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Contributors

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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT
OF THE
Medical Officer of Health

1965



COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT
OF THE
Medical Officer of Health

1965

Department of Public Health,
Oldham.
November, 1966.

To the Chairman and Members of the Health Committee,

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Report on the Health of the Borough for the year 1965.

The first year in our new headquarters has quickly passed. There have been some initial teething troubles as was only to be expected, but these were all relatively minor and by the end of the year the majority had been resolved.

Many visitors have been received at the Department throughout the year, and all have been, we hope, most impressed both by the structure and the facilities the Department has to offer.

The new Central Clinic at Cannon Street, was brought into limited use on 29th November, some of the specialist clinics still awaiting delivery of the necessary equipment to make them operational.

A wide range of services will be provided. Apart from the usual facilities such as Child Welfare, School, Ante-natal and Chiropody Clinics, there is a Child Guidance Suite, Speech Therapy Department, a specially designed Audiology Unit and specialist Ear, Nose, and Throat Clinic. On the ophthalmology side is a newly equipped Orthoptist's Department, and a refraction room for the Consultant Ophthalmologist. The Welfare Foods Section also has its headquarters in the new Clinic. The waiting space is so designed as to be used for film shows and other health education pursuits. A large waste disposal unit has now been sited in the building to cater for the thorny problem of disposing of after-births following home confinements which has been aggravated by smokeless zones and accommodation in multi-storied flats, as well as all the various disposable items so common in medical practice today.

In view of the interest shown in the proposed erection of a Health Centre in the St. Mary's Ward, the Health Centres Sub-Committee has been reconstituted and a tentative site has been agreed upon. The Health Committee has also approved the principle whereby all child welfare centres to be erected in the future are designed in such a way as to be easily adapted to provide accommodation for General Practitioners, should this be required.

In March, approval was given by the Ministry of Health to carry out the final extensions to the Nuffield Hostel by a further 10 beds, providing a final total of 41. The Hostel will then be complete except for new dining room facilities which are under consideration.

Because of slum clearance, the child welfare centre at the Townfield Youth Centre had to be vacated and alternative accommodation has been obtained at the St. Barnabas Church Hall in modern newly-built premises. At the same time, Edward Street Clinic became structurally unsafe and temporary accommodation has been found in the Music Room, Werneth Park, which makes a most satisfactory clinic in pleasant surroundings. I am most grateful to the Parks Committee and the Director for this facility which will serve us admirably until the new clinic at Woodfield can be built.

Once again retirement has forced some major changes amongst our senior staff.

Mrs. C. Smith, Deputy Superintendent Health Visitor since October, 1963, who first joined the staff as a Midwife in 1939, retired in May, but has continued to work as a Health Visitor on a part-time basis. We wish her a long and happy retirement and I am very pleased we have not, as yet, lost her services altogether. She was succeeded by Mrs. M. McKenna, formerly Senior Health Visitor, and we wish her well in her new appointment.

In August, Miss M. M. Nugent, Non-Medical Supervisor of Midwives resigned after twenty years service in that post, to take up the entirely new appointment of Head of Part II Training School and Principal Tutor and also agreed to act as Non-Medical Supervisor of Midwives until a successor could be appointed.

Miss D. M. Mathews was appointed Non-Medical Supervisor of Midwives to commence duties on 1st November, but owing to unforeseen circumstances was unable to assume that appointment for a further six months. Miss Nugent generously agreed to continue acting as Non-Medical Supervisor until such time as Miss Mathews, who in the interim was designated Superintendent Midwife, could be confirmed in her appointment.

Mr. H. V. Cass retired in October. He was appointed Chief Public Health Inspector in 1938 and faithfully served this authority throughout his term of office. His unremitting zeal in the field of environmental hygiene, especially in matters of slum clearance and smoke abatement was recognised by the well deserved award of the M.B.E. in 1966. He has not yet finished his service to the public of Oldham and I understand that he has been offered the appointment of Rent Officer for the Oldham Registration Area, in which appointment we wish him every success.

His successor in this most important post is Mr. D. Eckersley, formerly a Deputy Chief Public Health Inspector with special responsibility in housing and slum clearance in this Department and I am delighted to congratulate and welcome him to this onerous and arduous appointment.

We were unfortunate to lose the services of our Psychologist, Mr. R. T. Beattie, and Mrs. A. M. Beattie, the Educational Psychologist, during the year under review and both posts remained unfilled at the year's end. The post of Health Department Psychologist has been transferred to the Education Committee as a senior post, with the Health Department retaining the facility of using the services of the psychologist as required.

I regret to record the death on 23rd March, 1966, of Councillor Dr. A. R. Nettleton, who was appointed to the Health Committee in 1964. A well respected General Practitioner and member of the Borough Council, he made many useful contributions to the work of the Health Committee and his presence will be sadly missed.

The rise in the birth rate noted last year has not been maintained, though at 18.28 is still higher than any year between 1949 and 1963. The illegitimate birth rate, however, has climbed to an all time high level of 11.19. I last commented on this matter in 1963 and those comments are still valid. One factor however, must be taken into account; that is the relatively high number of stable cohabitations in the area, where couples living together, who, for one reason or another, are unable to marry, have more than one illegitimate child. This does mean, that though in no way less illegitimate than the result of a casual encounter, in many cases the children are not deprived of an otherwise normal family life, indeed some are better cared for than supposedly more fortunate legitimate children.

The stillbirth rate continues to fall, and is now at its lowest recorded level of 14.98 compared with 15.88 in the previous year. The rate for England and Wales has also fallen from 16.4 in 1964 to 15.7 in 1965.

Some improvement is also shown in the infant mortality rate for 1965, 27.48 per 1,000 total live births as against 35.04 in the previous year. This figure is still far too high when compared with the rate for England and Wales of 19.0, though only slightly above the average for County Boroughs in this region. The wastage of infant life in the industrial North West is a matter of deep concern for all Medical Officers of Health in the region and climatic and environmental conditions must play a significant part. This is also an area where, traditionally, women have always formed a goodly proportion of the total labour force. I am not prepared to believe that the standards of obstetric and medical care in this region are inferior to those in other parts of the country so we must look for the answer elsewhere.

There were 262 deaths from all forms of cancer compared with 277 in 1964 but lung cancer deaths (65) were the same and therefore constitute a slightly higher proportion. The bulk of our health education efforts in this direction are still directed at the school children in an endeavour to prevent them from acquiring a habit which is only too easy to get into but so difficult to break.

A serious outbreak of Poliomyelitis occurred in Blackburn during the year and caused considerable uneasiness amongst the general public. Although no case occurred within the Borough, deliberate advantage was taken of public feeling in this matter to enhance the level of immunity in the community and vaccination was offered to all comers. It was decided at the outset, both for ease in administration and with an eye to good public relations, to place no restrictions on age or place of residence, and indeed many persons living in the adjacent county areas, but working in Oldham, took advantage of the offer. Record cards were sent to these authorities by previous agreement. In all, 31,209 persons received the first oral dose and 7,469 a booster dose, making a grand total of 38,678 attendances in just over 4 weeks. Ultimately 21,950 completed the course (70.3 per cent.) a reasonably high return rate though the figure of some 9,000 defaulters is a sad indication of what happens when the panic wears off. Some of these, however, may have completed the course in their place of domicile. Once again we have an illustration of expediency succeeding where health education has failed. The exercise was made much easier by the excellent facilities available in the new building, enabling us to run a number of clinics simultaneously from point of entry to exit.

By happy coincidence the Mass Miniature Radiography Unit was also housed in the Department's building at this time and, as the entrance to the unit was opposite to the exit from the polio clinic, many people decided to carry straight through and thereby gave us an enhanced attendance at the unit. In all 8,336 chest x-rays were taken compared with 4,705 in 1964. (These figures are for the "static" sessions only).

The incidence of Typhoid in the area, which is reported in detail elsewhere in the report, occasioned some wild reporting from the press, some completely without foundation. The local press was kept informed daily of the situation and was far more circumspect than some of the national papers. Indeed, they were most helpful in disseminating information issued by the Department. It was agreed with the hospital authorities and others that only the Medical Officer of Health should give statements to the press and this helped to stabilise the situation. There is little doubt that we must expect more cases of typhoid as more and more people go abroad for their

holidays, often unprotected against the illness, and as air travel enables people to move around without time to show the symptoms which used to develop on long sea voyages from infected areas. An instructive and interesting booklet on food hygiene has been produced by the Department and issued to food handlers. It has also been made available to the general public.

A number of new developments were initiated or brought into operation during the year.

Proposals were submitted to the Ministry of Health for a cytological screening service for the early detection of cancer of the neck of the womb. This relatively simple procedure is a major step forward in preventive medicine and should prevent much unnecessary suffering and premature death. At the same time proposals were submitted for the examination of the breasts for any cancer in that site, the two screenings to be carried out at the same clinic attendance. It is hoped to start the service in the new year, as soon as hospital facilities are available for the reading of the smears.

A most important development during the year was the initiation of a Geriatric Liaison Committee by the Hospital Management Committee and which enabled us to anticipate a substantial portion of the Ministry of Health's Memorandum on the Care of the Elderly in Hospitals and Residential Homes (September 15, 1965). The Geriatric Liaison Committee fulfils a very important need in the co-ordination of effort required in tackling the Herculean problem of providing adequate care for the elderly both inside and outside the hospital. Where two systems of financing complementary services are adopted, the consumer is usually the one to suffer. It is obviously cheaper to keep someone at home rather than in hospital but one becomes a burden on the ratepayer and the other on the taxpayer. It is apparently immaterial that ultimately in the majority of cases this is one and the same person, and the appropriate disposal is often dictated on financial grounds.

To encourage the recruitment of Night Attendants it was agreed to pay a retaining fee whether or not their services were actually required. In practice this has proved an inexpensive exercise as they have nearly always been utilised to their full capacity. The Home Nursing establishment was also increased by 1 under the "10 year plan" and an additional General Division Clerk appointed to the Domestic Help Section.

The memorandum of September, 1965, gives further direction in dealing with the problem and I was requested by the Health Committee to prepare a report on its implications which was later circulated to the Borough Council. The report, which is produced as an appendix at the end of this report, also indicates the constitution of the Geriatric Liaison Committee.

A further example of co-operation between hospital and local authorities was the appointment of an Ambulance Liaison Officer. This officer, a member of the Ambulance Service staff, is permanently based at the Oldham Royal Infirmary and the Hospital Management Committee has provided suitable accommodation with telephone, his salary being shared between the two authorities. The appointment has resulted in patients attending the various clinics being returned to their homes far more expeditiously and the average waiting time has been cut down to under twenty minutes.

I am pleased to report that the Council has given its blessing to the principle of fluoridating the town's water supply and authorised the installation of suitable apparatus at Readycon Dean, one of the smaller treatment stations. It is unfortunately not at present practicable to treat the whole of the supply as the main station at Castleshaw is due for major alteration in the near future. Another draw back has been

that Readycon Dean supplies two neighbouring County Councils, one of which had not, as yet, approved fluoridation, so no progress had been made by the year's end. It is expected that the matter will soon be resolved.

In February the Ministry of Health introduced a scheme whereby the names and prospective addresses of long stay immigrants are notified by the Medical Officer of the Port of Entry to the Medical Officer of the town of intended residence. The immigrants are visited and informed of the various health services available and requested to register with a General Practitioner. Advantage is also taken in this Borough to encourage the immigrant to have a chest x-ray, to which the majority are agreeable.

The scheme is not entirely satisfactory as often the immigrants have not arrived at, or have already left the indicated address and much wasted time is involved in fruitless visiting.

A record number of 1,130 houses were represented during the year and in July Smoke Control Order No. 6 came into operation. No. 7 and 8 Smoke Control Orders have been submitted but not yet confirmed. Smoke control is being pushed as energetically as possible, but we are hampered by the enormous slum clearance programme with which we are faced. It is obviously economically unrealistic to approve smoke control areas which are due to be demolished under slum clearance orders within a relatively short period of time.

The District Heating Scheme for the St. Mary's Ward should not only help to combat atmospheric pollution but also provides a valuable fringe benefit in preventing hypothermia in the aged and it is hoped that this pattern may be followed in other major housing developments in the future.


With the emergence of social medicine, it has become rather unfashionable for the Medical Officer of Health to be too deeply concerned with environmental matters, but "old fashioned" public health is far from dead especially in the industrial towns of South-East Lancashire and many of the environmental problems we are faced with are little different from those extant at the turn of the century, and still very much require the attention and energies of the Medical Officer of Health.

In conclusion, I wish to thank the staff of this and the other Departments, whose co-operation we depend upon to preserve the health of this Borough, for their efforts during the year, and to you, Mr. Chairman, Ladies and Gentlemen, for your sympathetic approach to our problems.

Your obedient servant,

BASIL GILBERT,

Medical Officer of Health.



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THE HEALTH COMMITTEE

(from May, 1965)

Chairman:

Alderman F. Baxter

Deputy Chairman:

Councillor W. Wheeler

The Mayor:

Councillor W. Clover, O.B.E., J.P.

Councillor J. Bradley

Councillor G. Leonard

Councillor H. E. Chamberlain,

Alderman J. McQuillan

M.B.E., J.P. Councillor E. G. Taylor

Councillor F. Collins

Councillor A. R. Nettleton, M.R.C.S., L.R.C.P.

Non-Council Members:

P. C. Steptoe, Esq.,

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

F.R.C.S., F.R.C.O.G.

Miss A. Wrigley

Mrs. E. Shyne

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

Chairman:

Alderman F. Baxter

Deputy Chairman:

Councillor W. Wheeler

The Mayor

Councillor F. Collins,

Councillor J. Bradley

Councillor G. Leonard

Councillor H. E. Chamberlain,

Alderman J. McQuillan

M.B.E., J.P. Councillor E. G. Taylor

Non-Council Members:

P. C. Steptoe, Esq.,

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

F.R.C.S., F.R.C.O.G.

Miss A. Wrigley

Mrs. E. Shyne

HOME NURSING SUB-COMMITTEE

Chairman:

Councillor W. Wheeler

The Mayor

Councillor F. Collins

Alderman F. Baxter

Councillor G. Leonard

Councillor J. Bradley

Councillor E. G. Taylor

Alderman J. McQuillan

Councillor H. E. Chamberlain,

M.B.E., J.P.

Non-Council Members:

M. Strang, Esq., M.B., Ch.B. T. E. C. Crozier, Esq.
Miss A. Wrigley

*MENTAL HEALTH SUB-COMMITTEE**Chairman:*

Councillor F. Collins (to 6-5-1965)
Alderman J. McQuillan (from 1-7-1965)

The Mayor	Councillor G. Leonard
Alderman F. Baxter	Councillor F. Collins (from 6-5-65)
Councillor W. Wheeler	Alderman J. McQuillan (to 1-7-65)
Councillor J. Bradley	Councillor E. G. Taylor
Councillor H. E. Chamberlain, M.B.E., J.P.	

Non-Council Members:

Miss A. Wrigley Mrs. E. Shyne

STAFF

DEPARTMENT OF PUBLIC HEALTH

Medical Officer of Health and Principal School Medical Officer:

Basil Gilbert, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer/Senior School Medical Officer:

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

Senior Assistant Medical Officer of Health/School Medical Officer:

E. M. Rossa Stuart, M.B., B.Ch., B.A.O., D.P.H.

Assistant Medical Officers of Health/School Medical Officers:

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

Isabelle B. Barrie, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

James H. Dransfield, M.A., L.M.S.S.A.

Surendra Kumar Mehra, M.B., B.S.

Eugenie H. D. Cheesmond, M.B., Ch.B. (to 8.2.65)

Assistant Medical Officers, M. & C.W. (Part-time)

Joyce Cooper, M.B., Ch.B., M.R.C.S., L.R.C.P.

Anna N. Edward, L.R.C.P., L.R.C.S., L.R.F.P.S.

Liselott Schreiber, M.D.

Principal School Dental Officer:

James Fenton, L.D.S.

Dental Officers

K. Anderson, L.D.S. (to 14.11.65), R. M. Barker, L.D.S. (from 11.1.65),
Miss J. K. Goodall, L.D.S. (from 18.1.65 to 29.12.65), J. H. Woolley, L.D.S.

Part-time Dental Officers:

R. Dannous

F. C. Banerjee

K. Lomax

A. D'A Fearn

Orthodontic Specialist:

J. Lancashire, B.D.S., L.D.S., D. Orth, R.C.S. (Part-time)

Honorary Consultant Medical Officer of Health:

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

Consultants:

F. A. L. daCunha, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.,

F.R.C.O.G. Obstetrician

D. Hilson, M.A., M.B., B.Chir. (Cantab.), F.R.C.P. (Ed.), M.R.C.P.:

M.R.C.S., D.C.H. Paediatrician

Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M. Psychiatrist

J. Johnson, M.B., M.R.C.P. (Ed.), D.P.M. Psychiatrist

A. Chalmers Fleming, M.B., B.S., D.P.M. Mental Subnormality

W. H. Lloyd, M.B., Ch.B., M.R.C.P. (Ed.) Geriatrician

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. Anaesthetist

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P. Ophthalmic Surgeon

Chest Physician:

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

Chief Chiropodist:

David Russell, M.Ch.S., S.R.Ch.

Chiropodists:

Miss A. E. Ogden, M.Ch.S., S.R.Ch.

Miss A. M. Jones, A.Ch.S., S.R.Ch. (to 28.3.65)

Mr. J. R. Prince (from 22.3.65)

Part-time Chiropodists:

Mrs. J. Cribb (from 4.11.65)

Mrs. B. Lord, M.Ch.S., S.R.Ch. (from 9.3.65 to 31.12.65)

Miss L. Grimshaw (from 29.3.65 deceased)

Public Analyst:

G. H. Baker, F.R.I.C.

Deputy Public Analyst:

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

Chief Public Health Inspector:

Harold V. Cass (to 31.10.65)

Dennis Eckersley (from 1.11.65)

Deputy Chief Public Health Inspectors:

John Brook

Dennis Eckersley (to 31.10.65)

Assistant Chief Public Health Inspector:

Fred Rushworth (from 1.12.65)

Senior Specialist Public Health Inspectors:

A. Naylor

J. Edmunds

N. Lees

E. Elford

F. Rushworth (to 30.11.65)

D. Gaskin (from 1.2.65)

Public Health Inspectors:

J. McKenna

R. Fallows

B. Fleming (to 13.6.65)

D. Gaskin (to 31.1.65)

M. H. Dunkerley (from 10.12.65)

B. G. Dunn (to 31.3.65)

M. T. Bithell (to 11.4.65)

Technical Assistants:

J. Robinson (from 22.3.65)

R. Burrington (from 22.3.65)

C. E. Crossley (from 22.3.65 to 5.12.65) R. D. Green (from 22.3.65 to 4.7.65)

Lay Administrative Officer:

T. P. McKniff

Administrative Assistant:

Miss M. Royle

Ambulance Officer:

E. G. Crapper

Senior Mental Welfare Officer:

Donald Cheetham

Mental Welfare Officers:

Miss A. Kelly

E. Hall, S.R.N., R.M.N.

J. Hulme, R.M.N., S.R.N. (from 1.1.65)

G. A. MacDonald, R.G.N., R.M.N. (from 1.1.65)

Psychologists:

Mrs. A. M. Beattie, B.A. (to 14.11.65)

R. T. Beattie, B.A. (Cantab) (to 30.9.65)

Supervisor of Training Centres:

Miss A. H. Lord, Dip. Nat. Assoc. Mental Health

Physiotherapist:

Mrs. H. R. Wild, Part-time

Senior Instructor, Industrial Centres:

K. Thompson

Superintendent Health Visitor/Superintendent School Nurse:

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

Deputy Superintendent Health Visitor/Deputy Superintendent School Nurse:

Mrs. C. Smith, S.R.N., S.C.M., H.V.Cert. (to 16.5.65)

Mrs. M. McKenna (from 1.6.65)

Senior Health Visitor/School Nurse:

Mrs. H. Emmott

Mrs. M. McKenna (to 31.5.65)

Health Visitors/School Nurses:

Miss B. Byrom (from 21.7.65), Mrs. J. A. Carling, Mrs. S. E. Evans, Mrs. M. S. Hartley, Mrs. D. Higginbottom, Mrs. N. M. McWiggin, Mrs. V. Saville (from 3.5.65), Mrs. S. Seddon, Mrs. C. Smith (from 17.5.65), Mrs. N. M. Walker (from 21.7.65), Mrs. M. Frost, Mrs. S. King, Mrs. P. Reeve (to 28.2.65), Mrs. D. Hardwick (to 28.2.65), Mrs. P. Lewis (to 3.1.65), Mrs. J. Chapman (to 31.1.65), Miss H. O. O'Bileye (to 22.4.65), Miss W. McDonnell (to 4.4.65).

School Nurses:

Mrs. H. Eglin**, Mrs. H. D. Manuel**, Mrs. K. E. Lees**, Mrs. C. D'Arcy**, Mrs. O. M. Knott** (to 1.4.65), Mrs. P. T. Kennedy** (from 26.4.65).

** Part-time

Mrs. E. Doolan, Nursing Auxiliary

Non-Medical Supervisor of Midwives:

Miss M. M. Nugent, S.R.N., S.C.M. (to 30.9.65)

Acting Non-Medical Supervisor of Midwives:

Miss M. M. Nugent, S.R.N., S.C.M. (from 1.10.65)

Superintendent Midwife:

Miss D. M. Mathews (from 8.11.65)

Assistant Non-Medical Supervisor of Midwives:

Miss D. Coupe (from 1.1.65)

Municipal Midwives:

Mrs. M. Bailey*, Miss J. M. Cocker, Mrs. M. Dickinson*, Mrs. M. Kirwan*, Mrs. E. Lawton*, Mrs. E. C. McMahon* (from 1.5.65), Miss J. Ridyard*, Mrs. A. E. Riley*, Mrs. M. J. Sweeney*, Mrs. L. Williamson (from 22.12.65), Mrs. R. Worswick*, Miss B. Phoenix, Mrs. A. Cotterill, Miss B. Hallsworth*, Mrs. M. Saville, Miss J. P. Turner (from 15.12.65), Mrs. N. Poole (to 5.12.65), Miss B. Holland* (to 31.10.65), Mrs. M. Kilroy* (to 31.10.65), Miss O. Bormann (from 19.3.65 to 12.6.65), Mrs. A. Quinn* (to 27.1.65), Mrs. M. Jones (to 4.7.65).

Part-time:

Mrs. E. Brooksbank, Mrs. J. Thomas, Mrs. M. Dunkerley (from 9.7.65), Mrs. K. Dalton (from 15.10.65), Mrs. E. C. McMahon (to 30.4.65).

* Approved Teaching Midwives

Superintendent of District Nursing:

Miss T. M. Keenan, S.R.N., S.C.M., H.V.Cert., Q.N.

District Nurses:

Miss J. A. Baker, Mrs. M. Beech (from 6.12.65), Mrs. M. Brett (to 11.9.65), Mrs. E. Charles, Miss D. Clarkson, Miss E. Dumville, Miss A. Durrant, Mrs. K. Dyson (from 20.12.65), Mr. F. P. Earnshaw, Mrs. I. Foley, Mrs. O. M. Knott (from 1.4.65), Mrs. E. Lutener, Mr. G. G. Smith (from 11.7.65), Mrs. M. Smith, Mr. E. L. Taylor, Mrs. J. Tweedale, Mr. I. D. Valentine, Mrs. O. K. Whatmough, Mr. J. Wilson, Miss S. Davies (from 1.9.65 to 1.12.65), Mrs. S. Grundy (to 31.10.65), Miss R. M. Taylor (to 24.9.65), Mrs. C. D. Crumpton (to 20.6.65), Mr. P. McCoy (to 26.11.65).

Part-time: Mrs. A. W. D. Wade

Bathing Attendants:

Mrs. O. Wiseman (to 20.11.65), Mrs. M. R. Briggs (from 6.12.65), Mrs. K. Corbley, Mrs. A. Darlington, Mrs. M. J. Edwards, Mrs. J. Roberts.

Domestic Help Organiser:

Mrs. E. M. Winterbottom (to 19.12.65)

Mrs. A. Hadfield (from 29.12.65)

Assistant Domestic Help Organisers:

Mrs. A. Hadfield (to 28.12.65)

Mrs. D. L. Southward

Miss F. Andrew (from 2.8.65 to 15.10.65)

Mrs. H. A. Harvey (from 22.11.65)

*OLDHAM CREMATORIUM**Medical Referee:*

Basil Gilbert, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Referees:

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

E. M. Rossa Stuart, M.B., B.Ch., B.A.O., D.P.H.

SUMMARY OF STATISTICS

Area in Acres	6,292
Enumerated Population (Census 23:41)	416,945
Registrar General's Estimate of Population (2012)	416,490
Density of Population, i.e. number of persons per acre	66.3
Number of houses in the Borough, 31st December, 1906:	
(a) Permanent	41,781
(b) Temporary (estimated)	20
	41,801
Number of Houses erected in 1906:	
(a) Permanent	
(i) by local authority	622
(ii) by other bodies or persons	22
	644
Room represented by a penny rent (31st March, 1906)	41,837
Ratesable Value (31st April, 1906)	£2,212,000
Total number of persons in district (Census of 31st Dec. 1906)	416,945
Number of Inhabitants	798

SECTION I

Vital Statistics

Live Births	
Number (Males 1,010; Females 1,101)	2,111
Rate per 1,000 population	50.25
Area, corresponding to rate	1.45
Legitimate Live Births	
Number (Males 115; Females 130)	245
Rate per 1,000 total live births	11.65
Stillbirths	
Number (Males 18; Females 25)	43
Rate per 1,000 total live and still births	2.05
Total live and still births	2,154
Infant Deaths (Deaths under one year)	12
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	5.62
Legitimate infant deaths per 1,000 legitimate live births (12)	20.00
Illegitimate infant deaths per 1,000 illegitimate live births (12)	20.00
New-born Mortality Rate (Deaths under one year per 1,000 total live births)	55.25
Early New-born Mortality Rate (Deaths under one week per 1,000 total live births)	18.25

SUMMARY OF STATISTICS

Area in Acres	6,392
Enumerated Population (census 23.4.61)	115,346
Registrar General's Estimate of Population (mid-year)	111,480
Density of Population, i.e., number of persons per acre	17.44
Number of houses in the Borough, 31st December, 1965:	
(a) Permanent	41,761
(b) Temporary (prefabricated)	20
	<hr/>
	41,781
Number of houses erected in 1965:	
(a) Permanent:	
(i) by local authority	698
(ii) by other bodies or persons	69
	<hr/>
	767
Sum represented by a penny rate (31st March, 1965)	£12,372
Rateable Value (1st April, 1965)	£3,248,036
Total number of persons on doctors' lists at 31.12.65	115,325
Number of marriages	798

VITAL STATISTICS

*Mothers and Infants**Live Births*

Number (males 1,040, females 998)	2,038
Rate per 1,000 population (crude)	18.28
Area comparability factor	1.07

Illegitimate Live Births

Number (males 118, females 110)	228
(per cent of total live births)	11.19

Stillbirths

Number (males 18, females 13)	31
Rate per 1,000 total live and still births	14.98

Total Live and Still Births 2,069

Infant Deaths (deaths under one year) 56

Infant Mortality Rates

Total infant deaths per 1,000 total live births	27.48
Legitimate infant deaths per 1,000 legitimate live births (44)	24.31
Illegitimate infant deaths per 1,000 illegitimate live births (12)	52.64

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births (41) 20.12

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) (39) 19.14

<i>Peri-natal Mortality Rate</i> (Stillbirths and deaths under one week combined per 1,000 total live and still births) (70)	33.83
--	-------

Maternal Mortality (including abortion)

Number of deaths	1
Rate per 1,000 total live and still births	0.48

Total Deaths

Number (males 784, females 818)	1,602
Rate per 1,000 population	14.36
Area comparability factor	1.02

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 textile engineering, with substantial general engineering and building and civil engineering, vehicle building, distributive trades and clothing industry. Over a number of years numerous light industries have been established.

Area and Population

The area of the Borough is 6,392 acres.

The sixteenth census of the population of England and Wales was taken on the 23rd April, 1961, and in the final report of the Registrar General the population of the County Borough of Oldham on that date is stated to have been 115,346 (55,062 males, 60,284 females).

The Registrar General's estimated mid-year population is 111,480 and it is on this figure that the vital statistics are based. This estimate of the population compares with 112,670 for the previous year.

Rateable Value

The Borough Treasurer, Mr. R. N. Holroyd, has kindly supplied the following information:—

The penny rate product for the year ended 31st March, 1965, was £12,372 and the rateable value on the 1st April, 1965, £3,248,036.

Unemployment

I am indebted to Mr. N. A. Cranny, Manager of the Local Employment Exchange for the following report and relevant statistics relating to employment during this year:—

“The year 1965 saw a continuation of the very favourable employment conditions of the preceding year. Starting from a figure even lower than that of 1964, the numbers registered as unemployed continued to fall throughout the year, from 1.1% of the working population in January, to 0.7% in December, the lowest figure recorded for many years. At the same time the number of vacancies notified to Employment Exchanges which remained unfilled showed a corresponding increase for both men and women throughout the year. The amount of short-time working was negligible.

OLDHAM, CHADDERTON AND FAILSWORTH EMPLOYMENT EXCHANGES AND YOUTH EMPLOYMENT OFFICES
UNEMPLOYED REGISTERS DURING THE YEAR, 1965

DATE	WHOLLY UNEMPLOYED				TEMPORARILY SUSPENDED				TOTALS		Percentage
	Men aged 18 & over	Women aged 18 and over	Boys aged under 18	Girls aged under 18	Men Aged 18 & over	Women aged 18 and over	Boys aged under 18	Girls aged under 18	Wholly Unemployed	Temporarily Suspended	
11. 1.65	684	172	23	4	19	—	—	—	883	19	1.1
8. 2.65	649	167	14	4	24	7	—	—	834	31	1.1
8. 3.65	582	148	12	4	32	1	—	—	746	33	1.0
12. 4.65	573	140	19	3	10	1	—	—	735	11	0.9
10. 5.65	562	136	8	5	8	—	—	—	711	8	0.9
14. 6.65	551	115	9	4	8	4	—	—	679	12	0.8
12. 7.65	553	118	10	6	6	29	—	1	687	36	0.9
9. 8.65	578	124	29	14	1	17	—	1	745	19	0.9
13. 9.65	537	111	19	7	1	2	—	—	674	3	0.8
11.10.65	517	129	11	4	3	4	—	—	661	7	0.8
8.11.65	482	100	6	4	3	4	—	—	592	7	0.7
6.12.65	472	97	15	9	9	2	—	—	593	11	0.7

The total working population of the area at June, 1964 (the latest date for which figures are available) was 81,663—an increase of 500 over the previous year's figure. There were 1,000 more women, and 500 fewer men."

Births

Registered

(a) Live Births

There were 3,228 live births (1,645 males and 1,583 females) registered in the Borough during the year. After adjustment for inward 73 and outward 1,263 transferable births, the net total of live births is 2,038 (1,040 males and 998 females). The birth rate per thousand of the population is 18.28 which compares with 19.25 for the previous year and 18.0 for England and Wales.

The illegitimate live births numbered 228 (113 males and 110 females), 11.19 per cent of the total live births.

(b) Stillbirths

During the year 64 stillbirths were registered. After being adjusted by outward and inward transfers the number is 31. The stillbirth rate is 14.98 per thousand total live and stillbirths, which compares with 15.88 for the previous year and 15.7 for England and Wales.

Notified

The total number of births notified was 3,304 (3,240 live births and 64 stillbirths). After adjustment for inward 46 (45 live and 1 still) and outward 1,295 (1,261 live and 34 still) transferable births the net total of births notified is 2,055.

Deaths

The total number of deaths registered in the Borough was 2,040. After adjustment for inward 103 and outward 541 transferable deaths, the net total is 1,602 (784 males, and 818 females) 1 more than the total for 1964.

Of the 1,602 deaths 686 (42.82 per cent) occurred in one or other of the following hospitals.

Oldham and District General Hospital	465
Oldham Royal Infirmary	142
Westhulme Hospital	7
Strinesdale Hospital	12
Dr. Kershaw's Cottage Hospital, Royton	11
Chadderton Hospital	5
Hospitals other than those in the Oldham and District Hospital Group	44

Of the total deaths, 1,084 (67.66 per cent) occurred in persons aged 65 years and over.

Principal causes of death, according to the International Statistical Classification of Causes of Death with comparative figures for 1964:—

	1965	1964
Malignant neoplasms, neoplasms of lymphatic and haematopietic tissues	262	277
Vascular lesions of nervous system	231	234
Coronary disease, angina	280	257
Hypertension with heart disease	26	24
Other heart disease	194	216
Other circulatory disease	88	76
Bronchitis	116	121
Pneumonia	109	80
Influenza	1	2
Other diseases of respiratory system	19	11
Congenital malformations	11	16
Motor vehicle accidents	12	25
All other accidents	38	40
Suicide	21	25
Homicide	2	1

These groups of diseases account for 1,410 deaths, 88 per cent of the total Oldham deaths registered compared with 1,405 deaths and 87.76 per cent for the previous year.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1965

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS										
					1-	2-	5-	15-	25-	35-	45-	55-	65-	75+	
TOTAL ALL CAUSES	M F	784 818	18 23	4 11	2 1	2 4	1 1	6 2	10 5	20 14	81 43	164 97	233 221	234 396	
1 Tuberculosis—Respiratory	M F	3 3	1 1	1 1	1 1	...	
2 Tuberculosis—Other forms	M F	1	1	
3 Syphilitic Disease	M F	
4 Diphtheria	M F	
5 Whooping Cough	M F	
6 Meningococcal Infections	M F	1	1	
7 Acute Poliomyelitis	M F	
8 Measles	M F	
9 Other Infective and Parasitic Diseases	M F	1	
10 Malignant Neoplasm—Stomach	M F	24 25	2 1	7 3	9 8	6 10	
11 Malignant Neoplasm—Lung, Bronchus	M F	54 11	8 1	19 4	19 5	8 ...	
12 Malignant Neoplasm—Breast	M F	
13 Malignant Neoplasm—Uterus	F	15	1	4	3	4	3	
14 Other Malignant and Lymphatic Neoplasms	M F	7 51	2 1	2 3	2 8	1 13	2 13	
15 Leukaemia, Aleukaemia	M F	67 5	13 ...	23 3	20 1	...	
16 Diabetes	M F	3 3	1 ...	1	2 1	
17 Vascular Lesions of Nervous System	M F	102 129	2 1	7 ...	18 15	29 37	46 73	
18 Coronary Disease, Angina	M F	180 100	4 1	9 3	26 14	46 35	35 47	
19 Hypertension with Heart Disease	M F	14 12	1 ...	4 ...	3 ...	6 ...	
20 Other Heart Disease	M F	59 135	1 ...	2 6	7 15	16 32	33 81	
21 Other Circulatory Disease	M F	37 51	1 ...	3 ...	7 9	14 38	
22 Influenza	M F	
23 Pneumonia	M F	1 49	
24 Bronchitis	M F	3 60	3	4	2	1	...	1	2	5	16	15	
25 Other Diseases of Respiratory System	M F	6 79	...	6	6	15	33	
26 Ulcer of Stomach and Duodenum	M F	37 11	1	7	16	27	28	
27 Gastritis, Enteritis & Diarrhoea	M F	3 6	1	3	17	16	
28 Nephritis and Nephrosis	M F	1 7	1	2	2	
29 Hyperplasia of Prostate	M F	1 5	1	...	
30 Pregnancy, Childbirth, Abortion	F	1	2	3	
31 Congenital Malformations	M F	3 8	1	...	1	1	...	
32 Other Defined and Ill-defined Diseases	M F	5 93	5	1	...	1	1	3	4	5	7	11	
33 Motor Vehicle Accidents	M F	8 4	17	2	1	1	...	1	1	2	4	10	16	38	
34 All other Accidents	M F	19 19	2	1	...	1	2	1	...	
35 Suicide	M F	9 12	1	2	
36 Homicide and Operations of War	M F	1 1	3	4	1	...	4	

ANALYSIS OF DEATHS BY AGE GROUPS AND MONTHS OF OCCURRENCE

Months	0-1		1-2		2-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Totals		Persons
	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	
January	1	3	-	-	-	-	-	-	-	1	-	-	4	-	11	2	16	9	27	31	18	33	5	11	82	90	172
February	-	1	-	-	-	-	-	-	-	-	-	2	1	1	11	5	12	4	25	18	20	19	6	9	76	57	133
March	5	1	1	-	1	1	-	-	-	-	1	1	3	1	3	4	16	16	23	27	23	29	3	6	79	86	165
April	1	3	-	-	-	1	-	1	-	-	-	2	1	1	5	5	16	6	24	21	14	15	5	9	68	61	129
May	1	4	-	-	-	-	-	-	-	-	2	1	-	1	5	5	8	6	16	19	16	35	5	13	53	84	137
June	1	2	-	-	-	-	-	-	-	-	1	1	3	1	2	3	14	10	25	9	12	12	2	6	60	44	104
July	2	3	-	-	-	1	-	-	2	1	1	-	4	3	8	2	12	7	12	14	13	23	4	4	58	58	116
August	2	4	-	-	-	1	-	1	-	1	1	1	-	-	7	4	20	10	16	12	11	19	4	7	64	57	121
September	2	5	-	-	-	-	-	-	-	-	2	-	2	2	6	3	8	5	9	13	10	23	3	12	42	63	105
October	2	3	-	-	-	-	-	-	1	-	-	1	2	1	8	5	14	3	14	14	13	18	-	7	54	52	106
November	1	2	-	1	1	1	-	-	1	-	1	-	3	1	5	4	11	12	20	19	16	25	9	6	68	71	139
December	4	3	1	-	-	1	-	-	-	-	1	-	3	2	10	1	17	9	22	24	19	47	3	8	80	95	175
Totals	22	34	2	1	2	4	1	1	6	2	10	5	29	14	81	43	164	97	233	221	185	298	49	98	784	818	1,602

TABLES OF DEATHS IN AGE GROUPS FOR THE YEARS 1936-1965

Year	Total Deaths All Ages	AGE GROUPS										
		0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75+
1936	1954	118	20	31	61	43	74	108	229	393	509	368
1937	2028	115	19	18	45	55	85	123	228	401	521	418
1938	1816	103	12	22	39	42	78	123	184	377	472	364
1939	1938	95	14	16	22	58	61	103	164	411	586	408
1940	1950	105	—34—		22	—205—			—615—		—969—	
1941	1929	107	18	17	25	38	64	83	208	403	540	426
1942	1715	110	11	18	15	23	49	87	187	347	491	377
1943	1827	114	11	12	20	37	45	85	196	348	540	419
1944	1726	108	9	4	20	37	52	87	170	363	507	369
1945	1730	96	7	7	20	32	36	78	155	365	487	447
1946	1693	92	9	6	11	24	46	68	141	323	558	415
1947	1763	147	6	9	12	17	33	66	143	333	524	473
1948	1690	104	12	9	12	19	36	77	150	337	505	429
1949	1799	82	11	8	5	15	38	60	152	318	587	523
1950	1718	66	5	7	11	22	33	51	155	303	558	507
1951	1798	79	5	6	11	11	28	56	154	308	566	574
1952	1672	77	4	3	6	11	35	58	124	311	521	522
1953	1848	59	2	5	7	9	23	43	146	333	570	651
1954	1817	46	7	2	9	9	33	51	144	319	574	623
1955	1825	54	6	3	7	13	16	45	120	339	570	652
1956	1708	49	2	4	4	8	18	43	145	325	505	605
1957	1759	51	5	—	7	7	14	46	142	317	539	631
1958	1700	49	2	6	8	8	18	48	129	282	528	622
1959	1694	45	2	8	7	9	19	37	118	299	503	647
1960	1613	52	1	4	6	10	16	41	126	269	487	601
1961	1754	73	1	3	7	6	18	28	119	315	514	670
1962	1623	65	5	8	6	13	9	37	113	267	488	612
1963	1669	63	3	3	8	7	9	37	117	271	496	655
1964	1601	76	5	6	6	8	18	49	105	274	470	584
1965	1602	56	3	6	2	8	15	43	124	261	454	630

*BIRTHS AND DEATHS REGISTERED:
NUMBERS AND RATES, 1940-1965*

YEAR	POPULATION	BIRTHS			DEATHS		
		Total Registered in borough	Adjusted figures		Total Registered in borough	Adjusted figures	
			Number	Rate		Number	Rate
1940	118,400	2092	1542	13.02	2359	1950	16.47
1941	116,860	2317	1649	14.11	2376	1929	16.50
1942	114,300	2576	1707	14.93	2163	1715	15.00
1943	112,300	2885	1845	16.43	2292	1827	16.27
1944	112,170	3268	2023	18.03	2168	1726	15.39
1945	111,350	2911	1899	17.05	2145	1730	15.54
1946	116,240	3420	2132	18.34	2148	1693	14.56
1947	117,900	4076	2533	21.48	2213	1763	14.95
1948	120,600	3477	2238	18.56	2146	1690	14.01
1949	120,600	2950	1966	16.30	2302	1799	14.92
1940-1949 Average 10 years	—	2997	1953	16.82	2231	1782	15.36
1950	119,500	2946	1869	15.64	2114	1718	14.38
*1951	119,450	2913	1939	16.23	2139	1798	15.05
1952	119,800	2632	1792	14.96	1973	1672	13.96
1953	119,100	2707	1891	15.88	1999	1848	15.52
*1954	120,340	2479	1716	14.26	1980	1817	15.10
1955	120,400	2581	1759	14.61	2135	1825	15.16
1956	119,500	2727	1809	15.14	2122	1708	14.29
1957	118,800	2787	1915	16.12	2153	1759	14.81
1958	118,300	2658	1790	15.13	2096	1700	14.38
1959	117,800	2857	1946	16.52	2114	1694	14.37
1950-1959 Average 10 years	—	2728	1842	15.45	2082	1754	14.70
1960	117,250	3045	1927	16.43	2083	1613	13.76
1961	115,280	3126	2056	17.83	2309	1754	15.21
1962	114,680	3347	2043	17.81	2108	1623	14.15
1963	114,220	3424	2101	18.39	2174	1669	14.61
1964	112,670	3367	2169	19.25	2072	1601	14.21
1965	111,480	3228	2038	18.28	2040	1602	14.36

*Borough Extension

COMPARATIVE STATEMENT OF VITAL STATISTICS FOR THE YEAR 1965

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and still births)	Perinatal Mortality Rate	Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate (per 1,000 total live and still births)		
								Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England & Wales	18.0	11.5	19.0	15.7	26.9	0.042	0.006	0.19	0.06	0.25
Birkenhead	19.5	11.6	25.2	18.8	32.8	0.04	...	0.3	...	0.3
Burnley	16.47	15.32	27.01	27.76	42.01	0.05	...	0.75	...	0.75
Bury	20.18	12.80	26.27	17.84	31.03	0.03	0.01
Halifax	17.57	14.94	24.66	17.1	28.9	0.11
Liverpool	20.2	11.5	22.5	18.1	31.1	0.058	0.001	...	0.067	0.067
Manchester	19.61	12.32	26.92	20.20	35.07	0.07	...	0.39	0.08	0.47
Oldham	18.28	14.36	27.48	14.98	33.83	0.05	0.01	...	0.48	0.48
Preston	18.62	12.27	25.11	18.36	30.93	0.05	0.01
Rochdale	18.6	14.2	35.0	20.7	43.7	0.07
Salford	20.60	12.97	26.20	21.78	36.52	0.05	0.02	0.32	...	0.32
St. Helens	17.6	12.2	19.0	27.4	39.0	0.06	0.01
Stockport	18.61	13.24	30.31	17.13	37.61	0.028	0.007	0.372	...	0.372
Wigan	16.40	13.22	24.33	20.75	34.59	0.05	...	0.77	...	0.77

Maternal Mortality

During the year 1 maternal death occurred in the Borough which was directly attributed to pregnancy, childbirth or abortion, giving a maternal mortality rate of 0.48 per 1,000 live and still births.

