependent on a couple living in rooms on the ground floor, who had given him some meals. They said they could no longer look after him so an Order was obtained for his removal to Part III Accommodation, Boundary Park General Hospital Annexe. On presentation of the Order he became extremely agitated and would clearly have strenuously resisted, with what little strength he had, any forcible removal. In view of the extreme narrowness of the doors, corridor and stairs it was considered inadvisable to use any force whatsoever as some injury might have been done to him. No action seemed possible but with the aid of the local priest the man was persuaded to enter a home run by Catholic nuns, a solution which a few days previously he had refused.

This case well illustrates the difficulty placed on officers of the Local Authority who, even with the powers of the Amendment Act, may find that compulsory removal, in law, cannot always be effected.

Case 6/53.—A female, aged 68 years, who had severe arthritis and was bedfast, lived in one room in a house let in lodgings which was dirty and ill kept. She was removed to Boundary Park General Hospital Annexe but before the expiration of the Order agreed to remain in hospital.

In the following case action was commenced under the Amendment Act and completed under Section 47:—

Case 4/53.—A female, aged 77 years, was bedfast with arteriosclerosis and had an old ununited fracture of the left humerus. She had a clean and comfortable home but the female friend who had lived with her for some years left her. She was unwilling to go into hospital so an Order was obtained under the Amendment Act for her removal to Boundary Park General Hospital Annexe. Prior to the expiration of this Order she was still unwilling to remain in hospital so an application was made to the Court and an Order obtained for her further detention for three months. She died before this Order expired.

In the following case action was taken under Section 47:—

Case 2/53.—A male aged 67 years, lived in one room in a house let in lodgings. The room was dirty and his person, clothing and bedding were filthy. He himself was in a feeble condition. An application was made to the Court and an Order obtained for his removal to Part III Accommodation, Boundary Park General Hospital Annexe. His condition deteriorated and he died soon after admission.

Action under Section 47 was commenced in the following case, but it was not necessary for Court proceedings to be taken:—

Case 1/53.—A female, aged 84 years, who lived in a dilapidated and condemned caravan, was infirm and extremely filthy in her person and there was a danger of fire as there was a large stove in the caravan which she kept continuously stoked. The circumstances were reported to the Special Sub-Committee which resolved that application be made to the Court for her removal to Part III Accommodation at Boundary Park General Hospital Annexe. When advised of this decision she agreed to enter Part III Accommodation where she remained for three months and was then discharged to a bungalow, the caravan having been demolished.

NATIONAL ASSISTANCE ACT, 1948

Handicapped Persons

The powers and duties of the Welfare Services Committee include the welfare of persons who are blind, deaf and dumb, or who are substantially or permanently handicapped by illness, injury or congenital deformity. The Director of Welfare Services is the Chief Officer to the Committee.

Incidence of Blindness

The Director of Welfare Services arranges for the examination of adults suspected to be suffering from blindness and he receives Form B.D.8 from the examining Ophthalmic Surgeon. By arrangement with him, a copy of Form B.D.8 is forwarded to the Medical Officer of Health when the patient is admitted to the Register of Blind Persons.

In the case of children of school age, the Principal School Medical Officer arranges the examination, which is undertaken by the Consultant Ophthalmic Surgeon (Dr. F. Janus).

During the year 32 persons (13 males; 19 females) were admitted to the Register of Blind Persons. The following table gives the age distribution and the cause of blindness in these cases:—

Age Groups	6-5		15—		35—		45—		55—		65—		75—		85+		Total	
Condition	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Cataract	—	—	—	—	—	—	1	—	—	2	1	4	1	6	1	2	4	14
Glaucoma	—	—	—	—	1	—	1	—	1	1	3	2	—	—	—	—	6	3
Others	—	—	—	—	1	—	1	1	—	—	—	—	1	1	—	—	3	2

Ministry of Health Circular 1/54 requests Medical Officers of Health to include in their reports a section relating to blind persons, and accordingly the following information is submitted:—

A. Follow-up of Registered Blind Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:				
(a) No treatment	10	4	—	3
(b) Treatment (medical, surgical or optical)	8 (surgical)	5 (medical)	—	2 (medical)
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5	5	—	2

Cataract.—Of the 18 cases admitted to the Register, 8 were recommended for surgical treatment. Of these, 5 received operative treatment, 2 died before treatment was commenced and 1 case deteriorated mentally and treatment could not be completed.

Glaucoma.—Of the 9 cases admitted to the Register, 4 were not in need of treatment and the remaining 5 received medical treatment and attended hospital regularly.

Others.—These were optic atrophy (2), retinal atrophy (2), macular degeneration (1). All had received treatment.

At the 31st December there were 304 persons (140 males, 164 females) on the Register of Blind Persons.

Ophthalmia Neonatorum.—There were 3 cases notified during the year and in no case was vision lost or impaired.

