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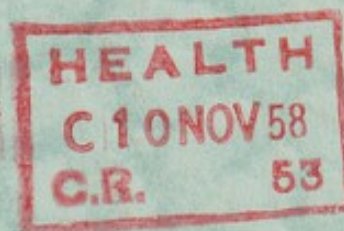
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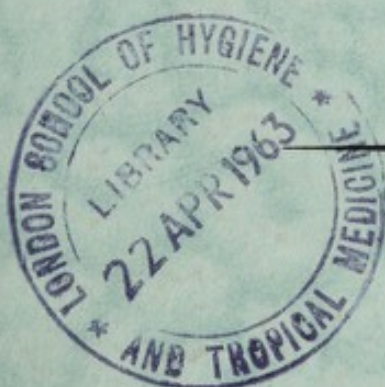
# COUNTY BOROUGH OF OLDHAM

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# ANNUAL REPORT

OF THE

**MEDICAL OFFICER OF  
HEALTH**



# 1956

B. C.







**COUNTY BOROUGH OF OLDHAM**

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**ANNUAL REPORT**

**OF THE**

**MEDICAL OFFICER OF  
HEALTH**

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**1956**



Public Health Department,  
Town Hall,  
Oldham.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of Oldham and the work of the Health Department for the year 1956.

It has again been a very difficult and strenuous year especially for the senior staff who have had to carry their responsibilities with depleted staff. In the Sanitary Department shortage of public health inspectors continued, it was not possible to fill the vacancies and throughout the year the staff was 6 inspectors below establishment. It is remarkable that so much routine work was performed and other responsibilities carried out so successfully. As it proved quite impossible to recruit inspectors by advertisement the establishment of pupil inspectors was reviewed and in October the Council approved an increase in establishment from 3 to 7 pupil inspectors and revised their salary grading. This policy soon paid dividends and 2 additional pupils of good calibre were appointed and joined the staff before the end of the year. The efficiency and 'output' of the Sanitary Department was further improved by the granting of car allowances to certain inspectors. In February 'casual user' allowances were granted to the Chief Public Health Inspector, the Deputy Chief Public Health Inspector, and two inspectors, and in October a third inspector was granted this allowance.

The services provided under the National Health Service have progressed and in many instances expanded. The Midwifery Service continues to be fully utilised and of the total births, 46 per cent were home confinements. This service must always accept its responsibilities and during the year a number of hospital booked cases were transferred to the domiciliary service as the hospital could not fulfil its commitment to these patients. The Home Nursing Service continues to expand and full details of the work undertaken are given in the report. It was found uneconomic to continue the use of "Glenthorne" the District Nurses' Home owing to the small number of resident staff. The administration of the service from a central office has proved satisfactory, and no problems have been encountered. The demands on the Ambulance Service continue to increase and more patients were moved and a greater mileage run compared with the previous year. The Domestic Help Service shows only a slight rise in the number of cases assisted, though the number of cases on the books at the end of the year shows a considerable rise. The bulk of assistance is given to aged persons who receive a few hours help per week. In August the Honeywell Lane Day Nursery which could accommodate 46 children was closed owing to the rising cost. The premises are to be adapted for use as a multiple clinic.

In January the Ministry of Health announced that a poliomyelitis vaccine was to be made available and this offer was conveyed to parents. The response was not good, but this was not unexpected as the unfortunate accident associated with Salk vaccine in America was not yet forgotten. It is also to be regretted that the announcement received the blare of press and radio publicity before medical officers of health were fully advised of all the technical aspects and the full value and complete safety of the vaccine, but such is the age we now live in. Unfortunately the vaccine was in extremely short supply and it was only possible to vaccinate 379 children out of a possible 3,578. There is now no doubt concerning the value and the safety of the British vaccine and as soon as ample supplies are available an anti-polio drive should be undertaken. The selection of the first group of children to be vaccinated was made centrally and a boy aged 7 years who was awaiting vaccination missed the offer by one day as his birthday fell on the 1st November. He subsequently developed paralytic poliomyelitis, and though substantial progress was made under treatment, he will be seriously crippled for life.



In October, arrangements were approved for immunisation against tetanus to be commenced. This is another recent advance and one which comparatively few local health authorities have adopted. Protection against this disease and also whooping cough and diphtheria will be given at the same time by using a combined material—Triple Antigen (Glaxo).

During the period April/September, two Mass Radiography Units of the Manchester Regional Hospital Board were in the Borough when 35,630 persons were examined and 36 cases of active pulmonary tuberculosis came to light, an incidence of 1.01 per thousand. In the previous survey in 1952 when 22,490 examinations were made, 52 cases were discovered, an incidence of 2.31 per thousand.

The fall in the incidence is striking and confirms that tuberculosis is definitely on the "way out," and is no longer "Captain of the Men of Death." Following a M.M.R. Survey there is always a rise in the number of new cases of pulmonary tuberculosis and these totalled 98 compared with 59 for the previous year, but 50 were classified as early cases. Only 11 new cases of non-pulmonary tuberculosis were confirmed—the lowest figure ever recorded and only 5 were under 15 years of age.

The Mental Health Service has continued to progress, and the work and aims of the Arthurs Industrial Centre have attracted many visitors and enquiries. It is gratifying that at long last work has commenced on the Female Centre. The trainees at the Arthurs Centre have assisted in the preliminary work, undertaking the simpler tasks of labouring, and other routine work within their capacity.

A number of authorities have integrated their Health and Welfare Services, by placing them under one administration. Others, including Oldham, set up a separate Welfare Services Committee. Authorities who have integrated these services have effected economies in administration and in staffing, the overlapping of services has been eliminated and the interest of the patient better served. The Guillebaud Committee reporting in January recommended the joint administration of these services. The Minister of Health (Mr. R. H. Turton) stated "... these two groups of services, health and welfare, are so closely linked, at least in the domiciliary field, that they ought to be administered as one." The Health Committee gave consideration to the recommendations of the Guillebaud Report and a Special Report was submitted to the members of the Health Committee and the Council recommending the integration of these services under a single head and a single Committee—the Health Committee, but the Council took no action. This is to be regretted, particularly as the post of Director of Welfare Services was at the time vacant and thus an excellent opportunity was provided to integrate these services smoothly, efficiently and without any personal hardship to the staff concerned or loss of individual prestige.

The birth rate of 15.14 per thousand of the population again shows a rise and compares with 14.61 for the previous year and 15.6 for England and Wales.

The death rate of 14.29 compares with 15.16 for the previous year and 11.7 for England and Wales. The total deaths numbered 1,708 and of these 1,109 or 64.93 per cent occurred in persons aged 65 years or over.

It is gratifying to record that no deaths due to pregnancy or child-birth occurred in the borough and for the fourth consecutive year a nil mortality rate has been recorded. This is a great tribute to all who work in the domiciliary and hospital maternity services. Members of the Health Committee must also share in this achievement as they have established a comprehensive domiciliary service. Two deaths due to associated causes were registered; in one of these no mention of pregnancy was made on the weekly death returns from the local Registrar but the death was reported to the Coroner and a press report of the inquest was noted. As a result of this, the usual confidential enquiries were initiated and a full report submitted to the Regional Assessor.

The infant mortality rate of 27.09 per thousand live births compares with 30.70 for the previous year and 23.7 for England and Wales. This is one of the lowest rates recorded but a lower rate should be achieved. The total infant deaths numbered 49, of these two were associated with accidents—one (aged 3 months) due to asphyxia cause by inhalation of regurgitated food and the other (aged 1 month) from carbon monoxide



poisoning caused by inhalation of coal gas as a result of a gas tap being turned on and not lit. There were 8 deaths registered as due to bronchopneumonia, of these 3 were in the the age group 1—3 months and 3 in the age group 3—6 months; of these 8 children, 5 were nursed and died at home.

There were 19 deaths due to tuberculosis (all forms) and the death rate of 0.16 compares with 0.15 for the previous year. There were 15 deaths due to pulmonary tuberculosis, and 4 deaths due to other forms and I regret to record that these 4 deaths escaped statutory notification.

Details of the infectious diseases are given in the body of the report. There was no serious incidence or epidemic. Poliomyelitis caused concern and cases occurred from July to November. Two cases, both in the same class occurred in the Hulme Grammar School for Girls, and caused grave anxiety. It was decided to exclude all the girls in this class from school attendance for the full quarantine period. A fairly extensive outbreak of food poisoning due to *Salm. Typhi-murium* occurred in July and is fully reported. Prompt notification of food poisoning is important, and if of any magnitude residents in the adjacent districts are almost always involved. It is imperative that neighbouring medical officers of health should be notified and kept advised of developments. This outbreak well illustrates the value of this procedure.

Some little progress has been made with regard to slum clearance a total of 216 houses being represented as individual unfit houses and 348 houses included in clearance areas but this total of 564 houses is only a fraction of the properties that require to be dealt with under slum clearance. Our target of demolitions for the five year period is 1,150 and this figure should be achieved without much difficulty. The 16 clearance areas were all in the Littlemoor area and formed with adjacent vacant land, the Littlemoor Compulsory Purchase Orders. It is intended, if the Orders are confirmed, to redevelop the whole of the area for rehousing and the proposed scheme will, as at present planned, provide 492 dwellings, comprising 154 houses, 90 two-bedroom flats, 136 single bedroom flats and 112 two-bedroom maisonettes. There will be 31 blocks of flats (including the maisonettes) and one will be of 8 storeys.

It is becoming almost customary to report senior staff changes: In July, Dr. J. K. Heagney left to take up the appointment of Medical Officer of Health, Darlaston Urban District and Assistant Medical Officer, Staffordshire County Council. He was succeeded by Dr. T. W. Sherratt. In December, Dr. J. K. Doherty left having been appointed Assistant Divisional Medical Officer, Lancashire County Council (Division No. 3). In January, Mr. D. G. Pickles, Psychologist, left to take a similar post in the Child Guidance Service of the West Riding County Council. Mr. Pickles joined the staff in December, 1950, as Duly Authorised Officer and Mental Health Visitor and was later appointed Psychologist. He was a most pleasant and loyal colleague and made a real contribution to the development of the Mental Health Service. We wish him well.

In February the Council approved Revised Standing Orders relating to the Constitution, Powers and Duties of Committees. The Health Committee was reduced from 14 members consisting of 8 Council members (exclusive of the Mayor) and 5 co-opted members, to 8 Council members (exclusive of the Mayor). From May there were no co-opted members on the Health Committee but co-opted members still serve on the Sub-Committees. A number of co-opted members retired from the Sub-Committees, these included Sir Frank Lord, Miss Marjorie Lees and Miss I. M. Brislee who were appointed to the Sub-Committees when these were set up in 1948. I wish to record my appreciation of the assistance given by these members. We were especially honoured to have Miss Marjorie Lees as a member of the Home Nursing Sub-Committee and her help during the transitional period of the Home Nursing Service, was greatly appreciated.

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

I have the honour to be,

Your obedient Servant,

J. T. CHALMERS KEDDIE,

Medical Officer of Health.



## THE HEALTH COMMITTEE

(from 18th May, 1956)

### *Chairman:*

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

### *Deputy Chairman:*

Alderman J. Bradley

### *The Mayor:*

Alderman Thomas Lyson, J.P.

Alderman Miss A. A. Kenyon, J.P.	Councillor J. McQuillan
Councillor F. Baxter	Councillor Mrs. E. Rothwell
Councillor J. H. Broadbent	Councillor W. Wheeler

## 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
Alderman Miss A. A. Kenyon, J.P.	Councillor J. McQuillan
Councillor F. Baxter	Councillor Mrs. E. Rothwell
	Councillor W. Wheeler

### *Non-Council Members:*

M. Strang, Esq., M.B., Ch.B.	Mrs. L. M. Whittaker
Mrs. E. Daws	

## HOME NURSING SUB-COMMITTEE

### *Chairman:*

Councillor J. H. Broadbent

The Mayor	Councillor S. T. Marron, J.P.
Alderman J. Bradley	Councillor J. McQuillan
Alderman Miss A. A. Kenyon, J.P.	Councillor Mrs. E. Rothwell
Councillor F. Baxter	Councillor W. Wheeler

### *Non-Council Members:*

Mr. T. E. C. Crozier	Mrs. I. S. Light
Miss C. Faulkner	M. Strang, Esq., M.B., Ch.B.



**MENTAL HEALTH SUB-COMMITTEE***Chairman:*

Alderman Miss A. A. Kenyon, J.P.

The Mayor

Alderman J. Bradley

Councillor F. Baxter

Councillor J. H. Broadbent

Councillor S. T. Marron, J.P.

Councillor J. McQuillan

Councillor Mrs. E. Rothwell

Councillor W. Wheeler

*Non-Council Members:*

Mrs. M. Baron

Miss A. Wrigley

## 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 Assistant 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.

James K. Heagney, M.B., B.Ch., B.A.O., D.P.H. (to 14.7.56)

William R. Falconer, M.B., Ch.B., D.P.H.

Horace Bailey, M.B., Ch.B.

James K. Doherty, L.R.C.P., L.M., D.P.H. (from 1.1.1956 to 15.12.1956)

Thomas W. Sherratt, M.R.C.S., L.R.C.P., L.D.S. (from 1.9.56)

#### *Principal School Dental Officer:*

James Fenton, L.D.S.

#### *Assistant Dental Officers:*

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

Joyce Gibson, L.D.S. (from 30.7.56 to 17.11.56)

\*A. d'A.Fearn, L.D.S.

\*Joyce Gibson, L.D.S. (from 19.11.56)

\*Part-time

#### *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., D.C.H., M.R.C.P. .... *Pædiatrist*

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., F.F.A., D.A. .... *Anæsthetist*

#### *Chest Physician:*

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

#### *Public Analyst:*

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

#### *Deputy Public Analyst:*

J. G. Sherratt, B.Sc., F.R.I.C.



*Chief Public Health Inspector:*

Harold V. Cass

*Deputy Chief Public Health Inspector:*

John Brook

*Public Health Inspectors:*

J. Crosdale, J. McKenna, H. Shaw, D. Eckersley, A. P. Mellor,  
E. Brooks (to 1.1.1956)

*Lay Administrative Officer:*

T. P. McKniff

*Chief Clerk:*

Miss M. Royle

*Ambulance Officer:*

E. G. Crapper

*Mental Health Officers and Duly Authorised Officers:*

Walter Davies, Dip.S.C. Studies (Senior)

Paul Hudson, B.A.

Miss A. Kelly

*Mental Health Officer:*

Mrs. B. Lees

*Psychologist:*

Dennis G. Pickles, M.A. (Cantab.) (to 31.1.1956)

D. B. Worthington, M.A. (from 1.3.56)

*Supervisor of Occupation Centre:*

Mrs. J. L. Worfolk, Dip. Nat. Ass. Mental Health (to 30.6.56)

Mr. P. Stephens, Dip. Nat. Ass. Mental Health (from 1.9.56)

*Senior Handicraft Instructor, Industrial Centre:*

N. Bloomfield

*Superintendent Health Visitor and Superintendent School Nurse:*

Miss A. W. Moordaff, S.R.N., H.V.Cert.

*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:*

Mrs. H. Emmott (Senior), Mrs. C. Smith, Miss W. McDonnell, Miss A. Taylor (to 13.6.56), Mrs. C. Reeves, Mrs. S. Clayton, Mrs. I. Hartley; from 9.6.56—Mrs. M. McKenna, Mrs. A. M. Walshe, Miss S. E. Nixon, Miss M. S. Hall, Mrs. D. Whitehead; Miss N. Lawless (from 5.12.56)

*School Nurses:*

\*Miss E. E. Williams, †\* Miss T. Dolan, †\* Mrs. D. Spencer, †\* Mrs. M. Gordon

\* S.R.N. † Temporary

*Non-Medical Supervisor of Midwives:*

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

*Assistant Superintendents:*

Miss M. Bishop (Senior) (to 31.7.56)

Miss J. Critchley (Senior) (from 1.8.56)

*Municipal Midwives:*

Miss B. Holland, Mrs. E. Kidder, Mrs. E. Lees, Mrs. E. C. McMahon, Miss A. Pearson, Mrs. A. Quinn, Mrs. M. Kirwin, Mrs. K. Springis, Mrs. M. J. Sweeney, Miss M. Hadfield, Miss I. L. Lindsay (to 23.9.56), Mrs. A. M. Leckey, Mrs. J. Thomas, Miss S. Crookes (from 15.3.56 to 31.3.56), Mrs. F. H. M. Hughes (from 2.4.56), Miss R. E. Treanor (from 18.4.56), Miss K. Alletson (from 1.7.56), Miss D. Coupe (from 1.7.56)

*Superintendent of District Nursing:*

Miss E. Peak, S.R.N., S.C.M., Q.N. (from 11.1.56)

*District Nurses:*

Miss J. A. Baker, Mrs. A. Schofield, Miss H. Hollinshead, Miss E. Dumville, Miss A. A. Murray (to 29.12.56), Miss A. Tulley, Mrs. M. Schofield (to 29.2.56), Mrs. M. S. Cagney (to 31.12.56), Mrs. J. Tweedale, Mrs. M. M. Kehoe (to 31.1.56), Mrs. M. Smith (née Mee) (to 31.8.56), Mrs. D. Nicholson (née Fynn) (from 2.1.56 to 10.7.56), Mrs. D. Cooper (née Stringer) (from 5.3.56), Mrs. M. Smith (from 1.6.56), Miss D. M. Morgan (from 10.9.56), Mrs. E. Lutener (from 1.11.56), Mr. F. P. Earnshaw, Mr. E. L. Taylor  
Mr. W. Higgins

*Domestic Help Organiser:*

Miss E. M. Kenworthy

**OLDHAM CREMATORIUM***Medical Referee:*

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

*Deputy Medical Referees:*

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

William R. Falconer, M.B., Ch.B., D.P.H.



## SUMMARY OF STATISTICS

### General Statistics

Area in Acres .....	6,390
Enumerated Population (Census 9.4.51) .....	121,212
Registrar General's Estimate of Population (middle of 1956) ...	119,500
Density of Population, i.e., number of persons per acre .....	18.70
Number of houses in the Borough, 31st December, 1956 :	
(a) Permanent .....	43,835
(b) Temporary (prefabricated) .....	350
	44,185
Number of new houses erected in 1956 :	
(a) Permanent :	
(i) By local authority .....	230
(ii) By other bodies or persons .....	80
	310
(b) Temporary (prefabricated) :	
(i) By local authority .....	—
(ii) By other bodies or persons .....	—
	—
Rateable Value (1st April, 1956) .....	£1,238,995
Sum represented by a penny rate (31st March, 1956) .....	£3,083 4 9
Total number of persons on doctors' lists at 31-12-56 .....	118,840
Number of marriages during the year .....	940
Persons married per thousand of population .....	7.87

### Extracts from Vital Statistics

<b>Live Births</b> (Males 918; Females 891) .....	1,809
Birth rate per 1,000 of estimated population .....	15.14
<b>Stillbirths</b> (Males 27; Females 31) .....	58
Stillbirth Rate per 1,000 births .....	31.07
<b>Deaths</b> (Males 836; Females 873) .....	1,708
Death Rate per 1,000 of estimated population .....	14.29
<b>Maternal Deaths</b> .....	Nil
Maternal Mortality Rate per 1,000 births .....	Nil
<b>Deaths of Infants under one year</b> .....	49
Infant mortality rate per 1,000 live births .....	27.09
<b>Other Death Rates per 1,000 of estimated population :</b>	
Tuberculosis :	
(a) All forms .....	0.16
(b) Pulmonary .....	0.13
Other respiratory diseases .....	2.39
Cancer .....	2.32
Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping and Diphtheria .....	Nil

## SECTION I

### STATISTICS AND SOCIAL CONDITIONS OF THE AREA

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

The principal industries in the Borough are textile spinning and weaving (especially cotton spinning) and textile engineering, with substantial general engineering and building and civil engineering. Other numerous light industries have been established over a number of years. The Oak Colliery was closed in July and there is now no colliery in the Borough.

#### Area and Population

The area of the Borough on the 1st January, 1956, was 6,390 acres.

The Registrar General's estimate of the population of the Borough at the middle of 1956 is 119,500, which compares with 120,400 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, 1956, was £1,238,995, and the sum represented by a penny rate was £3,083 4s. 9d.

#### Unemployment

Mr. S. Deeves, Manager of the Local Employment Exchange, has kindly supplied particulars of the unemployed on the registers at the Oldham and Chadderton Employment Exchange and Oldham and Chadderton Youth Employment Bureau during the year 1956, together with the following information relating to employment in industry during this year.

"The employment position generally in the area continued to be good. The percentage of persons registered as wholly unemployed in relation to the insured population averaged approximately 0.7 per cent. Short time working in the cotton industry fluctuated considerably during the year, reaching its peak in August, as in 1955, and finally fell to a very low level."



OLDHAM AND CHADDERTON EMPLOYMENT EXCHANGE AND OLDHAM AND CHADDERTON YOUTH EMPLOYMENT BUREAUX  
UNEMPLOYED REGISTRARS during the Year 1956

DATE	WHOLLY UNEMPLOYED				TEMPORARILY SUSPENDED			
	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
16th January, 1956	355	138	13	11	116	349	22	54
13th February, "	403	159	9	5	155	420	26	69
12th March, "	354	131	22	9	49	156	3	7
16th April, "	361	176	22	5	177	547	6	30
14th May, "	337	178	7	12	177	323	5	20
11th June, "	280	146	7	10	37	251	—	5
16th July, "	322	117	20	2	91	280	—	10
13th August, "	312	125	23	12	82	196	1	4
17th September, "	335	169	29	11	94	142	—	4
15th October, "	377	178	18	19	38	77	—	1
12th November, "	346	198	12	10	10	97	3	6
10th December, "	391	161	10	12	9	35	2	1



## VITAL STATISTICS

### Births

#### Births Registered

##### (a) LIVE BIRTHS :

There were 2,727 live births (1,400 males and 1,327 females) registered in the Borough during the year. After correction for inward (28) and outward (946) transferable births, the net total of births is 1,809 (918 males and 891 females).

The illegitimate live births numbered 101, or 5.58 per cent of the total live births.

##### (b) STILLBIRTHS :

During the year 77 stillbirths were registered. After being adjusted by inward and outward transfers the number is 58. The stillbirth rate is 31.07 per thousand total births which compares with 29.25 for the previous year and 22.9 for England and Wales.

#### Births Notified

During the year 1,853 notifications of birth were received relating to 1,797 live births and 56 stillbirths. In addition, 994, notifications were received which were transferred to other authorities concerned. The 2,768 live births and 79 stillbirths were notified as follows:—

Midwives .....	2,845
Doctors .....	2

### Marriages

There were 940 marriages during the year, the rate per thousand of the population being 7.87. In 1955 the number of marriages was 1,004 and the rate 8.34.

### Deaths

During the year 2,122 deaths (1,059 males and 1,063 females) were registered in the Borough. After correction for inward (88), and outward (502) transferable deaths, the net total deaths is 1,708 (836 males and 872 females) a decrease of 117 on the total for 1955.

Of the 1,708 deaths, 630 (36.89 per cent) occurred in one or other of the following hospitals.

Oldham & District General Hospital .....	456
Oldham Royal Infirmary .....	116
Strinesdale Sanatorium .....	3
Dr. Kershaw's Cottage Hospital .....	14
Manchester Royal Infirmary .....	3
Christie's Hospital, Manchester .....	3
Crumpsall Hospital, Manchester .....	6
Birch Hill Hospital, Rochdale .....	3
St. Mary's Hospital, Manchester .....	1
Royal Manchester Children's Hospital, Pendlebury .....	2
Ancoats Hospital, Manchester .....	2

Park Hospital, Davyhulme, Manchester .....	2
Monsall Hospital, Manchester .....	4
Booth Hall Hospital, Blackley .....	1
Ashton-u-Lyne General Hospital .....	3
Baguley Hospital, Manchester .....	1
Isolation Hospital, East Charnock .....	1
Astley Hospital, Tyldesley .....	1
Other Hospitals .....	8

Of the total deaths, 1,109 (64.93 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 .....	19
Malignant and Lymphatic Neoplasms .....	277
Vascular Lesions of Nervous System .....	211
Coronary Disease, Angina .....	195
Hypertension with Heart Disease .....	26
Other Heart Disease .....	267
Other Circulatory Disease .....	100
Pneumonia .....	94
Bronchitis .....	165
Suicide .....	30
Motor, vehicle, other accidents, homicide and operations of war .....	42

These groups of diseases account for 1,426 deaths occurring during the year, or 83.49 per cent of the total deaths registered.







### Maternal Mortality

No deaths due to pregnancy or childbirth occurred in the Borough. The maternal mortality rate was nil, the same as in the previous year.

Deaths due to pregnancy or childbirth .....	0
Deaths due to associated conditions .....	2

#### Deaths Due to Associated Conditions.

Four maternal deaths due to associated conditions were registered in the Borough, of these, two occurred in women not normally resident in the Borough and the Medical Officer of Health of the district concerned was notified accordingly. The remaining two were Oldham deaths. The cause of death in each of these cases was as follows:—

Case No. 1. Aged 42 years.

Myocardial failure due to anaemia and accelerated by premature labour.

Case No. 2. Aged 39 years.

Asphyxia due to domestic coal gas poisoning self administered whilst the balance of her mind was disturbed. Inquest.

### Infant Mortality

There were 78 deaths (48 males and 30 females) of infants under one year of age registered in the Borough. After correction for inward (4) and outward (33) transferable deaths, the net total of infant deaths is 49 (33 males and 16 females), a decrease of 5 in the total for the previous year. Of the 49 infant deaths, one was an illegitimate child and 36 occurred in infants under four weeks old, equivalent to a neo-natal mortality of 19.90 per 1,000 live 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
1954 .....	31	18.06	46	26.81
Average 5 yrs.—1950-1954	39	21.38	65	35.41
1955 .....	36	20.47	54	30.70
1956 .....	36	19.90	49	27.09



INFANT MORTALITY DURING 1956. Deaths from stated causes at various ages under one year.

INDEX	CAUSES OF DEATH	Under 1 day	1-2 days	2-3 days	3-4 days	4-5 days	5-6 days	6-7 days	Total under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Classification	ALL CAUSES—Certified ... Uncertified	15	7	5	2	...	1	1	31	2	1	2	36	7	5	1	...	49
340/3	Meningitis ...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1
491	Bronchopneumonia ...	...	...	...	1	...	...	...	1	...	...	...	2	3	3	...	...	8
560/2	Exomphalos ...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
710	Scleroderma ...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1
752	Congenital Hydrocephalus ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
751	Spina Bifida (Meningocele)	...	1	...	...	...	...	...	1	...	1	...	2	1	...	1	...	4
754/3	Patent Inter-Auricular Septum	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
754/4	Other Malformations of Heart	...	1	1	...	...	1	...	3	...	...	...	3	1	1	...	...	5
756	Congenital Pyloric Stenosis	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	1
760/5	Intracranial Haemorrhage— With Immaturity	1	...	1	...	...	...	...	2	...	...	...	2	...	...	...	...	2
760	Without Immaturity	4	1	...	...	...	...	...	5	...	...	...	5	...	...	...	...	5
762/5	Atelectasis— With Immaturity	3	1	2	...	...	...	...	6	...	...	...	6	...	...	...	...	6
762	Without Immaturity	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
771	Haemorrhagic Disease of Newborn	...	...	...	1	...	...	...	1	...	...	1	2	...	...	...	...	2
776	Immaturity (Unqualified) ...	5	2	1	...	...	...	...	8	...	...	...	8	...	...	...	...	8
E921	ACCIDENTS : Asphyxia—Inhalation of Regurgi- tated Food	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
E890	Carbon Monoxide Poisoning by Coal Gas...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
	TOTALS ...	15	7	5	2	...	1	1	31	2	1	2	36	7	5	1	...	49

## 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	2707	1891	15.88	1999	244	93	1848	15.52	59	31
*1954	120,340	2479	1716	14.26	1980	262	99	1817	15.10	46	27
1955	120,400	2581	1759	14.61	2135	495	95	1825	15.16	54	30
1956	119,500	2727	1809	15.14	2122	502	88	1708	14.29	49	27

\* Borough Extension



COMPARATIVE STATEMENT OF VITAL STATISTICS FOR THE YEAR 1956.