Deaths due to Pregnancy, Childbirth or Abortion 1

Case No. 1/65. Aged 37 years.

- 1 (a) Post partum haemorrhage
- (b) Retained placenta
- Post Mortem

This was the first maternal death to occur in the Borough for 4 years and was one of those unfortunate cases where the expectant mother failed to book any of the local authority, hospital or general practitioner services available. It is to be deprecated that even in this age of efficient and freely available services a calamity of this nature could happen solely because of the indifference or ignorance of the individual concerned.

In this particular case, this unfortunate woman had had several previous pregnancies and was therefore fully aware of the facilities available to her. The death resulted from haemorrhage following a retained placenta which was the outcome of an abortion which was, as far as was known, in the fifth month.

A death occurred due to haemorrhage caused by rupture of a lung abscess in a woman aged 25 years. The illness had lasted some time and there was strong evidence to suggest it had been preceded by a septic abortion. The Post Mortem however, showed no conclusive evidence of any recent pregnancy and did not support the strong circumstantial evidence that in fact such a pregnancy had occurred. The death was officially classified by the Registrar General as being due to respiratory causes.

MATERNAL DEATHS 1930-1965

Year	Deaths due to Pregnancy, Childbirth or Abortion	Maternal Mortality rate per 1,000 Live and Still Births	Deaths due to Associated Causes	Total Maternal Deaths
1930	13	6.2	*	13
1931	12	5.5	*	12
1932	10	7.6	*	10
1933	13	6.64	*	13
1934	12	6.11	*	12
1935	11	6.18	*	11
1936	11	6.16	4	15
1937	6	3.36	7	13
1938	4	2.28	4	8
1939	13	7.87	5	18
1940	10	6.24	3	13
1941	10	5.75	7	17
1942	4	2.25	2	6
1943	7	3.67	4	11
1944	7	3.34	5	12
1945	6	3.07	3	9
1946	5	2.29	—	5
1947	—	—	4	4
1948	8	3.47	2	10
1949	3	1.49	2	5
1950	1	0.52	2	3
1951	1	0.50	—	1
1952	2	1.08	—	2
1953	—	—	—	—
1954	—	—	—	—
1955	—	—	—	—
1956	—	—	2	2
1957	—	—	1	1
1958	3	1.64	—	3
1959	1	0.50	3	4
1960	2	1.01	2	4
1961	1	0.48	1	2
1962	—	—	1	1
1963	—	—	—	—
1964	—	—	—	—
1965	1	0.48	—	1

* Not available.

Stillbirths

The number of stillbirths registered in the Borough was 64, after adjustment for inward (1) and outward (34) transferable stillbirths, the net total of stillbirths is 31 of which 7 (22.6 per cent) were illegitimate. The rate per thousand live and stillbirths is 14.98, which compares with 15.88 for 1964, and 15.7 for England and Wales. Details of the 31 stillbirths are as follows:

	Born in Hospital	Born at Home
Certified by Doctor	25	6
Certified by Midwife	—	—
	—	—
	25	6
	—	—

Causes of Stillbirth (classified in accordance with the International Classification of Causes of Stillbirth)

(a) Maternal Causes 15

I. C. No.	Cause of Stillbirth	Number M. F.		Total
Y30	Chronic disease in mother (Diabetes Mellitus)	1	-	1
Y32	Diseases and conditions of Pregnancy and Childbirth	4	1	5
Y35	Other causes in mother	7	2	9
(b) Foetal Causes 16				
I. C. No.	Cause of Stillbirth	Number M. F.		Total
Y37	Birth Injury (Cerebral hæmorrhage)	1	-	1
Y38	Congenital malformations of foetus	1	7	8
Y39	Diseases of foetus and ill-defined causes	4	3	7
Totals		18	13	31

*Distribution of Stillbirths Registered by—Place of Birth,
Gestation Period, Sex and Weight of Foetus.*

Place of Birth	Gestation Period in weeks													
	28		29-30		31-33		34-36		37-39		40 and over		Total	
Hospital	M 1	F 1	M —	F 2	M 4	F 2*	M 2	F 2	M 7	F 1	M 1	F 2	M 15	F 10
Home	—	—	—	1	—	1	1	1	—	1	1	—	2	4
Weight at Birth														
1lb. and under	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2lb. and over 1lb.	1	—	—	2	—	—	—	—	—	—	—	—	1	2
2.5lb. and over 2lb.	—	—	—	—	—	—	1	—	—	—	—	—	1	—
3lb. and over 2.5lb.	—	1	—	—	—	—	—	2	—	—	1	—	1	3
4lb. and over 3lb.	—	—	—	1	2	—	1	—	1	—	—	—	4	1
5lb. and over 4lb.	—	—	—	—	2	1	—	1	1	—	—	1	3	3
5.5lb. and over 5lb.	—	—	—	—	—	—	—	—	1	—	—	—	1	—
6lb. and over 5.5lb.	—	—	—	—	—	—	—	—	—	2	—	—	—	2
7lb. and over 6lb.	—	—	—	—	—	—	—	—	3	—	1	—	4	—
8lb. and over 7lb.	—	—	—	—	—	1	1	—	—	—	—	1	1	2
9lb. and over 8lb.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10lb. and over 9lb.	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Totals	1	1	—	3	4	2	3	3	7	2	2	2	17	13

* 1 Female not weighed.

Infant Mortality

There were 86 deaths (38 males, 48 females) of infants under one year registered in the Borough, after correction for inward (7) and outward (37) transferable deaths, the net total of infant deaths is 56 (22 males, 34 females) a decrease of 20 on the total for the previous year. Of the 56 infant deaths 12 (5 males, 7 females) were those of illegitimate children.

Table I presents an analysis of the mortality by age and cause of death. Table II gives the number of stillbirths and infant deaths, with relevant rates from the year 1935. Table III is a presentation of stillbirth and infant mortality rates with differentials between early neo-natal and total infant mortality rates from 1935.

TABLE I
CAUSES OF INFANT MORTALITY WITH AGES

I. C. No.	CAUSE OF DEATH	Under 1 day	DAYS						Total under 1 week	WEEKS			Total under 1 month	MONTHS				Total under 1 year
			1	2	3	4	5	6		1	2	3		1-2	3-5	6-8	9-12	
085.1	Measles	1
341	Thrombophlebitis of intracranial venous sinuses	1
343	Encephalitis	1
491	Bronchopneumonia	1
750	Anencephalus	2	2	10
752	Hydrocephalus, congenital	1	1	2
754/5	Congenital heart disease	1
756/2	Congenital malformations of digestive system	1	1
757/1	Polycystic disease of kidney	1	1	1
760	Intracranial and spinal injury at birth	2	1	...	1	4	4
760/5	" " " " with prematurity	8	5	3	1	1	1	...	18	18
762	Atelectasis	1	1	1
762/5	Atelectasis with prematurity	1	2	1	4	5
763	Pneumonia of newborn	1	1	...	1	...	2	2
763/5	Pneumonia of newborn with prematurity	1	1
764/5	Diarrhoea of newborn with prematurity	1	1	1	1
770/5	Hæmolytic disease of newborn with prematurity	1	1	1
776	Prematurity	2	...	1	3	3
E.921	Asphyxia following regurgitation of milk	1
	Totals	17	7	6	5	3	1	...	39	2	41	5	10	56

TABLE II
STILLBIRTHS AND INFANT DEATHS WITH RELEVANT RATES, 1935-1965

Year	Infant Mortality		Neo-Natal Mortality		Deaths under 1 week	Stillbirths		Perinatal Mortality	
	Deaths under 1 Year	Rate per 1,000 Live Births	Deaths under 4 weeks	Rate per 1,000 Live Births		Number	Rate per 1,000 Live and Still Births	Stillbirths and Deaths under 1 week	Rate per 1,000 Live and Still Births
Average 5 years —1935-1939	107	64.68	60	35.75	46	91	52.00	137	78.49
Average 5 years —1940-1944	109	62.48	47	26.86	34	68	37.76	102	56.63
Average 5 years —1945-1949	104	47.98	54	24.75	36	59	26.47	95	43.02
Average 5 years —1950-1954	65	35.41	39	21.38	33	48	25.33	81	43.02
1955	54	30.70	36	20.47	32	53	29.25	85	46.91
1956	49	27.09	36	19.90	31	58	31.07	89	47.67
1957	51	26.63	28	14.62	24	57	28.90	81	41.08
1958	49	27.37	32	17.87	26	44	23.99	70	38.17
1959	45	23.12	31	15.93	29	49	24.56	78	39.09
Average 5 years —1955-1959	50	26.98	33	17.76	28	52	27.55	80	42.58
1960	52	26.98	41	21.28	31	51	25.78	82	41.46
1961	73	35.51	55	26.75	45	41	19.55	86	41.01
1962	65	31.82	44	21.54	37	30	14.47	67	32.32
1963	63	29.99	33	15.71	28	35	16.39	63	29.49
1964	76	35.04	52	23.97	48	35	15.88	83	37.66
Average 5 years —1960-1964	66	31.87	45	21.85	38	38	18.41	76	36.39
1965	56	27.48	41	20.12	39	31	14.98	70	33.83

TABLE III
STILLBIRTH AND INFANT MORTALITY RATES WITH DIFFERENTIALS
BETWEEN EARLY NEO-NATAL AND TOTAL INFANT MORTALITY RATES FROM 1935 to 1965

	1935-39	1940-44	1945-49	1950-54	1955-59	1960	1961	1962	1963	1964	1965
Stillbirths	52.00	37.76	26.47	25.33	27.55	25.78	19.55	14.47	16.39	15.88	14.98
Peri-natal mortality	78.49	56.63	43.02	43.02	42.58	41.46	41.01	32.32	29.49	37.66	33.83
Early Neo-natal mortality	28.82	19.51	16.90	18.14	15.40	16.09	21.89	18.11	13.33	22.13	19.14
Later Infant mortality (1 week—1 year)	35.86	42.97	31.08	17.27	11.58	10.89	13.62	13.71	16.66	12.91	8.34
Total Infant mortality	64.68	62.48	47.98	35.41	26.98	26.98	35.51	31.82	29.99	35.04	27.48

HOSPITAL AND SPECIALIST SERVICES

The Hospital and Specialist Services are provided through the Manchester Regional Hospital Board and a full Consultant Service is available through the Greater Manchester Group.

A Specialist Consultant Service has been established by the Board and all practitioners are 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
- Greater Manchester Regional Hospital for Mental Health
- Manchester Free Hospital and Dental Hospital

These hospitals and their services are available to the public and are not subject to charges for the most specialist services.

MANCHESTER REGIONAL HOSPITAL BOARD

SECTION II

SECTION II

Hospital and Specialist Services

I am pleased to inform you that the Manchester Regional Hospital Board has decided to provide a full Consultant Service to the public and is now in a position to do so.

The Manchester Regional Hospital Board is a body which is responsible for the provision of hospital and specialist services to the public and is now in a position to do so.

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HOSPITAL AND SPECIALIST SERVICES

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 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 II

The following were appointed by the Manchester Regional Hospital Board as members of the Management Committee:—

For the period ending:—

31st March, 1968 Councillor J. Bradley
 Mrs. E. Rothwell, 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 and clinics, and as the agent of the Manchester Regional Hospital Board, undertakes the day to day administration.

Oldham Royal Infirmary: This is a general hospital of 204 beds with medical, surgical, orthopaedic, ophthalmic and aural beds, and a children's ward. The hospital serves as the casualty hospital for the area and provides full out-patient facilities.

Oldham and District General Hospital: This hospital has a total bed complement of 913. There are 360 beds for medical, surgical, orthopaedic, paediatric, gynaecological, ear, nose and throat, dental and maternity patients, the latter being accommodated in a large Maternity Unit. There is also a modern Premature Baby Unit. Of the remaining 553 beds, 333 are in the Geriatric Unit, 7 of which are allocated for venereal disease, and 220 are in the Psychiatric Unit. The Day Care Unit for female psychiatric patients, brought into use in 1960, has proved most successful, an average of 26 patients being received daily, Monday to Friday, and 5 on Saturday and Sunday.

There are 8 private beds in the general part of the hospital and 2 for obstetric cases in the Maternity Unit. There are also 7 amenity beds in the Maternity Unit, all of which are in single wards.

Full out-patient facilities are provided, the following specialities being accommodated in separate departments—ante-natal, tuberculosis, venereal and dermatological diseases, psychiatric and geriatric. Facilities are also available for the repair of hearing aids and the issue of replacement batteries.

Strinesdale Hospital: This hospital provides accommodation for 55 patients suffering from pulmonary tuberculosis—53 being in the main wards and 2 in separate chalets.

Chadderton Hospital: This hospital, which is situated in Chadderton provides 44 beds for male patients suffering from pulmonary tuberculosis.

Westhulme Infectious Diseases Hospital: This hospital, which has a total bed complement of 90, provides accommodation for 34 patients suffering from infectious diseases. In addition, there is a Dermatology Unit of 24 beds, and a Psycho-Geriatric Unit of 32 beds which also accommodates a limited number of day care patients. The psycho-geriatric patients are under the care of the Consultant Psychiatrists and the unit is staffed from the Psychiatric Unit at the Oldham and District General Hospital.

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 Orthopaedic Clinic, Gainsborough Avenue: The premises at Gainsborough Avenue were vacated during the year and the services transferred to Oldham Royal Infirmary.

THE HARGRAVES CONVALESCENT HOME

This home, providing 26 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.

PATHOLOGY SERVICES

The pathology work of the Department is undertaken in the laboratories of the Oldham Hospital Group and by the Public Health Laboratory Service, Withington Hospital, Manchester. Specimens for serological examination are forwarded to the Central Serological Unit, Withington Hospital, Manchester, and those of Rhesus negative patients with anti-bodies, to the Laboratories of the National Blood Transfusion Service, Roby Street, 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 Miss D. Barton, Secretary of the Association.

The Oldham and District Health Services Contributory Association is a voluntary body which enables members to receive, by means of a small weekly contribution, various benefits supplementary to the normal medical provisions under the National Health Service Acts. The rates of contribution are 2d. per week for old age pensioners (65 years and over); 3d. per week for a single person and 6d. per week for a married person. There is no income limit for contributors. 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 benefits. Such persons if under the age of 65 years may become members of the scheme by payment of the recognised contribution. The benefits have been extended to include cash grants after 12 months continued membership for an inpatient in hospital, including maternity cases.

The Mobile Physiotherapy Service which has been provided for chronic and housebound patients for many years is also available to industry and consequently makes the service beneficial to members in employment.

The treatments given during the year are detailed below, together with comparative figures for 1964.

	1965	1964
Massage	1,639	1,590
Exercises	1,373	1,527
Ultra Violet	10	14
Radiant Heat	296	225
Infra Red	33	39
Galvanism	49	10
Faradism	67	92
Short Wave Diathermy	1,244	1,176

Details of the benefits given with comparative figures for 1964, are as follows:—

	1965	1964
Convalescent Cash Grants	235	184
Optical	3,786	3,928
Dental	1,064	1,065
Surgical Appliances	9	39
Bus Fares	181	102
Home Helps	10	10
Hospital Benefits	739	752

Sick room equipment is available on loan and constant use is made of this service.

During the financial year 1965/66 the Health Committee made a grant of £25 to the Association for the facilities provided in connection with the loan of nursing equipment and convalescence.

The offices of the Association are at 131 Union Street, Oldham.

HEALTH CENTRE

Section III

At a special meeting of the Health Committee in June, the Health Centre Sub-Committee was appointed, consisting of the Members of the Health Committee, one member of the Urban Executive Council, one member of the Urban Pharmaceutical Committee, one member of the Urban Local Dental Committee, one member of the Urban Local Optical Committee and one member of the Urban Medical Committee with two additional representatives of the last mentioned Committee who attend meetings of the Sub-Committee in an advisory capacity only.

During the year, a provisional site for a Health Centre was obtained in the St. Mary's neighbourhood area, namely the land in Bridgewater Street (known as the Cradock Mill site), and it was resolved at the June Health Committee that the proposed site be approved subject to planning permission.

The Health Committee has approved the policy whereby all future Child Welfare Centres to be erected in the Borough shall be capable of adaptation to provide full general practitioner facilities if required.

CARE OF MOTHERS AND YOUNG CHILDREN

SECTION III

Personal Health Services

The Central Clinic at St. Mary's is now being used for the new purpose of a health clinic at St. Mary's.

Consulting Services

Tuesday 1.30-4 p.m.
Friday 1.30-4 p.m.

Booking Service

Wednesday 2.30-4 p.m.

A booking office at the Department affords the Booking Service when appointments are taken for M.B., F.F.S., Paediatrics and G.N. cases. A Medical Officer attends each Monday morning to take appointments for expert attendance upon patients at home, and to take appointments for further appointments at home when necessary.

Consulting Services

Tuesday morning and Thursday afternoon by appointment.

Branch Clinics

Maternity Services Only

Lincoln

Elm Road

Monday 1.30-4 p.m.

Grimsby

Monday 1.30-4 p.m.

Northwood Lane

off Adonis Road

Thursday 1.30-4 p.m.

HEALTH CENTRES

(Section 21)

At a special meeting of the Health Committee in June, the Health Centres Sub-Committee was appointed, consisting of the Members of the Health Committee, one member of the Oldham Executive Council, one member of the Oldham Pharmaceutical Committee, one member of the Oldham Local Dental Committee, one member of the Oldham Local Optical Committee and one member of the Oldham Medical Committee with two additional representatives of the last mentioned Committee who attend meetings of the Sub-Committee in an advisory capacity only.

During the year, a provisional site for a health centre was obtained in the St. Mary's redevelopment area, namely the land in Bridgewater Street (known as the Crabtree Mill site), and it was resolved at the June Health Committee that the proposed site be approved subject to planning permission.

The Health Committee has approved the policy whereby all future Child Welfare Centres to be erected in the Borough shall be capable of adaptation to provide full general practitioner facilities if required.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-Natal Clinics

The Central Clinic, 29 Queen Street was transferred to the new purpose built clinic at Cannon Street on 29th November, 1965.

Midwives' Sessions:

Monday	1-30—4 p.m.
Friday	1-30—4 p.m.

Booking Session:

Wednesday	2-00—4 p.m.
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A medical officer of the department attends the booking session when specimens are taken for W.R., P.P.R., Haemoglobin and Rh. tests. A Medical Officer session is held each Monday morning to take specimens for repeat haemoglobin tests usually at about 32nd week of pregnancy and further specimens are taken when considered necessary.

Consultant Sessions:

Tuesday morning and Thursday afternoon by appointment.

Branch Clinics

Midwives' Sessions Only:

Limeside, Elm Road:	Monday	1-30—4 p.m.
Greenacres:	Monday	1-30—4 p.m.
Honeywell Lane, off Ashton Road:	Thursday	1-30—4 p.m.

Tate Street, Abbeyhills: Friday 1-30—4 p.m.

No bookings are undertaken at the Branch clinics.

Number of Sessions and Attendances

Number of Women in attendance	Number of sessions held by		Total number of sessions
	Medical Officers	Midwives	
1,075	*144	293	437

*Includes booking session

Health Education and Mothercraft

Expectant mothers receive instruction on health education and mothercraft at all the clinics. The use and effects of inhalational analgesics are fully explained and apparatus is available for demonstration purposes. Lectures on the importance of ante-natal and post-natal care, arranged by the Supervisor of Midwives, are given by the senior sisters.

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 sessions each week to instruct the expectant mothers in the making and repairing of children's clothing.

Relaxation Classes

Classes are held weekly on Tuesday afternoon and Wednesday evening at the Central Clinic with a fully-qualified physiotherapist in attendance. The total number of women who attended during the year was 122 and 619 attendances were made.

Maternity Outfits

Maternity outfits, sterilised and packed ready for use, are available free for domiciliary confinements. These are issued at each clinic.

Dental Inspection and Treatment

The Principal School Dental Officer, Mr. J. Fenton, is responsible for the organisation of the service and has direct access to the Maternity and Child Welfare Sub-Committee. He is also Visiting Dental Officer to the Oldham and District General Hospital where he attends two sessions per week and is able to treat mothers and young children who require hospital treatment.

Dr. G. Mason-Walshaw, Consultant Anaesthetist to the School Health Service is also engaged in a consultant capacity in this service.

The services of Mr. W. C. Mellor, F.D.S., R.C.S., Consultant Dental Surgeon to the Oldham Hospital Group are available if required.

A dental technician is employed to assist in the construction of dentures.

I am indebted to Mr. Fenton for the following report:—

Expectant and Nursing Mothers and Pre-School Children

"As in previous years the dental service for these patients has been provided by the Principal School Dental Officer and the staff of the School Dental Service. During the year under review there has been an improvement in the staffing of the School Dental Service and this is reflected in an increase in the amount of treatment carried out for these patients, particularly in the number of fillings made, the number of extractions remaining at about the same level as the previous year. There is still considerable scope for the expansion of this important service.

It has not been possible to carry out a dentist's inspection of all new cases booking at the Ante-Natal Clinics and treatment has been limited, therefore, to cases referred by the Medical Officer at the clinic. These inspections revealed that some of the mothers had received treatment through the General Dental Practitioner Service of the National Health Service. It is also evident that the shortage of dental surgeons in the Oldham area prevents many patients from attending for routine inspection and treatment at regular intervals. It is disappointing to realise that patients who have been made dentally fit at our dental clinics will have great difficulty in maintaining this fitness when they cease to be eligible to attend. There are still far too many expectant and nursing mothers requiring total extractions and the fitting of dentures.

Dental health education with emphasis on correct diet and oral hygiene helps to prevent decay, but far too many young children have to lose teeth unnecessarily before they reach school age. Very young children attend the Oldham and District General Hospital for the extraction of teeth under a general anaesthetic.

The most effective known method of reducing the incidence of dental decay in young children would be the introduction of fluoridation of drinking water. With the present staffing situation it is quite impossible to treat all the dental defects in these patients."

Details of the work undertaken for these expectant and nursing mothers and pre-school children are given below:—

	Expectant and Nursing Mothers 1965	Children 5 years and under 1965
<i>(a) Provided with Dental Care:</i>		
Examined	352	314
Commenced treatment	338	278
No. of courses completed	142	248
<i>(b) Dental Treatment Provided:</i>		
Extractions	931	719
Anaesthetics		
Local	283	3

	Expectant and Nursing Mothers 1965	Children 5 years and under 1965
General	75	302
Fillings	301	36
Scalings or Scaling and gum treatment	59	—
Radiographs	41	3
Dentures provided		
Complete	50	—
Partial	33	—

Congenital Malformations

The scheme for notifying congenital malformations apparent at birth continued. Any such malformation is recorded by the doctor or midwife on the birth notification which is forwarded to the Medical Officer of Health. A return is made to the General Register Office in respect of every child in the Borough (identified only by a number) for whom information has been received of a malformation or malformations present at birth.

During the year, 39 malformations were notified relating to 23 live births and 9 stillbirths. These are summarised in the following table:—

CONGENITAL MALFORMATIONS NOTIFIED

Condition	Live		Still		Total
	M	F	M	F	
Central nervous system...	1	3	1	8	13
Eye, ear	—	1	—	—	1
Alimentary system	5	2	—	2	9
Heart and great vessels	1	—	—	—	1
Respiratory system	—	—	—	—	—
Uro-genital system	2	2	—	—	4
Limbs	5	3	—	—	8
Other skeletal	—	—	—	—	—
Other systems	1	—	—	—	1
Other malformations	1	—	—	1	2
Totals	16	11	1	11	39

Children "at risk"

It has long been the practice in the borough for all children suffering from some degree of handicap at birth, to be informally notified to the Medical Officer of Health and the child's name placed on the register. The child is then kept under periodic review, the frequency of visiting and examination depending on the severity of the handicap and the type of care being received from other agencies. When the child reaches the age of 2 years, the case notes are passed on to the School Health Service, so that arrangements can be made for future educational training. Should the child be suffering from a handicap which is curable his name is removed from the register once the disability is corrected. The number of children on the register at the end of the year was 131.

Care of Premature Infants

All infants weighing 5½lb. or less at birth are regarded as premature 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.

One midwife especially trained and experienced, is employed whole-time on the nursing of premature infants. She is contacted immediately after the confinement and attends until the baby weighs 6lbs. or the mother is able to care for the infant herself without supervision. She also attends all premature infants discharged from Oldham and District General Hospital and Woodfield Maternity Home.

Premature Births

Notified during the year relating to Oldham residents

<i>Place of Birth</i>	<i>Live Births</i>	<i>Stillbirths</i>
Hospital	136	17†
Home	43*	3
Private Nursing Home	—	—
	<hr/> 179	<hr/> 20

† In addition, there was one stillbirth not weighed but presumably premature weight.

* Includes 12 babies transferred to hospital.

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 of £200 is made to the Oldham Moral Welfare Council for which the services of their social worker are available. A request for financial assistance from the Catholic Moral Welfare Council, Manchester, was considered by the Maternity and Child Welfare Sub-Committee and, as the Council also deal with several Oldham Cases each year it was agreed that they receive a grant of £100.

Cases are referred to the social workers for investigation, who advise the expectant mother on the social aspects of her problem and arrange admission to a suitable home or hostel if necessary.

Arrangements were made for 11 expectant mothers to receive ante-natal and/or post-natal care in the under-mentioned homes:

St. Bridget's Mother and Baby Home, Chester ...	1
St. Teresa's Home, Salford	7
St. Ann's Maternity Home, Heywood	2
Methodist Maternity Home, West Didsbury	1

Four were confined in hospitals in the area of the respective home, 4 in the homes and the remaining 3 in the borough, 2 of whom returned to Oldham prior to confinement, the other being admitted to the home for post-natal care only.

The ages of those receiving assistance were:

1 aged 15	2 aged 16
2 aged 18	2 aged 19
2 aged 20	1 aged 23
1 aged 28	

Child Welfare Centres

The Central Child Welfare Centre, held at 29 Queen Street, moved to the new Central Clinic, Cannon Street, with effect from 1st December, 1965. There are eight branch centres, one of which was held at the Townfield Youth Centre by arrangement with the Education Committee, which closed on the 9th November. Negotiations were opened with the trustees of the St. Barnabas Church and it was agreed that we could hold a child welfare centre in the church hall temporarily, whilst the question of rent was considered. The Townfield Centre, therefore, moved to St. Barnabas with effect from 16th December, 1965.

The premises at the Edward Street School Hall deteriorated and it became necessary to find alternative accommodation. It was agreed with the Parks Department that we should use part of the premises at Werneth Park Music Room and the clinic transferred to these premises with effect from 15th November, 1965.

At the end of the year the following sessions were held each week:

<i>Centre</i>	<i>Day</i>	<i>Time</i>
Central, Cannon Street	Wednesday	9-30 a.m.
	Friday	2-00 p.m.
Werneth, Werneth Park, Manchester Road	Monday	2-00 p.m.
	Wednesday	2-00 p.m.
Tate Street, off Abbeyhills Road	Monday	2-00 p.m.
	Wednesday	2-00 p.m.
Honeywell Lane, off Ashton Road	Tuesday	2-00 p.m.
	Thursday	2-00 p.m.
St. Barnabas, Arundel Street	Tuesday	2-00 p.m.
Derker, Prince Charlie Street (as from 5-4-65)	Monday	2-00 p.m.
	Wednesday	2-00 p.m.
Greenacres, Greenacres Road	Thursday	2-00 p.m.
Beulah, Withins Road	Tuesday	2-00 p.m.
Limeside, Elm Road, Hollins	Thursday	2-00 p.m.

Orange juice, cod liver oil, national dried milk and vitamins issued by the Ministry of Health together with certain proprietary brands of infant foods, are obtainable at all the centres.

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.

Clinic assistants are employed at the centres on the sale of foods, keeping of records and other non-professional duties.

ATTENDANCES

Centre	No. of children who first attended during the 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
		1965	1964	1960/63		Under 1 yr.	1-2 yrs.	2-5 yrs.	
Beulah	101	81	97	65	243	1,537	300	84	1,921
Derker	185	163	187	173	523	3,242	678	390	4,310
Central	197	162	181	204	547	2,042	635	318	2,995
Werneth (form. Edward St.)...	221	181	224	203	608	3,354	890	377	4,621
Greenacres ...	131	105	110	124	339	1,842	498	364	2,704
Honeywell Lane...	299	250	269	239	758	4,198	985	464	5,647
Limeside	128	110	117	130	357	1,740	493	283	2,516
Tate St.	274	213	229	240	682	3,379	725	378	4,482
St. Barnabas (Form. Townfield) ...	112	102	81	74	257	1,371	220	79	1,670
Totals.....	1,648	1,367	1,495	1,452	4,314	22,705	5,424	2,737	30,866

Welfare Foods

The Central Storage and Distribution Centre, Greaves Street, was temporarily moved to the Department of Public Health on the 22nd March and to the Central Clinic, Cannon Street, on the 29th November.

This centre is open from 9-00 a.m. to 5-30 p.m. Monday to Friday. The child welfare centres are used as distributing points. At the end of the year one full-time clerk and four part-time assistants were employed in this service.

Orange juice, cod liver oil and vitamin tablets are supplied under the Welfare Foods Scheme and a charge is made. The quantities supplied during the year are given in the following table.

Quarter Ended	Bottles Orange Juice	Bottles Cod Liver Oil	Packets Vitamin Tablets A & D
March 31st	2,933	391	227
June 30th	3,126	316	200
September 30th	3,173	289	219
December 31st	3,072	319	222
Totals ...	12,304	1,315	868

AUDIOLOGICAL SERVICE

Screening Tests of Hearing

During the year regular screening tests of hearing for infants and young children were commenced in certain of the child welfare centres. These tests had previously been carried out on a limited number of selected children by two health visitors who had been specially trained at the Department of Audiology and Education of the Deaf, Manchester University, but, by the early months of this year practically all the health visitors were given training which enabled a more extensive service to be established.

These tests are carried out when the infant is approximately 7 to 9 months old and the parents of all babies born "at risk" are especially encouraged to attend the screening sessions. Sessions are held at the following centres on the days stated.

Child Welfare Centres

- Derker 1st Wednesday of each month
- Tate Street 2nd Monday of each month
- Honeywell Lane 4th Tuesday of each month.

Audiology Clinic, Gainsborough Avenue 1st Friday of each month.

*Audiology Clinic**Pre-School Assessments*

Throughout the year the regular screening of infants and pre-school children has been carried out by the Health Visitors at the child welfare clinics. These have been held at monthly intervals and 36 sessions were held. Twelve children were referred for more detailed assessments at the Audiology Clinic.

Dr. I. B. Barrie and Mr. A. Sherliker held 29 pre-school assessment clinics during the year. (Mrs. A. Carter, Speech Therapy Department, also attended several of the sessions). Ninety-two appointments were made of which 74 were kept. Sixty-five children were seen, several on more than one occasion.

The sources of referral were as follows:

Health Visitors	38
Medical Officers	14
Consultant Paediatrician	2
Local Medical Practitioners	5
Headteachers of Nursery Schools	3
Speech Therapist	3

The reasons for referral were as follows:—

Health Visitors:

Failed routine screening test at C.W.C.	8
Failed routine screening test at C.W.C. poor speech development noted	4
Poor speech development	18
Children suspected of deafness	2
Children born "at risk"	6

Consultants, Medical Officers and Others:

Children on handicapped register with speech prob- lems	10
Children with no speech development	8
Children with poor speech development	2
Children suspected of deafness	7

An analysis was made of the ages of the children referred and the results were as follows:—

Less than 12 months	3
12—18 months	6
18—24 months	5
24—30 months	13
30—36 months	9
36—42 months	12
42—48 months	10
48—60 months	7

Of children referred 29 were already known to the Public Health/School Health Departments as handicapped children.

Children on the handicapped register and under Consultant's supervision	18
--	----

Children under Consultant's supervision	2
Children who had been placed on handicapped register by Health Visitors	9

The results of the investigations were as follows:—

Children who were found to have no auditory problem	15
Children who were found to have no auditory problem but will be re-seen in collaboration with the Speech Therapist to assess their speech and language development	17
Children to be reviewed again in 1966	10
Children referred to Speech Therapist	8
Children referred to own G.P.'s	4
Children who had some hearing problem and who were referred to the Otologist for his opinion	11

Of the 11 children referred to the Otologist 4 were found to have perceptive type deafness, hearing aids were issued and arrangements were made for them to have pre-school auditory guidance at the Audiology Clinic.

Parent Guidance

Parent guidance is an essential feature of the Audiological Service and regular weekly sessions have been held for the parents of 5 pre-school children with hearing difficulties. Parents who accept guidance are expected to attend the clinic at least once a fortnight for either individual guidance sessions or small group meetings. The guidance programme is aimed to assist the parents with the following points:—

1. The use of vision in association with hearing.
2. The use of all types of hearing aids.
3. The control of parents' voices and speech.
4. The encouragement of the child's use of voice and beginnings of speech.
5. The development of social habits in a child.

Co-operation with Voluntary Organisations

With the exception of the Oldham Moral Welfare Council, no duties have been delegated to voluntary organisations. However, a request that the authority make an annual subscription to the Catholic Moral Welfare Council, was agreed to in view of the fact that they deal with, on an average, between a third and a half of the cases referred to this authority for maintenance. The following contributions were made to the voluntary organisations named during the financial year 1965/66:—

	£	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 Moral Welfare Council	200	0	0
Catholic Moral Welfare Council	100	0	0
National Association for Maternal and Child Welfare.....	12	12	0

National Baby Welfare Council	3	3	0
*Central Council for Health Education	51	17	6
Oldham and District Spastics Society (Parents' Association)	85	0	0

* The total contribution made by the local authority was £103 15s. 0d. the other half being met by the Education Committee.