The following table shows the cases notified and results of treatment:—

B. Ophthalmia Neonatorum

(i) Total number of cases notified during the year	3
ii) Number of cases in which:	
(a) Vision lost	None
(b) Vision impaired	"
(c) Treatment continuing at end of year	"

Spastics

Ascertainment commences with the health visitor, the child welfare centre or the Consultant Pædiatrician. Cases are discussed with the Consultant Pædiatrician to the Oldham Hospital Group at the regular conference which he holds with the staff of the Health Department. The general practitioner is advised with regard to any special development or treatment.

The Education Committee provides special schooling and, if necessary, home teaching till the spastic reaches school leaving age.

One spastic, a boy who was receiving home tuition, was notified to the Director of Welfare Services when he became 16 years of age.

Epileptics

There is complete co-ordination with the diagnostic and treatment services for school children and adult epileptics who are brought to the notice of the Consultant Psychiatrist.

An epileptic girl aged 16 was notified under Section 57 (5) of the Education Act, 1944, on leaving a residential school, and was transferred to a mental deficiency hospital.

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 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
Wellington Lodge, Wellington Road	11-3-53	18 women	Aged persons
Edward House, Edward Street	24-4-52	24 men and women	Blind persons
"Lyndhurst," Queen's Road	14-8-52	14 men and women	Deaf persons
Napier House, Windsor Road	24-11-52	15 beds	Temp. accom. for persons rendered homeless on account of fire, flood, etc.

At the end of the year accommodation was available in Hostels for 130 aged persons (61 men and 69 women), 24 blind persons and 14 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 Fieldwork Organiser, Mr. Elwyn H. Thomas:—

"Intensive casework with problem families in Oldham has continued. These families present serious problems of family disintegration and deplorable home conditions. The children (usually numerous) are neglected but not to the extent of cruelty or wilful ill-treatment. The parents, who are often in poor health, both physically and mentally, need the constant supervision and practical advice which the Unit is able to give. The aim is to raise the standards in the home and ultimately to leave the family to manage its own affairs.

During the year 25 families were dealt with. They were all referred to the Unit by departments of the Corporation through the Housing Manager who is the liaison officer. Three of these cases proved to be temporary problems and only brief contact was necessary. Good progress was made in most instances and four were closed satisfactorily—that is, the family had for some time been managing to maintain a good standard unaided and the Unit's help was no longer necessary. Useful meetings between officers of the Corporation and the Family Service Unit workers have taken place when each case was reviewed. Children have benefited from holidays, camps and outings which the Unit has organised during the summer. At Christmas, toys were distributed and parties arranged.

With the aid of a grant from the Carnegie United Kingdom Trust the National Committee of Family Service Units has appointed a research worker who is now preparing his project in conjunction with the various Units. This should be the means of improving the case work and leading to a better understanding of the problem.

There are two caseworkers operating in Oldham under the direction of the Fieldwork Organiser. There is an office and centre at 1a, St. Peter's Street, Oldham, which is open at certain times of the day. The telephone number is MAIn 7468."

HEALTH EDUCATION

Much use was made of the 16mm. Bell Howell "621" Sound Projector which was purchased in November, 1952, and a varied programme of films was carried out in connection with the Health Visiting, Home Nursing, Midwifery and Care of Mothers and Young Children Services, appropriate films being shown to members of the staff and to parents at the various clinics and centres.

An extensive programme of lectures and film shows was arranged in connection with Food Hygiene, 31 lectures and film shows being given to 964 employees of various food undertakings. Unfortunately this programme was seriously interrupted early in the year owing to an outbreak of smallpox in the Borough.

Cancer Education

The scheme of research by the Manchester Committee on Cancer approved by the Health Committee in 1951 and commenced in 1952 was continued for the second year. The following report of Mr. John Wakefield, B.A., Executive Officer of the Committee, shows a very satisfactory result of the work undertaken during the year:—

"The second year of the experiment in cancer education conducted by the Manchester Committee on Cancer in Oldham has been even more satisfactory than the first.

In all, talks have now been given to 45 church and 18 lay groups. We are gratified to find that many groups are now keen to make this lecture on cancer an annual affair.

The intimate character of the talks to small audiences has been maintained, though there has been some change in technique. Flannelgraph diagrams, a bright and readily portable visual aid, are now used at all talks.

Our audiences have found these pictures and diagrams of real aid to full understanding of the essential points of the talks. They also leave a much more lasting impression on the mind than do words.

We have again received ready assistance from the Medical Officer of Health and his staff. In the coming year we shall be testing a new type of poster—entitled "A Message to Women"—designed for use in public lavatories. The Medical Officer of Health has promised to try the poster out in Oldham and has received a supply.

There will be no attempt to assess results until the experiment has run its full term, but we feel reasonably confident that the campaign has had beneficial effects. Several consultants have gained the impression that they are seeing more patients at an early stage of the disease than formerly, and we have again had several cases reported of people seeking advice because of some aspect of the Committee's activities.

It can be said with certainty that neither of the two main criticisms usually directed at cancer education schemes—that one will produce cancerphobia, or inundate doctors' surgeries with imaginary ailments—has materialised. There have been no complaints of undesirable effects from either the public or from general practitioners and there seems to be a general enthusiasm for the scheme to continue.