	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 still births).		
			Year 1956	Average Five Years 1951-1955			Maternal causes excluding abortion	Due to Abortion	Total maternal mortality
England & Wales	15.6	11.7	23.8	27.0	.109	.012	.46	.10	.56
Birkenhead	16.9	12.8	33.4	32.0	.17	.007	.78	...	.78
Burnley	15.26	16.2	28.64	29.16	.12	.01	...	...	...
Bury	15.03	13.74	17.14	31.32	.05	...	...	...	...
Halifax	15.99	15.50	23.98	27.98	.13	...	.63	...	.63
Liverpool	20.6	11.4	25.9	33.0	.17	.009	.30	.12	.42
Manchester	17.44	12.35	29.92	31.79	.15	.02	.16	.08	.24
Oldham	15.14	14.27	27.09	34.0	.13	.03	...	...	...
Preston	15.73	14.46	30.0	31.0	.09	.01	.53	...	.53
Rochdale	15.0	14.7	28.0	33.0	.15	.01	...	...	...
Salford	16.88	12.30	29.4	31.9	.20	.006	1.03	...	1.03
St. Helens	16.75	10.66	27.4	38.7	.11	.03	1.04	...	1.04
Stockport	16.32	13.43	28.69	34.21	.07	.05	1.69	...	1.69
Wallasey	17.39	11.91	24.07	28.21	.12	...	...	...	...
Wigan	15.63	11.02	35.8	36.7	.12	.01	...	...	...

## 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 available through the Oldham Hospital Group.

A domiciliary specialist service has been established by the Board and all practitioners are fully aware of the facilities available.

#### UNITED MANCHESTER HOSPITALS

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

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

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

Alderman J. Bradley, J.P., Alderman Miss A. A. Kenyon, J.P., Councillor Mrs. E. Rothwell and Councillor A. Tweedale, J.P., who had been appointed members of the Committee for the period ended 31st March, 1956, were re-appointed for a period of three years.

The following have been appointed as members of the Management Committee:—

For the period ending:—

- 31st March, 1957—Sir Frank Lord, O.B.E., M.A., J.P. (Chairman)
- 31st March, 1958—Councillor S. T. Marron, J.P., F.C.C.S.  
Dr. J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.
- 31st March, 1959—Alderman J. Bradley, J.P.  
Councillor Mrs. E. Rothwell.  
Alderman Miss A. A. Kenyon, J.P.  
Councillor A. Tweedale, J.P.

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 beds and a children's ward. The hospital serves as the casualty hospital for the area and provides full out-patient facilities. There is a rehabilitation unit associated with the orthopædic department to which other cases can also be referred.

**Oldham and District General Hospital:** This hospital has a total bed complement of 945. There are 377 beds available for medical, surgical, orthopædic, pædiatric, gynæcological and maternity patients, the latter being accommodated in a large maternity unit. Of the remaining 568 beds, 340 are within the geriatric unit and 228 are for psychiatric patients. There are 8 private beds available in the general part of the hospital and 2 for obstetric cases in the maternity unit. There are also 6 amenity beds in the maternity unit, all of which are in single wards.

Full out-patient facilities are provided, including special ante-natal, tuberculosis, venereal diseases, psychiatric and geriatric departments.

Certain premises continue to be used by the Welfare Services Committee as 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 2 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 in-patient accommodation for 58 patients suffering from infectious diseases and for 32 psycho-geriatric patients, the latter having been made possible by the renovation and equipping of a ward block which had been out of use for a considerable number of years. This block, which was opened in January, also accommodates a number of day patients. The patients are under the care of the Consultant Psychiatrist and the Unit is staffed from the Psychiatric Unit at the Oldham and District General Hospital.

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.

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

**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 the Oldham and District 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 Oldham and District 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 .....	193
Grants Paid:	
(i) Optical Benefits .....	5,518
(ii) Surgical Appliances .....	113
(iii) Dental .....	1,556
(iv) Home Help .....	8

The Association also provides a Mobile Physiotherapy Service, operating two vans. The following figures relate to the work of the Unit during the year:—

Number of patients .....	261
Number of visits .....	4,365
Number of treatments .....	8,998

The local health authority make an annual grant of £25 to the Association for the facilities provided in connection with the loan of nursing equipment and convalescence.



## SECTION III

### LOCAL HEALTH AUTHORITY SERVICES

#### HEALTH CENTRES

##### (Section 21)

A communication was received from the Ministry of Health on the revised plan for the proposed health centre at Alt Lane, Abbeyhills. The Ministry referred to the restrictions on capital expenditure contained in Circular 3/56 and stated that this had fallen on any health centre scheme, but this did not necessarily mean that planning need come to an end before such restrictions were lifted. It was also suggested that it might be desirable to arrange the planning so that either a health centre, clinics with a view to health centre developments, or clinics alone could be put in hand.

The following three alternatives were considered and discussed with the officers and representatives of the bodies concerned:—

- (i) A health centre for local health authority and general practitioner services.
- (ii) A centre solely for local health authority services.
- (iii) A centre for local health authority services, with provision for an extension at some future date for general practitioner services.

After consideration of these proposals it was agreed that a scheme should be prepared for the erection of a centre for local health authority services with provision at some future date for general practitioner services.

#### 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. An assistant medical officer attends the booking sessions when blood tests are taken. A consultant obstetrician 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 inhalational analgesics are fully explained and apparatus is available at the clinic for demonstration purposes.

A post-natal clinic is held weekly on Wednesday morning, attendance being by appointment. The Consultant Obstetrician, Mr. A. H. Barber, attends this clinic which is followed by a special session when he sees cases referred for specialist advice or treatment.

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:—

(1)	No. of clinics provided at end of year (whether held at Child Welfare Centres or other premises) (2)	No. of sessions now held per month at clinics included in col. (2)		No. of women in attendance		Total No. of attendances during the year	
		Medical Officers' Sessions	Mid-wives' Sessions	No. of women who attended during the year	No. of new cases included in col. (4)	Medical Officers' Sessions	Mid-wives' Sessions
		(3)		(4)	(5)	(6)	
(a) Ante-Natal Clinics	1	8	12	1,334	999	2,274	4,580
(b) Post-Natal Clinics	1	4	—	98	98	98	—

#### 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 Principal School 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, 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 Oldham and District General Hospital for two sessions per week where he is able to treat mothers and young children requiring hospital facilities.

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

#### Expectant and Nursing Mothers

"The dental service provided for nursing and expectant mothers is performed by the staff of the School Dental Service. Consequently the



amount of time that can be devoted to this work is dependent on the staffing situation of the School Dental Service. Inability to obtain Dental Officers has prevented any expansion of this important service.

It has not been possible to recommence the weekly visits to the Ante-Natal Clinic for dental inspection of all the new cases. As a result only patients who state their willingness to attend the dental clinics for dental inspection, are sent appointments. As a result many patients do not receive a dental inspection and consequently may develop toothache late in their pregnancy. Also much dental sepsis, which should be eliminated, goes untreated. The number of broken appointments for dental treatment has been reduced since only the interested patients attend for dental inspection.

The number of fillings carried out is disappointingly low particularly when one considers the comparatively young age of these patients. Apart from shortage of staff to carry out the work there is also lack of interest shown by these patients to this type of treatment. The prospect of early loss of all their natural teeth and the consequent necessity for wearing artificial dentures does not appear to cause them much concern. Also, this attitude of mind, will be reflected in their care of their children's teeth. The dental condition of these young women shows only too well how many of them have not received regular dental treatment since leaving school. Lack of interest, coupled with the difficulty in obtaining treatment through the General Dental Service, is responsible for this state of affairs.

Thus there is a great need for a dental health education scheme. Emphasis should be made on the preventative side since the number of dentists is totally inadequate and likely to be so for some considerable time. The three main preventive measures are as follows:—

#### **Oral Hygiene**

The standard of oral hygiene of these patients is poor and far too much reliance is put on some particular brand of tooth paste and not sufficient care taken in the correct method of brushing. It should be an efficient mechanical process for the removal of food debris and not reliance on the use of some paste or powder which claims to neutralise the harmful products created by certain types of food.

#### **Diet**

The necessity for strict oral hygiene is to a large extent brought out by faulty diet and the overcooking of food. If the correct type of food were eaten and the teeth and jaws made to work the need for a toothbrush would be considerably reduced. The amount of carbohydrate (sugars) in the average diet would appear to be a contributory factor in the incidence of dental decay.

#### **Fluoridation of Drinking Water**

It has been known for a number of years that people who drink water which has a fluoride content of at least one part in a million, have considerably less dental decay than people whose water supply is deficient in fluoride.

In America and Canada it has been proved that the addition of fluorides to the drinking water can reduced dental decay by as much as 60 per cent. In addition there are no known harmful effects from drinking



water to which has been added fluoride in the recommended concentration. The method by which it is added to the water is comparatively simple.

Certain areas in this country are carrying out the fluoridation of the domestic water supplies and serious consideration should be given to this matter in towns like Oldham where the amount of fluoride contained in the water supply is negligible.

The serious shortage of dentists and an increasing amount of dental decay with its attendant suffering in pain and ill-health should make any responsible bodies give serious consideration to the implementation of the preventive measures outlined above.

### **Inspection**

During the year 218 patients received a dental inspection and 208 (95.42 per cent) were found to require treatment. Of the patients not requiring treatment, 3 were edentulous and wearing full dentures. Of the patients requiring treatment, 187 (89.90 per cent) accepted treatment at the dental clinics and 3 patients (1.44 per cent) stated a preference to attend a dental practitioner of their own choice. Unfortunately, 18 patients (8.66 per cent) who were advised to have dental treatment refused to take any action.

It is interesting to record that 37 patients had attended dental practitioners and received conservation treatment, i.e., fillings, and that 14 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.

869 permanent teeth were extracted as compared with 681 last year.

72 permanent teeth were filled. Unfortunately, many of these patients are not interested in conserving their teeth and do not place great value in the retention of their natural teeth.

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

Seven 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.

83 complete and 16 partial dentures were supplied during the year.

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

A general anæsthetic was administered on 46 occasions when teeth were extracted. The services of Dr. G. Mason-Walshaw, the Anæsthetist employed in the School Health Service, are utilised when required. The employment of a highly competent and experienced anæsthetist 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.



### Pre-School Children

During the year 335 children received a dental inspection compared with 304 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.

748 teeth were extracted and 39 fillings were inserted in temporary teeth.

284 children received general anæsthetics for the extraction of teeth.

The very young children who require a general anæsthetic are referred to the Oldham and District General Hospital and are usually treated as out-patients. The Principal School 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 335 children examined during the year:—

Under 1 year	1 year	2 years	3 years	4 years	5 years
0	6	29	149	148	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 5 years & under
<b>(a) Provided with Dental Care :</b>		
Examined .....	218	335
Needing Treatment .....	208	316
Commenced Treatment .....	187	303
Made Dentally Fit .....	148	308
<b>(b) Dental Treatment Provided :</b>		
Extractions .....	869	748
Anæsthetics :		
Local .....	162	53
General .....	46	284
Fillings .....	72	39
Scalings or Scaling and Gum Treatment	54	—
Silver Nitrate Treatment .....	—	8
Dressings .....	6	5
Radiographs .....	7	—
Crowns or Inlays .....	—	—
Dentures Provided :		
Complete .....	83	—
Partial .....	16	—

### Supply of Welfare Foods

The central storage and distribution centre for infant welfare foods is in premises owned by the Corporation and situated in Greaves Street. This centre is open from 9 a.m. to 5 p.m. Monday to Friday and 9 a.m. to 12 noon Saturday.

The infant welfare centres are used as distributing points. Two full-time clerks and three part-time assistants are engaged in the distribution and supply of infant welfare foods.

### Care of Premature Infants

All infants weighing 5½lb. 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 6lb. or the mother is able to care for the baby herself without supervision. She also attends all premature babies discharged from the Oldham and District General Hospital and the Woodfield Maternity Home.

### Premature Births

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

	Premature Live Births	Premature Stillbirths
(a) In Hospital .....	105	25
(b) At Home .....	38	9
(c) In Private Nursing Homes .....	—	—
	—	—
	143	34
	—	—



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 25th day			Born in nursing home and nursed entirely there			Born in nursing home and trans- ferred to hospital on or before the 25th day		
	Total	Died Within 24 hrs. of birth	Sur- vived 28 days	Total	Died Within 24 hrs. of birth	Sur- vived 28 days	Total	Died Within 24 hrs. of birth	Sur- vived 28 days	Total	Died Within 24 hrs. of birth	Sur- vived 28 days	Total	Died Within 24 hrs. of birth	Sur- vived 28 days
3lb. 4oz. or less (1,500 gms. or less)	12	7	2	5	2	2	2	...	2	...	...	...	9	4	...
Over 3lb. 4oz. up to and including 4lb. 6oz. (1,500-2,000 gms.)	16	2	14	5	...	4	...	...	...	...	...	...	4	3	...
Over 4lb. 6oz. up to and including 4lb. 15oz. (2,000-2,250 gms.)	20	...	20	7	...	6	...	...	...	...	...	...	4	1	...
Over 4lb. 15oz. up to and including 5lb. 8oz. (2,250-2,500 gms.)	57	...	57	18	...	18	1	...	1	...	...	...	8	1	...
Totals	105	9	93	35	2	30	3	...	3	...	...	...	25	9	...

### Care of Unmarried Mothers and Their Children

No Mother and Baby Home is provided but full use is made of the services available through voluntary organisations. An annual grant is made to the Oldham Council for Moral Welfare Work for which the services of their social worker are available. The grant made this year was again £150.

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 5 cases received ante-natal and post-natal care and one case post-natal care only. The cases receiving ante-natal and post-natal care were admitted to the following homes, two being confined in the maternity homes, and three being confined in hospitals in the area of the homes:—

Sacred Heart Maternity Home, Brettargh	
Holt, Kendal .....	1
St. Monica's Maternity Home, Kendal .....	1
St. Monica's Home, Liverpool .....	1
Parkinson House, Preston .....	1
St. Agnes Home, Manchester .....	1

The case receiving post-natal care only was admitted to the Huddersfield Mission Home after being confined in Oldham and District General Hospital.

In addition to the above, one patient who received ante-natal care in the previous year returned to Parkinson House, Preston, for post-natal care after her confinement in hospital.

### Child Welfare Centres

A Child Welfare Centre is held at 29, Queen Street, twice weekly and there are eight branch centres, seven of which are accommodated in church and school premises. The Greenacres Centre, which was opened on the 28th September, 1956, is accommodated in premises formerly used as an Industrial Day Nursery and purchased by the Corporation for adaptation as a local authority clinic to provide ante-natal and infant welfare centre facilities. 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	Wednesday	2-0 p.m.
St. Barnabas	Arundel Street	Tuesday	2-0 p.m.
Pitt St. East	off Glodwick Road	Wednesday	2-0 p.m.
Greenacres	Greenacres Road	Thursday	2-0 p.m.

(from 28th September)



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 Child Welfare Centres during 1956

Centre	No. of children who first attended during year and who at their first attendance were under 1 year of age	No. of children who attended and who were born in:			Total No. of children who attended	No. of attendances made by children who at the date of attendance were:			Total attendances during the year
		1956	1955	1951-54		Under 1 yr.	1-2 yrs.	2-5 yrs.	
St. Ambrose .	107	96	67	42	205	1,528	284	63	1,875
St. Barnabas	152	122	119	42	283	2,183	403	79	2,665
Beulah .....	101	104	82	63	249	1,667	337	108	2,112
Brunswick ...	108	99	83	44	226	1,541	338	62	1,941
Central .....	253	219	196	152	567	3,449	534	422	4,405
Greenacres ...	16	21	18	3	42	137	70	14	221
Millgate .....	106	102	62	71	235	1,377	246	115	1,738
Pitt Street ...	161	146	122	71	339	2,672	644	159	3,475
Scottfield ....	185	164	142	64	370	2,610	499	60	3,169
	1,189	1,073	891	552	2,516	17,164	3,355	1,082	21,601

### 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, 1956-57 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 .....	150	0	0
National Association for Maternal and Child Welfare ...	5	5	0
National Baby Welfare Council .....	3	3	0
Central Council for Health Education .....	22	0	0

### DAY NURSERIES

#### Municipal Day Nurseries

The following accommodation was available on the 1st January:—

	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
	—	—	—	—
	13	42	67	122
	—	—	—	—



Honeywell Lane Nursery was only open for eight months, closing on the 31st August, during which period attendances totalled 5,784.

The nurseries are open each day, Monday to Friday, from 7 a.m., to 6-30 p.m., but are closed on Saturday morning.

As a result of increasing costs the charge per day was increased from 5s. 0d. to 6s. 0d. per day with effect from 3rd April. The charge is 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 attendances made by children totalled 19,722, which compares with 22,247 for the previous year.

### **NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948**

#### **Industrial Day Nurseries**

On the 1st January, 9 nurseries were registered under this Act for children aged 0-5 years and provided a total accommodation of 406 places comprised as follows:—

Age 0-1 year .....	25 places
Age 1-2 years .....	111 places
Age 2-5 years .....	270 places

In addition, 5 premises were registered for children over the age of 5 years and provided a total accommodation of 181 places during school holiday periods.

Details of these nurseries have been given in previous reports.

No plans for new nurseries were submitted or approved.

The Oakbank Nursery was closed on the 16th January, and Heathbank Nursery on the 31st August.

Coldhurst Hall Nursery was re-opened on the 17th January. The Coldhurst Hall and Oakbank Nurseries are owned by the same firm. The children in Oakbank were transferred to Coldhurst Hall.

The Royd Mill Nursery re-opened on 6th August.

The Werneth Spinning Company Nursery was re-registered on the 5th April for the accommodation of 15 children aged 1-2 years and 24 children aged 2-5 years.

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

Name of Nursery	Age Groups			Total Places
	0-1	1-2	2-5	
*Coldhurst Hall .....	—	—	30	30
*Derker Mill .....	7	14	25	46
*Hartford House .....	—	20	48	68
Iris Mill .....	12	16	19	47
Oldham Twist .....	—	13	19	32
Royd Mill .....	—	—	17	17
*Werneth Spg. Co. ...	—	15	24	39
*Willowbank .....	—	12	19	31
Fine Spinners and Doublers	—	7	20	27
Totals .....	19	97	221	337

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

Greenbank Mill Nursery, which was registered for the accommodation of 35 children aged 5-10 years, was closed on the 31st August.

The following accommodation was available on the 31st December for school children, and registered for use during school holiday periods, only:—

Name of Nursery	Age Group	No. of Places
Belgrave Mill .....	5-11	55
All Saints' School (Werneth Spg. Co.)	over 5	45
Iris Mill .....	5-10	20
Copster Hall (Fine Spinners & Doublers)	5-11	26
Total .....		146

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 two nurseries the management have their own medical practitioner attending for the medical care of the children.

#### Child Minders

No child minder is registered under the Act. During the year one application was received but this was subsequently withdrawn.

### MIDWIVES' SERVICE

#### (Section 23)

At the beginning of the year in addition to the Supervisor of Midwives, 15 midwives were employed. During the year the Senior Assistant Superintendent and two other midwives left the service. Two midwives



were granted leave of absence, one returning to part-time duties towards the end of the year and 5 midwives were appointed and commenced duty. The following midwives were employed at the end of the year:—

- 1 Non-medical Supervisor.
- 1 Assistant Superintendent.
- 14 District Midwives.
- 1 District Midwife—Part-time.
- 2 Pupil Midwives.

One of the district midwives specially trained and experienced, undertook full-time duties in connection with the nursing of premature babies. In addition to the above two part-time nurses were engaged on duties in connection with hospital discharges and other special visits. They undertake no deliveries and accept no bookings.

In December the Establishment Committee approved an increase in the establishment of midwives by two and the approved establishment is now:—

- 1 Non-medical Supervisor.
- 1 Superintendent of District Midwives' Home.
- 2 Assistant Superintendents.
- 18 District Midwives.

The night off duty system established in 1955 has proved highly satisfactory and has continued throughout the year. Under this arrangement a State Registered Nurse is on duty at the Midwives' Home from 10 p.m. to 8 a.m. for the purpose of receiving calls and allocating cases to midwives on duty. This nurse also assists with the maintenance of equipment and the keeping of records.

The Oldham and District Midwifery Service is approved by the Central Midwives' Board as a Part II Training School. During the year 11 pupils commenced training. One pupil was unable to complete the course owing to sickness. Seventeen pupils sat the Part II Examination of the Central Midwives' Board and all were successful.

The Maternity and Child Welfare Sub-Committee has 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 the examination which is conducted by members of the staff. One prize of £5 was awarded during the year.

At the end of the year there were 10 midwives in the service approved by the Central Midwives Board as teaching midwives.

#### **Attendance After Confinement**

The midwife attends the mother and baby for one month after confinement. This arrangement only applies to mothers confined on the district and has not yet been extended to cover hospital discharges before the fourteenth day.



### Administration of Inhalational Analgesics

Three additional Tecota Mark VI apparatus for the administration of Trilene were purchased and put into use during the year making a total of 9 such machines in use at the end of the year. Trilene was administered to 343 cases during the year.

All the midwives employed were qualified to administer inhalational analgesics in accordance with the Rules of the Central Midwives Board. Provision is made for the training in the use by approved methods of analgesics of domiciliary midwives entering the service who have not already received this training.

During the year, 850 cases were delivered and of these 799 (94 per cent) received inhalational analgesic. The remaining 51 cases did not receive inhalational analgesic for the following reasons:—

Patient refused .....	4
Medical reasons .....	6
B.B.A. or delay in summoning a midwife ...	37
Doctor booked, not booked for analgesic ...	2
Emergency cases, not booked .....	2

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

	Number of cases in which inhalational analgesics were administered by midwives in <b>domiciliary</b> practice during the year:—				Number of cases in which pethidine was administered by midwives in <b>domiciliary</b> practice during the year:—	
	When doctor was present at the time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at the time of delivery of child	When doctor was not present at time of delivery of child
	Gas and air	" Tri-lene "	Gas and air	" Tri-lene "		
Domiciliary Midwives employed directly by the Local Health Authority .....	34	18	*422	325	18	339
Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	—	—	—	—	—	1
Totals:	34	18	*422	325	18	340

\* In addition 5 cases were given gas and air on the district (Dr. not present) and delivered in hospital.



### Transport

In 1955, the Finance and General Purposes Committee agreed an Assisted Purchase Scheme for midwives using their own cars to carry out official duties and included midwives as "essential users."

Since the inception of this Scheme five midwives have received loans and at the end of the year were using their own cars under the scheme. Previously midwives had been included in the Car Allowances Scheme of the Corporation as "casual users."

Midwives who had not provided their own cars continued to use public service vehicles, but transport is provided through 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 analgesic equipment.

### Midwives' Accommodation

The one house owned by the Health Committee, 33, Fern Street, was vacated during the year, and by agreement was subsequently appropriated by the Housing Committee for housing purposes.

The approved allocation of Corporation houses for district midwives is 6.

At the end of the year the following accommodation was provided:—

I. Rented from Corporation Housing Dept. ....	3 houses 1 flat
*II. Midwives' Home .....	1

\* This home provides accommodation for 12 midwives or pupil midwives and resident domestic staff.

### Post-Certificate Instruction

Two district midwives, who are approved teachers, attended an approved refresher course for midwives arranged by the Royal College of Midwives; one at Oxford from the 22nd to 28th July and the other at Manchester from the 15th to the 21st July.

### Hospital Discharges

Arrangements exist for maternity patients discharged before the fourteenth day from the Oldham and District General Hospital and Woodfield Maternity Home to be notified to the appropriate local health authority. In the case of Oldham residents the name, address and date of discharge 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 .....	999
*Number of confinements attended .....	850
‡Number of cases receiving inhalational analgesic .....	799
*Includes 1 case delivered in the Lancashire County in emergency.	
‡In addition 5 cases were given gas and air on the district and delivered in hospital.	

#### Visits :

Ante-natal cases .....	4,011
During lying-in period .....	20,585
Post-natal .....	—
Hospital discharges .....	2,802
Premature babies :	
(i) Domiciliary births .....	1,718
(ii) Hospital discharges .....	610

During the year, 1,797 live births and 56 stillbirths relating to Oldham residents were notified. Of these 999 (54 per cent) occurred in institutions and 854 (46 per cent) were domiciliary confinements. Of the latter 851 (99.7 per cent) were attended by municipal midwives and 3 (.3 per cent) by a midwife in private practice.

During the year, 146 cases were referred by the Almoner of Oldham and District General Hospital for investigation into home conditions to ascertain if these were suitable or otherwise for domiciliary confinement. In 111 cases the conditions were considered to be suitable and the patients subsequently booked for domiciliary confinement. There were also 9 cases who had booked for confinement in Oldham and District General Hospital and who had attended the Ante-Natal Clinic there, but who, due to heavy bookings at the hospital, were referred for domiciliary confinement if the home conditions were suitable. In all these cases the home conditions were satisfactory.

In addition to the above, 2 cases (Oldham residents), who had booked for confinement in Ashton General Hospital, were referred for domiciliary confinement if the home conditions were suitable as that hospital was restricting maternity bookings. Both cases were considered to be satisfactory for domiciliary confinement.



**MIDWIVES' ACT, 1951****Supervision of Midwives**

During the year 56 midwives notified their intention to practise, compared with 63 in 1955. 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 ..... 18\*  
 (b) In private practice ..... 1

**Employed in Institutions:**

- (a) Oldham and District General Hospital ..... 13  
 (b) Woodfield Maternity Home ..... 7

\* Includes Supervisor of Midwives.

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 Institutions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by local health authority ... ..	4	219	55	571	849	—
Midwives employed by Oldham and District Hospital Management Committee at Oldham & District General Hospital and Woodfield Maternity Home ... ..	—	—	—	—	—	1951
Midwives in private practice ... ..	—	1	—	2	3	—
Totals ... ..	4	220	55	573	852	1951

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day ..... 919

**Breast Feeding**

Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day ..... 705

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

There were 132 medical aid forms sent in by domiciliary midwives as compared with 120 in 1955. The conditions for which medical aid was sought were as follows:—

Conditions in Mother		Conditions in Child	
Anæmia .....	1	Congenital abnormalities .....	9
Ante-partum hæmorrhage .....	4	Coryza .....	2
B.B.A. ....	1	Inflammation of or discharge	
Breast condition .....	2	from eyes .....	23
Breech presentation .....	1	Prematurity .....	7
Delayed labour—first stage .....	2	Skin conditions .....	5
second stage ...	4	Other conditions .....	10
third stage ...	1		
Fœtal distress .....	1		
Hypertension .....	1		
Phlebitis .....	3		
Post-partum hæmorrhage .....	4		
Prolapsed cord .....	1		
Pyrexia .....	9		
Retained placenta .....	1		
Ruptured perineum .....	37		
Other conditions .....	6		

### Emergency Maternity Unit

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

Accidental ante-partum hæmorrhage .....	1
Obstetric shock .....	1
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 and attends the Chest Clinic at Oldham and District General Hospital.

