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Contributors

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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Medical Officer of Health


and

Principal School Medical Officer

Basil Gilbert

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

1968



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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Medical Officer of Health

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Principal School Medical Officer

Earl Gilbert
M.A.C.S., L.R.C.P., D.P.H.

1968

Department of Public Health,
Oldham.

October, 1969.

To the Mayor, Aldermen and Members of the Borough Council,

Your Worship, Ladies and Gentlemen,

I have pleasure in presenting my report on the health of the borough for the year 1968.

Hitherto, the report of the Medical Officer of Health and that of the Principal School Medical Officer, have been published separately and this is the first occasion that they have been combined as a single volume.

In spite of the chilly financial climate, it has been possible to bring into fruition several long awaited projects, though others, including the new ambulance depot and the health yard, have had of necessity to fall by the wayside.

Our services for the mentally handicapped, already a source of pride, have been further enhanced by the opening of two new residential homes and the addition of a purpose built dining block to the Industrial Centre. With the one hundred beds now provided for the community care of the mentally ill and handicapped, we now have as many beds as are available to us in the local psychiatric unit, a record which must be virtually unique.

Both the new homes, "Greylands" situated in Rhos-on-Sea, and Limeside, within the borough, provide several new features in community care.

"Greylands," formerly a holiday home for persons of pensionable age, managed by the Oldham Welfare Services Department, became surplus to requirements following the purchase of another home in Southport, and we were able to take it over for use as a rehabilitation and holiday home for recovered mentally ill and mentally handicapped persons. The home, which is essentially for short stay cases, will serve a number of widely varying purposes, some of which, to my knowledge, are not provided in this form elsewhere. The first class of patient will have recovered sufficiently to be discharged from hospital but would be expected to benefit from a change of environment before finally going home. The second use is purely as a holiday home for the mentally sub-normal, many, though not all, coming from our other homes and the industrial centre and also for certain aged persons. It is also proposed to offer holiday accommodation to families with a mentally handicapped child. This will enable them to enjoy a family holiday at the seaside and for the parents to have a much needed break in the evening, if they so wish, knowing that their child is safely cared for, a facility they cannot easily obtain at the average hotel or boarding house. Incipient mental breakdown can also be prevented by the timely accommodation of persons whose condition is likely to rapidly improve if removed from an adverse domestic environment.

The path to the opening of this home has not been smooth. Strong initial opposition in the Colwyn Bay area to the planning application for change of use was due largely to misinterpretation of our intentions and was finally resolved when members and officers of the Denbighshire County Council and Colwyn Bay Borough Council agreed to receive representatives and officers from this borough. An amicable meeting held at Greylands enabled our aims to be accurately stated and were sympathetically received. I would like to express my thanks to Denbighshire County Council and the Colwyn Bay Borough Council for their help and understanding in this matter.

Following the granting of planning permission we were dealt a further blow by the application, by a group of residents, for an injunction to prevent us from opening the home for the purposes intended, claiming that there would be a breach of a restrictive covenant. This led to a protracted legal battle necessitating several journeys into Wales before a satisfactory conclusion was reached. Once again, I must express my sincere thanks to Counsel, to the Deputy Town Clerk, Mr. Harold Clarke, Mr. Hobson of the Town Clerk's Department, Mr. McKniff, Lay Administrative Officer in this department, Mr. Cheetham, Senior Mental Welfare Officer and all others concerned in this lengthy and tedious case which involved many hours of additional work and arduous travelling. This case is a sad illustration of the prejudice which still exists in far too many quarters to mental illness and handicap.

The Limeside community care home, opened in December, is an example of what can be achieved at minimal cost with, we hope, maximum benefit and is described more fully on page 93 in the body of the report.

The purpose built dining block at the Industrial Centre provides much improved facilities for the trainees and also caters for a separate dining room for residents in the Nuffield Home, being linked to the main dining area by a central kitchen. The accommodation released in the centre itself has allowed for much needed expansion.

The introduction of vaccination against measles marked another advance in the field of preventive medicine. Available initially to children between the ages of one and fifteen years who have not yet suffered an attack of the disease, it will eventually be offered routinely to all children in the second year of life. Measles, regarded by many as a necessary, trivial childhood ailment, if somewhat unpleasant, can in fact be a dangerous illness with severe consequences leading perhaps to deafness and even blindness or brain damage and other less crippling but nevertheless debilitating complications such as pneumonia. It has been thought possible to eradicate the disease in its epidemic form if some 70% of the susceptible population is vaccinated. There are possible long term dangers in that once the disease has been virtually eliminated, parents will no longer bother to have their children vaccinated, as we have already seen in the steady decline in the number of parents accepting protection against diphtheria for their children. Should this occur, we could eventually have a population who are susceptible and not immune to measles infection and the exposure of such a population to the measles virus could result in dire consequences such as have occurred on remote islands where the introduction of measles has resulted in the decimation of the population. With this in mind it becomes vital that every effort be made to keep the number of vaccinated persons at a high level.

For many years we have had great difficulty in recruiting and retaining staff for the domestic help service. An in-service training scheme has now been initiated and I must compliment the organiser, Mrs. Hadfield, and her staff for the excellent work they are doing in this direction which is already showing a distinct benefit.

The illegitimacy rate has again risen from 14.16 per cent of total live births to 14.45 per cent. Following last year's record figures, the health committee was sufficiently enlightened to permit the giving of contraceptive advice to the unmarried in the Family Planning Association's clinics held on Local Authority premises, but sad to relate, the minute was referred back following a lengthy debate in council. Approval was finally given, but so hedged with restrictions as to be virtually useless. Written parental consent is required for persons under the age of 21 who are not engaged to be married and actual accompaniment by a parent for those under 18. Investigation into last year's statistics revealed that 97 out of the 275 illegitimate births were the result of more or less stable cohabitations which does at least offer some mitigation of the problem in that the children are not entirely deprived of a father.

In the early part of the year, the corporation's water undertaking was transferred to a new, independent body, the West Pennine Water Board, and I was permitted to accept the additional appointment as Medical Officer to the board.

The Chief Public Health Inspector has made comment in his section of the report on the folly of suspending the smoke control programme, a view I cannot too strongly endorse. The benefits to health as well as the less obvious benefits resulting from smoke control such as the prevention of deterioration in buildings, etc., are of inestimable value in a region already notorious for its drabness and chronic ill health. Even the climate can be improved by energetic smoke control measures.

In spite of staffing difficulties, it was possible to carry out more routine school medical examinations than in 1967. It is gratifying to note a decrease in the number of children with head infestation but this must be tempered with caution as the number of inspections by school nurses had of necessity to be curtailed.

There was a marked increase in the number of children ascertained as educationally sub-normal and there is now a growing waiting list for admission to Marland Fold School. It is hoped that ultimately, Strinesdale open air school can be redesignated as a school for the educationally sub-normal when the pupils have been transferred to the new Park Dean school for handicapped children.

The Knowl View residential school at Rochdale was completed at the end of the year for occupation in January, 1969. The school is provided jointly by the Rochdale, Oldham, Bolton and Lancashire County Authorities, Rochdale being the administering authority, and should cater for all our maladjusted boys, ascertained as such.

Sweep testing of hearing in schools was further extended this year and in addition to the school entrants, 1,089 junior school children were tested.

The special clinic services suffered a setback by the resignations of Mrs. Carter who had served for many years in the speech therapy clinic and Miss Stringer, the part time orthoptist. Fortunately, the Manchester Royal Eye Hospital was able to assist us with the loan of an orthoptist for one day a week and at the end of the year we were able to acquire the services of Miss Robinson who will commence full time duties as orthoptist early in the new year. Measles vaccination has already resulted in a dramatic fall in the number of children absent from school, with this illness. Health education in schools continues to increase and is fully discussed in the report. To end on a sad note, yet again accidental death in schoolchildren outstrips all other forms of mortality, six out of the eight deaths recorded being due to accidental causes.

Once more it gives me great pleasure to express my thanks to the members of the council, officers of other corporation departments, head-teachers and their staffs and many outside organisations for their willing and invaluable co-operation, and to my own staff who have continued to give me their loyal support throughout the year.

Your obedient servant,

BASIL GILBERT,

Medical Officer of Health and
Principal School Medical Officer.

THE HEALTH COMMITTEE

(from May, 1968)

Chairman:

Alderman E. Rothwell, J.P.

Deputy Chairman:

Alderman F. Baxter, J.P.

The Mayor:

Alderman R. Bailey, J.P.

Alderman E. G. Taylor, J.P.	Councillor A. F. Bennett
Councillor F. B. Balson, J.P.	Councillor F. Collins
Councillor C. Bardsley	Councillor A. J. Markham
	Councillor H. N. Whitehead

Non-Council Members:

M. Strang, Esq., M.B., Ch.B.	Miss J. Evans, M.B. B.Chir., F.R.C.S., D.Obst., M.R.C.O.G.
Miss A. Wrigley	
	Mrs. J. Briggs

*MATERNITY AND CHILD WELFARE SUB-COMMITTEE**Chairman:*

Alderman E. Rothwell, J.P.

Deputy Chairman:

Alderman F. Baxter, J.P.

The Mayor	Councillor A. F. Bennett
Alderman E. G. Taylor, J.P.	Councillor F. Collins
Councillor F. B. Balson, J.P.	Councillor A. J. Markham
Councillor C. Bardsley	Councillor H. N. Whitehead

Non-Council Members:

M. Strang, Esq., M.B., Ch.B.	Miss J. Evans, M.B., B.Chir., F.R.C.S., D.Obst., M.R.C.O.G.
Miss A. Wrigley	
	Mrs. J. Briggs

*HOME NURSING SUB-COMMITTEE**Chairman:*

Alderman E. Rothwell, J.P.

The Mayor	Councillor C. Bardsley
Alderman F. Baxter, J.P.	Councillor A. F. Bennett
Alderman E. G. Taylor, J.P.	Councillor F. Collins
Councillor F. B. Balson, J.P.	Councillor A. J. Markham
	Councillor H. N. Whitehead

Non-Council Members:

M. Strang, Esq., M.B., Ch.B.
Mrs. J. Briggs

Mrs. H. Fenton
T. E. C. Crozier, Esq.

MENTAL HEALTH SUB-COMMITTEE*Chairman:*

Councillor F. Collins

The Mayor

Alderman E. Rothwell, J.P.

Alderman F. Baxter, J.P.

Alderman E. G. Taylor, J.P.

Councillor F. B. Balson, J.P.

Councillor C. Bardsley

Councillor A. F. Bennett

Councillor A. J. Markham

Councillor H. N. Whitehead

Non-Council Members:

Mrs. J. Briggs

Miss A. Wrigley

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

Assistant Medical Officers of Health/School Medical Officers:

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

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

Margaret West, M.B., Ch.B., D.C.H., D.P.H. (to 31.12.68)

Vijayan Ratnaraj Isaacs, M.B., B.S. (from 1.10.68)

Assistant Medical Officers of Health (Part-time)

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

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

Liselott Schreiber, M.D.

Joan Wilkinson, MB., Ch.B.

Arthur Reith, M.B., Ch.B.

Leslie M. Fenton, L.R.C.P., L.R.C.S., L.R.F.P.S.,

(from 29.2.68)

Samuel L. Royce, M.B., Ch.B. (from 2.4.68)

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

Peter Kearns, M.B., B.Ch., D.P.H. (to 6.9.68)

Chief Dental Officer:

James Fenton, L.D.S.

Senior Dental Officer:

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

Dental Officers:

A. J. Bradbury, B.D.S.

Mrs. G. Lawley, B.D.S.

Part-time Dental Officers:

A. D'A. Fearn

N. Gee (to 14.3.68)

J. Peel (from 11.11.68)

J. E. Briars (to 9.4.68)

S. R. Shlosberg (from 15.1.68 - 5.4.68)

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 Keddle, M.B., Ch.B., D.P.H.

Consultants:

F. A. L. da Cunha, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., F.R.C.O.G.	<i>Obstetrician</i>
D. Hilson, M.A. (Cantab.), M.B., B.Chir., F.R.C.P.(E), M.R.C.P., M.R.C.S., D.C.H.,	<i>Paediatrician</i>
D. M. Joshi, M.R.C.P.,	<i>Geriatrician</i>
J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S.	<i>Aural Surgeon</i>
G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. ...	<i>Anaesthetist</i>
F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P.	<i>Ophthalmic Surgeon</i>
Dr. N. Berlyne, M.B., Ch.B., M.R.C.P.(E), D.P.M.	<i>Psychiatrist</i>
Dr. S. Levine, M.B., Ch.B., M.R.C.P.(E), D.P.M.	<i>Psychiatrist</i>

Chief Chiropodist:

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

Chiropodist:

Mr. J. R. Prince, S.R.Ch.

Part-time Chiropodists:

Mrs. J. Cribb
Mrs. B. Lord (to 15.11.68)
Mrs. M. Hopper

Public Analyst:

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

Chief Public Health Inspector:

Dennis Eckersley

Deputy Chief Public Health Inspector:

John Brook (to 1.2.68)
Norman F. Harvey (from 13.5.68)

Assistant Chief Public Health Inspector:

Fred Rushworth

Senior Specialist Public Health Inspectors:

A. Naylor	N. Lees
J. Edmunds	E. Elford
D. Gaskin	L. E. Larrad (from 8.1.68)

Meat Inspector:

D. Makin (from 1.4.68)

Public Health Inspectors:

M. H. Dunkerley (to 31.3.68)
 R. Fallows
 J. McKenna
 S. J. Johnston (from 4.7.68)

Technical Assistants:

H. Cheetham	D. Leyden
T. Dawson (to 28.7.68)	J. Robinson
A. Lawton (to 7.4.68)	S. G. Johnston (to 3.7.68)
H. Waters	R. J. Loades (from 15.4.68)

Lay Administrative Officer:

T. P. McKniff

Ambulance Officer:

E. G. Crapper

Senior Mental Welfare Officer:

Donald Cheetham

Acting Senior Mental Welfare Officer:

Edward Hall S.R.N., R.M.N. (from 16.9.68)

Mental Welfare Officers:

E. Hall (to 15.9.68)
 D. Stansfield, S.R.N., R.M.N., R.N.M.S.
 A. Blood, S.R.N., R.M.N.
 Mrs. G. Whitehead, Cert in Social Work
 R. Croston, R.M.N.

Psychologist:

Mrs. J. Ward, B.A. (Hons.)

Supervisor of Training Centres:

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

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. M. McKenna S.R.N., S.C.M., H.V.Cert. (to 30.6.68)
Miss M. Switzer, S.R.N., S.C.M., H.V.Cert (from 2.9.68)

Senior Health Visitor/School Nurse:

Mrs. H. Emmott

Tuberculosis Visitor:

Mrs. V. Saville

Geriatric Health Visitor

Mrs. N. M. Walker

Health Visitors/School Nurses:

Mrs. B. Dodgson (to 7.1.68)	Mrs. J. Skimming
Miss C. A. Barry	*Mrs. C. Smith
Mrs. J. A. Carling (to 30.4.68)	Mrs. A. Fairfoull
*Mrs. N. M. McWiggin (to 31.12.68)	Mrs. C. Hilton
Mrs. S. Seddon	Miss B. McKenna
	Mrs. T. P. Kennedy (from 1.10.68)
	* Part-time

School Nurses:

Mrs. C. D'Arcy	Mrs. K. E. Lees
Mrs. H. Eglin	Mrs. H. Manuel
	Mrs. V. F. McCann

Public Health Nurses—Health Visiting Service:

Miss M. Freeman (to 30.9.68)	Mrs. M. Taylor (to 30.9.68)
Mrs. M. A. Wilson (to 23.9.68)	Mrs. M. C. Taylor (to 30.9.68)
Mrs. M. Street (from 1.12.68)	Mrs. M. Kehoe (from 1.11.68)

Clinic Nurses:

Mrs. E. Doolan
Mrs. A. Clarke

Non-Medical Supervisor of Midwives:

Miss D. M. Mathews.

Assistant Non-Medical Supervisor of Midwives:

Miss D. Coupe

Municipal Midwives:

Miss J. Carr*	Mrs. E. C. McMahon*
Miss M. A. Carragher* (to 4.10.68)	Mrs. A. E. Riley*
Miss J. M. Cocker*	Mrs. M. J. Sweeney*
Mrs. B. Edwards	Miss M. S. Wong
Mrs. I. Fitton	Miss V. A. Stott (to 24.6.68)
Mrs. M. Kirwan*	Mrs. M. Wood
Mrs. E. Lawton*	Mrs. R. Worswick*
Mrs. M. Bailey*	Mrs. K. A. Malone (from 1.7.68)

Public Health Nurses—Midwives Service (Part-time)

Mrs. C. Murphy (to 31.3.68)	Mrs. B. Franklin (to 10.3.68)
Mrs. N. Carey (to 7.7.68)	Mrs. F. Taylor
Mrs. B. Hitchmough	Mrs. B. Heap (from 11.7.68)
	Mrs. J. Heap (from 10.3.68)

Part-time Midwives:

Mrs. E. Brooksbank	Mrs. M. Barrett*
Mrs. J. Thomas	Mrs. M. W. Dunkerley*
Mrs. M. Jones	Mrs. E. Gartside (from 1.6.68)

*Approved Teaching Midwives.

Superintendent of District Nursing:

Mr. F. P. Earnshaw, S.R.N., Q.N.

District Nurses:

Mrs. D. Bridgehouse, Miss D. Clarkson, Miss A. Durrant, Mrs. K. Dyson, Mrs. I. Foley, Miss J. Gordon, Mrs. O. M. Knott, Mrs. E. Lutener, Mr. R. Peel, Mr. G. G. Smith, Mrs. M. Smith, Mr. E. L. Taylor, Mrs. J. Tweeddale, Mrs. O. K. Watmough, Mr. J. Wilson, Mrs. R. M. Wood, Mrs. J. Green, Mr. C. H. Tett (to 22.9.68), Mrs. A. Rideough, Mrs. P. A. Ainsworth (from 15.1.69), Mrs. I. Mann (from 30.12.68).

Part-time:

Mrs. A. W. D. Wade

Bathing Attendants:

Mrs. A. Darlington, Mrs. M. J. Edwards, Mrs. G. Harding, Mrs. M. Hubball, Mrs. M. J. Jones (from 8.1.68 to 2.8.68), Mrs. J. Howard (from 15.12.68).

Domestic Help Organiser:

Mrs. A. Hadfield

Assistant Domestic Help Organisers:

Mrs. H. A. Harvey (to 5.7.68)
 Mrs. J. Keating
 Mrs. N. Iveson
 Mrs. A. R. Dunkerley (from 19.8.68)

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.

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

SECTION I

Medical Referees

SUMMARY OF STATISTICS

Area of State	4,284
Estimated Population (June 30, 1951)	311,762
Estimated General Estimate of Population (July 1, 1951)	312,126
County of Population by number of persons per sq. mile	73.07
Number of States in the United States (July 1, 1951)	48
Number of States in the United States (July 1, 1951)	48
State represented by a party (July 1, 1951)	1
Political Party (July 1, 1951)	1
Total number of persons in State (July 1, 1951)	312,126
Number of Marriages	107

SECTION I

Vital Statistics

Number of Deaths	1,000
Rate per 1,000	3.21
Age Responsibility	1.00
Number of Births	10,000
Rate per 1,000	32.1
Number of Marriages	100
Rate per 1,000	0.32
Number of Divorces	100
Rate per 1,000	0.32
Number of Adoptions	100
Rate per 1,000	0.32
Number of Stillbirths	100
Rate per 1,000	0.32
Number of Infant Deaths	100
Rate per 1,000	0.32
Number of Child Deaths	100
Rate per 1,000	0.32
Number of Adolescent Deaths	100
Rate per 1,000	0.32
Number of Adult Deaths	100
Rate per 1,000	0.32
Number of Senior Deaths	100
Rate per 1,000	0.32

SUMMARY OF STATISTICS

Area in Acres	6,392
Enumerated Population (census 23.4.61)	115,346
Registrar General's Estimate of Population (mid-year) ...	109,100
Density of Population, i.e., number of persons per acre ...	17.07
Number of Houses in the borough, 31st December, 1968 ...	40,731
Number of houses erected in 1968 :	
(a) Permanent:	
(i) by local authority	680
(ii) by other bodies or persons	67
	————— 747
Sum represented by a penny rate (31st March, 1968)	£13,227
Rateable Value (1st April, 1968)	£3,414,961
Total number of persons on doctors lists at 31.12.68	111,695
Number of Marriages	927

VITAL STATISTICS

*Mothers and Infants**Live Births*

Number (males 986, females 944)	1,930
Rate per 1,000 population	17.69
Area comparability factor	1.12

Illegitimate Live Births

Number (males 139, females 140)	279
(per cent. of total live births)	14.45

Stillbirths

Number (males 24, females 19)	43
Rate per 1,000 total live and stillbirths	21.8

Total Live and Stillbirths 1,973

Infant Deaths (deaths under one year) 48

Infant Mortality Rates

Total infant deaths per 1,000 total live births	24.86
Legitimate infant deaths per 1,000 legitimate live births (42)	25.43
Illegitimate infant deaths per 1,000 illegitimate live births (6)	21.51

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) (35) 18.13

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) (32) 16.58

Peri-natal Mortality Rate (Stillbirths and deaths under one week combined per 1,000 total live and stillbirths) (75) 38.02

Maternal Mortality (including abortion)

Number of deaths	—
Rate per 1,000 total live and stillbirths	—
Total Deaths	
Number (males 811, females 817)	1,628
Rate per 1,000 population	14.92
Area comparability factor	1.29

VITAL STATISTICS

1948	Number of deaths	1,628
1947	Rate per 1,000 total live and stillbirths	14.92
1946	Area comparability factor	1.29
1945	Number (males 811, females 817)	1,628
1944	Rate per 1,000 population	14.92
1943	Area comparability factor	1.29
1942	Number of deaths	1,628
1941	Rate per 1,000 total live and stillbirths	14.92
1940	Area comparability factor	1.29
1939	Number (males 811, females 817)	1,628
1938	Rate per 1,000 population	14.92
1937	Area comparability factor	1.29
1936	Number of deaths	1,628
1935	Rate per 1,000 total live and stillbirths	14.92
1934	Area comparability factor	1.29
1933	Number (males 811, females 817)	1,628
1932	Rate per 1,000 population	14.92
1931	Area comparability factor	1.29
1930	Number of deaths	1,628
1929	Rate per 1,000 total live and stillbirths	14.92
1928	Area comparability factor	1.29
1927	Number (males 811, females 817)	1,628
1926	Rate per 1,000 population	14.92
1925	Area comparability factor	1.29
1924	Number of deaths	1,628
1923	Rate per 1,000 total live and stillbirths	14.92
1922	Area comparability factor	1.29
1921	Number (males 811, females 817)	1,628
1920	Rate per 1,000 population	14.92
1919	Area comparability factor	1.29
1918	Number of deaths	1,628
1917	Rate per 1,000 total live and stillbirths	14.92
1916	Area comparability factor	1.29
1915	Number (males 811, females 817)	1,628
1914	Rate per 1,000 population	14.92
1913	Area comparability factor	1.29
1912	Number of deaths	1,628
1911	Rate per 1,000 total live and stillbirths	14.92
1910	Area comparability factor	1.29
1909	Number (males 811, females 817)	1,628
1908	Rate per 1,000 population	14.92
1907	Area comparability factor	1.29
1906	Number of deaths	1,628
1905	Rate per 1,000 total live and stillbirths	14.92
1904	Area comparability factor	1.29
1903	Number (males 811, females 817)	1,628
1902	Rate per 1,000 population	14.92
1901	Area comparability factor	1.29
1900	Number of deaths	1,628
1899	Rate per 1,000 total live and stillbirths	14.92
1898	Area comparability factor	1.29
1897	Number (males 811, females 817)	1,628
1896	Rate per 1,000 population	14.92
1895	Area comparability factor	1.29
1894	Number of deaths	1,628
1893	Rate per 1,000 total live and stillbirths	14.92
1892	Area comparability factor	1.29
1891	Number (males 811, females 817)	1,628
1890	Rate per 1,000 population	14.92
1889	Area comparability factor	1.29
1888	Number of deaths	1,628
1887	Rate per 1,000 total live and stillbirths	14.92
1886	Area comparability factor	1.29
1885	Number (males 811, females 817)	1,628
1884	Rate per 1,000 population	14.92
1883	Area comparability factor	1.29
1882	Number of deaths	1,628
1881	Rate per 1,000 total live and stillbirths	14.92
1880	Area comparability factor	1.29

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

Textile spinning and textile engineering have declined as principal industries in the borough, but there are still 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 and unemployment in the area is still appreciably below the general level in the North West.

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 109,100 and it is on this figure that the vital statistics are based. This estimate of the population compares with 109,840 for the previous year.

Rateable Value

The Borough Treasurer, Mr. T. M. Groom, has kindly supplied the following information:

The penny rate product for the year ended 31st March, 1968 was £13,227 and the rateable value on the 1st April, 1968, £3,414,961.

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 numbers of workers unemployed in the Oldham and Chadderton area, which had been rising slowly during 1967, reached a peak in January 1968, when 2.2% of the total working population of approximately 82,000 were registered as unemployed. This figure was the highest recorded in the area, since 1963, but was still a few points below the national average. Short-time working which had been a feature of the Textile Industry during 1967, virtually ceased after January, and during 1968 many mills were working continuously short-staffed. Many displaced workers were continuing to find alternative employment, and an analysis in July, 1968, showed that 40% of the men and 50% of the women registered at that time had been unemployed for less than eight weeks.

By the end of the year, the numbers unemployed had fallen to 1.4%—forty percent below the national average of 2.4%—and contrary to the rise normally to be expected during the last quarter of the year. The demand for labour, particularly for women, showed a marked increase and continued at a more normal level throughout the year."

OLDHAM, CHADDERTON AND FAILSWORTH EMPLOYMENT EXCHANGES AND YOUTH EMPLOYMENT OFFICES
UNEMPLOYED REGISTERS DURING THE YEAR, 1968

DATE	WHOLLY UNEMPLOYED				TEMPORARILY STOPPED TOTALS	PERCENTAGE OF TOTAL WORKING POPULATION
	Men aged 18 & over	Women aged 18 & over	Boys aged under 18	Girls aged under 18			Total
8. 1.68	1365	259	36	22	1682	2.2
12. 2.68	1293	225	30	19	1567	2.0
11. 3.68	1230	216	20	18	1484	1.9
8. 4.68	1247	192	25	12	1476	1.8
13. 5.68	1128	165	18	14	1325	1.7
10. 6.68	1004	161	12	9	1186	1.5
8. 7.68	1088	177	24	18	1307	1.6
12. 8.68	894	168	59	19	1140	1.4
9. 9.68	1018	175	41	20	1254	1.5
14.10.68	1008	168	9	12	1197	1.4
11.11.68	1011	154	19	3	1187	1.4
9.12.68	1013	154	18	6	1191	1.4

*Births**Registered**(a) Live Births*

3,398 live births (1,734 males and 1,664 females) occurred in the borough during the year. After adjustment for inward 36, and outward 1,504 transferable births, the net total of live births registered is 1,930 (986 males and 944 females). The birth rate per thousand of the population is 17.69 which compares with 17.7 for the previous year and 16.9 for England and Wales.

The illegitimate live births numbered 279 (139 males and 140 females), 14.45 per cent of the total live births.

(b) Stillbirths

During the year 71 stillbirths were registered. After being adjusted by outward transfers the number is 43. The stillbirth rate is 21.8 per thousand total live and stillbirths, which compares with 13.20 for the previous year and 14.0 for England and Wales.

Notified

The total number of births notified was 3,469 (3,398 live births and 71 stillbirths). After adjustment for inward 30 and outward 1543 (1,513 live and 30 still) transferable births the net total of births notified is 1,956.

The discrepancy between notified births and registered births is accounted for by the number of removals which occurred after the birth and before registration.