DAY NURSERIES

Municipal Day Nursery

Overens Street:

Accommodation available:—

Age Groups			Places
0—1	1—2	2—5	
5	12	25	42

The nursery is open each day, Monday to Friday, from 7-00 a.m. to 6-30 p.m. but closed on Saturday morning.

At the Maternity and Child Welfare Sub-Committee meeting held on 3rd December, 1964, a proposed sliding scale of charges, ranging from 3s. 6d. per day to 19s. 6d. per day, was agreed to come into effect from 4th January, 1965.

The total number of attendances made by children was 6,635, which compares with 7,887 for the previous year.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Industrial Day Nurseries

(a) Pre-school Children

On 1st January, 4 nurseries were registered, providing a total of 148 places.

Name of Nursery	Age Groups			Places
	0—1	1—2	2—5	
*Hartford House	—	20	48	68
Royd Mill	—	16	17	33
*Werneth Ring Mills ...	—	15	24	39
Oldham Twist Co.	—	—	8	8
Totals ...	—	51	97	148

*These firms provide transport to and from the nursery.

The management at the Royd Mill Nursery employ their own medical practitioner.

The Oldham Twist Company applied for the number of places to be increased and the application was approved, registering 13 children in the 1-2 age group and 19 in the 2-5 age group. Hartford House varied their registration to 5 in the 0-1 age group, 18 in the 1-2 age group and 45 in the 2-5 age group. Royd Mill applied for an increase from 16 to 20 in the 1-2 age group and from 17 to 25 in the 2-5 age group, which was approved. At 31st December, 4 nurseries were registered providing a total of 184 places.

<i>Name of Nursery</i>	<i>Age Groups</i>			<i>Places</i>
	<i>0—1</i>	<i>1—2</i>	<i>2—5</i>	
*Hartford House	5	18	45	68
Royd Mill	—	20	25	45
*Werneth Ring Mills ...	—	15	24	39
Oldham Twist Co.	—	13	19	32
Totals ...	5	66	113	184

(b) School Children

On the 1st January, the following accommodation was registered for school holiday periods only:—

<i>Name of Nursery</i>	<i>Age Groups</i>	<i>Places</i>
Belgrave Mills	5-11	40
Werneth Ring Mills	5-11	30

The Royd Mill applied for registration of part of their canteen premises as a nursery for school children and this was granted in September. At 31st December the following accommodation was registered for school holiday periods only:—

<i>Name of Nursery</i>	<i>Age Groups</i>	<i>Places</i>
Belgrave Mills	5-11	40
Werneth Ring Mills	5-11	30
Royd Mill	5-11	20

There is close co-operation between the Department and the firms concerned and regular inspections are made by the Superintendent Health Visitor and her staff. Medical Officers of the Department visit for medical inspection and vaccination and immunisation of the children. The firms concerned are encouraged to consult the Department if any difficulties arise.

Voluntary Day Nurseries

The Heathbank Day Centre for Spastics:

This centre which is maintained by the Oldham and District Spastics Parents' Association is registered for 20 places (children and adults) who are received from Oldham and adjacent districts.

Child Minders

On 4th March the Maternity and Child Welfare Sub-Committee granted registration to a daily minder. However, the person registered obtained employment and cancelled the registration at the end of March. There were no daily minders registered at the end of the year.

MIDWIVES SERVICE

(Section 23)

On the 1st January, the staff employed was:—

- 1 Non-Medical Supervisor.
- 9 District Midwives (Approved Teachers).
- 9 District Midwives.
- 2 District Midwives (part-time).
- 1 Midwife (part-time).
- 5 Public Health Nurses (part-time).
- 10 Pupil Midwives.

Miss M. M. Nugent who had been appointed Non-Medical Supervisor of Midwives since 1st November, 1945, resigned in September, 1965 and took up the appointment of Head of Part II Training School and Principal Tutor. She also agreed to continue to act as Non-Medical Supervisor of Midwives until such time as her successor was able to take up that post. In November, Miss D. M. Mathews was appointed Superintendent Midwife and Non-Medical Supervisor Designate. Miss D. Coupe was appointed Assistant Non-Medical Supervisor of Midwives in January, 1965.

During the year, 6 full-time midwives left the service. Three full-time and two part-time midwives were appointed and one part-time midwife became full-time.

On 31st December, the staff employed was:—

- 1 Non-Medical Supervisor of Midwives.
- 1 Superintendent Midwife/Non-Medical Supervisor of Midwives designate.
- 1 Assistant Non-Medical Supervisor of Midwives
- 9 District Midwives (Approved Teachers).
- 7 District Midwives.
- 3 District Midwives (part-time).
- 1 Midwife (part-time).
- 5 Public Health Nurses (part-time).
- 7 Pupil Midwives.

One district midwife especially trained and experienced undertook full-time duties in connection with the nursing of premature babies. One part-time midwife (who undertook no deliveries and accepted no bookings), and 2 part-time public health nurses, were engaged on clinic duties, hospital discharges and other special visits. Arrangements exist for all calls for midwives from 10-00 p.m. to 8-00 a.m. to be made to the Midwives' Home from where cases are allocated to the midwives on duty.

The Oldham District Midwifery Service was approved by the Central Midwives' Board as a Part II Training School in August, 1948, since when 243 pupils have been accepted and 228 have been successful in the Part II Examination of the Central Midwives' Board. Many of these pupils have subsequently been appointed as municipal midwives and stayed with the authority for varying periods. During the current year 15 pupils commenced training and 16 completed training. Two pupils had to leave owing to the fact that they failed their Part I examination.

Attendance After Confinement

Domiciliary Cases

The midwife makes a morning and evening visit for the first 4 days after the confinement and then visits daily from the 4th to the 10th day (inclusive) and on the 12th and 14th day. She visits twice in the 3rd week after confinement and more often if necessary. The last visit is usually made on the 21st day.

Hospital Discharges

If the mother and baby are discharged before the 10th day, the midwife visits daily up to and including the 10th day. If discharged on the 10th day, the midwife visits on the day following and on the 14th and 15th day. The last visit is usually made on the 21st day.

The Supervisor is advised by telephone on the day prior to discharge of the mother and baby and confirmatory discharge note stating the condition of mother and baby is subsequently forwarded for the information of the district midwife who will take over the case.

Work on the extension of the Maternity Unit at Oldham and District General Hospital continued during the year. This entailed the loss of a number of beds, therefore necessitating the early discharge of suitable cases and a reduction of the number of patients booked for hospital confinements.

Phenylketonuria Tests

The first test is made by the midwife between the 10th and 14th day after birth. The result of the test is recorded on the infant record card which is ultimately passed on to the health visiting service for continuity of care.

Transport

Since 1955, the midwives have been included in the Motor Car Allowances Scheme of the Corporation as "essential users" and are eligible to receive financial assistance under the Scheme of Assisted Purchase of Motor Cars, which is applicable to essential users only.

At the end of the year 14 midwives were using their own cars.

Midwives who do not provide their own cars use public service vehicles. Transport is provided through the Ambulance Service from 5-30 p.m. to 8-30 a.m.; at week-ends and public holidays; during the daytime for urgent calls to confinements; for midwives attending cases out of their own district and in emergency.

Housing Accommodation

At the end of the year 5 midwives were occupying accommodation provided by the Housing Department. The midwives are charged the full rent fixed by the Housing Committee.

The Midwives' Home, Werneth Hall Road, provides accommodation for 12 midwives or pupil midwives and resident domestic staff.

Approved Courses of Instruction

The following approved Courses of Instruction were attended during the year:

Southampton	28th March—3rd April
Cardiff	19th—25th September
Hastings	14th—20th November

Administration of Inhalational Analgesics

There were 18 Trilene machines in use at the beginning of the year and Trilene was administered to 839 cases during the year.

Of the 934 cases delivered, 870 received inhalational analgesics. The remaining 64 did not receive inhalational analgesics for the following reasons:—

Patient refused	10
Medical Reasons	6
B.B.A. or delay in summoning midwife	41
Dr. booked, trilene or other anasthaetic given	3
Dr. booked, not booked for gas and air	4

*Cases in which inhalational analgesics and pethidine were administered
by midwives in domiciliary practice*

	Inhalational Analgesics				Pethidine	
	When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at 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	4	107	27	732	52	253

Deliveries attended by Midwives

	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Total	
	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	22	90	818	934	...
Midwives employed by Oldham and District Hospital Management Committee at :—						
(a) Oldham and District General Hospital	1,776
(b) Woodfield Maternity Home	562
Totals	4	22	90	818	934	2,338

Number of cases delivered in institution but attended by domiciliary midwives on discharge from institution and before the tenth day:—

Oldham and District General Hospital	615
Woodfield Maternity Home	53

**SUMMARY OF WORK UNDERTAKEN BY
MUNICIPAL MIDWIVES**

Confinements:

Cases booked	1,099
Confinements attended	934
Cases receiving inhalational analgesics	870

Visits:

Ante-Natal	3,654
During lying-in period:	
up to tenth day	13,190
after tenth day	4,751
Hospital discharges:	4,309
Premature babies:	
(i) Domiciliary births	399
(ii) Hospital discharges	468

The total number of births relating to Oldham residents notified to the Department during the year was 2,011 (1,979 live and 32 still); of these 940 (46.7%) were domiciliary births and 1,071 (53.3%) occurred in hospitals. All the domiciliary births were attended by municipal midwives.

There were 46 cases referred by the Consultant Obstetricians, Oldham and District General Hospital for investigation into the suitability of the home conditions for confinement. In 25 the conditions were considered suitable and the patients subsequently booked for domiciliary confinement. There were 688 cases referred for investigation into the suitability of the home for early discharge.

MIDWIVES' ACT, 1951

Supervision of Midwives

During the year 61 midwives notified their intention to practise, compared with 70 in 1964. 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	22*
--	-----

Employed in Institutions:

(b) Oldham and District General Hospital	21
(c) Woodfield Maternity Home	7

* Includes Supervisor of Midwives.

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

There were 11 medical aid forms sent in by domiciliary midwives, a decrease of 3 on the previous year. The conditions for which medical aid were sought were as follows:—

Conditions in Mother

Collapse after delivery	1
Ruptured perineum	3
Pyrexia	1
Enlarged gland in axilla	1
Raised blood pressure	2
Unbooked case	1

Conditions in Child

Prematurity	1
Sticky Eyes	1

Emergency Maternity Unit

The Emergency Maternity Unit which operates from the Oldham and District General Hospital was called out to 13 domiciliary cases attended by municipal midwives for the following emergencies:—

Post-partum haemorrhage	10
Retained placenta	3

The unit was also called to Woodfield Maternity Home on 2 occasions.

*HEALTH VISITING SERVICE**(Section 24)*

There is complete integration with the School Health Service; all health visitors are appointed school nurses and the Superintendent Health Visitor is also Superintendent School Nurse.

On the 1st January the staff employed was:—

- 1 Superintendent Health Visitor.
- 1 Deputy Superintendent Health Visitor.
- 15 Health Visitors.
- 3 Public Health Nurses.

Six health visitors resigned during the year and two were appointed. A tuberculosis visitor was also appointed. Mrs. C. Smith, Deputy Superintendent Health Visitor, retired in May and Mrs. M. McKenna, Senior Health Visitor, was promoted to the post. Mrs. Smith was agreeable to working part-time after her retirement and I was pleased to appoint her as part-time health visitor. One public health nurse left the service and three were appointed with a view to taking the health visitors' course commencing September, 1966.

On the 31st December the staff employed was:—

- 1 Superintendent Health Visitor.
- 1 Deputy Superintendent Health Visitor.
- 11 Health Visitors.
- 1 Part-time Health Visitor.
- 3 Public Health Nurses.

In September 2 student health visitors commenced training at Manchester, after a short period of employment in the service as public health nurses.

Refresher Courses and Conferences

The Superintendent Health Visitor attended the Annual Conference of the Health Visitors' Association at Cheltenham Spa in October. The Superintendent, the Deputy Superintendent and one other health visitor attended a meeting in Bradford, organised by the Royal Society of Health, on the subject of "Exfoliative Cytology." Two health visitors attended a refresher course arranged by the Health Visitors' Association, held at Cambridge from the 17th to 31st July.

Transport

The health visitors are included in the Motor Car Allowances Scheme of the Corporation as "essential users." At the end of the year the Superintendent Health Visitor and four health visitors were using their own cars.

Visits by Health Visitors

Number of children under 5 years of age visited during year	HEALTH VISITORS						Tuber- culosis Visitor
	Expectant Mothers	Children born in			Tuber- culous House- holds*	Other Cases	Tuber- culous house- holds
		1965	1964	1963/60			
8,949	22	5,012	6,173	10,400	90	2,201	252

* Visits by Health Visitor other than Tuberculosis Visitor.

The 2,201 visits to other cases comprise:—

Handicapped Children: physical	409
mentally subnormal	117
Cases of Infectious Disease:	
Whooping Cough	26
Measles	357
Dysentery	186
Ophthalmia Neonatorum	4
Immunisation and Vaccination	7
Nurseries	1
Daily Minders	3
Problem families	266
Socio-medicals	79
Persons aged 65 and over	487
Visits to General Practitioners	158
Visits at the request of General Practitioners	45
Other visits	56
	<hr/>
	2,201

The total number of visits made, 27,984, includes 3,834 which were ineffective.

Attendances made by health visitors at child welfare centres, clinics and nurseries:—

Child Welfare Centres	1,498
Nurseries	78
Chest Clinic	58
Immunisation and Vaccination Clinics	430

Audiological Service

All health visitors are trained to carry out screening tests of hearing for infants and young children. Special sessions are held at child welfare centres. Newly appointed health visitors receive this training as a routine procedure. Details of this service are given on page 56.

Phenylketonuria Tests

Routine screening tests of infants for the detection of phenylketonuria commenced in 1960. The midwife is responsible for taking the first test and the health visitor the second test. The first test is carried out between the 10th and 14th day of life and the second during the 5th week of life. The results of the tests are recorded on the infant record card by the midwife and health visitor respectively.

Oldham Mothers' Circle

The Oldham Mothers' Circle is a voluntary body, the president of which is Miss C. Williamson, Superintendent Health Visitor. The main object of the circle is to propagate health education amongst the mothers who are in membership. This is accomplished in many ways, including visits to places of interest and by speakers who cover a wide range of interesting and useful topics.

The circle has a representative on the Leonard Cheshire Homes Committee, and the Guide Dogs for the Blind Association, in recognition of their charitable work for these bodies. Miss Williamson and those who assist her in this work are to be highly commended.

HOME NURSING SERVICE

(Section 25)

In June, 1965 the service was transferred from the premises in Greaves Street to the new building. The District Nursing Service was the last service to be accommodated in the new Department and all services are now under one roof. This has greatly improved the efficiency of the service due to the closer liaison between the Superintendent District Nurse and the Health Visitors, Domestic Help Organiser, and Medical Officers.

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 requests by general practitioners can be made through the Ambulance Depot (Tel. MAIn 2433) to the nurse on call. Telephones are installed in the homes of all district nurses.

Patients discharged from hospital requiring nursing care are notified to the Superintendent by medical social workers who give the case history and the name of the general practitioner responsible for the patient. This arrangement affords the closest co-operation between the service and the hospitals. There is also good liaison with general practitioners. Doctors requesting the service of a district nurse give instructions for treatment by telephone to the Superintendent.

Staff employed at the beginning and at the end of the year was as follows:—

	1st January	31st December
Queen's Superintendent	1	1
Queen's Nurses: Females	7	6
Males	3	4
District Nurses: Females	8	7
Males	2	1
District Nurse: Part-time	1	1
Bathing Attendants	5	5

Seven district nurses (two Queen's Trained) resigned, and five new appointments were made (4 female, 1 male).

One bathing attendant was appointed to fill the vacancy created by the retirement in November, 1964, of Mrs. O. Wiseman, who had served in this capacity from September, 1953. These auxiliaries undertake bathing and give other personal attention to patients. They are supplementary to the nursing staff and are employed only on selected cases and always under supervision.

Transport

All district nurses are included in the Motor Car Allowances Scheme of the Corporation as "essential users" which makes them eligible to receive loans for the purchase of cars. At the end of the year, 14 district nurses were using their own cars for official duties.

Refresher Courses

In June, the Superintendent, as a representative of the College of Nursing, attended a conference in Frankfurt arranged by the International Council of Nurses. She also attended a conference and study-day arranged by the Queen's Institute of District Nursing, in London on the 14th and 15th May.

Queen's Institute of District Nursing

The local health authority is in membership with the Queen's Institute of District Nursing.

Consequent upon the revised constitution of the Area Federations of the Institute, each authority in membership with the Institute is entitled to appoint three representatives for service with the Area Federation. These representatives might be a member of the Health Committee, the Medical Officer of Health (or his representative) and the Superintendent Nursing Officer. The Chairman of the Sub-Committee, Councillor W. Wheeler, the Medical Officer of Health and the Superintendent of District Nursing were appointed to represent this authority.

There is approval for district nurses to receive district training under the scheme of the Queen's Institute of District Nursing. In May, Mrs. E. Charles was granted permission to take this training at the Rochdale Training Centre. Mr. Valentine, who commenced his training in 1964 passed the examination and was accordingly placed on the Queen's Roll of District Nurses and received the National Certificate of the Ministry of Health.

I am indebted to Miss T. M. Keenan, Superintendent of District Nursing, for the following remarks.

"There has been little change during the year with regard to general nursing and the majority of the cases fall as before into the over 65 age group. There is a slight increase in the number of cases and of visits.

One interesting development over recent years, is that at the present time over 90 per cent. of the patients are ambulant in contrast to about 55 per cent. a few years ago.

This is due largely to the efforts and encouragement of the nurses who endeavour to keep every patient as alert and mobile as possible. In addition maximum use is being made of the nursing aids and appliances provided so generously by the Welfare Department and voluntary services.

Changing patterns of nursing techniques have led to more use being made of disposable equipment such as hypodermic syringes. Two obvious advantages which are gained by the use of such equipment are, firstly an increase in efficiency and secondly a decrease in the risk of infection.

Everyone will recognise the unique place of the District Nurse, as the "friend of the family," who is very often in a position to detect difficulties early, and will pay more frequent visits and find out the reason for any deterioration or new development. The nurse maintains a friendly relationship and tries to effect improvement.

Once again the service has to record visitors during the year. In December we had a visit from Miss Joan L. Gray, General Superintendent, Queen's Institute of District Nursing, whilst in August, Miss Ashton, Queen's Visitor spent a week with the nurses. From time to time students from the local hospitals visit to observe the practical nursing of the district patients. Such visits are valuable because they help to promote a close liason between District Nursing, the hospitals and the various public health services.

In conclusion, I wish to express my gratitude to you, to your medical officers, Miss C. Williamson, Superintendent Health Visitor, the Home Help Department, Public Health Department and Miss Kelly, (Mental Health for co-operation at all times. I am especially grateful to the General Practitioners for their support and understanding. Lastly the nurses for their loyalty, hard work and co-operation throughout the year."

*Work Undertaken**TABLE I*

Summary of work undertaken with comparative figures for the previous year:—

	1965	1964
New cases	1,499	1,514
Cases nursed	2,137	2,126
Cases on books at 31st		
December	657	638
Number of Injections given	21,447	23,144
Visits by Bathing Attendants ...	9,775 (626)	10,396 (465)

The figures in parenthesis relate to bathings at the Nuffield Villa where residential accommodation is provided for the mentally handicapped.

Tables II, III, IV, and V present analyses of cases nursed by—age, sex and months of occurrence, types of cases and visits made.

*TABLE II**Cases Nursed*

	Children		Others		Total No. of Cases
	0-5	5-15	Male	Female	
Cases on books at 1st Jan.	2	2	186	448	638
New cases.....	23	30	539	907	1,499
Total cases nursed during the year.....	25	32	725	1,355	2,137
Cases on books at 31st Dec.	3	...	179	475	657

*TABLE III**Cases Nursed and Visits made during each month of the year*

Month	Children		Others		Total No. of Cases	Visits by District Nurses
	0-5	5-15	Male	Female		
January ...	4	5	244	539	792	5,846
February ...	5	10	225	532	772	6,014
March ...	7	9	220	556	792	6,083
April ...	8	9	203	532	752	5,162
May ...	4	8	211	553	776	5,456
June ...	2	3	205	550	760	5,208
July ...	4	...	204	528	736	5,403
August ...	4	2	209	522	737	5,499
September ...	3	2	205	527	737	5,169
October ...	2	4	200	520	726	5,218
November ...	4	2	215	537	758	5,001
December ...	3	2	221	548	774	5,512

TABLE IV

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		Persons
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Month																	
Jan.	1	1	3	...	6	9	12	24	6	8	34	50	62	92	154
Feb.	1	2	5	4	6	9	10	10	6	4	30	43	58	72	130
Mar.	2	...	1	2	2	1	4	13	13	22	5	7	22	54	49	99	148
April	1	1	1	2	1	3	3	9	8	13	3	3	24	40	41	71	112
May	1	1	1	1	8	14	12	22	4	2	30	43	56	83	139
June	6	9	6	11	8	5	25	44	45	69	114
July	2	7	6	9	12	4	3	20	39	42	60	102
Aug.	1	...	2	...	5	11	12	17	3	4	24	37	47	69	116
Sept.	1	...	1	...	3	5	8	13	4	1	13	54	30	73	103
Oct.	3	1	3	10	12	15	5	3	13	47	36	76	112
Nov.	2	1	8	7	13	12	10	8	24	55	57	83	140
Dec.	1	...	7	9	6	15	8	4	27	52	49	80	129
Totals	5	1	9	8	19	11	66	111	121	186	66	52	286	558	572	927	1,499

TABLE V

Types of Cases Nursed and Visits made to these Cases with Comparative Figures for 1964.

	Cases Nursed		Visits Made	
	1965	1964	1965	1964
Medical	1,555	1,475	44,195	46,499
Surgical	468	523	20,234	16,283
Infectious Diseases ...	—	—	—	—
Tuberculosis	15	13	857	583
Maternal Complications	8	19	22	174
Others	91	96	263	487
Totals	2,137	2,126	65,571	64,026

VACCINATION AND IMMUNISATION

(Section 26)

DIPHTHERIA, WHOOPING COUGH, TETANUS AND POLIOMYELITIS

Schedule

Primary Course

Age Group	Material	Dosage
Under 5 years (commencing at six weeks)	Diphtheria-Tetanus-Pertussis Prophylactic (Triple Antigen) Oral Poliomyelitis Vaccine	Three injections of $\frac{1}{2}$ cc. at intervals of four weeks. First dose given simultaneously with the third injection of Triple Antigen followed by two further doses with an interval of four weeks between each dose.
5 years and over	Diphtheria-Tetanus Prophylactic Oral Poliomyelitis Vaccine	Three injections of 1 cc. at intervals of four weeks. Three doses at intervals of four weeks given simultaneously with the three injections of diphtheria-tetanus.

Reinforcing Doses

(a) DIPHTHERIA, WHOOPING COUGH AND TETANUS

Age Group	Material	Dosage
18-24 months	Triple Antigen	$\frac{1}{2}$ cc.
Sixth year	Diphtheria-Tetanus Prophylactic	1 cc.
Eleventh year	Diphtheria-Tetanus Prophylactic	1 cc.

A separate syringe and needle is used for each inoculation.

(b) POLIOMYELITIS

All children aged 5 to 14 years are offered a fourth dose of oral vaccine.

All prophylactic material 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, day nurseries, and at nursery schools and classes.

The immunisation state of each child is reviewed prior to the school entrance examination. At the examination parents are asked to consent to reinforcing immunisation or, where no previous primary immunisation is recorded, a course of primary immunisation. This procedure is repeated during the child's eleventh year. Both primary and reinforcing immunisation is carried out at the school where possible.

Table I is a summary of the figures shown in Tables II—V which detail the number of children (a) completing the primary course, and (b) receiving reinforcing injections, according to the different inoculations.

Diphtheria, Whooping Cough and Tetanus

TABLE I

Summary of children completing immunisation and receiving reinforcing injections.

Primary Immunisation

	<i>Diphtheria</i>	<i>Whooping Cough</i>	<i>Tetanus</i>
Pre-School Children.....	1,494	1,486	1,501
School Children.....	480	16	814
Totals	1,974	1,502	2,315
<i>Reinforcing Injections</i>	<i>Diphtheria</i>	<i>Whooping Cough</i>	<i>Tetanus</i>
Pre-School Children.....	459	454	466
School Children.....	1,056	39	1,179
Totals	1,515	493	1,645

TABLE II

(a) *Diphtheria, Whooping Cough and Tetanus*

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total Under 15 years	Pre-School Children	School Children	Total Under 15 years
Local Health Authority	1,190	11	1,201	420	9	429
General Practitioners	296	5	301	34	28	62
Totals	1,486	16	1,502	454	37	491

TABLE III

(b) *Diphtheria and Tetanus*

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total Under 15 years	Pre-School Children	School Children	Total Under 15 years
Local Health Authority	7	453	460	1	650	651
General Practitioners	1	—	1	3	8	11
Totals	8	453	461	4	658	662

TABLE IV

(c) *Diphtheria*

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total Under 15 years	Pre-School Children	School Children	Total Under 15 years
Local Health Authority	—	11	11	—	357	357
General Practitioners	—	—	—	—	2	2
Totals	—	11	11	—	359	359

TABLE V

(d) *Tetanus*

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total Under 15 years	Pre-School Children	School Children	Total Under 15 years
Local Health Authority	4	339	343	8	477	485
General Practitioners	3	6	9	—	7	7
Totals	7	345	352	8	484	492

During the year two school children under the age of 15 years received reinforcing injections of diphtheria/whooping cough vaccine from general practitioners.

Active Immunisation against Tetanus for Patients Attending Hospital Casualty Units Following Accidents:

The scheme formulated at the end of 1963, after consultation with the hospital authority and general practitioners, whereby patients attending the Casualty Department of the Oldham Royal Infirmary following an accident would receive active immunisation against tetanus, became operative in March, 1964. The scheme is outlined below.

1. Children and Young Persons

(a) Immunisation against tetanus has been in practice in the Borough since the 1st January, 1957. Therefore, a large proportion of young persons have already received this protection. Those within this category who become involved in an accident and who would hitherto have been given A.T.S. are now given reinforcing doses of tetanus toxoid (adsorbed) only;

(b) Those who have not, prior to the accident, been actively protected against tetanus receive one injection of 1,500 units A.T.S. intramuscularly in one arm, and one injection of tetanus toxoid (adsorbed) intramuscularly in the other.

An appointment is made *at the hospital* to attend there for a further injection of tetanus toxoid in six weeks time and a final reinforcing dose is given at the Health Department from six to twelve months later by appointment.

2. Adults

(a) Adults known to have received active immunisation against tetanus are given a reinforcing dose of tetanus toxoid (adsorbed).

(b) If not previously protected, the procedure is the same as that outlined in (b) above.

From August, 1964, appointments were given to adults to receive the second injection of tetanus toxoid at the Out-patient Department of the Oldham Royal Infirmary. A special clinic was set up on the first and third Wednesday of each month from 6 p.m. to 7-30 p.m.

In view of the fact that patients attending the casualty unit following accidents were from Oldham and the out-districts an agreement was reached with the Divisional Medical Officer for Division 14, Lancashire County Council to provide medical, nursing and clerical staff at alternate sessions and for the transfer of records accordingly. All patients have a third (reinforcing) injection 6 to 12 months later—adults at the Infirmary and children at the Health Department. This protection can be given by the patient's general practitioner, if desired.

The number of persons of all ages, for whom records are available, who received the first two injections of tetanus toxoid under this scheme are as follows:—

Age at Date of Immunisation	Under 1 year	YEARS				TOTAL
		1	2-4	5-14	15+	
Number	—	1	18	366	1,324	1,709

POLIOMYELITIS VACCINATION

Poliomyelitis vaccination is available through the local health authority to all persons who have not, at the time of their application, reached the age of 40 years and to certain priority classes which have been detailed in previous reports.

All expectant mothers are offered this protection. Those who consent are given a certificate from the medical officer stating the week of pregnancy and advising vaccination between the 20th and the 35th week. Protection can be undertaken by a medical officer of the Department by appointment or by the expectant mother's own general practitioner if desired.

Oral poliomyelitis vaccine is used exclusively by the Department. The full course consists of three doses given at intervals of four weeks. A reinforcing dose is offered to all school children. Oral vaccine is also given for the reinforcing doses following injections of salk vaccine.

Following an outbreak of poliomyelitis at Blackburn, which received much press publicity 38,678 persons requested protection against poliomyelitis from the Department of Public Health during 4½ weeks, 17th August—17th September (31,209, 1st oral dose, 7,469, booster doses). In all 21,950 persons completed the course of three oral doses between the 25th October and 26th November, 1965.

During the outbreak 608 lbs. of sugar was used by the Department.

Weekly number of persons receiving 1st oral dose from 17.8.65—17.9.65.

Week Ending

21.8.65	10,890
28.8.65	7,790
4.9.65	8,890
11.9.65	2,957
18.9.65	682
<hr/>	
Total ...	31,209
<hr/>	

Weekly number of persons receiving 3rd oral dose from 25.10.65—26.11.65.

Week Ending

30.10.65	6,568
6.11.65	7,669
11.11.65	3,944
18.11.65	2,018
27.11.65	1,751
<hr/>	
Total ...	21,950
<hr/>	

Weekly number of persons receiving booster dose from 17.8.65—17.9.65.

Week Ending

21.8.65	1,926
28.8.65	2,255
4.9.65	2,725
11.9.65	451
18.9.65	112
<hr/>	
Total ...	7,469
<hr/>	

TABLE I

(a) *Primary Course of Three Doses Oral Vaccine*

Age in Years					
0-4	5-14	15-26	27-40	Over 40	Total
2,038	1,678	4,936	4,383	11,235	24,270

(b) *Reinforcing Dose*

Age in Years					
0-4	5-14	15-26	27-40	Over 40	Total
1,486	4,224	1,808	1,740	838	10,096

IMMUNITY CHART

Total number of persons who had received primary course at 31st December, 1965				
Age in Years	0-4	5-14	15-26	27-40
*Number of Persons	8,927	16,126	16,441	12,323

* This figure includes some persons not resident in Oldham.

VACCINATION AGAINST SMALLPOX

Vaccination against smallpox of pre-school children is undertaken at the Child Welfare Centres and of other persons at occasional evening clinics held at the Health Office according to demand.

From November, 1962, parents were advised to have their children vaccinated during the second year of life instead of during the first as hitherto. This followed recommendations from the Ministry of Health made on the advice of the Standing Medical Advisory Committee.

During the year 33 children of school age were vaccinated for the first time and 35 were re-vaccinated compared with 33 and 22 respectively in the previous year.

At the periodic examination of school entrants the vaccination state of the children examined is ascertained. Of 1,747 children examined during the year 861 (49.28%) were found to have been vaccinated against smallpox. This compares with 52.28 % for the previous year.

Number of Persons of all Ages Successfully Vaccinated and Re-Vaccinated

Age at Date of vaccination	Under 1 yr.	YEARS				
		1	2-4	5-14	15+	Totals
<i>Primary Vaccinations</i>						
Local Health Authority	107	203	88	7	44	449
Private Practitioners	5	71	99	26	138	339
Totals ...	112	274	187	33	182	788
<i>Re-Vaccinations</i>						
Local Health Authority	—	—	2	2	90	94
Private Practitioners	—	—	8	33	153	194
Totals ...	—	—	10	35	243	288

In June, 1963, the Council approved a recommendation of the Medical Officer of Health that a charge of 5/- be made for completing international certificates of vaccination, the charge to be waived in cases of hardship. No charge is made for the authentication of certificates.

Vaccination and Innoculation of Persons Travelling Abroad

All persons going abroad are advised to be inoculated against typhoid and paratyphoid fevers and, if they are going to those parts of the Far East where cholera is endemic, to be inoculated against that disease also. Persons who are required to be protected against more than one disease should tell the doctor of all the vaccinations needed as they may have to be done in a particular order with certain minimum intervals. Generally, vaccination against yellow fever should be done first and at least four days before a primary vaccination against smallpox; if a primary vaccination against smallpox is done first there should be an interval of 21 days before vaccination against yellow fever.

Protection against any disease other than yellow fever can be carried out by a person's own doctor. It is available without charge under the National Health Service, but the doctor is entitled to charge a fee for signing an international certificate.

Yellow Fever vaccination must, for international and technical reasons, be carried out only at a Centre designated by the Government.

No Centre has been established in Oldham for *yellow fever* vaccination. Persons desiring this facility should apply to the Public Health Department, Third Floor, Town Hall Extension, Manchester. Tel. No. Central 3377. Extensions 345 and 346.

AMBULANCE SERVICE

(Section 27)

Area Served

The service covers the whole of the County Borough and certain adjacent areas in accordance with the following arrangements:—

West Riding County Council

By agreement the service accepts and removes all accidents, emergency and other cases in the Saddleworth area with the exception of the occasional case occurring in the areas remote from Oldham and proximate to Huddersfield, which is usually removed by a County Ambulance based at Huddersfield. The charge for this service, which is based on a rate per mile is determined at the end of each financial year.

Lancashire County Council

All "999" calls originating in the Lancashire County area and received at the Oldham Depot are re-routed to the County Council Control at Radcliffe by a direct line which was installed in July, 1959. During this year the Radcliffe Control requested Oldham to complete 66 calls involving 416 miles, an increase of 17 calls and 166 miles over the previous year.

I HOSPITALS

Out-Patient Clinics and "Day Care"

Patients are conveyed to and from the Anti-Coagulant Clinic at Oldham and District General Hospital; this service entailed a mileage of 6,118 compared with 4,857 for the previous year.

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

"Day-care" patients	15,402
Out-patients	1,022

This mileage is a decrease of 4,707 on the previous year. The patients conveyed also decreased by 5,778.

Patients were conveyed to and from the Geriatric Out-patient Department at the Oldham and District General Hospital, and a number of cases were conveyed to the Geriatric Wards for "day care". A mileage of 34,798 was incurred compared with 31,465 in the previous year an increase of 3,333 miles. The number of patients increased by 723 from 13,515 in 1964 to 14,238 in 1965. The calls on this service continue to increase.

Journeys Outside the Borough

The majority of these journeys 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 88 single journeys over 25 miles as follows:—

25 to 50 miles	73
50 to 100 miles	14
Over 100 miles	1
	—
	88
	—

The journey over 100 miles was to Pontypridd in South Wales.

Children Suffering from Burns and Scalds

During the year 58 children were conveyed to hospitals compared with 67 in the previous year a decrease of 9.

Accidents and Emergency Cases

During the year 5,766 cases were removed to hospital a decrease of 34 on the previous year. The mileage incurred was 25,848 a decrease of 514, on the previous year.

Emergency Maternity Unit (Flying Squad)

This unit which operates from Oldham and District General Hospital called on the service 17 times during the year.

National Health Service (Amendment) Act, 1949

There were 9 removals effected by other authorities (Exeter County Borough 1, Oxford County Borough 1, Lancashire County Council 7). These journeys incurred a total of 75 miles.

Oldham Ambulance Service completed a journey on behalf of Devon County Council, a total of 5 miles being involved. This journey was from Oldham Railway Station to an out-district for which a charge was made.

National Health Service (Amendment) Act, 1957

During the year 797 miles were run for the Inskip League and 68 miles for the Oldham and District Hospital Management Committee.

II TRANSPORT PROVIDED FOR OTHER DEPARTMENTAL SERVICES

Midwives

Midwives who do not provide their own cars use public transport but transport is provided through the Ambulance Service at week-ends, public holidays and for urgent calls to confinements; for midwives attending cases out of their own districts and in emergency and for the transport of analgesic equipment. A Vauxhall Estate Car 222 JBU is used for the bulk of this work. This car is garaged and maintained at the Ambulance Depot. A total of 13,876 miles was incurred which compares with 17,396 in the previous year, a decrease of 3,520.

Home Nursing

District nurses who do not provide their own cars use public transport, but at week-ends and if extraneous circumstances prevail, e.g. shortage of staff or extraordinary pressure of work, transport is provided by the Ambulance Service. Transport is also provided at night in the event of an emergency. The total mileage incurred was 2,449 compared with 2,436 for the previous year, an increase of 13 miles.

Mental Health

Regular transport has been provided throughout the year for the conveyance of children to and from the Junior Training Centre and the Special Care Unit. Adults attending the Industrial Centre are encouraged to make their own way by public transport, but if due to disability they are unable to do so, they are conveyed to and from the centre by dual-purpose vehicles. A total mileage of 50,435 was involved compared with 44,940 in the previous year, an increase of 5,495 miles.

School Health

A total of 122 miles was run on behalf of the School Health Service.

Civil Defence

All personnel of the service receive basic training in Civil Defence from the Civil Defence Headquarters Instructors.

Training of volunteers continued throughout the year.

The Ambulance Officer attended a Staff College Senior Officer's Course at Sunningdale from the 5th December to the 10th December.

Oral Resuscitation

The Ambulance Officer continued to give lectures and demonstrations to various organizations and also the members of the St. John Ambulance First Aid Classes.

National Safe Driving Competition of the Royal Society for the Prevention of Accidents

Drivers/attendants are entered each year for this competition. By the end of the year out of 44 drivers entered 4 had resigned

from the service leaving 40 in the competition. 32 drivers qualified for an award; 13 drivers received diplomas, 4 the five year medal, 10 a bar to the five year medal, 3 the oak leaf to the ten year medal, 1 the fifteen year medal, and 1 a bar to the fifteen year medal.

National Ambulance Competition

The Oldham Ambulance Service again entered a team in the No. 1 Region of the National Competition organized by the National Association of Ambulance Officers and held at Lancashire County Council Headquarters, Broughton, near Preston. Nine teams entered and the Oldham team was placed joint fourth with Liverpool.

Details of staff and vehicles, cases carried and mileage are presented in Tables I, II, III and IV respectively with comparative figures for 1964.

TABLE I

Staff

	31st December 1965	31st December 1964
Ambulance Officer	1	1
Senior Clerk	1	1
**Station Superintendents	6	6
***Driver/attendants	45	39
Driver/mechanics	2	2
Telephonists	2	2
Handyman	1	1
Part-time Drivers	4	4

**This item includes one liaison officer based at the hospital with station Superintendent rank.

***The establishment of driver/attendants was increased by two during the year to man the two extra vehicles taken into the service. It was also increased by another four men to eliminate the use of holiday reliefs which had proved very unsatisfactory in the previous years. The total increase in the establishment was six extra men.