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

- 1 Superintendent Health Visitor.
- 1 Deputy Superintendent Health Visitor.
- 1 Senior Health Visitor.
- 6 Health Visitors.

During the year one health visitor resigned and six health visitors all of whom were student health visitors sponsored by the authority joined the staff, five in June and one in December. One part-time health visitor



who had previously been employed in the department as a health visitor commenced duties in February and undertook five sessions per week. At the end of the year in addition to the Superintendent Health Visitor, Deputy Superintendent Health Visitor and the Health Visitor engaged on Tuberculosis duties, 10 Health Visitors devoting 2/11ths of their time to the School Health Service were employed and one part-time health visitor was engaged for 5 sessions per week in the Health Visiting Service. The Senior School Nurse/Health Visitor employed by the Education Committee was devoting 4/11ths of her time to duties in the Health Visiting Service.

At the end of the year 3 public health nurses were employed (two full-time and one part-time) one of the former was a student health visitor, who failed her examination and who was employed in this capacity pending the next examination in 1957. The other two nurses were engaged on duties at Infant Welfare Centres, Immunisation and Vaccination Clinics and on visits in connection with Infectious Diseases.

The scheme for the appointment of Student Health Visitors continued throughout the year and one student health visitor commenced training at the Manchester College of Science and Technology in September.

The Housing Committee has agreed to provide housing accommodation for married health visitors. This facility, however, has not been requested to date.

Arrangements exist for one or more health visitors to attend a refresher course each year. One health visitor attended a course arranged by the Women Public Health Officers' Association and held in Oxford from the 30th June to the 14th July. The Tuberculosis Health Visitor attended a one day Regional Gathering of Case Workers at Kingston-upon-Hull on the 22nd March.

The Superintendent Health Visitor and one other health visitor are included in the Car Allowances Scheme of the Corporation as "casual users." At the present time only the Superintendent is using her car under the Scheme.

The following table summarises the work of the health visitors during the year:—

**Number of Visits Paid by Health Visitors.**

HEALTH VISITORS									Tuber- culosis Visitor
Number of children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuber- culous House- holds	Other Cases	Total visits paid to tuber- culous households
	First Visits	Total Visits	First Visits	Total Visits	Total Visits	Total Visits	Total Visits	Total Visits	
7,674	44	64	1,714	10,262	5,440	9,479	31*	4,022	1,412

\*Visits by Health Visitor other than Tuberculosis Visitor.



The 4,022 visits made by health visitors to other cases were made up as follows:—

Premature Births .....	4
Handicapped Children .....	340
Cases of Infectious Diseases:	
Whooping Cough .....	64
Measles .....	113
Ophthalmia Neonatorum .....	3
Dysentery .....	627
Nursery Accommodation .....	125
Daily Minders .....	6
Applications for provision of domestic help .....	830
Aged and Infirm Persons .....	882
M.R.C. Investigation .....	766
Other visits .....	262
	<hr/>
	4,022
	<hr/>

The total number of visits during the year is 38,197, which includes 7,487 ineffective visits.

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

Infant Welfare Centres .....	838
Day Nurseries .....	82
Nursery Classes .....	32
Chest Clinic .....	120
Special Clinics .....	—
Immunisation Clinic .....	30
Smallpox Vaccination Clinic .....	41
Poliomyelitis Vaccination Clinic .....	20
Post-Natal Clinic .....	5

#### Oldham Mothers' Circle

The Oldham Mothers' Circle continued its activities throughout the year with success. This is a voluntary body with a committee of eight mothers, the President, Secretary and Treasurer. Meetings are held fortnightly in the evening at the Community Centre, Clegg Street, when a small charge is made to members to cover the cost of the room. The object of the Circle is to enable mothers to have an evening free from every day responsibilities where they can meet other mothers and discuss topics of the day.

The Chairman of the Circle is the Deputy Superintendent Health Visitor, Miss C. Williamson, who together with the health visitors is doing a great deal to stimulate and maintain interest in this work.

The health visitors devote much of their leisure time to the work of the Circle and during the year talks and demonstrations were given on a wide range of subjects followed by discussions and films. Visits were organised to local and other firms where demonstrations were given on laundry, cookery, and other allied subjects. In addition, visits to theatres



and summer evening trips in the country were arranged and very much enjoyed.

Membership has increased each year and I do feel that this social liaison between mothers and health visitors is certainly playing a large part in the prevention of the break-up of family life, by helping to educate the new mother and to promote and establish happy and successful family life. We are indeed grateful to the health visitors and to the mothers who have taken an active part in the work of the Circle for their efforts in this connection.

### HOME NURSING SERVICE

#### (Section 25)

The use of the premises "Glenthorne," Queen's Road, as a district nurses' home was dispensed with on the 31st March, 1956. These premises were subsequently appropriated by the Welfare Services Committee for use as an aged persons' home. Housing accommodation was made available, through the Housing Department, for the Superintendent of District Nursing and the one district nurse previously accommodated at the home, if required. A Central Office, complete with district room, was established on the ground floor in the Greaves Street premises which also accommodates the central depot for the distribution of welfare foods and the staff of the Health Visiting Service.

The services of a district nurse can be obtained by a general practitioner on application to the Superintendent at the Central Office, Greaves Street (telephone No. MAIn 5433).

No night service is provided but evening visits are made to patients where necessary. The district nurses are on rota call for evening and week-end duties and all requests by general practitioners are made through the Ambulance Depot who contact the nurse on call for the particular area. 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.

Four autocycles, purchased in 1954, are provided for the three male district nurses and one female district nurse who covers the outlying district of Bardsley. These vehicles are maintained by the authority. All other 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.

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

- 1 Queen's Superintendent (from 11-1-56).
- 6 Queen's Nurses (4 female, 2 male).
- 8 District Nurses (7 female, 1 male).
- 1 District Nurse (female) (part-time).



Miss E. Peak, S.R.N., S.C.M., Q.N., commenced duties as Superintendent of District Nursing on the 11th January.

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 3,035 visits.

Five district nurses were appointed and commenced duties. Six district nurses left the service; one, Miss A. A. Murray, had been on the staff from the "appointed day" having been taken over from the Oldham Nursing Association. She retired on the 29th December. The district nurse who was granted leave of absence in the previous year returned to full-time duties on the 17th September.

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

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

Two female district nurses, both Queen's Trained, attended a refresher course for district nurses arranged by the Queen's Institute of District Nursing—one at York, from the 6th to the 13th April, and one at Cambridge from the 10th to the 17th August.

The Superintendent attended a Conference of Superintendents of Non-Training Homes or Schools held in London on the 29th October.

#### **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 the Chairman of the Home Nursing Sub-Committee (Councillor J. H. Broadbent), Mr. T. E. C. Crozier and the Medical Officer of Health represented the authority at meetings of the Federation.

There is approval for one student nurse to be appointed under the scheme of the Queen's Institute of District Nursing for the training of district nurses. No district nurse employed applied for such training facilities during the year.

#### **Work Undertaken**

There were 2,259 cases (858 males and 1,401 females) nursed and 56,611 visits made by district nurses to these cases during the year. These figures compare with 2,204 cases (845 males and 1,359 females) nursed and 47,939 visits made by district nurses during the previous year.

There was a slight increase in the number of new cases accepted compared with previous year, these having increased from 1,843 to 1,858. The number of injections, i.e., penicillin, insulin, liver, vitamin, streptomycin, mersalyl, and cytamin again increased, the total number being 21,105 compared with 19,644 in the previous year, an increase of 1,461 injections.



### Cases Nursed and Visits Made

	Children		Others		Total No. of Cases
	0-5	5-15	Male	Female	
Cases on books at 1st Jan.	4	2	109	286	401
New cases.....	74	78	670	1036	1858
Total cases nursed during the year.....	78	80	779	1322	2259
Cases on books at 31st Dec.	2	...	126	299	427

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 ...	16	11	168	401	596	4345
February ...	22	16	197	387	622	4915
March ...	11	8	198	395	612	5087
April ...	9	3	171	383	566	4629
May ...	9	9	180	378	576	4881
June ...	13	9	167	361	550	4566
July ...	5	6	162	363	536	4523
August ...	8	7	162	387	564	4788
September ...	7	6	153	361	527	4274
October ...	9	10	169	395	583	4929
November ...	5	6	163	400	574	4932
December ...	11	8	184	383	586	4742

### 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	M	F
Jan	—	3	5	4	3	6	5	19	15	24	13	13	26	59	67	128
Feb.	3	4	2	9	7	6	12	14	19	22	10	6	45	56	98	117
Mar.	2	—	3	2	3	2	2	15	20	18	14	5	41	55	85	97
April	1	1	3	—	1	1	4	18	10	18	7	12	28	42	54	92
May	—	—	1	1	3	5	6	12	14	20	8	5	29	39	61	82
June	—	1	2	3	5	2	5	4	10	18	6	9	24	35	52	72
July	1	—	—	—	3	2	5	9	10	17	2	12	21	42	42	82
Aug.	—	1	1	3	3	2	3	16	20	31	7	7	25	36	59	96
Sept.	—	—	3	—	2	4	5	15	9	11	3	14	21	28	43	72
Oct.	1	—	1	3	4	4	6	24	14	18	4	9	28	53	58	111
Nov.	—	—	1	1	2	1	6	15	11	23	5	8	29	42	54	90
Dec.	3	2	2	1	3	4	6	9	16	18	15	11	26	30	71	75
Totals	11	12	24	27	39	39	65	170	168	238	94	111	343	517	744	1114

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...	1558	334	—	46	3	318	2259	1133	73	24
Number of Visits paid ... ..	43978	9914	—	1371	22	1326	56611	5988	452	641



## VACCINATION AND IMMUNISATION

### (Section 26)

#### Immunisation Against Diphtheria and Whooping Cough

Immunisation against diphtheria and whooping cough has continued throughout the year. Parents are encouraged to have their children immunised as early as possible after they are 8 months old and, at the end of the year, according to records available, 44 per cent of the child population of the Borough aged 0-5 years had received this protection.

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

Protection	Age Group	Material Used	Dosage
<b>Combined Diphtheria and Whooping Cough Immunisation</b>	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.
<b>Diphtheria Immunisation</b> (a) Primary Immunisation.	0-10 yrs.	A.P.T.	Two injections i.e., 0.2 c.c. and 0.5 c.c. with an interval of four weeks between injections.
	10 yrs. & over	T.A.F.	Three injections of 1.0 c.c. at four weekly intervals.
(b) Re-inforcing Injections.	5-10 yrs.	A.P.T.	One injection of 0.5 c.c.
	10 yrs. and over	T.A.F.	One injection of 1.0 c.c.
<b>Whooping Cough Immunisation</b>	0-5 yrs.	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 child 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.

At the school entrance examination, the immunisation state of each child is reviewed and parents are reminded of the importance of "reinforcing" injections and the immediate need to give consent for the first "reinforcing" injection to be given. Parents of children who have not received a primary course of injections prior to entering school are again reminded of the dangers of diphtheria and the urgent need for immunisation of their children. With the consent of the parents, arrangements are made for these children to receive the necessary injections 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 if desired at the Gower Street or Scottfield Clinics according to the school they attend.

Visits are made periodically to each junior school to ascertain the immunisation state of the children attending and the second reinforcing injection is offered to all children over the age of 10 years according to their immunisation state and, at the same time, the parents of those children who are found not to have received any protection at all, or who have not at this age received the first reinforcing injection, are again reminded of the urgent need for such injections to be given, and with the consent of the parents the necessary arrangements are made.

Under these arrangements parents are constantly reminded of the dangers of diphtheria and of the facilities available for the protection of their children against this disease.

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	374	121	33	20	4	1	—	553
Private Practitioners...	222	158	33	10	7	11	4	445
Totals ...	596	279	66	30	11	12	4	998

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

#### Diphtheria Immunisation

Age in Years	Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	Total under 15 yrs.
<b>(a) Primary Immunisation.</b>								
Sessional Arrangements	2	1	3	8	21	185	49	269
Private Practitioners...	9	4	1	1	—	—	—	15
Totals ...	11	5	4	9	21	185	49	284
<b>(b) Reinforcing Injections.</b>								
Sessional Arrangements	—	—	—	1	124	578	339	1042
Private Practitioners...	—	2	1	4	40	120	25	192
Totals ...	—	2	1	5	164	698	364	1234



### Vaccination Against Smallpox

A weekly session is held at the Queen Street Clinic on Monday mornings primarily for the vaccination of infants.

During the year, 291 children of school age received primary vaccination and 169 were revaccinated. These figures include 241 primary vaccinations and 152 revaccinations of children who were offered vaccination prior to leaving school.

At the periodic examination of school entrants information is obtained regarding the state of vaccination of the children examined. During the year, of 1,878 children examined only 579 (30.83 per cent) were found to have been vaccinated against smallpox. This compares with 28.98 per cent for the previous year.

The following table indicates the number of persons of all ages vaccinated and revaccinated:—

Age at date of vaccination in years	Under 1 yr.	1 year	2-4 yrs.	5-14 yrs.	15+ yrs.	Totals
<b>Primary Vaccinations.</b>						
Sessional Arrangements	246	18	18	249	3	534
Private Practitioners ...	325	54	30	42	94	545
Assistant Medical Officers	—	—	—	—	5	5*
<b>Totals ...</b>	<b>571</b>	<b>72</b>	<b>48</b>	<b>291</b>	<b>102</b>	<b>1084</b>
<b>Re-Vaccinations.</b>						
Sessional Arrangements	—	—	—	155	2	157
Private Practitioners ...	—	1	10	14	139	164
Assistant Medical Officers	—	—	—	—	104	104*
<b>Totals ...</b>	<b>—</b>	<b>1</b>	<b>10</b>	<b>169</b>	<b>245</b>	<b>425</b>

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

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).

### Vaccination Against Poliomyelitis

In February, vaccination against poliomyelitis was offered through the medium of the local press and by a personal letter to the parents of children in the selected age groups who were in attendance at school.

Because of the limited supply of the vaccine, in the first instance only certain groups of the children registered, which were selected centrally could be protected and medical officers of health were to be advised accordingly. The selected age groups were:—

November—in each of the years 1947-1954, and in addition

March—in the years 1951-1954, and as a reserve month

August—in each of the years 1947-1954.



Owing to the prevalence of poliomyelitis in the summer months, vaccination was to be restricted to the months of May and June and resumed in November.

The parents of 3,578 children accepted vaccination but only sufficient vaccine was received to vaccinate 379 children with two injections, and seven children received one injection only.

The vaccine supplied and used was "POLIVIRIN" (Glaxo), the dosage being two injections of 1c.c. with an interval between injections of not less than three weeks.

The following table details the children who completed vaccination:—

Month	1947	1948	1949	1950	1951	1952	1953	1954	Total
March	—	—	—	—	42	17	15	12	86
August	54	17	—	—	—	—	2	—	73
November	32	55	45	39	15	12	12	10	220
Total:	86	72	45	39	57	29	29	22	379

### Modification of Proposals

#### Vaccination Against Poliomyelitis

In January, the Minister of Health announced that a poliomyelitis vaccine was to be made available and requested all local health authorities to make use of this vaccine. In the first instance the vaccine was only to be made available to children born in the years 1947-1954 (both inclusive). The Health Committee immediately modified their proposals under Section 26 of the National Health Service Act, 1946, to provide for this.

#### Immunisation Against Tetanus

In October, following a recommendation of the Medical Officer of Health which was approved by the Health Committee, the Minister of Health authorised the Council to include in its approved arrangements under Section 26 of the National Health Service Act, 1946, arrangements for offering to persons in its area immunisation against tetanus.

### AMBULANCE SERVICE

#### (Section 27)

The total number of cases removed was 46,886 which compares with 43,640 in the previous year, an increase of 3,246. The mileage run, 246,107 which includes a mileage of 52,876 miles in connection with other services, shows an increase of 8,693 miles. The area served includes the Saddleworth district of the West Riding.



The following figures indicate the total number of cases removed:—

	Dual Purpose			
	Ambulances	Vehicles	Car	Total
Oldham County Borough .....	15,704	23,392	3,936	43,032
West Riding C.C. ....	1,329	1,634	569	3,532
Lancashire C.C. ("999" calls)	249	—	—	249
Lancashire County Council ...	58	10	5	73
Other Authorities .....	—	—	—	—
	<hr/> 17,340	<hr/> 25,036	<hr/> 4,510	<hr/> 46,886

In addition to the above, 10 cases were removed by train, the return fare of an escort being provided in 7 cases.

The following figures indicate the total number of miles run:—

	Dual Purpose			
	Ambulances	Vehicles	Car	Total
Oldham County Borough ...	56,209	108,012	45,590	209,811
West Riding C.C. ....	12,249	15,563	6,707	34,519
Lancashire C.C. ("999" calls)	1,227	—	—	1,227
Lancashire County Council ...	479	71	—	550
	<hr/> 70,164	<hr/> 123,646	<hr/> 52,297	<hr/> 246,107

The number of cases removed in the County Borough area has again increased, the total number being 43,032 compared with 39,565 in the previous year, an increase of 3,775.

Transport is provided for patients attending the Psychiatric Out-Patients Department at the Oldham & District General Hospital and for "day care" patients attending the Psychiatric Unit at Westhulme Hospital. Dual purpose vehicles are used for this service and the following mileage was involved:—

"Day-care patients—11,824 miles.  
Out-patients 3,448 miles.

The conveyance of out-patients to and from the Geriatric Unit at the Oldham and District General Hospital was continued and involved a mileage of 4,856 miles compared with 1,939 in the previous year, an increase of 2,917 miles.

All children suffering from burns and scalds are conveyed direct to the special unit at Booth Hall Hospital, Manchester, and during the year 37 children were removed compared with 46 during the previous year, a decrease of 9.

In accordance with the National Health Service (Amendment) Act, 11 removals were effected by other authorities for the County Borough and in all cases a charge was made for these removals.

The majority of journeys outside the Borough 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 100 single journeys



over 25 miles but under 50 miles, 48 single journeys over 50 miles but under 100 miles and 2 long distance journeys over 100 miles.

On the 1st January the fleet consisted of 10 ambulances (two of which are used exclusively for civil defence training) and 8 sitting-case vehicles.

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

August—1 Bedford/Lomas small sitting-case vehicle, NBU 188.

November—1 Bedford/Lomas small sitting-case vehicle, NBU 472.

During the year, 2 vehicles were removed from service:—

Austin sitting-case vehicle GBU 963.

Austin sitting-case vehicle HBU 183.

On the 31st December, the fleet consisted of 10 ambulances (two of which are used exclusively for civil defence training) and 8 small sitting-case vehicles. All vehicles are fitted with radio-telephone equipment.

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 26 driver/attendants eligible, 22 had qualified for an award, 13 received the Annual Diploma, 2 the 5 years bronze medal and 7 received a bar to the 5 year bronze medal.

### **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 areas 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**

Owing to the overlapping of telephone areas a number of "999" calls originating in the County Area are still being misdirected to the Oldham Ambulance Depot. In the interests of all concerned these calls are accepted by the Oldham Service and the County Council make a payment of £2 for each removal.

### **Transport for Other Services**

#### **(1) Midwives' Service**

For normal routine duties, midwives who do not own their own cars, use public transport. For urgent cases during the day and when analgesic 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 these midwives. A Ford Prefect car is used for this work, the vehicle being garaged at the Ambulance Depot and driven by a driver/attendant.

Since petrol rationing came into force on 17th December, the Ambulance Service has provided transport night and day except on the odd occasion when pressure of work has prevented this.

The mileage incurred in connection with this service was 19,222 miles compared with 20,244 for the previous year.



**(2) Home Nursing Service**

The district nurses use public transport, but at week-ends and in exceptional circumstances, e.g., shortage of staff, or extraordinary pressure of work, transport is provided by the Ambulance Service. A total mileage of 1,967 miles was involved compared with 1,919 miles for the previous year.

Four auto-cycles are used by district nurses. These are supplied with petrol and oil, and are maintained by the mechanics at the Depot.

**(3) Mental Health Service**

Regular transport has been provided throughout the year for the conveyance of children to and from the Occupation Centre and the Creche. Adults attending the Arthurs Industrial Centre are encouraged to make their own way by public transport but where they are unable to do so owing to their disability they are conveyed to and from the centre by sitting case vehicle. The total mileage run was 31,687 miles which compares with 27,152 miles for the previous year.

The service provides emergency transport for the mental health officers who are also duly authorised officers.

The following statistics relate to the work of the Ambulance Service during the year and include removals undertaken for the West Riding of Yorkshire and other authorities:—

	Ambulances	Dual Purpose Vehicles	Car	Total
Number of vehicles at 31st December .....	10	8	—	18
Number of patients carried...	17,340	25,036	4,510	46,886
Number of accident and other emergency removals ...	4,003	90	55	4,148
Total mileage .....	70,164	123,646	52,297	246,107

(The mileage shown includes journeys in connection with other services).

**Civil Defence**

During November, the Ambulance Officer attended a fourteen day Ambulance and Casualty Collecting Course at the Home Office School, Falfield, Gloucestershire, and obtained a Full Home Office Instructor's Certificate.

The sectional training of Civil Defence volunteers has been continued throughout the year.

**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 and in need of extra nourishment has been continued. During the year, 42 individual patients were issued with 267 orders for the supply of free milk. Each order permits the supply of milk for the period of four weeks, and 233 orders were for two pints per day and 34 orders for one pint per day.

On the recommendation of the Medical Officer of Health the Housing Committee gives re-housing 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 11 cases. There were 13 families re-housed under this arrangement.

### **Mass Miniature Radiography**

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 x-ray of the chest. During the year 77 members of the Public Health Department staff were sent for examination.

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 and 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 Survey**

A mass miniature radiography survey was arranged and took place during the year. I am indebted to Dr. R. G. Williams, Medical Director, and Mr. N. Hall, Organising Secretary, for the following report:—

A Mass Miniature Radiography Survey was conducted in Oldham during the period April—September, 1956, by the Nos. 4 and 6 Mass Radiography Units of the Manchester Regional Hospital Board. A total of 35,630 persons were examined. This was the second survey in Oldham, a previous visit being made in 1952 when one Unit only was involved. On that occasion 22,490 persons were examined.

#### **Deployment of Units**

The No. 4 Unit had a mainly static role, operating at two approximately central sites (The Civil Defence Headquarters, St. Domingo Street, 3-4-56 to 4-6-56 and Gower Street Clinic 23-7-56 to 8-8-56) and two peripheral sites (Boundary Park Hospital, 4-6-56 to 22-6-56, and Millgate School, Hollins, 8-8-56 to 21-8-56). In the main this Unit catered for the general public by holding "open sessions" including evening sessions, but a number of employed persons working in offices and factories adjacent to the four sites were included at appointment sessions. A total of 17,390 persons were examined by this Unit.

The No. 6 Unit visited factories, schools, etc., and examined 18,240 volunteers.



### Publicity

The local press gave valuable assistance in publicising the survey with articles and comment, and the Official Opening was well reported upon. Posters and leaflets were distributed to public places and advertising slides were shown in the cinemas. In addition, a letter from the Medical Officer of Health, calling attention to the survey and giving full particulars of the sessions, was sent to all householders. The attendance at the open public sessions was successfully controlled by staggering the distribution of these letters over several weeks.

### General Practitioner Cases

General practitioners were informed of the facilities available and provided with pro forma for referring any of their patients for X-ray. Reports on these patients were sent to the doctor concerned, with whom was left the responsibility for further investigation or treatment where indicated.

### Reference of Abnormalities

The local Medical Committee for Oldham had previously agreed to the reference of volunteers with abnormalities direct to the Chest Physician. The procedure adopted was as follows:—

The patient was interviewed by the Medical Director and when considered necessary advised to have further investigation at the Chest Clinic. If the patient agreed, the Chest Physician was requested to send an appointment and the general practitioner was informed. After attendance at the Chest Clinic a full report was sent to the practitioner by the Chest Physician.

However, this procedure could not be applied to all patients requiring further investigation at the Chest Clinic, as not all local Medical Committees have given permission for direct reference. Where this is the case a report on the X-ray film is sent to the general practitioner and the patient is instructed to see his doctor in the near future. It is left with the practitioner to refer the case to the Consultant Chest Physician if he concurs with the suggestion of the Medical Director.

It is interesting to note the outcome of both methods of reference, and figures obtained during the Oldham survey are as follows:—

- 169 patients referred to Chest Clinic direct
- 6 patients failed to attend—3.5 per cent.
- 62 patients referred to Chest Clinic via  
private practitioner
- 7 patients failed to attend—11.3 per cent.

**The Results of the Survey are set out in Tables I, II, III and IV**

### COMMENT

#### Active Tuberculosis

Out of the total of 35,630 examined, 36 cases of active pulmonary tuberculosis came to light, an overall incidence of 1.01 per thousand. In the previous survey of Oldham in 1952 when 22,490 examinations were made, 52 cases were discovered, an incidence of 2.31 per thousand. This apparent drop in incidence of 50 per cent is very striking, and is rather

greater than our experience in other areas has led us to expect. Of the 36 cases detected, 23 were males and 13 females. Comparing the incidence rates of general public sessions with organised factory sessions, we found the following figures:—

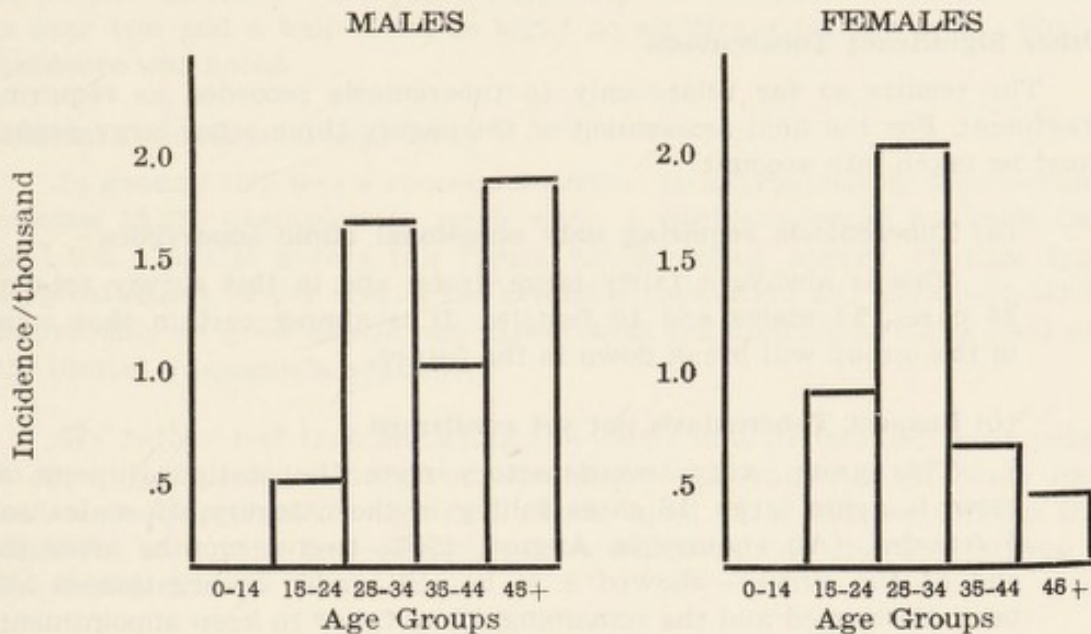
		Males	Females	Total
General Public Sessions	No. examined	3,340	6,390	9,730
	No. of cases of active pulmonary tuberculosis	8	5	13
	Incidence per thousand	2.4	0.78	1.3
Organised Factory Sessions	No. examined	11,780	8,590	20,370
	No. of cases of active pulmonary tuberculosis	14	8	22
	Incidence per thousand	1.2	0.93	1.07

Analysing the age distributions of examinees in the two types of sessions, we found them, rather surprisingly, very similar, apart from a slightly higher percentage of elderly females attending the general public sessions. It is shown once again therefore that general public sessions in a survey of this type are slightly more productive of cases of tuberculosis than the organised factory sessions.