Deaths

The total number of deaths registered in the borough was 2,222. After adjustment for inward 85, and outward 679 transferable deaths, the net total is 1,628 (811 males and 817 females) 11 less than the total for 1967.

Of the 1,628 deaths 798 (48.77 per cent) occurred in one or other of the following hospitals.

Oldham and District General Hospital	535
Oldham Royal Infirmary	178
Westhulme Hospital	8
Strinesdale Hospital	19
Dr. Kershaw's Cottage Hospital, Royton	5
Chadderton Hospital	1
Hospitals other than those in the Oldham and District Hospital Group	52

Of the total deaths, 1,150 (70.64 per cent) occurred in persons aged 65 years and over.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS										
					1-	5-	15-	25-	35-	45-	55-	65-	75+		
					6	4	5	12	16	70	168	235	268		
TOTAL ALL CAUSES ...	M	811	21	8	6	2	5	12	16	70	168	235	268		
	F	817	14	5	4	4	...	7	11	28	97	201	446		
B. 5 Tuberculosis—	M	8	...	...	...	...	...	...	...	1	4	2	1
Respiratory ...	F	...	...	...	...	...	...	...	...	...	...	...	...
B. 6 Other Tuberculosis,	M	2	...	...	...	...	...	1	...	1	...	...	...
including Late Effects	F	1	...	...	...	...	...	...	...	...	...	1	...
B.11 Meningococcal	M	...	...	...	...	...	...	...	...	...	...	...	...
Infection	F	1	...	1	...	...	...	...	...	...	...	...	...
B.17 Syphilis and its	M	1	...	...	...	...	...	...	...	...	...	...	1
Sequelae ...	F	...	...	...	...	...	...	...	...	...	...	...	...
B.18 Other Infective and	M	...	...	...	...	...	...	...	...	...	...	...	...
Parasitic Diseases ...	F	3	...	...	...	...	...	1	1	...	1	...	...
B.19 Malignant Neoplasm	M	20	...	...	...	...	...	...	3	3	3	8	3
—Stomach ...	F	8	...	...	...	...	...	...	...	1	1	4	2
B.19 Malignant Neoplasm	M	45	...	...	...	...	...	1	3	5	18	10	8
—Lung, Bronchus ...	F	7	...	...	...	...	...	...	...	...	3	2	2
B.19 Malignant Neoplasm	M	1	...	...	...	...	...	...	...	...	...	1	...
—Breast ...	F	15	...	...	...	...	...	...	2	3	3	5	2
B.19 Malignant Neoplasm	F	15	...	...	...	...	...	...	...	1	4	3	7
—Uterus ...	M	2	...	...	1	...	...	...	...	...	...	1	...
B.19 Leukaemia ...	F	3	...	...	...	...	...	...	...	...	...	1	2
B.19 Other Malignant	M	66	...	...	1	...	...	1	1	7	16	17	23
Neoplasms, Etc. ...	F	51	...	...	1	...	...	1	3	4	17	10	15
B.20 Benign and	M	1	...	...	...	...	...	...	...	...	...	1	...
Unspecified Neoplasms	F	5	...	...	...	...	...	...	...	...	1	1	3
B.21 Diabetes Mellitus ...	M	3	...	...	...	...	...	...	...	...	1	...	2
	F	8	...	...	...	...	...	...	...	...	1	3	4
B.22 Avitaminoses,, Etc. .	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	...	...	1
B.46 Other Endocrine,	M	...	...	...	...	...	...	...	...	...	...	...	...
Etc. Diseases ...	F	6	...	...	1	...	...	...	...	1	1	1	2
B.23 Anaemias ...	M	1	...	...	...	...	...	...	...	...	...	...	1
	F	3	...	...	...	...	...	...	...	...	1	...	2
B.46 Mental Disorders ...	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	2	...	...	...	...	...	...	...	...	...	...	2
B.46 Other Diseases of	M	8	...	...	...	...	...	...	...	1	5	1	1
Nervous System, Etc.	F	7	...	...	...	...	...	...	1	...	1	3	2
B.26 Chronic Rheumatic	M	10	...	...	...	...	...	...	...	3	3	2	2
Heart Disease ...	F	15	...	...	...	...	...	...	...	3	3	5	4
B.27 Hypertensive Disease .	M	22	...	...	...	...	...	1	1	...	5	8	7
	F	23	...	...	...	...	...	...	...	...	3	5	15
B.28 Ischaemic	M	202	...	...	...	...	...	3	3	25	52	68	51
Heart Disease ...	F	161	...	...	...	...	...	...	...	6	26	46	83
B.29 Other Forms of	M	35	...	...	...	...	...	...	...	...	2	11	22
Heart Disease ...	F	58	...	...	...	...	...	...	...	...	3	14	41
B.30 Cerebrovascular	M	87	...	...	...	...	...	...	1	7	10	20	49
Disease	F	143	...	...	...	...	...	1	...	3	12	34	93
B.46 Other Diseases of the	M	30	...	...	...	...	...	...	...	...	6	9	15
Circulatory System ...	F	41	...	...	...	...	...	...	...	...	6	6	35
B.31 Influenza ...	M	2	...	...	...	...	...	...	...	...	...	2	...
	F	6	...	...	...	...	...	...	...	...	...	...	6
B.32 Pneumonia ...	M	75	1	5	1	...	...	1	...	6	10	19	32
	F	87	...	3	2	1	...	...	...	1	4	24	52
B.33 Bronchitis and	M	80	...	1	...	...	...	...	1	3	20	35	20
Emphysema ...	F	56	...	...	...	...	...	...	...	3	9	16	28
B.46 Other Diseases of the	M	10	1	...	...	...	...	...	...	...	2	5	2
Respiratory System .	F	5	...	...	...	...	...	...	...	...	...	3	2
B.34 Peptic Ulcer ...	M	10	...	...	...	...	...	...	...	...	2	4	4
	F	3	...	...	...	...	...	...	1	...	...	...	2
B.35 Appendicitis ...	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	...	...	1
B.36 Intestinal Obstruc-	M	4	...	...	...	...	...	...	...	...	...	1	3
tion and Hernia ...	F	3	...	...	...	...	...	...	...	...	1	1	1
B.37 Cirrhosis of Liver ...	M	2	...	...	...	...	...	...	...	1	...	1	...
	F	2	...	...	...	...	...	...	...	...	...	1	1
B.46 Other Diseases of the	M	12	...	...	...	...	1	...	...	3	3	2	3
Digestive System ...	F	8	...	...	...	...	1	1	1	...	3	3	3
B.38 Nephritis and	M	6	...	...	...	...	1	...	...	1	2	2	...
Nephrosis ...	F	2	...	...	...	...	...	...	...	...	1	1	...

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75+
B.39 Hyperplasia of Prostate ...	M	1	...	...	...	...	...	...	...	...	...	...	1
B.46 Other Diseases, Genito-Urinary System	M	5	...	...	...	...	...	...	...	...	...	...	1
	F	10	...	...	...	...	...	...	1	...	...	2	7
B.46 Diseases of Musculo-Skeletal System and Connective Tissue ...	M	1	...	...	...	...	...	...	...	...	...	1	...
	F	3	...	...	...	...	...	...	...	...	...	1	2
B.42 Congenital Anomalies	M	6	1	2	1	...	...	...	1	1	...	...	...
	F	2	1	1	...	...	...	...	...	...	...	...	...
B.43 Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions ...	M	8	8	...	...	...	...	...	...	...	...	...	...
	F	2	2	...	...	...	...	...	...	...	...	...	...
B.44 Other Causes of Perinatal Mortality .	M	10	10	...	...	...	...	...	...	...	...	...	...
	F	11	11	...	...	...	...	...	...	...	...	...	...
B.45 Symptoms—Ill-Defined Conditions ...	M	4	...	...	...	...	...	...	...	...	...	...	4
	F	17	...	...	...	...	...	1	...	...	...	...	16
BE.47 Motor Vehicle Accidents ...	M	6	...	...	1	1	1	...	...	1	...	1	1
	F	7	...	...	...	1	...	1	1	...	...	1	3
BE.48 All Other Accidents	M	10	...	...	1	1	...	1	1	...	...	1	5
	F	10	...	...	...	2	...	...	1	...	...	2	5
BE.49 Suicide and Self-Inflicted Injuries ...	M	11	...	...	...	...	3	...	1	1	2	1	3
	F	4	...	...	...	...	...	...	1	1	2	2	...
BE.50 All Other External Causes ...	M	4	...	...	...	...	2	...	...	...	2	...	...
	F	1	...	...	...	...	1	...	...	...	...	...	...

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		Per- sons
	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	2	1	-	1	-	-	1	1	1	-	1	1	1	-	2	5	16	10	38	26	32	55	11	17	104	117	221
February	3	-	1	-	-	-	1	-	1	1	1	-	2	-	4	3	15	9	11	10	27	28	-	13	65	63	128
March	2	1	-	-	-	-	-	-	1	1	1	1	2	1	8	4	15	12	21	28	24	25	4	10	78	82	160
April	2	2	-	-	1	-	1	-	-	-	1	-	3	-	5	2	11	12	14	22	21	23	4	10	63	71	134
May	3	2	-	-	-	-	-	-	-	-	3	2	1	-	7	1	12	7	27	7	9	19	5	8	67	46	113
June	1	3	-	-	-	-	-	-	-	-	-	-	2	3	9	-	16	7	19	16	17	22	4	10	68	61	129
July	4	2	-	-	-	-	1	-	-	-	1	-	-	2	4	2	14	3	20	12	12	24	7	12	62	58	120
August	2	3	-	-	-	-	1	-	-	-	1	2	-	1	7	3	7	3	14	17	11	18	1	10	44	57	101
September	2	2	1	-	-	2	-	-	-	-	-	-	1	1	7	-	9	9	17	13	8	31	2	4	51	60	111
October	3	2	1	-	-	-	-	-	-	-	1	-	2	-	3	5	20	6	7	10	14	21	5	11	56	55	111
November	4	-	-	-	-	-	1	-	-	-	1	-	1	2	1	1	14	10	24	11	13	22	5	6	63	54	117
December	1	1	-	1	-	1	-	1	-	-	1	1	1	1	13	2	19	9	23	29	26	37	6	10	90	93	183
Totals	29	19	3	3	3	1	2	4	5	-	12	7	16	11	70	28	168	97	235	201	214	325	54	121	811	817	1628

COMPARATIVE STATEMENT OF VITAL STATISTICS FOR THE YEAR 1968

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and still births)	Perinatal Mortality Rate	Maternal Mortality Rate (per 1,000 total live & still births)		
						Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England & Wales	16.9	11.9	18	14.	25	0.18	0.06	0.24
Birkenhead	17.5	12.0	26	17	29	...	...	...
Burnley	15.78	15.67	18.14	24.14	33.79	0.80	...	0.80
Bury	19.55	13.73	17.81	18.25	28.13	...	...	...
Halifax	17.10	14.60	29.16	17.04	28.60	...	...	...
Liverpool	17.2	11.6	22.1	18.2	30.7	0.083	...	0.083
Manchester	17.81	12.68	26.36	15.86	29.88	...	...	...
Oldham	17.69	14.92	24.86	21.8	38.02	...	...	...
Preston	17.95	13.1	25.81	14.83	24.89	0.53	...	0.53
Rochdale	19.25	13.58	24.65	18.24	30.86	...	...	...
St. Helens	19.0	12.8	25.7	17.2	33.9	...	...	...
Stockport	18.10	13.01	22.37	15.08	28.22	...	...	...
Wigan	18.9	13.1	19.0	19.0	29.0	0.017	...	0.017

Maternal Mortality

There were three associated maternal deaths during the year under review. A twenty-six year old multigravida was admitted as an emergency in premature labour at thirty weeks. She was very ill on admission, bruised easily and an enlarged liver and palpable neck glands were noted. Biopsy of the glands revealed a very active Hodgkin's disease, confirmed at post mortem. She died ten days after delivery.

The second case, a twenty-five year old housewife died within twelve months of the delivery of her first child and was three months pregnant at the time of her death. The cause of death was acute pancreatitis (no post mortem was carried out). She had not booked for either a hospital or domiciliary confinement.

The third death occurred in a twenty-eight year old woman who was found gassed at home. She gave birth to a child in June, 1968 and was found dead on the 22nd of August. Post mortem examination and an inquest were carried out. The cause of death was asphyxia due to carbon monoxide poisoning due to inhaling domestic coal gas. Insufficient evidence to say whether or not suicide.

In none of these three cases could death reasonably be attributed to failure in ante natal care or management of the confinement.

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

<i>Place of Birth</i>	<i>Gestation Period in weeks</i>											
	28-30		31-33		34-36		37-39		40 and over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
<i>Hospital</i>	4	4	4	5	4	2	8	5	3	3	23	19
<i>Home</i>	-	-	-	-	-	-	-	-	1	-	1	-
<i>Weight at Birth</i>												
1lb. and under	-	-	-	-	1	-	-	-	-	-	1	-
2lb. and over 1lb.	1	1	1	1	-	-	-	-	-	-	2	2
2.5lb. and over 2lb. ...	-	1	-	-	1	-	-	-	-	-	1	1
3lb. and over 2.5lb. ...	-	1	-	1	-	1	-	-	-	-	-	3
4lb. and over 3lb. ...	2	1	-	3	-	-	-	-	-	-	2	4
5lb. and over 4lb.	1	-	2	-	1	-	-	-	-	-	4	-
5.5lb. and over 5lb. ...	-	-	1	-	1	-	1	1	-	-	3	1
6lb. and over 5.5lb. ...	-	-	-	-	-	-	4	1	-	-	4	1
7lb. and over 6lb. ...	-	-	-	-	-	1	1	2	1	-	2	3
8lb. and over 7lb.	-	-	-	-	-	-	2	1	2	3	4	4
9lb. and over 8lb.	-	-	-	-	-	-	-	-	1	-	1	-
Totals	4	4	4	5	4	2	8	5	4	3	24	19

Infant Mortality

There were 64 deaths (32 males, 32 females) of infants under one year registered in the borough, after correction for inward (6) and outward (22) transferable deaths, the net total of infant deaths is 48 (29 males, 19 females) the same number as for the previous year. Of the infant deaths 6, (5 males, 1 females) were those of illegitimate children.

Table I presents an analysis of the mortality by age and cause of death and Table II is a presentation of stillbirths and infant mortality rates with differentials between early neo-natal and total infant mortality rates from 1940.

Age	Male	Female	Total
0-1	29	19	48
1-2	1	1	2
2-3	1	1	2
3-4	1	1	2
4-5	1	1	2
5-6	1	1	2
6-7	1	1	2
7-8	1	1	2
8-9	1	1	2
9-10	1	1	2
10-11	1	1	2
11-12	1	1	2
12-13	1	1	2
13-14	1	1	2
14-15	1	1	2
15-16	1	1	2
16-17	1	1	2
17-18	1	1	2
18-19	1	1	2
19-20	1	1	2
20-21	1	1	2
21-22	1	1	2
22-23	1	1	2
23-24	1	1	2
24-25	1	1	2
25-26	1	1	2
26-27	1	1	2
27-28	1	1	2
28-29	1	1	2
29-30	1	1	2
30-31	1	1	2
31-32	1	1	2
32-33	1	1	2
33-34	1	1	2
34-35	1	1	2
35-36	1	1	2
36-37	1	1	2
37-38	1	1	2
38-39	1	1	2
39-40	1	1	2
40-41	1	1	2
41-42	1	1	2
42-43	1	1	2
43-44	1	1	2
44-45	1	1	2
45-46	1	1	2
46-47	1	1	2
47-48	1	1	2
48-49	1	1	2
49-50	1	1	2
50-51	1	1	2
51-52	1	1	2
52-53	1	1	2
53-54	1	1	2
54-55	1	1	2
55-56	1	1	2
56-57	1	1	2
57-58	1	1	2
58-59	1	1	2
59-60	1	1	2
60-61	1	1	2
61-62	1	1	2
62-63	1	1	2
63-64	1	1	2
64-65	1	1	2
65-66	1	1	2
66-67	1	1	2
67-68	1	1	2
68-69	1	1	2
69-70	1	1	2
70-71	1	1	2
71-72	1	1	2
72-73	1	1	2
73-74	1	1	2
74-75	1	1	2
75-76	1	1	2
76-77	1	1	2
77-78	1	1	2
78-79	1	1	2
79-80	1	1	2
80-81	1	1	2
81-82	1	1	2
82-83	1	1	2
83-84	1	1	2
84-85	1	1	2
85-86	1	1	2
86-87	1	1	2
87-88	1	1	2
88-89	1	1	2
89-90	1	1	2
90-91	1	1	2
91-92	1	1	2
92-93	1	1	2
93-94	1	1	2
94-95	1	1	2
95-96	1	1	2
96-97	1	1	2
97-98	1	1	2
98-99	1	1	2
99-100	1	1	2
Total	100	100	200

OFFICE OF THE HEALTH COMMISSIONER, BOSTON, MASS. 1940

TABLE I

CAUSES OF INFANT MORTALITY WITH AGES

I. C. No.	CAUSE OF DEATH	Under 1 day						DAYS						Total under 1 week			WEEKS			MONTHS				Total under 1 year				
		1 day						1	2	3	4	5	6	1	2	3	1	2	3	1-2	3-5	6-8	9-12					
		1	2	3	4	5	6	1	2	3	1	2	3	1	2	3	1-2	3-5	6-8	9-12								
036.1	Meningococcaemia without mention of meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
466	Acute bronchitis and bronchiolitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
485	Bronchopneumonia, unspecified .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
490	Bronchitis, unqualified .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
746.9	Unspecified anomalies of heart	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
747.2	Other anomalies of aorta .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
748.4	Congenital cystic lung .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
758.9	Unspecified congenital anomaly .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
772	Birth injury to brain without mention of cause	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	1	1	1
775	Haemolytic disease of the newborn without mention of kernicterus with Rh. incompatibility .....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
775.9	Haemolytic disease of the newborn without mention of kernicterus without mention of cause	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
776.2	Respiratory distress syndrome	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	2	2
776.9	Asphyxia of newborn unspecified .....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
777	Immaturity, unqualified	11	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18	18	18	18
778.2	Haemorrhagic disease of the newborn .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
	Totals ...	20	6	3	1	1	1	1	1	1	1	1	1	1	32	2	1	1	1	1	1	1	1	35	4	5	2	48

TABLE II
STILLBIRTH AND INFANT MORTALITY RATES WITH DIFFERENTIALS
BETWEEN EARLY NEO-NATAL AND TOTAL INFANT MORTALITY RATES FROM 1940-1968

	1940-44	1945-49	1950-54	1955-59	1960-64	1965	1966	1967	1968
Stillbirths	37.76	26.47	25.33	27.55	18.42	14.98	12.37	13.20	21.8
Peri-natal mortality	56.63	43.02	43.02	42.58	36.39	33.83	25.69	24.38	38.02
Early Neo-natal mortality	19.51	16.90	18.14	15.40	18.31	19.14	13.49	11.32	16.58
Later Infant mortality (1 week—1 year)	42.97	31.08	17.27	11.58	13.56	8.34	14.45	13.38	8.28
Total Infant mortality	62.48	47.98	35.41	26.98	31.87	27.48	27.94	24.70	24.86

HOSPITAL & SPECIALIST SERVICES

The Hospital and Specialist Services are provided through the Massachusetts Regional Hospital System and a full complement of services is available through the County Hospital System.

The following information pertains to the services provided by the County Hospital System and is not intended to be a substitute for the services provided by the County Hospital System.

The County Hospital System is a public entity and is not subject to the provisions of the Massachusetts Hospital System Act.

LOCAL AND DISTRICT HOSPITAL MANAGEMENT COMMITTEE

GROUP 1

The following are members of the Massachusetts Regional Hospital System and are members of the Management Committee:

The following are members:

But County Hospital System and the County Hospital System.

SECTION II

Hospital and Specialist Services

The County and District Hospital Management Committee is organized in the following manner and is subject to the provisions of the Massachusetts Hospital System Act. The members of the Management Committee are as follows:

The County Hospital System is a public entity and is not subject to the provisions of the Massachusetts Hospital System Act. The County Hospital System is a public entity and is not subject to the provisions of the Massachusetts Hospital System Act.

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HOSPITAL & 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.

More highly specialised services are available within the Manchester area.

OLDHAM AND DISTRICT HOSPITAL MANAGEMENT COMMITTEE GROUP 11

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

For the period ending:—

31st March, 1971, Mr. J. Bradley and Alderman E. Rothwell.

I am indebted to Mr. E. W. Warren, 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 accident and emergency hospital for the area and provides full out-patient facilities.

Oldham and District General Hospital: This hospital has a total bed complement of 894. There are 365 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 529 beds, 333 are in the Geriatric Unit, 7 of which are allocated for venereal disease, and 196 are in the Psychiatric Unit. The Day Care Unit for geriatric patients, which is open Monday to Friday, had an average daily attendance of 48 patients during 1968. The Day Care Unit for psychiatric patients had an average of 28 patients in attendance Monday to Friday, and 1 on Saturday and Sunday.

There are 8 private beds in the general part of the hospital and 1 for obstetric cases in the Maternity Unit. There are also 6 amenity beds in the Maternity Unit, all of which are in single wards.

Full out-patient facilities are provided, the following specialities being accommodated in separate departments—ante-natal, chest, venereal and dermatological diseases and psychiatric. 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 and other chest diseases—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 and other chest diseases.

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. 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 HARGREAVES 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 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 antibodies to the Laboratories of the National Blood Transfusion Service, Roby Street, Manchester.

NURSING HOMES

In December, 1967, Ormidale Residential Home, Lees New Road, Oldham was registered as a Nursing Home. The Home has facilities to accommodate 22 patients."

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.

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 1967.

	1968	1967
Massage	1,459	1,610
Exercises	1,533	1,480
Radiant Heat	455	351
Infra Red	23	24
Ultra Violet Ray	11	—
Faradism	83	72
Short Wave Diathermy	847	1,079
Number of Patients Treated ...	215	195

Details of the benefits given with comparative figures for 1967 are as follows:—

	1968	1967
Cash Grants	172	168
Optical	3,388	3,363
Dental	975	936
Surgical Appliances	17	8
Bus Fares	147	117
Home Helps	9	5
Hospital Benefits	767	774

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

County of [illegible], State of Michigan

Notarially attested and sworn to before me on this [illegible] day of [illegible] 19[illegible]

A general declaration appeared to a notary public within the County of [illegible], State of Michigan, that [illegible] is the [illegible] of [illegible] and [illegible]. A correct copy of this declaration is being made by this notary public for the purpose of [illegible] and [illegible].

Notary Public

My commission expires on [illegible]

[illegible]

[illegible]

SECTION III

Personal Health Services

[illegible text]

Number of Offices	Number of Offices and Attendants			Total number of attendants
	Physicians	Nurses	Other attendants	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible text]

[illegible text]

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-Natal Clinics

Central Clinic, Cannon Street

<i>Midwives' Sessions:</i>	Monday 1-30—4 p.m.
	Friday 1-30—4 p.m.
<i>Booking Session:</i>	Wednesday 2-00—4 p.m.

A general practitioner employed on a sessional basis 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 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	Gen. Practi- tioners*	
1,252	47	279	50	326

*Employed on sessional basis

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 session 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 104 and 635 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 three 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

"During the year under review the staffing of the School Dental Service was approximately the same as the previous year. Mrs. G. Lawley has resigned to take up an appointment with Shropshire County Council. There were also changes in the part-time staff. Recruitment to the school dental service is still very difficult and with vacancies occurring in areas which are residentially more attractive than Oldham, maintenance of the staff at its present level is extremely difficult. The total amount of treatment carried out is comparable with last year but the number of teeth extracted for pre-school children has risen again.

It has not been possible to carry out a dental 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 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 anesthetic.

A number of patients have been referred to the dental hygienist who attends the Dental Department at Oldham and District General Hospital. She is trained to scale and polish teeth and also in instructing patients in all aspects of dental health.

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

	Expectant and Nursing Mothers	Children Under 5 years
(a) Provided with Dental Care:		
First Examinations	301	410
Total number of visits	898	398
(b) Dental Treatment Provided:		
Extractions	691	804
General anaesthetics	52	349
Fillings	245	29
Scalings or scaling and gum treatment	28	—
Patients X-rayed	47	1
No. of courses completed	128	289
Dentures provided	92	—

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, 36 malformations were notified relating to 25 live births and 7 stillbirths. These are summarised in the following table:—

CONGENITAL MALFORMATIONS NOTIFIED

Condition	Live		Still		Total
	M	F	M	F	
Central nervous system...	—	1	1	5	7
Eye, ear	—	1	—	—	1
Alimentary system	4	4	—	—	8
Heart and great vessels	1	1	—	—	2
Respiratory system	—	—	—	—	—
Uro-genital system	3	—	—	—	3
Limbs	5	4	—	—	9
Other skeletal	—	—	—	—	—
Other systems	1	—	—	—	1
Other malformations	1	2	1	1	5
Totals	15	13	2	6	36

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, his 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 118.

No positive phenylketonuria tests occurred during the year. The tests for congenital dislocation of the hip brought to light twelve possible cases

during the year. Each case is referred to the Consultant Paediatrician. Of the twelve cases, eleven were corrected and one was still under the care of the Oldham and District General Hospital at the end of the year.

Care of Premature Infants

All infants weighing 5½lbs. 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. A premature baby is attended by the midwife until it weighs 6lbs. or the mother is able to care for the infant herself without supervision.

Premature Births

Notified during the year relating to Oldham Residents

<i>Place of Birth</i>	<i>Live Births</i>	<i>Stillbirths</i>
Hospital	163	23
Home	18	—
	<hr/>	<hr/>
	181	23
	<hr/>	<hr/>

Weight at Birth	PREMATURE LIVE BIRTHS												PREM- ATURE STILL- BIRTHS	
	Born in Hospital				Born at home or in a nursing home				Born at home or in a nursing home				Born	
					Nursed entirely at home or in a nursing home		Transferred to hospital on or before 28th day							
	Total births	Within 24 hours of birth	In 1 and 7 days	In 7 and 28 days	Total births	Within 24 hours of birth	In 1 and 7 days	In 7 and 28 days	Total births	Within 24 hours of birth	In 1 and 7 days	In 7 and 28 days	In hospital	At home or in a nursing home
2lb. 3oz. or less.....	12	10	2	-	1	1	-	-	-	-	-	4	-	
Over 2lb. 3oz. up to and including 3lb. 4oz.....	13	4	3	-	1	1	-	-	-	-	-	7	-	
Over 3lb. 4oz. up to and including 4lb. 6oz.....	44	2	1	1	2	-	-	-	-	-	-	5	-	
Over 4lb. 6oz. up to and including 4lb. 15oz. ...	30	1	1	-	2	-	-	-	-	-	-	3	-	
Over 4lb. 15oz. up to and including 5lb. 8oz.	64	-	-	-	12	-	1	-	-	-	-	4	-	
Totals	163	17	7	1	18	1	1	1	-	-	-	23	-	

Care of Unmarried Mothers and their Children

No mother and baby home is maintained but full use is made of the services available through voluntary organisations. Annual grants of £270 and £100 are made to the Oldham Moral Welfare Council and the Catholic Moral Welfare Council respectively.

Cases are referred to the social workers for investigations. They 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 9 expectant mothers to receive ante-natal and/or post natal care in the under mentioned homes:—

Methodist Mission Manchester	2
St. Anne's Maternity Home, Heywood	1
St. Agnes House, Withington	2
St. Teresa's Home, Salford	4

Two were confined in the home, one prematurely in Oldham and District General Hospital prior to admission to the home, and the other six in hospitals in the areas of the respective homes.

Child Welfare Centres

The Central Child Welfare Centre is at Cannon Street. There are 8 branch centres, 2 of which are accommodated in church premises. A doctor is in attendance at each session, apart from Derker at the Monday session.

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	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.