TABLE II

<i>Vehicles</i>	31st December 1965	31st December 1964
*Ambulance	9	8
Dual Purposes	12	11

Five new vehicles were taken into the service:—

Bedford Lomas Large Dual Purpose CBU 200C
 Bedford Lomas Large Dual Purpose EBU 676C
 Bedford Lomas Ambulance EBU 674C
 Bedford Lomas Ambulance EBU 675C
 Land Rover Lomas Ambulance FBU 487C

The following vehicles were removed from the service:—

Bedford Lomas Ambulance OBU 635
 Bedford Lomas Ambulance OBU 636
 Bedford Lomas Small Dual Purpose TBU 525

*The total number of ambulances includes one Land Rover Ambulance specially fitted for recovery work if necessary. This type of vehicle should prove to be invaluable for certain areas in the winter months.

In addition to the Land Rover Ambulance one large Dual-Purpose vehicle was purchased in accordance with the ten year plan.

All vehicles are fitted with radio-telephone equipment and the ambulances with Stephenson "Minuteman" resuscitation equipment. Brook Airways are carried in all the dual-purpose vehicles.

All new ambulances are being fitted with a new stretcher suspension which gives the patient a more comfortable ride.

TABLE III

Cases Carried and Vehicles Used

Authority	Vehicles		Total Number of Cases	
	Ambulance	Dual-Purpose	1965	1964
Oldham County Borough	28,491	93,950	122,441	121,345
West Riding County Council ..	2,655	4,564	7,219	7,117
Lancashire County Council ...	66	—	66	49
Other Authorities	1	—	1	—
Totals	31,213	98,514	129,727	128,511

In addition 19 cases were transported by train and ambulance the return fare of the escort being provided in 10 cases.

TABLE IV

(a) Total Mileage

Authority	Vehicles		222 JBU	Total Mileage	
	Ambulance	Dual-Purpose		1965	1964
Oldham County Borough	92,514	176,340	14,616	283,470	283,066
West Riding County Council	19,999	34,816	—	54,815	56,020
Lancashire County Council	416	—	—	416	250
Other Authorities...	5	—	—	5	—
Totals	112,934	211,156	14,616	338,706	339,336

(b) Patient Mileage

Year	Miles	Average miles per patient
1965	317,607	2.45
1964	315,357	2.45

Tables III and IV include cases and mileage incurred in the transport of cases to the Special Care Unit, the Junior Training Centre, and the Industrial Centres, the mileage of which is shown in part (c) of this table.

(c) Mileage for Inter-Departmental Services

Service	1965	1964
Midwives	13,876	17,396
Home Nursing	2,449	2,436
Mental Health	47	78
Special Care Unit and Junior Training Centre ...	17,257	17,933
Industrial Centres	33,178	27,007
Administration	4,727	4,069
Totals	71,534	68,919

During the year the Oldham Police requested the removal of 119 dead bodies.

*PREVENTION OF ILLNESS, CARE AND AFTER-CARE**(Section 28)**Tuberculosis*

In this field close co-operation exists between the local authority and the hospital services. Dr. H. S. Bagshaw, Chest Physician, who holds a joint appointment with the authority undertakes duties in connection with prevention of illness and care and after care under the authority's scheme. The tuberculosis Health Visitor attends the Chest Clinic sessions at Oldham and District General Hospital and acts as liaison officer between the clinic and the patients in their homes.

On the recommendation of the Chest Physician, patients in need of extra nourishment are issued with orders for the supply of free milk. Each order permits the supply of one pint of milk per day for a period of four week. During the year 180 orders were issued to 22 individual patients.

On the recommendation of the Medical Officer of Health the Housing Committee gives priority for the rehousing of patients suffering from pulmonary tuberculosis who have positive sputum and certain other cases receive some degree of priority. During the year, recommendations were made in respect of eight cases of which five, together with their families were rehoused during the year. Of the remaining three cases one is to be rehoused in early 1966, one died before being rehoused and one refused the accommodation offered by the Housing Committee.

Mass Miniature Radiography

In accordance with Ministry of Health Circular 64/50, Home Office Circular 228/50 and Ministry of Education Circular 248, selected candidates for employment involving close contact with groups of children and all persons in such employment have a chest X-ray prior to engagement and during each succeeding year of their employment. These are undertaken by the Mass Miniature Radiography Unit whenever possible.

The chest X-ray examination of entrants to courses of training for teaching and to the teaching profession is undertaken by the Mass Miniature Radiography Service or at Oldham and District General Hospital.

The Manchester Regional Hospital Board Mass Miniature Radiography Unit No. 6 operated at the Department of Public Health for a period of six weeks during July and August. Members of the public were invited to attend and the number examined was 11,796 (males 5,181—females 6,615) 1,096 more than in the previous year. This was largely due to the good response at the general public sessions which were held for the first time in the new Public Health Department buildings.

There were thirteen cases of active tuberculosis, 7 of which were sputum positive, but the trend over the past three years is a gradual decrease in incidence. However, the number of malignant neoplasms continues to increase, and it is important to note that three of the ten cases discovered were females.

Annual visits are now made to the Borough to cover industry, the general public and practitioner referrals and special visits at the request of the Medical Officer of Health or Consultant Chest Physician. Approximately 11,000 examinations are now made annually.

I am indebted to Mr. Norman Hall, Organising Secretary of the No. 6 Unit for the statistics of significant abnormalities, analysed by age and sex, found during the survey, and given in the following table.

SIGNIFICANT ABNORMALITIES

(Distribution by age and sex)

ABNORMALITIES	MALES													FEMALES													GRAND TOTAL
	Under 14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65 & over	Total	Rate per 1,000	Under 14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65 & over	Total	Rate per 1,000	Cases	Rate per 1,000	
Tuberculosis requiring close clinical supervision or treatment.	—	—	1	—	1	2	2	1	—	—	7	1.35	—	—	—	—	1	4	—	—	—	1	—	6	.91	13	1.10
Tuberculosis requiring only occasional out-patient supervision.	—	—	—	—	1	—	2	—	—	—	3	.58	—	—	—	—	—	3	1	1	—	—	1	6	.91	9	.76
Malignant Neoplasms.	—	—	—	—	—	—	—	2	1	4	7	1.35	—	—	—	—	—	—	2	—	1	—	—	3	.45	10	.85
Non-Malignant Neoplasms.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	—	—	4	—	4	—
Sarcoids (including enlarged Hilar glands).	—	—	—	1	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Congenital Cardiac abnormalities and abnormalities of the Vascular System.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—
Acquired cardiac abnormalities and abnormalities of the vascular system.	—	—	—	—	—	—	2	1	4	2	9	—	—	—	—	1	1	—	4	8	3	2	19	—	28	—	—
Pneumoconiosis without P.M.F.	—	—	—	—	—	1	—	1	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—

B.C.G. VACCINATION

Vaccination of Contacts—Arrangements exist under the control of the Chest Physician, Dr. H. S. Bagshaw, for the vaccination of selected contacts of known cases of tuberculosis.

During the year, 137 pre-school children (80 boys, 57 girls) 54 school children (25 boys, 29 girls) and 1 adult (female) were found to have negative skin tests and found to be positive on subsequent testing.

Vaccination of School Children—In accordance with Ministry of Health Circular 22/53, vaccination of older school children has continued. All children in their second year at a secondary school (i.e. 12/13 year age group) are offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health and Medical Officers of the Department who have received special instruction in B.C.G. vaccination undertake these duties.

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary. This is carried out at the Chest Clinic, Oldham and District General Hospital and the films are reported upon by the Chest Physician, who also undertakes any necessary supervision. No case of active pulmonary tuberculosis was detected among those examined.

The following figures relate:—

No. offered B.C.G.	1,362
No. of acceptances	1,016
Percentage of acceptances for eligible children ...	74%
No. excluded on medical grounds	19
No. of skin tests	964*
Positive	148
Negative	758
No. Vaccinated	755†
No. requiring X-ray	20
No. X-rayed	18

In addition children attending the Oldham Hulme Grammar School, which is not a local authority school, were offered B.C.G. vaccination. The following figures relate:—

	Boys	Girls	Total
No. offered B.C.G.	83	60	143
No of acceptances	75	53	128
Percentage of acceptances	90	88	89
No. of skin tests	70	53	123*
Positive	20	5	25
Negative	50	47	97
No. Vaccinated	50	47	97
No. requiring X-ray	1	—	1
No. X-rayed	1	—	1

*The differentials between the numbers of skin tests taken and the results given are due to non-attendance for readings.

†Three children absent from school were visited at home and had their skin tests read but were not vaccinated.

Co-operation With Voluntary Associations

The Home Nursing Sub-Committee made a grant of £5 5s. 0d. to the Chest and Heart Association for the financial year 1965/66 in support of the work which the Association undertakes in the fight against tuberculosis.

A male aged 54 years (admitted 1950) remained in the East Lancashire Tuberculosis Colony, Great Barrow, Chester, throughout the year.

Mental Health

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

Geriatric Service

Dr. W. H. Lloyd, Consultant Geriatrician to the Oldham Hospital Group is also Consultant Geriatrician to the local authority. This affords liaison between the Department and the staff of the Geriatric Unit at Oldham and District General Hospital, due to which no major problems have been experienced in the admission of geriatric patients whose social conditions necessitated immediate hospital care. Dr. E. M. R. Stuart, the Senior Assistant Medical Officer of the Department, who has had special responsibilities in this field for some time now, undertakes two sessions per week at the Geriatric Unit. This arrangement was commenced in October 1964 and has increased the integration of the hospital and the local health authority services. Most medico-social cases referred to the Department are dealt with by Dr. Stuart who works in close collaboration with the general practitioners, the appropriate officers of the Department and the Welfare Services Department in the management of these cases.

The Domestic Help and Night Attendant Services are used for short periods in respect of patients awaiting early admission to hospital, for whom accommodation is not immediately available.

Other Types of Illness

Close co-operation exists between the hospital staffs and the officers of the Department and assistance is given through the appropriate services to the patients discharged from hospital following requests from the hospital medical social workers.

Provision of Nursing Requisites and Apparatus

(i) Tuberculous Cases

Equipment on loan at 31st December was:—

Item	No. on loan at 31st December
Air Rings	2
Beds	7

Blankets	21
Sheets	16
Urinals	3

(ii) *Maternity Cases*

Beds, mattresses, blankets, pillows, cot sheets, bed pans, air rings, hot water bottles and other sick room requisites are available on request through the midwives service.

(iii) *Other Cases*

Varied types of apparatus and equipment are supplied in accordance with the requirements of individual cases referred by general practitioners and the Superintendent of District Nursing.

This equipment is purchased by the local authority and issued from the headquarters of the St. John Ambulance Brigade (Oldham Corps), 41, Cromwell Street. A deposit is charged on issue but this is refunded on return of the equipment supplied. The depot is open Monday to Friday from 7-30 p.m. to 9 p.m.

The Home Nursing Sub-Committee approved the payment of a sum of £100 towards establishment charges at the depot for the financial year 1965/66.

(iv) *Incontinence Pads Service*

This service which has been in operation for a number of years, provides for the supply of incontinence pads, through the District Nursing Service, to patients whose condition necessitates their use. In addition disposable polythene sheeting has for some time been used instead of draw sheets. These provisions have proved an absolute boon to the patients and also to those who are responsible for their care and treatment. The pads are disposed of by burning, which, so far, has proved effective and no difficulties have been encountered.

Oldham and District Health Services

Contributory Association

The Home Nursing Sub-Committee made a grant of £25 to this Association for the financial year 1965/66 for the facilities they provide for the loan of nursing equipment and convalescence.

Convalescence

No scheme for convalescence has been established 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 referred during the year.

The Local Education Authority has arrangements for providing convalescence for school children, suitable cases being recommended through the School Health Service. During the year 3 children (3 boys) received convalescence under these arrangements.

CHIROPODY SERVICE

Staff

At the beginning of the year the establishment consisted of one Chief Chiropodist and three chiropodists. During the year, one full-time chiropodist resigned and two part-time chiropodists were appointed to fill the vacancy. I regret to report the death of Miss Grimshaw, who held one of these part-time posts. The vacancy created by this unfortunate occurrence was later filled. At the end of the year another part-time chiropodist resigned. The total establishment at the end of the year was one Chief Chiropodist, two full-time and one part-time chiropodists.

Transport:

The Chief Chiropodist is included in the Motor Car Allowance Scheme of the Corporation on a "Casual user" basis.

Clinics:

The premises in Clegg Street were vacated in September as the premises were required for other purposes. The clinic was temporarily transferred to the Department of Public Health building until November when the new Central Clinic became available for use. Clinics are also held at Honeywell Lane and Tate Street Child Welfare Centres.

The following figures relate to the treatments given:—

(a) Clinic Cases

Clinics	Sessions held	No. of Cases at 1.1.65	New Cases	Treatments Given	Removed from Register	No. of Cases at 31.12.65
Clegg Street to 26.11.65	540	694	139	3,492	2	835
Cannon Street from 26.11.65 ..						
Tate Street	179	223	44	1,135	2	269
Honeywell Lane.	209	184	46	1,280	4	230
Totals ...	928	1,101	229	5,907	8	1,334

(b) Domiciliary Cases

No. of Cases at 1.1.65	New Cases	Former Clinic Cases	Treatments Given	Removed from Register	No. of Cases at 31.12.65
341	164	65	1,916	82	488

The Chief Chiropodist made four visits to the Nuffield Villa and two visits to the Mayall Street Home where the following treatments were given:—

	No. of Cases	Treatments
Nuffield Villa	25	44
Mayall Street	5	9

Regular inspections by chiropodists are made at the schools and children requiring treatment are referred by appointment to the chiropody clinics at Gower Street or Honeywell Lane. Head teachers refer children to these clinics for acute conditions.

MENTAL HEALTH SERVICE

Staff

Consultant Psychiatrists: Dr. Arthur Pool, Consultant Psychiatrist to the Oldham Hospital Group, is also Consultant Psychiatrist to the Local Health Authority. The services of Dr. A. Chalmers Fleming, Medical Superintendent, Calderstones Hospital, are available and his opinion is sought in certain cases, particularly concerning sub-normal and severely sub-normal persons.

Medical: The complete co-ordination of the Hospital and Local Authority Psychiatric Services eliminates the necessity to delegate a medical officer of the Department for specific duties in the service. In the case of a patient, who is not registered with a general practitioner, requiring a medical certificate, the necessary examination is carried out by a medical officer of the Department usually in conjunction with a hospital doctor.

Dr. E. M. R. Stuart, a Senior Medical Officer of the Department who is attached to the Hospital Geriatric Service in a part-time capacity, is consulted on psycho-geriatric cases.

Psychologist: One full-time psychologist is employed. By arrangement with the Oldham and District Hospital Management Committee, this officer undertakes sessional work at the Elizabeth Martland Unit. In September Mr. Robert T. Beattie, Psychologist, resigned to take up a post as Lecturer in Psychology at Keele University. The post had not been filled at the end of the year.

Social Workers: The establishment, which includes Mr. T. P. McKniff, Lay Administrative Officer, consists of:—

- 1 Senior Mental Welfare Officer
- 5 Mental Welfare Officers
- 2 Welfare Assistants

Mr. George MacDonald and Mr. Jack Hulme, who were appointed Mental Welfare Officers in November, 1964, commenced duty on the 1st January, 1965.

In October the establishment of Trainee Mental Welfare Officers was abolished and replaced by two posts of Welfare Assistant. Both vacancies had been filled at the end of the year.

Junior Training Centre and Special Care Unit:

Establishment:—

- 1 Supervisor
- 2 Assistant Supervisors
- 2 Attendants (Special Care Unit)
- 1 Physiotherapist (2 sessions per week)

Industrial Centre for Adults:

- 1 Senior Instructor
- 1 Senior Instructress
- 3 Instructors
- 3 Instructresses

The full establishment was employed at the end of the year.

Co-ordination of Psychiatric Services

The close co-operation and co-ordination of hospital and local authority services which has long been a feature in Oldham was maintained.

By mutual agreement with the Hospital Management Committee the mental welfare officers are responsible for the social work in respect of Oldham patients admitted to the Elizabeth Martland Unit and compile the social histories of patients admitted to hospital. In the majority of cases the mental welfare officers attend the psychiatric out-patient clinic along with the patients referred by them and also any other cases as requested by the medical staff. It has long been the practice for mental welfare officers to accompany the consultant psychiatrist on almost all domiciliary visits.

Details of all admissions, transfers and discharges from the Elizabeth Martland Unit are forwarded to the Medical Officer of Health.

Complete access to hospital in-patients is allowed to mental welfare officers, which creates and maintains continuity in the relationship between patient and social worker.

A weekly case conference is held and is attended by the consultant psychiatrist, hospital medical and senior nursing staffs, medical officers of the Department of Public Health, psychologists and mental welfare officers. The purpose of the conference is to discuss problems and progress of patients and mental welfare officers find it most valuable.

The majority of patients on discharge from hospital are recommended for after-care, and, if willing are visited by a mental welfare officer. Problems arising during after-care are reported to the hospital medical staff at the case conference. Where necessary, and on request, written reports are forwarded to the hospital medical staff.

Work Undertaken by Mental Welfare Officers

There were 279 new cases referred, an increase of 5 on the previous year.

Table I is an analysis of the new cases referred by source of referral with comparative figures for the three preceeding years. The management of the new cases is presented at Table II.

TABLE I

New Cases Referred (Mental Illness)

<i>Source of referral</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
General Practitioner	56	50	90	88
Hospitals (on discharge from in-patient treatment)	1	67	49	67
Hospitals (after or during out-patient or day treatment)	123	73	61	37
Police and Courts	13	17	18	28
Other sources	21	31	56	59
Totals :	214	238	274	279

TABLE II

Management of New Cases

Admitted to hospital:—

for treatment (Section 26)	Nil
for observation (Section 25)	12
in emergency (Section 29)	4
for day-care	6
informal	47
Section 60	1

Referred to:—

Psychiatric Out-Patient Clinic	58
Welfare Services Department	9
Under Observation	91
No further action	51
	—
Total	279
	—

Of the 58 patients referred to the psychiatric out-patient clinic for assessment 22 continued to attend for follow-up interviews; no further action was indicated in the remaining 36 cases.

Compulsory powers are used only as a last resort in effecting admission of patients to hospitals for the mentally ill.

It will be noted that a large number of new cases are still referred direct to the Department by general practitioners.

The services of the mental welfare officers are available throughout the 24 hours, one officer being on rota duty for evening and weekend calls.

Table III gives the visits and reports made by these officers with comparative figures for the three preceeding years.

TABLE III

Visits and Reports made by Mental Welfare Officers

	1962	1963	1964	1965
<i>Visits:</i>				
Pre-care	1,285	1,457	1,720	2,047
After-care	2,642	2,709	3,146	3,657
With consultants	70	52	73	58
To Oldham Royal Infirmary	238	193	210	64
To Psychiatric Out-Patient Clinic.	268	317	293	292
To Elizabeth Martland Unit	590	635	446	615
Regarding property	3	196	162	56
Ineffective	189	666	676	964
Attendances in Court	4	9	3	2
Totals ...	5,289	6,234	6,729	7,755
<i>Reports:</i>				
Social histories	26	38	22	10

The trend of previous years has continued and the work coming into the Department has increased considerably. Greater demands have been made on the mental welfare officers primarily due to the rapid turnover of patients in the psychiatric hospital. This has of course, meant an increase to the Community Care Services and more concentrated visitation of patients. I feel sure that with the general practitioner service already overburdened with large numbers of patients, the general practitioners will continue to refer in increasing numbers problems that they feel can be dealt with adequately by the Community Care Services.

In its extension of Community Care Services the Department has invoked the powers under Section 138 of the Mental Health Act where officers of the authority can undertake agency arrangements

in respect of persons in receipt of state benefit or pension who are considered by reason of mental disorder to be incapable of managing their property and affairs. This, in fact, means that mental welfare officers make arrangements for all finances to be handled, i.e. rent, fuel, light and food bills. Whilst this work is time-consuming, it is a very effective means whereby persons who would previously have had to be admitted to hospital can be maintained in the community. At the end of the year 5 such cases were being dealt with by the Department.

Admissions to Hospital

There were 142 new admissions and 168 re-admissions (relating to 50 former patients). Mental welfare officers are involved in all cases of compulsory admission and whilst every effort is made to obtain an application by the nearest relative, it is sometimes necessary for an officer to make application under Section 29 (emergency application) and Section 25 (observation).

In all cases for admission under Section 26 (treatment), application must be made by the nearest relative or by a mental welfare officer with the written consent of the nearest relative, if possible. In a number of informal admissions, particularly patients admitted following out-patient consultations, mental welfare officers are not involved.

Table IV shows the number of admissions under the different sections of the Mental Health Act, 1959.

TABLE IV

Elizabeth Martland Unit

For observations (Section 25)	32
For treatment (Section 26)	3
For observation in emergency (Section 29)	22
Court Order (Section 60)	Nil
Informal	253
	—
Total	310
	—

NATIONAL ASSISTANCE ACT, 1948

Under Section 48 of the National Assistance Act, 1948, it is the duty of the local authority to provide temporary protection for property of persons admitted to hospital. Mental welfare officers undertake this function for mentally disordered persons as their prior knowledge of the person concerned makes it possible for them to deal more adequately with the cases. During the year 12 homes were under the care of the Department.

Cases where patients are living alone and are considered to be incapable of managing their own affairs by virtue of serious mental disorder are referred to the Court of Protection and a Receiver is appointed by the Court. Mr. T. P. McKniff has been permitted to had been appointed Receiver in five cases.

accept the appointment of Receiver and at the end of the year

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 number of out-patients received E.C.T. and two sessions a week are allocated for this treatment.

Day Care

Arrangements exist for selected patients who are considered suitable for day-care to attend the Psychiatric Ward at Westhulme Hospital or the Elizabeth Martland Unit. There is special accommodation for female patients in the Day Centre adjoining the Unit, providing accommodation for patients from Oldham and the adjacent districts.

Transport is provided by the Ambulance Service. A vehicle calls for the patients in the morning and returns them home in the late afternoon or early evening.

In-Patient Treatment

The majority of patients requiring hospital treatment are admitted to the Elizabeth Martland Unit, Oldham and District General Hospital.

No difficulty has been experienced in securing hospital admission for patients 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 informally and are usually transferred from the Psychiatric Unit.

Ambulance Service

The Ambulance Service is utilised for the removal of patients to hospital. The mental welfare officers have authority to request the necessary transport, and if required, the service of an attendant is obtained from the Elizabeth Martland Unit.

Patients receiving day-care are transported to and from the hospital. Many out-patients receiving E.C.T. are conveyed to the Psychiatric Out-Patient Department and returned home, usually by sitting-case car.

The Ambulance Service also transports children to and from the Junior Training Centre and the Special Care Unit.

Trainees attending the Industrial Centre are encouraged to use public transport, but, if due to disability, this is not possible, transport is provided through the Ambulance Service by sitting-case car.

MENTAL SUBNORMALITY

Care and Training of the Mentally Subnormal

During the year 6 children (3 girls, 3 boys) were reported to the Department by the Education Authorities as being unsuitable for education at school and admitted to the training centre.

There were 4 children (2 boys, 2 girls) referred for special guidance on leaving school; all had attended Marland Fold Special School for the Educationally Subnormal, and all were placed in suitable employment.

Only those children leaving Marland Fold whose referral is considered necessary by the Principal School Medical Officer and the Headmaster at Marland Fold, are referred for supervision after leaving school.

Hospital Care

Whilst community care is providing the best possible service there are still cases of subnormality which cannot be catered for adequately at home. These cases are placed on the waiting list for admission to Calderstones Hospital, which is the hospital allocated to this area. All patients placed on the waiting list are seen at the hospital out-patient clinic for assessment and priority for admission is allocated. Mental welfare officers accompany the patient to the clinic and a full social report is provided. When mental illness occurs in the subnormal person, arrangements can readily be made for the person to be seen at the Out-patient Department at Calderstones Hospital, and in cases of acute urgency admissions are quickly arranged.

TABLE V

Waiting List for Admission to Hospital

	Males	Females	Total
Cases on waiting list at 1.1.65	3	9	12
Cases placed on waiting list	4	1	5
	7	10	17
Admitted to hospital, removed or died	—	4	4
Cases on waiting list at end of year	7	6	13

Of the 5 cases placed on the waiting list 1 female was admitted during the year; of the 4 males placed on the waiting list (2 were in the urgent category) none was admitted to hospital.

The priority allocations for the 13 patients on the waiting list at the end of the year were:—

Top priority	5
Semi-priority	5
Nil priority	3

Temporary Accommodation

During the year short term care was provided for 14 cases in order to permit the parents to take a much needed holiday.

They were admitted to the following hospitals:—

	<i>Males Females</i>	
Calderstones Hospital, Whalley	4	8
Lisieux Hall	2	—

The accommodation for holiday care is usually required for two weeks; for urgent domestic reasons, the length of stay depends on the individual circumstances.

Community Care

The duties of the mental welfare officers include the care and supervision of cases of subnormality at home and on leave from hospital.

At the beginning of the year 265 patients were under care. There were 19 new cases accepted and 73 cases discharged from care leaving 211 under care at the end of the year.

A review of subnormal patients in the community during the year resulted in a large number being discharged from the care of the Department. In the main, these were young persons referred on leaving Marland Fold School in the past few years who have settled down well and no longer require the services of this Department.

Details of reports and visits made in respect of these cases are given below, together with comparative figures for 1962, 1963 and 1964:—

Reports:

	1962	1963	1964	1965
Case histories	18	10	10	1
Progress reports	13	8	12	7

Visits:

Care and supervision	719	983	1043	433
Ineffective	120	148	145	70

Arrangements with Adjacent Local Health Authorities

By arrangement, suitable juniors and adults are admitted from the Saddleworth district into the junior and adult training centres and an agreed charge is made to the West Riding County Council.

Special Care Unit

The new Special Care Unit extension at Haven Lane Junior Training Centre was opened on the 26th April, 1965. The extension provides for 15 places and all children are admitted five days per week. Special outdoor play facilities have been provided and we have been able to improve very considerably indoor activities due to the additional space available.

At the beginning of the year 10 children were on the register (5 males, 5 females). During the year 2 girls were admitted. There were no discharges during the year.

There were 12 children (5 males, 7 females) on the register at the end of the year.

Junior Training Centre

The Junior Training Centre at Haven Lane is open Monday to Friday of each week and is closed during school holiday periods. A mid-day meal is provided through the School Meals Service. A small charge is made to the parents, but in necessitous cases, the charge is reduced or waived. Free milk is also supplied, once a day to each child.

On the 1st January there were 27 pupils (11 males, 16 females) on the register, 26 from the Oldham County Borough and 1 from the Saddleworth district of the West Riding County Council.

There were 4 new admissions (2 males, 2 females) all from the Oldham County Borough.

Eight children were removed from the register, all Oldham cases.

Transferred to Industrial Centre	2
Transferred to Marland Fold Special School ...	1
Transferred to Beever Street Special Class ...	1
Admitted to Hospital	3
Admitted to Special Care Unit	1

On the 31st December there were 23 pupils on the register, 22 from the Oldham County Borough and 1 from the Saddleworth district of the West Riding County Council.

The Ambulance Service transports the children to and from the centre, part-time drivers being engaged for this purpose.

In July a trip to Lytham St. Annes was provided by the Oldham Blind Children and Welfare Organisation. Once again we extend our gratitude and appreciation to the members of this Organisation for their continued generosity and kindness.

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, are available to the children attending the Training Centre and Special Care Unit, and are fully utilised.

Physiotherapy

Physiotherapy has continued throughout the year. Mrs. H. R. Wilde, a fully qualified physiotherapist, undertakes two half-day sessions per week. Special exercises to assist breathing have been devised by Mrs. Wilde and are undertaken by the ordinary teaching staff. It is hoped to provide sun-ray facilities at the Centre in the near future.

Arthurs and Alice A. Kenyon Industrial Centre

There has been complete integration of the sexes at the Industrial Centre since 1963.

The Centre is open from 9 a.m. to 5 p.m. Monday to Friday of each week. A mid-day meal is provided through the School Meals Service.

Travelling facilities are provided free, either by the provision of bus tokens or through the Ambulance Service. Trainees who are able to make their own way to the centre are encouraged to do so. Patients from the Elizabeth Martland Unit are accepted at the Centre.

The number of persons attending the Centre has again increased and plans were submitted for the provision of a separate dining room which would cater both for the Industrial Centre and the Hostel residents. Also included in the general plan was provision for additional storage facilities. These extensions are urgently required as it is anticipated that there will be further increases in the numbers attending the Centre without a corresponding increase in discharges.

Admissions and Discharges

	Oldham Cases		West Riding County Council Cases	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
No. on register at 1.1.65	69	60	2	3
No. discharged	22	10	—	—
No. admitted	30	16	1	—
No. on register at 31.12.65	77	66	3	3

A summary of the 32 persons (22 males, 10 females) discharged during the year is given below.

	<i>Males</i>	<i>Females</i>
Placed in employment	5	1
Ceased to attend	17	6
Admitted to hospital	—	3

The Centre is completely orientated to industrial work. Our long-standing contract with a local firm has continued to increase and with the exception of 12 trainees employed in the laundry, all trainees are engaged on contract work and can earn up to a maximum of 30/- per week, being paid pro rata to effort.

The laundry employs 12 trainees, 5 of whom are paid full wages in accordance with the rates prevailing in the laundry industry. Work is undertaken for a number of Corporation Departments, the largest users being the Health and Welfare Services Departments.

Home Training

No special arrangements exist for home training in cases of subnormality.

*Residential Accommodation**Nuffield Villa*

This hostel, which was originally opened in 1961, was not traditionally built but constructed in the main of reclaimed "Tarran" units (former prefabricated houses). It originally comprised two wings with a central entrance, each wing providing 10 single bedrooms with a separate lounge and toilet facilities. The accommodation was increased in 1964 by the addition of a male wing comprising 11 single bedrooms and storage facilities. Approval in principle had been given for a further 10 bedded extension with additional lounge facilities for females. Work on this extension had not commenced at the end of the year.

A number of residents are in open employment within the community and others attend the Industrial Centre. Those in outside employment make payment from their own earnings for board and residence and those attending the Centre receive National Assistance, the appropriate amount for board and lodging being reclaimed.

At the beginning of the year there were 29 residents (18 males, 11 females); there were 5 new admissions (4 males, 1 female) and 2 discharges (both males), one was transferred to the Mayall Street Home and the other returned to his own home.

At the end of the year there were 32 residents (20 males, 12 females); 6 males working in the community and 26 (14 males, 12 females) employed in the Centre.

The following table gives details of the residents and the sources from which they were admitted:—

	In residence at 1.1.65	Admis- sions	Dis- charges	In resi- dence at 31.12.65	Admitted from :		
					Hospitals *	Mayall Street Home	Own Home
Males ...	18	4	2	20	1*	1	2
Females	11	1	—	12	—	—	1
Totals	29	5	2	32	1	1	3

* E.M.U.

Mayall Street Home

This home, which was opened in 1962 was originally an experiment in community care of the elderly mentally disordered, and whilst there has been a prominence of residents in the older age groups, people in the lower age ranges have been admitted.

At the beginning of the year there were 21 residents (4 males, 17 females). There were 5 admissions (2 males, 3 females) and 4 discharges (1 male, 3 females); 2 of the latter (females) were admitted to the Elizabeth Martland Unit. Of the remaining 2 (1 male, 1 female) the male was transferred to the Nuffield Villa the the female returned home to her relatives.

At the end of the year there were 22 residents (5 males, 17 females); 1 male and 2 females were engaged in outside employment and 13 (4 males, 9 females) were attending the Industrial Centre. The remaining 6 residents due to mental or physical incapacity were not capable of undertaking any form of employment.

The following table gives details of the residents and the sources from which they were admitted:—

	In Residence at 1.1.65	Admissions	Discharges	In residence at 31.12.65	Admitted from:		
					Hospitals *	Nuffield Villa	Own Home
Males	4	2	1	5	—	1	—
Females	17	3	3	17	2	—	1
Totals	21	5	4	22	2	1	1

* From E.M.U.

*DOMESTIC HELP SERVICE**(Section 29)**Staff*

The staff employed at the beginning and at the end of the year was as follows:—

	1st Jan.	31st Dec.
Domestic Help Organiser	1	1
Assistant Organisers	2	2
Domestic Helps:		
Full-time (40 hours or more per week)	28*	—
Part-time (under 40 hours per week)	170	194

* Full-time increased from 30 hours to 40 hours in October.

In June, the Establishment Committee approved a recommendation that the establishment of Assistant Domestic Help Organisers be increased from 2 to 3 and on the 22nd November, Mrs. H. Harvey was duly appointed.

The Domestic Help Organiser, Mrs. E. Winterbottom terminated her employment on the 19th December, having held this post since 1st May, 1953. On the 29th December, Mrs. A. Hadfield was promoted to the post of Domestic Help Organiser from that of Assistant.

Organisers' Visits

The number of visits made during the year by the Organisers was 2,143 compared with 893 in the previous year. Although last year's figure was extremely low because of prolonged absences through sickness this year's figure is an improvement on the last few years. The next year should be even higher, with another Assistant Organiser and also the appointment of an Administrative Assistant to relieve the Organisers of many of their clerical tasks.

Charges

The full charge of 4/8d. per hour was increased to 4/10d. per hour in April and again to 4/11d. in September following wage awards of the North Western Whitley Council.

All cases are assessed according to income and applicants are advised of the proposed charge. Persons wishing to appeal against the assessment may do so and the appeals are submitted for review to the Home Nursing Sub-Committee. Those entitled to National Assistance in receipt of 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.

Domestic help is provided free of charge to the blind and to persons suffering from tuberculosis.

Refresher Courses

Mrs. Winterbottom, Domestic Help Organiser, attended a refresher course at Nottingham University, 23rd-25th September, 1965, also a One Day Conference in London on the 12th November, 1965, which was organised by the National Council for Home Help Services. Councillor Wheeler also attended this Conference.

Cases Assisted

The total number of cases receiving assistance during the year was 2,320. The number of new cases accepted was only 778 compared with 900 in 1964.

Night Attendance Service

This service is provided where a patient is acutely ill and living alone or where relatives need some temporary relief. The charge of 29/3d. per night session was increased to 30/3d. per night session in October.

This amount is recoverable from the patient but as the majority of cases receiving assistance are old age pensioners, only in a few cases is full charge made. The average number of night attendants employed per week was two and the average number of night sessions was five.

The number of cases and night sessions are shown below with comparative figures for 1964.

	1965	1964
Number of Cases Assisted	65	76
Night Sessions	355	367

ANALYSIS OF CASES RECEIVING ASSISTANCE

No. of Cases	Cases on books at 1st Jan.	New Cases	Total Cases Receiving Assistance	Cancelled Cases	Cases on books at 31st Dec.
Sickness under 65	61	61	122	52	70
Chronic Sick under 65	93	54	147	50	97
Maternity	—	16	16	16	—
Tuberculosis under 65	1	—	1	—	1
Tuberculosis over 65	7	—	7	—	7
Blindness under 65	9	6	15	3	12
Blindness over 65	53	35	88	20	68
Old Age and Sickness	1,318	606	1,924	591	1,333
Totals :	1,542	778	2,320	732	1,588

No. of Helps employed 31.12.65. Part-time 194
 Full-time —

Night Attendant Service

No. of Cases 65. No. of Sessions 355 (5 per case)
 No. of Night Attendants employed 31.12.65... 2 (average employed per week 2)
 Domestic Help Organiser's Visits 2,143

OLDHAM EXECUTIVE COUNCIL

General Medical, Pharmaceutical, Dental and

Supplementary Ophthalmic Services.

The Oldham Executive Council consists of a Chairman and 14 other members, 8 of whom are appointed by the Local Health Authority and named below:—

To retire 31st March, 1967

Alderman F. Butler
Chairman J. B. Goff

To retire 31st March, 1967

Chairman W. Warner
Chairman G. Lander
Dr. W. Gilbert

To retire 31st March, 1968

Alderman
Chairman
Chairman F. Goff

SECTION IV

OLDHAM EXECUTIVE COUNCIL

General Practitioner Services

I am indebted to Mr. R. Parkinson for the information furnished in the following report which relates to the year ended 31st March, 1966.

General Medical Services

There were 55 registered medical practitioners on the General Medical List at 31st March, 1966, of whom 42 were regarded as regular on the Oldham area. The number of Oldham patients registered with doctors at the 31st December, 1965, was 115,825 a decrease of 695 on the previous year.

Pharmaceutical Services

On the 31st March, 1966, the Pharmaceutical List included the following number of contractors in the area:—

- (a) Pharmacists
- (b) Surgical Appliance Suppliers

General Dental Services

The number of practitioners on the Dental List at 31st March, 1966, was 12.

OLDHAM EXECUTIVE COUNCIL

General Medical, Pharmaceutical, Dental and Supplementary Ophthalmic Services.

The Oldham Executive Council consists of a Chairman and 24 other members, 8 of whom are appointed by the Local Health Authority and named below:—

To retire 31st March, 1966:

Alderman F. Baxter
Councillor J. B adley

To retire 31st March, 1967:

Councillor W. Wheeler
Councillor G. Leonard
Dr. B. Gilbert

To retire 31st March, 1968:

Alderman J. McQuillan
Councillor A. Tweedale, J.P.
Councillor F. Collins

Alderman J. McQuillan, Councillor F. Collins and Councillor A. Tweedale, J.P. retired on the 31st March, and were re-appointed for a further period of 3 years.

I am indebted to Mr. R. Pattinson for the information contained in the following report which relates to the year ended 31st March, 1966.

General Medical Services

There were 95 principal medical practitioners on the Council's Medical List at the 31st March, 1966, of whom 50 were regarded as resident in the Oldham area. The number of Oldham patients registered with doctors at the 31st December, 1965 was 115,325 a decrease of 696 on the previous year.

Pharmaceutical Services

On the 31st March, 1966, the Pharmaceutical List included the following numbers of contractors in the area:—

(a) Pharmacists	35
(b) Surgical Appliance Suppliers	8

General Dental Services

The number of practitioners on the Dental List at 31st March, 1966, was 19.

Supplementary Ophthalmic Services

The following statement shows the number of ophthalmic medical practitioners, ophthalmic opticians and dispensing opticians under contract with the Ophthalmic Services Committee at 31st March, 1966:—

Ophthalmic Medical Practitioners	3
Ophthalmic Opticians	26
Dispensing Opticians	4

Charges

The following charges are effective:—

Pharmaceutical

Everyone using the medical services of the National Health Service is entitled to free drugs, medicines and appliances as prescribed by the patient's doctor.