### Age and Sex Distribution of Active Cases

Analysis of the age/sex distribution of the active cases shows a pattern typical of the present overall picture of the disease. In both sexes the incidence well into the teens is low, with a fairly rapid rise to a high peak in the 25-34 age group, from then on the pattern in the two sexes changes. In the females there is a gradual decline to old age, while in males the incidence is maintained fairly high throughout. Figures 1 and 2 show the distribution in the sexes graphically.



### Further Analysis of the Cases

#### (a) Sputum State

Of the 23 male cases, 6 produced positive sputum while of 13 females only one produced positive sputum.

#### (b) Cavitation

Eight male cases and one female show definite cavitation radiologically.

#### (c) Symptoms

Two of the male cases and eight of the females were symptom free.

The discrepancy between the production of positive sputum, cavitation, and symptoms in the female group compared with the male seems too striking to be a matter of chance, and perhaps the disease is becoming milder and less virulent clinically in females generally. From the radiological point of view no striking difference in the lung pattern was noted in the two groups. Comments on these points would be welcomed.

It is rather gratifying to note the low proportion of positive sputum and/or advanced cases which suggests that Mass Miniature Radiography is fulfilling its primary function of detecting tuberculosis in its early stages.

#### (d) Family History

This was obtained in only one male and two female cases.

#### (e) Previous X-ray History

Only seven males and six females had been X-rayed previously.

**(f) School Leavers**

Out of a total of 4,960 examined, no case of active tuberculosis was detected.

**(g) General Practitioner Referrals**

The results here are rather interesting. Out of a total of 180 referred only one case of active tuberculosis was discovered, while in the 1952 survey, 9 cases were detected out of a total of 204 referrals.

**Other Significant Tuberculosis**

The results so far relate only to tuberculosis recorded as requiring treatment. For the final assessment of the survey three other large groups must be taken into account.

**(a) Tuberculosis requiring only occasional clinic supervision**

This is always a fairly large group and in this survey totalled 24 cases, 14 males and 10 females. It is almost certain that some in this group will break down in the future.

**(b) Suspect Tuberculosis not yet confirmed**

This group, very unsatisfactory from the statistical point of view, is again large, 18 cases falling in the category, 13 males and 5 females. (An enquiry in August, 1957—twelve months after the end of the survey—showed 8 to be still under observation, 6 had been discharged and the remaining 4 had failed to keep appointments for further observation).

**(c) Cases who failed to attend the Chest Clinic**

There were 14 cases recorded as tuberculous radiologically in this category, divided up as follows:—

Four failed to attend for interview with the Medical Director following the large film examination.

Six failed to attend the Chest Clinic after this recommendation had been sent to the general practitioner.

Four failed to attend the Chest Clinic after agreeing to do so at interview with the Medical Director.

Assessing these cases radiologically, 5 were considered as being probably active, the others possibly. The reasons for such default after attending for large film examination would make an interesting study.

Taking these last three groups into consideration therefore, the recorded incidence of active tuberculosis for the survey is probably a very conservative figure.

**Malignant Lung Tumours**

A total of 15 primary malignant lung tumours was detected, all in males, giving an incidence in the male population examined of .84 per thousand. In the over 35 age group in which all the cases lay, the incidence was 1.5 per thousand, while the incidence of active tuberculosis in the same



age group was very similar, being 1.6 per thousand. This finding corresponds closely with recent similar surveys. For example, in the Bolton survey in 1955 the incidences for cancer and tuberculosis in the over 35 male age groups were 1.5 per thousand and 1.3 per thousand respectively.

In the 1952 survey of Oldham, 4 cases of primary lung cancer were detected in 12,500 of the male population examined, an overall incidence of .32 per thousand. The present incidence in males some four years later is over two and a half times as high; no significant change in the female incidence was noted.

#### **General Comments on the Survey**

In general this was a successful survey. In approximately four working months 35,630 examinations were made, a weekly average for each Unit of 1,100. This is a very fair figure for a mixed survey of this type. Approximately 30 per cent of the available population was examined, which is probably as good as one can expect with the number of Units used and the limited propaganda available.

We rather feel that operating the static unit at four different points in the town provided no great advantage, and we would probably have had a response from the general public equal to, if not better than that obtained, and with less administrative difficulty, had the Unit stayed at the central site.

Our thanks are due to all who helped and participated in the survey, but especially to Dr. Keddie, Medical Officer of Health for Oldham; Dr. Ratner, Consultant Chest Physician; and Dr. Bagshaw, Chest Physician.

In addition we pay tribute once again to the untiring efforts of the Unit staffs, and finally a special tribute to the part played by the late Mr. A. L. Wright, then Organising Secretary of No. 6 Unit.

#### **NOTES ON TABLES**

**Table I** is an analysis of the persons examined, sub-divided into age groups and type of examinee. It should be noted that this table is based on a 10 per cent sample, computed by the office of the Registrar General.

**Table II** shows the diagnosis of persons referred for further investigation. Abnormalities observed and considered non-significant or requiring no action are not included.

**Tables III and IV** are self explanatory.

TABLE I—ANALYSIS OF PERSONS EXAMINED

TYPE OF EXAMINEE	MALES											FEMALES											Grand Total
	und- er 14	14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 64	65 & over	Total	und- er 14	14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 64	65 & over	Total	
General Practitioner Referrals	20	...	...	...	10	...	20	10	20	20	100	...	...	10	...	30	20	...	10	10	...	80	180
School Children	1460	620	450	...	...	...	...	...	...	...	2530	1450	590	390	...	...	...	...	...	...	...	2430	4960
Contacts	50	...	...	...	...	...	...	...	...	...	50	90	...	...	...	...	...	...	...	...	...	90	140
Factories/Offices	...	...	660	810	2630	2920	2700	1050	700	310	11780	...	...	1230	1070	1750	2090	1780	420	160	90	8590	20370
Inmates of Institutions, Train- ing Centres, Prisons, etc.	10	...	20	...	10	40	40	10	...	...	130	10	...	10	...	10	50	10	...	20	10	120	250
General Public Volunteers :																							
(a) Housewives	...	...	...	...	...	...	...	...	...	...	...	...	...	10	130	590	540	560	350	280	480	2940	2940
(b) Others	...	10	130	140	870	720	610	330	140	390	3340	...	10	310	430	610	630	840	330	110	180	3450	6790
Totals	1540	630	1260	950	3520	3680	3370	1400	860	720	17930	1550	600	1960	1630	2990	3330	3190	1110	580	760	17700	35630



TABLE II—DIAGNOSIS

ABNORMALITIES	MALES										FEMALES										GRAND TOTAL	
	Un- der 14	14-19	20-24	25-34	35-44	45-54	55-64	65- & ov	Rate per 1000 Tot	und- er 14	14-19	20-24	25-34	35-44	45-54	55-64	65- & over	Tot.	Rate per 1000			
	14	19	24	34	44	54	59	64			14	19	24	34	44	54	59	64				
(a) <b>Pulmonary Tuberculosis</b> —																						
Healed Tuberculosis ...	1	..	..	3	6	6	3	3	25	...	...	2	2	3	6	4	2	1	2	47		
Suspected Tuberculosis ...	...	1	...	2	3	4	2	1	13	...	...	1	1	2	1	...	...	...	5	18		
Tuberculosis requiring occasional supervision ...	...	...	...	2	5	4	2	1	14	...	...	2	...	3	...	5	...	...	10	24		
Tuberculosis requiring treatment ...	...	...	1	6	4	8	2	1	23	...	...	1	2	6	2	2	...	...	13	36		
Radiological Tuberculosis— failed to attend for follow up ...	...	1	...	2	1	1	...	1	9	...	...	...	...	...	4	...	...	1	5	14		
(b) <b>Non-Tuberculous</b> —																						
Bacterial & Virus infections	3	...	...	4	2	2	1	1	6	...	...	...	...	1	4	1	...	...	1	7		
Bronchiectasis ...	...	2	...	2	1	...	...	...	13	3	1	1	...	...	...	...	...	1	12	25		
Honeycomb Lung ...	...	...	...	1	3	7	4	1	4	...	...	...	1	1	1	1	...	...	1	2		
Pulmonary Fibrosis ...	...	2	...	1	1	1	...	1	22	...	...	...	1	1	1	...	...	3	8	30		
Pneumoconiosis ...	...	...	...	1	1	1	...	1	5	...	...	...	...	...	...	...	...	...	...	5		
Spontaneous Pneumothorax	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1		
New Growth—Benign	...	...	...	...	1	5	4	5	15	...	...	...	...	...	...	...	...	2	4	8		
New Growth—Malignant	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15		
Pulmonary Metastases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		
Sarcoidosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		
Pleural Thickening	...	...	...	...	1	1	...	1	3	...	...	...	...	...	...	...	...	...	...	8		
Abnormalities of the Dia- phragm & Oesophagus	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...	...	...	...	8		
Cardio Vascular Lesions— Acquired ...	...	...	...	...	1	6	2	4	21	...	...	1	...	2	6	8	10	7	4	59		
Megacolon ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2		
Failed to attend for Large film and/or Interview ...	...	...	...	...	2	4	1	...	9	...	1	...	2	2	1	...	2	...	...	17		

TABLE III—TYPES OF EXAMINEES SUFFERING FROM PULMONARY TUBERCULOSIS REQUIRING TREATMENT

TYPE OF EXAMINEE	MALES											FEMALES											Grand Total
	und- er 14	14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 64	65 & over	Total	und- er 14	14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 64	65 & over	Total	
General Practitioner Referrals	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
School Children	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Contacts	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Factories/Offices	...	...	...	1	4	2	6	1	...	...	14	...	...	...	2	3	2	1	...	...	...	8	22
Inmates of Institutions, Training Centres, Prisons, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
General Public Volunteers :	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(a) Housewives	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	2
(b) Others	...	...	...	...	2	2	1	1	1	1	8	...	...	1	...	2	...	...	...	...	...	3	11
Totals	...	...	...	1	6	4	8	2	1	1	23	...	...	1	2	6	2	2	...	...	...	13	36



**TABLE IV.**  
**HISTORY OF TUBERCULOUS CASES REQUIRING TREATMENT**

	Code Numbers	Males	Females	Total
Family History .....	1	1	2	3
Contact. Persons are to be regarded as "Contacts" if they have at any time been in close contact with a known case of respiratory tuberculosis in the household or the immediate circle of relatives and associates .....	2	1	2	3
Past Illness of tuberculous significance, e.g., Pleurisy, Tuberculous cervical adenitis, Tuberculous erythema nodosum, etc. Histories of Bronchitis, Bronchiectasis, Pneumonia, Carcinoma and pre-disposing illnesses of non-tuberculous causes are not required .....	3	5	1	6
None or history not known. This code must not be used where detail is available under any one of the headings coded 1, 2 or 3. It applies only to cases for which no information is available under ALL headings .....	4	18	8	26
Unobtainable. It may be inconvenient to obtain this information from certain examinees, such as School Leavers .....	5	—	—	—

Where more than one possibility is applicable, all the code numbers are given.

### B.C.G. VACCINATION

The following arrangements are in operation:—

**Vaccination of Contacts.**—The vaccination of selected contacts of known tuberculosis cases in accordance with Ministry of Health Circular 72/49 has been continued. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year, 121 children (61 boys, 60 girls), who were found to be Mantoux negative, received vaccination. Subsequent Mantoux tests were positive.

**Vaccination of School Children.**—In accordance with Ministry of Health Circular 22/53 the vaccination of older school children has been continued. The parents of children who would reach 13 during the year were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health and medical officers who have received special instruction in B.C.G. vaccination undertake these duties.



The following figures relate to the work undertaken during the year:—

No. of children offered B.C.G. ....	1,494
No. of acceptances .....	971
Percentage accepting .....	65
No. excluded on medical grounds .....	17
No. completing skin testing .....	946
No. positive .....	225
Percentage positive .....	24
No. negative .....	721
No. receiving vaccination .....	704
No. positive at subsequent skin test .....	691

The 13 children who were not Mantoux positive following vaccination were still being followed-up at the end of the year.

### Special Investigations in Schools

The combined use of Mantoux testing and miniature X-ray examination provides a valuable approach in the tracing of contacts and the ascertaining of early or missed cases of pulmonary tuberculosis where a known source of infection exists.

Where a group of children or individuals have been in close contact with an open case (sputum positive) a certain procedure should be followed. If the case occurs in a school:—

1. All staff should be Mantoux tested and X-rayed.
2. All children should be Mantoux tested.
3. Children who show a positive reaction should be X-rayed.

### Investigation 1/56.

In July, a girl in a secondary modern school was notified as suffering from pulmonary tuberculosis (sputum positive). The parents of all children attending the school and the staff were advised of the facilities available. Of the 359 children on the register, the parents of 238 consented to skin testing and if considered necessary, an X-ray examination of the chest. The Medical Director of the No. 6 Mass Miniature Radiography Unit of the Manchester Regional Hospital Board willingly agreed to undertake the X-ray examinations and the children and staff were provided with transport to the Unit. As a result of this investigation one child was referred to the Chest Physician and though not accepted as a definite case of pulmonary tuberculosis was admitted to Hefferston Grange Sanatorium for observation and was still there at the end of the year.

No. of Children	Investigation 1/56
Mantoux tested .....	135
Mantoux negative .....	88
Mantoux positive .....	47
Mantoux positive (previous tests) .....	103
X-rayed .....	154
<b>No. of Staff</b>	
X-rayed .....	13

The children Mantoux positive at previous tests are those whose parents had consented to B.C.G. vaccination.



### Medical Research Council

This large-scale clinical trial referred to in previous reports has continued throughout the year. Oldham is one of the authorities participating in the trial, the volunteers being children who left secondary modern schools during the 18 months September, 1951, to March, 1953.

In February, the Medical Research Council published a detailed report covering the first two and a half years' work. Over 56,000 children were included in this trial mainly from the North London, Birmingham and Manchester areas and the results, so far, show that a very useful degree of protection was given.

During the year, the Unit visited the Borough in February and August to make follow-up examinations of the children already admitted to the scheme and of the 1,087 children invited to attend 518 attended. These examinations were carried out by the Medical Research Council's Mass Radiography Unit at the Community Centre, Clegg Street. The volunteers were asked to attend between 4-30 p.m. and 8 p.m.

The Medical Research Council provides the medical, radiological and clerical staffs and the Mobile X-ray Unit but the nursing staff of the School Health Service undertakes the home visiting.

The Health Visitors and School Nurses are assisting in the follow-up of the children and during the year visited the homes of 793 children in order to complete the follow-up reports.

I am indebted to Dr. S. Keidan, Physician-in-Charge of the Unit, for the following report:—

"Supervision of the young people from Oldham taking part in the anti-tuberculosis vaccines trial has continued throughout the year. The annual postal enquiry about the health of the volunteers was made, and each person invited to attend a centre for the X-ray examination of the chest carried out by the Medical Research Council Mobile Radiography Unit. These examinations were held during the evenings and there has been no significant falling off in attendance in comparison with previous years.

A most important contribution to the "follow-up" of these volunteers is the annual home visit made by Health Visitors to obtain information about their health during the previous twelve months and the nature of their employment. This personal interview also encourages the young people to keep the appointment made for an X-ray examination of the chest and maintains their interest in the trial.

The First Progress Report of this trial was published in February, 1956. This was a long report packed with much useful information and copies have been sent to all the members of the medical and nursing staff who are co-operating in this trial.

The results so far show that a general vaccination scheme at the age of 14-15 should reduce the number of cases of tuberculosis developing in adolescents by about a half.



One of the most important questions that can not yet be answered is how long the protection given by the vaccine will last and it has therefore been decided to continue with the follow up of all the volunteers for a few more years. Until more is known of the duration of protection given by the vaccine it is not possible to decide definitely the most suitable age at which it should be given.

Finally, although the vaccine can make a substantial contribution to the prevention of tuberculosis, it should not be assumed that efforts to control the disease by other means can be relaxed. The investigation is still in progress and further reports will appear later."

### **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 1956-57 to the National Association for the Prevention of Tuberculosis in support of the general work which the Association undertakes in the fight against tuberculosis.

No patients were admitted to tuberculosis colonies during the year. A male aged 45 years (admitted 1950) continued to remain in the East Lancashire Tuberculosis Colony, Great Barrow, near Chester. A female aged 26 years (admitted 1947 to Papworth Village Settlement) commenced training in February under the Ministry of Labour Training Scheme and the patient was still undergoing training at the end of the year.

### **Mental Illness or Defectiveness**

The arrangements for the care and after-care of persons suffering from mental illness or defectiveness are fully described in the Mental Health Section of this report. In a few cases special walking frames have been supplied to assist the defective to learn to walk and become ambulant. Wheel chairs also have been supplied to other cases.

### **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 13 patients received nursing requisites and at the end of the year 13 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 .....	4	6
Mattresses .....	5	7
Mattress covers .....	5	7
Blankets .....	18	29
Pillows .....	12	18
Urinals .....	4	2
Bed pans .....	2	1
Air-Rings .....	3	—
Rubber sheets .....	—	—
Sheets .....	6	6
Rubber cushions .....	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.

### (iii) Other Cases

The St. John Ambulance Brigade loan nursing requisites to general medical and surgical cases and the Local Health Authority supplies beds, bedding and fire guards in special cases.

### (b) By Voluntary Organisations

#### (i) 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. Nursing requisites are obtained on the certificate of a medical practitioner and 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 Monday to Friday from 7-30 p.m. to 9 p.m. During the year, 430 patients received assistance and 646 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-Rings .....	92	61
Bed cradles .....	4	3
Bed pans .....	149	69
Bed rests .....	91	30
Bed tables .....	3	4
Commodes .....	6	10
Crutches (pairs) .....	7	9
Enamel bowls and dishes	6	4
Feeding cups .....	19	12
Invalid chairs .....	30	10
Rubber sheets .....	142	79
Sorbo beds .....	—	1
Sputum mugs .....	—	—
Urinals .....	90	56
Walking sticks .....	7	13
Water beds .....	—	3



For the financial year 1956-57 the Home Nursing Sub-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.

(ii) Oldham and District Health Services  
Contributory Association.

The Home Nursing Sub-Committee made a grant of £25 to this Association in respect of the financial year 1956-57 for the facilities they provide for the loan of nursing equipment and convalescence.

### Convalescence

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. No cases were sent under these arrangements during the year.

The Local Education Authority have arrangements for providing convalescence for school children, suitable cases being recommended through the School Health Service. During the year 6 children (3 girls and 3 boys) were sent for a period of convalescence under these arrangements.

The Education Committee again agreed to provide diabetic children with two weeks' holiday at a holiday camp sponsored by the Diabetic Association. One girl, aged 13 years, was sent for two weeks' holiday to the Filey/Saltburn Holiday Camp, Yorkshire. The arrangements, which were made by the Diabetic Association, were most satisfactory.

## 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.

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) ...	12	22
Part-time (under 30 hours per week) .....	60	78

During the whole of the year the full charge remained at 3s. 4d. per hour.

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 and 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.



The total number of cases assisted again shows an increase and the number of cases remaining on the books on the 31st December was considerably higher than in the previous year. Towards the end of the year, the Committee were considering the appointment of a forewoman in the service to allow the Organiser to devote more time to the administration of the service and the visiting of cases. During the year the Organiser made 339 visits which compares with 272 visits made in 1955. The Domestic Help Organiser attended the International Conference and Summer School which was organised by the Institute of Home Help Organisers and held at Oxford from the 29th September to the 3rd October.

During the year domestic help was provided for 1,039 cases, which compares with 1,024 cases for the previous year. This increase is almost entirely due to assistance given to cases of old age and sickness.

The following table summarises the cases receiving assistance:—

Type of Case	Cases on books at 1st Jan.	New Cases	Total Cases Receiving Assistance	Cancelled Cases	Cases on books at 31st Dec.
Sickness	40	56	96	48	48
Maternity Cases	1	25	26	26	—
Tuberculosis	2	4	6	3	3
Old Age & Sickness	500	360	860	259	601
Blind	31	20	51	12	39
Totals:	574	465	1,039	348	691

### 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.

The charge for this service is 18s. 6d. per session. This amount 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 4 night attendants who undertook regular duties and additional assistance was obtained when there was a heavy demand on the service.

Number of cases .....	69
Number of "night sessions" .....	415

These figures compare with 83 cases and 399 "night sessions" for the previous year.



## 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 the members of the Health Committee and two 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), (b), (d) and (f) 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. R. Falconer, 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 purposes 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 Officers, who also act as	
Duly Authorised Officers .....	3
Psychiatric Social Worker, or Mental	
Health Officer .....	1

There were 4 mental health officers employed throughout the year.

All mental health officers are included as casual users in the scheme of Motor Car Allowances for the Corporation.

#### 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 Elizabeth Martland Unit.



In January, Mr. D. G. Pickles, M.A., terminated his duties as Psychologist to take up the post of County Clinic Psychologist in the Child Guidance Clinic of the West Riding County Council, and was succeeded in March by Mr. D. B. Worthington.

#### **Occupation Centre**

The establishment allows for the appointment of 1 Supervisor, 2 Assistant Supervisors, and 2 Domestic Helpers.

#### **Creche**

The establishment allows for the appointment of 2 Creche Attendants.

#### **Industrial Centre**

The establishment allows for the appointment of one Senior Handicraft Instructor and one Handicraft Instructor.

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

Mrs. B. Lees, Mental Health Officer, attended a Refresher Course for Teachers of the Mentally Handicapped held in London, from the 26th July to the 3rd August.

Mr. D. B. Worthington, Psychologist, attended an Advanced Study Group on the Rorschach Method held in London from the 27th to the 31st August.

#### **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 when his services are required.

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 Officers and the Psychologist undertake duties at the Oldham and District General Hospital, both in the Elizabeth Martland Unit and in the Psychiatric Out-Patient Clinic, which are the responsibility of the hospital service. The Mental Health Officers visit the mental wards and assist with group and recreational therapy. The Management Committee reimburse the Health Committee the full cost of these services.

The Mental Health Officers 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 Officers also prepare a detail social history for patients 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.



No direct representative of the Oldham and District Hospital Management Committee is co-opted on to the Mental Health Sub-Committee but five members of the Health Committee and the Medical Officer of Health are also members of the Committee.

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

No specific duties have been delegated to voluntary organisations.

One member of the Oldham Council for Mental Health is co-opted on to the Mental Health Sub-Committee and in May, the Health Committee appointed Mrs. M. Baron, J.P., as the member for the year 1956-57.

The Mental Health Sub-Committee made a grant of £25 for the financial year 1956-57, to the National Association for Mental Health.

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

The majority of patients are now being referred either to the Psychiatric Out-Patient Department or to the Mental Health Officers for advice 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 Officer accompanies the Consultant.

There were 170 new cases referred to the Department during the year. Of these 68 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. The disposal of the remaining 102 cases was as follows:—

Referred to Welfare Services Department	5
Referred to Consultant Geriatrician .....	3
Referred to Psychiatric Out-Patient Clinic	19
Admitted to Day Care .....	10
Admitted to Mental Hospitals .....	65

The 65 patients receiving treatment in mental hospitals were admitted as follows:—

Under Order (three day) .....	10
Under Order (fourteen day) .....	3
Under Summary Reception Orders .....	2
As voluntary patients .....	50

Following the admission of a patient to the Elizabeth Martland Unit, or other mental hospital, arrangements are made for relatives to be referred to the Mental Health Officers for information and advice.

In accordance with the Mental Treatment Rules, 1948, details of all admissions, transfers or discharges from the Elizabeth Martland Unit 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 after-care and if the patient is willing, the mental health officers visit these cases. Their progress and 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 officers:—

Pre-care visits .....	659
After-care visits .....	1,046
Visits with consultant .....	34
Ineffective visits .....	407
Social histories .....	88
Pre-discharge reports .....	1

#### Convalescence from Mental Illness

The Mental Health After-Care Association has been unable to secure premises for use as a Convalescent Home for patients suffering from mental illness and no facilities of this type are available in the region.

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

#### Work undertaken by the Duly Authorised Officers

The Mental Health Officers, who are also appointed Duly Authorised Officers, have statutory duties under the Lunacy and Mental Treatment Acts and 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 weekend calls. The officer on duty can be contacted through the Police or the Central Admissions Bureau of the Oldham and District General Hospital.

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

(A) Admissions and Removals to Hospital	40
(a) Lunacy Act, 1890, Section 16 (Summary Reception Order).	
Elizabeth Martland Unit .....	11
(b) Lunacy Act, 1890, Section 20 (3 day order)	
Elizabeth Martland Unit .....	17
Prestwich Hospital .....	3
	—
	20
(c) Lunacy Act, 1890, Section 21 (14 day order)	
Elizabeth Martland Unit .....	9
(d) Mental Treatment Act, 1930 (Section 5) .....	—
(B) Completion of Orders for Further Detention	5
(a) Lunacy Act, 1890, Section 16 (Summary Reception Order).	
Elizabeth Martland Unit:	
Oldham residents .....	2
Non-residents .....	3

#### Facilities for Treatment

##### Out-Patient Treatment

Clinics are held daily in the Psychiatric Out-Patient Department of the Oldham and District General Hospital. A considerable amount of E.C.T. treatment is given to out-patients and two sessions a week are allocated for this treatment.



### Day Care

Patients are admitted for day care to the Elizabeth Martland Unit, Oldham and District General Hospital, and to the Psychiatric Ward at Westhulme Hospital.

Arrangements exist for selected patients who are considered suitable to be admitted for day care. The transport is provided by the Ambulance Service, a sitting-case car being used, which calls for the patients during the morning and returns them home in the late afternoon or early evening.

On the 1st January, 19 patients (7 males, 12 females) were receiving day care, and during the year 34 patients (11 males, 23 females) were admitted, making a total of 53 patients (18 males, 35 females) who received care in 1956.

On the 31st December, there were 17 cases (4 males, 13 females) still attending for day care.

The following is a summary of the 36 cases (14 males, 22 females) ceasing to receive day care during the year:—

- (1) Admitted to the Elizabeth Martland Unit—13 (6 males, 7 females).
- (2) Admitted to Westhulme Hospital—3 (females).
- (3) Died—5 (1 male, 4 females).
- (4) Discharged or discontinued—15 (7 males, 8 females).