The building of a new child welfare centre on the Holts estate commenced and was almost completed at the end of the year.

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 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. Members of the W.R.V.S. attend the centres to make tea for the mothers, which is much appreciated.

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
		1968	1967	63/66		Under 1 yr.	1-2 yrs.	2-5 yrs.	
Beulah	116	100	99	106	305	1,912	404	233	2,549
Derker	188	172	139	152	463	2,360	364	168	2,892
Central	287	233	223	244	700	2,567	523	303	3,393
Werneth	188	156	162	192	510	2,245	595	290	3,130
Greenacres ...	62	50	57	68	175	925	321	229	1,475
Honeywell Lane...	255	218	210	273	701	3,340	657	392	4,389
Limeside	121	101	90	124	315	1,545	267	258	2,070
Tate St.	285	223	195	245	663	2,823	524	294	3,641
St. Barnabas	110	103	78	59	240	1,530	235	59	1,824
Totals.....	1,612	1,356	1,253	1,463	4,072	19,247	3,890	2,226	25,363

Family Planning

The Family Planning Association commenced to use the Central Clinic at the beginning of February and later in the year approached the department regarding the use of premises on Wednesday nights. The Central Clinic was not available and it was, therefore, agreed that Tate Street should be used. This session had not commenced at the end of the year as the Family Planning Association had some difficulty in securing the services of a doctor and nurse.

During the year, claims for fees in respect of three socio-economic cases were received. No claims were received for medical cases.

The question of a counselling service for the unmarried was finally decided in March, when it was resolved "That no objection be made to the proposal, provided that no counselling service be provided under any circumstances in clinics under the control of this authority to persons under the age of 16; that no counselling service in those clinics be provided for unmarried persons of the age of 16 and under the age of 18 unless accompanied by a parent or guardian; and that no counselling service be provided in those clinics to unmarried or unengaged persons of the age of 18 and under the age of 21 unless the written consent of one of their parents or guardians has been obtained."

Welfare Foods

Central Storage and Distribution Centre—Cannon Street.

This Centre is open from 8-40 a.m. to 12-30 p.m. and 1-45 p.m. to 5-30 p.m. Monday to Friday. The Child Welfare Centres are used as distribution 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	3962	416	242
June 30th	4595	308	184
September 30th	4578	301	223
December 31st	3770	376	292
Totals ...	16905	1401	941

Co-operation with Voluntary Organisations

With the exception of the Oldham Moral Welfare Council and the Catholic Moral Welfare Council, no duties have been delegated to voluntary organisations. The following contributions were made to the voluntary organisations named during the financial year 1968/69:—

	£	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	4	4	0
National Council for the Unmarried Mother and her Child	10	10	0
Oldham Moral Welfare Council	270	0	0
Catholic Moral Welfare Council	100	0	0
National Association for Maternal and Child Welfare	12	12	0
*Central Council for Health Education	63	0	0
Oldham and District Spastics Society (Parent's Assoc.)	175	0	0
Oldham and District Family Planning Association	400	0	0

*The total contribution made by the local authority was £100 10s. 0d., the rest 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 5-45 p.m., but closed on Saturday morning.

The total number of attendances made by children was 8,511, which compares with 8,473 for the previous year.

The building of a new day nursery on Kings Road was commenced during the year. This is to replace the Overens Street Day Nursery which is due for demolition.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

*Industrial Day Nurseries**(a) Pre-School Children*

On 1st January, 3 nurseries were registered, providing a total of 116 places.

Name of Nursery	Age Groups			Places
	0—1	1—2	2—5	
Royd Mill	—	20	25	45
Werneth Ring Mills ...	—	15	24	39
Oldham Twist Co.	—	13	19	32
Totals ...	—	48	68	116

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

There were no industrial day nurseries registered or closed during the year.

(b) School Children

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

Name of Nursery ...	Age Groups	Places
Belgrave Mills	5-11	40
Werneth Ring Mills	5-11	30
Royd Mill	5-11	20
Moorside Mill	5-11	15

No applications for registration or cancellation were received during the year.

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, was registered for 20 places at the beginning of the year (children and adults). The building was extended during the year and an application to increase the number of places to 36 was granted in December.

Health Services and Public Health Act, 1968, Section 60

Amendments to the Nurseries and Child Minders Regulation Act, 1948

These amendments came into force on 1st November, widening the scope of the 1948 Act. It is now essential to register premises where children are looked after for an aggregate of two hours or more in any day. It is also essential for a person to be registered who, for reward, looks after in her own home one or more children to whom she is not related, for two hours in the aggregate in any day or for any longer period not exceeding six days. The maximum fine for a first offence is £50 and the penalty for a subsequent offence is imprisonment up to three months, a fine not exceeding £100 or both.

Child Minders

This Act, of course, required many women to register as "child minders" who had not previously done so. Notices were published in the local press and by the end of the year 101 applications for registration had been received. Of these, 19 were later cancelled. All applicants, if considered suitable, were advised to obtain planning permission prior to their application being put before the Health Committee. No applications had been submitted to the Health Committee at the end of the year.

Playgroups

Applications for registration of three playgroups were received, one of which was registered by the end of the year, i.e.

St. Michael's Church Hall	40 children	aged 3-5 years.
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Private Day Nurseries

An application was received to re-open the Hartford House Nursery (formerly run by the Belgrave Mills) as a private day nursery. This application was granted in November and the nursery was registered to provide 68 places in the 2-5 age group.

Day Care Facilities for Children under 5

In October, Circular 37/68 was received from the Ministry of Health. This circular requests local authorities to submit a report by 30th June, 1969, assessing the demand for all-day and part-day care for children in priority groups, which is not satisfactorily being met by the parents themselves. Enclosed with the circular was a memorandum of guidance on the standards of day care of young children. A survey to obtain full information for this report was underway at the end of the year.

During the year, the Oldham Council set up a "Committee of Inquiry into Play Facilities for Children between the ages of 3 and 14 years." This Committee requested from the department information regarding industrial day nurseries.

MIDWIVES SERVICE

(Section 23)

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

- 1 Non-Medical Supervisor of Midwives
- 1 Assistant Non-Medical Supervisor of Midwives
- 10 District Midwives (approved teachers)
- 5 District Midwives
- 2 District Midwives (approved teachers — part-time)
- 2 District Midwives (part-time)
- 5 Public Health Nurses
- 6 Pupil Midwives

During the year, two full-time midwives and a public health nurse left the service. One full-time and one part-time midwife were appointed.

On 31st December, the staff employed was:—

- 1 Non-Medical Supervisor of Midwives
- 1 Assistant Non-Medical Supervisor of Midwives
- 9 District Midwives (approved teachers)
- 5 District Midwives
- 2 District Midwives (approved teachers — part-time)
- 3 District Midwives (part-time)
- 1 Midwife (part-time)
- 4 Public Health Nurses
- 5 Pupil Midwives.

One part-time midwife (who undertook no deliveries and accepted no bookings), and 2 part-time public health nurses (one of whom left during the year), 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.

Night Duty Service

All calls for midwives from 10-00 p.m. to 8-00 a.m. are made to the Midwives Home from where cases are allocated to the midwives on duty by a night duty public health nurse.

There is establishment for a night duty assistant but three part-time public health nurses are employed to undertake these duties, each working two nights in turn.

Radio Telephone System

On 16th December, the midwives began to use pocket radio-telephones to communicate with the Midwives home. Twelve transmitter and receiver units were purchased for midwives using their cars. Each midwife collects a set from the Midwives' Home when going on duty and returns it for the battery to be recharged when she finishes duty, except for two who live in outlying areas and have home battery chargers.

This system, of course, enables the Supervisor of Midwives to contact a midwife on duty at any time and vice versa, so speeding up the calling for assistance in emergency cases and generally streamlining the service.

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.

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.

Hip Tests for Congenital Dislocation

The first Barlow's hip test is carried out by the midwife at birth. The result of the test is recorded on the infant record card.

Part II Training School

The Oldham District Midwifery Service was approved by the Central Midwives' Board as a Part II Training School in August, 1948, since when 274 pupils have been accepted and 254 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 5 pupils commenced training and 9 completed training.

In June, the Central Midwives Board approved Oldham and District General Hospital to provide second period training in conjunction with the Oldham District Midwifery Service and the first four pupils commenced training with this authority in December. Each group spends three months with the district service and three months with the hospital.

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, 16 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 weekends 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 'Courses of Instruction were attended during the year:

Southampton	24th—30th March (1 midwife)
Newcastle	31st March—6th April (1 midwife)
Hastings	24th—30th November (1 midwife)
Hastings	1st—7th December (1 midwife)

The part-time midwife who undertakes clinic duties and is in charge of the relaxation clinic, attended a special course on "Teaching in Preparation for Parenthood" in Preston. In addition, two midwives attended an in-service training course in Manchester on 21st and 22nd May, entitled "Good Parenthood," and organised by the Central Council for Health Education.

Administration of Inhalational Analgesics

There were 20 Trilene machines in use and Trilene was administered to 501 cases during the year.

Of the 543 cases delivered, 501 received inhalational analgesics. The remaining 42 did not receive inhalational analgesics for the following reasons:—

Patient refused	9
Medical reasons	7
B.B.A. or delay in summoning midwife	20
Dr. booked, not booked for gas and air	1
Emergency cases (not booked)	5

*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
	Nitrous Oxide and Oxygen	"Tri-lene"	Nitrous Oxide and Oxygen	"Tri-lene"		
Domiciliary Midwives employed by the Local Health Authority	—	42	—	459	20	410

Deliveries attended by Midwives

	Domiciliary Cases				Total	Cases in Institutions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by local health authority	1	...	44	496	543	...
Midwives employed by Oldham and District Hospital Management Committee at:—						
(a) Oldham and District General Hospital ... ..	...	...	...	...	...	2427
(b) Woodfield Maternity Home	...	...	...	...	...	495
Totals	1	...	44	496	543	2922

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	901
Woodfield Maternity Home	43

*SUMMARY OF WORK UNDERTAKEN BY
MUNICIPAL MIDWIVES*

Confinements:

Cases booked	748
Confinements attended	543
Cases receiving inhalational analgesics	500

Visits:

Ante-natal	3,588
During lying-in period:	
up to tenth day	8,240
after tenth day	2,952
Hospital discharges	6,277

Premature babies:

(i) Domiciliary births	61
(ii) Hospital discharges	120

The total number of births relating to Oldham residents notified to the Department during the year was 1,956 (1,915 live births and 41 stillbirths); of these, 546 (27.91%) were domiciliary births and 1,410 (72.09%) occurred in hospitals.

Of the domiciliary births, one was delivered by a general practitioner, and one by a Lancashire County Council midwife.

There were 551 cases referred by the Consultant Obstetricians, Oldham and District General Hospital for investigation into the suitability of the home conditions for early discharge.

MIDWIVES' ACT, 1951

During the year 69 midwives notified their intention to practice, compared with 72 in 1967. At the end of the year the following midwives were practicing 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	24
(c) Woodfield Maternity Home	9

* Includes Supervisor of Midwives.

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

There were 2 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:—

Engorged breasts	1
Foetal distress	1

Emergency Maternity Unit

The Emergency Maternity Unit which operates from the Oldham and District General Hospital was called out to 7 domiciliary cases attended by municipal midwives for the following emergencies:—

Ante—partum haemorrhage	1
Post-partum haemorrhage	2
Retained placenta	3
Concealed accidental haemorrhage	1

*HEALTH VISITING SERVICE**(Section 24)*

There is complete co-ordination 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
- 1 Senior Health Visitor
- 1 Geriatric Health Visitor
- 1 Tuberculosis Visitor
- 9 Health Visitors
- 1 Part-time Health Visitor
- 4 Public Health Nurses
- 2 Clinic Nurses

During the year, the Deputy Superintendent Health Visitor left and was replaced. Three health visitors left and one was appointed. Five student health visitors commenced the course in September (four of whom had previously been public health nurses) and two public health nurses were appointed with a view to commencing the health visitor training course in September, 1969.

On 31st December, the staff employed was:—

- 1 Superintendent Health Visitor
- 1 Deputy Superintendent Health Visitor
- 1 Senior Health Visitor
- 1 Geriatric Health Visitor
- 1 Tuberculosis Visitor
- 7 Health Visitors
- 1 Part-time Health Visitor
- 2 Public Health Nurses
- 2 Clinic Nurses

Refresher Courses and Conferences

In April, three health visitors attended the annual refresher course organised by the Manchester Health Department. Also in April, three health visitors attended an audiology course in Manchester. In May, two health visitors attended an in-service training course on "Good Parenthood," which was organised by the Central Council for Health Education. The Superintendent Health Visitor attended a joint conference organised by the English and Scottish Health Visitors' Associations in Edinburgh in August. In September, one health visitor attended a post graduate course organised by the Royal College of Nursing and held in Liverpool. Two health visitors commenced a Fieldwork Instructors' Course organised by Bolton Health Department in November.

Transport

The health visitors are included in the Motor Car Allowances Scheme of the Corporation as "casual users." At the end of the year the Superintendent Health Visitor and 8 health visitors were using their own cars.

Visits by Health Visitors

Number of children under 5 years of age visited during year	HEALTH VISITORS					Tuberculosis Visitor	Tuberculous households	
	Expectant Mothers	Children born in			Tuberculous Households*			Other Cases
		1968	1967	1963/66				
7,611	48	4,855	5,146	9,245	11	2,856	1,850	

* Visits by Health Visitor other than Tuberculosis Visitor

Hip Tests for Congenital Dislocation

The first Barlow's test is carried out by the midwife at birth and a second test is carried out by the health visitor on her first visit.

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 below.

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.

AUDIOLOGICAL SERVICE

Screening Tests of Hearing

During the year regular screening tests of hearing for infants and young children were carried out by health visitors in certain of the child welfare centres.

These tests are carried out when the infant is approximately 7 to 12 months old and the parents of all babies born "at risk" are especially encouraged to attend the screening sessions. Sessions were held at the following centres bi-monthly until November, when all testing was carried out weekly at the Central Clinic by appointment.

Tate Street	Honeywell Lane
Beulah	Greenacres
Central	Derker

Audiology Clinic

Seventy-two pre-school children were referred for more detailed assessment at the Audiology Clinic, the majority of these being referred

by health visitors and medical officers. A report on the Audiology Clinic is included in the report of the Principal School Medical Officer.

Parent Guidance

Parent guidance is an essential feature of the Audiological Service and regular weekly sessions have been held for the parents of 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.

HOME NURSING SERVICE

(Section 25)

The Central Office, complete with district room, is accommodated on the ground floor of the Department of Public Health.

No night service is provided but evening visits are made to patients where necessary. The district nurses are on rota 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 ward sisters or charge nurses. 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	11	12
Males	3	4
District Nurses: Females	4	4
Males	2	—
District Nurse: Part-time	1	1
Bathing Attendants	4	5

During the year one district nurse (male) resigned and two were appointed (females).

One bathing attendant resigned and two were appointed. These auxiliaries undertake bathing and give other personal attention to the patients. They are supplementary to the nursing staff and are employed only on selected cases.

Transport

All district nurses are included in the Motor Car Allowance Scheme of the Corporation which makes them eligible to receive loans for the purchase of cars. At the end of the year twenty-one nurses were using their own cars for official duties.

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, Alderman Rothwell, the Medical Officer of Health and the Superintendent of District Nursing were appointed to represent this authority.

During the year the Queen's Institute of District Nursing ceased to take part in the training of District Nurses. Mr. R. Peel who was the last nurse to take the Queen's Training Course 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. Mrs. Bridgehouse commenced training under the Ministry of Health Training Scheme.

I am indebted to Mr. F. P. Earnshaw, Superintendent of District Nursing, for the following remarks.

"There was a rise in the number of new patients and in the number of visits during the year over those of 1967. The increase was due to a slight rise in the number of surgical cases. The number of injections given show a considerable increase over the previous year which was partly influenced by the use of a vasodilatory drug given twice daily intramuscularly. This also increased the visits of the nurse on evening duties. The one disturbing factor is the increase in the number of tubercular patients receiving treatment from the nurses. The overall number of visits show an increase of 8,768 throughout the year, which is very satisfying and shows that the service is being used more. It is, however, apparent that it is still not being used to the extent it could be and that a large number of patients are deprived of the services provided.

Mr. Peel was away at the beginning of the year taking his Queen's Training, and was most grateful for a very interesting and most helpful course.

When nursing incontinent patients we are hampered by the lack of clean linen, especially with those who live alone, or live with elderly relatives. I feel that the provision of a laundry service is the only way to solve this problem, and I must stress the importance of such a service.

During the year the nurses' uniform was changed, from the Queen's and State Registered Nurse styles, to a completely new one. This consists of blazer, skirt, white blouse and white coats for the female nurses and blazer and grey trousers for the men.

I should like to express my appreciation for all the co-operation given by members of your staff in the department, and the senior officers of the other services with whom I have been in contact."

Work Undertaken

TABLE I

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

	1968	1967
New cases	1,506	1,410
Cases nursed	2,301	2,131
Cases on books at 31st December ...	875	795
Number of injections given	24,272	21,297
Visits by Bathing Attendants	8,332 (417)	6,058 (515)

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.	3	2	213	577	795
New cases	28	33	511	934	1,506
Total cases nursed during the year	31	35	724	1,511	2,301
Cases on books at 31st December	7	6	227	635	875

TABLE III

Cases Nursed and Visits made during each month of the year

Month	Children		Others		Total Cases	Visits by District Nurses
	0-5	5-15	Male	Female		
January	4	2	279	694	979	6,253
February	4	3	234	662	903	5,378
March	8	5	236	616	865	5,555
April	7	5	220	616	848	5,681
May	4	10	220	635	869	6,044
June	7	9	229	641	886	5,597
July	3	10	231	640	884	5,701
August	4	10	238	648	900	5,902
September	4	6	226	645	881	5,379
October	6	8	242	681	937	6,068
November	9	6	247	698	960	6,173
December	9	7	272	705	993	6,189
						69,920

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+		Total		Persons
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Jan.	...	2	...	1	...	...	7	14	14	21	4	3	41	77	66	118	184
Feb.	...	2	...	...	...	1	3	9	15	20	2	7	28	43	48	82	130
March	3	...	3	...	1	2	7	15	11	11	5	5	31	54	61	87	148
April	...	...	...	...	...	2	2	8	5	16	3	3	21	34	31	63	94
May	...	...	...	...	4	2	5	9	10	16	3	4	17	42	39	73	112
June	...	1	2	...	1	3	6	11	6	11	7	5	19	37	41	68	109
July	...	...	...	...	3	2	6	11	6	16	4	7	20	48	39	84	123
August	...	...	1	...	2	2	2	13	10	15	8	4	21	41	44	75	119
Sept.	1	...	...	...	...	...	6	10	7	7	6	8	11	37	31	62	93
Oct.	1	...	1	1	1	3	8	15	6	15	8	8	24	55	49	97	146
Nov.	...	...	4	1	1	...	1	13	12	14	3	7	14	48	35	83	118
Dec.	...	...	1	3	2	1	7	6	20	16	5	7	24	38	59	71	130
	5	5	12	6	15	18	60	134	122	178	58	68	271	554	543	963	1506

TABLE V

Types of Cases Nursed and Visits made to these Cases with Comparative Figures for 1967

	Cases Nursed		Visits Made	
	1968	1967	1968	1967
Medical	1,532	1,470	52,902	44,106
Surgical	596	529	15,991	13,234
Infectious Diseases ...	—	—	—	—
Tuberculosis	22	8	585	610
Maternal Complications	29	35	157	170
Others	122	89	285	3,032*
Totals	2,301	2,131	69,920	61,152

* This figure included ineffective visits.

VACCINATION AND IMMUNISATION

(Section 26)

DIPHTHERIA, WHOOPING COUGH, TETANUS AND POLIOMYELITIS

Schedule

Primary Course

Age Group	Material	Dosage
5 years & under (commencing at three months)	Diphtheria-Tetanus-Pertussis Prophylactic (Triple Antigen) Oral Poliomyelitis Vaccine	Three injections of $\frac{1}{2}$ cc. at intervals of six weeks between the first and second, six months between the second and third. Three doses given simultaneously with the injections of Triple Antigen.
Over 5 years	Diphtheria-Tetanus Prophylactic Oral Poliomyelitis Vaccine	Three injections of $\frac{1}{2}$ cc. at intervals of six weeks between the first and second, six months between the second and third. Three doses given simultaneously with the injections of Diphtheria and Tet- anus.
14-19 years	Tetanus Toxoid Prophylactic Oral Poliomyelitis Vaccine	Three injections of $\frac{1}{2}$ cc. at intervals of six weeks between the first and second, six months between the second and third. Three doses given simultaneously with the injections of Tet- anus Toxoid.

*Reinforcing Doses**(a) DIPHTHERIA, WHOOPING COUGH AND TETANUS*

Age Group	Material	Dosage
At 5 years of age or school entry.	Diphtheria-Tetanus Prophylactic	$\frac{1}{2}$ cc.
At 14-19 years of age or on leaving school.	Tetanus Toxoid Prophylactic	$\frac{1}{2}$ cc.

(b) POLIOMYELITIS

All children aged 5 to 16 years are offered a reinforcing dose of oral vaccine.

All prophylactic material is supplied to the general practitioner 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 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 fourteenth year. Both primary and reinforcing immunisations are 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.....	1,172	1,163	1,178
School Children.....	397	33	557
Totals	1,569	1,196	1,735
<i>Reinforcing Injections</i>			
	<i>Diphtheria</i>	<i>Whooping Cough</i>	<i>Tetanus</i>
Pre-School Children.....	797	796	800
School Children.....	2,108	99	2,613
Totals	2,905	895	3,413

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	998	24	1,022	736	38	774
General Practitioners	165	9	174	60	61	121
Totals	1,163	33	1,196	796	99	895

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	8	350	358	1	1,966	1,967
General Practitioners	-	-	-	-	3	3
Totals	8	350	358	1	1,969	1,970

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	1	14	15	-	40	40
General Practitioners	-	-	-	-	-	-
Totals	1	14	15	-	40	40

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	6	174	180	2	543	545
General Practitioners	1	-	1	1	2	3
Totals	7	174	181	3	545	548

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

The following 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 (absorbed) 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 (absorbed) intramuscularly in the other.

An appointment is made at the hospital to attend in six weeks and a final reinforcing dose is given at the Central Clinic 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 (absorbed).

(b) If not previously protected, the procedure is the same as that 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 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 Central Clinic. 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:

First two injections

Age at Date of Immunisation	Under 1 year	YEARS			TOTAL
		2-4	5-16	16+	
Number	1	5	97	864	967

Reinforcing Injection

Age at Date of Immunisation	Under 1 year	YEARS			Total
		2-4	5-16	16+	
Number	-	-	23	660	683

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 six weeks between the first and second dose and six months between the second and third. A reinforcing dose is offered to all school children.

TABLE I

(a) Primary Course of Three Doses Oral Vaccine

Age in Years					
0-4	5-16	17-26	27-40	Over 40	Total
1,201	289	49	63	16	1,618

(b) Reinforcing Dose

Age in Years					
0-4	5-16	17-26	27-40	Over 40	Total
41	1,638	266	103	124	2,172

IMMUNITY CHART

Total number of persons who had received primary course at 31st December, 1968				
Age in Years	0-4	5-16	17-26	27-40
*Number of Persons	12,567	17,097	16,678	12,536

* This figure includes some persons not resident in Oldham.

MEASLES VACCINATION

Measles Vaccination is available for all children between the ages of one and fifteen years who have not suffered a natural attack of measles. Routine vaccination is given in the second year of life at child welfare centres or at school entry age at the school where possible. The following table shows the number of children who have received this vaccination.

	Pre-School Children	School Children	Total under 15 years
Local Health Authority ...	228	842	1,070
General Practitioners	18	25	43
Totals ...	246	867	1,113

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 Department of Public Health 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 51 children of school age were vaccinated for the first time and 52 were re-vaccinated compared with 19 and 47 respectively in the previous year.

At the periodic examination of school entrants the vaccination state of the children examined is ascertained. Of 1,735 children examined during the year 492 (28.35 per cent) were found to have been vaccinated against smallpox. This compares with 40.12 per cent for the previous year.

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

Age at Date of vaccination	Under 1 yr.	YEARS				Totals
		1	2-4	5-14	15+	
<i>Primary Vaccinations</i>						
Local Health Authority	2	255	95	16	38	406
General Practitioners	13	42	40	35	112	242
Totals ...	15	297	135	51	150	648
<i>Re-Vaccinations</i>						
Local Health Authority	—	—	1	17	82	100
General Practitioners	—	—	8	35	327	370
Totals ...	—	—	9	52	409	470

In June, 1963, the Council approved a recommendation of the Medical Officer of Health that a charge of 5s. 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, 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 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, Town Hall Extension, Manchester. Tel. No. Central 3377.

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 area remote from Oldham and proximate to Huddersfield, which is usually removed by the 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 Control at Whitefield by a direct line which was installed in July, 1959. During this year the Whitefield Control requested Oldham to complete 29 calls involving a total of 145 miles, an increase of 2 calls and a decrease of 46 miles on the previous year.

I HOSPITALS

Out Patients Clinics and "Day Care"

Patients are conveyed to and from the Anti-Coagulant Clinic at the Oldham and District General Hospital; this service entailed a mileage of 8,020 compared with 7,450 for the previous year, an increase of 570 miles.

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	7,663
Out-Patients	858

This mileage is a decrease of 5,170 on the previous year.

Patients were conveyed to and from the Geriatric Out-Patient Department at the Oldham and District General Hospital, and a number of patients were conveyed to the "Day Care Centre" at the hospital. A mileage of 55,513 was incurred compared with 46,201 in the previous year, an increase of 9,312 miles. The number of patients increased by 147 from 18,882 in 1967 to 19,029 in 1968. The calls of 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 but have increased on the previous year because of the excessive rates charged by the British Railways for the stretcher type case. It is very much cheaper to send this type of case by ambulance. There were 129 single journeys over 25 miles as follows:—

25 to 50 miles	88
50 to 100 miles	34
Over 100 miles	7

The seven journeys over 100 miles were 2 to Oxford, 1 to Bridgewater (Somerset), 1 to Paignton (Devon), 1 to Perranporth (Cornwall), 1 to London, and 1 to Brentwood (Essex).

Accident and Emergency Cases

During the year 6,151 cases were removed to hospital, a decrease of 88 on the previous year. The mileage incurred was 28,107, an increase of 782 on the previous year. No major accidents occurred in the year.

Children Suffering from Burns and Scalds

During the year 53 children were conveyed to hospital compared with 48 in the previous year.

Emergency Maternity Unit (Flying Squad)

This unit operates from the Oldham and District General Hospital, and the Service was called on 17 times during the year.

National Health Service (Amendment) Act 1949

Three removals were effected by the Lancashire County Council incurring a mileage of 21.

National Health Service (Amendment) Act 1957

During the year 918 miles were run for the Inskip League, and 176 miles for the Oldham and District General Hospital.

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 outside their own districts, and in emergencies, and for the transport of analgesic equipment. A Vauxhall Estate Car PBU 770F is used for the bulk of this work. This car is garaged and maintained at the Ambulance Depot. A total of 7,232 miles was incurred which compares with 7,384 in the previous year, a decrease of 152 miles.

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 398, compared with 1,080 for the previous year, a decrease of 682 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, are conveyed to and from the centre by dual-purpose vehicles. A total of 65,987 miles was involved compared with 55,777 in the previous year, an increase of 10,210 miles.

School Health

A total of 148 miles was run for this service.

Welfare

A total of 14 miles was run for this service.

Civil Defence

Circular 2/1968 was received suspending recruitment and training of the "Ambulance Reserve" members. The circular was dated 19th January, 1968. This means that the Ambulance Reserve ceases to be functional.

Oral Resuscitation

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

National Ambulance Competition

A team was entered from the Oldham service and was placed ninth.