I must also pay tribute once more to the continuing help given to us on a very generous scale by the Editor of the 'Oldham Chronicle' and his staff."

OLDHAM CREMATORIUM

The Crematorium which, prior to conversion and adaptation, was the Non-Conformist Chapel (rendered unsafe by enemy action) at Hollinwood Cemetery, was formally opened on the 21st November.

With the approval of the Health Committee, the Parks and Cemeteries Committee appointed the Medical Officer of Health, Medical Referee to the Crematorium, and the Senior Assistant Medical Officer, Deputy Medical Referee. These appointments were subsequently approved by the Secretary of State.

Dr. C. H. Adderley, Consultant Pathologist, Oldham Hospital Group, and Dr. D. L. Boardman, Assistant Pathologist, were appointed Pathologist and Deputy Pathologist to the Crematorium. Their services would only be used should the Medical Referee require a post-mortem examination before issuing an order for cremation.

The first cremation took place on the 14th December and at the end of the year the Medical Referee had authorised 20 cremations. In 4 of these cases a certificate (Form E) had been given by the Coroner.

In one case it was ascertained that the medical practitioner who completed and signed the Confirmatory medical certificate (Form C), though properly qualified, was not on the Medical Register, and a new certificate had to be obtained from another practitioner.

It was not necessary for the Medical Referee to order a post-mortem examination or to complete a confirmatory medical certificate.

Of the 20 deceased persons, 13 were Oldham residents and 7 resident outside the Borough.

SUPERANNUATION AND OTHER MEDICAL EXAMINATIONS

Corporation Employees

During the year the medical staff of the Department undertook medical examinations as follows:—

Department	Superannuation			Total
	Entrants	Disability	Special	
Baths & Wash-houses	6	1	—	7
Borough Engineer & Surveyor's	24	2	—	26
Borough Treasurer's	3	—	1	4
Children's	16	1	—	17
Cleansing & Transport	26	—	1	27
Education	19	—	2	21
Fire Service	—	—	—	—
Housing	7	—	3	10
Libraries	4	1	1	6
Parks & Cemeteries	7	1	6	14
Passenger Transport	164	4	1	169
Police	1	—	—	1
Public Health	49	1	5	55
Street Lighting	2	—	—	2
Town Clerk's	4	—	—	4
Town Hall	1	—	—	1
Waterworks	16	—	1	17
Welfare Services	1	2	2	5
	350	13	23	386

In accordance with a resolution of the Council, all teachers appointed to the staff are medically examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department and during the year 93 teachers were examined. These figures include 2 examinations (males) for which Form 28.RQ was completed and forwarded to the Ministry of Education.

Other Examinations

Transport—Road Traffic Acts	37
Waterworks—Entrants	39
Education—Entrants (Teachers)	93
Health Department—Entrants	18
Other Authorities	7
	<hr/>
	194
	<hr/>
Number of Persons referred to Consultant	13
Pathological Examinations	151

The above pathological examinations included 41 samples of blood for Widal tests and 42 samples of fæces taken from employees of the Waterworks Department.

Candidates Applying for Admission to Colleges

The medical examination of candidates applying for entry to training colleges, university departments of education and approved art schools, is the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the department in these examinations.

During the year 53 candidates (16 males, 37 females) were examined and a report on Form 4 RTC completed and forwarded to the appropriate college authority.

X-ray Examinations

(i) Films	25
(ii) Miniature Radiography	164

In 19 cases (18 teachers and 1 other) a miniature radiography examination had recently been arranged prior to the candidate's examination.

THE BOROUGH CORONER'S REPORT FOR 1953

The deaths reported to the Coroner during the year 1953 were 310 (males 182, females 128).

Of this total, 18 were lunatics and mental defectives in institutions.

In 155 of the cases reported the deaths were investigated by the Coroner, but no inquests held.

There were 155 inquests held (97 males and 58 females).

Of the 155 inquests, 63 were held with a jury.

There were 241 post-mortem examinations, in 112 of which no inquest was held. The expenses of the inquests amounted to £808 15s. 6d.

The verdicts returned were:—

Suicides 18 (males 12, females 6).

Accident or misadventure 66 (males 32, females 34).

Natural causes 59 (males 42, females 17).

Open verdicts 5.

The ages of the 18 suicides were as follows:—

Between 17 and 20 years of age	1
Between 21 and 29 years of age	1
Between 30 and 39 years of age	1
Between 40 and 49 years of age	2
Between 50 and 59 years of age	4
60 years and over	9

The types of suicide were:—

Gassing	10
Hanging	4
Drinking ammonia	2
Jumping from window	1
Setting herself alight	1

There were 2 inquests on infants suffocated whilst in bed with their parents.

There were no cases adjourned under Section 20 of the Coroner's (Amendment) Act, 1926, and not resumed.

In 1952 there were 327 deaths reported, 205 inquests were held, and the expenses were £868 3s. 7d.

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