### In-Patient Treatment

The majority of patients requiring hospital treatment are admitted to the Elizabeth Martland Unit, Oldham and District General Hospital. This Unit is a designated mental hospital and modern methods of therapy are undertaken both there and in the Psychiatric Out-Patient Department of the hospital.

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.

A limited number of beds are also available in the Psychiatric Ward at Westhulme Hospital. Patients are admitted without formality.

During the year there were 88 new admissions and 69 re-admissions (related to 142 patients) of Oldham residents notified to the Department:—

Hospital	Admissions			Total
	Under Order	Voluntary Patients	Temporary Patients	
Elizabeth Martland Unit ...	39	107	—	146
Prestwich Hospital .....	4	2	—	6
Springfield Hospital .....	—	2	—	2
Fairfield Hospital .....	—	2	—	2
Storthes Hall Hospital .....	1	—	—	1
	—	—	—	—
Total .....	44	113	—	157
	—	—	—	—

Notification was received of 29 Oldham residents who died in Mental Hospitals and of 140 discharges.



Information was received of 30 patients detained in hospital who were transferred to voluntary status (Elizabeth Martland Unit, 28; Prestwich, 2).

Information was also received of one patient who was 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 the case:—

Elizabeth Martland Unit to Springfield Hospital ... 1

#### **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 Elizabeth Martland Unit from addresses outside the area of this authority.

During the year 3 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 deficiency and mental hospitals. The mental health officers have authority to request an ambulance or sitting-case car and where necessary the services of attendants are obtained from the Elizabeth Martland Unit.

The transport of patients receiving "day care" to and from their homes is undertaken by the Ambulance Service. Many out-patients receiving E.C.T. treatment are also conveyed to the Psychiatric Out-Patients Department and returned home usually by sitting-case car.

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

Males attending the Industrial Centre are encouraged to make their own way by public transport, but where they are unable to do so owing to their disability, they are conveyed to and from their homes by sitting-case car.

### **MENTAL DEFICIENCY**

#### **Cases Reported During the Year**

There were 24 cases reported during the year.

Of these, 21 were reported under the Education Act, 1944, 5 having been found incapable of receiving education at school, and 16 requiring supervision after leaving school.

There were 3 cases reported under the Mental Deficiency Acts as follows:—

(a) Detained in the Elizabeth Martland Unit .....	0
(b) In Welfare Services Accommodation .....	0
(c) At the instance of the parent or guardian .....	2
(2 males aged 37 years)	
(d) Found neglected or without visible means of support .....	0
(e) Referred by the Police or by the Courts under Section 8	
(1) (a) or as a result of other action by the Courts .....	0
(f) Cases reported but not regarded as defectives "subject to be dealt with" and receiving adequate care .....	1
(female aged 38 years)	



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 23 defectives found to be "subject to be dealt with." All these were placed under statutory supervision.

#### **Statutory Supervision**

At the beginning of the year there were 209 cases under statutory supervision.

During the year 23 newly ascertained cases were placed under statutory supervision.

The following details relate to the 23 ascertained cases found to be "subject to be dealt with" and placed under statutory supervision:—

(a) <b>Children of School Age</b> .....	21
(1) <b>Incapable of Receiving Education</b> .....	5
At home—in care of parents .....	0
Admitted to the Occupation Centre .....	4
Admitted to the Creche .....	1
(2) <b>Requiring Supervision after Leaving School</b> .....	16
There were 13 children who left the Chaucer Special School, 1 who left the Colthurst House Special School, and 2 who left ordinary schools. All but three of these children were suitably employed at the end of the year:—	
1 male was placed in the Arthurs Industrial Centre.	
1 female was placed in an Epileptic Colony.	
1 female remained at home pending suitable employment being obtained.	
(b) <b>Adults and Juveniles</b> .....	2
At home .....	2
(2 males aged 37 years)	

The following 15 cases were removed from statutory supervision during the year:—

Placed under voluntary supervision .....	9
Recommended for institutional care .....	1
Removed out of area .....	3
Died .....	2

At the end of the year there were 217 cases remaining under statutory supervision.

#### **Institutional Care**

Defectives recommended for institutional care are usually admitted to one of the mental deficiency hospitals in the area of the Manchester Regional Hospital Board.

At the beginning of the year, 61 cases recommended in previous years for institutional care, including 44 cases detained in the Elizabeth Martland Unit, Oldham and District General Hospital, and 5 cases in Welfare Services accommodation were awaiting admission to mental deficiency hospitals.



Of these, 5 cases (1 male, 4 females) were admitted during the year, but 2 cases (1 male, 1 female) died, 1 being resident in the Elizabeth Martland Unit, and 1 in Welfare Services accommodation. In addition, 2 cases (1 male, 1 female) resident in Welfare Services accommodation removed out of the area.

During the year, 1 case under statutory supervision was recommended for institutional care, and was subsequently admitted during the year.

At the end of the year 52 cases recommended for institutional care, including 43 cases detained in the Elizabeth Martland Unit, Oldham and District General Hospital, and 2 cases in Welfare Services accommodation 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.

	Recommended for Institutional Care			Admitted to M.D. Hospitals, removed or died			Awaiting vacancies in M.D. Hospitals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases prior to 1st January .....							28	33	61
(i) <b>New Cases</b>									
(a) Ascertained Cases .....	-	-	-	-	-	-	-	-	-
(b) Ascertained Cases (E.M.U.)	-	-	-	-	-	-	-	-	-
(c) Court Action .....	-	-	-	-	-	-	-	-	-
(ii) <b>Other Cases</b>									
(a) Under Stat. Supervision ...	1	-	1	1	-	1	-	-	-
(b) Under Stat. Guardianship ...	-	-	-	-	-	-	-	-	-
(c) In "place of safety" .....	-	-	-	-	-	-	-	-	-
(d) Court Action .....	-	-	-	-	-	-	-	-	-
	1	-	1	1	-	1	-	-	-
Awaiting admission at 1st Jan.	28	33	61	3	6	9	25	27	52
Total at 31st December .....	29	33	62	4	6	10	25	27	52

The following table summarises the 6 cases admitted to institutional care:—

Hospital		Age Groups				
		0-5	5-10	10-15	15-20	Over 20
Calderstones	M ...	-	-	-	-	1
Hospital	F ...	-	-	-	-	1
Olive Mount	M ...	-	1	-	-	-
Hospital	F ...	-	-	-	-	-
Newchurch	M ...	-	-	-	-	-
Hospital	F ...	-	-	-	-	1
Royal Albert	M ...	-	-	-	-	-
Hospital	F ...	-	-	-	-	1
Swinton	M ...	-	-	-	-	-
Hospital	F ...	-	1	-	-	-
Total .....		-	2	-	-	4

### Guardianship

At the beginning of the year 3 cases (2 males, 1 female) were under guardianship.

- (1) A female aged 24 years, employed in the St. Saviour's Convent, Liverpool, is under the guardianship of the Sister Superior.
- (2) A male aged 29 years, who was placed under the guardianship of an officer of the local health authority in October, 1953.
- (3) A male aged 18 years, who was placed under the guardianship of an officer of the local health authority in December, 1954.

During the year the following cases detained in hospital had their orders varied to guardianship, of an officer of the local health authority:—

- (1) A male aged 50 years, who was admitted to the Royal Albert Hospital in October, 1954, having previously been under guardianship.
- (2) A male aged 45 years, a registered blind person, had been under detention in mental deficiency hospitals since July, 1932. An order varying his detention order to guardianship was obtained in November, 1956.

At the end of the year there were 4 males and 1 female under guardianship.

### Voluntary Supervision

At the beginning of the year there were 54 cases under voluntary supervision.

During the year 1 new case was placed under voluntary supervision, together with 4 who were offered voluntary supervision following discharge from hospital, and 9 from statutory supervision.

The following 11 cases were removed from voluntary supervision during the year:—

Ceased to be under care ..... 11

At the end of the year there were 57 cases under voluntary supervision.

### Taken to "Place of Safety"

There was no case admitted into a "place of safety" during the year.

### Community Care

The duties of the mental health officers 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:—

#### Reports

Case Histories .....	29
Progress Reports .....	10

#### Visits

Statutory Supervision .....	848
Statutory Guardianship .....	68
Ineffective Visits .....	316



Two of the Mental Health Officers and the Psychologist 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.

Four cases on licence to relatives who were under supervision by the Mental Health Officers were found to be sufficiently stabilised to be discharged from their Orders during the year.

At the end of the year there was only 1 case (male) remaining on licence.

#### **Temporary Accommodation**

During the year short-term care was provided for 8 cases as follows:—

	Males	Females
Calderstones Hospital .....	—	1
Brockhall Hospital .....	3	—
Cranage Hall Hospital .....	1	—
Royal Albert Hospital .....	—	1
The Manor Hospital .....	—	2

The periods of accommodation varied from 2 to 8 weeks.

#### **Arrangements with Adjacent Local Health Authorities**

By arrangement, suitable cases can be admitted from the Saddleworth district into the Occupation Centre and a charge is made to the West Riding County Council for these cases.

The Lancashire County Council, and the West Riding County Council have agreed that suitable adults should attend the Arthurs Industrial Centre. A charge is made to these authorities.

#### **Creche Facilities**

These facilities are available in a large wooden hut on the Glen Mill Site. They provide for children who are unsuitable for admission to the Occupation Centre, and the number of weekly attendances allowed per child varies according to the special needs of the case. Training of a nursery type is undertaken and the services of the Psychologist are utilised.

In addition to the two attendants, the services of the Mental Health Officers are also utilised.

At the beginning of the year 10 children (5 males, 5 females) were on the register. During the year 2 new children were admitted and none discharged. At the end of the year there were 12 children (6 males, 6 females) on the register.

#### **Occupation Centre**

The Haven Lane Occupation 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 October, an Inspector of the Board of Control made the usual routine visit.



During the year, Mrs. J. L. Worfolk, Supervisor, Miss Brooks and Miss Boyling, Assistant Supervisors, resigned from the Centre. Mr. P. Stephens was appointed Supervisor, and Mrs. Wilcock and Mrs. Darbyshire as Assistant Centre Supervisors.

During the year there were 5 new admissions (4 boys, 1 girl) from the Oldham County Borough. On the 31st December, there were 41 pupils on the register, 37 from the Oldham County Borough and 4 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 support.

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 Creche, and they are fully used.

#### **Industrial Centre**

The Arthurs Industrial Centre for mentally handicapped adult males was established in November, 1954, in one of the huts on the Glen Mill Site, and was formally opened on the 28th January, 1955, by His Majesty King Peter II of Yugoslavia.

The primary aim of the centre is to train suitable persons for remunerative employment in outside industry so that eventually they become self-supporting units in the community.

At the end of the year a total of 36 adult males were attending the centre—2 were from the Saddleworth area, 3 were from the adjacent Lancashire County districts and 8 were from the Elizabeth Martland Unit, 2 of whom were psychiatric patients.

The centre is open from 9 a.m. to 5 p.m. and is closed on Saturdays. A mid-day meal is provided through the School Meals Service under the same arrangements as for the Occupation Centre.

Travelling facilities are provided free, either by the provision of 'bus tokens or by transport through the Ambulance Service.

The work of the centre is varied and includes the usual handicrafts. The production and repair of selected articles of furniture is undertaken, using modern high-speed woodworking machinery. A chain link fencing machine is in production for the manufacture of fencing. The emphasis of training in the latter part of the year has been on out-door work connected with the excavations and the laying of the foundations of the Alice A. Kenyon Industrial Centre. Many valuable lessons were learned



in the technique of work discipline and although no trainees were placed in employment during the actual year, at the end of the year several trainees were ready to undertake outside employment.

The Arthurs Industrial Centre has proved of the greatest value both for the training of mentally handicapped persons to undertake remunerative employment, and in caring for those who would otherwise have no occupational provision. The success of the centre has accentuated the need for similar provision for females and the building of a female centre was commenced in October.

This centre is of unusual construction as the two main wings are to be of prefabricated structure, utilising the Tarran Type prefabricated bungalows which were obtained in the previous year from the Ministry of Works. Wherever possible, existing services have been utilised to reduce the cost of the project, and the existing wooden hut will be adapted and renovated to form the dining room of the new centre.

### Home Training

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

The following are the statistical returns relating to Mental Defectives:—

### Mental Deficiency Acts, 1913 to 1938

#### I. Particulars of mental defectives as on 1st January, 1957.

	M.	F.	T.
(1) No. 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 .....	5	7	12
Aged 16 years and over .....	58	37	95
In Elizabeth Martland Unit, Oldham and District General Hospital (over 16) .....	20	23	43
(b) Under Guardianship (including cases on licence therefrom)			
Under 16 years of age .....	—	—	—
Aged 16 years and over .....	4	1	5
(c) In "places of safety" .....	—	—	—
(d) Under Statutory Supervision (excluding cases on licence)			
Under 16 years of age .....	23	18	41
Aged 16 years and over .....	96	89	185
(e) Awaiting removal to an Institution (included in (d) above)			
Under 16 years of age .....	2	1	3
Aged 16 years and over .....	3	3	6
<b>TOTAL Ascertained cases found to be "subject to be dealt with" .....</b>	<b>206</b>	<b>175</b>	<b>381</b>

## (2) No. of mental defectives under Voluntary Supervision:—

Under 16 years of age .....	—	—	—
Aged 16 years and over .....	34	23	57
<b>TOTAL</b> number of mental defectives .....	<b>240</b>	<b>198</b>	<b>438</b>

## (3) No. of Mental Defectives Receiving Training:—

(a) In Occupation Centre .....	13	23	36
(b) In Industrial Centre .....	22	—	22
(c) In Creche .....	6	6	12
<b>TOTAL</b> .....	<b>41</b>	<b>29</b>	<b>70</b>

**II. Particulars of cases reported during 1956.**

	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 .....	4	1	5
(2) On leaving special schools .....	6	8	14
(3) On leaving ordinary schools .....	1	1	2
(ii) Police or by Courts .....	—	—	—
(iii) Other sources .....	2	—	2
(b) Cases reported who were found to be defectives but not regarded as "subject to be dealt with" on any ground .....	—	1	1
<b>TOTAL</b> number of cases reported during the year	<b>13</b>	<b>11</b>	<b>24</b>

**III. No. of Mental Defectives in Institutions, under Community Care, including Voluntary Supervision or in "places of safety" on 1st January, 1956, who have ceased to be under any of these forms of care during 1956.**

	M.	F.	T.
(a) Ceased to be under care .....	6	5	11
(b) Died .....	2	2	4
(c) Removed from area .....	3	5	8
(d) Lost sight of .....	—	—	—
<b>TOTAL</b> .....	<b>11</b>	<b>12</b>	<b>23</b>



## 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, O.B.E., J.P.) and 24 other members who hold office for a period of three years, 8 being appointed by the Oldham Health Authority. Councillors S. T. Marron, J.P., and A. Tweedale, J.P., and Alderman Miss A. A. Kenyon, J.P., were re-appointed. The following have been appointed as representatives of the Local Health Authority:—

Alderman J. Bradley  
Councillor J. H. Broadbent  
(to retire 31st March, 1957)  
Alderman F. B. Balson  
Councillor W. Wheeler  
Dr. J. T. Chalmers Keddie  
(to retire 31st March, 1958)  
Councillor S. T. Marron, J.P., F.C.C.S.  
Councillor A. Tweedale, J.P.  
Alderman Miss A. A. Kenyon, J.P.  
(to retire 31st March, 1959)

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 118,975 at 1st January and 118,840 at 31st December. These figures compare with the Registrar-General's estimated population for mid-June of 119,500. All the doctors practising in the County Borough are in the Scheme and at the end of the year there were 104 on the Council's Medical List, and one assistant, 51 being resident in the borough and 54 in the adjacent districts. In the previous year there were 103 on the Council's Medical List and one assistant, 51 being resident in the borough and 53 in the adjacent districts. The average number of patients on the lists of doctors resident in Oldham was estimated to be 2,660 compared with 2,671 for the previous year.

At the end of the year there were 94 general medical practitioner obstetricians on the Council's Obstetric List, an increase of 4 on 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 57 firms including 10 surgical appliance suppliers, a decrease of 3 on the previous year, providing services as follows:—

Pharmacies in the area .....	47
Drug Stores .....	—
Surgical Appliance Suppliers .....	10



### Dental Services

All the dentists in the area provide dental services under the Scheme. At the end of the year 27 dentists (including one assistant), a decrease of 2 on the previous year, were on the dental list, 21 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, 25 ophthalmic opticians representing 22 shops 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 and 28 ophthalmic opticians, representing 24 shops were providing optical services.

### Finance

Under the National Health Service Act, 1951, patients are requested 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 ended 31st March, 1957, the expenditure totalled £419,565 which compares with £390,666 for the year ended 31st March, 1956.

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 the members of the public, which are paid to dentists, opticians and chemists:—

	1956/57 £	1955/56 £
Doctors:		
(a) General Medical Services .....	140,823	133,843
(b) Maternity Services .....	6,795	6,444
Chemists .....	171,242	151,637
Dentists .....	57,706	57,910
Ophthalmic .....	35,305	34,327
Administration .....	7,269	6,505



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

	1956/57	1955/56
	£	£
General Dental Services .....	18,174	18,528
Supplementary Ophthalmic Services .....	20,288	20,520
Pharmaceutical Services .....	27,174	24,264
Total .....	£65,636	£63,312

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 a number of 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 mildly prevalent in January, 32 cases being notified. The incidence of Measles was low, only 116 cases being notified but of these, 43 were notified in December. This was the beginning of an epidemic which covered the early months of the new year. Whooping Cough achieved a low incidence, only 43, cases being notified. Dysentery was most prevalent during the months of April, May, June and July and of the 204 cases notified, 168 were notified during these months.

The following table shows the attack rates and death rates for certain diseases for the County Borough:—

**Attack Rates and Death Rates  
per 1,000 of the Population**

	Attack Rate	Death Rate
Typhoid Fever .....	—	—
Paratyphoid Fever .....	—	—
Meningococcal Infection .....	0.04	—
Scarlet Fever .....	1.08	—
Whooping Cough .....	0.36	—
Diphtheria .....	—	—
Smallpox .....	—	—
Measles .....	0.96	—
Pneumonia (Primary and Influenzal)	0.53	0.09
Acute Poliomyelitis:		
(a) Paralytic .....	0.04	—
(b) Non-Paralytic .....	0.06	—
Puerperal Pyrexia .....	4.35*	—
Food Poisoning .....	0.61	—

\*Rate per 1,000 live and stillbirths.

## Diphtheria

No cases were notified and no deaths registered.

## Scarlet Fever

There were 130 cases notified compared with 259 in the previous year. No deaths were registered.

## Erysipelas

There were 11 cases notified compared with 12 in the previous year. Of the 11 cases notified, 7 occurred in persons of 45 years of age and over. No deaths were registered.

## Enteric Fever

No cases were notified and no deaths registered.



### **Meningococcal Infection**

There were 5 cases of meningococcal meningitis notified and confirmed. The meningococcal organism was isolated in 3 cases. No deaths were registered.

### **Acute Encephalitis**

No cases were notified and no deaths registered.

### **Acute Primary Pneumonia**

There were 56 cases notified and 10 deaths registered. With regard to these deaths 1 was notified posthumously and 7 were brought to notice on the Registrar's returns.

### **Influenza and Influenzal Pneumonia**

There were 8 cases of influenzal pneumonia notified and 1 death registered. This death was brought to notice on the Registrar's returns and the case was not notified.

There were 5 deaths registered as due to influenza.

### **Measles**

There were 116 cases notified compared with 1,832 in the previous year.

No deaths were registered as due to measles.

### **Whooping Cough**

There were 43 cases notified compared with 15 in the previous year. Of the 43 cases notified 3 had received the full course of whooping cough immunisation and these were classified as follows:—

Severe .....	0
Moderate .....	1
Mild .....	2

No deaths were registered as due to whooping cough.

### **Dysentery**

During the year 204 cases were notified (199 Sonn , 5 no organism isolated). During June and July an outbreak occurred at Hathershaw Infant School and 36 children were ascertained as confirmed cases, 35 being Sonn  positive. Following investigation, 32 cases amongst home contacts were confirmed. (13 adults, 6 school children and 13 pre-school children). In addition 3 cases were confirmed in the Junior School. Just prior to the outbreak cases of dysentery were occurring in an industrial nursery in the Hathershaw area. There were no deaths registered as due to dysentery.

### **Ophthalmia Neonatorum**

During the year 12 cases of ophthalmia neonatorum were notified. These were kept under observation and in no case was vision impaired.

### Puerperal Pyrexia

There were 8 cases of puerperal pyrexia notified as follows:—

Oldham and District General Hospital .....	4
Woodfield Maternity Home .....	2
Domiciliary .....	2

### Smallpox

No cases were notified and no deaths registered.

### Acute Poliomyelitis

There were 12 cases (5 paralytic and 7 non-paralytic) notified and confirmed. No deaths were registered.

No child who had been vaccinated with poliomyelitis vaccine developed the disease but two paralytic cases (Case No. 2 and Case No. 3) were registered for vaccination but had not been vaccinated as they were not in the selected age groups. The following details relate to the cases notified:—

#### (a) Paralytic:

**Case No. 1 (E.B)** A male aged 12 years was admitted to hospital on the 28th July, with weakness of both legs. On discharge from hospital there was no evidence of paralysis and when seen some months later there was no disability.

**Case No. 2 (P.H.)** A male aged 5 years was admitted to hospital on the 31st July, with paralysis of both legs. On discharge he received regular orthopaedic treatment and later could walk with calipers. Partial paralysis of both legs persisted. He was subsequently admitted to a special school for physically handicapped children.

**Case No. 3 (D.F.)** A male aged 7 years was admitted to hospital on the 10th August, with severe paralysis of hips and both legs. On discharge from hospital he received regular orthopaedic treatment but was unable to stand or walk and was unfit to attend school. Arrangements were made for him to receive home tuition.

**Case No. 4 (D.K.)** A male aged 3 years was admitted to hospital on the 29th October, and developed slight weakness of the left leg and abdominal muscles. On discharge from hospital there was complete recovery.

**Case No. 5 (G.R.)** A female aged 11 years was admitted to hospital on the 5th November with paralysis of both legs. On discharge a few months later she was able to walk a few steps with the aid of calipers.

#### (b) Non-Paralytic:

The following 7 cases were non-paralytic and on discharge from hospital had no signs of paralysis:—

**Case No. 6 (D.G.)** A female aged 18 years.

**Case No. 7 (E.G.)** A female aged 3 years.



**Case No. 8 (E.H.)** A female aged 12 years.

This child remained at home but when her mother (Case No. 11) was diagnosed as suffering from poliomyelitis (non-paralytic), they were both removed to hospital.

**Case No. 9 (E.R.)** A female aged 8 years.

**Case No. 10 (B.W.)** A male aged 4 years.

**Case No. 11 ( H.)** A female aged 44 years.

(This is the mother of Case No. 8).

**Case No. 12 (F.M.)** A male aged 12 years.

In November two cases occurred (Case No. 5 and Case No. 8) among the pupils attending The Hulme Grammar School for Girls, both sat together in the same form and the onset of symptoms was simultaneous. It was considered necessary to take special precautions, and all the pupils in the form (Upper IIIW) were excluded from school for a period of three weeks from the last contact. The parents concerned were notified by letter and advised as to the necessary precautions to be taken. All games and fixtures with other schools were cancelled and also all arrangements to take part in a Sports Rally the same week. The Head Mistress and staff concerned afforded every facility and the parents co-operated fully. With regard to all other contacts the usual surveillance was observed.

### **Malaria**

No cases were brought to notice during the year.

### **Glandular Fever**

One case was brought to notice. A male aged 23 years was admitted to hospital with tonsillitis and subsequently diagnosed as glandular fever.

### **Other Diseases**

No cases of cholera, anthrax, undulant fever or typhus fever were brought to notice.

### **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 74 cases of food poisoning were formally notified. Of these 64 were associated with 9 outbreaks and the remaining 10 were individual cases.

In addition 106 cases were ascertained as a result of investigations and 97 of these were associated with 3 outbreaks.

In 69 of the notified and ascertained cases an organism was isolated:—

*Salm. typhi-murium* 47

*Cl. welchii* 22

The salmonella organism was isolated in 5 individual cases and in 4 outbreaks. The following details relate to these outbreaks:—



(1) An outbreak of food poisoning occurred in July which involved Rochdale, Heywood, Royton and Oldham, the majority of cases being in Royton and Oldham.

On the afternoon of Thursday, the 26th July, three cases of suspected food poisoning were notified to the department by two local practitioners. Routine investigations revealed that in two of the cases a vanilla sandwich had been purchased on the morning of Saturday the 21st July from a confectionery shop in the Borough. This shop was one of four local branch shops of a Rochdale firm whose main bakery was in that town.

It was later ascertained that there were cases of food poisoning in Royton, and that the same article of food was suspected, this also having been purchased from a branch of the Rochdale firm in that town. It was also ascertained that *Salm. typhi-murium* had been isolated from some of the Royton cases.

On Sunday, the 29th July, bacteriological results from a number of cases which had been previously notified as dysentery were reported *Salm. typhi-murium* positive. Immediate investigation revealed that these patients had consumed similar confectionery as the other notified cases, and this had been purchased from local shops of the same firm.

Further cases came to notice. The suspected food was vanilla sandwich, although in 11 cases other confectionery (vanilla slice 3, fancy cake 6, chocolate fancy 2) had been consumed. The vanilla sandwich and all other confectionery had been obtained on Saturday, the 21st July, from one of the local branches of the Rochdale firm. The Medical Officer of Health of Rochdale was immediately informed of the possible source of this outbreak and he advised that he was already making full enquiries.

The outbreak accounted for 47 confirmed cases in this Borough and the following is a summary of these cases.

Clinical—no pathogenic organisms isolated .....	5
Clinical— <i>Salm. typhi-murium</i> isolated .....	35
Symptomless— <i>Salm. typhi-murium</i> isolated .....	7

Of the above cases, 2 were associated with the outbreak in Royton and 2 considered to be secondary cases which occurred in the same household at a later date to the original case, as neither had consumed any of the suspected foodstuffs.

Enquiries at the branch shops elicited that 17 persons were employed and of these 2 were actually off duty ill. It was subsequently confirmed that these 2 employees were suffering from *Salm. typhi-murium* infection and they were excluded from work under the provisions of the Public Health Infectious Diseases Regulations, 1953. They were not allowed to return until negative stools were obtained.

In addition to the cases in Oldham, 9 cases occurred in the adjacent districts (Chadderton 1, Lees 4, Saddleworth 4), and these all purchased the suspected foodstuffs from the Oldham branch shops.



The Medical Officer of Health of Rochdale subsequently advised that *Salm. typhi-murium* had been isolated from vanilla sandwiches which had been purchased by Rochdale patients. *Salm. typhi-murium* were also isolated from 3 employees who were working in the main bakery.

The average interval between ingestion and the onset of symptoms was 28 hours. The main symptom was profuse and watery diarrhoea, but many cases had vomiting on one or two occasions before the onset of diarrhoea. Initial symptoms varied according to the time of onset. Some cases were awakened from sleep with nausea and vomiting. Others, whose onset was during the daytime, noticed such symptoms as shivering, sweating, headache, and marked fatigue. Abdominal pain was coincident with the diarrhoea. Toxicity was fairly severe and a few individuals were confined to bed for 4 to 5 days. The average duration of the illness was 5 to 6 days.