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

Driver/Attendants are entered each year for this competition. Out of the 44 eligible, 24 received diplomas, 1 received the 5 year medal, 8 the bar to the 5 year medal, 1 the 10 year medal, 3 the oak leaf to the 10 year medal, 1 the 15 year brooch and 3 the bar to the 15 year brooch; 4 drivers were disqualified.

Details of staff and vehicles, cases carried and mileage run are presented in tables I, II, III and IV respectively with comparative figures for 1967.

TABLE I

Staff

	31st December 1968	31st December 1967
Ambulance Officer	1	1
* Station Superintendents	6	6
Driver/Attendants	48	48
Driver/mechanics	2	2
Telephonists	2	2
Handyman	1	1
Part-time drivers	4	4
* This item includes one liaison officer based at the Oldham Royal Infirmary.		

TABLE II

Vehicles

	31st December 1968	31st December 1967
** Ambulances	9	9
Dual Purpose Vehicles	13	13
Two new vehicles were taken into the service:		
One new Bedford Lomas Ambulance OBU 682 F		
One new Bedford Lomas Large Dual Purpose PBU 856 F		
Two vehicles were removed from the service:		
Ambulance TBU 524		
Small Dual Purpose 493 ABU		
** The total number of ambulances includes one Land-Rover Ambulance specially fitted for recovery work if necessary. This vehicle has proved invaluable in the winter months especially in the snow.		

All vehicles are fitted with radio-telephone equipment and the ambulances with the Stephenson Minuteman resuscitator equipment. Brook Airways are carried in all dual purpose vehicles. A special type of stretcher has been purchased for rescue work. All new ambulances are 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	1968	1967
Oldham County Borough	32,035	95,669	127,704	132,399
West Riding County Council ..	4,041	4,174	8,215	7,466
Lancashire County Council ...	29	-	29	27
Other Authorities	-	-	-	-
Totals	36,105	99,843	135,948	139,892

In addition 3 cases were transported by train and ambulance, the return journey fare being provided in 2 cases for the escort.

TABLE IV

(a) Total Mileage

Authority	Vehicles		PBU 770F	Total Mileage	
	Ambulance	Dual-Purpose		1968	1967
Oldham County Borough	102,855	190,411	6,996	300,262	287,673
West Riding County Council	25,060	28,943	-	54,003	54,202
Lancashire County Council	145	-	-	145	191
Other Authorities...	-	-	-	-	-
Totals	128,060	219,354	6,996	354,410	342,066

(b) Patient Mileage

Year	Miles	Average miles per patient
1968	341,281	2.51
1967	329,532	2.36

Tables 3 and 4 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

	1968	1967
Midwives	7,232	7,384
Home Nursing	398	1,080
Mental Health	93	185
Special Care Unit	25,824	23,806
Industrial Centres	40,163	31,971
Administration	5,406	4,378
	<hr/>	<hr/>
Totals	79,116	68,804

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

Close co-operation exists in this field between the local authority and the hospital services. Under the authority's scheme, the Chest Physician, undertakes duties in connection with prevention of illness and care and after care. The Tuberculosis Health Visitor attends the Chest Clinic sessions held at Oldham and District General Hospital and acts as liaison Officer between the clinic and the patients in their homes.

Patients in need of extra nourishment are issued with orders for the supply of free milk on the recommendation of the Chest Physician. Each order permits the supply of one pint of milk per day for a period of four weeks. During the year 108 orders were issued to 18 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 for priority rehousing were made in respect of two cases.

Mass Miniature Radiography

Owing to the contraction and re-organisation of the Manchester Regional Hospital Board Mass Miniature Radiography Service, a unit did not visit Oldham during the year.

In accordance with the 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.

The chest x-ray examinations of entrants to courses of training for teaching were undertaken at an M.M.R. Unit in Salford and transport from Oldham was arranged. Other chest x-ray examinations were arranged at Oldham and District General Hospital.

B.C.G. Vaccinations

Vaccination of Contacts — Arrangements exist under the control of the Chest Physician, Dr. P. B. Woolley, for the vaccination of selected contacts of known cases of tuberculosis.

During the year 89 pre-school children (40 boys and 49 girls) 76 school children (36 boys and 40 girls) and 1 adult female were found to have negative skin tests and found to be positive on subsequent testing, following B.C.G.

Vaccination of School Children — In accordance with the 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.

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.	1,589
No. of acceptances	1,250
Percentage of acceptances for eligible children	78.6%
No. excluded on medical grounds	5
No. of skin tests	1,206
No. Positive	181
No. Negative	998
No. vaccinated	993
No. requiring x-ray	12
No. x-rayed	11

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.	102	68	170
No. of acceptances	85	63	148
Percentages of acceptances	83.3%	92.6%	87%
No. excluded on medical grounds	2	—	2
No. of skin tests	81	62	143
No. Positive	9	9	18
No. Negative	72	53	125
No. vaccinated	72	53	125
No. requiring x-ray	—	—	—

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

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 1968/69 in support of the work which the Association undertakes in the fight against tuberculosis.

Mental Health

The arrangements for the care and after care of persons suffering from mental illness or sub-normality are fully described in the Mental Health Section of this report.

Geriatric Service

The Consultant Geriatrician to the Oldham Hospital Group is also Consultant Geriatrician to the local authority. This affords liaison between the staff of the Geriatric Unit at Oldham and District General Hospital and the department due to which no major problems have been experienced in the admission of geriatric patients whose social conditions necessitated immediate hospital care.

A Geriatric Health Visitor has been seconded to work with the Consultant Geriatrician and deals with most medico-social cases referred to the department and 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) Maternity Cases

Beds, mattresses, blankets, pillows, bed pans, air rings and other sick room requisites are available on request through the Midwives Service.

(ii) 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.

Equipment can also be obtained through 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 1968/69.

(iii) Incontinence Pads

Incontinence pads are distributed 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. The pads are disposed of by burning.

*Oldham and District Health Services**Contributory Association*

The Home Nursing Sub-Committee made a grant of £25 to this Association for the financial year 1968/69 for the facilities they provide for the loan of nursing equipment and convalescence.

Convalescent Facilities

No scheme for the provision of convalescent facilities has been established but it has been agreed by the Health Committee that in special circumstances cases may be recommended 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 four children received convalescent treatment under these arrangements.

Cervical Cytology

The cervical cytology clinic continued during the year and in April patients who had attended two years previously began to be recalled, and appointments were also made for new applicants. A total of 984 smears were taken, 282 of which were recalls. There were 8 cases who showed signs of possible carcinoma and were admitted to the wards of the Consultant Obstetrician and Gynaecologist immediately for biopsy and any further treatment which was required.

*CHIROPODY SERVICE**Staff*

At the beginning of the year the establishment consisted of one Chief Chiropodist, one Senior Chiropodist and three part-time chiropodists.

Transport

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

Clinics

Chiropody Clinics are held at the Central Clinic, Cannon Street, and at Tate Street and Honeywell Lane Child Welfare Centres.

The following figures relate to treatments given:—

(a) Clinic Cases

Clinics	Sessions held	No. of Cases at 1.1.68	New Cases	Treatments Given	Removed from Register*	No. of Cases at 31.12.68
Central	625	757	183	3,978	171	769
Honeywell Lane.	145	226	40	968	54	212
Tate Street	199	239	51	1,324	46	244
Totals ...	969	1,222	274	6,270	271	1,225

(b) Domiciliary Cases

No. of Cases 1.1.68	New Cases	Former Clinic Cases	Treatments Given	Removed from Register*	No. of Cases at 31.12.68
435	49	33	1,705	76	441

*These numbers include patients who have failed to attend after numerous appointments and their names have been taken off the register.

Regular inspections by chiropodists are made at the schools and children requiring treatment are referred by appointment to the Chiropody Clinics at Derker Clinic and Honeywell Lane Clinic. Head-teachers refer children to these clinics for acute conditions.

No visits were made to the Nuffield Villa and Mayall Street Home during the year. Patients requiring urgent treatment were treated at one of the clinics.

MENTAL HEALTH SERVICE**Staff**

Consultant Psychiatrists: The Consultant Psychiatrists to the authority are Dr. N. Berlyne and Dr. S. Levine.

Psychologist: The department no longer has an establishment for a psychologist, although the educational psychologist to the Child Guidance Service undertakes clinical work on a sessional basis for the Psychiatric Unit.

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

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

The establishment of mental welfare officers has been maintained throughout the year. In September, the Senior Mental Welfare Officer Mr. D. Cheetham commenced a one year course for the Certificate in Social Work at the College of Commerce, Manchester. Mr. E. Hall, Mental Welfare Officer, has taken over the duties of Acting Senior Mental Welfare Officer during his absence.

Junior Training Centre and Special Care Unit:

- 1 Supervisor
- 6 Assistant Supervisors
- 1 Physiotherapist (2 sessions per week)

The vacancy of physiotherapist had not been filled at the end of this year.

Industrial Centre for Adults:

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

Staff was up to establishment 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. Social work in respect of Oldham patients admitted to the Elizabeth Martland Unit is undertaken by mental welfare officers. 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 psychiatrists, hospital medical staff, medical officers of the Department of Public Health, the Educational Psychologist and mental welfare officers. The purpose of the conference is to discuss problems and progress of patients, and the staff of this department 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 270 new cases referred, an increase of 11 on the previous year.

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

TABLE I
New Cases Referred (Mental Illness)

<i>Source of referral</i>	1965	1966	1967	1968
General Practitioner	88	99	111	109
Hospitals (on discharge from in-patient treatment)	67	35	23	15
Hospitals (after or during out-patient or day treatment)	37	46	31	29
Police and Courts	28	15	28	30
Other sources	59	51	66	87
Totals:	279	246	259	270

TABLE II
Management of New Cases

Admitted to hospital:—

for treatment (Section 26)	2
for observation (Section 25)	8
in emergency (Section 29)	5
for day care	4
informal	85
Section 60	3

Referred to:—

Psychiatric Out-Patient Clinic	32
Welfare Services Department	8
Under Observation	65
No further action	58
Total	270

Of the 32 patients referred to the Psychiatric Out-Patient Clinic for assessment 19 continued to attend for follow-up interviews, no further action was indicated in 2 cases and the remaining 11 were kept under observation by mental welfare officers.

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

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

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

TABLE III
Visits and Reports made by Mental Welfare Officers

	1965	1966	1967	1968
<i>Visits:</i>				
Pre-care	2,047	2,130	1,680	3,616
After-care	3,657	4,040	4,119	4,426
With psychiatrists	58	74	197	126
To Oldham Royal Infirmary	64	59	47	105
To Psychiatric Out-Patient Clinic.	292	303	356	444
To Elizabeth Martland Unit	615	739	558	517
Regarding property	56	82	122	197
Ineffective	964	792	570	1,167
Attendances in Court	2	9	14	15
Totals ...	7,755	8,228	7,663	10,613

The trend of previous years has continued inasmuch as general practitioners still refer a large number of cases direct to the mental welfare officers. It appears that this practice will continue whilst general practitioners are overburdened with large numbers of patients.

Admissions to Hospital

There were 151 new admissions and 207 re-admissions. 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 (observations).

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 observation (Section 25)	27
For treatment (Section 26)	1
For observation in emergency (Section 29)	17
Court Order (Section 60)	4
Informal	309
Total	358

It is pleasing to record that the majority of admissions to hospital are of an informal nature.

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 9 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 accept the appointment of Receiver and at the end of the year had been appointed Receiver in five cases.

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 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 affected.

A limited number of beds is 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 a vehicle when necessary.

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 six children (three boys, three girls) were reported to the department by the education authorities as being unsuitable for education at school and were admitted to the training centre.

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.

Dr. E. M. Hutton, Deputy Medical Superintendent of Calderstones Hospital and Consultant in Subnormality, holds a fortnightly clinic at the Department of Public Health as part of a scheme for the better management of subnormal persons in the community. Cases are seen at the request of the general practitioners, the consultant psychiatrists at the Elizabeth Martland Unit, and mental welfare officers. During the year the following cases were seen:—

Oldham Patients

42

Out-District Patients

69

These arrangements have proved extremely helpful and many cases, particularly of severely handicapped children who have been on the waiting list for admission to hospital for long periods, have been seen regularly at this Clinic and medical guidance combined with drug therapy has in many cases resulted in reducing the home management problems of these children.

TABLE V

Waiting List for Admission to Hospital

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases on waiting list at 1.1.68	4	9	13
Cases placed on waiting list	3	1	4
	<hr/>	<hr/>	<hr/>
	7	10	17
Admitted to hospital, removed or died	1	1	2
	<hr/>	<hr/>	<hr/>
Cases on waiting list at end of year	6	9	15
	<hr/>	<hr/>	<hr/>

Of the four cases placed on the waiting list, the three males were of top priority and the female of semi-priority.

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

Top priority	3
Semi-priority	2
Nil priority	10

Temporary Accommodation

During the year short term care was provided for 42 cases, (17 males, 25 females) in order to permit the parents to take a much needed holiday. 34 were admitted to Calderstones Hospital, 3 to the Department's hostels, 4 to the Elizabeth Martland Unit, and 1 to the Spastic Centre. In some cases persons are admitted for temporary periods in hospital for observation, following outpatient appointments at Dr. Hutton's fortnightly clinic.

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 237 persons were being visited. There were 21 new cases accepted and 14 cases discharged from care, leaving 244 under care at the end of the year.

Details of reports and visits made in respect of these cases are given below, together with comparative figures for 1965, 1966 and 1967:—

Reports:

	1965	1966	1967	1968
Case histories	1	8	5	19
Progress reports	7	18	12	14

Visits:

Care and supervision	433	1321	2234	2197
Ineffective	70	212	166	207

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 Special Care Unit provides accommodation for 15 severely handicapped children and whilst every effort is made to permit all children to attend five days per week, it has been necessary to restrict the number of day attendances in those cases where the person is over 16 years of age. The importance of the Special Care Unit is increased due to the severe shortage of permanent hospital beds; it is extremely doubtful whether the parents would be able to retain their severely handicapped children at home without the respite afforded by attendance at the Unit.

At the beginning of the year, 20 children were on the register (9 boys, 11 girls). During the year 3 boys and 1 girl were admitted, and 1 girl and 2 boys were discharged and 1 boy died. There were 19 children (8 boys and 11 girls) 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 the school holiday period. 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 of January there were 28 pupils (12 boys, 16 girls) on the register, 26 from the Oldham County Borough and 2 from the Saddleworth district of the West Riding County Council.

There were 6 new admissions, 2 boys and 3 girls from the Oldham County Borough, and 1 boy from the West Riding County Council. There were 6 discharges during the year, 5 boys and 1 girl, all from the Oldham County Borough.

On the 31st of December there were 28 pupils on the register, 25 from the Oldham County Borough and 3 from the Saddleworth district of the West Riding County Council.

There are two groups of children in the Centre, four to eight years and nine to 16 years, and whilst in both groups methods of teaching allow the children to express themselves, i.e. in art and free play, in the older group a more routine type of curriculum is used and some of the training is designed to make the children useful in small domestic tasks and to prepare them for the more mature environment in the adult centre.

The aim of this early education and training is to make the individual socially acceptable and to develop those skills, and obtain such knowledge, as will enable them to live a happy and complete life, and also prepare them for outside employment or continued training at the adult centre.

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

In July a trip to Fleetwood 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 of which 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

We were unable to obtain the services of a physiotherapist during the year and the position remained open at the end of the year.

Arthurs and Alice A. Kenyon Industrial Centres

There has been complete integration at the Industrial Centre, both sexes working together 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 way to the centre are encouraged to do so. Patients from the Elizabeth Martland Unit are accepted at the centre.

The new dining block was opened in October and the excellent conditions provided are greatly appreciated by the trainees and staff.

Admissions and Discharges

	Oldham Cases		West Riding County Council Cases	
	Males	Females	Males	Females
No. on register at 1.1.68	84	72	4	4
No. discharged	14	10	1	1
No. admitted	19	17	—	—
No. on register at 31.12.68	89	79	3	3

A summary of the 26 persons discharged during the year is given below:—

	Males	Females
Placed in employment	3	4
Ceased to attend	5	6
Admitted to hospital	5	—
Day Care	1	—
Rehabilitation Centre	1	1

The centre is completely orientated to industrial work. Our long-standing contract with a local firm has continued and with the exception of 14 trainees employed in the laundry and 3 on kitchen duties, all trainees are engaged on contract work. Each individual is paid in accordance with his ability and many are earning the maximum allowed under Social Security Benefits. It is felt that the industrial environment develops independence in the mentally disordered who look upon their attendance at the centre as direct employment.

The laundry employs 14 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 sub-normality.

Residential Accommodation

Nuffield Villa

This hostel was opened in 1961. It originally comprised two wings with a central entrance, each wing providing 10 single bedded rooms with 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. A further 10 bedded extension for females was completed in October, 1966, and was occupied immediately.

A number of residents are employed in open industry within the community; all 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 Social Security or Sickness Benefit, the appropriate amount for board and lodgings being reclaimed from them.

The hostel is quite unique in the type of care it provides for the residents. A minimum of supervision is given. Each resident has his or her own bed sitting room, in many cases furnished by the residents themselves out of their own earnings in outside employment or at the industrial centre. The aim has been to provide a self-help environment where residents are encouraged as part of their rehabilitation to undertake as many responsibilities for their own wellbeing as their ability allows. This form of residential care for selected residents has proved extremely successful and the environment produces a sense of independence.

At the beginning of the year there were 43 residents (22 males and 21 females). There were 5 new admissions (2 males and 3 females) and 9 discharges (4 males and 5 females). Three males and three females were transferred to the new Limeside Hostel, one male returned to his own home and two females were transferred to Mayall Street Hostel.

At the end of the year there were 39 residents (20 males and 19 females); 5 working in the community and 34 (15 males and 19 females) employed in the centre.

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

	In residence at 1.1.68	Admissions	Discharges	In residence at 31.12.68	Admitted from:		
					Hospitals	Own Home	Mayall Street
Males	22	2	4	20	1	1	—
Females	21	3	5	19	1	1	1
Totals	43	5	9	39	2	2	1

Mayall Street Home

This home, which was opened in 1962, was originally an experiment in the provision of community care for the elderly mentally disordered. Whilst there are still many residents in the older age groups, it is now the policy to admit people in the lower age ranges who would benefit from this more conventional type of hostel accommodation. The hostel provides 24-hour supervision which is necessary because of the predominance of elderly residents who require attention during the night.

At the beginning of the year there were 22 residents (5 males, 17 females). There were 4 admissions and 4 discharges (1 to the Nuffield Villa and 3 to the Elizabeth Martland Unit, one of whom later died), all females.

At the end of the year there were 22 residents (five males, 17 females); one male and two females were engaged in outside employment and 14 (four males, 10 females) were attending the Industrial Centre. The remaining five residents due to mental or physical incapacity were not capable of undertaking any form of employment.

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

	In Residence at 1.1.68	Admissions	Discharges	In residence at 31.12.68	Admitted from:	
					Hospitals	Nuffield Villa
Males	5	—	—	5	—	—
Females	17	4	4	17	2	2
Totals	22	4	4	22	2	2

Limeside Community Care Hostel:

During December a further development in community care was achieved in that a new hostel for the mentally handicapped was opened, situated on one of the Corporation's housing estates. The hostel consists of two semi-detached 5 bedroomed houses which have been converted to one house with a minimum of adaptation on the ground floor. This gives accommodation for 14 beds (9 men and 5 women) together with a small flat for the resident staff. All residents go out to work during the day; staff supervision being kept to a minimum. The residents are encouraged to develop a degree of self reliance and it is hoped that eventually they may establish for themselves an independent life in the community.

At the end of the year there were 6 residents (3 men and 3 women, all transferred from the Nuffield Villa), and the hostel will be filled to capacity early in 1969.

Greylands Holiday Home:

The Department broke new ground in April by the opening of "Greylands" as a holiday home for the recovered mentally ill and mentally handicapped persons and their families. It also provides a suitable holiday setting for our many hostel residents, having spacious grounds and being only a few minutes from the sea.

DOMESTIC HELP SERVICE

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	3	3

Domestic Helps:

Full-time (40 hours or more per week)	1 porter	1 porter
Part-time (under 40 hours per week) ...	203	209

In July, 1968, Mrs. H. Harvey resigned from her position as Assistant Domestic Help Organiser and was succeeded in August, 1968, by Mrs. A. R. Dunkerley.

Organisers' Visits

The number of visits made during the year by the organisers was 8,103 compared with 9,417 in the previous year. This slight decrease in the number of visits made is attributed to sickness and shortage of staff in the department during the year.

Car Allowances

The Domestic Help Organiser and her assistants are still included in the Car Allowances Scheme of the Corporation on "casual user basis."

Charges

The full charge of 6/- per hour, which was instituted in April, 1966 has remained unchanged. Persons receiving Social Security benefit still receive help free of charge.

Refresher Courses

Mrs. Hadfield, Domestic Help Organiser, attended a weekend school at the Froebel Institution, London 12th—14th September, 1968.

Cases Assisted

The total number of cases receiving assistance during the year was 2,005. The number of new cases was 503 compared with 746 in 1967.

Night Attendant Service

This service is provided where a patient is acutely ill and living alone or where relatives need some temporary relief. The full charge of 36/- per night instituted in April, 1966 has remained unchanged.

The number of cases and night sessions worked are shown below with comparative figures for 1967:—

	1967	1968
Number of cases assisted	75	62
Night Sessions worked	405	257

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	49	35	84	43	41
Chronic Sick under 65	70	18	88	47	41
Maternity		23	23	23	—
Tuberculosis under 65	2	1	3	2	1
Tuberculosis over 65	5	—	5	5	—
Blindness under 65	7	3	10	4	6
Blindness over 65	52	9	61	29	32
Old Age and Sickness	1,317	414	1,731	623	1,108
Totals:	1,502	503	2,005	776	1,229

Number of Helps employed 31.12.68 Full-time 1 porter

Part-time 209

Night Attendant Service

No. of cases ... 62 No. of Sessions ... 257 (average 5 per case)

No. of Night Attendants employed 31.12.68 3

Domestic Help Organisers' Visits 8,103

General Medical Practitioner Services
Supplementary Publications Service

The following Executive Council members of the Oldham and its other districts, 8 of whom are appointed by the local health authority and 4 are elected:-

To retire 31st March, 1974:

Mr. J. V. Burt
Mr. F. R. Roberts

To retire 31st March, 1975:

Mr. A. J. Hartman
Mr. R. G. Taylor, J.P.
Mr. R. Gilbert

To retire 31st March, 1976:

Mr. J. R. B. Brown, J.P.
Mr. R. G. Taylor, J.P.
Mr. R. H. Harrison

Mr. J. R. B. Brown, J.P. retired on the 31st March and was re-elected by the Council on the 21st March 1976. Mr. R. G. Taylor, J.P. retired on the 31st March and was re-elected by the Council on the 21st March 1976.

SECTION IV
OLDHAM EXECUTIVE COUNCIL
General Practitioner Services

There were 46 principal medical practitioners on the Oldham Medical List at the 31st March, 1974 of whom 40 were registered in the Oldham area. The number of principal medical practitioners who worked in the Oldham District, 1973, was 41,774, a decrease of 1,224 on the 1972 figure.

On the 31st March, 1974, the Oldham City and District Health Authority was the leading provider of services in the area:-

- 1st - Oldham City and District Health Authority
- 2nd - Oldham City and District Health Authority
- 3rd - Oldham City and District Health Authority

General Medical Services

The number of practitioners on the General List at 31st March, 1974 was 46.

Supplementary Publications Service

The following statement shows the number of supplementary medical services provided in the Oldham area and the number of patients who were treated.

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, 1969:

Alderman F. Baxter
Councillor F. B. Balson.

To retire 31st March, 1970:

Councillor A. J. Markham
Alderman E. G. Taylor, J.P.
Dr. B. Gilbert.

To retire 31st March, 1971:

Alderman Mrs. E. Rothwell, J.P.
Councillor Miss E. Brierley, B.A., J.P.
Councillor H. N. Whitehead.

Councillor A. Tweedale, J.P., retired on the 31st March and was re-appointed for a further period of three years, and Councillor G. Leonard was replaced by Councillor A. J. Markham.

I am indebted to Mr. R. Pattinson for the information contained in the following report which relates to the year ended 31st March, 1969.

General Medical Services

There were 86 principal medical practitioners on the Council's Medical List at the 31st March, 1969, of whom 48 were regarded as resident in the Oldham area. The number of Oldham patients registered with doctors at the 31st December, 1968, was 111,695, a decrease of 1,331 on the previous year.

Pharmaceutical Services

On the 31st March, 1969, the Pharmaceutical List included the following number of contractors in the area:—

(a) Pharmacists	33
(b) Drug Stores	1
(c) Surgical Appliance Suppliers	8

General Dental Services

The number of practitioners on the Dental List at 31st March, 1969 was 20.

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, 1969.

Ophthalmic Medical Practitioners	3
Ophthalmic Opticians	23
Dispensing Opticians	2

Charges

The following charges are effective:—

Pharmaceutical Services

With effect from 10th June, 1968, a charge of 2/6d. is now made in respect of each prescription dispensed; the charge to be paid by the patient. The charges apply to medicines, appliances and elastic hosiery, in the latter case one stocking counts as one item and attracts a charge of 2/6d.

There are exemptions provided for in regulations and the following is a list of persons who do not pay the charges:—

- (a) Persons under the age of 15 years.
- (b) Persons over the age of 65 years.
- (c) Expectant mothers or nursing mothers who hold a current exemption certificate issued by an Executive Council.
- (d) Persons holding exemption certificates because they suffer from one of certain conditions specified in the regulations.
- (e) Persons and dependents who hold exemption certificates issued by the Ministry of Social Security, in receipt of supplementary pension or allowances.
- (f) War Pensioners who need prescriptions for the treatment of their accepted war disability.

Dental

The maximum charge to patients for more than one denture, together with any other treatments 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 under 16 or if over this age in full-time education (other than further education) under the 1944 Education Act, are eligible for free glasses if these are chosen from the range of children's standard frames. Those children within the ages of 10 to 16 years, or older children still attending full-time education are allowed to have under the Supplementary Ophthalmic Service, frames within the adult range with exemption from lens charges. The normal statutory charges apply when a child under 10 years chooses glasses from the adult range of frames and the charges will also apply when non-National Health Service type frames are chosen by a child of any age.

Finance

The total cost of the services for the year ended 31st March, 1969, was £885,163 of which £71,653 was met from charges made to patients for pharmaceutical, dental and optical services, leaving a net cost to the Exchequer of **£813,510**.

DISCUSSION AND CONCLUSIONS

The first of the major findings of this study was the relatively low incidence of infectious diseases.

The second finding was that the incidence of infectious diseases was higher among the military than among the civilian population. This was true for all of the diseases studied, but particularly for the more serious ones, such as typhoid fever, dysentery, and malaria. The reasons for this are not clear, but it may be due to the fact that the military population is more exposed to the elements and to other people.

The third finding was that the incidence of infectious diseases was higher among the military than among the civilian population. This was true for all of the diseases studied, but particularly for the more serious ones, such as typhoid fever, dysentery, and malaria. The reasons for this are not clear, but it may be due to the fact that the military population is more exposed to the elements and to other people.

REFERENCES

1. The incidence of infectious diseases among the military population is higher than among the civilian population.

ACKNOWLEDGMENTS

The author wishes to thank the following individuals for their assistance in the preparation of this report:

SECTION V

Epidemiology

The purpose of this section is to describe the epidemiology of the diseases studied in this study.

1. Typhoid Fever

The incidence of typhoid fever was higher among the military than among the civilian population.

2. Dysentery

The incidence of dysentery was higher among the military than among the civilian population. The most common type of dysentery was the shigellosis type, which is caused by the bacteria Shigella. The incidence of shigellosis was higher among the military than among the civilian population. The reasons for this are not clear, but it may be due to the fact that the military population is more exposed to the elements and to other people.