Dental

The maximum charge to patients for more than one denture, together with any other treatment is £5.

Ophthalmic

The charges to patients for lenses are 12s. 6d. per lens for single vision lenses and £1 per lens for bifocals. Children within the range 10 to 16 years, or children attending full-time education under the 1944 Education Act, are allowed to have under the Supplementary Ophthalmic Services, frames within the adult range with exemption from lens charges.

Finance

The total cost of the services for the year ended 31st March, 1966, was £705,365 of which £44,596 was met from charges made to patients for dental and optical services, leaving a net cost to the Exchequer of £660,769.

THEORY OF THE EARTH

The theory of the earth is a branch of geology which deals with the origin and development of the earth and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features. The theory of the earth is based on the study of the earth's history and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features.

CHAPTER I

THE ORIGIN OF THE EARTH

SECTION I

The origin of the earth is a subject which has attracted the attention of many philosophers and scientists. It is a subject which has been discussed for many centuries. The origin of the earth is a subject which has attracted the attention of many philosophers and scientists. It is a subject which has been discussed for many centuries.

SECTION II

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CHAPTER II

The origin of the earth is a subject which has attracted the attention of many philosophers and scientists. It is a subject which has been discussed for many centuries. The origin of the earth is a subject which has attracted the attention of many philosophers and scientists. It is a subject which has been discussed for many centuries.

INFECTIOUS AND OTHER DISEASES

Diphtheria

No cases were notified. Diphtheria last occurred in 1950, when one case was notified and confirmed.

Scarlet Fever

There were 154 cases notified compared with 52 in the previous year.

Erysipelas

Five cases were notified compared with three in the previous year.

Enteric Fever

(a) Typhoid Fever:

A number of cases of typhoid occurred between the months of May and June. There was no apparent connection between any of the cases other than that mentioned in Case 1 below. Three of the cases originated in the Chadderton area, (No. 14 Division Lancashire County Council). Of these cases, the first was presumed to have originated in Majorca and was a degraded Vi strain. The other two, a father and his son were phage type A and had no connection with the previous case. The one case which was notified in an Oldham resident was an Indian boy aged 11 years who arrived in this country on May 22nd and who took ill on June 9th. He was also phage type A, but reports from the Public Health Laboratory showed that it was a different strain and therefore there was no connection with the previous cases.

The details are:—

Case 1.

A youth aged 16 years, resident in Chadderton, was admitted to Oldham and District General Hospital and transferred to Westhulme Hospital on the 5th June, when a diagnosis of typhoid fever was made. The onset of the illness was on or about the 24th May, 1965.

The youth was employed in a small engineering firm in the Middleton Road area and had bought food at a number of shops in the Oldham area.

The source of infection remained unknown in spite of intensive investigation. It was necessary to keep under surveillance all the patients discharged from the ward at the General Hospital and the staff on that ward were restricted to the ward. Routine pathological investigations were undertaken on all contacts.

The patient's father returned a positive specimen and he was admitted to Westhulme Hospital. He was not ill and showed no symptoms of typhoid fever. It is indeed probable, though not proved, that the father may have been carrying the organism for some time and so infected his son. It was also established that the organism was of a different phage type (phage type A) than that of a previous case originating in Chadderton in May which was presumably contracted in Spain.

Case 2.

This was a boy aged 11 years residing in Oldham.

He left Bombay Airport on the 21st May, 1965, and arrived at London Airport on the 22nd May, 1965, after travelling with his mother and two other children to join his father who was already in employment in Oldham.

He took ill on the 9th June, 1965, and on the 15th June he was admitted to the Westhulme Infectious Diseases Hospital. A tentative diagnosis of appendicitis was made and he was transferred to Oldham Royal Infirmary and operated on the same evening. He was then transferred back to Westhulme Hospital and a blood culture was positive for *Salmonella Typhi*. It is quite probable from the dates that his illness could have been contracted in India and there was no reason to believe that there was any connection with any of the previous cases arising in Chadderton. There were no further cases in his family or other contacts. Two nurses who were thought to have contracted the disease were found not to be suffering from typhoid.

To sum up, it would appear that there had been three distinct "outbreaks" in the area and no connection could be established between these. Certain sensational reports appeared in the press from time to time, none of which originated from the Department, and, in fact, considered statements were given regularly from the Department to the press, none of which could be termed alarmist or sensational.

During the whole of the period there was extremely close co-operation between hospital staff and Public Health staffs of both this and neighbouring authorities, also with the general practitioners and the Ministry of Health.

(b) Para-typhoid Fever: No cases were notified.

Meningococcal Infection

Three cases were notified including one posthumous notification.

The posthumous notification was a male aged 65 years. He was admitted to a local hospital with vague pains and general feeling of malaise. Four days later neck rigidity was noticed and a lumbar puncture was done. A diagnosis of meningococcal meningitis was made and the man died 5 days after being admitted to hospital.

The remaining 2 cases were a female aged 9 weeks and a male aged 18 months. Both children were admitted to Westhulme Hospital and made successful recoveries.

Acute Encephalitis

No cases were notified.

Acute Primary Pneumonia

There were 7 cases notified, and 16 deaths were registered. Fifteen of these deaths came to notice on the Registrar's returns and the remaining case was notified posthumously.

Influenza and Influenzal Pneumonia

No cases of influenzal pneumonia were notified and no deaths were registered. There was one death registered as due to influenza.

Measles

There were 744 cases notified, compared with 1,485 in the previous year.

One death was registered, a female aged 5 months; the cause of death given on the death certificate was:—

- I (a) Broncho-pneumonia
- (b) Measles
- (c) Subdural hæmatoma

Whooping Cough

There were 28 cases notified of which 25 were confirmed. Of the 25 cases, 4 had received a full course of prophylaxis.

Dysentery

There were 233 cases notified, 165 of which were confirmed bacteriologically (Sonné 165) compared with 403 in the previous year; 12 cases where no organism was isolated were accepted as cases.

In October, an outbreak of Sonné dysentery occurred in a local nursery school, and as a result of investigation 8 children were found to be positive (2 children residing outside the area were also found to be positive).

After three consecutive negative specimens, they were allowed to return to the nursery.

In November an outbreak of Sonné dysentery occurred in a local industrial nursery. As a result of investigation 16 children and 5 staff were found to be positive (2 children and 3 staff residing outside the area were also found to be positive). After three consecutive negative specimens, they were allowed to return to the nursery.

Ophthalmia Neonatorum

There were 7 cases of ophthalmia neonatorum notified. These were kept under observation and in all cases vision was unimpaired.

Puerperal Pyrexia

Three cases of puerperal pyrexia were notified as follows:—

Oldham and District General Hospital	1
Domiciliary	2

Smallpox

No cases were notified. The Department was informed of two families who had been in smallpox areas; these were kept under surveillance and nothing untoward developed.

Acute Poliomyelitis

There was one case of paralytic poliomyelitis notified but not confirmed.

Malaria

No cases were notified.

Anthrax

No cases were notified.

Brucellosis

No cases were brought to notice.

E. Coli Infection

There were 20 cases of E. Coli infection in young children.

Food Poisoning

In all cases or suspected cases of food poisoning full enquiries are made to ascertain the source of infection. Samples of any suspected food available are submitted for bacteriological examination.

During the year 15 cases were brought to notice, 11 by formal notification and 4 ascertained following investigations. Of the 15 cases, 7 were associated with 2 outbreaks. There were 8 individual cases.

A. Outbreaks

A mother and son were notified as suffering from food poisoning and the father was an ascertained case. The causative organism was not identified but was probably C1. Welchii on clinical grounds.

A father was notified as a case of food poisoning and three other members of the same family were ascertained cases. The faeces specimens were all reported negative and the source of the infection was not established.

B. Individual Cases: Organisms isolated:—

<i>Salm. typhimurium</i>	1
<i>Salm. montevideo</i>	2
<i>Salm. dublin</i>	1
<i>Salm. cubana</i>	1
<i>Salm. brenderup</i>	1
<i>Staph. aureus</i>	1
Causative agent not identified	1

1 case of Salmonella Enteritidis was ascertained following notification from another authority that an Oldham resident had been possibly involved in a local outbreak.

**CASES OF CERTAIN DISEASES NOTIFIED AND DEATHS REGISTERED
FROM THESE DISEASES DURING EACH MONTH OF THE YEAR**

Months	Measles		Scarlet Fever		Dysentery		Food Poisoning		Meningococcal Infections		Acute Polio-myelitis		Whooping Cough		Erysipelas		Acute Primary Pneumonia		Acute Influenzal Pneumonia	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Jan.	205	...	18	...	4	...	1	10	...	2	4
Feb.	185	...	19	...	1	4
March	109	...	20	1†	4	...	1	...	4††	2
April	48	...	9	...	5	...	3(1)	...	1
May	72	...	12	...	35	...	1	3	2	1
June	63	...	7	...	16	...	1	1	1
July	26	1	6	...	6	...	1	1	1
Aug.	25	...	6	...	3	...	1
Sept.	7	...	6	...	10	...	1(3)	2
Oct.	3	...	8	...	14	...	1	...	1	1
Nov.	18	...	46	3
Dec.	1	...	25	...	37	2	3
Totals	744	1	154	...	177	...	11(4)	...	3	1	25	...	5	...	7	16

* Cases formally notified; additional cases ascertained following enquiry and investigation are shown in parentheses.

† This case was notified posthumously.

†† Includes 1 case notified posthumously.

CASES OF NOTIFIABLE DISEASES AND DEATHS REGISTERED

Notifiable Disease	Cases		Number of Deaths	AGE GROUPS										
	Number	Admitted to Hospital		Under 1	1—	2—	3—	4—	5/9	10/14	15/24	25/44	45/64	65+
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	154	6	—	2	2	12	19	27	77	10	5	—	—	—
Whooping Cough	25	6	—	5	3	4	2	4	6	1	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	744	8	1	57	106	122	135	140	180	2	2	1	—	—
Acute Pneumonia—Prim.	7	1	16†	2	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	3	3	1†	1	1	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	177	16	—	11	27	21	14	21	23	1	23	28	8	—
Ophthalmia Neonatorum	7	3	—	7	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	3	1	—	—	—	—	—	—	—	—	1	2	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	2	2	—	—	—	—	—	—	—	1	1	—	—	—
Food Poisoning	*11	6	—	—	—	—	—	1	—	—	2	5	2	1
Erysipelas	5	1	—	—	—	—	—	—	—	—	1	1	2	1
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Tuberculosis	36	29	6	—	—	—	—	1	—	1	3	18	13	—
Other forms Tuberculosis	10	9	1	—	—	—	—	—	—	1	—	7	2	—
Totals	1184	91	25	85	139	159	170	194	286	17	39	62	29	4

* Formally notified; additional 4 cases ascertained following investigation.

† This relates to a posthumous notification.

‡ This includes 1 case notified posthumously.

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 Hospital and other hospitals outside the Borough.

Deaths

The number of deaths registered, 7 (6 pulmonary and 1 non-pulmonary) gives a rate per thousand of the population of 0.06 (0.05 pulmonary and 0.01 non-pulmonary) compared with 11 (11 pulmonary and 0 non-pulmonary) and a rate of 0.10 (0.10 pulmonary and 0 non-pulmonary) for the previous year.

The Tuberculosis Register

The number of cases on the Register at the 31st December was 464 which compares with 518 at the end of the previous year.

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

1. Recovered	55
2. Removal out	29
3. Lost sight of.....	11
4. Died	11
5. Diagnosis not confirmed	1

Of the 55 recovered cases 49 were pulmonary.

Of the 11 cases that died, 8 (8 pulmonary and 0 non-pulmonary) died from causes other than tuberculosis.

Pulmonary Tuberculosis

New Cases

There were 36 new cases placed on the Register compared with 44 for the previous year.

	Male	Female	Total
R.A.1 (Early cases, sputum negative or absent) ...	10	4	14
R.A.2 (Intermediate cases, sputum negative or absent)	5	3	8
R.A.3 (Advanced cases, sputum negative or absent)	Nil	Nil	Nil
R.B.1 (Early cases, sputum positive)	6	3	9
R.B.2 (Intermediate cases, sputum positive)	3	1	4
R.B.3 (Advanced cases, sputum positive)	Nil	1	1

There were 6 inward transfers to the Borough (1—R.A.1, 1—R.B.1, 2—R.B.2 and 2—R.B.3).

Deaths

During the year 6 patients including 3 coming to notice through the Registrar's returns died from pulmonary tuberculosis giving a death rate of 0.05 per thousand of the population. These figures compare with 11 deaths and a rate of 0.10 for the previous year.

In addition 3 pulmonary cases died from causes other than tuberculosis.

Of the 6 deaths from pulmonary tuberculosis, 1 had been notified 2 years and 2 had been notified under 1 year. The remaining 3 escaped statutory notification, all coming to notice through the Registrar's returns.

The 3 cases not notified were:—

- 1 Male aged 52
- 1 Female aged 72
- 1 Female aged 75

Non-Pulmonary Tuberculosis

There were 10 new cases notified and confirmed compared with 4 the previous year.

The following details refer:—

- | | |
|----------------|---|
| Case 1 (M.A.) | Male aged 25 years; cervical glands |
| Case 2 (A.D.) | Male aged 44 years; cervical glands |
| Case 3 (J.S.) | Male aged 43 years; abscess sternum |
| Case 4 (J.J.) | Female aged 43 years; cervical glands |
| Case 5 (A.U.) | Male aged 31 years; tuberculous glands |
| Case 6 (D.S.) | Male aged 34 years; epididymo-orchitis |
| Case 7 (M.B.) | Male aged 38 years; cervical adenitis |
| Case 8 (M.G.) | Female aged 31 years; left axillary gland |
| Case 9 (S.S.) | Female aged 10 years; kidney |
| Case 10 (J.R.) | Male aged 56 years; kidney |

There was 1 inward transfer to the Borough (1 kidney).

Deaths

There was one death registered. This was a case coming to notice on the Registrar's returns. The cause of death was:—

"Acute adrenal failure following extension of a tuberculous abscess of spine. Insufficient evidence to say how caused." Post mortem. Inquest held.

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.
Under								
1 year	—	—	—	—	—	—	—	—
1- year	—	—	—	—	—	—	—	—
2- 4 years	1	—	—	—	—	—	—	—
5- 9 years	—	—	—	—	—	—	—	—
10-14 years	—	1	—	1	—	—	—	—
15-19 years	1	—	—	—	—	—	—	—
20-24 years	2	—	—	—	—	—	—	—
25-34 years	7	2	2	1	—	—	—	—
35-44 years	3	6	3	1	—	1	—	—
45-54 years	4	2	1	—	1	—	1	—
55-64 years	5	2	1	—	1	—	—	—
65-74 years	—	—	—	—	1	1	—	—
75 and over	—	—	—	—	—	1	—	—
Totals	23	13	7	3	3	3	1	—

1965	36	...	10	...	6	...	1
1964	44	...	4	...	11	...	—
1963	41	...	5	...	9	...	—
1962	39	...	1	...	10	...	1
1961	36	...	2	...	7	...	—
1960	86	...	1	...	12	...	2
1959	57	...	3	...	13	...	2
1958	49	...	14	...	11	...	1
1957	67	...	6	...	13	...	0
1956	98	...	11	...	15	...	4

Year	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Meningococcal Infection	Acute Polio-myelitis	Pulmonary	Non-Pulmonary	Total	Acute Primary Pneumonia	Acute Influenzal Pneumonia
1925	-	410	133	7	Notifiable from 23rd October, 1939	Notifiable from 13th January, 1939.	1	Notifiable from 1st January, 1949	1	2	174	79	253	•	•
1926	10	326	140	1	485	2,176	1		1	1	202	71	273	•	•
1927	19	188	205	1	342	533	1		1	1	178	69	247	•	•
1928	31	279	288	1	120	1,879	1		2	1	182	64	246	•	•
1929	18	668	221	1	509	520	1		1	1	170	57	227	•	•
1930	32	712	168	1	185	1,249	1		1	1	163	91	254	•	•
1931	-	272	88	1	177	455	1		1	1	169	80	249	•	•
1932	-	209	50	2	14	22	1		1	1	136	75	211	•	•
1933	-	407	135	2	Notifiable from 23rd October, 1939	Notifiable from 13th January, 1939.	1		1	1	150	66	216	•	•
1934	-	342	195	2	485	2,176	1		1	1	118	53	171	•	•
1935	-	588	218	2	342	533	1		1	1	100	50	150	•	•
1936	-	187	310	2	120	1,879	1		1	1	94	40	134	•	•
1937	8	214	275	2	509	520	6		4	1	108	60	168	•	•
1938	-	259	234	2	185	1,249	5		7	1	126	88	214	•	•
1939	-	324	72	2	177	455	1		3	1	115	55	170	•	•
1940	-	163	72	11	485	2,176	1		6	6	99	55	154	•	•
1941	-	190	69	8	342	533	3		26	1	108	31	139	•	•
1942	-	337	92	-	120	1,879	8		27	1	103	54	157	•	•
1943	-	434	188	-	509	520	1		17	-	113	51	164	•	•
1944	-	455	71	-	185	1,249	7		3	-	110	41	151	•	•
1945	-	309	62	-	177	455	28		3	-	111	40	151	•	•
1946	-	131	51	8	260	1,941	14		5	1	126	16	142	•	•
1947	-	94	56	-	145	854	1		5	14	120	33	153	•	•
1948	-	187	19	-	235	1,384	186		3	5	100	33	133	•	•
1949	-	393	8	2	211	1,076	188		2	1	89	34	123	•	•
1950	-	245	1	-	300	1,202	462		6	13(2)	82	23	105	•	•
1951	-	167	1	-	199	1,834	488		5	3(3)	104	20	124	•	•
1952	-	230	-	1	108	1,542	472		7	4(3)	133	21	154	•	•
1953	3	214	-	-	139	805	137		6	4(1)	83	20	103	•	•
1954	-	167	-	-	235	1,189	376		9	8(5)	70	23	93	•	•
1955	-	259	-	4	15	1,832	1,695		5	12(7)	59	20	79	•	•
1956	-	130	-	-	43	116	204		5	5	98	11	109	•	•
1957	-	72	-	-	139	2,625	85		4	5	67	6	73	•	•
1958	-	143	-	-	64	887	1,448		4	4(2)	49	14	63	•	•
1959	-	171	-	2	75	1,175	159		5	2	57	3	60	•	•
1960	-	76	-	†1	61	1,943	840		2	-	86	1	87	•	•
1961	-	125	-	-	45	562	189		6	18(1)	36	2	38	•	•
1962	-	55	-	-	5	593	166		2	1	39	7	46	•	•
1963	-	78	-	-	36	1,368	98		2	-	41	5	46	•	•
1964	-	52	-	-	122	1,485	439		-	-	44	4	48	•	•
1965	-	154	-	2	25	744	177		3	-	36	10	46	•	•

* Not available.

** Cases formally notified; figures in parentheses relate to cases ascertained following investigation.

*** Non-notifiable cases shown in parentheses; included in total figures.

DEATHS FROM CERTAIN NOTIFIABLE DISEASES FROM 1925--1965

Year	Population	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Meningococcal Infection	Acute Poliomyelitis	Tuberculosis			Acute Pneumonia	Acute Influenzal Pneumonia
												Pulmonary	Non-Pulmonary	Total		
1925	146,200	-	7	16	5	6	37	-	•	-	-	121	29	150	•	•
1926	143,000	-	4	19	2	47	23	-	•	-	1	112	47	159	•	•
1927	141,400	1	-	17	1	6	7	-	•	-	-	104	22	126	•	•
1928	143,200	-	-	35	-	4	9	-	•	2	-	115	24	139	•	•
1929	142,500	-	2	17	2	73	23	-	•	-	-	144	24	168	•	•
1930	142,500	-	8	17	-	2	21	-	•	-	1	103	36	139	•	•
1931	141,900	-	2	2	-	8	10	-	•	1	-	108	25	133	•	•
1932	138,900	-	-	1	1	15	18	-	•	3	1	104	19	123	•	•
1933	136,700	-	-	9	1	3	3	-	•	2	-	87	22	109	•	•
1934	135,200	-	1	25	2	18	19	-	•	3	-	97	11	108	•	•
1935	133,300	-	2	29	-	16	13	-	•	9	1	93	15	108	•	•
1936	131,000	-	2	23	-	3	5	-	•	8	-	81	18	99	80	3
1937	127,800	-	-	17	-	1	8	-	•	4	-	80	15	95	30	9
1938	126,100	-	-	12	-	1	4	-	•	1	1	71	17	88	32	5
1939	124,400	-	3	6	-	2	4	-	•	1	-	62	9	71	26	7
1940	118,400	-	2	7	-	7	4	-	•	5	-	52	9	61	41	4
1941	116,860	-	-	4	-	2	5	-	•	8	-	62	9	71	36	7
1942	114,300	-	-	5	-	7	1	-	•	2	-	62	9	71	27	6
1943	112,300	-	-	3	-	3	1	-	•	3	-	70	9	79	21	1
1944	112,170	-	-	3	-	4	2	-	•	2	-	63	12	75	19	1
1945	111,350	-	-	1	-	2	2	-	•	1	-	52	6	58	21	4
1946	116,240	-	-	3	-	1	3	-	•	1	-	63	13	75	14	-
1947	117,900	-	-	3	-	3	3	-	•	1	1	49	13	62	20	-
1948	120,600	-	-	1	-	1	2	-	•	-	-	39	9	48	18	6
1949	120,600	-	-	-	-	1	2	-	•	-	•••	32	5	37	18	3
1950	119,500	-	-	-	-	1	1	-	•	1	-	35	8	43	5	10
1951	119,450**	-	-	-	-	1	1	-	•	-	-	14	3	16	8	-
1952	119,800	-	-	-	-	1	-	-	•	-	-	24	2	26	11	3
1953	119,100	-	-	-	-	-	-	-	•	-	-	16	2	18	16	2
1954	120,340**	-	-	-	-	-	3	-	•	1	-	15	4	19	10	1
1955	120,400	-	-	-	-	-	-	-	•	-	-	13	-	13	11	23
1956	119,500	-	-	-	-	-	1	-	•	1	1	11	1	12	7	1
1957	118,800	-	-	-	-	-	-	-	•	1	-	12	2	15	9	19
1958	118,300	-	-	-	-	-	-	-	•	1	-	7	-	7	5	5
1959	117,800	-	-	-	-	-	-	-	•	-	-	10	1	11	12	10
1960	117,250	-	-	-	-	-	-	-	•	-	-	9	-	9	9	21
1961	115,280	-	-	-	-	-	-	-	•	-	-	9	-	9	10	6
1962	114,680	-	-	-	-	-	-	-	•	-	-	11	-	11	11	1
1963	114,220	-	-	-	-	-	-	-	•	-	-	6	-	7	16	-
1964	112,670	-	-	-	-	-	-	-	•	1	-	-	-	-	-	-
1965	111,480	-	-	-	-	-	-	-	•	-	-	-	-	-	-	-

* Not available.

** Borough Extension.

*** This was an inward transferable death, a female aged 24 years, who contracted the disease in the borough.

CANCER

The number of deaths attributed to cancer shows a decrease of 15, when compared with the figure for 1964.

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

1957	298
1958	283
1959	270
1960	270
1961	269
1962	242
1963	285
1964	277
1965	262

Analysis by Age and Sex Distribution

	Males	Females	Totals
0—14	—	—	—
15—24	—	1	1
25—34	2	1	3
35—44	3	4	7
45—54	18	19	37
55—64	42	26	68
65—74	42	41	83
75+	27	36	63
Totals ...	134	128	262

Localization of Disease

(Classified in accordance with the International Statistical Classification of Causes of Death).

I.C. No.	Site	Number		
		M.	F.	Total
	<i>Buccal Cavity and Pharynx</i>			
(140)	Lip	—	—	—
(141)	Tongue	—	—	—
(142)	Salivary Gland	—	1	1
(143)	Floor of Mouth	—	—	—
(144)	Other parts of mouth, and of mouth unspecified ...	—	1	1
(145)	Oral mesopharynx	1	1	2
(146)	Nasopharynx	—	—	—
(147)	Hypopharynx	—	1	1
(148)	Pharynx, unspecified	—	—	—

I.C. No.	Site	Number		
		M.	F.	Total
<i>Digestive Organs and Peritoneum</i>				
(150)	Oesophagus	4	6	10
(151)	Stomach	24	25	49
(152)	Small intestine, including duodenum	—	—	—
(153)	Large intestine, except rectum	9	17	26
(154)	Rectum	5	5	10
(155)	Biliary passages and of liver (stated to be primary site)	1	—	1
(156)	Liver (secondary and unspecified)	2	2	4
(157)	Pancreas	5	9	14
(158)	Peritoneum	—	1	1
(159)	Unspecified digestive organs	—	1	1
<i>Respiratory System</i>				
(160)	Nose, nasal cavities, middle ear and accessory sinuses	—	—	—
(161)	Larynx	—	—	—
(162)	Bronchus and trachea, and of lung specified as primary	31	9	40
(163)	Lung, unspecified as to whether primary or secondary	23	2	25
(164)	Mediastinum	—	—	—
(165)	Thoracic organs (secondary)	—	—	—
<i>Breast and Genito-Urinary Organs</i>				
(170)	Breast	—	15	15
(171)	Cervix uteri	—	6	6
(172)	Corpus uteri	—	1	1
(173)	Other parts of uterus, including chorionepithelioma ...	—	—	—
(174)	Uterus, unspecified	—	—	—
(175)	Ovary, Fallopian tube and broad ligament	—	4	4
(176)	Other and unspecified female genital organs	—	2	2
(177)	Prostate	3	—	3
(178)	Testis	1	—	1
(179)	Other and unspecified male genital organs	—	—	—
(180)	Kidney	1	1	2
(181)	Bladder and other urinary organs	9	2	11
<i>Other and Unspecified Sites</i>				
(190)	Skin (melanoma)	—	1	1
(191)	Skin (other)	1	—	1
(192)	Eye	—	—	—
(193)	Brain and other parts of nervous system	2	3	5
(194)	Thyroid gland	—	1	1
(195)	Other endocrine glands	—	—	—
(196)	Bone	—	—	—
(197)	Connective tissue	—	—	—
(198)	Lymph nodes (secondary and unspecified)	—	—	—
(199)	Other and unspecified sites	5	5	10

<i>I.C. No.</i>	<i>Site</i>	<i>Number</i>		
	<i>Lymphatic and Haematopoietic Tissues</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
(200)	Lymphosarcoma and reticulosarcoma	1	—	1
(201)	Hodgkin's disease	1	1	2
(202)	Other forms of lymphoma (reticulosis)	—	1	1
(203)	Multiple myeloma (plasmocytoma)	—	1	1
(204)	Leukaemia and aleukaemia	5	3	8
(205)	Mycosis fungoides	—	—	—

Deaths from cancer and lung cancer for the years 1952 to 1965.

(a) Lung Cancer—Sex Distribution

Year	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Males	30	38	45	42	46	45	49	39	46	43	47	54	58	54
Females	2	11	5	6	11	11	8	3	6	6	8	8	7	11

(b) Cancer deaths—Rates per thousand of population, 1952 to 1965.

Year	Population	Total Cancer Deaths	Rate per 1,000 Population	Deaths from Lung Cancer	Rate per 1,000 Population
1952	119,800	234	1.95	32	0.27
1953	119,100	296	2.49	49	0.41
1954	*120,340	285	2.36	50	0.42
1955	120,400	290	2.41	48	0.39
1956	119,500	277	2.32	57	0.48
1957	118,800	298	2.51	56	0.47
1958	118,300	283	2.39	57	0.48
1959	117,800	270	2.21	42	0.36
1960	117,250	270	2.30	52	0.44
1961	115,280	269	2.33	49	0.43
1962	114,680	242	2.11	55	0.48
1963	114,220	285	2.50	62	0.54
1964	112,670	277	2.46	65	0.58
1965	111,480	262	2.35	65	0.58

* Borough extension

VENEREAL DISEASES

There is a special clinic at Oldham and District General Hospital.
The days and times of the sessions held are as follows :—

<i>For Males:</i>	Monday	5-0 to 7-0 p.m.
	Thursday	10-0 a.m. to 12 noon
	Thursday	5-0 to 7-0 p.m.
<i>For Females:</i>	Monday	2-0 to 4-0 p.m.
	Monday	5-0 to 7-0 p.m.
	Wednesday	10-0 a.m. to 12 noon
	Thursday	5-0 to 7-0 p.m.

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	Ashton
Syphilis	25	1	—
Gonorrhoea	145	1	3
Other conditions	188	5	4
Totals ...	358	7	7

WATER SUPPLY

The Waterworks Engineer and General Manager (Mr. H. W. Allen) has kindly supplied the following information:

GENERAL. During 1925 the water supply of the Waterworks Department was by far the most satisfactory in the history of the County. The water supply was of the highest quality and was of the highest quantity. The water supply was of the highest quality and was of the highest quantity.

EXAMINATION OF WATER. Analyses were made throughout the year, a total of 100 samples were taken and analyzed by the Public Health Laboratory, London, and the following results were obtained:

Results	Source of Supply			
	Canals	Loos	Pipelines	Other
Raw Water				
1-10	1	1	1	1
11-20	1	1	1	1
21-30	1	1	1	1
31-40	1	1	1	1

SECTION VI

Environmental Hygiene

In 1925 the samples were taken from properties within the area of supply and all results were satisfactory. In the case of each of the 100 samples taken, the results were satisfactory. In the case of each of the 100 samples taken, the results were satisfactory.

All public water is continuously purified by the addition of chlorine before passing into the distribution system, and water supplied for trade purposes from the two distribution systems is also purified by the addition of chlorine.

Every three months throughout the year, chemical analyses of water from the four sources wherefrom water is distributed were made by the Borough Analyst with the following average results:

Results	Source of Supply (after clarification)			
	Canals	Loos	Pipelines	Other
Canals (Water Only)	8.2	12.0	1.0	1.0
Other	8.2	12.0	1.0	1.0
241 Value	8.2	12.0	1.0	1.0

WATER SUPPLY

The Waterworks Engineer and General Manager (Mr. H. W. Elton) has kindly supplied the following particulars:—

"GENERAL. During 1965, the water supplied by the Undertaking throughout the statutory supply area—which comprises the County Borough of Oldham and the Urban District of Chadderton, Crompton, Failsworth, Lees, Royton and Saddleworth (part)—was satisfactory in quality and quantity.

EXAMINATION OF WATER. Analyses were made throughout the year; a total of 451 bacteriological samples were tested by the Public Health Laboratory Service, with the following results:—

Results	Sources of Supply			
	Hanging			Readycon
<i>B. Coli</i> per 100 ml.	Castleshaw	Lees	Piethorne	Dean
<i>Raw Water</i>				
0	5	4	2	2
1-10	5	7	8	8
11-50	-	1	-	1
Over 50	2	-	1	1
<i>Treated Water</i>				
0	42	48	43	51
1	5	2	5	-
2-4	3	1	3	1
Over 4	2	1	1	-

In addition 196 samples were taken from properties within the area of supply and all results were satisfactory. In the case of each of the eleven unsatisfactorily treated water samples, further samples taken immediately proved excellent.

All potable water is continuously sterilised by the addition of chlorine before passing into the distribution system, and water supplied for trade purposes from the two Strinesdale reservoirs is also sterilised by the addition of chlorine.

Every three months throughout the year, chemical samples of water from the four sources wherefrom water is distributed were tested by the Borough Analyst with the following average results:—

	Source of Samples (after sterilisation)			
	Hanging			Readycon
	Castleshaw (filtered)	Lees	Piethorne	Dean (filtered)
Colour (Hazen Unit)	6.2	10.0	5.0	5.0
Odour	Nil.	Nil.	Nil.	Nil.
pH Value	8.4	6.7	7.0	7.4

ANALYTICAL RESULTS (in parts per million)	Hanging			Readycon
	Castleshaw (filtered)	Lees	Piethorne	Dean (filtered)
Solids in solution	92.0	100.0	116.0	90.0
Solids in suspension	Nil.	Nil.	Nil.	Nil.
Total hardness				
(as calcium carbonate)	37.5	33.2	42.2	30.0
Carbonate hardness				
(as calcium carbonate)	17.0	16.5	26.5	22.0
Non-carbonate hardness				
(as calcium carbonate)	20.5	16.7	15.7	8.0
Lead	Negligible	Negligible	Negligible	Negligible
Iron	0.03	0.15	0.07	Nil.
Manganese	0.2	0.3	0.15	0.2
Combined Chlorine	13.75	22.25	18.25	13.5
Free Chlorine	0.19	0.12	0.24	0.26
Nitrous Nitrogen	Nil.	Nil.	Nil.	Nil.
Nitric Nitrogen	0.56	0.54	0.49	0.56
Ammoniacal Nitrogen	0.08	0.07	0.21	0.11
Albuminoid Nitrogen	0.07	0.08	0.08	0.06
Oxygen absorbed in four hours				
at 27° C.	0.38	0.60	0.56	0.21
Free Carbon Dioxide	1.7	3.7	4.0	3.5

PLUMBO-SOLVENCY. All potable water is subjected to pH correction and quarterly samples are taken for Plumbo-Solvency determination. During the year four samples were taken from each of the four sources, from which water is at present distributed, and all sixteen results were satisfactory—14 at 0.05 p.p.m. or less Lead, and 2 at 0.2 p.p.m. Lead.

STATISTICS. The statutory area of the Undertaking comprises approximately 26 square miles, with an estimated population of 205,000. About 75,000 dwellinghouses are connected directly to this Department's mains, and no houses are now supplied from this Department's mains by means of common standpipes. The average quantity of water supplied for trade and domestic purposes during 1965 was over 10.5 million gallons per day".

SEWAGE TREATMENT

I am indebted to Mr. H. R. Walton, the Borough Engineer and Surveyor for the following report:—

"All the sewage and trade effluent from the Borough is treated at two sewage treatment works; a small one at Bardsley and the main Slacks Valley Sewage Works in the Urban District of Chadderton.

Bardsley Sewage Works

Total treatment flow 1965 100,765,000 gallons
(Includes recirculated effluent).

Average daily flow treated 1965 (,,) (,, ,,) 276,000 gallons

The treatment units at Bardsley Sewage Works consist of detritus channels for grit removal; a comminutor which macerates screenings without removal from the sewage flow; primary sedimentation tank; percolating filters, and a humus tank for settlement of the filter effluent before discharge to stream.

All sludge produced at the works was air dried on conventional drying beds. During 1965, because of the prolonged wet weather, the sludge took an extended time to dry and drying area was limited during the year.

Recirculation of final effluent has continued during 1965 during periods of low flow, this practice dilutes the sewage arriving at the works and keeps the percolating filters in good condition.

Effluent quality has been satisfactory throughout the year.

Slacks Valley Sewage Works

Total treatment flow 1965	2,963,820,420 gallons
Average daily flow treated 1965	8,120,000 gallons
Total wet weight of sludge removed 1965	37,560 tons

15.3 tons wet sludge per million gallons sewage.

The Slacks Valley Sewage works deal with the domestic sewage and trade effluents from the major part of Oldham, together with the adjoining districts of Lees and Springhead.

The works are situated at Foxdenton, Chadderton, and consist of the following methods of treatment:—

1. Detritus Channels and Screens.
2. Primary Sedimentation Tanks.
3. Activated Sludge Plant (Diffused Air).
4. Percolating Filters and Humus Tanks.
5. Storm Water Tanks.
6. Heated Sludge Digestion Tanks followed by Drying Beds and Lagoons.

The removal of grit and silt from the detritus channels continued to be improved both in quantity and quality, and the new grit dredger being in use throughout the year, the amount of grit found in the primary sedimentation tanks during the de-sludging operations being significantly reduced.

New screens which are to be installed upstream of the grit channels should further reduce any organic material present in the grit.

The rectangular primary sedimentation tanks have on average given fair removal of suspended solids during the year, but since manual cleaning is employed after removal of top water, are a potential source of odour problems during warm weather, as in the past bleaching powder was employed to combat possible nuisance during de-sludging operations.

The Activated Sludge Plant generally operated with fair results during the year but as in the past during any prolonged spells of dry weather suffered from lack of compressed air from the air compressors. In January, 1965, the porous domes used to diffuse the air were removed from one of the aeration channels principally to reduce the back pressures on the air compressors. No deterioration in mixing and aeration of the mixed liquor in this channel resulted and accordingly all domes were removed throughout the aeration plant. Effluent quality from the units during the year of running without diffusers varied little from that in previous years, and it is considered that running without diffusers has made the best use of the low air available at the works and has also significantly reduced the load on the air compressing plant.

Addition of anti-foam oil by drip feed kept detergent foam on the surface of the units under control during the year.

The final effluents leaving the percolating filters were mainly of fair quality during the year but tended to be high in suspended matter due to the low capacity of the humus tanks.

Insecticides for the control of fly nuisance were again used extensively during the Spring and Summer months and this treatment kept the fly population at reasonable proportions.

Sludge from the whole of the purification plant was treated in the heated Sludge Digestion Tank; the total capacity was used throughout the year and a good digested sludge was obtained. The whole volume of gas given off was used in the works for heating purposes.

The digested sludge from the digestion units was either removed to the sludge drying bed area or pumped into storage lagoons. Wet weather made the de-watering and drying of the sludge extremely difficult. The use of a track tractor during the year speeded up the removal from the drying beds of liftable sludge and the use of this track vehicle minimised the "blinding" of the surface media noticed previously with conventional wheeled machines.

Towards the end of the year the contract was let for the extension and reconstruction necessary for the treatment of the sewage flow of Chadderton in admixture with that of Oldham at the Slacks Valley Sewage Works. The present Chadderton works will be abandoned when the scheme is completed.

Construction of a high concrete panel fence along the works perimeter was almost completed at the end of the year. It is hoped that this will prevent the trespass and vandalism prevalent on the site in recent years."

PUBLIC CLEANSING

The Director of Public Cleansing (Mr. G. H. Cooper) has kindly supplied the following particulars relating to the year 1965.

' Refuse Collection and Disposal

With the exception of the various blocks of flats throughout the town where bulk storage containers are used and a section of the Fitton Hill Extension housing estate where a "pilot" scheme using paper sacks is in operation, all domestic refuse was temporarily stored in B.S.S. dustbins prior to weekly collection by motor vehicles, and along with trade and industrial wastes disposed of by means of Controlled Tipping at the Corporation's site, Roundthorn.