(2) Four adults in a household were notified as food poisoning. Three had symptoms of abdominal pain and diarrhoea and one only nausea. All had consumed pressed beef obtained from a local butcher. *Salm. typhi-murium* were isolated from the faeces of one patient. None of the suspected meat was available for examination.

(3) Two children in the same family, a boy aged 10 years and a girl aged 7 years, developed diarrhoea and *Salm. typhi-murium* were isolated from the faeces.

(4) Following a routine visit, a health visitor reported that 3 children, aged 2, 9 and 10 years, all in the same family had diarrhoea and *Salm. typhi-murium* were isolated from the faeces in two of the cases. The cause of the outbreak could not be ascertained but it was noted that there were numerous pets in the household.

In the following outbreaks *Cl. welchii* was isolated:—

(1) Following an evening meal, which included cold roast beef, 26 out of 53 patients in the Strinesdale Sanatorium developed symptoms of abdominal pain, diarrhoea and vomiting. A portion of the suspected meat was available and was sent for bacteriological examination. *Cl. welchii* was isolated from the faeces of 9 patients and also from the roast beef. The beef was delivered at mid-day the previous day, ready cooked and cold, and was immediately placed in the refrigerator. It was served some 30 hours later and the majority of the patients developed symptoms eight and a half hours after consumption.

(2) A report was received that a number of employees at a local mill had been taken suddenly ill. Investigations revealed that 40 people were affected with abdominal pain and diarrhoea, almost all had consumed roast beef served in the staff canteen at the mid-day meal. The beef was cooked the previous day, allowed to cool, and then placed in the refrigerator. Prior to the meal the beef was taken out of the refrigerator, carved and put on separate plates, vegetables and gravy added, and then each plate was placed on a hot plate, *Cl. welchii* was isolated from the faeces of 5 employees and also from a sample of the roast beef.

(3) A similar outbreak occurred at a canteen of a local works, and 28 employees were affected with abdominal pain and diarrhoea. The employees consumed roast beef at lunch. This beef was cooked in the morning and then allowed to cool to facilitate easy cutting. After cutting, it was placed on heated trays for 10 to 30 minutes before serving. The gravy was made from the residue of the roast beef. *Cl. welchii* was isolated from the faeces of 6 employees, but none of the suspected meat was available for examination.

(4) Two members of the same household developed abdominal pain and diarrhoea and *Cl. welchii* was isolated from the faeces of one of the patients.

(5) Two sisters spending a week at a seaside resort developed vomiting and diarrhoea. On returning to Oldham they were brought to notice and *Cl. welchii* was isolated from the faeces of one of the patients. They stated that other residents at their hotel had been ill and that one lady had to be removed to hospital. The Medical Officer of Health of the resort was advised.

There were 3 outbreaks in which no organisms were isolated. Two were family outbreaks involving 7 persons, and in the other, 6 persons were taken ill whilst on a coach party trip to a seaside resort.



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		Diph- theria		Dysen- tery		Food Poisoning		Meningo- coccal Infec- tions		Acute Polio- myelitis		Whooping Cough		Erysipelas		Acute Primary Pneu- monia		Acute Influenzal Pneu- monia	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
Jan.	10	...	32	...	...	...	2	...	...	...	2	...	...	...	2	...	1	...	10	1	2	...
Feb.	24	...	15	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	12	1	1	...
March	24	...	19	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	3	...	2	...
April	4	...	7	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	3	1	1	...
May	3	...	14	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
June	3	...	6	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	5	2	...	1
July	...	...	2	...	...	...	49	...	...	...	...	...	2	...	6	...	1	...	3	1	...	...
Aug.	3	...	8	...	...	...	9	...	...	...	...	...	1	...	3	...	1	...	5	...	...	...
Sept.	3	...	8	...	...	...	9	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...
Oct.	...	...	7	...	...	...	4	...	...	...	...	...	3	...	13	...	2	...	4	2	...	...
Nov.	1	...	7	...	...	...	...	...	...	...	...	...	6	...	6	...	1	...	2	2	...	...
Dec.	41	...	5	...	...	...	...	...	...	...	1	...	...	...	6	...	3	...	6	2	1	...
Totals ...	116	...	130	...	204	...	74	...	12	...	5	...	43	...	11	...	56	10	8	...	1	...

Smallpox None

Typhoid  
Para-Typhoid } None

Puerperal Pyrexia 8 cases. No deaths.

Epidemic Encephalitis (Encephalitis-Lethargica) None

TABLE SHOWING CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1956.

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.	Bardsley.		
Smallpox	...	13	23	62	24	4	3	1	...	10	7	11	2	7	9	7	8	17	9	20	21	2	...	
Scarlet Fever	...	3	15	17	7	...	...	...	...	3	5	1	9	...	8	3	6	...	2	...	...	...	...	
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Diphtheria	...	2	25	50	8	...	...	...	...	6	14	10	8	5	9	23	17	8	1	5	6	...	...	
Measles	...	8	7	3	1	1	6	16	9	4	9	3	3	6	...	3	3	14	6	1	2	2	...	
Acute Pneumonia—Primary	...	...	1	...	...	1	1	2	2	3	...	...	1	1	...	1	...	1	2	...	1	1	...	
Influenzal	...	3	1	1	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	1	1	...	
Meningococcal Infection	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Acute Poliomyelitis—Paralytic	...	...	2	1	2	...	...	...	...	1	...	...	...	1	2	...	...	1	...	...	1	...	...	
Non-Paralytic	...	...	2	1	2	1	...	...	...	1	1	...	...	2	...	...	...	2	...	...	...	...	...	
Acute Encephalitis—Infective	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Post Infective	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dysentery	...	8	38	64	11	8	34	6	2	3	51	5	12	51	3	4	21	16	21	...	...	3	14	...
Ophthalmia Neonatorum	...	12	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	4	3	...	...	3	1	...
Puerperal Pyrexia	...	...	...	...	...	6	2	...	...	...	...	...	...	...	...	...	...	1	...	1	4	...	...	
Para-Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Food Poisoning	...	1	9	6	3	10	18	15	12	2	9	5	2	...	2	1	1	14	12	...	...	...	...	
Erysipelas	...	...	...	...	...	2	2	6	1	1	1	...	1	1	2	...	...	...	1	1	1	1	1	...
Respiratory Tuberculosis	...	4	...	4	2	18	31	25	11	3	13	9	10	1	4	14	9	5	3	8	9	7	...	
Other Forms of Tuberculosis	...	...	...	3	1	1	4	2	...	1	...	...	4	...	1	1	...	2	1	...	...	1	...	
Totals	...	37	112	109	202	55	103	74	37	37	111	44	52	75	40	57	67	90	61	47	67	37		

\* Includes two post-humous notifications.

† Occurred in hospital.



## TUBERCULOSIS

There was no change in the Tuberculosis Service provided for the Borough. Out-patient diagnosis and preventive work is carried out at the Central Chest Clinic, Oldham and District General Hospital and in-patient treatment is provided at Strinesdale Sanatorium and other hospitals and sanatoria outside the Borough.

### Deaths

The number of deaths registered 19 (15 pulmonary and 4 non-pulmonary) gives a rate per thousand of the population of 0.16 (0.13 pulmonary and 0.03 non-pulmonary) compared with 18 (16 pulmonary and 2 non-pulmonary) and a rate of 0.15 (0.13 pulmonary and 0.02 non-pulmonary) for the previous year.

### The Tuberculosis Register

The number of accepted cases on the Register at the 31st December was 739.

During the year 88 cases were removed for the following reasons:—

1. Recovered .....	42	or 47.73% of total removals
2. Removal out .....	25	} or 37.50% of total removals
3. Not desiring further treatment .....	—	
4. Lost sight of .....	7	
5. Diagnosis not confirmed .....	1	
6. Died .....	13	or 14.77% of total removals

Of the 42 recovered cases, 23 were pulmonary (16 or 69.57% minus, 3 or 13.04% R.B.1., 4 or 17.39% R.B.2.).

Of the 13 cases that died 4 (4 pulmonary) died from causes other than tuberculosis.

### Pulmonary Tuberculosis

#### New Cases

There were 98 new cases placed on the Register compared with 59 for the previous year.

This increase in new cases is entirely explained by the Mass Miniature Radiography Survey which was conducted in the Borough during the period April to September. These were classified as follows:—

R.A.1. (Early cases, sputum negative or absent) .....	50
R.A.2. (Intermediate cases, sputum negative or absent) .....	12
R.A.3. (Advanced cases, sputum negative or absent) .....	3
R.B.1. (Early cases, sputum positive) .....	11
R.B.2. (Intermediate cases, sputum positive) .....	18
R.B.3. (Advanced cases, sputum positive) .....	4

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

### Deaths

During the year 15 patients, including 2 cases notified posthumously and 4 coming to notice through the Registrar's returns compared with 16 for the previous year, died from pulmonary tuberculosis. This represents a death rate of 0.13 per thousand of the population.

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

Of these 15 deaths, 4 or 26.67% had been notified more than five years; Two or 13.33% had been notified three to five years, while 2 or 13.33% died within one to three years after notification. The remaining 7 or 46.67% occurred within one year of coming to notice and included 6 which escaped statutory notification, 2 being notified posthumously and 4 coming to notice through the Registrar's returns. The remaining one died 6 months after notification.

Thus of the 15 patients dying during the year, 11 or 73.33% died within 5 years of coming to notice.

### Non-Pulmonary Tuberculosis

#### New Cases

The number of new cases placed on the register during the year was 11. In addition, four cases came to notice. This compares with 21 for the previous year.

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

Bones and Joints .....	4
Abdomen .....	2
Meninges .....	—
Peripheral Glands .....	1
Other Organs .....	4
Skin .....	—
Generalised .....	—
	11
	—

#### Deaths

There were 4 deaths, an increase of 2 on the previous year. This represents a death rate of 0.03 per thousand of the population. The causes of death as stated on the death certificates, were:—

1. I (a) Peritonitis.  
     (b) Perforation of small bowel.  
     (c) Intestinal Obstruction from old T.B.
2. Generalised peritonitis due to perforation of colon due to tuberculosis colitis.  
     P.M. without inquest.
3. Addison's disease due to Tuberculosis of the Adrenal Glands.  
     P.M. without inquest.
4. I (a) Toxic absorption.  
     (b) Lupus Vulgaris on face.

All these cases came to notice through the local registrar's returns.



## 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	2	...	...	1	...	...	...
5 to 10 ... ..	2	2	4	...	...	...	...	...
10 to 15 ... ..	...	2	1	...	...	...	...	...
15 to 20 ... ..	4	6	...	1	...	...	...	...
20 to 25 ... ..	4	4	...	...	...	...	...	...
25 to 35 ... ..	8	10	1	2	...	...	...	...
35 to 45 ... ..	7	6	...	...	3	1	1	...
45 to 55 ... ..	14	6	...	...	3	...	...	...
55 to 65 ... ..	5	2	1	1	3	...	...	1
65 plus ... ..	8	1	...	...	4	...	2	...
Totals ... ..	57	41	7	4	14	1	3	1

1956 .....	98	...	11	...	15	...	4
1955 .....	59	...	20	...	16	...	2
1954 .....	70	...	23	...	24	...	2
1953 .....	83	...	20	...	14	...	2

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

	Pulmonary	Non-Pulm.
Apprentice Iron Fitter .....	1	—
Baker .....	1	—
Bus Conductor .....	1	—
Capstan Operator .....	1	—
Cotton Operatives .....	19	1
Clerks .....	8	—
Canteen Assistant .....	1	—
Cable Layer .....	1	—
Civil Engineer .....	1	—
Engineers .....	2	—
Housewives .....	17	2
Housemaid .....	—	1
Hospital Porter .....	1	—
Labourers .....	8	—
Licensed Victualler .....	1	—
Lorry Drivers .....	2	—
Machinists .....	2	—
Packer (Bedding) .....	1	—
Press Operator .....	—	1
Pre-School Children .....	7	—
Royal Navy .....	1	—
Retired .....	8	1
Surveyor .....	1	—
School Children .....	6	5
Salesmen .....	4	—
Student .....	1	—
Tailor .....	1	—
Waitress .....	1	—
—	98	11
—	—	—

**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
Pulmonary Males ...	...	1	3	2	...	5	3	10	6	13	4	4	5
Females ...	...	...	...	2	2	5	5	9	6	6	1	1	...
Non-Pulmonary Males ...	...	...	...	3	1	...	...	1	...	...	1	...	...
Females ...	...	...	...	...	...	1	3	...	...	...	1	...	...
TOTALS ...	...	1	3	7	3	11	8	23	12	19	7	5	104

**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.**

Age Periods	Supplemental Return.												
	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 ...	...	...	2	...	...	...	...	1	2	...	...	...	1
Females ...	...	...	...	...	...	...	...	...	...	...	...	2	...
Non-Pulmonary Males ...	...	...	...	...	...	...	...	1	...	...	...	...	...
Females ...	...	...	...	...	...	...	...	...	...	...	1	...	...
TOTALS ...	...	...	2	...	...	...	...	2	2	1	2	1	10

Source of Information

	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns from Local Registrars ...	...	...
Transferable Deaths from Registrar General ...	...	...
Posthumous Notifications ...	...	...
TOTALS...	6	4



# SANATORIUM AND HOSPITAL TREATMENT.

The following table gives details of notifications received on Forms I and II of admissions to, and discharges from, hospitals and sanatoria, of persons suffering from tuberculosis and the deaths occurring therein.

TABLE I. PULMONARY CASES.

	Admissions			Discharges			Deaths		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Strinesdale Sanatorium	44	20	...	36	24	...	2	1	...
Astley Hospital, nr. Manchester	1	1	3	...	...	3	...	...	1
Abergele Chest Hospital	...	...	1	...	...	...	...	...	...
Baguley Hospital	...	...	...	...	...	...	1	...	...
Chadderton Pulmonary Hospital	...	11	1	...	11	...	...	...	...
Crossley Hospital, Frodsham	...	...	...	...	1	...	...	...	...
Elswick Hospital, Kirkham	1	...	...	1	...	...	...	...	...
Hefterston Grange San., Weaverham	1	...	...	1	1	...	...	...	...
Hyde Hospital	6	...	...	2	...	...	...	...	...
Heath Charnock Hospital, Chorley	3	...	...	3	...	...	1	...	...
High Carley Hospital, Ulverston	1	...	...	1	...	1	...	...	...
Ladywell Hospital	1	...	...	1	...	...	...	...	...
Meathop Sanatorium	6	...	...	...	...	...	...	...	...
Nab Top Hospital, Marple	...	1	...	...	1	...	...	...	...
Wrightington Hospital	5	1	...	6	3	...	...	...	...
Wolstenholme Hospital, Rochdale	2	...	...	1	...	...	...	...	...
Withnell Hospital, Chorley	...	...	...	2	...	...	...	...	...

TABLE II. NON-PULMONARY CASES.

Wrightington Hospital...	...	2	2	1	3	2	...	...	...
--------------------------	-----	---	---	---	---	---	-----	-----	-----

**CANCER**

The number of deaths attributed to cancer shows a decrease of 13 compared with 1955.

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

1952 .....	234
1953 .....	296
1954 .....	285
1955 .....	290
1956 .....	277

The following is an analyses 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 .....	2	—	2
25-35 .....	1	2	3
35-45 .....	5	3	8
45-55 .....	13	20	33
55-65 .....	42	41	83
65-75 .....	54	41	95
75+ .....	18	34	52
Totals ...	136	141	277

**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 .....	—
(141) Tongue .....	1
(142) Salivary Gland .....	2
(143) Floor of Mouth .....	—
(144) Other parts of mouth and mouth unspecified .....	—
(145) Oral mesopharynx .....	3
(146) Nasopharynx .....	—
(147) Hypopharynx .....	—
(148) Pharynx unspecified .....	1

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

(150) Oesophagus .....	7
(151) Stomach .....	52
(152) Small intestine, including duodenum .....	—
(153) Large intestine, except rectum .....	21
(154) Rectum .....	20
(155) Biliary passages and of liver (stated to be primary site) .....	2
(156) Liver (secondary and unspecified) .....	5
(157) Pancreas .....	11
(158) Peritoneum .....	—
(159) Unspecified digestive organs .....	—



**Malignant Neoplasm of Respiratory System (160-165)**

(160)	Nose, nasal cavities, middle ear and accessory sinuses .....	—
(161)	Larynx .....	2
(162)	Trachea, and of bronchus and lung specified as primary .....	—
(163)	Lung and bronchus, unspecified as to whether primary or secondary .....	57
(164)	Mediastinum .....	—
(165)	Thoracic organs (secondary) .....	—

**Malignant Neoplasm of Breast and Genito-Urinary Organs (170-181)**

(170)	Breast .....	24
(171)	Cervi uteri .....	11
(172)	Corpus uteri .....	1
(173)	Other parts of uterus, including chorionepithelioma .....	—
(174)	Uterus, unspecified .....	2
(175)	Ovary, fallopian tube and broad ligament .....	7
(176)	Other and unspecified female genital organs .....	1
(177)	Prostate .....	10
(178)	Testis .....	1
(179)	Other and unspecified male genital organs .....	1
(180)	Kidney .....	3
(181)	Bladder and other urinary organs .....	7

**Malignant Neoplasm of other and Unspecified Sites (190-199)**

(190)	Skin (melanoma) .....	1
(191)	Skin .....	2
(192)	Eye .....	—
(193)	Brain and other parts of nervous system .....	4
(194)	Thyroid gland .....	—
(195)	Other endocrine glands .....	—
(196)	Bone (including jaw bone) .....	1
(197)	Connective tissue .....	—
(198)	Lymph nodes (secondary and unspecified) .....	1
(199)	Other and unspecified sites .....	7

**Neoplasms of Lymphatic and Hæmatopoietic Tissues (200-205)**

(200)	Lymphosarcoma and Reticulosarcoma .....	1
(201)	Hodgkin's disease .....	2
(202)	Other forms of lymphoma (reticulosis) .....	—
(203)	Multiple myeloma (plasmocytoma) .....	1
(204)	Leukæmia and aleukæmia .....	5
(205)	Mycosis fungoides .....	—

The following two tables which give the age and sex distribution of deaths from cancer of the lung and bronchus for the years 1951 to 1956, inclusive, are of interest.

Year	1951	1952	1953	1954	1955	1956
Males .....	21	30	38	45	42	46
Females .....	5	2	11	5	6	11

Year	Sex	Age Groups							Totals
		15-25	25-35	35-45	45-55	55-65	65-75	75+	
1951	Males ..	-	-	1	5	11	4	-	21
	Females	1	-	-	2	1	1	-	5
1952	Males ..	-	-	2	3	12	11	2	30
	Females	-	-	-	2	-	-	-	2
1953	Males ...	-	-	1	6	9	15	7	38
	Females	-	-	-	1	3	6	1	11
1954	Males ...	-	1	3	8	17	14	2	45
	Females	-	1	1	-	3	-	-	5
1955	Males ...	-	-	-	7	18	13	4	42
	Females	-	-	-	1	3	2	-	6
1956	Males ...	-	1	1	7	18	17	2	46
	Females	-	-	-	-	5	4	2	11
Total	Males ...	-	2	8	36	85	74	15	222
	„ Females	1	1	1	6	15	13	3	40
Grand Total ...		1	3	9	45	98	88	18	262

#### 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	Manchester	Ashton
Syphilis .....	22	1	-	-
Gonorrhœa .....	38	-	-	1
Non-Venereal and Undiagnosed Conditions	99	8	1	1
Total .....	159	9	1	2



## 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 1956 a constant supply of potable 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 distribution system.

About 71,600 dwelling-houses are connected directly to this Department's mains within the Department's area of supply, and so far as can be ascertained, no houses are now supplied from this Department's mains by means of common stand pipes. The estimated population within the Department's area of supply is 205,000.

The pH value of the water supplied from the Piethorne and Hanging Lees sources, which is unfiltered, varied between 5.6 and 7.3. The pH value of the water supplied from the Castleshaw source, which is filtered, ranged between 6.6 and 7.8 and the pH value of the water supplied from the Readycon Dean source, which is also filtered, varied between 6.7 and 8.4.

Chemical analyses of water taken from the Hanging Lees source in February, 1956, gave slight reactions of soluble lead. Remedial steps were taken and subsequent chemical analyses made throughout the year showed the water to be free from lead.

The potable water from all sources is continuously sterilised by the addition of chlorine and ammonia before passing into the distribution system, and water supplied for trade purposes from the Department's two reservoirs at Strinesdale is sterilised by the addition of chlorine.”

Reservoir	Chemical	Bacteriological	Remarks
<b>Piethorne</b>			
Raw Water .....	0	0      0	B. Coli per 100 ml.
		1    1-10	”    ”    ”    ”
		2    11-50	”    ”    ”    ”
After Sterilisation .....	4	11      0	”    ”    ”    ”
		1    1-10	”    ”    ”    ”
<b>Hanging Lees</b>			
Raw Water .....	0	2      0	”    ”    ”    ”
		1    1-10	”    ”    ”    ”
		1    11-50	”    ”    ”    ”
After Sterilisation .....	11	12      0	”    ”    ”    ”
<b>Castleshaw</b>			
Raw Water .....	0	1      0	”    ”    ”    ”
		2    1-10	”    ”    ”    ”
		1    11-50	”    ”    ”    ”
After Sterilisation .....	4	13      0	”    ”    ”    ”



Reservoir	Chemical Bacteriological			Remarks
<b>Readycon Dean</b>				
Raw Water .....	0	2	0	B. Coli per 100 ml.
		0	1-10	" " " "
		1	11-50	" " " "
		1	51-200	" " " "
After Sterilisation .....	4	12	0	" " " "

### DRAINAGE AND SEWERAGE

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

‘There are two sewage works administered by the County Borough; the main works situated in the adjoining district of Chadderton and a smaller works at Bardsley.

The main works treats the whole of the sewage and admixed trades wastes from the County Borough together with the whole of the sewage produced in the adjoining districts of Lees and Springhead.

The method of treatment has been in use for some years and consists of preliminary settlement of the sewage in grit chambers and sedimentation tanks followed by biological treatment in a partial activated sludge plant, percolating filters and humus tanks. Storm-water tanks are provided for treating sewage in excess of three times the dry weather flow.

In 1954 the works at Bardsley were taken over by the Department and these works treat the sewage from that area. They consist of grit chambers, precipitation tanks, two in number and four small percolating filters followed by humus tanks. The final effluents are discharged into the River Medlock.

Treatment facilities in the grit chambers were adequate and most of the grit settled out there. The worst feature nowadays is the means of disposal of the screenings obtained from these tanks, which is at present done by burial. In any future scheme it is recognised that an alternative and more up-to-date method would have to be adopted.

The sedimentation tanks, although first used in 1894, are still very efficient in the removal of settleable solids. The sludge produced by these solids is removed by manual labour, an unpleasant business under the best of conditions, and the acute shortage of labour willing to do this job, together with the close proximity to the tanks of dwelling houses, have confirmed the view of the Committee responsible for the management of the Sewage Works that at some future date a means of mechanical removal of sludge should be installed.

The bio-flocculation method of activated sludge treatment did not give consistently good results throughout the year. This was very noticeable during periods of dry and hot weather when the activated sludge had a tendency to deteriorate quickly, especially if the percentage of sludge carried in the system exceeded three or four after one hour's settlement. Even with this low percentage it was sometimes difficult to maintain both a good sludge and a clarified effluent. This failure of the plant to function properly was entirely due to the poor state of the air-supply pipes and



the porous tiles. New and more efficient dome type of air-diffusers are on order, but these had not been fitted by the end of the year. Air-tiles in the whole of the units were cleaned as a matter a routine but the increase in air-distribution was not very marked.

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

Five percolating filters were fitted with new distribution mechanisms; five have yet to be done and two completely new distributors erected. The whole of the high level filters will then have been renewed.

Insecticides were used on the biological filters to control the number of adult flies emerging from the surface of the filters. The treatment was continued from March to September and was highly successful.

Final effluents from the main treatment works were used for the cooling towers at the adjacent Electric Power Station.

Sample of effluents entering the Wince Brook were taken throughout the year by the Mersey River Board. All were satisfactory.

The whole of the raw sludge both primary and secondary was given full treatment in the heated sludge digestion tanks. These are three in number, having a total capacity of 250,000 cubic feet, the sludge in the tanks being kept at a temperature of 80°F. One of the by products of digestion is sludge gas, mostly methane, and this gas is used on the Sewage Works for heating purposes. The volume of gas obtained averaged 75,000 cubic feet per day.

Most of the digested sludge is dried on prepared drying beds and then removed as a cake. The wet summer retarded the drying process and the removal of sludge cake was very slow. In consequence the rest of the wet digested sludge had to be stored in earthen lagoons, the capacities of which were limited and therefore a certain amount of difficulty was experienced in sludge disposal for long periods.

38,000 tons of raw sludge equal to 13.73 tons per million gallons of sludge were removed from the Settling Tanks.

The total amount of sewage received for treatment during the year was 2,768,000,000 gallons which is equal to an average daily flow of 7,562,000 gallons."

### PUBLIC CLEANSING

The Director of Public Cleanising (Mr. E. A. Mossey) has kindly supplied the following particulars:—

"No ashpits remain in the Borough and all house refuse is temporarily stored in B.S.S. dustbins prior to collection by motor vehicles. Of the refuse collection 83.79% is disposed of by controlled tipping whilst the remainder is dealt with at the one remaining refuse disposal works at Rhodes Bank.

A dustbin supply scheme, chargeable to the rates, was adopted by the Corporation in June, 1950, and from that date until 31st December, 1956, 28,256 B.S.S. dustbins have been supplied.



The Cleansing and Transport Committee intend to erect a modern refuse disposal plant at Glodwick Road Depot, to deal with all the town's refuse.

There still remain 202 sanitary pail closets in the Borough and their conversion to the fresh water system by the Borough Engineer and Surveyor has been deferred until certain civil engineering difficulties have been overcome.

A scheme whereby an allowance of 50% of an approved estimate is granted to the owners of houses where a waste water closet has been converted to a fresh water closet was inaugurated by the Corporation in December, 1951. The number of waste water closets converted under this scheme to the 31st December, 1956, was 2,868 and of these 626 were converted during the year.

There are 220 miles of streets and passages in the Borough, cleansed as follows:—

Daily .....	26 miles
Twice weekly .....	139 miles
Less than once weekly .....	55 miles
Miles of streets cleansed (exclusive of footpaths)	24,851

#### Gully Cleansing

Number of gullies in the Borough .....	19,948
Number of cleansings during the year .....	99,740

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

#### House and Trade Refuse Collection

Number of dustbins emptied .....	2,306,212
Number of dustbins supplied under free dustbin scheme .....	4,203
Number of dustbins from which domestic refuse is collected each week .....	43,602
Number of sanitary pails emptied .....	11,481
Number of collections of garbage .....	23,906
Number of loads of excreta collected .....	104
Number of loads of garbage collected .....	870
Number of tons of ashes taken to refuse disposal works .....	6,197
Number of tons of ashes taken to corporation tips .....	31,690
Number of tons of clinker, etc., removed from refuse disposal works .....	3,442
Number of tons of baled tins sold .....	375
Number of tons of mortar sold .....	225

#### Waste-Water Closets and Latrines

Blockages cleared (W.W.C.'s) .....	4,687
Blockages Cleared (Latrines) .....	—
Drains cleared .....	10
Drains found blocked, requiring excavating .....	177
Tippers found not working and re-adjusted .....	123
Tippers, fittings, etc., found broken .....	1,378
New Tippers, fittings, etc., fixed .....	985
Visits paid flushing latrines, etc. ....	6,385



### Closet Accommodation

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

Fresh Water Closets .....	24,722
Waste Water Closets .....	20,975
Latrines (Houses) .....	178
(Mills) .....	133
Pail Closets .....	202

### SWIMMING BATHS AND POOLS

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

“During the year ending 31st December, 1956, 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 P.H. 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.