3. Malaria

The incidence of malaria was higher among the military than among the civilian population.

INFECTIOUS AND OTHER DISEASES

During 1968 certain important changes were effected regarding notification of infectious diseases.

Infective jaundice was made notifiable from the 15th June under The Public Health (Infective Jaundice) Regulations, 1968. The Public Health (Infectious Diseases) Regulations, 1968 came into operation on the 1st October, the principal changes being: acute primary pneumonia, acute influenzal pneumonia, erysipelas and puerperal pyrexia, were no longer to be notified; tetanus, yellow fever, and leptospirosis were made notifiable.

The Public Health (Fees for Notification of Infectious Disease) Order, 1968, operative from the 1st October, increased the notification fee payable to medical practitioners to 5/-.

Diphtheria

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

Scarlet Fever

There were 34 cases notified compared with 20 cases in the previous year.

Erysipelas

One case was notified compared with 2 in the previous year.

Enteric Fever

(a) Typhoid Fever:

No cases were notified.

(b) Para-typhoid Fever:

One case of para-typhoid fever occurred during the year under review. A young girl aged 11 years travelled by air from India arriving in Oldham on the 20th October, to stay with relatives. She was not well while travelling but this was thought to be due to the length of the flight. She commenced school on the 21st October but became ill during the night of the 21st and the family doctor was called. After being treated at home for a vague feverish illness she was admitted to Monsall Hospital on the 27th October. S. Paratyphi A was isolated from blood culture. All close contacts of the case were kept under surveillance and faeces specimens from them were all reported negative. The case was transferred to Westhulme Hospital and was discharged in January, 1969, having made a complete and uneventful recovery.

Acute Encephalitis

No cases were notified.

Meningococcal Infection

One case was notified posthumously—a girl aged 11 months. She was admitted to a hospital outside the borough on the 29th September and died on the same day.

The cause of death was:—

- 1 (a) Waterhouse—Friderichsen Syndrome
- (b) Meningococcal Septicaemia

Infective Jaundice

There were 16 cases notified.

Tetanus

There was 1 case notified.

Acute Primary Pneumonia

One case was notified compared with 7 cases in the previous year.

Influenzal Pneumonia

One case was notified compared with nil for the previous year.

Measles

There were 204 cases notified compared with 649 in the previous year. From May, children attending infants school, were offered vaccination against measles. Five children who received this protection contracted measles although four were probably incubating the disease when they were vaccinated. The remaining case had been vaccinated 5 months prior to the onset of measles.

Whooping Cough

There were 23 cases notified and confirmed. Of the 23 cases, 4 had received a full course of prophylaxis.

Dysentery

There were 265 cases notified, 225 of which were confirmed bacteriologically compared with 118 in the previous year; 4 cases where no organism was isolated were accepted as cases compared with 3 in the previous year.

In January, an outbreak of Sonne dysentery occurred in the local authority's nursery and as a result of investigation 11 children were found to be positive.

During the year an outbreak of Sonne dysentery occurred in one of the local authority's nursery schools and as a result of investigation 18 children were found to be positive.

An outbreak of Sonne dysentery occurred in an Oldham industrial nursery and an industrial nursery out of the Oldham area and as a result of investigation 14 Oldham children were found to be positive.

After three consecutive negative specimens the children were allowed to return.

Ophthalmia Neonatorum

There were 4 cases of ophthalmia neonatorum notified. These were kept under observation and in all cases vision was unimpaired.

Puerperal Pyrexia

There was 1 case of puerperal pyrexia notified.

Smallpox, Acute Poliomyelitis, Malaria, Anthrax, Brucellosis.

No cases were notified

The department was informed of 1 person who arrived in this country from a smallpox area; she was kept under surveillance and nothing untoward developed.

E. Coli Infection

There were 28 cases of E. Coli infection in young children compared with 24 in the previous year.

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 42 cases were brought to notice, 18 by formal notification and 24 ascertained following investigation. Of the 42 cases, 39 were associated with two outbreaks. There were three individual cases.

A. Outbreaks

(i) An outbreak of food poisoning occurred at the maternity unit of the Oldham and District General Hospital. Blood and mucus were found in the faeces of an infant born three days previously, and a bacteriological examination revealed a pure culture of *Salm. oranienburg*. On the same day two other infants also developed diarrhoea, and an examination again revealed the presence of *Salm. oranienburg* organisms. During the course of the next week, twelve further cases were ascertained. The organism was also isolated from taps, napkin disposal bins, food cupboards, the bed pan steriliser and from the floors of the ward. Bacteriological examination of powdered milk used for feeds, dextrose solution, etc. were reported negative, and it was thought that the infection originated from a human carrier. In spite of energetic action, including freezing of staff, transferring of cases and excretors to infectious

diseases hospitals and rigorous insistence on personal hygiene, together with closure and disinfection of the wards, it was not possible to contain the outbreak which spread to the first floor and ultimately to the top floor wards. In all, 37 cases were indentified in the outbreak which lasted a period of seven weeks.

(ii) A family outbreak of clinical food poisoning occurred involving a self-employed baker and his wife. There were no food samples submitted for bacteriological examination, and the faeces specimens were reported negative.

B. Individual Cases

Salm. typhimurium, Salm. heidelberg and Salm. tennessee were isolated in the three individual cases.

CASES OF CERTAIN DISEASES NOTIFIED DURING EACH MONTH OF THE YEAR

Months	Measles	Scarlet Fever	Dysentery	Infective Jaundice**	Food Poisoning	Meningococcal Infection	Acute Polomyelitis	Whooping Cough	Erysipelas*	Acute Primary Pneumonia*	Acute Influenzal Pneumonia*
Jan. ...	5	1	44	...	11	—	—	2	—	—	1
Feb. ...	6	3	77	...	2	—	—	1	1	—	—
March ...	5	5	45	...	2	—	—	3	—	—	—
April ...	5	1	33	...	1	—	—	3	—	1	—
May ...	5	7	18	...	—	—	—	1	—	—	—
June ...	14	5	6	—	2	—	—	—	—	—	—
July ...	63	1	2	5	—	—	—	3	—	—	—
Aug. ...	30	3	—	3	—	—	—	3	—	—	—
Sept. ...	28	1	—	—	—	—	—	2	—	—	—
Oct. ...	14	3	—	1	—	1	—	4	—	—	—
Nov. ...	11	2	4	2	—	—	—	1	—	—	—
Dec. ...	18	2	—	5	—	—	—	—	—	—	—
Totals ...	204	34	229	16	18	1	—	23	1	1	1

* Not notifiable from 1.10.68.

** Notifiable from 15.6.68.

CASES OF NOTIFIABLE DISEASES

Notifiable Disease	Cases		AGE GROUPS										
	Number	Admitted to Hospital	Under 1	1—	2—	3—	4—	5/9	10/14	15/24	25/44	45/64	65+
Smallpox	34	4	—	1	—	5	5	—	4	—	1	—	—
Scarlet Fever	23	9	7	6	1	5	3	—	—	1	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	204	6	18	27	41	33	51	—	—	3	—	1	—
Measles	1	1	—	—	—	—	—	—	—	—	—	1	—
*Acute Pneumonia—Prim.	1	1	—	—	—	—	—	—	—	—	—	1	—
Influenzal ..	1	1	1	—	—	—	—	—	—	—	—	1	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	229	21	13	19	24	36	29	14	11	40	10	10	—
Ophthalmia Neonatorum	4	2	4	—	—	—	—	—	—	—	—	—	—
*Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	1	—	—	—	—	—	1	1	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	18	13	13	—	1	—	1	—	1	2	—	—	—
*Erysipelas	1	—	—	—	—	—	—	—	—	1	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Tuberculosis	37	31	—	—	—	1	—	—	4	11	17	4	—
Other forms Tuberculosis	13	13	—	—	—	—	3	—	3	5	—	1	—
**Infective Jaundice	16	1	1	—	—	1	5	1	4	2	—	—	—
***Tetanus	1	1	—	—	—	—	—	—	1	—	—	—	—
Totals	585	104	57	53	67	81	110	20	28	63	31	15	—

* Not notifiable from 1.10.68. ** Notifiable from 15.6.68. *** Notifiable from 1.10.68.

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 11 (8 pulmonary and 3 other tuberculosis including late effects) gives a rate per 1,000 of the population of 0.10 (0.07 pulmonary and 0.03 other tuberculosis including late effects) compared with 7 (6 pulmonary and 1 non-pulmonary) and a rate of 0.07 (0.06 pulmonary and 0.01 non-pulmonary) for the previous year.

The Tuberculosis Register

The number of cases on the register at the 31st December, was 327, which compares with 370 at the end of the previous year.

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

1. Recovered	51
2. Removal out	16
3. Lost sight of	11
4. Will not attend	15
5. Died	12
6. Diagnosis not confirmed	2

Of the 51 recovered cases 49 were pulmonary.

Pulmonary Tuberculosis

There were 37 new cases placed on the register compared with 48 for the previous year.

	Male	Female	Total
R.A.1. (Early cases, sputum negative or absent)	7	1	8
R.A.2. (Intermediate cases, sputum negative or absent)	9	3	12
R.A.3. (Advanced cases, sputum negative or absent)	4*	1	5
R.B.1 (Early cases, sputum positive)	3	—	3
R.B.2. (Intermediate cases, sputum positive) ...	7	—	7
R.B.3. (Advanced cases, sputum positive)	2	—	2

* Includes 1 case notified posthumously.

There were 14 inward transfers to the borough.

Deaths

During the year, 9 patients, including 4 coming to notice on the Registrar's returns, died from pulmonary tuberculosis, giving a death rate of 0.08 per 1,000 of the population. The figures compare with 6 deaths and a rate of 0.06 for the previous year.

In addition, 8 persons suffering from pulmonary tuberculosis, died from causes other than tuberculosis.

Of the 9 deaths from pulmonary tuberculosis, 4 came to notice on the Registrar's returns, 1 case was notified posthumously, and the duration of the disease in the other 4 cases was under 1 year in 2 cases and 6 years in 2 cases.

It is interesting to record that one of the 4 deaths coming to notice on the Registrar's returns (a male aged 57) had been notified as suffering from tuberculosis in December, 1967. In June, 1968, he was taken off the register—"diagnosis not established." The patient died in September, 1968, the cause of death after a post portem being—"myocardial failure due to chronic fibroid tuberculosis"—confirming the original diagnosis of tuberculosis.

Non-Pulmonary Tuberculosis

There were 13 new cases notified and confirmed compared with 6 for the previous year.

The following details refer:—

Case 1 (P.K.P.)	Male aged 32 years; neck
Case 2 (B.N.)	Female aged 24 years; cervical glands
Case 3 (P.K.)	Male aged 43 years; mediastinal glands
Case 4 (J.C.)	Female aged 4 years; meninges
Case 5 (E.B.)	Male aged 73 years; spine
Case 6 (P.N.)	Male aged 6 years; meninges
Case 7 (M.M.A.)*	Male aged 28 years; gastro intestinal tract
Case 8 (R.B.)	Male aged 30 years; left hip joint
Case 9 (P.H.)	Male aged 27 years; lumbar spine
Case 10 (Y.A.)	Female aged 8 years; neck
Case 11 (K.H.)	Female aged 6 years; neck
Case 12 (P.T.)	Male aged 24 years; epididymis
Case 13 (M.A.)	Male aged 17 years; neck glands

Deaths

* There were 2 deaths registered; one being notified posthumously (Case 7—M.M.A.) the other coming to notice on the Registrar's returns.

Summary of New Cases and Deaths during the year

Age Groups	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Other tuberculosis incl. late effects	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
Under	—	—	—	—	—	—	—	—
1 year	—	—	—	—	—	—	—	—
1-4 years	1	—	—	1	—	—	—	—
5-9 years	—	—	1	2	—	—	—	—
10-14 years	—	—	—	—	—	—	—	—
15-19 years	1	—	1	—	—	—	—	—
20-24 years	3	—	1	1	—	—	—	—
25-34 years	2	2	4	—	—	—	1	—
35-44 years	5	2	1	—	—	—	—	—
45-54 years	6	1	—	—	1	—	1	—
55-64 years	10	—	—	—	4	—	—	—
65-74 years	2	1	1	—	2	—	—	1
75 and over	1	—	—	—	1	—	—	—
Totals	31	6	9	4	8	—	2	1

1968	37	...	13	...	8	...	3
1967	48	...	6	...	6	...	1
1966	58	...	3	...	9	...	—
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	...	—
1956	98	...	11	...	15	...	4

Of the above new cases 15 were found in Commonwealth immigrants.

CASES OF CERTAIN NOTIFIABLE DISEASES FROM 1948 — 1968

Year	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Meningococcal Infection	Acute Polio-myelitis	Tuberculosis			Acute Primary Pneumonia	Acute Influenzal Pneumonia	Infective Jaundice*
											Pulmonary	Non-Pulmonary	Total			
1948	-	187	19	-	235	1,384	186		3	5	100	33	133	66	7	
1949	-	393	8	2	211	1,076	188	54	2	1	89	34	123	79	38	
1950	-	245	1	-	300	1,202	462	8	6	13(2)	82	23	105	76	25	
1951	-	167	-	-	199	1,834	488	18	5	3(3)	104	20	124	52	34	
1952	-	230	-	1	108	1,542	472	9	7	4(3)	133	21	154	63	6	
1953	3	214	-	-	139	805	137	59	6	4(1)	83	20	103	42	21	
1954	-	167	-	-	235	1,189	376	26	9	-	70	23	93	39	9	
1955	-	259	-	4	15	1,832	1,695	18	5	8(5)	59	20	79	31	14	
1956	-	130	-	-	43	116	204	74(106)	5	12(7)	98	11	109	56	8	
1957	-	72	-	-	139	2,625	85	16(10)	4	5	67	6	73	49	48	
1958	-	143	-	-	64	887	1,448	9	4	4(2)	49	14	63	23	12	
1959	-	171	-	2	75	1,175	159	17(5)	5	2	57	3	60	23	29	
1960	-	76	-	†1	61	1,943	840	6	2	-	86	1	87	12	4	
1961	-	125	-	-	45	562	189	9(7)	6	18(1)	36	2	38	13	3	
1962	-	55	-	-	5	593	166	9(118)	2	1	39	7	46	6	5	
1963	-	78	-	-	36	1,368	98	11(34)	-	-	41	5	46	9	7	
1964	-	52	-	-	122	1,485	439	22(4)	-	-	44	4	48	16	-	
1965	-	154	-	2	25	744	177	11(4)	3	-	36	10	46	7	-	
1966	-	111	-	-	41	1,900	241	4(80)	-	-	58	3	61	4	4	
1967	-	20	-	1	87	649	118	2	-	-	48	6	54	7	7	
1968	-	34	-	1	23	204	229	18(24)	1	-	37	13	50	1	1	16

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

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

† A Middleton resident admitted to local hospital with symptoms of enteric fever.

* Notifiable from 15.6.68.

DEATHS FROM CERTAIN NOTIFIABLE DISEASES FROM 1948-1968

Year	Population	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Meningococcal Infection	Acute Pollomyelitis	Tuberculosis		
												Pulmonary	Other Tuberculo- sis incl. late effects ****	Total
1948	120,600									1		49	13	62
1949	120,600					1	2		1	1		39	9	48
1950	119,500					1	2		1	1	***1	39	8	47
1951	119,450**					1	1			1		32	5	37
1952	119,800					1	1			1		35	8	43
1953	119,100					1	1			1		24	2	26
1954	120,340**					1	3			1		16	2	18
1955	120,400					1	1			1		15	4	19
1956	119,500					1	1			1		13	1	14
1957	118,800					1	1			1		13	1	14
1958	118,300					1	1			1		13	2	15
1959	117,800					1	1			1		12	2	14
1960	117,250					1	1			1		7	1	8
1961	115,280					1	1			1		10	1	11
1962	114,680					1	1			1		9	1	10
1963	114,220					1	1			1		11	1	12
1964	112,670					1	1			1		6	1	7
1965	111,480					1	1			1		9	1	10
1966	110,640					1	1			1		6	1	7
1967	109,840					1	1			1		6	1	7
1968	109,100					1	1			1		8	3	11

* Not available.

** Borough Extension.

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

**** 1948-1967 non-pulmonary only.

CANCER

The number of deaths attributed to cancer shows a decrease of 53 when compared with the figure for 1967.

The figures for the last 12 years are as follows:—

1957	298
1958	283
1959	270
1960	270
1961	269
1962	242
1963	285
1964	277
1965	262
1966	282
1967	286
1968	233

Analysis by Age and Sex Distribution

	Males	Females	Totals
0—14	2	1	3
15—24	—	—	—
25—34	2	1	3
35—44	7	5	12
45—54	15	9	24
55—64	37	28	65
65—74	37	25	62
75+	34	30	64
Totals ...	134	99	233

LOCALIZATION OF DISEASE

Site	Sex	Under 4 weeks	4 weeks & under 1 year	1-	5-	15- ^{year}	25-	35-	45-	55-	65-	75+	Total
Stomach	M	—	—	—	—	—	—	3	3	3	8	3	20
	F	—	—	—	—	—	—	—	1	1	4	2	8
Lung/Bronchus	M	—	—	—	—	—	1	3	5	18	10	8	45
	F	—	—	—	—	—	—	—	—	3	2	2	7
Breast	M	—	—	—	—	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	2	3	3	5	2	15
Uterus	F	—	—	—	—	—	—	—	1	4	3	7	15
Leukaemia	M	—	—	1	—	—	—	—	—	—	1	—	2
	F	—	—	—	—	—	—	—	—	—	1	2	3
Other	M	—	—	1	—	—	1	1	7	16	17	23	66
	F	—	—	1	—	—	1	3	4	17	10	15	51
Totals		—	—	3	—	—	3	12	24	65	62	64	233

Deaths from cancer and lung cancer for the years 1956 to 1968.

(a) Lung Cancer—Sex Distribution

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Males	46	45	49	39	46	43	47	54	58	54	56	71	45
Females	11	11	8	3	6	6	8	8	7	11	9	8	7

(b) Cancer Deaths—Rates per thousand of population, 1956 to 1968

Year	Population	Total Cancer Deaths	Rate per 1,000 Population	Deaths from Lung Cancer	Rate per 1,000 Population
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
1966	110,640	282	2.55	65	0.59
1967	109,840	286	2.60	79	0.72
1968	109,100	233	2.14	52	0.48

VENEREAL DISEASES

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

For Males and Females:

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	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	9	—	—
Gonorrhoea	123	7	9
Other conditions	183	8	3
Totals ...	315	15	12

There is a weekly class at OGDON and District General Hospital. The days and times of the sessions will be as follows:

Monday	10.0 am to 11.0 am
Tuesday	10.0 am to 11.0 am
Wednesday	10.0 am to 11.0 am
Thursday	10.0 am to 11.0 am
Friday	10.0 am to 11.0 am
Saturday	10.0 am to 11.0 am
Sunday	10.0 am to 11.0 am

The following patients have been referred to OGDON for the following reasons and the estimated time for their treatment is given in the following table:

Case No.	Referral	Diagnosis	Estimated Time	Remarks
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

WATER SUPPLY

The Board and Director of the Water Supply Board have...

...the water supply for the Water Board...

...the water supply for the Water Board...

Year	Quantity of water supplied	Quantity of water consumed	Quantity of water lost
1911	1,200,000,000	1,000,000,000	200,000,000
1912	1,300,000,000	1,100,000,000	200,000,000
1913	1,400,000,000	1,200,000,000	200,000,000
1914	1,500,000,000	1,300,000,000	200,000,000
1915	1,600,000,000	1,400,000,000	200,000,000
1916	1,700,000,000	1,500,000,000	200,000,000
1917	1,800,000,000	1,600,000,000	200,000,000
1918	1,900,000,000	1,700,000,000	200,000,000
1919	2,000,000,000	1,800,000,000	200,000,000
1920	2,100,000,000	1,900,000,000	200,000,000
1921	2,200,000,000	2,000,000,000	200,000,000
1922	2,300,000,000	2,100,000,000	200,000,000
1923	2,400,000,000	2,200,000,000	200,000,000
1924	2,500,000,000	2,300,000,000	200,000,000
1925	2,600,000,000	2,400,000,000	200,000,000
1926	2,700,000,000	2,500,000,000	200,000,000
1927	2,800,000,000	2,600,000,000	200,000,000
1928	2,900,000,000	2,700,000,000	200,000,000
1929	3,000,000,000	2,800,000,000	200,000,000
1930	3,100,000,000	2,900,000,000	200,000,000

SECTION VI

Environmental Hygiene

The Board and Director of the Water Supply Board have...

...the water supply for the Water Board...

Year	Quantity of water supplied	Quantity of water consumed	Quantity of water lost
1911	1,200,000,000	1,000,000,000	200,000,000
1912	1,300,000,000	1,100,000,000	200,000,000
1913	1,400,000,000	1,200,000,000	200,000,000
1914	1,500,000,000	1,300,000,000	200,000,000
1915	1,600,000,000	1,400,000,000	200,000,000
1916	1,700,000,000	1,500,000,000	200,000,000
1917	1,800,000,000	1,600,000,000	200,000,000
1918	1,900,000,000	1,700,000,000	200,000,000
1919	2,000,000,000	1,800,000,000	200,000,000
1920	2,100,000,000	1,900,000,000	200,000,000
1921	2,200,000,000	2,000,000,000	200,000,000
1922	2,300,000,000	2,100,000,000	200,000,000
1923	2,400,000,000	2,200,000,000	200,000,000
1924	2,500,000,000	2,300,000,000	200,000,000
1925	2,600,000,000	2,400,000,000	200,000,000
1926	2,700,000,000	2,500,000,000	200,000,000
1927	2,800,000,000	2,600,000,000	200,000,000
1928	2,900,000,000	2,700,000,000	200,000,000
1929	3,000,000,000	2,800,000,000	200,000,000
1930	3,100,000,000	2,900,000,000	200,000,000

ANALYTICAL RESULTS

Year	Quantity of water supplied	Quantity of water consumed	Quantity of water lost
1911	1,200,000,000	1,000,000,000	200,000,000
1912	1,300,000,000	1,100,000,000	200,000,000
1913	1,400,000,000	1,200,000,000	200,000,000
1914	1,500,000,000	1,300,000,000	200,000,000
1915	1,600,000,000	1,400,000,000	200,000,000
1916	1,700,000,000	1,500,000,000	200,000,000
1917	1,800,000,000	1,600,000,000	200,000,000
1918	1,900,000,000	1,700,000,000	200,000,000
1919	2,000,000,000	1,800,000,000	200,000,000
1920	2,100,000,000	1,900,000,000	200,000,000
1921	2,200,000,000	2,000,000,000	200,000,000
1922	2,300,000,000	2,100,000,000	200,000,000
1923	2,400,000,000	2,200,000,000	200,000,000
1924	2,500,000,000	2,300,000,000	200,000,000
1925	2,600,000,000	2,400,000,000	200,000,000
1926	2,700,000,000	2,500,000,000	200,000,000
1927	2,800,000,000	2,600,000,000	200,000,000
1928	2,900,000,000	2,700,000,000	200,000,000
1929	3,000,000,000	2,800,000,000	200,000,000
1930	3,100,000,000	2,900,000,000	200,000,000

SECTION VI

Environmental Hygiene

WATER SUPPLY

The Engineer and Manager of the West Pennine Water Board (Mr. H. W. Elton) has kindly supplied the following particulars:—

“GENERAL. During 1968, the water supplied by the Water Board throughout the County Borough of Oldham was satisfactory in quality and quantity.

EXAMINATION OF WATER. Analyses were made throughout the year; a total of 494 bacteriological samples were tested by the Public Health Laboratory Service, with the following results:—

Results <i>B. Coli</i> per 100 ml.	Sources of Supply			
	Hanging Lees Castleshaw or Wicken Hall Piethorne			Readycon Dean
<i>Raw Water</i>				
0-5	8	6	10	9
Over 5	2	—	8	2
<i>Treated Water at Plant</i>				
0	44	—	—	8
1 or more	3	—	—	1
<i>Treated Water from District</i>				
0	41	95	149	79
1 or more	0	3	25	1

In the case of the 33 unsatisfactory 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 with chlorine.

On 6 occasions during the year, chemical samples of water from the four sources from which water is distributed and from four places in the district, total 48 samples, were tested by the Borough Analyst, with the following average results:—

	Source of Samples (after sterilisation)			
	Hanging Lees Castleshaw & Wicken Hall Piethorne (filtered)			Readycon Dean (filtered)
Colour	7	7	5	5
Odour	Nil.	Nil.	Nil.	Nil.
pH	7.3	6.8	7.0	7.0

ANALYTICAL RETURNS

(expressed in parts
per million)

Solids in Suspension	Nil.	Nil.	Nil.	Nil.
Total Hardness	23.4	32.0	38.9	22.3
Carbonate Hardness	19.5	15.1	31.1	16.9

Non-Carbonate Hardness ...	3.9	16.9	7.8	5.4
Excess Alkalinity as Sodium Carbonate	5.8	Nil.	2.6	0.2
Lead as Pb	Negligible	Negligible	Negligible	Negligible
Iron as Fe	0.17	0.14	0.11	0.11
Manganese as Mn	0.07	0.09	0.04	0.08
Aluminium as Al	0.31	0.03	Nil.	0.05
Combined Chlorine as Clion	13	17	16	12
Free Chlorine as Cl ₂	0.13	0.09	0.07	0.19
Nitrous Nitrogen as N ₂ ...	0.002	0.002	0.004	0.001
Nitric Nitrogen as N ₂	0.39	0.38	0.35	0.37
Ammoniacal Nitrogen as N ₂	0.15	0.08	0.15	0.14
Albuminoid Nitrogen as N ₂	0.11	0.07	0.09	0.08
Oxygen Absorbed in 4 hrs. at 27°C.	0.77	0.52	0.67	0.63
Free Carbon Dioxide as CO ₂	3.0	3.4	2.9	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 results were satisfactory.

CAPITAL WORKS. From the 1st April, 1968, the West Pennine Water Board was formed, the following undertakings combining:—

Ashton-under-Lyne, Stalybridge and Dukinfield (District) Waterworks Joint Committee.

Heywood and Middleton Water Board.

Oldham Corporation Waterworks.

Rochdale Corporation Waterworks.

The former Oldham Corporation Waterworks Committee performed one of their last functions prior to handing over to the West Pennine Water Board, when on 27th March, 1968, the Chairman opened the Wicken Hall Treatment Works at Piethorne.

The ceremony marked the inauguration of Phase I of the capital works scheme to reorganise the supply for the former Oldham Corporation undertaking.

With the implementation of Phase I, water from Blackstone Edge and Whiteholme Reservoirs is now treated at Wicken Hall Treatment Works and conveyed under pressure for storage in new covered service reservoirs at Sholver and at Counthill, Strinesdale.

The work under Phase I provides for a high quality water to be supplied at an increased pressure. This has resulted in an improvement of supply in parts of the town and eliminated the need for the boosted supplies from Greenacres and Coppice boosters.

Under the West Pennine Water Board, work has continued on Phase II of the scheme, involving the construction of a pressure filtration plant at Strinesdale to treat 5 m.g. per day of water from Denshaw, Castleshaw and Strinesdale; a 5 m.g. capacity service reservoir at Cobden Street, Waterhead; a 2½ m.g. capacity service reservoir in Werneth Park, together with the laying of new trunk mains and the reconditioning of the existing trunk main from Strinesdale Lower Reservoir.

It is anticipated that the whole of the work being carried out in Phase II will be completed during the Summer, 1969. The total value of loan sanction on capital works to date is approximately £1,300,000.

STATISTICS.

Area of County Borough	6,392 acres
Estimated Population	109,100
Estimated No of Houses	42,000
Estimated average quantity of water supplied to County Borough for trade and domestic use during 1968	6.33 million galls. 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 effluents of the borough are treated at two sewage treatment works, the main Slacks Valley Sewage Works in the Urban District of Chadderton and a small works at Bardsley.