Summary of Work Done

Number of dustbins	46,331
Number of bulk refuse storage containers in use	127
Number of paper sack holders fitted	950
Number of emptyings of domestic receptacles ...	2,409,212
Household refuse collected	32,310 tons
Shop refuse collected	2,518 tons
Trade refuse delivered	6,500 tons
Total tonnage of refuse dealt with by Controlled Tipping	38,051

Dustbin Provision Scheme

A dustbin supply scheme, chargeable to the rates, was adopted by the Corporation in June, 1950, and from that date and up to the 31st December, 1965, 61,176 B.S.S. dustbins have been supplied, 2,709 of them during the year under review, also 127 Bulk Refuse Storage Containers, 60 of them during the year under review, and 950 Paper Sack Holders, 393 during the year.

Salvage

1,238 tons of salvage were recovered and sold, realising £9,722. An analysis of these figures is set out below:—

Commodity	Weight tons	Revenue £
Paper	694	6,459
Scrap Metals	237	1,499
Raw Kitchen Waste	307	1,764

Pail Closets

Unfortunately there are still 155 pail closets in the Borough. Conversions to the fresh water system at all properties involved have been deferred until certain civil engineering difficulties have been overcome.

Summary of Work Done

Number of pail closet emptyings	8,060
Number of loads of pail contents treated	78

Waste Water Closets

A scheme by which an allowance of 50 per cent of an approved estimate is granted to owners of houses where a waste water closet has been abolished or converted to a fresh water closet, was inaugurated

by the Corporation in December, 1951, and since that date and up to 31st December, 1965, 10,125 such conversions have been carried out, 650 during the year under review.

Summary of Work Done

Blockages cleared (W.W.C.s)	1,843
Drains cleared	66
Drains found blocked, requiring excavating	95
Tippers found not working and re-adjusted	35
Tippers, fittings, etc. found broken	232
New tippers, fittings, etc. fixed	114
Visits paid flushing latrines, etc.	5,880

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

Fresh water closets	32,247
Waste water closets	12,557
Latrines (houses)	115
Latrines (mills)	133
Pail closets	155

Street Cleansing

The 285 miles of streets and passages in the Borough were cleansed as follows:—

Daily	27 miles
Twice weekly	29 miles
Once weekly	114 miles
Less than once weekly	115 miles
Mileage of streets cleansed (exclusive of footpaths)	16,730

Gully Cleansing

Number of gullies in the Borough	20,900
Number of cleansings	35,733"

SWIMMING BATHS AND POOLS

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

During the year ending 31st December, 1965, the water in the whole of the Corporation Swimming Baths has been maintained in accordance with the Ministry of Health requirements.

Seven swimming pools contained in six establishments are incorporated in the department. The water used for initial filling, and regular weekly or bi-weekly replacement following filter cleansing is drawn from town's main from the Corporation's domestic supply reservoirs.

Filtration is carried out by modern sand pressure filters, capable of dealing with the whole of the swimming pool water in three to four

hours. The neutralising of nitrogenous matter in solution is achieved by the use of Sulphate of Alumina as a coagulant, aided by the continuous addition of the correct amount of Sodium Carbonate to maintain the alkalinity within the range Ph 7.2-7.8, to ensure correct filter precipitation.

Efficient sterilisation is carried out by the continuous application of chlorine by means of modern chlorinating equipment now installed at all establishments.

Samples of the swimming pool waters are taken at various intervals for the purpose of bacteriological examination and the reports have been satisfactory.

The dressing cubicles are disposed around the swimming pools and the cubicle floors, bath surrounds and appurtenances are regularly cleansed and sterilised with a solution of sodium hypochlorite. A system of locked cubicles for women and the use of clothes racks and storage has been instituted at Central Baths.

It is gratifying to note that the slipper bath facilities provided are very extensively used by the many Commonwealth immigrants residing in the town.

Smoke Emission

I am pleased to be able to inform you that the whole of the boiler plants at the various establishments in the Baths and Wash-Houses Department are now operating within the requirements of the Clean Air Act as follows:—

- (a) The Lowermoor, Glodwick and Hathershaw establishments are using coke as a smokeless fuel.
- (b) The boiler plants at the Central, Hollinwood, and Waterhead establishments are now equipped with modern mechanical stokers to enable coal to be used as boiler fuel, these stokers being approved appliances under the Clean Air Act.
- (c) The new Slipper Bath and Laundry establishment at Robin Hill is powered by a fully automatic oil-fired boiler.

New Central Baths

In the town building development programme the erection of a new Central Baths is considered by the members of the Markets and Baths Committee and the Town Council to be an essential priority. A building site has been allocated for this purpose, and the planning of this project will be completed as early as practicable to enable the scheme to be submitted to the Council for approval and eventual submission to the Ministry of Housing and Local Government.

The existing Central Baths, now one of the oldest bathing establishments in the country, whilst still serving a very useful purpose is now thoroughly obsolete and expensive to maintain. Over the past 60 years

the townspeople have enjoyed swimming and private bathing facilities second to none pro rata to population, but it is considered inevitable that the provision of a new and costly establishment must result in contraction of these facilities to a degree yet to be determined but governed by the redundancy of old establishments as they become beyond economic repair.

The proposed new Central Baths, subject to the approval of the Town Council and the Ministry of Housing and Local Government, will comprise a main pool 110 feet x 49 feet, a learner's pool 60 feet x 40 feet, a separate diving pool, slipper baths, café, Turkish baths, oil-fired boilers, filtration and sterilisation plants, and the usual general amenities.

The sketch plans have been prepared by the Borough Architect and are to be submitted to the Ministry forthwith and a decision regarding the provision of this new establishment is anticipated in the very near future.

ENVIRONMENTAL HEALTH SERVICES

I am indebted to Mr. D. Eckersley, Chief Public Health Inspector, for the following report:—

“To the Medical Officer of Health,
Sir,

I have pleasure in submitting my report for the year 1965. The most significant staff change during the year was the retirement of my predecessor, Mr. Harold V. Cass, in September, after serving for 28 years as the Chief Public Health Inspector. Mr. Cass saw many changes during this long period which covered the dark days of World War II, and he left behind a sound reputation in efficiency and devotion to duty which culminated in his well deserved inclusion in the 1966 New Year's Honours List with the award of the M.B.E.

The staff was further depleted during the year by two Inspectors taking up appointments with other Authorities who offered better amenities and financial reward, and where the environment is more attractive. In view of the shortage of Public Health Inspectors, four Technical Assistants were appointed in March to carry out routine Housing and Smoke Control inspections. Two of these Technical Assistants resigned later in the year to take up other appointments. In October a minor staff reorganisation took place when the post of Deputy Chief Public Health Inspector (Housing) became vacant and was redesignated Assistant Chief Public Health Inspector with housing duties as the main responsibility.

The establishment of Pupil Public Health Inspectors was increased from four to five in September and the additional post was filled immediately. During the year the method of training of Pupil Public Health Inspectors was revised and a new comprehensive system of training introduced with the object of improving the possibilities of each pupil qualifying at the first attempt.

The clearance of unfit properties accelerated during the year and 1,130 houses were represented, the majority being included in three large

Compulsory Purchase Orders. The five year programme for the period 1st January, 1961 to the 31st December, 1965 provided for the representation of 3,250 houses; this programme was in fact exceeded and 3,704 were represented during this five year period. Of this total, 3,413 houses were included in Clearance Areas, 62 houses in Unfitness Orders and 229 were Individual Unfit Houses.

Steady progress has been maintained during the year in the establishment of cleaner air, a yearly average of 1,000 properties being included in Smoke Control Orders. The Department continued to co-operate with the Ministry of Technology (formerly the Department of Scientific and Industrial Research) in recording smoke and sulphur dioxide concentrations.

Industrial fuel efficiency continues to reduce and eliminate atmospheric pollution from this source, and it is now accepted that the main culprit in smoke pollution is the domestic chimney. New industrial boiler plant is becoming more and more instrumented and automatic for greater efficiency, and the popularity of oil firing for new and existing plant is again very much in evidence from the prior approval cases considered during the year.

The inspection of premises under the Offices, Shops and Railway Premises Act has continued throughout the year and by 31st December, 1965 the total number of registered premises was 1,206. The majority of the shops and offices situated in the main central areas have now been formally inspected and the owners or occupiers notified in writing of the work necessary to bring their premises up to the required standards. It is regrettable that the work of revisiting premises is curtailed by the shortage of staff.

The work in connection with food hygiene has proceeded smoothly and during the year an intensive campaign was carried out which included film shows and lectures being given to catering staffs. A booklet on food hygiene was compiled and published by the Department, and distributed to the public and to various firms and organisations.

As a result of Pupil Public Health Inspector M. Dunkerley passing the qualifying examination, the number of districts within the Borough were increased from three to four, with a concurrent reduction in size thereby enabling the District Public Health Inspectors to widen the scope of their routine inspections.

A week-end school arranged by the North Western Centre of the Association of Public Health Inspectors at Lyme Hall, Disley, Cheshire, was attended by a Deputy Chief Public Health Inspector and a Senior Specialist Public Health Inspector.

In conclusion, I wish to tender by sincere thanks to yourself for the encouragement and co-operation I have received and to all members of the staff for their willing help when I took up the duties of Chief Public Health Inspector.

Yours faithfully,

D. ECKERSLEY,
Chief Public Health Inspector

Summary of Visits Carried Out by Public Health Inspectors

During the year 19,977 visits and 846 revisits were made by the Public Health Inspectors in connection with inspections under the various Acts:—

Inspections	Visits	Re-Visits	Total
Accumulations	208	55	263
Air raid shelters	11	—	11
Atmospheric pollution measurement	2,843	—	2,843
Clean Air Act—Interviews	233	—	233
Smoke observations	33	—	33
Inspection of Steam			
Raising Plants ...	14	—	14
Closets—Water	106	62	168
Waste water	308	122	430
Pail	12	—	12
Common lodging houses	2	—	2
Diseases of Animals Acts and Orders	28	—	28
Drainage—Choked drainage	681	231	912
Work in progress	204	10	214
Drain tests	224	9	233
Public sewers	174	32	206
Exhumations	1	—	1
Factories—Mechanical	20	5	25
Non-mechanical	5	3	8
Fertilisers and Feeding Stuffs	14	—	14
Houses in multiple occupation	13	—	13
Housing—Certificates of Disrepair ...	19	15	34
House Purchase	341	1	342
Improvement grants	31	—	31
Investigation of nuisance	517	98	615
Keeping of animals and birds	8	—	8
Litter	1	—	1
Marine Stores	1	—	1
Mortgage advance	32	—	32
Noise nuisance (abatement)	47	2	49
Offensive trades	7	—	7
Offices, Shops and Railway			
Premises Act	379	2	381
Oldham Corporation Act	2	1	3
Outworkers	6	—	6
Overcrowding	25	1	26
Pet Animals Act	11	—	11
Prevention of Damage by Pests			
Act	412	5	417
Rag Flock Act	10	—	10
Smoke Control Areas—Dwellings ...	3,002	—	3,002
Other premises	13	—	13
Exhibitions ...	36	—	36
Poster sites ...	108	—	108
Streams and watercourses	17	—	17

Inspections	Visits	Re-Visits	Total
Tents, vans and sheds	237	15	252
Vermin	183	9	192
Water supply	338	51	389
Yards and courts	2	—	2
Miscellaneous	1,889	36	1,925
Ineffective visits	4,919	4	4,923

Food Premises

Bakehouses—Mechanical	79	10	89
Non-mechanical	2	—	2
Food and Drugs	209	—	209
Food Hygiene Regulations—			
Meat Shops	130	6	136
Restaurants and Cafes	116	3	119
Fishmongers	11	—	11
Grocers	103	7	110
Stalls and markets	174	—	174
Fish and chip shops	27	1	28
Mobile food van	4	—	4
Others	56	1	57
Milk—Dairies and milkshops	92	1	93
Dealers and distributors.....	35	—	35
Registration—Food preparation			
premises	18	—	18
Ice cream premises ...	23	—	23

Inspections

School kitchens—Meat	134	—	134
Slaughterhouses	540	—	540
Inquiries—Infectious diseases	246	—	246
Food poisoning	121	32	153
Dysentery	6	—	6
Paratyphoid contacts ...	69	16	85
Brucellosis	6	—	6
Disinfection	49	—	49
	<hr/> 19,977	<hr/> 846	<hr/> 20,823

Summary of Action Taken and Work Done

Cases reported to Committee	1,211
Complaints	3,237
Matters referred to other departments	704
Letters to owners, etc.	2,204

Offensive Trades

No offensive trades were commenced or discontinued during the year. The following were in operation at the end of the year.

Gut Scrapers	1
Hide and Skin processing ...	1
Tripe Boilers	1
Fat Melters and Extractors	1

There were 7 visits made to these premises. No notices were served in respect of defects.

Marine Stores

No new marine stores were established during the year and none discontinued. At the end of the year there were 6 known marine stores in the Borough.

Common Lodging Houses

No new registrations were made and no registration was cancelled. At the end of the year, one common lodging house with accommodation for 8 men remained registered. During the year 2 visits were made, and the property was maintained in good condition. No premises are registered for the accommodation of women.

Bakehouses

There are 120 bakehouses in the Borough the majority of which satisfy the statutory requirements. In some instances, however, it was necessary to draw the attention of certain proprietors to the existence of unsatisfactory conditions, which were subsequently remedied without recourse to further action.

One basement bakehouse remains in use, the Council having renewed the certificate permitting this for a further period of 5 years from the 1st October, 1964.

There were 91 visits made to bakehouses.

Contravention of the Public Health Act, 1936

(Sections 92, 93 and 94)

Legal proceedings were instituted against a local estate agent for failing to comply with a nuisance abatement notice. The work was effected before the case was heard in court and the summons was therefore withdrawn.

Noise Abatement Act, 1960

Complaints of noise nuisance have again been very much in evidence and during the year 13 such complaints were received involving a total of 49 visits, many of which were outside normal office hours.

Complaints were received in two cases regarding laundrettes where the noise from the laundrette equipment was reaching adjoining dwellings. In both cases this contravened planning permission conditions and action was taken accordingly to eliminate the noise by insulation.

In three cases, complaints were made regarding excessive noise from beat music groups, and following representations to tone down the amplifiers all the groups eventually moved elsewhere.

A complaint of noise from a refrigerator in a butcher's shop resulted in several evening observations being taken, but it was considered that the noise did not constitute a nuisance which required formal action by this Department.

A complaint of noise from an air compressor machine in a large factory was remedied by a silencer being fitted on the exhaust line of the machine.

A noise emanating from an extractor fan sited on the roof of an industrial concern, and noted in the 1964 report, received further attention during the year, and following the ducting of this away from dwellings in the vicinity no further complaints were received.

Visits were still proceeding on the alleged noise nuisance from a metal reinforcement manufacturer reported in the 1964 report. During the year a sound proofed extension was built at the end of the factory premises adjacent to the dwellings and observations were still being taken at the end of the year.

A noise complaint from a foundry was investigated, together with other complaints from this source, but no noise nuisance could be substantiated, apart from the normal day time noises associated with an industry of this kind.

Three other cases of noise were dealt with informally, and these related to the banging of a betting shop door, lorries revving engines and dogs at a Centre of the N.S.P.C.A.

CLEAN AIR ACT, 1956

ATMOSPHERIC POLLUTION

Atmospheric pollution continued to receive close attention during the year as will be seen from the details in the report. Industry continues to modernise its boiler plant more and more, with the consequent higher efficiencies meaning the complete elimination of smoke. Oil firing is again very much in evidence in new plant installations considered for prior approval purposes during the year.

It is estimated that more than 80% of smoke pollution in the Borough is attributable to the domestic chimney, and its low level emission is very noticeable in the densely populated sections of the town. Progress with smoke control areas is however being maintained, and every effort is being made, in spite of many difficulties, to increase the number of dwellings annually brought within Smoke Control Orders.

There is a slow but steady improvement in the pollution figures obtained daily from our measuring instruments situated throughout the Borough, this being more marked of course in a smoke control area,

Prior Approval of Industrial Furnaces

Sixteen applications (involving eighteen furnaces) together with plans and specifications, were submitted with a request for prior approval. Visits to the sites were made in all cases with representatives from the Borough Architect's Department, and approval under Section 3 of the Act was granted in all instances. Where new chimneys have been involved careful consideration has been given to construction and height to avoid high ground level sulphur concentrations and afford adequate dispersal of the products of combustion.

Details of new plant are as follows:—

Oil fired air heaters	3
Oil fired boilers	7
Oil fired packaged boilers	5
Oil firing to existing boilers	2
Sectional boiler with automatic solid smokeless fuel stoker	1

Notification only was received in respect of the following installations:—

Oil fired air heaters	2
Oil fired boilers	2
Gas fired boilers	3

These cases were similarly investigated and found to be satisfactory installations.

Burning on Open Land

Complaints were received during the year regarding the burning of various waste materials on open land and in all cases visits by officers of the Department were made and following discussions and correspondence with the persons concerned the nuisances were remedied. These were as follows:—

- Burning of wood waste in four instances;
- Burning of general refuse in four instances;
- Burning of cement bags on a building site;
- Burning of waste paper at a paper mill;
- Burning of confidential documents;
- Burning of upholstery waste;
- Burning of paint off metal;
- Burning of a tip containing old respirators following a factory fire;
- Burning for demolition purposes adjoining other dwellings.

Other Nuisances

A complaint was received regarding the emission of sawdust from a wood workshop. An extractor and bagging plant was in operation and it was found that plans were proposed for completely enclosing the plant to prevent sawdust escaping.

A complaint was also received regarding a nuisance from dust arising from coal bagging being carried out in a passage alongside dwelling houses. The firm concerned ceased this practice and moved the business to isolated premises elsewhere.

Scrap Dealers

Regular routine visits were again made to the scrap dealers in the town to obviate any nuisance arising from the recovery of scrap metal.

Pollution from Iron Foundries

Regular observations of the Cupola Cold Blast Furnaces within the Borough continues to be made to control as far as practicable emissions from this source. It was found necessary to take statutory action in respect of one foundry where observations showed excessive smoke emission. This resulted in a meeting at the foundry together with technical representatives, and the whole problem was fully discussed. It was agreed that more careful control of the textile scrap charged would be made and observations since have shown a marked reduction in the emissions. This particular foundry is equipped with wet spark grit arresters.

Dark Smoke (Permitted Period) Regulations, 1958

During the year 33 smoke observations were taken and in only three instances were excessive emissions noted.

In one instance the fault was due to the air/fuel ratio in an oil fired plant and this was quickly remedied. Another case concerned an underloaded mechanically fired solid fuel boiler in premises undergoing extensive change and alterations and discussions with the management resulted in better control. The remaining case was also due to boiler underloading and at the end of the year correspondence was ensuing with the management regarding modernisation of this plant.

All industrialists now realise that smoke emission is simply bad economy and industrial chimneys continually belching smoke are a thing of the past.

Smoke Control Areas

<i>Area</i>	<i>Operative Date</i>
The Oldham No. 1 (Littlemoor Lane Re-Development Area) Smoke Control Order, 1960	1st December, 1961
The Oldham No. 2 (Fitton Hill Extension) Smoke Control Order, 1960	1st November, 1961
The Oldham No. 3 (Holts) Smoke Control Order, 1961	1st July, 1962
The Oldham No. 4 (Alt) Smoke Control Order, 1961	1st December, 1962
The Oldham No. 5 (Bardsley) Smoke Control Order, 1962	1st November, 1963
The Oldham No. 6 (Garden Suburb) Smoke Control Order, 1964	1st July, 1965

The Oldham No. 7 (Hollins/Limeside) Smoke Control Order, 1965.

This Order covers mainly Corporation pre-war dwellings and owing to no guarantee of gas, coke and phimax for this area, improved open grates were designated as unsuitable for installation. This means that grant is only available for assisted draught fires and room heaters where solid smokeless fuel is desired. Confirmation of the Order was still awaited at the end of the year.

The Oldham No. 8 (Clarkwell Street Redevelopment) Smoke Control Order 1965.

This Order covers Corporation redevelopment entirely, the dwellings having off-peak electric underfloor heating. Confirmation of the Order was still awaited at the end of the year.

The Oldham No. 9 (Crete Street Redevelopment) Smoke Control Order.

This Order has equal proportions of Corporation redevelopment and private dwellings. Inspection of the area is practically complete and it is anticipated that the Order will be submitted early in 1966.

An exhibition was held in the No. 6 Area at the beginning of the year at a large pavilion (kindly loaned by the Garden Suburb Tenants' Association), and our thanks are also due to the Coal Utilisation Council, the North Western Gas Board and the North Western Electricity Board for providing the fires for display. The exhibition was staffed by members of this Department and representatives of the three organisations and was well attended and certainly of value in the smooth implementation of this particular Order.

Analysis of Smoke Control Areas

AREA	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7	No. 8	No. 9	TOTAL
Acreage	39.38	112	518	205	472	196.57	77.5	6.1	29.8	1656.35
Private Dwellings	207	47	67	61	238	661	77	—	392	1,750
Local Authority Dwellings	530	883	1,008	537	52	45	802	134	383	4,374
Commercial Premises	11	3	10	3	7	33	3	—	8	78
Industrial Premises	3	1	—	—	5	3	—	—	—	12
Others	1	5	2	2	14	1	5	1	1	32
Total Premises	752	939	1,087	603	316	743	887	135	784	6,246
Date submitted to Ministry	3. 8.60	3. 8.60	15. 5.61	17. 1.62	18.12.62	8. 6.64	6. 5.65	17.11.65		
Objections received	3	—	49	—	—	—	—	—		
Objections withdrawn	1	—	49	—	—	—	—	—		
Date of Public Inquiry ...	25. 1.61	—	—	—	—	—	—	—		
Date of Confirmation	18. 5.61	28. 4.61	26.10.61	8. 5.62	26. 4.63	4. 9.64				
Date of Operation	1.12.61	1.11.61	1. 7.62	1.12.62	1.11.63	1. 7.65				

*Estimated and Final Costs involved in Smoke Control Areas
Nos. 1-5 (inclusive)*

Smoke Control Order No.	Approved Estimate	Final Costs	
		Cost	Percentage
1	£3,900 0 0	£2,855 4 2	73%
2	£900 0 0	£655 14 10	73%
3	£2,743 4 9	£1,692 7 1	62%
4	£1,497 0 0	£830 13 10	55%
5	£8,045 0 0	£4,599 4 7	57%

The increased differentials between the estimated and final costs in respect of Orders Numbered 3, 4 and 5 are mainly due to some owner/occupiers not adapting or converting appliances in accordance with the local authority schedule; by adapting appliances outside the prescribed period; installing portable appliances, and/or claiming exemption for ignition purposes.

Furthermore in all the areas covered so far few claims have been made for re-decoration where disturbance has been caused.

General

During the year 3,015 visits were made to dwellings and other premises within confirmed or proposed Smoke Control Areas. These visits consisted of detailed surveys, inspection of works of adaptation, advice on choice of appliances and demonstrations in the correct use of smokeless fuels.

In addition 35 visits were made to contractors regarding installations in Smoke Control Areas.

There were 99 visits to industrial premises for the purpose of interviews with technical representatives and industrial management and for the inspection of steam raising plant.

Every available opportunity has again been taken to promote cleaner air by publicity, exhibitions and lectures with films to local organisations.

Investigation and Measurement of Atmospheric Pollution

The measurement of smoke and S.O₂ was carried out by the use of volumetric apparatus sited at the following positions throughout the Borough:—

Fitton Hill Secondary Modern School

Derker " " "

Hollinwood " " "

Henshaw's " " "

Clarksfield " " "

Henshaw's Secondary Modern School Annexe, Robin Hill

Limeside Clinic

Stationery Department, Ashcroft Street

Honeywell Lane Clinic

The volumetric apparatus at Fitton Hill and Derker are operated by the scholars, under the supervision of the science master, the remainder are operated by the staff of the Department.

The analyses obtained from the instruments are published in the Atmospheric Pollution Bulletin of the Ministry of Technology and are shown in the accompanying tables.

Co-operation with Voluntary Organisations

The following contributions were made to voluntary bodies during the year:—

National Society for Clean Air £26 5s. 0d.

Manchester & District Regional Clean Air Council £2 2s. 0d.

Standing Conference of Co-operating Bodies of the

Investigation of Atmospheric Pollution £5 5s. 0d.

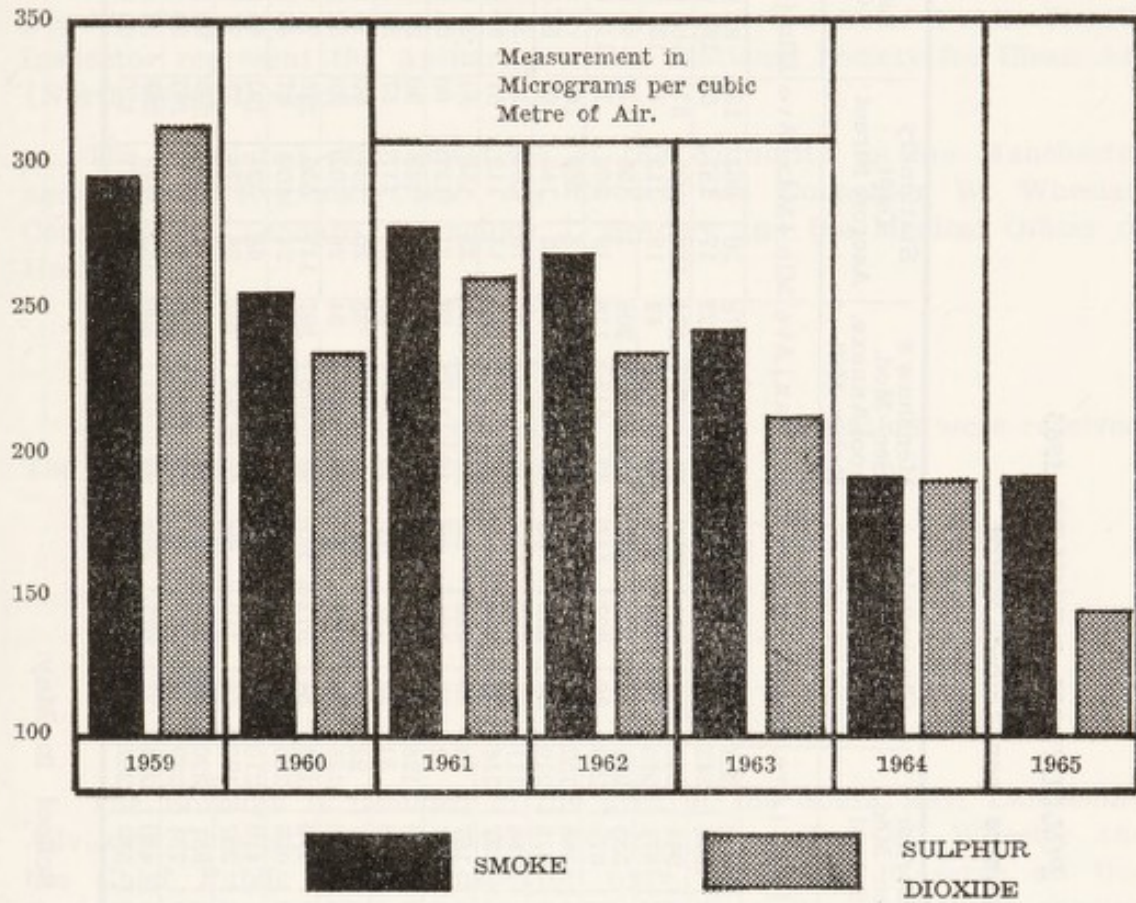
Combustion Engineering Association £15 0s. 0d.

Clean Air Information Service £10 10s. 0d.

DECREASE OF ATMOSPHERIC POLLUTION

OLDHAM

1959-1965



ATMOSPHERIC POLLUTION RESULTS 1965
Microgrammes per Cubic Metre

STATION	Henshaw's Sec. Mod. School	Hollinwood Sec. Mod. School	Fitton Hill Sec. Mod. School	Darker Sec. Mod. School	Clarksfield Sec. Mod. School	Henshaw's School Annex, Robin Hill	Stationary Dept., Ascroft Street	Limeside Clinic	Honeywell Lane Clinic
MONTH	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.
JAN.	148 1074 232 122 1307 364	153 1294 465 108 996 420	18 364 120 65 377 181	101 1262 359 79 1332 343	83 517 214 65 337 140	64 883 378 13 58 23	20 663 196 17 187 57	91 577 273 198 852 339	— — — — — —
FEB.	123 1036 304 136 944 311	125 682 331 97 481 324	32 490 146 65 458 188	95 944 330 143 871 276	142 460 266 73 343 187	51 379 174 32 116 43	186 1295 374 18 113 70	63 613 249 131 700 300	— — — — — —
MARCH	69 512 171 25 551 179	135 412 247 89 336 191	2 181 34 10 612 155	71 585 201 110 612 239	32 322 129 36 207 114	28 591 206 32 415 118	1 465 134 19 266 70	45 467 190 118 460 273	17 354 162 91 607 205
APRIL	73 348 149 24 284 81	87 270 141 82 371 165	8 149 60 27 199 101	48 368 152 69 518 210	32 217 133 29 206 92	42 425 167 19 216 72	78 265 168 33 149 69	69 314 160 55 511 232	33 248 135 35 291 169
MAY	— — — — — —	64 214 134 32 269 145	1 59 29 13 126 80	54 186 111 38 237 116	57 186 110 24 128 63	17 103 50 8 151 55	76 264 136 13 113 57	34 188 128 69 223 154	18 223 118 28 220 105
JUNE	— — — — — —	23 148 65 26 220 126	4 54 23 16 126 58	19 187 84 32 181 91	20 126 62 12 124 56	11 78 37 18 119 59	35 158 81 21 127 60	39 160 84 66 263 137	43 144 78 20 258 100
JULY	— — — — — —	21 153 97 45 229 133	18 63 50 15 100 55	76 229 126 41 168 81	23 131 85 28 122 77	24 65 43 12 140 58	45 149 90 30 117 57	29 98 54 38 154 76	28 136 81 69 200 124
AUG.	— — — — — —	25 239 82 29 239 129	12 69 39 26 170 88	15 167 92 38 233 125	14 172 73 23 73 37	24 54 35 18 100 54	20 157 90 26 103 53	19 112 49 31 173 89	17 136 63 39 178 98
SEPT.	— — — — — —	100 576 227 57 400 198	12 315 86 38 281 116	69 490 196 70 635 235	64 371 167 23 97 80	82 535 197 70 301 171	117 539 227 24 100 47	71 769 175 46 558 156	89 556 209 43 314 227
OCT.	— — — — — —	92 548 257 41 399 219	17 201 70 24 154 82	61 412 210 62 357 192	51 410 139 14 112 60	104 390 207 68 366 202	68 321 191 26 174 79	44 323 149 77 342 161	44 287 167 80 345 169
NOV.	— — — — — —	108 1453 367 104 883 292	5 357 76 24 244 89	133 931 320 120 734 269	56 474 210 13 186 61	112 1284 330 29 582 153	114 1291 299 46 335 157	90 849 249 39 626 217	76 716 244 127 429 258
DEC.	— — — — — —	94 1120 339 147 848 371	61 610 199 121 572 243	139 430 244 112 580 281	27 677 295 26 130 62	98 631 306 39 299 134	163 749 308 44 377 120	25 516 221 65 440 205	39 756 301 82 719 297

* The apparatus was removed from Henshaw Secondary Modern School in May.

The Medical Officer of Health and the Chief Public Health Inspector represent the Authority at the Standing Conference of Co-operating Bodies for the Investigation of Atmospheric Pollution.

The Chairman of the Health Committee, Alderman F. Baxter, the Deputy Chairman, Councillor W. Wheeler and the Chief Public Health Inspector represent the Authority on the National Society for Clean Air (North West Division).

The appointed representatives of the Authority on the Manchester and District Regional Clean Air Council are Councillor W. Wheeler, Councillor G. Leonard, Councillor J. Bradley and the Medical Officer of Health.

RODENT CONTROL

During the year 1,161 complaints of rodent infestation were received. The results of investigations were as follows:—

Defective drainage	227
Stray rats	262
Mice	668
Moles	4
Re-visits	1,508

The Borough is included in the area of the South East Lancashire Advisory Committee for Rodent Control; Councillor W. Wheeler and the Chief Public Health Inspector were nominated to serve on this Committee as representatives of the Health Committee during the ensuing year.

Prevention of Damage by Pests Act, 1949

Legal proceedings were instituted against the owners of two Asiatic grocers for failing to notify the Local Authority of the presence of rats.

In one instance the Magistrate dismissed the case because the ownership of the business was not proved and in the other the defendant was fined £4.

Sewer Maintenance Treatments

The treatment of sewers by direct poisoning using the muslin bag method continued throughout the year. Four treatments were made, three complete and the fourth on the worst affected areas.

A 2% fluoroacetamide bait is used. This is purchased as a 3% mix with a Pinhead Oatmeal base. It is reduced to a 2% mix with the addition of Pinhead Oatmeal, Technical White Oil and Sugar. In previous years it was the practice to change the bait base each subsequent treatment. Experience has shown that there is no bait shyness from fluoroacetamide and to change the bait base is not necessary.

Due to restrictions on the use of fluoroacetamide it can now only be purchased as a ready mix bait with Pinhead Oatmeal as the base. The following is a summary of the treatments carried out:—

	Fluoroacetamide Treatment			
	1	2	3	4
No. of manholes	4,447	4,447	4,447	4,447
No. of manholes baited	3,395	3,319	3,226	183 (serious areas only)

No. of defective manholes reported to Borough Engineer for attention 531

Test Baiting

No test baiting was carried out during the year. It was considered that the information derived from the previous years test bait would enable a more concentrated treatment to be made, following up with a fourth treatment on the worst affected areas of the town.

FACTORIES ACTS

It was again not possible to undertake routine visits to factories during the year and visits were only made on receipt of a complaint.

In accordance with Section 153 of the Factories Act, 1961, the following particulars under Part I and Part VIII of the Act are submitted:—

PART I OF THE ACT

I. —INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	N.Mech. 44	8	informal 10 formal 1	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	Mech. 663	25		...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)
TOTAL ...	707	33	11	...

II.—Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecution were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	5	...
Overcrowding (S.2)
Unreasonable temperature (S.3)
Inadequate ventilation (S.4)
Ineffective drainage of floors (S.6)
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1
(b) Unsuitable or defective ...	2	2	...	10	...
(c) Not separate for sexes	1	...
Other offences against the Act (not including offences relating to Outwork)	2	2	...	1	...
TOTAL	5	5	...	17	...

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

PART VIII OF THE ACT

Outwork

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices Served (6)	Prosecutions (7)
Wearing apparel Making etc.	45 (2 lists)	—	—	—	—	—

Offices, Shops and Railway Premises Act, 1963

General inspection of offices and shops was carried out during the year by the limited staff available. The table shows the extent of the progress during the year.

Registrations and General Inspections

Class of Premises	Number of Premises Registered During the Year	Total Number of Registered Premises at the End of Year	Number of Registered Premises Receiving a General Inspection
Offices	37	302	117
Retail Shops	85	647	170
Catering Establishments open to Public—Canteens	20	198	—
Wholesale Shops and Warehouses	10	46	1
Fuel Storage Depots	—	2	—
Totals	152	1,195	288

A total of thirty-seven accidents were notified to the Department during the year. If considered necessary the accidents are investigated to assess if negligence is the cause or whether dangerous conditions exist.

As a result of one investigation a local firm was prosecuted and fined £5 0s. 0d. plus 10s. 0d. costs for allowing a boy of sixteen years to clean a mechanical slicing machine whilst in motion.

The Information for Employees Regulations, 1965, came into operation on the 1st June. This legislation requires an abstract copy of the Act to be posted in a conspicuous position in premises to which the Act applies or a copy of the Explanatory Booklet to be given to each employee.

Article 4 of the Offices, Shops and Railway Premises First Aid Order, 1964, came into operation on 1st September, 1965. This requires that in premises where there are more than 150 employees, the person in charge of the First Aid Treatment must be a registered or enrolled nurse or the holder of a current First Aid Certificate recognised by the St. John's Ambulance Association, British Red Cross Society or St. Andrew's Ambulance Association.

During the month of November the inspection of premises necessitated the detailed report on lighting to be made. Light readings were taken in all the premises inspected and from the information derived the Ministry will consider whether future Regulations for standards of lighting will be obligatory.

Pet Animals Act, 1951

The Chief Public Health Inspector and Deputy Chief Public Health Inspector are the appointed authorised officers for the purposes of inspection. At the end of the year 9 premises were licensed and 11 visits had been made. All the premises were found to be kept in a satisfactory condition.

Riding Establishments Act

The above Act came into operation on the 1st April and requires that all Riding Establishments must be licensed by the Local Authority subject to a satisfactory report of the premises by the appointed Veterinary Officer.

In April the Council approved that the Chief Public Health Inspector, the Deputy Chief Public Health Inspector, Mr. P. N. Banks, B.Sc., M.R.C.V.S., and Mr. J. McFarland, M.R.C.V.S. be appointed authorised officers for the purposes of inspection.

One licence was granted during the year.

Animal Boarding Establishments Act, 1963

The Chief Public Health Inspector and the Deputy Chief Public Health Inspector are the appointed authorised officers for the purposes of inspection. No application for licences was received during the year.

Diseases of Animals Acts

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

Swine Fever

In April an outbreak of Swine Fever occurred at a farm within the Borough, the necessary action was taken in collaboration with the officers of the Ministry of Agriculture, Fisheries and Food.

Contravention of the Swine Fever Order, 1963

Legal proceedings were instituted against a local farmer for contraventions of Rules 4 and 5 of Article 6. The defendant was fined a total of £40 plus 6 guineas costs.

Diseases of Animals (Waste Foods) Order, 1957

At the beginning of the year 10 premises were licensed for the operation of plant and equipment. No application for licence was received and no licences were cancelled during the year.

Fertilizers and Feeding Stuffs Act, 1926

There were 21 samples of feeding stuffs sent for examination. The following samples were reported as "Not in accordance with the Statutory Statements".

Pedigree Dairy Nuts/Meal

Informal sample contained 2% less oil than was declared in the Statutory Statement. The follow up sample was reported to be satisfactory.

Hi Yield Dairy Nuts/Meal

Informal sample contained 2.5% less oil than was declared in the Statutory Statement. The formal follow up sample contained 1.6% less oil than was declared in the Statutory Statement. The manufacturer stated that as maize germain was in short supply during the winter months, maize meal was used and this has a much lower oil content. The firm further stated that the meal does not impair the quality of the compound and is more expensive.

There were 14 visits made to the premises.

Rag Flock and Other Filling Materials Act, 1951

There were 2 new premises registered during the year.