At the Glodwick, Hathershaw and Hollinwood Baths where marginal chlorination only is operated, it is possible to carry a concentration of up to 1.0 p.p.m. of free chlorine without discomfort to bathers, providing the P.H. values are maintained in the region of 7.2 to 7.4, and these conditions are in operation particularly during the summer months as an additional safeguard.

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 hypo-chlorite, an effective sterilising agent, and a safeguard against infection.”

### GENERAL SANITARY INSPECTION

To the Medical Officer of Health.

Sir,

I have pleasure in submitting the Annual Report on the work of the Public Health Inspector's Section.

The shortage of Public Health Inspectors continued and was further accentuated by the resignation of Inspector E. Brooks who left to take up an appointment with Chadderton U.D.C.

The continuing staff shortage made it imperative to review the local pupilage scheme and the Council agreed to an increase in the number of pupils in relation to the number of vacancies of Public Health Inspectors. This scheme should go some way to reducing the future shortage of Public Health Inspectors.

The Littlemoor Clearance Scheme was represented during the year and it was also found possible to deal with 216 individual unfit houses.



It was possible to give some attention to the administration of the Food Hygiene Regulations and it is gratifying to report that the food traders and undertakings are making considerable effort to improve their methods and premises and comply with the regulations.

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 Public Health Inspector.

#### Summary of Works Carried Out by Public Health Inspectors

During the year, 7,661 visits and 798 re-visits were made by the Public Health Inspectors in connection with inspections under the various Acts:—

Inspections	Visits	Re-Visits	Total
Accumulations .....	45	1	46
Closets—Water .....	29	6	35
Waste Water .....	213	34	247
Pail .....	—	11	11
Drainage .....	599	404	1003
Drain Tests .....	454	23	477
Public Sewers .....	192	21	213
Factories—Mechanical .....	55	3	58
Non-Mechanical .....	1	—	1
Interviews .....	610	—	610
Keeping of Animals and Birds .....	2	—	2
Mill Lodges .....	2	—	2
Marine Stores .....	1	—	1
No Access .....	1038	96	1134
Offensive Trades .....	2	—	2
Rag Gatherers .....	20	1	21
Rats and Mice .....	702	134	836
Schools .....	1	—	1
Shops Acts .....	1	—	1
Contagious Diseases Animals Act .....	67	—	67
Water Supply .....	33	9	42
Yards and Courts .....	3	—	3
Houses Let in Lodgings .....	14	—	14
Air Raid Shelters .....	13	—	13
Pet Shops .....	7	—	7
Common Lodging Houses .....	8	—	8
Licensed Premises .....	1	—	1
Toys for Rags .....	1	—	1
Tents, Vans and Sheds .....	11	1	12
Smoke Abatement Visits .....	55	—	55
Overcrowding .....	7	—	7
Rag Flock Act .....	9	—	9
Miscellaneous .....	426	2	428



Inspections	Visits	Re-Visits	Total
<b>Food Premises</b>			
Slaughterhouses .....	1244	—	1244
Meat Shops .....	287	—	287
Markets .....	36	—	36
Wharves .....	1	—	1
Food Preparation Premises .....	48	—	48
Ice Cream Premises .....	61	—	61
Restaurants and Cafes .....	33	—	33
Fish Fryers .....	13	—	13
Fishmongers and Poulterers .....	38	—	38
Grocers .....	235	—	235
Greengrocers .....	7	—	7
Cold Stores .....	4	—	4
Street Vendors .....	2	—	2
Dairies .....	28	—	28
Milkshops .....	1	—	1
Food and Drugs .....	398	—	398
Fertiliser and Feeding Stuffs .....	7	—	7
Bakehouses—Mechanical .....	67	—	67
<b>Infectious Diseases</b>			
Inquiries—Infectious Disease .....	178	—	178
Food Poisoning .....	350	52	402
Disinfection .....	1	—	1
<b>Totals</b> .....	<b>7661</b>	<b>798</b>	<b>8459</b>

#### Summary of Action Taken and Work Done

Number of cases reported to Committee .....	2023
Number of complaints received .....	2669
Matters referred to other departments .....	829
Number of letters to owners, etc. ....	1398
<b>Disrepair</b>	
Roofs repaired or renewed .....	270
Walls and chimneys repaired or rebuilt .....	167
Wall plaster repaired or renewed .....	126
Ceiling plaster repaired or renewed .....	37
Floors repaired or relaid .....	44
Windows repaired .....	82
Extra lighting provided .....	4
Ventilation provided or improved .....	6
Ranges or fireplaces repaired, re-set or renewed .....	27
Staircases repaired or renewed .....	4
Handrails provided or repaired .....	6
Doors repaired .....	44
Rooms cleansed or redecorated .....	8
Contents of rooms cleansed or destroyed .....	4
Dampness Remedied—Rising .....	42
Penetrating .....	13
Outbuildings repaired .....	5
Obstructive buildings removed .....	1

**Sanitary Defects**

Drainage—Cleansed .....	292
Repaired or altered .....	212
Reconstructed .....	16
Public Sewers—Cleansed .....	10
Repaired or altered .....	11
Reconstructed .....	4
Eavesgutters repaired, renewed or cleansed .....	134
Rainwater pipes—Repaired or renewed .....	91
Disconnected .....	15
Sinks renewed or provided .....	8
Sink waste pipes repaired or renewed .....	67
Water Closets—Provided .....	2
Repaired .....	45
Cleansed .....	6
Waste Water Closets—Repaired .....	74
Cleansed .....	86
Closets converted to water closets—Latrine .....	5
(or abolished)                      Pails .....	2
Waste Water Closet .....	32
Other Closets—Provided .....	2
Cleansed .....	1
Soil pipes repaired or renewed .....	1
Water supply provided or improved .....	51

**Miscellaneous**

Nuisances abated—Accumulations .....	26
Other conditions .....	3



## 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	1	1	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	2	Mech. 617	58		...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	3	...	...	...	...
TOTAL ...		696	59	1	...

**II.—Cases in which defects were found.**

Particulars (1)	M/c. line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
		Found (3)	Remedied (4)	Referred To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1) ...	4	...	...	...	...	...
Overcrowding (S.2) ...	5	...	...	...	...	...
Unreasonable temperature (S.3) ...	6	...	...	...	...	...
Inadequate ventilation (S.4) ...	7	...	...	...	...	...
Ineffective drainage of floors (S.6)	8	...	...	...	...	...
Sanitary Conveniences (S.7)						
(a) Insufficient ...	9	...	...	...	...	...
(b) Unsuitable or defective ...	10	...	...	...	6	...
(c) Not separate for sexes ...	11	...	...	...	...	...
Other offences against the Act (not including offences relating to Outwork) ...	12	...	...	...	...	...
TOTAL ...	60	...	...	...	6	...

In the cases where defects were found by H.M. Inspector for factories, the necessary action was taken.

### Outworkers

Five lists relating to 16 outworkers were received during the year relating to the following:—

M/cr. Line

No.

13 Wearing apparel, making, &c.

### Offensive Trades

At the beginning of the year there were 16 offensive trades carried on in the Borough. One was discontinued during the year and none commenced and at the end of the year the following 15 offensive trades were being carried on in the Borough:—

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

There were two visits made to these premises during the year. No notices were served in respect of defects.

### Common Lodging Houses

No new premises were registered during the year. There are 4 premises registered with accommodation for 68 men. No premises are registered for the accommodation of women.

### Bakehouses

There were 297 bakehouses on the register at the beginning of the year. No premises were registered but one was discontinued, leaving 296 bakehouses on the register at the end of the year.

One basement bakehouse remains in use, the Council have renewed the certificate permitting its use for a further period of 5 years from the 1st October, 1954.

During the year 67 visits were paid to bakehouses. The majority of the premises are maintained in a reasonably satisfactory condition.

### Offensive Smells—Town Centre

Numerous complaints were received of offensive smells throughout the town centre. After extensive investigations it was ascertained that the cause of the smell was gas liquor which was discharged into the sewer from the Gas Board's premises in Greaves Street. Steps were taken to avoid a recurrence of the complaint.

### The Public Health Act, 1936—Section 154

Legal proceedings were instituted in two cases for offences against this Section of the Act (exchanging toys for rags). The defendants were each fined £5 0s. 0d.



### The Rag Flock and Other Filling Materials Act, 1951

No new premises were registered or licensed during the year. In two cases the licence was renewed, and one licensed in the previous year did not apply for renewal.

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 .....	2

There were 9 visits made under the above Act.

There were 10 samples of rag flock and other filling materials taken during the year and all conformed with the regulation.

### Smoke Abatement

The Council has adopted the model Byelaw which regulated the emission of black smoke by prescribing that "for the purpose 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 37 smoke observations of thirty minutes' duration were taken. The extent of the emission of black smoke was as follows:—

No black smoke .....	30
Under 1 minute .....	3
1-2 minutes .....	0
2-3 minutes .....	2
3-4 minutes .....	0
Over 4 minutes .....	2

In the 4 cases where black smoke of more than 2 minutes duration was being emitted, notices were served under Section 102 of the Public Health Act, 1936.

During the year, improvements were effected in a number of cotton mills. In one case, a mill installed 3 new boilers with oil-firing equipment whilst another fitted 3 new boilers with mechanical stokers.

The sections of the Act concerning offences arising from the emission of dark smoke and the emission of grit and dust are not yet operative. In the meantime, the Council will continue to operate the Bye-law made under Section 103/104 of the Public Health Act, 1936. Towards the end of the year, a survey of industrial plants under the Clean Air Act, 1956, was carried out. Discussions with the managements were commenced, regarding the effects of the Clean Air Act and their installations and advice was given to enable them to comply with the Act when it became operative.

The continued increase in the price of coal is playing its part in making industry pay attention to fuel efficiency, with the resultant reduction in atmospheric pollution.

### Investigation of Atmospheric Pollution

The scheme for the investigation of atmospheric pollution as described in the report for 1950 was continued. The Manchester and District Regional Smoke Abatement Committee act as agent for the participating local authorities and re-charge the cost of the scheme on the basis of rateable value.

The analyses obtained are published in the Atmospheric Pollution Bulletin of the Department of Scientific and Industrial Research, and the accompanying table shows the results obtained in Oldham and the neighbouring towns.



# **INVESTIGATION OF ATMOSPHERIC POLLUTION— SULPHUR POLLUTION—LEAD PEROXIDE METHOD**

**Mgm. Sulphur Trioxide per 100 sq. cms. exposed surface per day**

	Jan. 1956	Feb. 1956	Mar. 1956	April 1956	May 1956	June 1956	July 1956	Aug. 1956	Sept. 1956	Oct. 1956	Nov. 1956	Dec. 1956
<b>OLDHAM</b>												
Alexandra Park	3.80	2.87	2.62	2.34	1.94	1.67	1.55	1.63	1.41	2.41	2.71	2.77
Haven Lane	2.95	3.17	2.61	2.27	2.94	1.07	1.09	1.54	1.65	2.30	2.30	2.64
Horsedgate St.	6.45	4.97	*	4.08	1.63	2.82	2.13	3.08	3.00	3.95	4.32	5.54
Westhulme Hospital	4.71	4.08	3.31	2.88	2.22	1.67	1.28	1.83	1.99	2.86	3.16	4.15
Westlands	5.91	4.77	4.03	3.43	2.99	2.22	1.01	2.63	2.27	3.61	4.23	4.44
<b>CHADDERTON</b>												
Grammar School	5.23	5.12	3.79	3.31	2.48	1.95	1.66	*	2.74	4.18	3.78	4.77
Birch Lane	3.19	2.55	2.03	1.81	1.22	0.98	0.82	1.25	1.40	1.98	2.03	2.93
<b>CROMPTON</b>												
Shaw, Croft Bank	3.10	2.48	1.89	1.81	1.22	0.80	0.73	0.95	1.33	1.57	1.72	2.75
Shaw, Birch Lane	3.37	2.81	2.78	2.42	*	*	*	*	*	*	*	*
<b>FAILSWORTH</b>												
Highways Department	4.49	3.63	2.39	2.57	1.92	2.02	1.36	1.91	1.60	3.21	3.16	3.17
<b>HYDE</b>												
Highways Yard	3.21	3.80	2.33	2.36	1.51	1.46	1.34	1.29	1.67	2.56	2.73	2.69
Reservoir	3.60	3.15	1.77	1.85	1.44	1.43	1.08	1.28	1.15	2.49	2.48	2.33
<b>LEES</b>												
Cemetery	2.84	2.81	1.87	1.87	1.18	0.98	0.81	1.02	1.04	1.64	2.08	1.99
<b>MIDDLETON</b>												
Thornham School	*	*	*	*	*	1.93	1.22	1.97	2.33	2.85	3.17	4.20
Town Hall	2.64	2.80	2.41	2.16	1.18	0.86	0.68	0.82	0.92	1.32	1.96	2.47
<b>ROYTON</b>												
Hanging Chadder Farm	4.30	3.91	3.43	2.61	2.00	1.55	1.32	1.49	1.99	2.97	2.54	3.86
Royton Park	3.78	2.71	2.48	2.17	1.60	1.26	0.96	1.31	1.54	1.94	2.28	3.29
<b>STALYBRIDGE</b>												
Market Ground	4.46	3.49	2.85	1.30	2.08	*	1.55	1.89	1.80	3.34	3.30	3.62
Oakfield	3.97	3.03	2.35	2.16	1.74	1.59	1.22	1.58	1.78	2.72	2.66	3.18
<b>ASHTON</b>												
Grasmere, Stockport Rd.	3.25	3.10	2.39	1.96	1.66	*	1.34	1.39	1.30	2.10	2.59	2.38
Hartshead Pike	4.23	3.38	2.56	2.29	1.95	1.64	1.37	1.76	1.82	2.65	2.86	3.29
Lord Street	9.08	5.03	3.27	2.49	2.03	1.97	1.67	2.04	1.88	3.23	4.11	3.60
Lyndhurst Avenue	4.30	3.24	2.32	2.04	1.64	1.38	1.07	1.46	1.49	2.42	3.06	3.44
Sewage Works, Waterloo	4.37	3.41	2.76	2.30	1.59	1.54	1.09	1.37	1.67	2.46	2.88	3.35
<b>ROCHDALE</b>												
Entwistle Rd.	2.5	2.2	1.6	2.1	0.7	0.8	—	0.8	1.1	1.3	1.7	1.8
Foxholes Hse., Rugby Rd.	3.1	2.8	2.2	2.0	1.2	0.9	—	1.0	1.5	1.7	1.9	2.4
Roch Mills Sewage Wks.	4.3	2.2	2.2	2.0	1.2	1.3	—	1.1	1.6	1.8	1.9	2.7
<b>SADDLEWORTH</b>												
Greenfield Sewage Wks.	3.1	3.5	1.7	1.8	1.7	1.8	—	0.7	0.7	0.7	2.3	2.4
<b>MANCHESTER</b>												
Monsall	5.7	4.6	3.8	2.3	1.4	1.3	—	1.3	1.2	2.2	3.2	2.6
Rusholme	3.7	4.2	2.5	3.2	2.5	2.2	—	2.3	2.9	3.8	4.5	5.2
Withington	2.4	2.7	1.8									
<b>SALFORD</b>												
Ladywell Sanatorium	4.4	4.3	3.4	—	—	—	—	—	—	—	—	—
Regent Road	5.8	5.6	4.7	—	—	—	—	—	—	—	—	—
<b>STOCKPORT</b>												
Cheadle Heath S. W.	2.8	3.8	2.9	2.6	1.5	3.1	—	1.7	1.4	2.3	3.5	2.5
Portwood	3.4	4.0	3.0	2.6	1.6	3.9	—	1.4	1.8	2.9	4.0	2.6

\* Post broken or cylinder damaged.



### Prevention of Damage by Pests Act, 1949

During the year, 741 complaints of rat infestation were received and the results of investigations were as follows:—

Defective drainage .....	378
Stray Rats .....	107
Mice .....	253
Birds .....	3

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 is included in the area of the South East Lancashire Advisory Committee and Councillor Mrs. E. Rothwell and the Chief Public Health Inspector were appointed as representatives of the Health Committee to serve on the Committee for the ensuing year. This Committee serves a very useful purpose for co-ordinating the work of all local authorities and national bodies, &c., and is a useful instrument for the exchanging of views and up-to-date information on modern methods of the control of rodents and other pests.

### Sewer Maintenance Treatments

The second sewer maintenance treatment for the financial year, 1955/56 and the first sewer maintenance treatment for the year 1956/57 were carried out during the year, when the following results were obtained:—

	1955-56	1956-57
Number of manholes .....	2,063	2,063
Number of manholes baited .....	2,063	1,768
Number of manholes showing no take .....	866	547
Number of manholes showing pre-bait take .....	814	694
Number of manholes showing complete pre-bait take ...	383	527

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

### The Pet Animals Act, 1951

The Chief Public Health Inspector, Deputy Chief Public Health Inspector, one Assistant Public Health 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, 11 premises were licensed and 11 visits had been made under the Act during the year. All the premises were found to be kept in a satisfactory condition.

### Diseases of Animals Acts

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

There were 2 cases of suspected swine fever notified to the Ministry of Agriculture, Fisheries and Food, and in both cases swine fever was confirmed. The necessary disinfection was carried out in each case.



### Fertilisers and Feeding Stuffs Act, 1926

There were 12 samples of feeding stuffs sent for examination under the provisions of the Act.

The following formal sample of feeding stuffs was reported upon as "not in accordance with the statutory statement":—

COARSE DAIRY MEAL	15.26 per cent protein as against
	10 per cent in statutory statement.

In accordance with the usual procedure, the report was referred to the local authority in whose area the feeding stuff was manufactured.

There were 7 visits made under the Act.

## SECTION VII

## HOUSING

The following are details of the returns of demolition, closing and repair of houses under the Housing and Public Health Acts, made to the Ministry of Housing and Local Government in accordance with Circular 48/55:—

1. **Inspection of Dwellinghouses During the Year**

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .....	4,088
(b) Number of inspections made for the purpose .....	7,570
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .....	201
(b) Number of inspections made for this purpose .....	485

2. **Remedy of Defects During the Year without Service of Formal Notices.**

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	1,193
---	-------

3. **Action Under Statutory Powers During the Year.**(A) **PROCEEDINGS UNDER SECTIONS 9, 10 AND 16 OF THE HOUSING ACT, 1936 :**

(1) Number of dwelling houses in respect of which notices were served requiring repairs .....	39
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners .....	28
(b) By Local Authority in default of owners .....	19

(B) **PROCEEDINGS UNDER PUBLIC HEALTH ACTS :**

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .....	257
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners .....	260
(b) By Local Authority in default of owners .....	42

(C) **PROCEEDINGS UNDER SECTIONS 11 AND 13 OF THE HOUSING ACT, 1936 :**

(1) Number of dwelling houses in respect of which Demolition Orders were made .....	164
(2) Number of dwelling houses demolished in pursuance of Demolition Orders .....	141

(D) **PROCEEDINGS UNDER SECTION 12 OF THE HOUSING ACT, 1936 :**

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit .....	Nil



### Slum Clearance Programme

The Council's slum clearance proposals under Section 1 of the Housing Repairs and Rents Act, 1954, have been submitted to the Ministry of Housing and Local Government and full details are given in the Annual Report for 1955.

#### PART III. Action in the First Five Years.

During the year it was found possible to increase the number of houses to be demolished from 350 to 1,150 and the following amendment to the proposals was forwarded to the Ministry of Housing and Local Government in November:—

Paragraph (IX) Number of houses (including those (IX) 1,150 already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936.

### SLUM CLEARANCE

#### Individual Unfit Houses

There were 216 houses represented. Demolition Orders were made in respect of 67 and closing orders in respect of 3 houses. This involved the displacement of 66 families totalling 174 persons. In one further case the making of a demolition order was deferred as the property was likely to be included in a future clearance area.

In 145 cases, details of ownership were not completed and it was, therefore, not possible to arrange for the Housing Committee to give further consideration to these properties before the end of the year.

Demolition orders were made in respect of 97 houses, closing orders in respect of 8 houses and undertakings accepted in respect of 15 houses. These 120 properties were represented during 1955.

The following is a summary of the individual unfit houses dealt with during the years 1943 to 1956:—

Year	Houses represented	No. of families	No. of persons	Position as at 31st Dec., 1956					
				Houses Vacated or Empty	Persons Rehoused		Total No. of persons awaiting rehousing	Houses Demolished	Total No. of Houses awaiting demolition
					By Corporation	By Own arrangements			
1943 to 1952	214	216	684	214	594	90	...	210	4
*1953	20	16	56	19	56	...	...	19	...
x1954	88	78	236	88	191	45	...	77	...
**1955	200	184	510	189	398	76	36	120	51
xx1956	216	204	615	74	159	20	436	10	57



\*In 15 cases the houses were demolished before demolition orders could be made by the Council. In the case of one house the representation was not accepted.

xIn 9 cases Closing Orders were made under Section 1 (1) of the Local Government (Miscellaneous Provisions) Act, 1953, and one of these was subsequently demolished. Undertakings under Section 11 (3) of the Housing Act, 1936, were accepted in respect of 3 houses.

\*\*In 12 cases Closing Orders were made under Section 10 (1) of the Local Government (Miscellaneous Provisions) Act, 1953, and undertakings were accepted under Section 11 (3) of the Housing Act, 1936, in respect of 16 houses. In 1 case the making of a Demolition Order was deferred.

xxIn 3 cases Closing Orders were made under Section 10 (1) of the Local Government (Miscellaneous Provisions) Act, 1953. In one case the making of a Demolition Order was deferred.

The following table summarises the properties dealt with during the years 1943/56 :—

	1943/54	1955	1956
No. of individual houses represented .....	322	200	216
No. of Demolition Orders made .....	231	129	164
No. of Closing Orders made .....	1	12	11
No. of Undertakings accepted .....	7	4	15
No. of houses demolished voluntarily .....	15	—	—
Other demolitions .....	—	1	—
Representation not accepted .....	1	—	—
Consideration of Order deferred .....	—	1	1
Representation not yet considered .....	—	—	145

### Clearance Areas

A number of clearance areas were represented during the year and these were included in the Littlemoor Compulsory Purchase Orders. The Compulsory Purchase Orders Nos. 1 and 2 only relate to vacant land and were dealt with separately.

The following are details of the properties and populations included in the Clearance Areas and the Compulsory Purchase Orders :—

	Houses	Combined Houses & Shops	Other Premises	Total Premises	Popula- tion	No. of Families
Within the Clearance Areas	337	11	16	364	906	349
Outside the Clearance Areas	105	4	35	144	266	110
Total	442	15	51	508	1172	459



# PREMISES TO BE DEMOLISHED

Date of Representation	No. of Compulsory Purchase Order	Within the Clearance Areas							Outside the Clearance Areas					
		Acres	Houses	Combined Houses and Shops	Other Premises	Total Premises	Population	No. of Families	Houses	Combined Houses and Shops	Other Premises	Total Premises	Population	No. of Families
	Littlemoor C.P.O. No. 1	4.561												
2-5-56	Do. No. 2	5.218	31	5	-	36	92	34	-	1	4	1	-	-
2-5-56	Do. No. 3	1.129	30	2	8	40	89	31	20	-	-	24	45	20
2-5-56	Do. No. 4	1.505	3	-	-	3	13	5	-	-	-	-	-	-
2-5-56	Do. No. 5	.138	53	-	4	57	147	55	7	10	10	17	16	8
2-5-56	Do. No. 6	2.058	72	1	-	73	206	73	26	1	12	39	74	27
2-5-56	Do. No. 7	4.672	6	-	-	6	10	6	4	-	-	4	13	4
2-5-56	Do. No. 8	.282	2	-	-	2	7	2	-	-	-	-	-	-
2-5-56	Do. No. 9	.073	2	-	-	2	16	4	2	-	-	2	4	2
2-5-56	Do. No. 10	.120	10	-	-	10	27	10	2	-	-	2	5	2
2-5-56	Do. No. 11	.344	10	-	-	10	14	9	5	2	2	7	14	6
2-5-56	Do. No. 12	.638	10	-	-	10	8	5	1	4	4	5	5	1
2-5-56	Do. No. 13	.296	5	-	-	5	75	41	17	1	-	18	38	18
2-5-56	Do. No. 14	1.872	39	3	4	46	5	3	5	1	-	7	16	5
2-5-56	Do. No. 15	.311	3	-	-	3	5	3	7	1	1	7	14	7
2-5-56	Do. No. 16	.373	5	-	-	5	11	5	8	-	-	8	19	8
2-5-56	Do. No. 17	1.429	54	-	-	54	164	54	1	-	-	3	3	2
27-11-56	Do. No. 18	.361	12	-	-	12	22	12	1	1	1	3	3	2

### Voluntary Demolitions

Information was received with regard to the demolition of 10 houses by voluntary action, all of which were included in the slum clearance programme.

#### Ministry of Housing and Local Government Circular 54/55

This circular recommends that local authorities should issue a general reminder to the public through the press advising anyone intending to purchase older type properties to enquire at the Council's Offices to ascertain whether such properties were affected by the Slum Clearance Programme.

Publicity was given to this circular although this information was already being given to the public on enquiry. During the year 1,034 such enquiries were dealt with.

### PUBLIC HEALTH ACT, 1936

#### SECTION 58

Legal proceedings were instituted against the owner of a building which was in a serious state of disrepair.

An order was made against the owner for the repair or demolition of the property.

#### Overcrowding

There were no new cases of overcrowding reported during the year.

### HOUSING REPAIRS AND RENTS ACT, 1954

#### Certificates of Disrepair

During the year 24 applications were received from tenants for certificates of disrepair. These were dealt with as follows:—

Certificates recommended .....	18
Not recommended .....	1
Withdrawn .....	5

There were 27 applications for revocation which were dealt with as follows:—

No. revoked .....	27
No. deferred .....	0

#### Housing Applications Register

I am indebted to Mr. F. D. Matthews, Housing Manager, for the following information:—

"On the 31st December, there were 1,972 applications for housing accommodation on the Housing Applications Register. This figure includes 435 applications for aged persons' bungalows."



## HOUSING ACT, 1949

### Improvement Grants

Under Section 15 (2) of this Act, in order to qualify for a grant, a dwelling must provide satisfactory accommodation for at least 15 years and the dwelling must conform to the specified requirements with respect to their construction and physical condition and provision of services and amenities.

During the year 214 applications for improvements grants were submitted to the Surveyor's and Buildings Committee and 9 were refused. The grants recommended during the year totalled £27,044 16s. 0d.