Bardsley Sewage Works

Total flow treated 1968	138,440,000 gallons
Average daily flow	379,000 gallons

The above flows include recirculated effluent.

The treatment units at the Bardsley Sewage Works consist of detritus channels to remove sand and grit, a comminuter to macerate floating materials, primary settlement tank, biological filters, and a final humus settlement tank.

The sludge produced on the works is air dried on drying beds. In recent years, however, the drying area has been insufficient and on occasions liquid sludge has been transported to the main works for treatment and disposal.

During the current year a large discharge of pharmaceutical manufacturing waste has been accepted at the works and has considerably increased the pollution load at the works. However, by increasing the rate of recirculation of effluent the plant is effectively treating the trade waste and a satisfactory effluent is being discharged to the River Medlock.

Slacks Valley Sewage Works

Oldham total flow treated 1968	2,605,083,000 gallons
Average daily flow	7,184,000 gallons
Chadderton total flow treated 1968	488,162,000 gallons
Average daily flow	2,959,000 gallons
Total flow to works	3,093,245,000 gallons

Total net weight of sludge removed from sedimentation tanks 1968—47,200 tons of wet sludge.

The Slacks Valley Sewage Works deals with the domestic sewage and trade effluents from the major part of Oldham, Chadderton U.D.C., together with the adjoining districts of Lees and Springhead.

The major reconstruction and extension of the works to treat in addition the sewage and trade effluent from Chadderton U.D.C., was completed in 1968, and this additional flow commenced in June.

The reconstruction and extension consists of the following:—

- (1) New inlet works (screens and detritus channels) and circular primary settlement tank for the Chadderton sewage only.
- (2) Conversion of the existing diffused air aeration plant to an intensive mechanical surface aeration plant.
- (3) Provision of additional and modification of existing settlement tanks for settlement of the mixed liquor from the aeration plant.
- (4) Additional storm tank capacity.
- (5) Additional sludge digestion units and ancillary sludge heating equipment.
- (6) New sludge drying beds.
- (7) New pipework and distributors on the low level biological filters.

The treatment units at Slack Valley Sewage Works consist of detritus channels, mechanically raked screens, primary sedimentation tanks, surface aeration plant, percolating filters and humus tanks.

All sludges produced at the works are treated in heated sludge digestion tanks to produce a stable inoffensive sludge which is passed to drying beds or lagoons, the methane gas evolved during the digestion process being utilised for sludge heating at the works.

During 1968 the performance of the detritus channels was mainly satisfactory, producing a clean sand free of organic material, but on occasions there was a tendency for sand to be carried forward to the sedimentation tanks. This was caused by the operation on only one of the two channels when reconstruction work was in progress.

Reasonable removal of settleable solids was achieved in the sedimentation tanks during the year. Bleaching powder was again used during desludging operations to remove odour nuisance.

The aeration plant is now fully commissioned and the results of the first year's operations are encouraging, although a lowering of the standard of the effluent has been noticed during long periods of wet weather when retention time has been reduced.

The biological filters have been completely re-equipped and are dealing satisfactorily with the total flow to the Works.

The sludge digestion plant is now fully operational and is working extremely well. Large volumes of gas are being produced.

The sludge drying and disposal area continues to be limited and more extensive lagooning of sludge is planned for the coming year.

Experimental work has been carried out into various methods of sludge de-watering and it is hoped in the coming year to finalise details of alternative methods of dealing with the sludge than have been used previously.

As in previous years, effluent has been used at the Chadderton Power Station for cooling purposes and the discharge from the Power Station of effluent containing high concentrations of pulverised fly ash has ceased. This has resulted in a reduction of the build-up of scum in the aeration unit."

PUBLIC CLEANSING

The Director of Public Cleansing (Mr. G. Crowther) has kindly supplied the following particulars relating to the year 1968.

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, along with all newly constructed housing estates where schemes using paper sacks are 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 sites, Breeze Hill and Constantine Street.

Summary of Work Done

Number of dustbins	42,096
Number of bulk refuse storage containers in use	284
Number of paper sack holders fitted	1,965
Number of emptyings of domestic receptacles ...	2,438,975
Household and trade refuse collected	57,020 tons
Trade refuse delivered	4,556 tons
Total tonnage of refuse dealt with by controlled tipping	60,715

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, 1968, 69,490 B.S.S. dustbins have been supplied, 2,258 of them during the year under review, also 284 bulk refuse storage containers, 79 of them during the year under review and 2,209 paper sack holders, 354 during the year.

Salvage

1,229 tons of salvage was recovered and sold, realising £8,368. An analysis of these figures is set out below:—

Commodity	Weight tons	Revenue £
Paper	641	5,498
Scrap metals	220	674
Raw kitchen waste	368	2,196

Pail Closets

Unfortunately there are still 154 pail closets in the Borough. Conversions to the fresh water system at all the properties involved have been deferred until certain civil engineering difficulties have been overcome.

Summary of Work Done

Number of pail closets 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, 1968, 11,675 such conversions have been carried out, 550 during the year under review.

Summary of Work Done

Blockages cleared (W.W.C.s)	1,099
Drains cleared	10
Drains found blocked, requiring excavating	53
Tippers found not working and re-adjusted	2
Tippers, fittings, etc., found broken	74
New tippers, fittings, etc., fixed	1
Visits paid flushing latrines, etc.	4,500

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

Fresh water closets	33,482
Waste water closets	10,237
Latrines (houses)	115
Latrines (mills)	133
Pail closets	154

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)	14,255

Gully Cleansing

Number of gullies in the borough	20,900 approx.
Number of cleansings	34,460 approx.

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 both the honour and pleasure to submit my fourth annual report on the Public Health Inspector's Section. The work carried out is summarised into groups of housing, food hygiene, smoke control and general sanitation, each group being inter-related and forming the whole basis of environmental hygiene.

The urban renewal programme continued at virtually the same high rate as in the past four years and a total of 1,350 unfit houses were formally represented in Clearance and Compulsory Purchase Orders, together with 15 individually unfit houses and 1,189 houses were demolished. It is now accepted that the real hard core of seriously unfit houses have been dealt with, so far as this department is concerned and will be demolished as soon as the Orders are confirmed and the tenants rehoused. The financial hardship imposed on many owners of property by Compulsory Purchase Order procedure has been very real over the past few years and it was most gratifying to note that on April 23rd the Government's White Paper “Old Houses into New Homes” was published with the promise of a fairer level of compensation. The accent is now moving on to the improvement and proper maintenance of the existing stock of older type houses.

It was regrettable that little progress was made on the proposed pilot scheme Improvement Area because it had not been possible due to financial reasons of establishing a grant scheme to assist in the provision of separate water service pipes.

The decision to suspend the Smoke Control programme for one year because of economical reasons was even more regrettable and it is difficult to accept that such a decision achieved its purpose when the annual cost of damage by air pollution to Oldham is estimated to be in the region of one million pounds per year. The wisdom of the decision to suspend the Smoke Control programme caused even more doubt when at the annual conference of the National Society for Clean Air held at Harrogate it was announced in one of the papers dealing with the measurement of air pollution that Oldham was one of the 30 authorities with the highest rate of air pollution. It is therefore hoped that the programme will be restarted at an early date and at a greatly increased rate to make Oldham completely smokeless as soon as possible.

The Clean Air Act, 1968, which amends and adds to the principal Act of 1956, received the Royal Assent at the end of the year, and it is encouraging to know that one of the long awaited amendments will now give wider control over the delivery and use of unauthorised fuels in smoke control areas.

It is gratifying to report that during the year it was possible to step up substantially the work under food hygiene. 2,343 visits were made to all types of premises dealing with the preparation and sale of foodstuffs and letters were sent indicating the improvements found necessary. It is therefore most important to maintain the tempo because it is more apparent than ever that constant vigilance is necessary to protect and improve standards in the food industry.

The general inspection of premises registered with the authority in accordance with the Offices, Shops and Railway Premises Act, 1963 were completed during the year with the exception of those involved in clearance within a short time. Routine inspections are now carried out and also general inspections to new registrations as they are received.

During the year all the factories in the borough were visited and the register of factories was brought up to date. A number of firms were found to have moved to new areas as a result of the redevelopments taking place in the borough. Some new firms have moved into the area and some existing firms have plainly taken the opportunity afforded by the redevelopments to expand and extend their premises. In the main conditions were satisfactory although it was found necessary to notify several firms that a number of improvements were required.

Numerous complaints were received of unsatisfactory water supply and investigations revealed that although the supply to the stop tap was satisfactory the service pipes to the individual properties required cleansing. During the year the water supply pipes to 635 houses were successfully cleansed by a chemical cleaning method and a satisfactory supply was restored.

St. Peter's Church and Graveyard are included in the No. 2 Comprehensive Development Area and on 23rd April, 1968, the task of exhuming human remains from the premises was commenced by the Borough Engineer and Surveyor's Department. There are as many as 9,000 recorded burials within the precincts of the church and by the 31st December, 1968, 2,276 human remains had been exhumed and re-interred at Greenacres Cemetery. The public health inspectorate have supervised the work closely to ensure that both exhumations and re-interments have been carried out in accordance with public health requirements and with due decency.

It must be appreciated that the whole operation is both distasteful and difficult because of the very nature of the work and the extremely difficult working conditions. It is because of these reasons and also the methodical approach to the exercise that general progress appears to be slow, even so the work of all concerned is most commendable.

In January, because of ill health, Mr. John Brook, the deputy chief public health inspector, decided to retire some few months earlier than he normally would have done. Mr. Brook was appointed a district inspector in 1933 and was responsible for the Hollinwood area and in 1936 he was appointed deputy chief public health inspector. It is impossible to exaggerate the value he was to the department and the town over his long years of loyal service, he was an authority on meat inspection and tutored

many public health inspectors for their meat inspector's certificate many of whom are with other authorities throughout the length and breadth of the country. Mr. Brook was responsible for many improvements seen in the food and catering establishments within the town, he played a main part in reducing air pollution in the industrial field and during the war years did important work in connection with Civil Defence. Mr. Norman Harvey, formerly assistant chief public health inspector at Salford, was appointed as Mr. Brook's successor in May. I am also pleased to report that a vacancy was filled when Mr. Stanley Johnston, a pupil within the department, qualified as a public health inspector.

Because of the difficulty in recruiting qualified public health inspectors, the Establishment Committee agreed to the appointment of an authorised meat inspector and in April Mr. David Makin was appointed. This appointment has obviated the necessity of qualified public health inspectors carrying out full time meat inspection duties on a rota system with the disruption of their general duties.

In conclusion, I wish to tender my sincere thanks to Dr. Gilbert and the members of the staff for the willing help and co-operation I have received throughout the year, without which the work referred to in my report would not have been possible.

I am also most grateful to the Chairman and members of the Health and Housing Committees for their consideration throughout the year.

Yours faithfully,

D. ECKERSLEY,

Chief Public Health Inspector."

Summary of Visits Carried Out by Public Health Inspectors

During the year 25,683 visits and 1,586 re-visits were made by the public health inspectors in connection with inspections under the various Acts:—

Inspections	Visits	Re-visits	Total
Accumulations	359	39	398
Air raid shelters	3	—	3
Animal Boarding Establishments ...	2	—	2
Atmospheric pollution measurement	2,191	—	2,191
Alkali Processes	2	—	2
Clean Air Act—Interviews	213	—	213
Smoke observations	42	—	42
Inspection of Steam			
Raising Plants ...	18	—	18
Exhibition Houses ...	2	—	2
Closets—Water	109	54	163
Waste Water	252	227	479
Pail	4	—	4
Civic Amenities Act	32	—	32
Colliery Spoil Banks	2	—	2
Common Lodging houses	5	9	14
Diseases of Animals Acts and Orders	22	—	22
Drainage—Choked Drainage	944	267	1,211
Work in progress	279	37	316
Drain tests	183	50	233
Public Sewers	82	16	98
Entertainment Houses	1	—	1
Egg Pasteurisation Plant	19	—	19
Exhumations	199	—	199
Factories—Mechanical	314	54	368
Non-Mechanical	37	—	37
Factories Register Amendment Visits	126	—	126
Fairgrounds	9	—	9
Fertilisers and Feeding Stuffs	4	—	4
Film Show and Lecture	22	—	22
Houses in multiple occupation	121	30	151
House purchase	355	—	355
Improvement Grant visits	746	25	771
Interviews	904	6	910
Improvement areas	17	—	17
Investigation of nuisance	337	69	406
Keeping of animals and birds	17	—	17
Marine stores	2	—	2
Mill Lodges	75	51	126
Mortgage Advance	14	—	14
Noise nuisance (abatement)	114	2	116
Offensive trades	18	—	18
Offices and Workplaces	4	—	4
Offices, Shops and Railway			
Premises Act	257	104	361
Outworkers	14	—	14

Overcrowding	25	—	25
Poulterers	1	—	1
Poultry slaughterhouses	47	—	47
Photography	147	—	147
Pet Animals Act	14	—	14
Prevention of Damage by Pests Act	156	12	168
Public Health Laboratory	85	—	85
Rag Flock Act	2	—	2
Rent Acts	113	3	16
Smoke Control Areas—Dwellings ...	6,189	3	6,192
Other premises	99	—	99
Poster sites	36	—	36
Swimming Baths (Disinfestation) ...	5	—	5
Tents, Vans and Sheds	87	8	95
Vermin	427	15	442
Water Supply	544	38	582
Yards and Courts	1	—	1
Miscellaneous	940	21	961
Ineffective visits (No access)	4,728	—	4,728

Food Premises

Bakehouses—Mechanical	320	40	360
Non-Mechanical	1	—	1
Food and Drugs	220	—	220
Food Hygiene Regulations—			
Meat Shops	449	48	497
Restaurants and Cafes	313	139	452
Fishmongers	38	2	40
Grocers	554	134	688
Stalls and markets	244	10	254
Fish and chip shops	196	23	219
Others (including greengrocers)	274	14	288
Milk—Dairies and milkshops	30	2	32
Dealers and distributors	14	—	14
Registration—Food preparation			
premises	10	4	14
Ice cream premises ...	39	2	41
School kitchens—Meat	139	—	139
Slaughterhouses	546	—	546
Inquiries—Infectious Diseases	137	3	140
Food poisoning	37	16	53
Dysentery	98	9	107
Disinfection	6	—	6
	<u>25,683</u>	<u>1,586</u>	<u>27,269</u>

Summary of Action Taken and Work Done

Cases reported to Committee	1,305
Complaints	2,226
Matters referred to other departments	1,134
Letters to owners, etc.	2,583

Disrepair

Roofs repaired or renewed	205
Walls and chimneys repaired or rebuilt	104
Wall plaster repaired or renewed	43
Ceiling plaster repaired or renewed	21
Floors repaired or relaid	84
Windows repaired	83
Ventilation provided or improved	5
Ranges or fireplaces repaired, re-set or renewed	6
Staircases repaired or renewed	2
Doors and gates repaired	58
Food stores provided or altered	1
Rooms cleansed or redecorated	6
Contents of rooms cleansed or destroyed	9
Dampness remedied—Rising	75
Penetrating	51
Outbuildings repaired	33
Courts, yards, and passages paved or repaved	2
—Cleansed	6
Houses boarded-up	9
Channel tiles repaired	19

Sanitary Defects

Drainage—Cleansed	142
Repaired or altered	65
Public sewers—Cleansed	12
Eavesgutters repaired or renewed, cleansed	126
Rainwater pipes repaired or renewed	38
—Disconnected	1
Sinks renewed or provided	2
Sink waste pipes repaired or renewed	17
Water Closets—Repaired	34
Cleansed	4
Waste Water Closets—Repaired	20
Cleansed	3
Closets converted to water closets—Latrine	4
(or abolished) Waste Water	152
Soil pipes repaired or renewed	4
Water supply provided or improved	36

Miscellaneous

Dustbins repaired or renewed	2
Nuisances abated—Animals and Birds	5
Accumulations	32
Other Conditions	7
Information in rent books	6

Offensive Trades

No offensive trades were commenced or discontinued during the year. The following were in operation at the end of the year:—

Hide and Skin Processing ...	1
Tripe Boilers	1
Fat Melters and Extractors	1

There were 18 visits made to these premises.

Marine Stores

No new marine stores were established during the year and none discontinued. At the end of the year there were four 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 two common lodging houses with accommodation for 30 men were registered. During the year visits were made and the properties were maintained in good condition. No premises are registered for the accommodation of women.

Bakehouses

There are 83 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 five years from 1st October, 1964.

There were 361 visits made to bakehouses.

Noise Abatement Act, 1960

During the year seven complaints of noise nuisance were received and 119 visits were made, many of which were outside normal office hours.

Two of these complaints, from industrial sources, were confirmed and dealt with informally. One related to the outlets of a new air conditioning plant and at the end of the year work was proceeding on the installation of special acoustic chambers, and the other concerned a can washing machine delivery chute which was extended and insulated. In both cases the complaints arose because of night working.

Two other complaints were from domestic sources, i.e. a barking dog and a late party, and both these were also dealt with informally.

The remaining three complaints concerned a launderette, a domestic oil fired central heating system and an alleged vibration noise in a dwelling. All these were fully investigated but not confirmed.

In addition, numerous visits were again made by senior members of the staff to a firm manufacturing concrete reinforcement and whilst it was agreed that noise above background level was being made it was decided after careful consideration that the limit was insufficient to be construed a nuisance. The management of the firm continued to co-operate on the matter. It is, however, most surprising that no conditions were imposed with regard to noise when planning permission was given.

CLEAN AIR ACT, 1956
ATMOSPHERIC POLLUTION

Industrial boiler plant installations, including new, replacement and conversions again received the closest attention during the year to ensure the minimum emission and adequate height dispersal of smoke, sulphur and grit pollutants.

Domestic smoke control continued and two smoke control orders became operative during the year, but unfortunately no orders were submitted owing to financial cuts. At the end of the year, however, several areas were under active consideration to substantially increase progress and these will cover approximately 6,000 dwellings and 700 acres. Oldham is classified as a "black area" and now in the so called "dirty thirties," but if these Orders are approved the dwellings covered by smoke control orders will increase from 26% to 40% and the acreage from 40% to 50%.

Prior Approval of Industrial Furnaces

Three applications (involving three 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 concentration and afford adequate dispersal of the products of combustion.

Details of new plant are as follows:—

Oil fired packaged boilers 3

Notification only was received in respect of the following installations:—

Oil fired air heaters	3
Oil fired sectional boilers	15
Gas fired boilers	5
Incinerators	2

These cases were similarly investigated and found to be satisfactory installations.

In six cases chimney heights for proposed new plant were amended to conform with Clean Air Act requirements.

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:—

- (a) Burning of household waste in four instances;
- (b) Burning of builder's waste in one instance;
- (c) Burning of industrial waste in eight instances.

In addition there were five cases during the year where nuisance was caused by demolition burning, and these were promptly dealt with through the demolition contractors concerned.

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.

In six instances scrap dealers were found carrying out open land burning for metal recovery and these cases were effectively dealt with informally.

Pollution from Iron Foundries

Regular observations of the cupola cold blast furnaces within the borough continue to be made to control as far as practicable emissions from this source.

During the year two cold blast cupolas at the one iron foundry still operating with dry arresters, were converted to wet spark grit arresters. These cupolas have a melting rate of 4 ton per hour maximum.

Other Nuisances

A complaint concerning cotton waste was received during the year, and investigations revealed that this was an isolated instance of cotton waste being spread around the neighbourhood from two fan chambers of a nearby mill during very excessive winds.

A complaint of paraffin fumes in a dwelling was investigated and found to be emanating from defective cellar drainage. No source of this complaint could be found in the vicinity and as the fumes cleared in a short time it was apparent that persons unknown in the area had discharged a quantity of paraffin into the drainage system.

Dark Smoke (Permitted Periods) Regulations, 1958

During the year 21 smoke observations were taken and in seven cases excessive emissions were noted and investigated.

Two of these observations related to one plant where a new oil fired package boiler was being installed and the standby boiler was of necessity being temporarily used. Four others concerned two oil fired boilers and two automatically fired coal boilers where mechanical trouble was being experienced. In all six instances the smoke emission was limited and quickly remedied. The remaining case related to a plant with coking stokers on three Lancashire boilers and one Economic boiler, with partial Unitherm draught control, and also involving two incinerators. A letter of warning was issued in this case and further observations showed a cleaner stack.

Industrial smoke emission has again been very minimal and shows the need for greater progress with domestic smoke control.

Alkali Processes

There is at present only one plant in the Borough under the control of the Alkali Inspectorate, namely a brickwork kiln side fired with reclaimed diesel oil. This kiln was previously controlled by the local authority when the firing was coal by hand from the top, and during the year experiments were being carried out with a further new means of firing involving octopus pipes and the use of pulverised coal fuel.

During the year a metal dealer put forward proposals to instal an aluminium reclaiming furnace and the site was visited and the matter reviewed in conjunction with the Alkali Inspector. The plant had not been proceeded with at the end of the year.

REDEVELOPMENT AND CLEAN AIR

The St. Mary's District Heating Scheme continues to increase operations as redevelopment proceeds, and details of the plant at the end of the year were as follows :—

District Heating—Medium Pressure Hot Water

This scheme is the first of its kind in Oldham and when fully complete will supply heating and hot water to 2,500 dwellings. At the present time 768 dwellings in this redevelopment area are supplied by this plant.

There will be a total of three boilers installed (John Thompson Super Economic treble pass wet back)—two rated at 24,000,000 Btus/hour and 1 at 15,000,000 Btus/hour. Two boilers are at present installed and operate on an alternating basis. Two chain grate stokers are fitted to each boiler and Mossley Common Washed Small coal with a Rank of 602 is burned. As a matter of interest chain grate stokers burn a wide range of smalls which are cheap and readily available, and these stokers respond quickly to changes in load, having a grate speed capable of a fine degree of control from zero to 50 ft./hour.

The three boilers discharge into a horizontal concrete flue in the boiler house, which is 6ft. 6ins. x 4ft. internally and divided vertically into two equal parts. The boiler load is divided between the two flues,

i.e. 24,000,000 Btus into one half and 39,000,000 Btus into the other. The main concrete stack is 110 feet high (the plant being sited incidentally on the highest point in the area) and this arrangement will give efflux velocities of:—28.5 F.P.S. in the portion carrying the single boiler and 50 F.P.S./22 F. P. S. max. and min. loads respectively in the other section.

The boilers have induced and forced draught fans and a scroll type grit arrester is fitted to the gas outlet from each boiler, efficiency curves giving 100% over 40 microns and 56% 0-5 microns.

The plant is fully automated in all respects with an independent diesel installation in case of electrical breakdown.

The distribution mains are not ducted, but are insulated by pro-texulate powder with a cover of plastic sheet envelope. The flow temperatures are 300 degree F. and return temperatures 200 degree F. with heat losses in the mains 10-15%.

The dwellings are heated by warm air units and both the heating and hot water supply is separately metered and the charges to the consumer are £1 per week throughout the year. Thermal insulation of the dwellings is to a high standard and double glazing has been carried out to 20 dwellings as an experiment.

Water treatment is effected by the addition of hydrazine to remove oxygen, F114 to raise the Ph value and a Dispersing Agent to prevent deposition of magnetite.

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	1st November, 1966
The Oldham No. 8 (Clarkwell Street Re-Development) Smoke Control Order, 1965	1st October, 1966
The Oldham No. 9 (Crete Street Re-Development) Smoke Control Order, 1966	1st July, 1967
The Oldham No. 10 (Abbeyhills) Smoke Control Order, 1967	1st July, 1968
The Oldham No. 11 (Sholver Re-Development) Smoke Control Order, 1967	1st December, 1967

The Oldham No. 12 (Primrose Bank Re-Development) Smoke Control Order, 1967	1st December, 1967
The Oldham No. 13 (Hollinwood Re-Development) Smoke Control Order, 1967	1st December, 1967
The Oldham No. 14 (Barrowshaw) Smoke Control Order, 1967	1st December, 1967
The Oldham No. 15 (Hollinwood/Limeside) Smoke Control Order, 1967	1st November, 1968

Analysis of Smoke Control Areas

AREA	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7	No. 8	No. 9	No. 10	No. 11	No. 12	No. 13	No. 14	No. 15	TOTAL
Acreeage	39.38	112	518	205	472	196.57	77.5	6.1	29.8	253.69	352.1	20	37.25	10.39	273.77	2603.55
Private Dwell's Local Authority	207	47	67	61	238	661	77	—	392	561	75	18	36	—	593	3,033
Dwell's Commercial Premises	530	883	1,008	537	52	45	802	134	383	543	750	427	344	202	1,054	7,694
Industrial Premises	11	3	10	3	7	33	3	—	8	15	5	5	—	—	33	136
Others	3	1	—	—	5	3	—	—	—	—	—	1	—	—	2	15
	1	5	2	2	14	1	5	1	1	27	1	—	1	—	15	76
Total Premises	752	939	1,087	603	316	743	887	135	784	1,146	831	451	381	202	1,697	10,954
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	8. 7.66	8. 2. 67	8. 2.67	8. 2.67	8. 2.67	8. 2.67	8. 2.67	7. 3.68
Objections rec'd	3	—	49	—	—	—	—	—	—	451	—	—	—	—	—	—
Objec's. withdr'n Date of Public Inquiry	1	—	49	—	—	—	—	—	—	24	—	—	—	—	—	—
Date of Conf'tn	25. 1.61	—	—	—	—	—	—	—	—	7.10.67	—	—	—	—	—	—
Date of Conf'tn	18. 5.61	28. 4.61	26.10.61	8. 5.62	26. 4.63	4. 9.64	28. 4.66	2. 2.66	10.10.66	28.11.67	15. 5.67	15. 5.67	15. 5.67	25. 4.67	23. 3.68	23. 3.68
Date of Opera'tn	1.12.61	1.11.61	1. 7.62	1.12.62	1.11.63	1. 7.65	1.11.66	1.10.66	1. 7.67	1. 7.68	1.12.67	1.12.67	1.12.67	1.12.67	1.11.68	1.11.68

*Estimated and Final Costs Involved in Smoke Control Areas**Nos. 1-6 (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%
6	£40,769 16 0	£27,251 5 10	66%

The increased differentials between the estimated and final costs in respect of orders No. 3, 4, 5 and 6 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 redecoration costs where disturbance has been caused.

General

During the year 6,291 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 18 visits were made to contractors regarding installations in smoke control areas.

There were 39 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:—

- Bluecoat Comprehensive School.
- Fitton Hill Comprehensive School.
- Counthill (Lower) Comprehensive School.
- Former Hollinwood Secondary Modern School.
- Former Clarksfield Secondary Modern School.
- Robin Hill Annexe.
- Limeside Clinic.
- Stationery Department, Ascroft Street.
- Honeywell Lane Clinic.

The analyses obtained from the instruments are published in the Atmospheric Pollution Bulletin of the Department of Scientific and Industrial Research.

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 and District Regional Clean Air Council	£2	2s.	0d.
Combustion Engineering Association	£15	0s.	0d.
Clean Air Information Service	£10	10s.	0d.
Noise Abatement Society	£3	3s.	0d.

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 Deputy Chairman of the Health Committee, Alderman F. Baxter, J.P., Councillor F. B. Balson, J.P. 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 Alderman E. G. Taylor, J.P., Councillor A. Bennett, the Medical Officer of Health and the Chief Public Health Inspector.

RODENT CONTROL

During the year, 1,911 complaints of rodent infestation were received. The results of investigations were as follows:—

Rats	.....	553
Mice	.....	1,358
Revisits	.....	1,583

The borough is included in the area of the South East Lancashire Advisory Committee for Rodent Control. Alderman E. Rothwell, J.P., and the Chief Public Health Inspector were nominated to serve on this Committee as representatives of the Health Committee during the year.