Details of the registered premises throughout the year are as follows:—

(a) for manufacture of bedding	2
(b) for upholstering	5

Ten visits were made to these premises.

There were 6 samples of rag flock and other filling materials taken during the year and all conformed to the requirements of the Act.

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:

1. *Inspection of Dwellinghouses During the Year.*

- | | |
|---|-------|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 4,085 |
| (b) Number of inspections made for the purpose | 6,186 |
| (2) (a) Number of dwelling-houses (included under sub-heading (1) above), which are inspected and recorded under the Housing Consolidated Regulations, 1925 | 1,974 |
| (b) Number of inspections made for this purpose ... | 2,246 |

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	705
---	-----

3. *Action Under Statutory Powers During the Year*

(A) PROCEEDINGS UNDER SECTIONS 9, 10 AND 12 OF THE HOUSING ACT, 1957.

- | | |
|---|----|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | 84 |
|---|----|

(2) Number of dwelling-houses which were rendered fit after service of formal notices:	
(a) By Owners	52
(b) By Local Authority in default of owners	27

(B) PROCEEDINGS UNDER PUBLIC HEALTH ACTS.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	299
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:	
(a) By Owners	81
(b) By Local Authority in default of owners	254

(C) PROCEEDINGS UNDER SECTIONS 16 AND 23 OF THE HOUSING ACT, 1957.

(1) Number of dwelling-houses in respect of which Demolition Orders were made	75
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	63

(D) PROCEEDINGS UNDER SECTION 18 OF THE HOUSING ACT, 1957.

(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 Slum Clearance Programme for the period 1961 to 1965 was submitted to the Ministry of Housing and Local Government in 1960 and provided for the demolition of 3,250 houses by the 31st December, 1965. During this period 3,704 houses were represented and 2,819 houses were demolished.

The following is a summary of the houses represented and demolished during the years 1943 to 1965.

Year	Representations		House in Unfitness Orders	Fit Houses in Compulsory Purchase Orders	Houses Demolished					
	Individual Unfit Houses	In Clearance Areas			Individual Unfit Houses	In Clearance Areas	Fit Houses in Compulsory Purchase Orders	Voluntary by Owners	Temporary (Prefabricated)	Totals
1943/59	1,032	721	—	120	927	160	8	240	—	1,335
1960	89	196	—	14	40	371	59	30	—	500
1961	18	396	—	32	79	97	18	17	217	428
1962	58	1,134	62	58	38	216	41	10	112	417
1963	21	671	—	14	35	276	15	23	1	350
1964	50	164	—	11	47	878	27	49	—	1,001
1965	82	1,048	—	52	63	786	63	21	—	933
Totals	1,350	4,330	62	301	1,229	2,784	231	390	330	4,964

Individual Unfit Houses

There were 82 houses represented. Demolition Orders were made in respect of 75 houses and closing orders were made in respect of 2 houses. This involved the displacement of 37 families totalling 87 persons.

In 5 cases, details of ownership were not completed and it was therefore not possible to arrange for the Housing Committee to give consideration to these properties before the end of the year.

*Summary of Individual Unfit Houses—
Represented During the Years 1943-1965*

(a) Houses Represented:

Year	Houses Represented	Representations not accepted nor deferred	Demolition Orders made	Undertakings accepted	Closing Orders made	Houses Demolished	Houses awaiting demolition
1943	12	—	12	—	—	12	—
1944	11	—	11	—	—	11	—
1945	20	—	20	—	—	20	—
1946	37	—	37	—	—	37	—
1947	48	—	48	—	—	48	—
1948	40	—	39	1 (1)	—	40	—
1949	14	—	14	—	—	14	—
1950	14	—	8	6 (6)	—	14	—
1951	11	—	11	—	—	11	—
1952	7	—	7	—	—	7	—
1953	20	1	4	—	—	19 (15)	—
1954	88	—	76	3	9 (1)	77	—
1955	200	—	172*	16 (7)	12 (3)	180	1
1956	216	1 (1)	205	—	10 (4)	210	—
1957	182	—	177	—	5 (2)	179	—
1958	75	—	69	5	—	70 (1)	—
1959	37	—	33	—	4 (2)	35	—
1960	89	—	66	—	2	87 (21)	—
1961	18	—	18	—	—	18	—
1962	58	—	57	—	—	53 (1)	5
1963	21	—	21	—	—	21	—
1964	50	—	49	—	—	49	—
1965	82	—	75	—	2	21	54
Totals	1350	2	1229	31	44	1233	60

* One Demolition Order revoked.

The figures in parentheses relate to houses demolished subsequently or before Demolition Orders were made.

(b) *Persons Rehoused*

Year	Houses represented	No. of families	No. of persons	Position as at 31st Dec., 1965			
				Houses Vacated or Empty	Persons Rehoused		Total No. of persons awaiting re-hous'g
					By Corporation	By Own arrangements	
1943 to 1958	995	930	2691	995	2228	463	...
1959	37	24	76	37	50	26	...
1960	89	62	196	89	140	56	...
1961	18	39	38	18	23	16	...
1962	58	37	98	57	77	20	1
1963	21	16	58	21	45	13	...
1964	50	30	79	49	51	28	...
1965	82	41	104	57	19	17	68

CLEARANCE AREAS AND COMPULSORY PURCHASE ORDERS

The following Clearance Areas were represented to the Housing and Corporate Property Committee on the dates stated:—

St. Mary's (Fisher Street) Compulsory Purchase Order No. 5, Clearance Areas Nos. 1 and 2	6. 1.65
Blanche Street Compulsory Purchase Order/Clearance Area	3. 3.65
Moorhey Street Clearance Area No. 3	3. 3.65
Limeside Road Compulsory Purchase Order/Clearance Area	5. 5.65
West Street Compulsory Purchase Order No. 1/Clearance Area	5. 5.65
St. Mary's (Higginshaw) Compulsory Purchase Order No. 6, Clearance Areas Nos. 1-5	20. 7.65
Sidebottom Street Clearance Area	20. 7.65
St. Mary's (Mortimer Street) Compulsory Purchase Order No. 7, Clearance Areas Nos. 6-10	16.11.65

*COMPULSORY PURCHASE ORDERS**Mount Pleasant C.P.O.'s Nos. 1 and 3*

Mr. C. J. Bartlett, A.R.I.B.A., conducted a Public Local Inquiry on the 18th November, 1964 and inspected the properties on the 18th and 19th November. The Orders were confirmed on the 2nd and 23rd April with the following modifications:—

Order No. 1

"The properties numbered 194 and 198 in Part I of the Schedule to the Order be transferred to Part II of the Schedule."

The Minister considered that the former property was not so far defective as to be unfit for human habitation and the latter property had lost its identity as a house.

Order No. 3

"The property numbered 76 in Part II of the Schedule to the Order be excluded from the Order."

The Minister considered that the acquisition of the property at the time would be premature and that it was not reasonably necessary for the satisfactory development of the area. This property is an Electrical Engineering and Repair shop.

Mount Pleasant C.P.O. No. 2

There were no objections to the Order and the Order was confirmed without modification on the 2nd April.

Henshaw Street C.P.O.'s Nos. 1 and 2

Mr. T. H. Clayton, A.R.I.B.A., conducted a Public Local Inquiry on the 24th November, 1964 and inspected the properties on the 24th and 25th November. The Orders were confirmed on the 2nd April and 5th March. Order No. 1 without modifications and Order No. 2 with the following modification:—

"The property numbered 35 in Part I of the Schedule to the Order be transferred to Part II of the Schedule."

The Minister considered that the property was not so far defective as to be unfit for human habitation.

Henshaw Street C.P.O. No. 3

There were no objections to the Order. Mr. T. H. Clayton inspected the properties on the 24th and 25th November, 1964. The Order was confirmed on the 16th March with the following modifications:—

"The property numbered 11 in Part I of the Schedule to the Order be transferred to Part II of the Schedule to the Order."

The Minister considered that the property was not so far defective as to be unfit for human habitation.

Derker Street Clearance Order

There were no objections to the Order and the Order was confirmed without modification on the 23rd April.

Fowler Street Clearance Order

There were no objections to the Order and the Order was confirmed without modification on the 22nd April.

Hollins Road Clearance Order

There were no objections to the Order and the Order was confirmed without modification on the 23rd April.

Knowls Square Clearance Order

There were no objections to the Order and the Order was confirmed without modification on the 27th April.

St. Mary's No. 5 (Fisher Street) C.P.O.

Mr. S. J. Parnell, B.Sc., A.M.I.C.E., M.R.S.H., conducted a Public Local Inquiry on the 14th December, and inspected the properties on the 14th and 15th December.

Confirmation of the Order had not been received by the 31st December.

*Comprehensive Development Area No. 2**Declaration of Unfitness Order*

Mr. J. L. Weeton, F.R.I.C.S., M.T.P.I., conducted a Public Local Inquiry on the 23rd July, 1963, and inspected the properties on the same day. The order was confirmed without modification on the 2nd December, 1965.

CLEARANCE AREAS AND COMPULSORY PURCHASE ORDERS, 1965

	Houses	Combined Houses & Shops	Other Properties (Grey)	Total Premises	Population	No. of Families
St. Mary's No. 5 (Fisher St.) C.P.O.						
Clearance Area No. 1	112	4	—	116	313	107
Clearance Area No. 2	3	—	—	3	6	3
Other Properties (Coloured Grey)	29	—	2	31	77	28
Totals	144	4	2	150	396	138
Blanche Street C.P.O.						
Clearance Area	31	—	—	31	68	23
Other Properties (Coloured Grey)	—	—	1	1	—	—
Moorhey Street						
Clearance Area No. 3	17	—	—	17	50	17
West Street C.P.O. No. 1						
Clearance Area	236	11	—	247	471	190
Other Properties (Coloured Grey)	2	—	3	5	10	4
Limeside Road						
Clearance Area	31	—	—	31	69	28
St. Mary's No. 6 (Higginshaw) C.P.O.						
Clearance Area No. 1	7	—	—	7	17	7
Clearance Area No. 2	158	7	—	165	437	166
Clearance Area No. 3	3	—	—	3	8	3
Clearance Area No. 4	7	—	—	7	20	7
Clearance Area No. 5	141	2	—	143	422	160
Other Properties (Coloured Grey)	3	2	3	8	17	6
Totals	319	11	3	333	901	349
Sidebottom Street						
Clearance Area	30	—	—	30	60	15
St. Mary's No. 7 (Mortimer Street) C.P.O.						
Clearance Area No. 6	2	—	—	2	6	2
Clearance Area No. 7	7	—	—	7	22	7
Clearance Area No. 8	2	1	—	3	5	2
Clearance Area No. 9	30	—	—	30	79	32
Clearance Area No. 10	202	4	—	206	512	200
Other Properties (Coloured Grey)	10	2	6	18	33	11
Totals	253	7	6	266	657	254

TABLE 1—COMPULSORY PURCHASE ORDERS AND CLEARANCE ORDERS

Date of Representation	Compulsory Purchase Orders and Clearance Orders	Acres	Type of Premises to be Demolished						Date of Ministry of Housing & Local Government Inquiry	Date of Confirmation of Order	Properties excluded as a result of Inquiry	Position as at 31st December, 1965					
			Houses	Combined Houses and Shops	Other Premises	Total Premises	Population	No. of Families				Houses vacated or empty	Persons Rehoused		Total No. of Persons awaiting re-housing	Houses Demolished	Total No. of Houses awaiting Demolition
													By Corporation	By Own Arrangement			
7-12-60 5-7-61	Butler St. C.P.O. Primrose Bank C.P.O.	0.873	31	4	—	35	56	23	22-8-61	29-11-61	—	35	42	14	—	34	1
23-5-62	do. No. 3	4.65	159	4	5	168	395	160	23-1-62	12-9-62	—	163	305	88	2	163	1
	do. No. 4	3.1	87	20	8	115	212	89	23-1-62	12-9-62	—	101	160	38	14	84	23
	St. Mary's C.P.O. No. 1	5.247	158	8	11	177	354	152	2-4-63	29-8-63	—	164	229	122	3	154	12
	do. No. 2	6.924	230	4	10	244	607	230	2-4-63	29-8-63	—	210	409	145	53	199	37
	do. No. 3	9.098	371	17	8	396	967	373	2-4-63	29-8-63	—	390	742	225	—	390	—
4-7-62	do. No. 4	6.635	188	5	4	197	503	176	2-4-63	29-8-63	17	178	323	180	—	173	5
1-8-62	Rochdale Rd. C.P.O.	3.71	105	8	1	114	241	103	7-5-63	14-10-63	—	113	169	72	—	113	—
	Clarkwell St. C.P.O.	1.3	45	1	—	46	108	44	19-3-63	21-8-63	—	46	91	17	—	46	—
6-3-63	Featherstall Rd. S. C.P.O. No. 1	5.83	131	26	16	173	364	155	14-1-64	4-4-64	—	146	214	108	42	114	46
7-8-63	do. No. 2	2.62	52	—	3	55	160	52	16-6-64	16-10-64	—	49	107	44	9	46	6
	do. No. 3	0.81	31	1	—	32	104	36	16-6-64	16-10-64	—	32	80	24	—	32	—
	Moorhey St. C.P.O.	1.64	71	1	—	72	180	72	3-3-64	13-7-64	—	44	96	17	67	26	46
	Hobson St. C.P.O.	0.76	26	1	4	31	65	25	3-3-64	25-6-64	—	19	48	—	17	—	28
	Hawksley St. C.P.O.	0.57	24	1	—	25	63	23	28-1-64	29-5-64	—	25	63	—	—	25	46

TABLE 1—COMPULSORY PURCHASE ORDERS AND CLEARANCE ORDERS—Continued

4-12-63	Mount Pleasant C.P.O. No. 1	8.0	203	14	10	227	500	193	18-11-64	2-4-65	—	173	350	75	75	108	111
	do. No. 2	0.48	21	1	—	22	72	25	†	2-4-65	—	14	46	—	—	—	22
	do. No. 3	3.80	69	13	13	95	203	84	18-11-64	23-4-65	1	43	116	—	—	—	83
14-1-64	Henshaw St. C.P.O.																
	do. No. 1	1.03	41	4	1	46	73	32	24-11-64	2-4-65	—	26	33	1	39	4	42
	do. No. 2	2.12	60	5	2	67	156	62	24-11-64	5-3-65	—	26	56	—	100	—	66
1-4-64	Derker St. C.A.	0.93	17	—	—	17	42	13	†	16-3-65	—	7	13	—	29	—	17
29-4-64	Fowler St. C.A.	0.375	10	—	—	10	21	8	†	23-4-65	—	4	4	—	17	—	10
3-6-64	Hollins Rd. C.A.	0.097	3	—	—	3	6	2	†	22-4-65	—	1	—	—	6	—	3
3-6-64	Knowls Sq. C.A.	0.376	13	—	—	13	13	5	†	23-4-65	—	13	13	—	—	—	13
6-1-65	St. Mary's No. 5	0.571	19	—	—	19	42	18	†	27-4-65	—	19	36	—	6	—	19
	(Fisher St.) C.P.O.	4.26	144	4	5	153	396	138	14-12-65	†	*	—	—	—	—	—	—
3-3-65	Blanche St. C.P.O.	0.72	31	—	1	32	68	23	**	†	*	—	—	—	—	—	—
3-3-65	Moorhey St. C.A. No. 3	0.34	17	—	—	17	50	17	**	†	*	—	—	—	—	—	—
5-5-65	West St. C.P.O. No. 1	6.71	238	11	3	252	481	194	**	†	*	—	—	—	—	—	—
5-5-65	Limeside Rd. C.P.O.	0.93	31	—	—	31	69	28	**	†	*	—	—	—	—	—	—
20-7-65	St. Mary's No. 6																
	(Higginshaw) C.P.O.	11.59	319	11	3	333	921	349	**	†	*	—	—	—	—	—	—
20-7-65	Sidebottom St. C.A.	0.658	30	—	—	30	60	15	**	†	*	—	—	—	—	—	—
16-11-65	St. Mary's No. 7																
	(Mortimer St.) C.P.O.	7.19	253	7	6	266	657	254	**	†	*	—	—	—	—	—	—

† No objections to the Order.

‡ Awaiting confirmation.

* Subject to Ministry's confirmation of Order.

** Date for Inquiry not yet fixed.

Voluntary Demolition and Closure of Properties

Information was received of the demolition by voluntary action of 21 houses included in the slum clearance programme.

During the year the owners of 51 unfit properties gave undertakings to close the premises after the occupants had been rehoused. There were 37 families rehoused during the year from these properties. Since 1957, 316 houses have been voluntarily closed as a result of undertakings received from owners.

House Purchase and Housing Act, 1959

Improvement Grants

The Discretionary Grant Scheme provides for half the estimated cost of improvements to dwelling-houses to be paid at the discretion of the Local Authority subject to a maximum of £400. The Standard Grant Scheme is available as a right to all house owners for the purpose of installing all or any of the five basic amenities, i.e. bath, wash-hand basin, water closet, hot water system, food store, subject to a maximum of £155.

Under both these schemes the house must be fit for habitation and have a life of at least fifteen years.

During the year 538 applications were submitted to the Housing and Corporate Property Committee and 520 were approved. The grants made totalled £50,011. Since the commencement of these schemes, grants totalling £321,204 14s. 2d., have been made.

All applications are submitted to this Department for consideration in respect of suitability or otherwise of the premises.

Overcrowding

Fifteen new cases of overcrowding were reported during the year. Investigations again revealed that a number of dwellings had become overcrowded by Pakistani and Indian immigrants into the town.

Rent Act, 1957

During the year 1 application was received from a tenant for a certificate of disrepair.

There were 2 applications for cancellation of certificates of disrepair. Objections to the cancellations were received and as the works had not been effected the certificates of disrepair were not cancelled.

Eradication of Bed Bugs

Number of houses inspected and the number disinfested:—

	<i>Corporation</i>	<i>Others</i>
Houses inspected	371	751
Found infested	4	10
Disinfested by H.C.N.	—	—
Disinfested by spraying with liquid insecticide	27	18

Removals and Disinfestation of Furniture

The removal and disinfestation by H.C.N. of furniture of 84 families moving to Corporation houses was carried out. This was undertaken by a contractor at a total cost of £772 16s. 0d.

Disinfection

Arrangements exist for the disinfection and destruction of articles, clothing and bedding. There were 104 houses disinfected.

During the year it was necessary to disinfect a hospital ward which had been identified as the probable source of the spread of a staphylococcal infection. The ward was fully sealed and disinfection carried out by the formalin and potassium permanganate process. The ward was left under treatment for 4 hours and then the gas released. There was no further spread of this infection.

It was also found necessary to use this method of disinfection again following a case of typhoid, and this was carried out in two wards of another hospital, a school and a dwelling house.

Special purethra respirators are worn by the disinfecting staff when carrying out this type of disinfection.

Housing Applications Register

I am indebted to Mr. T. W. Pickering, Housing Manager, for the following information:—

“On the 31st December, there were 1,980 applications for housing accommodation on the Housing Applications Register. This figure includes 181 applications for aged persons' bungalows.”

INSPECTION AND SUPERVISION OF FOODS

MILK SUPPLY

On the 1st October, The Milk (Special Designation) (Amendment) Regulations, 1965 came into operation and amended The Milk (Special Designation) Regulations, 1963. These regulations require that the special designations which may be used in relation to milk are:—

‘Pasteurised,’ ‘Sterilised,’ ‘Ultra Heat Treated,’ ‘Untreated.’

Milk Production in the Borough

From information received from the Agricultural Executive Committee 19 farms in the Borough are licensed producers of milk, 11 for the sale of wholesale and retail milk and 8 for wholesale only.

The Milk and Dairies (General) Regulations, 1959

The Milk (Special Designation) Regulations, 1963

At the beginning of the year there were 11 distributors producing milk in the Borough and 18 distributor producers outside the Borough.

On the 31st December there were 2 premises registered as dairies and 626 registered distributors of milk, comprised as follows:—

Distributors producing milk in the Borough	11
Distributors with dairy premises in the Borough	2
Other distributors	49
Shops at which bottled milk is sold	564

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

(a) To use the designation 'Untreated'	
*Producer's Licence	11
Dealer's Licence	24
(b) To use the designation 'Pasteurised'	
Dealer's (Pasteuriser's) Licence	1
Dealer's Licence	109
(c) To use the designation 'Sterilised'	
Dealer's (Steriliser's) Licence	1
Dealer's Licence	622

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

Milk Samples Tested for Tubercle Bacilli

During the year 12 samples were taken for examination for the presence of tubercle bacilli. The samples were reported 'no evidence of tubercle bacilli.'

Milk Samples for Methylene Blue Test

Class of Milk Sample	No. of Samples Taken	Methylene Blue Test	
		Passed	Failed
Pasteurised	88	88	—
Untreated	8	8	—
Totals	96	96	—

Milk Samples 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. During the year 88 samples were taken and all passed the phosphatase test.

Milk Samples for Turbidity Test

There were 23 samples of sterilised milk taken during the year and all were reported to be satisfactory.

Milk Samples Tested for Brucella Abortus

There were 142 samples of untreated milk taken during the year with the following results:—

Result of Milk Ring Test						Number of samples from which organisms were isolated by direct culture
****	***	**	*	Nil	Total	
Nil	10	9	40	56	115	5

Details of 5 samples showing evidence of brucella infection are given in the following table together with the action taken:—

Prog. No.	Date organisms isolated by direct culture	Evidence of infection by M. R. T.	Date of notice served to pasteurise milk	Action taken
1	11-2-65	**	15-2-65	Referred to M.O.H. of production district.
2	23-2-65	***	24-2-65	Four cows slaughtered: Pasteurisation Order withdrawn.
3	9-6-65	****	10-6-65	One cow slaughtered: Pasteurisation Order withdrawn.
4	9-6-65	***	10-6-65	Seven cows slaughtered: Pasteurisation Order withdrawn.
5	7-7-65 †	***	8-7-65	One cow slaughtered: Pasteurisation Order withdrawn.

† Organism isolated by biological tests.

ICE CREAM

The control over the manufacture and sale of ice cream was maintained and 23 visits were made to registered premises.

On the 31st December there were 548 premises registered under Section 16 of the Food and Drugs Act, 1955, for the sale, manufacture or storage of ice cream. Details of the premises registered are as follows:—

(a) For manufacture or sale of ice cream	4
(b) For sale of pre-packed ice cream	538
(c) For sale of loose and pre-packed ice cream	6

In the previous year 524 premises were registered for the sale of pre-packed ice cream and 6 for the sale of loose and pre-packed ice cream.

Ice Cream (Heat Treatment, etc.) Regulations, 1959

There are 4 ice cream manufacturers in the Borough. All 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 results classified in one of 4 grades.

There were 28 samples of ice cream submitted for the methylene blue grading test with the following results:—

Grade I	15
Grade II	4
Grade III	1
Grade IV	8

Seven of the Grade IV samples were repeated samples taken from one manufacturer who had moved to new premises.

LIQUID EGG PASTEURISATION REGULATIONS, 1963

During the year sixteen samples of pasteurised whole egg were taken under the provisions of the above Regulations and all satisfied the prescribed test. In addition, six samples of raw whole egg were taken prior to the egg being passed through the pasteurisation plant and submitted to bacteriological tests, but all were free from organisms of a typhoid or salmonella groups.

Egg Whites

This separated constituent of eggs does not come within the scope of the above Regulations and the prescribed test, for it has not as yet been found possible to satisfactorily pasteurise this albumen and

provide a suitable test to judge the efficacy of treatment. However, six samples of egg white were submitted for bacteriological examination and all were reported free from organisms of typhoid or salmonella groups.

At the one egg pasteurisation plant in the Borough operated by Messrs. S. Z. Wick and Sons, every endeavour is being made to comply with the Regulations and as intimated in the previous Annual Report the firm have established a well equipped laboratory and now employ a well qualified laboratory technician. The plant has been further enlarged and equipped with the latest type of pasteuriser and the factory has also been fitted with one of the latest forms of can freezing plant for liquid egg for storage purposes. Large bulk insulated tankers have also been brought into use.

The standard of hygiene achieved at this factory is to be highly commended.

MEAT INSPECTION

Slaughterhouses

There is one private slaughterhouse in the Borough. Facilities are available for butchers to have their own animals slaughtered.

During the year repairs and improvements were carried out and the licence was renewed for a further period of twelve months.

The following table shows the number of animals killed and inspected with results of inspections:—

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Number killed (if known) ...	1,090	589	11	18,877	648	21,206
Number inspected ...	1,090	589	11	18,877	648	21,206
All Diseases except Tuberculosis and Cysticercosis						
Whole Carcasses condemned	...	3	1	18	...	22
Carcasses of which some part or organ was condemned	270	258	...	1,550	65	2,143
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticercosis ...	24.77	44.31	9.09	8.31	10.03	...
Tuberculosis only						
Whole Carcasses condemned
Carcasses of which some part or organ was condemned	...	1	1
Percentage of the number inspected affected with Tuberculosis	0.17
Cysticercosis						
Carcasses of which some part or organ was condemned	3	2	5
Carcasses submitted to treat- ment by refrigeration ...	3	2	5
Generalised and totally condemned

The following figures show the percentage of cows affected with tuberculosis for the years 1953 to 1965:—

	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
1957	933	8.14
1958	807	11.58
1959	645	10.85
1960	764	6.28
1961	735	0.68
1962	1,388	1.01
1963	1,305	0.23
1964	1,067	0.84
1965	589	0.17*

* This figure was due to a reactor cow which the Veterinary Officer of the Ministry of Agriculture, Fisheries and Food brought in for slaughter.

The total weight of meat and offal destroyed was:—

For tuberculosis	30 lb.
For diseases other than tuberculosis	15,560½lb.

*Summary of Diseased and Unsound Food Destroyed
during 1965*

	lb.
Cattle (3 whole carcasses)	1,468
(529 part carcasses)	9,884
Sheep (18 whole carcasses)	684
(1,550 part carcasses)	3,184½
Pigs (65 part carcasses)	324
Calves (1 whole carcass)	46
Preserved Food	23,977½
Cauliflower	560
Fresh Pineapple	250
Cheese	9¾
Butter	24
Sweets	488½
Rabbit and Poultry	1,993½
Cracow	863½
Gammon	443
Mutton	5,862
Beef	137
Total	50,199

Slaughter of Animals Acts, 1933-1954

Eight renewal licences were granted during the year.

FOOD AND DRUGS ACT, 1955

Food Hygiene

The number of premises in the Borough which are affected by the Food Hygiene (General) Regulations 1960, are detailed as follows:—

Classification	Type of Premises	Total	No. satisfying Reg. 16	No. to which Reg. 19 applies	No. satisfying Reg. 19
1	Grocery Shops (Retail) ...	306	Most	All	All
2	Grocery Premises (Wholesale)	5	All	"	"
3	Greengrocery and Wet Fish Shops	122	Most	"	"
4	Butchers' Premises	115	All	"	"
5	Fried Fish Shops	App. 90	"	"	Most
6	Cafes and Restaurants (including Canteens)	87	"	"	All
7	Confectioners' Shops only	149	"	"	"
8	Bakehouses with or without Confectioners' Shops attached	116	Most	"	"
9	Sweet Shops	132	"	"	"
10	Licensed Premises	263	"	"	"
11	Ice Cream Factories	4	All	"	"

The visits made for the purposes of inspection and supervision of food premises totalled 847. The following improvements were effected:—

Wash-hand basins and sinks provided	3
Wash-hand basins and sinks renewed	4
Walls repaired and/or redecorated	20
Ceilings repaired and/or redecorated	12
Woodwork repainted and cleansed	6
Floors repaired or renewed	5
Ventilation improved	2
Windows renewed	1
Hot water provided	3
Additional sanitary accommodation provided	2
Sanitary accommodation repaired	1
Sanitary accommodation redecorated	1
New refrigerator provided	1
Drainage repaired or renewed	3

Sink wastes improved	1
Roofs repaired	2
Potato preparation shed rebuilt	1
Fittings renewed or repaired	3

During the year 312 faeces specimens from employees of a large local multiple bakery were submitted for analysis. All were reported negative.

Contravention of Section 8 of the Food and Drugs Act, 1955

Legal proceedings were instituted against a local firm for selling a pre-packed ox kidney in a state of putrefaction. The defendants were fined £10 plus 3 guineas costs

Contravention of Section 2 of the Food and Drugs Act, 1955

Legal proceedings were instituted against a bakery firm outside the Borough for selling a loaf of bread containing a beetle. The defendants were fined £15.

Legal proceedings were also instituted against a bakery firm outside the Borough for selling a meat and potato pie containing a bent nail. The defendants were fined £15.

Contraventions of the Food Hygiene (General) Regulations, 1960

Legal proceedings were instituted against the proprietor of two adjacent Asiatic food shops. In one case the defendant was fined a total of £71 and the other case was dismissed as the Magistrates were not satisfied as to the true ownership of the business.

Legal proceedings were instituted against a restaurant owner. The defendant was fined a total of £50 plus 10 guineas costs.

Contraventions of the Preservatives in Food Regulations, 1962

The Public Analyst reported that three samples of sausage obtained from three local butchers contained preservative and no preservative notices were displayed at the points of sale. Letters of warning were sent in these instances.

Contamination of Food

A complaint was received of a piece of string being found in a "toastie" loaf which was manufactured by a bakery outside the Borough. Investigations revealed that the bakery maintained a very high standard of hygiene and this incident was due to a mechanical breakdown in the plant. A letter of warning was issued.

A complaint was received of mould growth being found in a bottle of sterilised milk bottled by a large multiple dairy outside the Borough. This was the first complaint received regarding this dairy and in view of the enormous quantities of milk distributed by the firm a letter of warning was issued in this instance.

A complaint was received of a fish hook being found in prawns served in a restaurant in the Borough. A summons was issued but before the case was to be heard the complainant had left the country and the proceedings were therefore withdrawn.

A complaint was received of a burnt substance being embedded in an ice cream cone. Investigations revealed that during the manufacturing of the cone baked in a rotary oven a small portion of batter already cooked had been embedded into the surface of the new cone and further baked. No action was taken.

A complaint was received of a small quantity of mould being found in a jar of marmalade on the surface of the contents. The firm was informed of this incident.

A complaint was received of an insect being found in a packet of Iraq Dates. This was identified as a Saw-Toothed Grain beetle. Other packets were inspected at the retailers and larvae and insects were found. The firm returned their stocks from all their branches to the suppliers.

A complaint was received of a brush bristle being found in a muffin. Investigations revealed that the bristle was from the brushes used for brushing down the benches. A letter of warning was issued.

A complaint was received of a piece of string being found in a lemon cream bun manufactured by a bakery firm outside the Borough. The manager of the firm expressed his concern and stated that every effort was made to avoid incidents of this nature. A letter of warning was issued.

Report of the Public Analyst

Mr. G. H. Baker, F.R.I.C., Borough Analyst, has kindly furnished the following report:—

Food and Drugs Act, 1955

"I have the honour to report that during the year ending 31st December, 1965, I have analysed 288 samples consisting of:—Milk (15 formal, 9 informal) 24, Meat Products 23, Tinned Fruit/Vegetables 20, Spirits (formal) 20, Sweets 18, Meat Pies 18, Soft Drinks 15, Flour confectionary 13, Drugs/Medicines 11, Sausage (formal) 10, Sauce/Pickles 7, Fresh Fruit 6, Fish Products 4, Milk Puddings 4, Pie Filling 4, Fruit Juice 4, Dried Cereals 4, Flour 4, Jam/Curds/Marmalade 3, Flavouring Essence 3, Malt Vinegar 3, Continental Dressing 3, Cheese/Cheese Spread 3, Colourings 3, Pickled Beetroot 2, Peanut Butter 2, Dried Fruit 2, Margarine 2, Mincemeat 2, Spaghetti/Beans in Tomato Sauce 2, Yoghurt 2, Cake Covering 2, Coconut 2, Pudding/Cake Mix 2, Potatoes 2, and one each of the following:—Dairy Topping, Cream, Spaghetti Bolognese, Herbs, Quick-Jel, Royal Chiffon, Instant Beverage, Sauerkraut, Instant Skimmed Milk Granules, Ice Cream Cornet, Evaporated Milk, Soured Cream, Creamed Smatana, Buttermilk Drink, Pease Pudding, Red Cabbage, Foreign Matter in Tinned Fruit, Gravy Browning, Custard Powder, Welsh Rarebit, Foam Crystals, Curry Powder, Dates, Ice Cream (formal),

Fish Spread, Ice Cream Mix, Apple Sauce, Baking Powder, Mixed Peel, Fruti Fort, Instant Icing Mix, Lard, Ground Almonds, Candy Sugar, Suet, Horseradish Sauce, Golden Raising Powder, Spanish Rice, Dried Vegetables.

The following table shows the relative milk-fat content of the samples.

<i>Milk-fat per cent</i>	<i>Number of Samples</i>
3.00 to 3.25	1
3.26 to 3.50	2
3.51 to 3.75	2
3.76 to 4.00	9
Over 4.00	1
<hr/>	
	15 Total (Excluding 2 complaints)
<hr/>	

All the samples were free from preservatives and colouring matter. A further seven samples were examined for Penicillin only, all gave satisfactory results, as did all the milks examined.

During the quarter 34 samples were reported as not being up to standard as follows:—

Tinned Casserole Meat

This sample had a meat content of only 65 per cent. Whilst there is a divergence of opinion as to what is meant by the word casserole to your Analyst, Casserole Meat implies some gravy and/or vegetables. I would therefore expect a meat content of at least 75 per cent. I regard this sample as deficient in meat.

2 Samples of Cochineal Colouring

The first sample contained a synthetic red dyestuff, not cochineal. The second was incorrectly labelled in that no list of ingredients was stated on the label.

Meat and Potato Pie

This sample consisted of a portion of a meat and potato pie containing a bent nail.

Potatoes

These had been contaminated with paraffin oil.

Foreign Matter in Tinned Fruit

This consisted of two small fragments of glass-like material alleged to have been found in tinned peaches. Examination showed these fragments to be in fact glass.

Sterilised Milk

This consisted of an unopened bottle of milk containing mould growth.

Fresh Peaches

This sample failed the biological sorting test for organic pesticides, indicating the presence of a trace of pesticides.

'Chad' Pickled Beetroot
Red Cabbage,
Piccalilli,
Mixed Pickles
Pickled Onions

In the list of ingredients of these five samples 'Pure Malt Vinegar' is stated first in larger letters when in fact it should be stated after 'Solution of Acetic Acid.'

4 Samples of Tinned
Vegetables 'Saladettes'

In all cases the inside of the cans showed signs of corrosion. The tin and lead contents of the samples were in my opinion excessive.

Roberts 'All Fours' Mixture

An incorrect description. In my opinion All Fours should contain an opiate, this product did not.

Fruit Crush

This sample contained virtually no fruit juice, a product of this type is required to contain a minimum of 5 per cent fruit juice.

Dilute Vimto

This sample is incorrectly labelled as a fruit crush, this is in fact a fruit flavoured drink.

Self Raising Flour

Brownish foreign matter was present, shown to be protein, probably derived from glue.

5 Samples Meat/Pork Pies

All samples were deficient in meat content.

2 Samples Sausage

These samples were either all deficient in meat content or contained undeclared sulphur dioxide preservative.

It is encouraging to note, firstly, that the great majority of meat pies examined this year complied with the new draft proposals for the meat content of meat pies, secondly, that samples of spirits taken from various Public Houses in Oldham have all contained the requisite amount of proof spirit.

The remaining samples were all satisfactory, and call for no special comment.

In the course of 1965 several Draft Proposals for Regulations have been introduced for consideration, these include Revised Regulations for Antioxidants in Food, for Ice Cream, Coffee and Coffee Mixtures, Butter, and three which in my opinion are the most important. These are the Draft Proposals for Regulations on Canned Meat, Sausage and other meat products and Meat Pies which are in my opinion long overdue and it is hoped that they will be implemented in the near future."

FOOD AND DRUGS ACT, 1955

The total number of samples analysed during 1965 was 288, compared with 268 for 1964.

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
Spirits	20	—	20	—	—	—
Milk	15	9	24	—	1	1
Beef/Pork Sausages	10	—	10	8	—	8
Ice Cream	1	—	1	—	—	—
Meat Pie	—	27	27	—	6	6
Soft Drinks	—	21	21	—	2	2
Sauces/Pickles/Vinegar ..	—	19	19	—	5	5
Sweets	—	18	18	—	—	—
Cakes—Biscuits	—	14	14	—	—	—
Canned Meat Products...	—	11	11	—	1	1
Drugs/Medicines	—	10	10	—	1	1
Tinned Vegetables	—	10	10	—	—	—
Fresh Fruit/Vegetables ..	—	8	8	—	2	2
Tinned Fruit	—	7	7	—	1	1
Flavouring & Colourings ..	—	7	7	—	2	2
Tinned Fish/Fish Paste ..	—	5	5	—	—	—
Preserves	—	5	5	—	—	—
Fruit Pie Filling	—	5	5	—	—	—
Dried Fruit	—	4	4	—	—	—
Cereals and Pulses	—	4	4	—	—	—
Tinned Milk Pudding ...	—	4	4	—	—	—
Vegetable Salad	—	4	4	—	4	4
Margarine/Cooking Fats ..	—	4	4	—	—	—
Flour	—	4	4	—	1	1
Cheese	—	3	3	—	—	—
Cake Coverings/Mixture ..	—	3	3	—	—	—
Yoghurt	—	3	3	—	—	—
Baking Powder	—	3	3	—	—	—
Cream	—	2	2	—	—	—
Cust. Powd./Blancmange ..	—	2	2	—	—	—
Spaghetti/Bolognese	—	2	2	—	—	—
Dessicated Coconut	—	2	2	—	—	—
Peanut Butter	—	2	2	—	—	—
Tee & Leber Wurst	—	2	2	—	—	—
Dairy Topping	—	1	1	—	—	—
Herbs	—	1	1	—	—	—
Quick-Jel	—	1	1	—	—	—
Cereal Beverage	—	1	1	—	—	—
Dumpling Mixture	—	1	1	—	—	—
Skimmed Milk Powder...	—	1	1	—	—	—
Ice Cream Cornets	—	1	1	—	—	—
Tinned Milk	—	1	1	—	—	—
Pease Pudding	—	1	1	—	—	—
Tinned Welsh Rarebit ...	—	1	1	—	—	—
Curry Powder	—	1	1	—	—	—
Fruti Fort	—	1	1	—	—	—
Candy Sugar	—	1	1	—	—	—
Cereal Mix	—	1	1	—	—	—
Ice Cream Powder	—	1	1	—	—	—
Spanish Rice	—	1	1	—	—	—
Ground Almonds	—	1	1	—	—	—
Dried Vegetables	—	1	1	—	—	—
Totals	46	242	288	8	26	34

SECTION VII

SECTION VII

Miscellaneous

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 and performs the powers and duties of the Council under the National Assistance Act, 1948, except those under Section 47 which are assigned to the Health Committee and delegated to the Statutory Action Sub-Committee of that Committee.