There were 229 enquiries made through this department for improvement grants. In 7 of these cases recommendations were not made as the properties could not be guaranteed a life of at least 15 years.

### Eradication of Bed Bugs

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

	Corporation	Others
Houses inspected .....	249	180
Found infested .....	3	4
Disinfested by H.C.N. ....	0	0
Disinfested by spraying with liquid insecticide	3	285

### Removals and Disinfestation of Furniture

A Bedford 30 cwt. disinfecting van is used for the disinfestation of furniture of families who are moving into Corporation houses and during the year furniture of 227 families was disinfested prior to removal to Corporation houses.

### Disinfection

The arrangements for disinfection continued as in previous years. During the year 29,654 articles were disinfested and 7,327 destroyed. The total number of houses disinfested was 565 with a total of 2,912 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 Milk (Special Designation) (Specified Areas) (No. 3) Order, 1953, is operative with regard to Oldham and requires that only designated milks should be supplied within the area. The special designations which may now be used in relation to milk are:—

“Pasteurised”                      “Sterilised”                      “Tuberculin Tested”

**Milk Production in the Borough**

At the beginning of the year 42 farms with 574 cows were producing milk in the Borough. During the year 3 farmers ceased to produce milk and at the end of the year 39 farms with 568 cows were producing milk in the Borough and of these 21 had “Tuberculin Tested” licences.

**The Milk and Dairies Regulations, 1949**

At the beginning of the year there were 28 distributors producing milk in the Borough, and 31 distributor producers outside the Borough.

During the year, 48 new distributors were registered for the sale of bottled milk.

On the 31st December, there were 7 premises registered as dairies and 685 registered distributors of milk, comprised as follows:—

Number of distributors producing milk in the Borough .....	27
Number of distributors producing milk outside the Borough .....	27
Number of distributors with dairy premises in the Borough .....	7
Number of distributors with dairy premises outside the Borough ...	8
Number of other distributors .....	23
Number of shops at which bottled milk is sold .....	593

**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 .....	21
Dealer's Licence .....	43
‡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
Dealer's Licence .....	117
‡Supplementary Licence .....	4

(b) To use the designation "Sterilised":

Dealer's (Steriliser's) Licence .....	—
Dealer's Licence .....	650
‡Supplementary Licence .....	2

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

‡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, 27 samples were taken for examination for the presence of tubercle bacilli. There were 15 samples from farms within the Borough and 12 were from farms outside the Borough.

The following table details the 27 samples taken:—

Class of Milk Sample	No. of Samples Taken	Tubercle Bacilli	
		Absent	Present
Tuberculin Tested .....	27	26	—
Totals .....	27	26	—

One test was inconclusive, the inoculated guinea pig died rendering the test void.

**Milk Samples Taken for Methylene Blue Test**

There were 93 samples taken with the following results:—

Class of Milk Sample	No. of Samples Taken	Methylene Blue Test	
		Passed	Failed
Pasteurised .....	88	67	—
Tuberculin Tested .....	5	5	—
Totals .....	93	72	—

The tests on 21 samples of pasteurised milk were invalidated owing to the atmospheric shade temperature rising above 65 degrees F.

### 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 .....	88	88	—
Tuberculin Tested .....	5	5	—
Totals .....	93	93	—

### Milk Samples for Turbidity Test

No samples of sterilised milk were submitted during the year.

### ICE CREAM

During the year the control over the manufacture and sale of ice cream was maintained and 61 visits were paid to registered premises.

On the 31st December there were 391 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 ..... 371
- (c) For sale of loose and pre-packed ice cream ... 10

In the previous year 346 premises were registered for the sale of pre-packed ice cream and 10 for the sale of loose and pre-packed ice cream.

### Ice Cream (Heat Treatment, &c.) Regulations, 1947-1952

There are 7 large ice cream manufacturers in the Borough and 3 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 4 grades.



There were 26 samples of ice cream submitted for the methylene blue grading test with the following results:—

Grade I .....	22
Grade II .....	2
Grade III .....	1
Grade IV .....	1

In the case of the Grade III and Grade IV samples, the attention of the manufacturers was drawn to the results of the tests and subsequent samples from these firms were reported satisfactory.

#### Standard for Ice Cream

During the year 13 samples of ice cream were taken for analysis and all were reported to conform to the required standards.

## MEAT INSPECTION

There are no private slaughterhouses in the Borough, but there are two public slaughterhouses under the control of the Markets and Baths Committee; one is leased to the local Co-operative Society and the other to a private firm. Facilities are available at both these slaughterhouses for butchers to have their own animals slaughtered.

The following table shows the number of animals killed and inspected during the year with the results of inspection:—

Carcases Inspected and Condemned

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ...	3,301	1,058	136	23,751	4,891
Number inspected ...	3,301	1,058	136	23,751	4,891
<b>All Diseases except Tuberculosis</b>					
Whole Carcases condemned	2	2	2	10	2
Carcases of which some part or organ was condemned	669	390	2	70	43
Percentage of the number inspected affected with disease other than Tuber- culosis ...	20.327	37.051	2.941	.336	.920
<b>Tuberculosis only</b>					
Whole Carcases condemned	2	5	2	...	1
Carcases of which some part or organ was condemned	163	201	...	...	62
Percentage of the number inspected affected with Tuberculosis ...	4.695	19.470	1.470	...	1.289
<b>Cysticercosis</b>					
Carcases of which some part or organ was condemned	7	...	...	...	...
Carcases submitted to treat- ment by refrigeration ...	7	...	...	...	...
Generalised and totally condemned ...	...	...	...	...	...

The following figures show the percentage of cows affected with tuberculosis for the years 1953 to 1956:—

	Cow Carcases Examined	Percentage affected with Tuberculosis
1953 .....	4,024	32.50
1954 .....	2,647	27.37
1955 .....	2,289	24.79
1956 .....	1,058	19.47



The total weight of meat and offal destroyed was :—

For tuberculosis ..... 17,552lbs.

For diseases other than tuberculosis ... 26,259lbs.

During the year 1 cow was found to be affected with tuberculosis of the udder and partial condemnation was necessary.

### **Tuberculosis in Pigs**

One batch of pigs received at the slaughterhouse was found to be extensively affected with tuberculosis, and it was considered necessary to inform the appropriate Divisional Inspector of the Ministry of Agriculture, Fisheries and Food and advise at the place of origin.

### **Summary of Diseased and Unsound Food Destroyed During 1956**

	lbs.
Cattle (11 whole carcasses) .....	6,992
(1,423 part carcasses and organs) .....	34,101
Sheep (10 whole carcasses) .....	344
(70 part carcasses and organs) .....	181
Pigs (3 whole carcasses) .....	510
(105 part carcasses and organs) .....	1,467
Calves (4 whole carcasses) .....	210
(2 part carcasses and organs) .....	6
Preserved Food .....	4,210
Cheese .....	173
Potatoes .....	4,592
Fruit .....	41
Sausages .....	110½
Bacon and Ham .....	769
Cooked Meats .....	39
Oatmeal .....	19
Fish and Fish Cakes .....	153
Frozen Egg .....	22
Tomatoes .....	12
Pork .....	230
Butter .....	11
Cereals .....	19
Suet .....	4
Margarine .....	11
Mussels .....	65
Beef .....	4,079
Pudding Mix .....	1
Fowl .....	56
Cake .....	66½
Flour .....	6
Lambs, Plucks and Trimmings .....	258
Chocolate .....	½
<b>Total .....</b>	<b>58,758½</b>

### **Slaughter of Animals Acts, 1933-1954**

There were 13 renewal licences and 4 new 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 818 visits were paid to these premises during the year. The following improvements were effected:—

Hot water provided .....	104
New sinks installed .....	107
Premises enlarged .....	1

A programme of lectures and film shows was arranged and during the year 8 lectures and film shows were given to 553 persons attending.

#### **Section 2**

Following a complaint of flies in a bottle of medicine, legal proceedings were instituted. The manager of the shop was fined £2 and the firm £5.

#### **Contamination of Food**

A complaint of a stone being found in a tin of diced vegetables was received. The manufacturers, after submitting the stone to their laboratory, were unable to explain the occurrence but stated that the type of stone was foreign to their part of the country and was larger than the dicing machine.

Two complaints of quantities of oil being found in bread were received. In both cases the bread was manufactured by local bakers. In one instance a new rolling machine had been installed and it was apparent that this was not functioning correctly. A letter of warning was issued. In the other case the type of oil used was of a low melting point instead of oil which would withstand the necessary temperature. This was remedied by the baker concerned.

A complaint of mice droppings in a packet of oats was received. Investigations revealed that the mice infestation had been reported and successfully treated by the rodent operatives. A letter of warning was issued to the firm concerned.



## MERCHANDISE MARKS (Imported Goods)

### No. 3 Order, 1928 and No. 4 Order, 1929.

Legal proceedings were instituted against three market stall holders for failing to comply with the above Regulations. In two cases, tomatoes on display were not marked with the name of the country of origin and in the other case, tomatoes and apples were not marked with the country of origin. The defendants were each fined 10/-.

### Report of the Public Analyst

Mr. T. W. Lovatt, 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, 1956, I have analysed 386 samples.

These consisted of Milk 167; Meat Pies 45; Sausages 15; Ice Cream 13; Jam 7; Self-Raising Flour 6; Gee's Linctus and Non-Brewed Condiment 5 each; Olive Oil and Aspirin Tablets 4 each; Orange Drinks, Glace Cherries, Jellies, Flavourings, Coffee, Lemon Curd, Pepper, Ice Lollies 3 each; Teething Powders, Witch Hazel, Glycerine of Thymol, Buttered Muffins, Mixed Peel, Glycerine, Ground Ginger, Pickles, Sweets, Margarine, Marzipan, Ground Almonds, Essences, Christmas Puddings, 2 each; and one each of the following:—Wintergreen Ointment, Seasoning Mixture, Dried Pears, Dried Apricots, Fresh Cream, Pancake Mixture, Sulphur Tablets, Raspberry Vinegar, Colgard Emergency Essence, Glycerine Lemon and Ipecac., Bronchial Mixture, Blackcurrant Cordial, Orange Squash, Butter, Grapefruit Squash, Mixed Fruit Pudding, Gelatine, Jelly Crystals, Parish's Syrup, White's Compo, Surgical Spirit, Liquid Paraffin, Marsh-mallow Ointment, Zinc Ointment, Rice, Instant Whip, Creamed Rice, Junior Aspirin, Tomato Picquant, Castor Oil, Cream Crisp, Cake Mix, Oatmeal, Tapioca Dessert, Cold and Influenza Mixture, Cough Syrup, Composition Essence, Lung Tonic, Glycerine, Lemon and Honey, Dovers Tablets, Chlorodyne, Oil of Almonds with Syrup of Violets and Squills, Syrup of Figs, Nine Rubbing Oils, Camphorated Oil, Ground Cinnamon, Marmalade, Orange Slices, Gravy Salts, Stoneground Wholemeal, Almond Paste, Coffee, Chicory and Sugar, Ground Nutmeg, Turnpack Oats and Wheat, Slippery Elm Food, Black Pudding, Glucose Lemonade, Tea, Bilberries, Polony, Thick Sauce, Tomato Sauce, Apples.

Only two samples were found to be not up to standard, viz., two samples of sausages, one beef sausage, deficient in meat to the extent of 10.0 per cent, and one pork sausage deficient in meat to the extent of 7.7 per cent.

It is satisfactory to report that not a single milk sample was reported against. Forty per cent were of fair quality—and over fifty per cent of very good quality.

I think the bulking of milk supplies at centres where it is heat treated (pasteurised or sterilised) tends to average out the quality of milk.

The following table indicates the distribution of fat in the samples submitted:—

Milk Fat—3.0 to 3.25 per cent .....	13 samples
3.26 to 3.5 per cent .....	66 samples
3.51 to 3.75 per cent .....	54 samples
3.76 to 4.0 per cent .....	18 samples
Over 4.0 per cent .....	16 samples
	—
	167 samples
	—

During the year, 45 samples of meat pies were examined with a view to ascertaining the variation in the amount of meat present.

The approximate meat content of the pies varied from 20 to 36.4 per cent with an average of 28.0 per cent. A movement is in operation to fix a standard for the meat content of meat pies.

Except for the two sausages reported against, the remainder, (thirteen samples) were of standard quality. The percentages of meat present in the samples were as follows: for pork 64, 68, and 66, and for the beef 50, (two cases), 57, (two cases) 58, (two cases) 60, 70 and 72 (two cases).

The ice-cream samples were all of standard quality, and the fat content was as follows:—5.0, 5.6, 6.1, 6.3, 6.7, 7.0, (two cases) 7.7, 9.0, 9.9, 10.0, 11.8, and 13.7 per cent respectively.

The drugs samples all conformed to the standards indicated in the British Pharmacopœia, the British Pharmaceutical Codex or the label on the bottle."



## FOOD AND DRUGS ACT, 1955

The total number of samples analysed during 1956 was 386 compared with 395 for 1955.

## Number of Samples Purchased for Analysis

Articles	Number of Samples of each article examined			Number of Samples of each article regarded as Adulterated, below standard, or otherwise not complying with prescribed requirements		
	Form-ally Taken	Inform-ally Taken	Total	Form-ally Taken	Inform-ally Taken	Total
Milk .....	166	1	167	-	-	-
Meat Pies .....	-	45	45	-	-	-
Medicaments & Ointments	1	43	44	-	-	-
Sausages .....	2	13	15	-	2	2
Ice Cream .....	13	-	13	-	-	-
Seasonings .....	-	9	9	-	-	-
Jam .....	-	9	9	-	-	-
Fruit Drinks .....	-	9	9	-	-	-
Jellies .....	-	7	7	-	-	-
Essences & Flavourings...	-	6	6	-	-	-
Flour .....	-	6	6	-	-	-
Sauces & Pickles .....	-	5	5	-	-	-
Vinegar .....	-	5	5	-	-	-
Coffee .....	-	4	4	-	-	-
Marzipan .....	-	3	3	-	-	-
Ice Lollies .....	-	3	3	-	-	-
Christmas Puddings .....	-	3	3	-	-	-
Oatmeal & Wholemeal ...	-	3	3	-	-	-
Cake Mixtures .....	-	3	3	-	-	-
Glace Cherries .....	-	3	3	-	-	-
Mixed Peel .....	-	2	2	-	-	-
Margarine .....	-	2	2	-	-	-
Rice .....	-	2	2	-	-	-
Ground Almonds .....	-	2	2	-	-	-
Toffee .....	-	2	2	-	-	-
Muffin with Butter .....	1	1	2	-	-	-
Fresh Cream .....	-	1	1	-	-	-
Butter .....	-	1	1	-	-	-
Tapioca .....	-	1	1	-	-	-
Cake — Cream Crisp ...	-	1	1	-	-	-
Black Pudding .....	-	1	1	-	-	-
Dried Pears .....	-	1	1	-	-	-
Dried Apricots .....	-	1	1	-	-	-
Orange Slices .....	-	1	1	-	-	-
Apples .....	-	1	1	-	-	-
Bilberries .....	-	1	1	-	-	-
Tea .....	-	1	1	-	-	-
Polony .....	-	1	1	-	-	-
Totals .....	183	203	386	-	2	2

## 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 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 one case.

Action under the Amendment Act was taken in the following case:—

**Case 1/56**—A female, aged 75 years and living alone, was first brought to notice on the 22nd March by a friend. She had been confined to bed for almost three months and appeared extremely ill. The next door neighbour had done everything for her in the past 2½ years but was unable to care for the patient any longer as she had to maintain house for four workers. The patient had refused her own doctor's treatment and adamantly refused to go into hospital.

An Order was obtained and she was removed to Oldham and District General Hospital on the 23rd March. Before the expiration of the order she agreed to remain in hospital, and she died there on the 12th April.

## 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 (revised 1955) from the examining Ophthalmic Surgeon. By arrangement with him a copy of the form 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 35 persons (23 males and 12 females) were admitted to the Register of Blind Persons.



The following table gives the age and sex distribution and the causes of blindness in these cases:—

	AGE GROUPS												
	0-1	1-4	5-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70-79	80—	Total
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
Cataract ...	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	1 1	3 1	6 2
Glaucoma ...	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	1 1	1 1	2 3
Others .....	- -	- -	- -	- -	- -	1 -	- 1	3 -	3 -	- -	5 3	3 3	15 7
TOTAL ...	- -	- -	- -	- -	- -	1 -	- 1	3 -	3 -	2 1	7 5	7 5	23 12

#### Degree of Blindness

1. No perception of light ..... 1 case.
2. Perception of light ..... 8 cases.
3. Vision of up to and including 3/60 Snellen ..... 21 cases.
4. Better than 3/60 Snellen ..... 5 cases.

Ministry of Health Circular 1/54 requested Medical Officers of Health to include in their Annual Reports a section relating to blind persons and accordingly the following information is submitted for the 35 cases for whom Form B.D.8, has been received:—

#### A. Follow-up of Registered Blind Persons

Treatment Recommended on Form BD.8, (Revised 1955)	Cause of Disability			
	Cataract	Glaucoma	Senile Macular Degener	Others
None	1	-	5	5
Medical	-	1	4	1
Surgical	5	1	-	2
Optical	-	-	-	-
Hospital Supervision	2	3	3	2
Totals ...	8	5	12	10

**Cataract:** Eight persons were admitted to the Register and 7 of these had previously attended hospital regarding their eye condition. The other one had refused consultant advice; 5 persons were recommended for surgical treatment. This group also included the one who had refused consultant advice at hospital.

**Glaucoma:** There were 5 persons admitted to the Register, 3 of whom had received consultant advice prior to registration. Hospital supervision was recommended for one of the other two, who had not previously attended the ophthalmic clinic. This was arranged.



**Senile Macular Degeneration:** This accounted for more registrations than any other single cause and amounted to 34 per cent of the total, 12 persons were registered; 11 had received previous advice and no treatment was recommended for the one who had not had previous advice.

**Retrolental Fibroplasia:** No cases were reported during the year.

**Others:** These were myopic macular degeneration (3); detachment of retina (3) (surgery advised for 1 but refused); iridocyclitis (1) (surgery advised for secondary cataract—awaiting operation; interstitial keratitis (1); juvenile macular degeneration (1); blocked central retinal artery (1). All had received consultant advice prior to registration. Except where specified above, no treatment was recommended.

At the 31st December there were 297 persons (132 males; 165 females) on the Register of Blind Persons.

**Ophthalmia Neonatorum:** There were 12 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 .....	12
(ii) Number of cases in which:	
(a) Vision lost .....	None
(b) Vision impaired .....	"
(c) Treatment continuing at end of year .....	"

#### Partially Sighted

Seven persons were admitted to the Register of Partially Sighted Persons; these were three females aged 50, 72 and 73 years and four males aged 16, 48, 72 and 83 years.

In three cases the diagnosis was cataract and the rest were as follows:—

Senile Macular Degeneration .....	1
Myopic Degeneration .....	1
Congenital Nystagmus .....	1
Glaucoma .....	1

At the 31st December there were 32 persons (19 males and 13 females) on the Register of Partially Sighted Persons.

#### 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.



Two spastics, both boys, were notified to the Director of Welfare Services after leaving school. These boys attended the Scottfield Special School and one was placed in employment but no suitable employment had been found for the other boy at the end of the year.

One spastic, a boy who attended an ordinary school, was found suitable employment on leaving school.

### 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.

No cases were ascertained as requiring admission to special residential schools during the year.

### Hostels for Aged Persons

I am indebted to the Director of Welfare Services (Mr. W. Hutchinson) 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
Moorfield, Greenacres Road .....	24-1-55	16 men	Aged persons
Ashleigh, Newport Street .....	17-2-55	20 women	Aged persons
Edward House, Edward Street .....	24-4-52	24 men and women	Blind persons
"Lyndhurst," Queens Road .....	14-8-52	14 men and women	Deaf persons
"Toravon," Newport Street .....	30-6-55	27 men and women	Handicapped persons
"Greylands," Rhos-on-Sea .....	16-6-55	20 men and women	All categories
Napier House, Windsor Road .....	24-11-52	Temp. accom. for persons rendered homeless on account of fire flood, &c.	

At the end of the year accommodation was available in Hostels for 186 aged, 24 blind, 14 deaf and 27 handicapped persons.



### Cancer Education

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

"In my report on the fourth year of the Manchester Committee on Cancer's activities in Oldham, I referred to the gratifyingly large numbers of societies which had invited us to address them for the second time.

It is pleasing to note this has continued during the fifth year of our campaign to dispel the pervasive dread of cancer which prevents so many from seeking medical advice while the disease is still at a curable stage. In 1956 we visited thirty-two societies drawing members from Oldham—ten more than in 1955—and of these twenty-five were by invitation from groups which had previously entertained our speakers. This is encouraging proof that it is possible so to present the truth about cancer, ostensibly a repellent subject, that people are stimulated to seek more information.

During the year we continued to send pamphlets to groups which had not already had them; and the reception given to the tape recordings of the personal stories of cured cancer patients continues to exceed first expectations.

The Committee is much indebted to the Editor of "Family Doctor" for his co-operation in publicising our services while the edition containing the article, "Cancer is Nothing New," by Dr. Ralston Paterson and myself, was on sale in Oldham at the beginning of the year.

The present delay in seeking treatment will remain a major problem so long as people see cancer as a mysterious and sinister enemy against which medicine is powerless. If we can help older children to grow up with a basis of knowledge which will enable them to reject logically the influence of irrational parental fears, we shall have gone far towards removing what is at present the greatest obstacle to any improvement in the cure-rate.

Specific teaching about cancer may not be desirable; but it would be a relatively simple matter to pass on in the course of science or hygiene lessons, the preparatory information essential in later life to a proper understanding of the nature of malignant disease. When this point of view was put to the Director of Education in the autumn he was sympathetic and most co-operative, and we hope our talks with Mr. Harrison and with head teachers will provide a basis for action in the future.

No report on the Manchester Committee on Cancer's work in Oldham would be complete without a tribute to the Editor of the "Oldham Chronicle"; for only through his continued generosity in giving space to reports of our meetings have we been able to maintain a quiet but sustained publicity at a level calculated to make known the reassuring facts about cancer to a majority of the population."



### 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 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:—

"Family Service Unit workers continue in their efforts towards the rehabilitation of so-called problem families—families whose attitudes, habits and conditions of living are likely to lead to neglect of their children, and the subsequent break-up of the family as a unit.

Family case-work over a long period aims to help all members of the family towards personal and social re-adjustments, in the hope that the family may cease to be a 'problem' to its neighbours and the community. Each unit worker may be trying to concentrate attention on not more than 12 to 15 families at any one time. Help may be given to the mother in home and child care. Budgeting what is often a limited income is not easy—especially if the parent or parents happen to be of limited intelligence. Often parents can be helped to sort out their marital problems, which may have been the cause of insecurity in the children over a number of years. Efforts are made to encourage the fathers to take a more responsible attitude to family, home and commitments.

During 1956, 20 families were helped in this way—three of whom appeared sufficiently stabilised to 'stand on their own feet.' Work was started with 4 other families, who were referred to Family Service Units by other social workers. Unit workers appreciate the active co-operation of other social workers in Oldham—which co-operation ensures a minimum of over-lapping of services with any one family.

Family Service Units is aware of the increasing demand for the type of family case-work service its workers are trained to give, and will do its best to meet this increasing demand in the next few years."

### OLDHAM CREMATORIUM

The Medical Officer of Health is the Medical Referee to the Crematorium and the Senior Assistant Medical Officer and one Assistant Medical Officer act as Deputy Medical Referees.



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

During the year 824 cremations were authorised by the Medical Referee or his deputies; these include certificates relating to 2 stillbirths. In 129 of these cases a certificate (Form E) had been given by the Coroner.

In two cases the confirmatory medical certificate (Form C) as signed, could not be accepted by the Medical Referee and a fresh certificate was completed by the Medical Referee or by one of his deputies. In both cases the grounds for refusal were that the medical practitioner, although holding a recognised medical qualification of a Commonwealth University for more than five years and on the Medical Register, was not a "registered medical practitioner of not less than five years' standing."

In five cases the confirmatory medical certificate was signed by a medical practitioner who had some responsibility for the case. All these cases occurred in hospital and the Medical Referee contacted the medical practitioner concerned and drew his attention to the advice of the British Medical Association and the Home Office.

In one case although Form B and Form C had been completed the Medical Referee recommended that the Coroner should be advised of the circumstances of death. The Coroner subsequently ordered a post-mortem examination and issued Form E.

Of the 824 deceased persons, 445 were Oldham residents and 379 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		Special	Total
	Entrants	Disability		
Baths and Wash-houses .....	1	—	—	1
Borough Engineer & Surveyor's .....	22	1	—	23
Borough Treasurer's .....	3	—	—	3
Children's .....	14	—	3	17
Cleansing & Transport .....	19	3	1	23
Education .....	38	4	—	42
Housing .....	31	—	3	34
Libraries .....	3	—	—	3
Magistrates Clerk's .....	1	—	—	1
Markets .....	1	—	—	1
Parks & Cemeteries .....	—	—	4	4
Passenger Transport .....	140	5	—	145
Police .....	5	—	—	5
Public Health .....	50	1	13	64
Street Lighting .....	4	—	—	4
Town Clerk's .....	1	—	—	1
Town Hall .....	—	1	—	1
Waterworks .....	14	—	—	14
Welfare Services .....	20	—	—	20
	367	15	24	406

Teachers entering the service of the Council from other authorities and new entrants to the teaching profession who have not been medically examined on completion of their course of training are examined as to their fitness for employment. These examinations are undertaken by the medical officers of the department and during the year 73 teachers were examined. This figure includes 13 examinations (3 males; 10 females) for which Form 28.RQ. was completed and forwarded to the Ministry of Education.

## Other Examinations

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The above pathological examinations included 18 samples of blood for Widal tests and 20 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 51 candidates (17 males, 34 females) were examined and a report on Form 4 R.T.C. completed and forwarded to the appropriate college authority.

### X-ray Examinations

(i) Films .....	98
(ii) Miniature Radiography .....	68



# **BOROUGH CORONER'S REPORT FOR 1956**

The deaths reported to the Coroner during the year 1956 were 404 (males 254; females 150).

Of this total 30 were mental patients and mental defectives in institutions.

In 252 of the cases reported the deaths were investigated by the Coroner but no inquests held.

There were 152 inquests held (101 males and 51 females).

Of the 152 inquests 66 were held with a jury.

There were 283 post-mortem examinations in 165 of which no inquest was held. The expenses of the inquests amounted to £1,360 10s. 0d.

The verdicts returned were:—

Suicides 31 (males 21; females 10).

Accidents or misadventure 73 (males 41; females 32).

Natural causes 31 (males 27; females 4).

Deaths from industrial disease 13 (males 10; females 3).

Chronic alcoholism 1 female.

Open verdict 1.

Self neglect 2.

The ages of the 31 suicides were as follows:—

Between 21 to 29 years of age .....	2
30 to 39 years of age .....	4
40 to 49 years of age .....	4
50 to 59 years of age .....	10
60 years and over .....	11

The types of suicide were:—

Gassing .....	21
Jumped from window .....	1
Drowning .....	5
Drugs .....	4

In 1955 there were 428 deaths reported, 187 inquests were held and the expenses were £1,175 11s. 0d.

JOHN L. WATSON,

Coroner.

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