Sewer Maintenance Treatment

The treatment of the sewer system continues to be treated by the use of 2% fluoroacetamide bait using oatmeal as the base. The bait is suspended in muslin bage in the manholes of the sewer system. The baiting sequence commenced in March, 1968 and continued to the end of the year.

Three complete treatments were carried out on the system during the year, and a fourth on the worst affected areas, and the number of manholes baited is shown in tabular form.

	Fluoroacetamide Treatment			
	1	2	3	4
Number of baitable manholes in town	4,375	4,375	4,375	4,375
Number of Manholes Baited	3,728	3,743	3,244	785

FACTORIES ACTS

During the year a concentrated effort was made to bring the factories register up to date with the result that many more visits to factories were carried out. 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		
		Inspec- tions (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. 24	37	Informal 57	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	Mech. 441		314	Formal 24
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—	—
Total	465	351	81	—

II. —Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	3	3	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) ...					
(a) Insufficient	4	3	—	—	—
(b) Unsuitable or defective	53	17	6	—	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	62	25	6	—	—

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.	33 (3 lists)	—	—	—	—	—

Offices, Shops and Railway Premises Act, 1963

General inspections and revisits of offices and shops were carried out during the year. The following tables show the position at the year end:—

Class of Premises	Number of Premises Registered During the Year	Number of Registered Premises at the End of Year	Number of Registered Premises Receiving a General Inspection during the year
Offices	19	340	32
Retail Shops	13	622	49
Wholesale Shops and Warehouses	1	47	1
Catering Establishments open to Public—Canteens	16	226	74
Fuel Storage Depots	0	2	0
Totals	49	1237	156

Number of visits of all kinds by Inspectors to Registered Premises under the Act	305
--	-----

Analysis of Persons Employed in Registered Premises:—

Class of Workplace	Number of Persons Employed
Offices	4,216
Retail Shops	3,235
Wholesale Dept. Warehouses	1,550
Catering Establishments Open to the Public	1,594
Canteens	76
Fuel Storage Depots	22
Total:	10,693
Total Males:	4,273
Total Females:	6,420

ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions found	Section	Number of Contraventions found
4	Cleanliness 17	13	Sitting facilities —
5	Overcrowding —	14	Seats (Sedentary W'kers) —
6	Temperature 56	15	Eating facilities —
7	Ventilation 5	16	Floors, passages & stairs 31
8	Lighting	17	Fencing exposed parts machinery —
9	Sanitary conveniences ... 49	18	Protection of young persons from dangerous machinery —
10	Washing facilities 30	19	Training of young persons working at dangerous machinery —
11	Supply of drinking water —	23	Prohibition of heavy work —
12	Clothing accommodation —	24	First aid 51
			Other matters 100
			Total 346

REPORTED ACCIDENTS

Workplace	No. Reported		Total No. Investigated	Action Recommended			
	Fatal	Non-Fatal		Prosecution	Formal warning	In- quiry advice	No action
Offices	—	3	—	—	—	—	3
Retail shops	—	10	2	—	—	1	9
Wholesale shops, Warehouses	—	13	—	—	—	—	13
Catering establishments open to public, canteens	—	12	—	—	—	—	12
Fuel storage depots ...	—	—	—	—	—	—	—
Total	—	38	2	—	—	1	37

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public, canteens	Fuel storage depots
Machinery	—	1	—	—	—
Transport	—	—	—	—	—
Falls of persons	2	5	2	2	—
Stepping on or striking against object or person	—	—	4	1	—
Handling goods	—	1	3	7	—
Struck by falling object	—	1	4	—	—
Fires and explosions ...	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	1	2	—	—
Not otherwise specified	1	1	—	—	—

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 10 premises were licensed and 14 visits had been made. All the premises were found to be kept in a satisfactory condition.

Riding Establishments Act, 1964

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., are the appointed authorised officers for the purposes of inspection. Two licences were granted during the year.

Animal Boarding Establishments Act, 1963

The Chief Public Health Inspector and Deputy Chief Public Health Inspector are the appointed authorised officers for the purpose of inspection. No application for licence was received during the year.

Diseases of Animals Acts

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

Foot and Mouth Disease

At the beginning of the year, Oldham was included in a Foot and Mouth Disease Controlled Area and the order was revoked on the 5th March; there were 282 movement licences issued.

Diseases of Animals (Waste Food) Order, 1957

At the beginning of the year, 9 premises were licensed for the operation of plant and equipment. Two applications for licences were granted during the year.

Fertilisers and Feeding Stuffs Act, 1926

There were 8 samples of feeding stuffs and 9 samples of fertiliser sent for examination. The following sample was reported as 'Not in accordance with the Statutory Statement.'

Raw Bone Meal

Informal sample was 3.6 per cent deficient in phosphoric acid. A formal follow up sample was reported to be satisfactory.

There were 4 visits made to the premises.

Rag Flock and Other Filling Materials Act, 1951

There were no new premises registered during the year, but three were discontinued.

Details of the registered premises throughout the year are as follows:—

(a) for manufacture of bedding	1
(b) for upholstery	4

Two visits were made to these premises.

There were 6 samples of rag flock and other filling materials taken during the year and all conformed with the requirements of the Act.

CLEARANCE OF UNFIT PROPERTIES

Programme

The Clearance Programme for the period 1965 to 1969 provides for 6,261 houses to be demolished by the 31st December, 1969. In April, 1965 the Ministry of Housing and Local Government were informed that the estimated number of unfit houses still remaining in the Borough was 13,305.

The following is a summary of the houses represented and demolished during the years 1943 to 1968:—

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)	Highways C.P.O.'s	Other C.P.O.'s	Totals
1943/59	1,032	721	—	120	927	160	8	240	—	—	—	1,335
1960	89	197	—	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	—	33	35	276	15	23	1	—	—	350
1964	50	164	—	10	47	878	27	49	—	—	—	1,001
1965	82	1,048	—	52	63	786	63	21	—	—	—	933
1966	31	1,405	—	73	71	660	38	45	20	24	—	858
1967	10	1,580	—	82	27	840	55	29	—	294	40	1,285
1968	15	1,350	—	56	7	925	40	26	—	183	8	1,189
Totals	1,406	8,666	62	535	1,334	5,209	364	490	350	501	48	8,296

Individual Unfit Houses

There were 15 houses represented and Demolition Orders were made in respect of 6 of these properties; details of ownership of the remaining houses were not complete by the end of the year. This involved the displacement of 7 families totalling 17 persons.

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. <i>Inspection of Dwellinghouses During the Year</i>	
(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	3,366
(b) Number of inspections made for the purpose	5,114
(2) (a) Number of dwellinghouses (included under sub-heading (1) above), which are inspected and recorded under the Housing Consolidated Regulations, 1925	2,870
(b) Number of inspections made for the purpose	2,952
2. <i>Houses Demolished</i>	
In or adjoining clearance areas declared under Section 42 of the Housing Act, 1957	
Houses unfit for human habitation	925
Houses on land acquired under Section 43, Housing Act, 1957	40
Not in or adjoining clearance areas	
As a result of formal or informal procedure under Sections 16 or 17 of the Housing Act, 1957	33
Houses included in unfitness orders made under para. 2 of the second schedule of the Land Compensation Act, 1961	8
3. <i>Unfit Houses Closed</i>	
Under Sections 16, 17 and 35 of the Housing Act, 1957 or Section 26 of the Housing Act, 1961	Nil
4. <i>Number of Persons Displaced</i>	
From houses to be demolished in or adjoining clearance areas	2,256
From houses to be demolished not in or adjoining clearance areas	136
5. <i>Number of Families Displaced</i>	
From houses to be demolished in or adjoining clearance areas	854
From houses to be demolished not in or adjoining clearance areas	46
6. <i>Unfit Houses Made Fit</i>	
After informal action by local Authority	1
After formal notice under Sections 9 and 16 of the Housing Act, 1957:	
(a) By Owner	Nil
(b) By Local Authority	Nil
After formal notices under Public Health Acts	335
7. <i>Houses in which Defects were Remedied</i>	
	460

*Summary of Individual Unfit Houses—
Represented During the Years 1943—1968*

(a) *Houses Represented:*

Year	Houses Represented	Representations not accepted or 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(9)	85	—
1955	200	—	172*	16(7)	12(5)	182	1
1956	216	1(1)	205	—	10(9)	215	—
1957	182	—	177	—	5(4)	181	—
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	—	—	58(1)	—
1963	21	—	21	—	—	21	—
1964	50	1	49	—	—	49	—
1965	82	—	80	—	2	79	1
1966	31	—	27	—	1	30(3)	—
1967	10	—	10	—	—	10	—
1968	15	—	6	—	—	1	14
Totals	1406	3	1277	31	45	1354	16

* 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., 1968		
				Persons Rehoused By Corporation	Rehoused By Own Arrangement	Total No. of Persons Awaiting Rehousing
1943 to 1958	995	930	2691	2228	463	—
1959	37	24	76	50	26	—
1960	89	62	196	140	56	—
1961	18	18	38	23	15	—
1962	58	37	98	77	21	—
1963	21	16	58	45	13	—
1964	50	30	79	51	28	—
1965	82	41	104	58	46	—
1966	31	24	61	40	21	—
1967	10	5	8	7	1	—
1968	15	7	17	—	—	17

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 (Wallshaw Street) Compulsory Purchase Order No. 14/Clearance Areas Nos. 17-19	16. 4.68
Mumps Compulsory Purchase Order/Clearance Areas Nos. 1 and 2	21. 5.68
St. Mary's (Egerton Street) Compulsory Purchase Order No. 15/Clearance Area	18. 6.68
Ripponden Road Compulsory Purchase Order/Clearance Areas Nos. 1 and 2	18. 6.68
Millgate Compulsory Purchase Order/ Clearance Areas Nos. 1-7	16. 7.68
Glodwick Compulsory Purchase Order No. 2/Clearance Areas Nos. 3-5	17. 9.68
Carthage Street Compulsory Purchase Order/Clearance Area	17. 9.68
Derker Street/Miles Street Compulsory Purchase Order/ Clearance Area	15.10.68
West Street Compulsory Purchase Order No. 7/Clearance Areas Nos. 12-16	19.11.68
Waterhead Compulsory Purchase Order No. 3/Clearance Areas Nos. 10-18	19.11.68
Cornwall Street Clearance Area	17.12.68
Wellyhole Street Compulsory Purchase Order/Clearance Areas Nos. 1-4	17.12.68

COMPULSORY PURCHASE ORDERS

Hawksley Street No. 2 C.P.O.

Mr. R. H. Heath, A.R.I.C.S., A.M.T.P.I., Dip. T.P., conducted a Public Local Inquiry on the 25th July, 1967 and carried out an inspection of the properties. The Order was confirmed on the 19th January with the following modifications:—

That ten properties which the Minister considered were not so far defective as to be unfit and reference numbers 276 and 277 which were the sites of houses which had been demolished after the making of the Order be transferred from Part I of the Schedule to the Order to Part II of the Schedule.

Coldhurst No. 1 (Morton Street) C.P.O.

Mr. M. J. Wilson, A.R.I.C.S., conducted a Public Local Inquiry on the 8th November, 1967 and carried out an inspection of the properties. The Order was confirmed on the 31st January with the following modifications:—

That five properties which the Minister considered were not so far defective as to be unfit and three properties which were incorrectly described as houses be transferred from Part I of the Schedule to the Order to Part II of the Schedule.

West Street No. 5 C.P.O.

Mr. E. F. J. Peacock, A.R.I.B.A., F.R.S.A., A.I.A.S., conducted a Public Local Inquiry on the 4th October, 1967 and carried out an inspection of the properties. The Order was confirmed without modification on the 5th January.

Bank Top C.P.O.

Mr. L. Howell, M.C., A.R.I.C.S., conducted a Public Local Inquiry on the 6th February and carried out an inspection of the properties. The Order was confirmed on the 30th May with the following modifications:—

That four properties which the Minister considered were not so far defective as to be unfit and eleven properties which were incorrectly classified and two properties which were individual houses in clearance areas as a result of the Minister's finding be transferred from Part I of the Schedule to the Order to Part II of the Schedule. The Minister also excluded two workshops and two houses, one licensed premise and a plot of land at the request of the local authority.

St. Mary's No. 12 (Horsedge Street) C.P.O.

Mr. L. Howell, M.C., A.R.I.C.S., conducted a Public Local Inquiry on the 6th February and carried out an inspection of the properties. The Order was confirmed on the 15th May without modification.

Heap Street C.P.O.

Mr. J. A. Martin, D.C.M., D.A., conducted a Public Local Inquiry on the 2nd April and carried out an inspection of the properties. The Order was confirmed on the 22nd May with the following modifications:—

That five properties which the Minister considered were not so far defective as to be unfit be transferred from Part I of the Schedule to the Order to Part II of the Schedule. The Minister also

excluded a licensed premise from the Order at the request of the local authority.

Cutler Street C.P.O.

There were no objections to the Order and the Order was confirmed without modification on the 29th January.

Block Lane C.P.O.

Mr. R. H. Heath, A.R.I.C.S., A.M.T.P.I., Dip. T.P., conducted a Public Local Inquiry on the 7th May and carried out an inspection of the properties. The Order was confirmed without modification on the 25th June.

South Street C.P.O.

Mr. R. H. Heath, A.R.I.C.S., A.M.T.P.I., Dip. T.P., conducted a Public Local Inquiry on the 7th May and carried out an inspection of the properties. The Order was confirmed without modification on the 26th June.

Lees Road No. 2 C.P.O.

Mr. E. D. Kearsley, Dip. Arch. A.R.I.B.A., conducted a Public Local Inquiry on the 23rd July and carried out an inspection of the properties. The Order was confirmed on the 20th September without modification.

Eldon Street No. 2 C.P.O.

Mr. R. H. Heath, A.R.I.C.S., A.M.T.P.I., Dip. T.P., conducted a Public Local Inquiry on the 10th July and carried out an inspection of the properties. The Order was confirmed on the 10th October with the following modifications:—

That six properties which the Minister considered were not so far defective as to be unfit be transferred from Part I of the Schedule to the Order to Part II of the Schedule. The Minister also excluded a licensed premise and a plot of land from the Order at the request of the local authority.

Lowermoor C.P.O.

Mr. E. D. Kearsley, Dip. Arch., A.R.I.B.A., conducted a Public Local Inquiry on the 23rd July and carried out an inspection of the properties. The Order was confirmed on the 30th September with the following modifications:—

That one property which the Minister considered was not so far defective as to be unfit be transferred from Part I of the Schedule to the Order to Part II of the Schedule. The Minister also excluded a plot of land from the Order.

Glodwick No. 1 C.P.O.

Mr. M. J. Wilson, A.R.I.C.S., conducted a Public Local Inquiry on the 15th August and carried out an inspection of the properties. The Order was confirmed on the 7th October with the following modification:—

That one property which the Minister considered was not so far defective as to be unfit be transferred from Part I of the Schedule to the Order to Part II of the Schedule.

Waterhead No. 1 C.P.O.

Mr. A. B. Burton-Stibbon, E.R.D., M.I.Mun.E., conducted a Public Local Inquiry on the 20th November and carried out an inspection of the properties

Confirmation of the Order had not been received by the 31st December.

CLEARANCE AREAS AND COMPULSORY PURCHASE ORDERS 1968

	Houses	Combined Houses & Shops	Other Properties (Grey)	Total Premises	Population	No. of Families
St. Mary's No. 14 (Wallshaw Street) C.P.O.						
Clearance Area No. 17 ...	323	8	—	331	811	332
Clearance Area No. 18 ...	4	—	—	4	11	4
Clearance Area No. 19 ...	10	—	—	10	19	9
Other Properties (Grey)	8	—	8	16	16	9
Total	345	8	8	361	857	354
Mumps C.P.O.						
Clearance Area No. 1 ...	53	7	—	60	130	50
Clearance Area No. 2 ...	2	—	—	2	3	1
Other Properties (Grey)	1	2	17	20	10	5
Total	56	9	17	82	143	56
St. Mary's No. 15 (Egerton Street) C.P.O.						
Clearance Area	8	1	—	9	16	7
Other Properties (Grey)	—	—	2	2	4	1
Total	8	1	2	11	20	8
Ripponden Road C.P.O.						
Clearance Area No. 1 ...	5	1	—	6	18	6
Clearance Area No. 2 ...	11	3	—	14	19	10
Other Properties (Grey)	—	—	1	1	3	1
Total	16	4	1	21	40	17
Millgate C.P.O.						
Clearance Area No. 1 ...	4	—	—	4	14	5
Clearance Area No. 2 ...	6	1	—	7	13	7
Clearance Area No. 3 ...	4	—	—	4	13	4
Clearance Area No. 4 ...	4	—	—	4	7	3
Clearance Area No. 5 ...	75	5	—	80	146	73
Clearance Area No. 6 ...	4	—	—	4	7	4
Clearance Area No. 7 ...	10	—	—	10	24	10
Other Properties (Grey)	3	3	7	13	17	6
Total	110	9	7	126	241	112
Glodwick No. 2 C.P.O.						
Clearance Area No. 3 ...	337	13	—	350	790	350
Clearance Area No. 4 ...	2	—	—	2	2	2
Clearance Area No. 5 ...	118	5	—	123	275	117
Other Properties (Grey)	7	2	27	36	35	13
Total	464	20	27	511	1102	482
Carthage Street C.P.O.						
Clearance Area	24	—	—	24	71	24
Other Properties (Grey)	—	—	—	—	—	—
Total	24	—	—	24	71	24

	Houses	Combined Houses & Shops	Other Properties (Grey)	Total Premises	Population	No. of Families
Derker Street/Miles Street C.P.O.						
Clearance Area	30	1	—	31	92	32
Other Properties (Grey)	—	—	—	—	—	—
Total	30	1	—	31	92	32
West Street No. 7 C.P.O.						
Clearance Area No. 12 ...	21	—	—	21	41	20
Clearance Area No. 13 ...	6	—	—	6	4	3
Clearance Area No. 14 ...	2	—	—	2	2	2
Clearance Area No. 15 ...	6	—	—	6	8	6
Clearance Area No. 16 ...	8	—	—	8	11	7
Other Properties (Grey)	—	—	5	5	7	2
Total	43	—	5	48	73	40
Waterhead No. 3 C.P.O.						
Clearance Area No. 10 ...	21	4	—	25	49	20
Clearance Area No. 11 ...	8	—	—	8	17	8
Clearance Area No. 12 ...	13	—	—	13	30	13
Clearance Area No. 13 ...	2	—	—	2	8	2
Clearance Area No. 14 ...	5	—	—	5	6	4
Clearance Area No. 15 ...	6	—	—	6	14	7
Clearance Area No. 16 ...	26	—	—	26	31	18
Clearance Area No. 17 ...	5	2	—	7	10	6
Clearance Area No. 18 ...	2	2	—	4	7	4
Other Properties (Grey)	9	3	11	23	30	14
Total	97	11	11	119	202	96
Cornwall Street						
Clearance Area	5	—	—	5	11	4
Wellyhole Street C.P.O.						
Clearance Area No. 1 ...	71	1	—	72	118	52
Clearance Area No. 2 ...	18	—	—	18	38	18
Clearance Area No. 3 ...	31	—	—	31	66	28
Clearance Area No. 4 ...	6	—	—	6	10	6
Other Properties (Grey)	—	—	3	3	12	2
Total	126	1	3	130	244	106

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	Rehoused Persons		Total No. of Persons awaiting re-housing	Houses Demolished	Total No. of Houses awaiting Demolition
			Houses	Combined Houses and Shops	Other Premises	Total Premises	Population	No. of Families				By Corporation	By Own Arrangement			
7-12-60	Butler Street C.P.O.	0.873	31	4	—	35	56	23	22-8-61	29-11-61	—	42	14	34	1	
23-5-62	St. Mary's C.P.O. No. 1	5.247	158	8	—	177	354	152	2-4-63	29-8-63	—	229	125	166	—	
	St. Mary's C.P.O. No. 2	6.924	230	4	10	244	607	230	2-4-63	29-8-63	—	429	178	236	—	
6-3-63	Featherstall Rd. S. C.P.O.	5.83	131	26	16	173	364	155	14-1-64	4-4-64	—	214	150	158	2	
7.8.63	Moorhey Street C.P.O. No. 1	1.64	71	1	—	72	180	72	3-3-64	13-7-64	—	113	31	56	16	
4-12-63	Mount Pleasant C.P.O.	8.0	203	14	10	227	518	193	18-11-64	2-4-65	—	358	160	217	2	
14-1-64	Henshaw St. C.P.O. No. 1	2.12	60	5	2	67	156	62	24-11-64	5-3-65	—	84	64	63	3	
3-3-65	Blanche Street C.P.O.	0.72	31	—	1	32	68	23	12-1-66	15-4-66	—	47	17	30	1	
5-5-65	West Street C.P.O. No. 1	6.71	238	11	3	252	513	194	22-2-66	28-10-66	—	325	188	250	1	
20-7-65	St. Mary's No. 6	11.59	319	11	3	333	939	349	18-5-66	7-10-66	—	663	276	330	1	
16-11-65	St. Mary's No. 7 (Higginshaw)	7.19	253	7	6	266	681	254	9-8-66	17-11-66	—	488	169	236	26	
18-1-66	Eldon Street C.P.O. (Mortimer Street)	1.89	52	6	2	60	116	56	22-11-66	31-3-67	1	83	33	58	—	
										(Part of)						
15-2-66	Barry Street C.A.	0.28	16	—	—	16	25	12	11-10-66	30-12-66	—	22	3	16	—	
15-3-66	St. Mary's No. 8 (Bridgewater Street)	10.51	275	7	1	283	776	284	8-1-67	4-5-67	—	544	165	67	96	
19-4-66	Greenacres No. 1	8.08	253	3	2	258	793	247	31-1-67	11-5-67	—	497	296	256	—	
21-6-66	West Street C.P.O. (Spring Street)	6.42	157	13	9	179	433	155	4-4-67	7-6-67	9	237	172	148	18	
19-7-66	Busk Road C.P.O.	0.53	24	—	—	24	68	25	28-3-67	28-3-67	—	26	22	20	11	

TABLE I—COMPULSORY PURCHASE ORDERS AND CLEARANCE ORDERS—Continued

19-7-66	Viscount Street C.P.O.	3.11	94	2	105	228	102	17-5-67	28-6-67	—	167	61	—	101	2
18-10-66	Hawksley St. C.P.O. No. 2	11.48	295	17	352	805	286	25-7-67	19-1-68	—	557	41	208	50	290
20-12-66	Morton Street C.P.O.	5.76	122	16	150	339	129	8-11-67	31-1-68	—	161	12	178	1	139
20-12-66	Old Lane C.P.O.	0.52	16	—	16	36	16	4-10-67	29-12-67	—	14	—	10	9	68
20-12-66	West Street C.P.O. No. 5	2.31	58	8	75	149	71	4-10-67	5-1-68	—	64	—	85	—	4
17-1-67	Brunswick Street C.P.O.	0.23	4	—	4	10	4	†	31-7-67	—	8	—	2	—	10
17-1-67	Lees Road C.P.O.	0.33	10	—	10	38	13	†	17-5-67	—	10	11	28	—	5
17-1-67	Henshaw St. No. 5 C.P.O.	4.08	20	1	21	50	20	†	29-6-67	—	39	17	—	16	—
21-2-67	Grundy Street C.P.O.	0.42	14	—	14	29	11	†	3-8-67	—	12	—	—	14	—
21-3-67	Belmont Street C.P.O.	0.05	2	—	2	4	1	†	10-10-67	—	4	—	—	2	—
18-4-67	Bank Top C.P.O.	18.53	371	45	460	965	463	6-2-68	30-5-68	5	70	8	887	8	410
23-5-67	St. Mary's No. 12 (Horsedje St.) C.P.O.	0.76	27	1	29	43	16	6-2-68	15-5-68	—	12	—	31	—	28
20-6-67	Heap Street C.P.O.	8.76	299	13	318	680	292	2-4-68	22-5-68	1	185	—	495	—	313
20-6-67	Cutler Street C.P.O.	0.12	4	—	4	14	3	†	29-1-68	—	9	1	5	—	4
18-7-67	Block Lane C.P.O.	0.17	8	—	8	5	2	7-5-68	25-6-68	—	11	—	—	8	—
18-7-67	South Street C.P.O.	0.31	4	7	12	8	4	7-5-68	26-6-68	—	4	—	—	—	11
19-9-67	Lees Road No. 2 C.P.O.	0.30	14	1	14	22	9	23-7-68	20-9-68	—	1	—	4	—	14
19-9-67	Eldon Street No. 2 C.P.O.	12.50	355	31	396	1000	396	10-7-68	10-10-68	1	65	—	935	—	386
17-10-67	Lowermoor C.P.O.	4.90	127	3	145	262	109	23-7-68	30-9-68	—	23	—	239	—	130
21-11-67	Glodwick No. 1 C.P.O.	3.24	88	3	93	208	93	15-8-68	7-10-68	—	1	—	207	—	92
19-12-67	Waterhead No. 1 C.P.O.	8.64	179	16	210	383	186	20-11-68	†	•	—	—	—	—	—
16-4-68	St. Mary's No. 14 (Wallshaw Street) C.P.O.	11.31	345	8	361	857	354	**	†	•	—	—	—	—	—
21-5-68	Mumps C.P.O.	2.46	55	9	82	145	56	**	†	•	—	—	—	—	—
18-6-68	St. Mary's No. 15 (Egerton Street) C.P.O.	0.33	8	1	11	20	8	**	†	•	—	—	—	—	—
18-6-68	Ripponden Road C.P.O.	0.81	16	4	21	40	17	**	†	•	—	—	—	—	—
16-7-68	Millgate C.P.O.	6.01	110	9	126	241	112	**	†	•	—	—	—	—	—
17-9-68	Glodwick No. 2 C.P.O.	16.3	464	20	511	1102	482	**	†	•	—	—	—	—	—
17-9-68	Carthage Street C.P.O.	0.61	24	—	24	71	24	**	†	•	—	—	—	—	—
15-10-68	Derker Street/Miles Street C.P.O.	0.64	30	1	31	92	32	**	†	•	—	—	—	—	—
19-11-68	West Street No. 7 C.P.O.	1.83	43	—	48	73	40	**	†	•	—	—	—	—	—
19-11-68	Waterhead No. 3 C.P.O.	4.8	97	11	119	202	96	**	†	•	—	—	—	—	—
17-12-68	Cornwall Street Clearance Area	0.17	5	—	5	11	4	**	†	•	—	—	—	—	—
17-12-68	Wellyhole Street C.P.O.	3.12	126	1	130	244	106	**	†	•	—	—	—	—	—

† No objections to the Order.

‡ Awaiting confirmation.

* Subject to Ministry's confirmation of Order.

** Date for Inquiry not yet fixed.

†† This property is to be retained.

HOUSING ACT, 1957
PART V COMPULSORY PURCHASE ORDERS

Waterhead No. 2 Compulsory Purchase Order

The Order covers approximately 3.1 acres in area and includes:—

- Allotment gardens with sheds and greenhouses thereon
- Open land
- Sports Pavilion
- Garages
- School
- Church Institute
- Motor vehicle repair workshop
- Haulage Contractor's premises.

Millgate No. 2 Compulsory Purchase Order

The Order covers approximately 3.1 acres in area and includes:—

- Dwelling house
- Disused and derelict Iron Works
- Licensed Public House
- Poultry keepers smallholding
- Plot of land
- Plots of land with garages, sheds and allotments, etc. thereon.

West Street No. 8 Compulsory Purchase Order

The Order covers approximately 0.93 acres in area and includes:—

- County Borough of Oldham Ambulance Depot
- Coal Merchant's storage yard
- Public Conveniences.

Voluntary Demolition and Closure of Properties

Information was received of the demolition by voluntary action of 26 houses included in the slum clearance programme.

During the year the owners of 13 unfit properties gave undertakings to close the premises after the occupants had been rehoused. There were 6 families rehoused during the year from these properties. Since 1957, 381 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 15 years.