Action under the Amendment Act was taken in the following cases:—

Case No. 1/65

(H.F.) A female aged 83 years, who lived alone in insanitary conditions. She was suffering from arthritis of the hips. She refused the services of the District Nurse and Domestic Help, and refused hospital accommodation. In view of the circumstances an Order was obtained and she was removed to Westlands Home (Part III Accommodation).

She died 9 days after removal, the cause of death being:

- 1a) Congestive cardiac failure.
- b) Myocardial degeneration.
- c) Senility.

Case No. 2/65

(E.A.H.) A female aged 77 years, who lived alone in insanitary conditions. She was suffering from gross oedema of both legs. She apparently had held an important post in business but had neglected herself and become dishabilitated. She wanted someone to look after her but would not agree to hospital accommodation. An Order was obtained and she was removed to Oldham and District General Hospital. She remained in hospital for four weeks and arrangements were made to have her home cleaned ready for her discharge from hospital.

Case No. 3/65

(A S) This was a female aged 80 years who lived alone. Her home was dirty but not insanitary. She was suffering from severe anaemia and refused medical treatment, either at home or in hospital. An order was obtained and she was removed to Oldham and District General Hospital.

She died 3 days after removal, the cause of death being:

- 1a) Bronchopneumonia
- b) Severe Anaemia
- II. Arteriosclerosis.

*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 the completed Forms B.D.8 from the examining Ophthalmic Surgeon. By arrangement, a copy of each completed 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 59 persons (24 males and 35 females) were admitted to the Register of Blind Persons.

Table I gives the age and sex distribution together with the causes of blindness in these cases:—

TABLE I

	AGE GROUPS							
	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
Cataract	- -	- -	- -	1 -	2 1	5 7	5 8	13 16
Glaucoma	- -	- -	- -	- 1	- 2	1 1	2 3	3 7
Others	- 1	- -	1 1	1 -	- 3	4 3	2 4	8 12
Total	- 1	- -	1 1	2 1	2 6	10 11	9 15	24 35

Degree of Blindness

1. No perception of light 1
2. Perception of light 16
3. Vision up to and including 3/60 Snellen 41
4. Better than 3/60 Snellen 1

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 given in Table II for the 59 cases for whom Form B.D.8 has been received:—

TABLE II

Treatment Recommended on Form B.D.8.	Cause of Disability			
	Cataract	Glaucoma	Senile Macular Degener/n.	Others
None	17	3	8	10
Medical	0	0	0	0
Surgical	10	0	0	0
Optical	0	0	1	0
Ophthalmic medical supervision	2	7	0	1
Totals ...	29	10	9	11

*Follow-up of Registered Blind Persons**Cataract*

There were 29 persons admitted to the register; 10 had received previous consultant advice and 19 had not. No treatment was recommended in 17 cases and surgical treatment was recommended in 10 cases. The remaining 2 were recommended to continue under ophthalmic medical supervision.

Glaucoma

Ten cases were admitted to the register. Nine cases had received previous consultant advice and 1 had not. No treatment was recommended in 3 cases and the remaining 7 were recommended to continue under ophthalmic medical supervision.

Senile Macular Degeneration

Nine persons were admitted to the register. Two cases had received previous consultant advice and 7 had not. No treatment was recommended in 8 cases and optical treatment was recommended in the remaining 1 case.

Others

There were 11 cases in this group admitted to the register. Four had received previous consultant advice and 7 had not. No treatment was recommended in 10 cases and the remaining 1 was recommended to continue under ophthalmic medical supervision.

Myopia	3	Hemianopia	1
Diabetic Retinopathy	2	Central Retinal Degeneration	1
Corneal Scarring	2	Congenital Nystagmus	1
Macular Haemorrhage	1		

Ophthalmia Neonatorum

7 Cases, 4 males and 3 females were notified during the year. In no case was vision lost or impaired.

Partially Sighted

There were 65 persons admitted to the Register of Partially Sighted Persons. Table III is an analysis by-cause of partial sight, age and sex of these persons.

Table III

	A G E G R O U P S						
	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
Cataract	- -	- -	1 1	- 1	3 6	3 2	7 10
Glaucoma	- -	- -	- -	- 2	- 1	- 1	- 4
Macular denegeration	- -	- -	- -	- -	2 4	- -	2 4
Optic Atrophy	- -	- -	1 -	- -	- 2	- 1	1 3
Myopia	- -	- -	1 -	- 1	- 1	- -	1 2
Retinal artery occ.	- -	- -	- -	- -	- -	1 -	1 -
Retinal Detachment	- -	- -	- 1	- -	- -	- -	- 1
Congenital Nystagmus	- 1	- -	- -	- -	- -	- -	- 1
TOTALS	- 1	- -	3 2	- 4	5 14	4 4	12 25

On the 31st December there were 133 persons (38 males, 95 females) on the register of Partially Sighted Persons.

Spastic Children

Cases are brought to notice via various agencies, health visitors, the child welfare centre or the Consultant Paediatrician. Case discussions are held regularly with the consultant Paediatrician at the Department of Public Health. The general practitioner is advised of any special development or treatment.

The Education Committee provides special schooling where necessary or home teaching may be provided. One child was admitted to a residential special school and ten children (6 boys and 4 girls) were maintained at residential schools and Spastic Society Centres during the year. One boy left a residential school to seek employment.

The Oldham and District Spastics Society maintain a day centre at "Heathbank," Windsor Road. The centre is registered under the Nurseries and Child Minder's Regulation Act, 1948, for the provision of 20 places. Cases are accepted from Oldham and adjacent districts and at the end of the year there were seventeen children in attendance as follows:—

Under 5 years

5

5 years and over

12

A grant of £350 was made by the Council to the Society.

Epileptic Children

The School Health Service is responsible for the supervision and recommendation of special educational treatment for school children. The Consultant Paediatrician or Neurologist in charge of the case is consulted. Three children attended the Soss Moss Residential School, Alderley Edge, Cheshire during the year.

One boy returned to ordinary school from the Colthurst House Residential School, Alderley Edge.

The care of adult epileptics is undertaken by the Mental Health Service and the Welfare Services Department in conjunction with the Hospital Consultants concerned.

Homes for Aged Persons

I am indebted to the Director of Welfare Services (Mr. D. A. Isherwood) for the following information relating to accommodation available in residential homes during the year:—

<i>Name of Home</i>	<i>Opened</i>	<i>Accommodation</i>		<i>Category</i>
		<i>Provided</i>		
Greenacres Lodge, Greenacres Road	30-8-48	36 women		Aged persons
"Westlands," Grange Avenue	14-12-48	31 men and women		Aged persons
"The Hollies," Frederick Street	10-10-49	30 men		Aged persons
Stamford House, Lees New Road	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		Aged persons
"Toravon," Newport Street	30-6-55	27 men and women		Aged persons
"Greylands," Rhos-on-Sea	16-6-55	20 men and women		Holiday Home All categories
"Limecroft," Whitebank Road	22-1-57	42 men and women		Aged persons
"Glenthorne," Queens Road	4-12-57	25 men and women		Aged persons

<i>Name of Home</i>	<i>Opened</i>	<i>Accommodation</i>	
		<i>Provided</i>	<i>Category</i>
"Fairhaven," Lees New Road	21-11-61	43 men and women	Aged persons
Napier House, Windsor Road	24-11-52	Temporary accommodation for persons rendered homeless on account of fire, flood, &c.	
*Rothwell House, Colwyn Bay	2-8-62	17 men and women	Holiday Home All categories

* Provides holiday accommodation for suitable persons living in private dwellings in the Borough.

Day Care

Primrose Bank Day Centre	Early 1966	18-20 men and women	All categories
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Health Education and Home Safety

Health Education in all aspects of this large and important field of public health has been practised extensively throughout the year both by personal contact through the media of health visitors, district nurses, midwives and public health inspectors, and by film shows, lectures and demonstrations.

As in the past a great deal of importance has been attached to the education of school children in matters of health and hygiene and through the year talks and demonstrations have been given by school nurses to pupils of both sexes in their last year at both secondary modern and grammar schools. It is usually at the request of the Headteacher that these lectures are given and they take the form of six to eight talks, one being given a week, on such subjects as personal hygiene, parentcraft, etc.

Health Education is brought into the home by way of the routine visits made by district nurses and health visitors and great efforts are made in promoting the cause in the Child Welfare Centres where the personal contact between the health visitors and the mothers attending the clinics is aided by the numerous posters and leaflets provided.

During the year Miss C. Williamson, the Superintendent Health Visitor, was requested on numerous occasions to give evening talks to various organisations and this is considered as a valuable means of communication with the public at large, a goal which the department is constantly endeavouring to obtain.

Cancer Education

The Health Committee made a contribution of £223 to the Manchester Committee on cancer during the financial year 1965/66 for the work undertaken in connection with cancer education in the Borough.

I am indebted to Mr. R. L. Davison, Executive Officer, Educational Project, for the following report on the year's activities.

"It is in the nature of cancer that its onset is often insidious and its course undramatic to begin with. This holds two dangers for the person

who may be suffering from early cancer; he may either dismiss the symptom as trivial and decide to ignore it; or even if he suspects something serious he may easily persuade himself not to face up to the possibilities for the time being. Facing up to the possibility of cancer is all the more difficult if one believes this inevitably means a sentence of death; and since large numbers of people continue to believe that most cancer patients are doomed to a painful death it is not surprising to find that many cancer patients still put off a visit to the doctor until too late.

Concern over this needless and avoidable loss of life is growing in many parts of the country, and workers elsewhere are beginning to adopt the pattern set in Oldham and surrounding towns, where a quiet tactfully executed scheme of public education about cancer was first pioneered in Britain.

During the year the Manchester Regional Committee on Cancer, acting on behalf of the Medical Officer of Health, continued to make the services of its Educational Project available to groups and societies of all kinds in the County Borough. As usual, the Committee's speakers visited church and lay societies, youth groups and schools, and each of the 19 groups visited was encouraged to discuss the subject and ask questions. The educational value of the group-discussion method has been convincingly demonstrated, and the Committee hopes that these benefit not only those who attend but also the friends and acquaintances of members who hear about cancer in the course of subsequent private conversations. Once again the Committee was glad of the opportunity to address nurses from the County Borough at the Training School in Oldham and during one-day visits to the Christie Hospital. Many nurses and doctors in the region have expressed appreciation of the cytology-teaching film *STAGE NOUGHT*, produced by Eothen Films Ltd., in collaboration with the Committee's officers. This film promises to be particularly useful to professional workers when cytology services become more widely available, and against that time the Committee is also planning an instructional film for the lay public."

FAMILY SERVICE UNITS

OLDHAM AND DISTRICT UNIT

By agreement, the Family Service Unit has been working in the Borough since 1949. From the 1st July, 1958, an independent Unit has existed to serve Oldham and district. A full-time Unit Leader and 3 full-time workers with a part-time secretary cover the whole area. The Council make an annual grant to the unit. The grant for the financial year 1965/66 was £1,800. This amount is contributed equally by the Welfare Services, Housing and Corporate Property, Children and Health Committees.

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.

I am indebted to Mr. Stephen A. Wyatt, Unit Leader for the Oldham and District Unit, for the following report on the work of his Unit:—

"During 1965 the Unit worked with 36 families, which included over 150 children at risk within the County Borough. Six of these cases were considered closed and seven new cases were opened during the course of the

year. In addition, work continued with two families who had lived in the Lancashire County area, but who moved within the boundaries of Oldham. Also one case which had been considered closed was reopened for a few months because of a further crisis period, but has since been closed again satisfactorily. The cases closed were originally referred by the Medical Officer of Health (1), School Welfare Department (1), Mental Health Department (1), Probation Office (2) and the League of Good Samaritans (1). Four of these cases were closed because the families are now able to function satisfactorily without the additional support of the Unit. One family transferred to another area, and one was referred to another Social Work Agency who are able to offer more appropriate help for their difficulties. The cases opened were referred for intensive help by the Medical Officer of Health (1), Children's Department (3), Mental Health Department (1), Medical Social Worker (1) and a Member of Parliament (1). The case re-opened was originally referred by the Housing Department and the two families who moved from Lancashire were originally referred by the Medical Officer of Health and a Probation Officer, in that area.

The redevelopment of the St. Mary's Ward led to the demolition of the property we previously occupied and during the course of the year the Unit moved into premises which provide much improved facilities for efficient working conditions and for our expanding activities. Besides office accommodation there are rooms for the Children's Group Meetings and for storing second-hand clothing and other equipment quite often badly needed by the families referred to us for help. The premises also provide interviewing rooms, for although most of our contact is with the families in their own home, many of them also visit the Unit regularly or at times of particular trouble during the course of our work with them.

The central task of the Unit continues to be social casework with parents who are in need of help both in terms of the emotional and relationship difficulties they experience and in terms of the sometimes crucial practical problems that result from these. This is undertaken in the belief that the family unit is the basis of our society and that where this is possible the prevention of the break-up of family life is of the utmost significance both for the individuals concerned and for the community. Our ancillary activities during the course of the year have again included work with small groups of children who need particular help, because of their family circumstances, in adjusting to a normal life. The Groups meet regularly at the Unit or for other activities and each group had a week's holiday with their leaders in the Lake District or in Derbyshire. It was also possible to arrange caravan or chalet holidays for five Oldham families, during the summer, partly through the generosity of Oldham, Matlock and Colwyn Bay Round Tables, and partly through the use of our own caravan in North Wales.

We are fortunate to have the services of Dr. Jean Heywood of Manchester University as Consultant to our Case Conferences which enable us to consider how our activities can best help a family situation in the most purposeful and professional way. These Case Discussion Groups which have included social workers from other agencies have also highlighted the possibilities for further research in family casework. The Unit's pioneer interest in the problem of families who live in poverty reached the highest national levels during the course of the year and there is some

hope that national action can be taken in the near future to relieve financial distress for this minority group whose income is still below the recognised subsistence level.

The Unit is recognised by the Joint Committee on Family Casework Training as an agency for supervision of students' practical work and seven students from both professional and pre-professional courses spent periods of up to six months at the Unit as part of their University training."

OLDHAM CREMATORIUM

Dr. B. Gilbert is the Medical Referee to the Crematorium and Dr. J. Starkie and Dr. E. M. R. Stuart act as Deputy Medical Referees.

Dr. C. H. Adderley, Consultant Pathologist, Oldham Hospital Group, is Pathologist to the Oldham Crematorium, his services being requested should the Medical Referee require a post-mortem examination before issuing an order for cremation.

There were 1,349 cremations authorised by the Medical Referee or his Deputies, including 1 Stillbirth. In 281 cases a certificate (Form E) had been given by the Coroner.

In one case the confirmatory medical certificate (Form C) could not be accepted by the Medical Referee as the Medical Practitioner signing the certificate was not a fully registered Medical Practitioner of not less than five years' standing.

In two cases, the Doctor signing Form B. had not seen or attended the deceased when alive, and cremation was authorised after the completion of new certificates by doctors fulfilling the statutory requirements.

Of the 1,349 cremations authorised 728 related to Oldham residents and 621 to non-residents.

SUPERANNUATION AND OTHER MEDICAL EXAMINATIONS

Corporation Employees

The medical staff of the Department undertook medical examinations as follows:—

<i>Department</i>	<i>Entrants</i>	<i>Superannuation</i>		<i>Total</i>
		<i>Disability</i>	<i>Special</i>	
Baths and Wash houses ...	2	—	1	3
Borough Architect's	23	—	1	24
Borough Engineer and Surveyor's	19	—	11 (10)	30 (10)
Borough Treasurer's	7	—	—	7
Children's	35	—	9	44
Civil Defence	1	—	—	1
Cleansing and Transport...	27	1	27 (15)	55 (15)
Education	45	1 (3)	9 (6)	55 (9)
Fire Service	2	—	—	2
Housing	10	—	—	10
Libraries	16	—	—	16
Magistrates' Clerk	4	—	—	4

<i>Department</i>	<i>Superannuation</i>			<i>Total</i>
	<i>Entrants</i>	<i>Disability</i>	<i>Special</i>	
Markets'	1	—	1	2
Parks and Cemeteries	61	—	15 (6)	76 (6)
Passenger Transport	272	8 (20)	60 (36)	340 (56)
Police	5	—	—	5
Probation	—	—	—	—
Public Health	75	1	32 (4)	108 (4)
Registrar	—	—	—	—
Sewage	—	—	—	—
Street Lighting	3	—	11 (8)	14 (8)
Town Clerk's	17	—	2 (3)	19 (3)
Town Hall	2	—	1	3
Waterworks	12	—	11 (9)	23 (9)
Weights and Measures	2	—	—	2
Welfare Services	21	—	4 (8)	25 (8)
Works	20	—	29 (15)	49 (15)
	682	11 (23)	223 (121)	917 (143)

The figures in parentheses relate to re-examinations carried out for various reasons and bring the total number of examinations to 1,060 during the year.

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 medical officers of the Department and during the year 108 teachers were examined. This figure includes 58 examinations (36 female and 22 males) for which Form 28 RQ was completed and forwarded to the Ministry of Education.

Other Examinations

Transport—Road Traffic Acts	56
Waterworks—Entrants	9
Education—Entrants (Teachers)	108
School Meals Employees	177
Health Department—Casual Appointments	30
Other Authorities	8
	388
Referred to Consultants	25
Pathological Examinations	20

The pathological examinations included 9 specimens of blood for Widal test and 9 specimens of faeces taken from employees of the Waterworks Department.

Candidates Applying for Admission to Colleges

The medical examination of candidates is the responsibility of the Principal School Medical Officer who is also Medical Officer of Health.

During the year 111 candidates (78 females, 33 males) were examined, and a report completed and forwarded with Form 4R.T.C. to the appropriate college authority. In all cases it was possible to pass the candidates as fit for admission to a course of training. All the candidates agreed to an X-ray examination.

Applications for Hackney Carriage Drivers' Licences

All new applicants for a Hackney Carriage Drivers' Licence and those holders of licences who are 65 years of age and over, are required to pass a medical examination arranged by the Medical Officer of Health. These examinations are undertaken by the medical officers of the Department and the applicants themselves are responsible for the charge involved.

New applicants under 65 years	21
Holders of a licence who are 65 years and over ...	—

Examination of School Meals Staff

The scheme for the examination and chest X-ray on appointment of all new entrants to the School Meals Service continued.

During the year 177 new entrants were examined. Commencement of employment was deferred in 3 cases pending receipt of satisfactory X-ray reports. All 3 candidates were later allowed to commence duties.

X-ray Examinations

The following examinations were made:—

(i) X-ray of chest	362
(ii) M.M.R. X-ray	151

Borough Coroner's Report for 1965

The deaths reported to the Coroner during the year 1965 were 476 (males 288, females 188).

In 344 of the cases reported the deaths were investigated by the Coroner but no inquest held. In 330 of these cases a post mortem was performed.

There were 129 concluded inquests held (males 70, females 59) and 3 inquests were adjourned under section 20 of the Coroners' (Amendment) Act 1926 and not resumed.

Of the 129 concluded inquests held 31 were held with a jury.

There were 461 post-mortem examinations in 330 of which no inquest was held.

The verdicts returned in the cases of concluded inquests were:—

Suicides	22	(9 males, 13 females)
Accident or misadventure (including 3		
War disability cases)	65	(36 males, 29 females)
Natural Causes	19	(12 males, 7 females)
Deaths from Industrial diseases	17	(11 males, 6 females)
Open Verdicts	6	(2 males, 4 females)

The cases where inquests were adjourned and not resumed were:—

Manslaughter	1	(male)
Causing death by dangerous driving (contrary to Section 1 of the Road Traffic Act, 1960)	2	(females)

The ages of the 22 suicides were as follows:—

Between 21 to 29 years of age	1	(female)
Between 30 to 39 years of age	1	(male)
Between 40 to 49 years of age	7	(3 males, 4 females)
Between 50 to 59 years of age	5	(1 male, 4 females)
60 years and over	8	(4 males, 4 females)

The types of suicides were:—

Self-hanging	2	(males)
Self-drowning	1	(male)
Coal gassing	11	(4 males, 7 females)
Barbiturate poisoning	5	(females)
Codeine poisoning	1	(female)
Barbiturate poisoning and coal gas- sing	1	(male)
Carbon monoxide poisoning (car ex- haust fumes)	1	(male)

In 1964 there were 454 deaths reported, 146 concluded inquests were held.

*CARE OF THE ELDERLY
IN HOSPITALS AND RESIDENTIAL HOMES*

*Report of the Medical Officer of Health on the Memorandum for Local
Authorities and Hospital Authorities*

Resumé of Memorandum

Commentary

Para 1. Introductory

Para 2. The Present Position

Most of the cases already in hospitals have been correctly placed, similarly with persons residing in welfare homes. (1)

Occasionally there is a wrong placement, often due to bed shortages or because of defects in past admission arrangements, etc.

It is thought to be wrong to move a patient who has been wrongly placed if that placement took place years ago.

Long stay residents in both classes of establishment are naturally becoming older and more infirm. There is a need therefore to retain persons in L.A. homes who have deteriorated (2)

and similarly for hospitals to retain patients whose condition will vary from time to time.

Joint planning is necessary to ensure: (3)

- (i) Formulation of criteria for correct *initial* placement.
- (ii) Amount of each type of accommodation to be provided.

(1) In so far as they should not be in hospital. This does not necessarily mean that they should not be in some other non-institutional accommodation.

(2) The criterion to be adopted in these cases is whether they would be removed to hospital if living in their own homes with adequate support. This may mean more work for District Nurses in Welfare Homes.

(3) A Geriatric Liaison Committee has been set up and these points are under active consideration.

Local Authority residential services

Para 3. (i) Provision of accommodation on a scale decided by joint planning as above. The recommended size of hostel is 20-50 beds and will include a proportion of handicapped persons.

- (ii) Smaller homes of up to 35 beds for the severely physically handicapped, mentally confused etc.
(4)

(4) This may entail the provision of more accommodation for the mentally infirm under S.28 of the N.H.S. Act (1946).

Para 4. To achieve para 3., above.

- (i) Collation of information from all sources, both official and voluntary. (5)
(ii) Full domiciliary support to ensure that the aged are kept at home as long as possible. This will include special housing.
(6)

(5) This is already in progress via the Geriatric Liaison Committee.

(6) This will almost certainly require establishment increases in the District Nursing and Home Help Services including Night Attendants. It is desirable to have at least one Geriatric Health Visitor but owing to staff shortages in this section, it is not feasible at present. Preventive clinics, for which plans have already been made will also play a part in the prevention or delay of onset of infirmities. There will be a big need for special housing, either of the "Orchard" pattern, or straight forward flatlet accommodation. Chemical closets have been supplied in some cases but these are not really satisfactory and difficulty is experienced in emptying them.

- (iii) Close liaison with welfare homes and the Consultant Geriatrician.
(iv) Sufficient staffing in homes dependent on type, and accessibility for G.P.'s, District Nurses, Health Visitors, etc. as required.
(7)

(7) This will also effect our establishment.

It is not possible to state how far (6) and (7) will affect the establishment until surveys of

- (v) Provision of short term care to relieve relatives, and for rehabilitation and assessment. (8)

General. Better use should be made of domiciliary supportive services in Welfare Homes to obviate the need for trained nursing staffs thus depleting hospital resources. (9)

Para 5. Defines the class of persons who should be admitted to homes, including psychogeriatric cases. Broadly speaking they are those persons who are unable to maintain an independent existence even with full domiciliary support but *who do not* need skilled, continuous nursing or psychiatric nursing. Incontinence does *not* normally disqualify.

General

Residents falling sick who would not normally be transferred to hospital in similar circumstances if in their own homes, should not be moved, nor should they be sent to hospital if obviously dying.

Hospital Geriatric Services

Para 6. Recommends

- (a) Provision of an effective geriatric service (10)
- (b) Joint assessment of needs with local authorities and general practitioners. (11)
- (c) Need for assessment beds and short term beds. (12)
- (d) Long stay cases should be maintained either in hospital or in annexes under control of hospital. (13)

present and future needs are completed.

(8) This is most important. Relatives would probably be more agreeable to look after the aged if they were sure of getting adequate relief from time to time. An assessment ward at the hospital or an observation unit outside is essential.

Many cases of self neglect (e.g. S.47 cases) just require cleaning and feeding for a period.

(9) This advocates greater use of District Nurses in Welfare Homes.

(10) Ours is as effective as any and better than most.

(11) Geriatric Liaison Committee set up for this purpose.

(12) Recommendations have been made to Geriatric Liaison Committee.

- (e) Full utilisation of out-patient departments and day care. (14)

(13) The idea of annexes with less qualified staff is worth pursuing.

(14) We are well ahead in this field.

The circular also calls for :

- (i) The integration of the geriatric unit with the rest of the hospital.
- (ii) The appointment of specialist geriatric physicians who will act as co-ordinators with other hospital departments, local authorities and G.P.'s. (15)
- (iii) Close co-ordination between the geriatrician and psychiatrist. (16)

(15) This in fact takes place to a considerable extent.

(16) This is essential in dealing with the psycho-geriatric case. An assessment panel has been set up.

Para 7. Recommends.

- (i) The prompt admission of the elderly to hospital when necessary, (17)
- (ii) Out-patient or domiciliary assessment whenever possible, (18), also joint consultation between geriatrician and psychiatrist if any mental disturbance.
- (iii) Relates to discharge from hospital *after* due consultation with G.P. and local authority services, to assess needs before going home. (19)
- (iv) Siting of long stay accommodation to facilitate visiting.
- (v) Provision of temporary care to relieve relatives. (20)

(17) Too often this depends on the availability of a bed.

(18) This would help to conserve beds and is in fact implemented in this area.

(19) This is common sense. There is a place for D.N. to see her patient in hospital before discharge also. Includes elderly patients on other than geriatric wards.

(20) This is essential.

Para 8. Defines the categories of patient to be admitted to hospital, other than short term acute cases.

(21)

(21) These are fairly well defined and largely self explanatory.

- (i) For assessment and investigation.
- (ii) Long term illness or terminal illness requiring more than supportive treatment. (22)
- (iii) Admitted initially as short term cases but do not recover sufficiently to be discharged. (23)
- (iv) Confused or mentally ill patients who cannot be looked after in the community but are not strictly cases for psychiatric unit. (24)

- (v) Convalescent and rehabilitation cases.

All the above categories include patients who may be suffering from severe and intractable incontinence. Incontinence *alone* does not necessarily qualify for hospital admission.

Joint Planning and Operation.

Para 9. Relates to the necessity for joint planning so that the 3 services, i.e. hospital, public health and welfare act as a unified whole. It is recommended that committees be set up at *officer level*. G.P.'s are also to be on these committees and others brought in as necessary, e.g. housing departments. (25)

(22) i.e. requiring skilled and constant nursing.

(23) e.g. certain orthopaedic cases, arthritis, disseminated sclerosis, etc.

(24) These "psycho-geriatric" cases are the most difficult problem.

(25) A Geriatric Liaison Committee has already been set up in this area and comprises:—

- (i) *Oldham & District H.M.C.*
Consultant Geriatrician.
Consultant Psychiatrist.
Group Secretary (as Secretary).

- (ii) *Oldham C.B.*
Medical Officer of Health.
Director of Welfare Services.

- (iii) *Lancashire County, No. 14 Div.*
Divisional Medical Officer

- (iv) *West Riding.*

Divisional Medical Officer
Two general practitioners (one

as chairman). Powers to co-opt Housing Managers, etc. as required.

An assessment panel (relating to Oldham admissions only) consisting of the consultant psychiatrist and geriatrician, the M.O.H. Oldham and the Director of Welfare Services, Oldham has also been established.

Para 10. Defines the area of operations for the planning group and places the responsibility on the regional hospital board to take the initiative in setting up such groups where they do not exist. (26)

(26) The group is already in existence (Geriatric Liaison Committee) and is based on the catchment area of the Oldham and District Group of Hospitals, i.e. Oldham C.B., Lancs. County 14 Div. and parts of West Riding.

Para 11. Defines the tasks to be undertaken

- (a) Estimation of the elderly population with future trends. (27)
- (b) Assessment of needs to be met and resources already available. (28)
- (c) Co-ordination to eliminate duplication of services and functions. (29)
- (d) Closure of old Public Assistance Institutions. (30)

(27) In progress (by G.L.C.)

(28) In progress (by G.L.C.)

(29) At present unavoidable in some instances.

(30) Does not greatly affect us. e.g. "Newholme" Withington Hospital.

Para 12. Summarises the need for close liaison between the hospitals and local authorities, not only in planning but in day to day working. Both parties are expected to take an active part in arranging for emergency admissions either from the community into hospital or from individual houses to welfare homes. It recommends the appointment of a geriatrician to the local authority staff. (31). Regular

(31) The Consultant Geriatrician is retained as Geriatric Consultant to the Local Health Auth-

ority. He is *not* so retained by the Welfare Committee. We have already gone further than the circular in that a Senior Assistant M.O. of this Department is seconded part-time to the Geriatric Unit at O.D.G.H.

meetings between the various staff are recommended. (32)

(32) These meetings take place.

Summary

The various sections of the memorandum are summarised and commented upon. The liaison between the Department of Public Health and the hospital could hardly be closer and as far as these two authorities are concerned, the circular has been largely anticipated. It is appreciated that the services could however be made more effective and also, once the needs are fully defined, resources both in staff and accommodation may need to be increased or re-orientated. As far as the Health Committee is concerned, more hostels for the mentally ill and mentally sub-normal will probably be required. The main difficulty will be in obtaining suitable qualified staff such as Health Visitors to meet future demands. I anticipate little difficulty in recruiting additional District Nurses if required, but the additional demand on the Home Help and Night Attendant Services, will be difficult to fulfill. It may be possible by increasing mobility, to operate an increased case load.

As far as the Mental Health services are concerned, apart from increased hostel accommodation, an increase in training centre places is probable and also an increase in the establishment of Mental Welfare Officers.

It is proposed to submit a further report on these matters on some future date.

APPENDIX I

RESOURCES IN TERMS OF ACCOMMODATION

Population, *aged 65 and over* (as published in Health and Welfare, The Development of Community Care 1964 edition).

14,800 in 1964 rising to 16,700 in 1974.

I have reason to believe however that a true estimate would be 19,000 rising to 22,000 persons of *pensionable age*. (This would include women of 60+).

AVAILABLE RESOURCES

IN TERMS OF UNITS OF ACCOMMODATION (1965)

TABLE I

<i>Location</i>	<i>Number of Units</i>	<i>Remarks</i>
Hospitals	200	Estimated 50 % of total beds for area.
Welfare Services...	361	
Mental Welfare ...	61	Includes 10 beds in course of erection. Not all are available for the elderly.
Housing Dept.	814	Does not include 15 run by W.V.S. Does not include multi-storey blocks.

Total: 1,436

TABLE II

Breakdown of Table I

1. Hospitals

	Geriatric		Orthopaedic		Psychiatric		Total	Remarks
	M	F	M	F	M	F		
O.D.G.H.	80	189	15	11	—	—	295	Varies with staffing position.
O.R.I.	—	—	12	45	—	—	57	Average No. of beds occupied by O.A.P.'s
E.M.U.	—	—	—	—	8	37	45	Average No. of beds occupied by O.A.P.'s
							397	

NOTE—The total of 397 beds is for the whole catchment area of some 250,000 people. I have estimated Oldham's share at 200 for the purpose of this report.

2. Welfare Services

There are 13 welfare homes providing 135 male beds and 226 female beds, total 361. There is some elasticity as in mixed hostels, the proportion of male to female beds can be varied.

3. Mental Health Hostels

There are 41 beds at the Nuffield Hostel (10 under construction) 21 male and 20 female.

There are 20 beds at Mayall Street which is a mixed hostel. Not all beds are available for persons of pensionable age and this will remain a variable figure.

4. *Housing Department*

TABLE III
COUNTY BOROUGH OF OLDHAM
HOUSING DEPARTMENT

Details of One Bedroom Council Accommodation for Elderly People

Estates	One Bedroom Bungalows	One Bedroom Flats	Bed- Sitters	Community Flatlets
<i>POST-WAR</i>				
*Limeside (New)	50	—	29	32
Fitton Hill	60	—	—	—
Fitton Hill (Extension)	64	60	—	—
Holts	98	28	—	—
Alt	53	12	—	30
Littlemoor	—	43	10	—
Acre Lane	—	8	9	—
Albert Mount	—	62	—	—
Crete Street	—	23	—	—
Walnut Avenue	6	—	—	—
*Clarkwell	—	6	—	—
*Primrose Bank	—	2	6	—
*Hollinwood	—	22	11	—
*Collier Hill	12	—	—	—
<i>PRE-WAR</i>				
Stoneleigh	12	—	—	—
Boundary	42	—	—	—
Hathershaw	8	—	—	—
Roundthorn	16	—	—	—
Totals:	421	266	65	62
				GRAND TOTAL 814

- NOTES:—1. All the dwellings are on the ground floor with the exception of the community flatlets at Alt Estate, 15 of which are on the first floor.
2. The bungalows and flats are suitable for one or two persons, the remainder for one only.
3. Estates under construction are marked * but the totals given are the numbers when completed.
4. Multi-storey blocks are excluded.

APPENDIX II

(A) PERSONNEL.—HEALTH DEPT.

	<i>Establishment</i>	<i>In Post</i>
Senior Assistant M.O. (geriatrics)	1	1
Health Visitors	25+8 pupils	17 (includes Superintendent, Deputy and 3 pupils)
District Nurses	23	23
Mental Welfare Officers	5+2 assistants	5+2 assistants
Home Help Organisers	1+3 assistants	1+3 assistants
Home Helps	No fixed establishment	220 part time equivalent to 100 full time

(B) AGED PERSONS RECEIVING ASSISTANCE FROM THIS DEPARTMENT

Domestic Help Service

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis over 65	2	5	7
Blindness over 65	23	41	64
Old Age and Sickness over 65	357	998	1355
	382	1044	1426

At this date, the Department is only dealing with 170 cases under the age of 65.

District Nursing Service

There are approximately 760 cases at any one time being visited by the District Nursing Service and approximately 64,000 visits are paid per year, to these patients. Only approximately 110 of these cases are under 60.

Chiropody Service

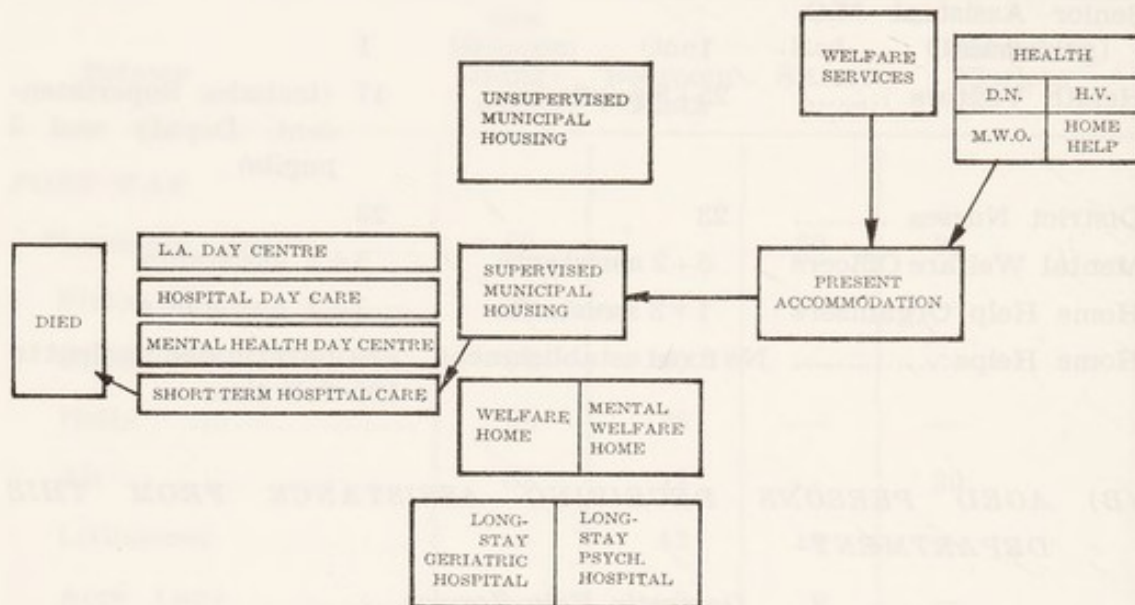
At the end of 1964, there were 1,100 Chiropody cases being treated by the Department, all of whom were over 60, the majority being over 65.

Health Visiting Service

In 1964, out of 31,524 effective visits, 1,145 visits were paid by Health Visitors to persons aged 65 and over.

APPENDIX III

DISPOSAL PATTERN FOR AGED, LIVING ALONE



The above diagram shows the available facilities for the aged and a sample path of occurrence is shown. It is obvious that there are any number of permutations involving any or nearly all of the services.

Logically an aged person could be rehoused in unsupervised municipal housing with or without support from the domiciliary services. As ageing takes place with concurrent disability, the person could then be rehoused in supervised accommodation (e.g. "Orchard") and finally taken into a welfare home or geriatric hospital. The fault of the scheme of course would be too many uprootings and this is particularly bad for the aged and therefore this scheme would not work in most cases. Of course, many people, on rehousing, would be able to manage with supportive help until they died. It is inevitable that many of the aged will require rehousing if only on sanitary grounds. Great difficulty is being experienced with the aged being unable to make use of unsatisfactory outside sanitation which may be some considerable distance from the house. The use of chemical closets is far from satisfactory in these cases and great difficulty arises in emptying them.

Reverting to the diagram, in my opinion the most important link in the chain is *supervised municipal housing* on the "Orchard" pattern or to take this a stage further, independent flatlets annexed to a welfare home as in use at Crewe. The advantage here is the amount of supervision is variable and need not be required at all initially. As the person grows older or more feeble extra supervision or services can be applied, and if constant care is required then only one move is necessary either into a local authority home or a long stay at hospital. As one is initially setting up an artificial community of the aged it is therefore necessary to site these dwellings within communities with a normal age structure. The foregoing of course is not applicable to people who are living with relatives and being adequately cared for by them.

Future developments in the services are outlined in the 10 year plan which has already been submitted to the relevant committees and this no doubt will require careful and even possibly, drastic revision if there is any change of policy in care for the aged.

In my opinion the immediate future need is in the provision of more accommodation of the "Orchard" type as being the most useful, economic, and versatile means of housing the elderly.

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