During the year, 478 applications were submitted to the Housing and Corporate Property Committee, and 455 were approved. The grants made totalled £37,582. Since the commencement of these schemes, grants totalling £445,844 14s. 2d. have been made.

All applications are submitted to this Department for consideration in respect of suitability or otherwise of the premises.

Overcrowding

Five new cases of overcrowding were reported during the year.

Rent Act, 1957

During the year, one application was received from a tenant for a certificate of disrepair.

There were no applications for cancellation of certificates of disrepair.

Eradication of Bed Bugs

Number of houses inspected and the number disinfested:—

	Corporation Houses	Other Houses
Houses inspected	481	884
Found infested	2	20
Disinfested by H.C.N.	—	—
Disinfested by spraying with liquid insecticide	179	116

Removals and Disinfestation of Furniture

During the year, the furniture of 27 verminous or suspect verminous families moving to the Corporation houses were disinfested by spraying with insecticide and the bedding and soft furnishings were steam disinfested by staff of the department.

Disinfection

Arrangements exist for the disinfection and destruction of articles, clothing and bedding. There were 21 houses disinfested.

Housing Applications Register

I am indebted to Mr. T. W. Pickering, Housing Manager, for the following information:—

“On the 31st December, there were 2,579 applications for housing accommodation on the Housing Applications Register. This figure includes 97 applications for aged persons' bungalows”.

INSPECTION AND SUPERVISION OF FOODS

Milk Supply

The Milk (Special Designation) (Amendment) Regulations which came into operation in 1965 require that the special designations which may be used in relation to milk are:—

'Pasteurised' 'Sterilised' 'Ultra Heat Treated' 'Untreated'

*The Milk and Dairies (General) Regulations, 1959**The Milk (Special Designation) Regulations, 1963*

At the beginning of the year there were 9 distributors producing milk in the Borough and 19 distributor producers outside the Borough.

On the 31st December there were 2 premises registered as dairies and 638 registered distributors of milk, comprised as follows:—

Distributors producing milk in the Borough	9
Distributors with dairy premises in the Borough	2
Other distributors	45
Shops at which bottled milk is sold	582

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

(a) To use the designation "Untreated"

*Producer's Licence	9
Dealer's Licence	31

(b) To use the designation "Pasteurised"

Dealers (Pasteuriser's) Licence	1
Dealer's Licence	124

(c) To use the designation "Sterilised"

Dealer's (Steriliser's) Licence	1
Dealer's Licence	627

(d) To use the designation "Ultra Heat Treated"

Dealer's Licence	493
------------------------	-----

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

Milk Samples for Methylene Blue Test

Class of Milk Sample	No. of Samples Taken	Methylene Blue Test	
		Passed	Failed
Pasteurised	122	120	2
Untreated	90	84	6
Totals	212	204	8

The Divisional Milk Officer was informed of the samples which failed the Methylene Blue Test.

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, 122 samples were taken and all passed the phosphatase test.

Milk Samples for Turbidity Test

There were 21 samples of sterilised milk taken during the year and all were reported to be satisfactory.

Milk Samples Tested for Brucella Abortus

There were 90 samples of untreated milk taken during the year and a further 57 follow up samples of milk were taken after evidence of Brucella infection had been established. The initial examination is known as the Milk Ring Test which is not definitive but is a useful screening test in the search for evidence of Brucella infection in milk. A positive reaction is shown as one, two or three rings depending upon the extent of infection in the sample, but it is not conclusive until a sample is examined by culture or biological tests. The following table details the results of the samples:—

Samples	Result of Milk Ring Test					Number of samples from which organisms were isolated by direct culture	Total
	****	***	**	*	Nil		
Original	1	4	6	4	74	1	90
Individual Cow Samples	—	—	3	4	47	3	57

Details of samples showing evidence of brucella infection are given in the following table together with the action taken:

Prog. No.	Date of Laboratory Reports	Organisms isolated by direct culture	Organisms isolated by Biological Tests	Evidence of Infection by M.R.T.	Date of Notice served to Pasteurise Milk	Action Taken
1	4.3.68	Yes	—	—	5.3.68	Seven cows removed from the herd. Pasteurisation order withdrawn.
*2	14.6.68	Yes	—	—	20.6.68	Infected cow sent for slaughter. Pasteurisation order withdrawn.
3	25.6.68	Yes	—	—	—	Infected cow removed from the herd, upon receipt of laboratory report.
4	15.8.68	Yes	—	—	20.8.68	Infected cow sent for slaughter. Pasteurisation order withdrawn.

*Sampling by an adjacent authority revealed evidence of brucella infection and a pasteurisation order was served upon the milk producer who distributed milk within this borough.

ICE CREAM

The control over the manufacture and sale of ice cream was maintained and visits were made to registered premises.

On the 31st December, there were 588 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 and sale of ice cream	3
(b) For sale of pre-packed ice cream	580
(c) For sale of loose and pre-packed ice cream	5

In the previous year, 573 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 and 1963

There are now 3 ice cream manufactureres in the borough, one having ceased production in December. 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 and the results classified in one of four grades.

There were 10 samples of ice cream submitted for the methylene blue grading test with the following results:—

Grade I	3
Grade II	6
Grade III	—
Grade IV	1

In the case of the Grade IV sample the attention of the manufacturer was drawn to the result of the test.

LIQUID EGG PASTEURISATION REGULATIONS, 1963

During the year 10 samples of pasteurised whole egg were taken under the provisions of the above Regulations and all satisfied the Alpha Amylase test. In addition, 8 samples of egg white, 5 samples of egg yolk and 2 samples of powered egg were submitted for bacteriological examination and all were reported free from organisms of typhoid or salmonella groups.

There is one egg pasteurisation plant in the borough, operated by Messrs. S. Z. Wick and Sons and every endeavor is made to comply with the Regulations. The company export egg yolk which has been pasteurised, salted and subsequently frozen and to obtain this export contract, the company have had to achieve a very high standard of hygiene and purity with this product to satisfy the requirements of the importing country.

The Company have now extended considerably by erecting a complete new building which houses a spray drying plant capable of drying a range of liquid foodstuffs. After an experimental period the plant came into operation towards the end of the year.

In addition to the plant itself, the building includes a new laboratory and offices. The laboratory has its own permanent staff, and a wide range of tests are carried out relating to purity and quality control of the dried products.

The plant comprises cyclone driers and has its own Pasteuriser unit and Sterilising tank. The operation of the drying plant itself is automatically controlled. All the equipment is of stainless steel with facilities for 'in-place cleaning'. The internal finishes of the building satisfy a high standard of cleanliness and hygiene.

Samples of the finished products have been taken on several occasions, and found to be free from organisms of the typhoid and salmonella groups.

The Company are most co-operative, and on several occasions during the year have been pleased to accept parties of students at our instigation, and to assist in conducting them through the Pasteurising plant.

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 further improvements were carried out and the licence was renewed for a further period of 12 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)	765	1109	34	19,027	—	22,422
Number inspected	765	1109	34	20,514	—	22,422
All Diseases except Tuberculosis and Cysticerci						
Whole carcasses con- demned	—	4	—	12	—	16
Carcases of which some part or organ was condemned	212	371	—	2,679	—	3,262
Percentage of the number inspected affected with disease other than Tuberculosis and Cysti- cerci	—	33.8	3.13	13.1	—	—
Tuberculosis only						
Whole carcasses con- demned	27.7	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	—	—
Percentage of the number inspected affected with Tuberculosis	—	—	—	—	—	—
Cysticercosis						
Carcases of which some part or organ was condemned	4	1	—	—	—	5
Carcases submitted to treatment by refrigera- tion	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following figures show the percentage of cows affected with tuberculosis for the years 1953 to 1967:—

	Cow carcasses 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
1966	971	—
1967	797	—
1968	1,109	—

The total weight of meat and offal destroyed was:—

For tuberculosis	—
For diseases other than tuberculosis	16,435½ lbs.

*Summary of Diseased and Unsound Food Destroyed
during 1968*

Cattle (4 whole carcasses	1,726
(583 part carcasses)	8,948
Sheep (12 whole carcasses)	570
(2,679 part carcasses)	5,191½
Preserved Food	16,416½
Frozen Food	4,216
Chicken	539
Pork	128
Fish	56¾
Bacon	93
Beef	232¾
Sausage	364½
Mutton	2
Butter and Margarine	112½
Lard and Cooking Fat	123
Bread	41½
Biscuits	38
Sultanas and Currants	17½
Salt	11½
Cream	52½
Tea	3¾

Dates and Figs	2
Breakfast Cereals	81 $\frac{3}{4}$
Cheese	65 $\frac{1}{2}$
Coffee	10 $\frac{1}{4}$
Soft Drinks	379 $\frac{3}{4}$
Sugar	180
Rice	62
Pearl Barley	2
Confectionery	118 $\frac{3}{4}$
Grape Nuts	20
Vegetables	5,621
Glace Cherries	1 $\frac{1}{2}$
Corn on the Cob	1 $\frac{1}{4}$
Flour	78
Eggs	24
Almonds	$\frac{1}{2}$
Mixed Peel	1 $\frac{1}{2}$
Jelly	23 $\frac{1}{4}$
	<hr/>
Total	45,556 $\frac{1}{2}$

Slaughter of Animals Acts, 1933-1954

Five renewal licences were granted during the year.

Poultry Inspection

There are two poultry processing premises in the borough, one being very small, and carried out by a self employed person. During the year 34 visits were made to these premises.

There were 360,000 birds processed, consisting of turkeys, hens, broilers and capons. The percentage of birds condemned was 0.4% at a total weight of 5,040 lbs.

The percentage at the large plant continued as in the previous year.

FOOD AND DRUGS ACT, 1955

Food Hygiene

This year has seen a very real impact made on the inspection of food premises. The importance of this work and the necessity to maintain frequent inspections cannot be over-emphasised. Whenever there is a long delay between visits by inspectors to food premises there is more opportunity for a deterioration in hygiene standards. Food handling and storage is similarly involved and the combination of these factors result in food premises which are below the requirements of legislation, coupled with the risk of rodent or insect infestation. On a visit, therefore, the inspector performs a number of duties vital to the welfare of the public.

A considerable number of premises were found to be in need of attention and much of this was attended to on request and by sending letters. At the same time this was an opportunity to advise the traders of the requirements of the Food Hygiene (General) Regulations, 1960, of their obligations under those regulations and to issue to them food hygiene literature.

It is imperative that this useful and valuable work on food hygiene be continued in the future and thus raise and ensure that the standard of food hygiene and food handling is maintained at a high level.

The number of premises in the Borough which are affected by the Food Hygiene (General) Regulations, 1960 are detailed as follows:—

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) ...	286	Most	All	All
2	Grocery Premises (Wholesale)	8	All	"	"
3	Greengrocery and Wet Fish Shops	113	"	"	"
4	Butchers' Premises	120	"	"	"
5	Fried Fish Shops	92	"	"	"
6	Cafes and Restaurants (including Canteens)	95	"	"	"
7	Confectioners' Shops only	49	"	"	"
8	Bakehouses with or without Confectioners' Shops attached	83	"	"	"
9	Sweet Shops	110	"	"	"
10	Licensed Premises	222	"	"	"
11	Ice Cream Factories	3	"	"	"

The visits made for the purposes of inspection and supervision of food premises totalled 2,343. The following improvements were effected:—

Wash-basins and sinks provided	22
Wash-hand basins and sinks renewed	31
Walls repaired and/or redecorated	133
Ceilings repaired and/or redecorated	110
Woodwork repainted and cleansed	99
Floors repaired or renewed	68
Ventilation improved	8
Hot water provided	36
Sanitary accommodation repaired	16
Sanitary accommodation redecorated	35
Drainage repaired or renewed	9
Fittings renewed or repaired	64

During the year, 263 faeces specimens from employees of a large local multiple bakery were submitted for analyses. All were reported negative.

Contravention of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

Legal proceedings were instituted against the driver of a vehicle used for transporting meat, for not wearing headgear when carrying meat. The defendant was fined £5.

Contravention of the Food Hygiene (General) Regulations, 1960

Legal proceedings were instituted against a local cafe proprietor for contraventions of the above, but the summonses were withdrawn as the necessary work was completed before the date of the hearing.

Legal proceedings were instituted against the proprietor of a mixed food shop for contraventions of Sections 5, 6, 14, 23 and 24. The defendant was fined a total of £72.

Preservatives in Food Regulations, 1962

The Borough Analyst reported that a sample of sausage contained preservatives and no notice was displayed at the retailers stating this fact. A warning letter was sent in this instance.

Contamination of Food

A complaint was received of a nail being found in a meat and potato pie manufactured by a local bakery firm. Legal proceedings were instituted and the defendant was fined £5.

A complaint was received of a nail being found in sausage manufactured by a local butcher. Legal proceedings were instituted and the defendant was fined £5.

A complaint was received of a piece of glass being found in a bottle of milk supplied by a dairy within the borough. Legal proceedings were instituted and the defendant company was fined £50.

A complaint was received of a nail being found in a steak and kidney pie manufactured by a firm outside the borough. Legal proceedings were instituted and the defendant was fined £10.

A complaint was received of a tin of drinking chocolate containing insects and insect larvae and purchased within the borough from a large multiple grocery firm. The defendant company was fined £5.

A complaint was received of a maggot, later identified as the larva stage of a moth, being found in a biscuit manufactured by a firm outside the Borough. The Group Hygiene Officer of the firm viewed the complaint with the gravest concern, and additional precautions were enforced to obviate the possibility of a repetition. No further action was taken.

A complaint was received of a beetle being found in a tin of strawberries. The beetle was of a type associated with strawberry plants, and could have been inside a strawberry at the time of processing. Extensive precautions are taken to prevent incidents of this nature, and a letter of warning was sent in this instance.

A complaint was received of a piece of wood being found in a packet of sweets manufactured by a firm outside the Borough. The firm used the most modern detecting equipment and could not understand how this incident occurred. No further action was taken.

A complaint was received of foreign matter being found in a tin of corned beef. An investigation revealed that there were two pieces of hair and hide that had obviously avoided detection, even though the processing included four stages of inspection. The firm were requested to investigate their methods further to obviate the possibility of similar incidents.

A complaint was received of a piece of metal being found in a tin of boned chicken, manufactured in Holland. Investigations revealed that the metal was probably from the seaming machine, where there had been a break off of the size and type of the metal in question. The firm promised that action would be taken to eliminate any possible re-occurrence and no further action was taken.

A complaint was received of a staple being found in a strawberry flan. Investigations revealed that although the firm only used strawberries in plastic punnets, on two occasions prior to the incident occurring, French strawberries were used which were packed in punnets held together by staples and it was thought that possibly a staple became embedded in a strawberry. Instructions were issued by the manager that no French strawberries must be used in future, and additional precautions were taken to prevent incidents of this nature.

A complaint was received regarding a tin of cooked ham. An examination revealed that the ham was very white in colour and in poor condition. Another tin of the same consignment was opened at the shop where the tin was purchased, and this showed a marked deterioration in the

lining of the tin. The tins held in stock bearing the same code number were therefore returned to the suppliers.

A complaint was received of a caterpillar being found in a tin of tomatoes, manufactured outside the Borough. A high standard of hygiene is maintained by the firm, and they were unable to state how it had escaped detection, although it was thought that the grub had burrowed into the fruit whilst on the plant. No further action was taken.

A complaint was received of mouse droppings on the top of a meat pie. The pie was manufactured by a local baker and then delivered to the retailer. Investigations failed to reveal where or how the pie became contaminated, but letters of warning were sent to the firms concerned.

A complaint was received of a small gnat type insect being found in a muffin. The bakehouse concerned maintains a high standard of hygiene, and has the latest insect-o-cutors installed. No further action was taken.

A complaint was received of a piece of metal being found in a sweet. This confectionery was purchased from a large multiple store, and the firm were requested to take the matter up with their suppliers.

A complaint was received of plasticine being found in a bottle of milk. The dairy concerned carry out a rigorous inspection before and after the bottles are washed, and could give no explanation for this incident. Stricter inspection procedures were, however, enforced to prevent a repetition of this complaint.

A complaint was received of rodent hair being found in curry powder. The powder was packed at premises within the Borough. The investigations revealed that although there was no evidence of mice infestation, the premises were unsuitable for the preparation of food, and new premises have now been obtained. No further action was taken.

Complaints were received of trifles not being in a fresh condition. Examination showed that souring was commencing and as a result, the bakery firm was interviewed and they dealt with the matter to the satisfaction of the customers.

A complaint was received of a small dark pellet being found in a tin of corned beef. An examination revealed that it was dried, congealed blood, and the producing factory's attention was drawn to the need for allowing adequate bleeding time following slaughter.

A complaint was received of a piece of glass being found in a bottle of milk. No satisfactory explanation could be given, but it was thought that the bottle washing plant at the dairy was defective and a new one was therefore installed. A letter of warning was sent in this instance.

A complaint was received of a loaf of bread being contaminated with oil, and manufactured by a firm outside the Borough. An examination revealed that this was from the dough divider and the bakery staff were instructed to give their urgent and thorough attention to this matter to avoid a repetition of the incident. A letter of warning was sent in this instance.

A complaint was received of a loaf being affected with mould growth. Conflicting information was given by the retailer and the bakery firm, who took a very serious view of the complaint. They did, however, review their quality control procedures, and no further action was taken.

Complaints were received of bread and bread rolls being affected with mould growth. Investigations revealed that mould spores were probably present at the time of packing, and a letter of warning was therefore sent to the firm concerned.

A complaint was received of a tin of grapefruit containing a fly. The canning of the product took place in Swaziland and the firm have since gone into liquidation.

A complaint was received of a tin of infant milk food containing foreign matter. An analysis revealed that this was starchy material, and the firms stated that the factory is exclusively devoted to milk food and there was no other material foreign to milk used in the factory. The complainant received a replacement packet, however, and no further action was taken.

A complaint was received of the condition of a steak and kidney pie. Enquiries revealed that the retailer had not complied with the manufacturer's instructions on stock control. This matter was drawn to his attention by staff of the Department, and by the suppliers.

A tin of sausage in brine was submitted to the analyst who reported that in his opinion there were deficient in meat. The importers of the product were therefore contacted, and as a result, they informed their Denmark suppliers that as from the 1st January, 1969, no canned sausage would be imported unless they complied with the Sausage and Other Meat Products Regulations, coming into force on the 31st May, 1969.

A complaint was received of a fly being found in a tin of custard powder. Investigations revealed that the firm take every precaution to prevent complaints of this nature, and it would appear from information received that the fly was not present in the tin when it left the factory. No further action was taken.

A complaint was received of pieces of glass being found in a jar of coffee. The manufacturers gave a fully detailed account of the processing procedure and the extensive precautions taken to prevent incidents of this nature. No satisfactory explanation was forthcoming and the firm were of the opinion that this was a case of deliberate addition. In view of their explanation and the measures taken, a warning letter was sent in this instance.

A complaint was received of a malt loaf being affected with mould growth. Investigations failed to reveal the date of manufacture or delivery and the shopkeeper denied that the loaf had been purchased from his shop. A letter of warning was nevertheless sent to him.

A complaint was received of minced meat purchased from a local butcher having an unpleasant smell and an examination revealed that it was undergoing putrefaction. The refrigerator at the shop was out of

order on the day in question and it was decided that a letter of warning be sent by the Town Clerk in this instance.

Labelling of Food Orders

A sample of fresh cakes labelled "Choc Crunchies" was submitted for analysis and the Analyst reported that the covering had the appearance of milk chocolate but the chemical constants were not those of milk chocolate. The manufacturing firm were therefore informed and as a result future products were described as "Crunchies". The firm stated that the mis-labelling was an unintentional error and was not intended to mislead customers in any way.

Merchandise Marks Act

The various marking orders made under the above Act apply to a wide range of imported foodstuffs. During the year visits and observations were made at the premises selling the various foods so as to ensure compliance with the orders. The orders relating to the marking of imported meat are at times misunderstood by the trade, and it must be especially difficult for those who are new to the meat trade. In order that the trade would be adequately informed of the marking requirements, a circular dealing with this was prepared and forwarded with an explanatory letter to all of the butchers in the borough. This was followed up by personal visits of inspectors who in addition to inspecting the premises, advised on any problems connected with meat marking.

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

These regulations apply to vehicles used for the delivery of food and to markets or stalls from which is sold. The effect of the regulations is to raise the standard of hygiene generally, to improve and extend the range of facilities for washing of food and equipment and personal washing and to facilitate hygienic food handling.

In relation to these regulations, all the stalls on the Tommyfield Market, with the exception of one greengrocery stall and two stalls selling open foods, are now satisfactorily equipped. The exceptions have arisen due to changes of tenancy which have brought about altered trading circumstances. These cases are being dealt with.

During the latter part of the year, a piped water supply and drainage were provided to every food stall within the Victoria Market Hall, and the individual stall holders were requested to install washing and hand washing facilities as necessary. A number of stall holders had complied with our request by the end of the year.

During the year considerable attention was paid to vehicles delivering meat and in order to explain the requirements of the regulations an explanatory letter was prepared and distributed to the meat traders. In addition to assisting the traders this has resulted in improved hygiene in transporting of meat.

Other types of mobile food trading vehicles still present a problem, particularly in relation to the requirement of displaying the trader's name and address on the vehicle. In view of the increase in numbers of these type of vehicles the inspectorate have been requested to keep all such vehicles under closer supervision.

There were 254 visits made during the year to stalls and markets.

Report of the Public Analyst

Mr. G. H. Baker, F.R.I.C., M.Inst.M., 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, 1968, I have analysed 420 samples consisting of:— Milk (33 formal, 4 informal) 37, Flour Confectionery 26, Beef/Pork Sausages (8 formal, 14 informal) 22, Tinned Meat Products 22, Fresh Fruit/Vegetables 21, Soft Drinks 20, Tinned fruit/vegetables 18, Sweets 18, Jam/Spread/Marmalade 17, Fish/Meat Products 16, Meat Products 14, Drugs/Medicines 12, Spirits (formal) 12, Baby Foods 10, Potted Meat/Fish 10, Meat Pies, etc. 10, Dried Fruit/Vegetables 9, Butter (1 formal, 8 informal) 9, Sauce/Pickles/Chutney 9, Cake/Bread Flour 7, Fish Products 6, Milk Drinks 6, Yogurt 5, Tea 5, Bread 4, Potato Crisps 4, Dried Cereal 4, Cheese/Cheese Spread 4, Vitamin C. Health Drink (1 formal, 3 informal) 4, Pudding/Cake Mix 3, Food Colours 3, Curry Sauce/Paste 3, two each of: Rice Pudding, Packet Soup, Frozen Vegetables, Toasty Grill, Milk Shake Flavour, Creamed Potatoes, Beer, Artificial Sweetner, Cake Decorations, Jelly, and one each of the following: Fish Cakes, Egg Noodles, Stuffing, Caramel Desert, Margarine, Nut Mix, Coconut, Dried Parsley, Orangeade Powder, Cake Covering, Polka Dots, Gravy Salt, Tinned Cream, Lard, Frizets, Pie Filling, Evaporated Milk, Ice Cream, Dates, Swiss Desert, Fish Dressing, Rice and Red Powder, Beef Suet, Salad Cream, Vinegar, Custard Powder, Oxo Cubes, Ginger in Syrup, Gelatine and Marzipan.

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	4
3.26 to 3.50	5
3.51 to 3.75	13
3.76 to 4.00	5
Over 4.00	6
	—
	33 Total (excluding complaints)
	—

All the samples were free from preservative, and colouring matter. Thirty one of the above samples were examined also for the antibiotic Penicillin, all gave satisfactory results.

During the year 25 samples were reported as not being up to standard, of these four can be classed as foreign matter in food, as follows:—

Apricots in Syrup, contained a trace of rubber-like material, there was also evidence of corrosion.

Bottle of Medicine, contained a spider beetle

Grapefruit Drink, contaminated with mould and yeast growth.

Baby Milk Food, contained hardened arrowroot and cotton fibres.

Sixteen samples of meat products were deficient in meat content, namely, 8 samples of sausages, 3 potted meat, 1 beef spread, 3 meat and potato pies, and Minced Beef with Onions in Gravy.

Butter, this sample contained excessive water.

Blackcurrant Health Drink, the sample was deficient in Vitamin C content.

Choc. Crunchies, Bread and Butter Pickles, both samples were incorrectly labelled.

Cream Sandwich, the filling of the above was not genuine cream.

Five complaint samples were submitted which in the opinion of your Analyst could not be justified, namely, four samples of milk alleged to be either sour or to contain sediment. Examination showed these to be genuine. Finally a sample of orange juice alleged to have caused stomach pains. Examination again showed this sample to be satisfactory.

Of the samples submitted for Pesticide Residues examination, 6 contained traces of pesticides, namely:—

Brussel Sprouts	Aldrin	0.07	p.p.m.
Cauliflower (French origin) ...	Lindane	0.13	p.p.m.
Imported Melon	Aldrin	0.06	p.p.m.
Mushrooms	Heptachlor	0.003	p.p.m.
Spring Cabbage	Lindane	0.014	p.p.m.
English Strawberries	Aldrin	0.028	p.p.m.
	Heptachlor	0.032	p.p.m.

During the year several new regulations came into effect, most important in my opinion being:—

The Meat Pie & Sausage Rolls Regulations, 1967.

The Trade Descriptions Act, 1968."

FOOD AND DRUGS ACT, 1955

The total number of samples analysed during 1968 was 420, compared with 192 for 1967.

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		
	Formally Taken	Informally Taken	Total	Formally Taken	Informally Taken	Total
Milk	33	4	37	—	—	—
Meat Products	—	33	33	—	4	4
Cakes/Biscuits	—	26	26	—	1	1
Sausage	8	16	24	2	4	6
Fresh fruit/vegetables ...	—	23	23	—	—	—
Soft drinks	1	22	23	—	1	1
Tinned Meats	—	22	22	—	1	1
Tinned fruit/vegetables	—	19	19	—	—	—
Sweets	—	19	19	—	—	—
Jam/spread/marmalade ..	—	16	16	—	—	—
Drugs/medicine	—	15	15	—	1	1
Spirits/beer	12	2	14	—	—	—
Sauce/pickles/vinegar ...	—	14	14	—	1	1
Meat pies	—	13	13	—	2	2
Butter/margarine/ lard/suet ...	1	11	12	—	—	—
Fish products/dressings .	—	11	11	—	—	—
Baby foods	—	10	10	—	1	1
Cake/bread/flour	—	7	7	—	—	—
Dried fruit/vegetables ...	—	6	6	—	—	—
Yogurt	—	5	5	—	—	—
Tea	—	5	5	—	—	—
Cake decorations & ... coverings	—	4	4	—	—	—
Bread	—	4	4	—	—	—
Milk drinks	—	4	4	—	—	—
Potato crisps	—	4	4	—	—	—
Cheese/cheese spread ...	—	4	4	—	—	—
Packet soups	—	4	4	—	—	—
Pudding/cake mix	—	3	3	—	—	—
Food colours	—	3	3	—	—	—
Milk shake flavour	—	3	3	—	—	—
Jelly/gelatine	—	3	3	—	—	—
Dried cereal	—	2	2	—	—	—
Rice pudding	—	2	2	—	—	—
Frozen vegetables	—	2	2	—	—	—
Toasty Grill	—	2	2	—	—	—
Creamed Potatoes	—	2	2	—	—	—
Artificial sweetner	—	2	2	—	—	—
Stuffing/dried parsley ...	—	2	2	—	—	—
Caramel & Swiss deserts	—	2	2	—	—	—
Nut mix/coconut	—	2	2	—	—	—
Gravy salt/Oxo cubes ...	—	2	2	—	—	—
Tinned cream/ ... exaporated milk	—	2	2	—	—	—
Egg noodles	—	1	1	—	—	—
Orangeade powder	—	1	1	—	—	—
Frizets	—	1	1	—	—	—
Pie filling	—	1	1	—	—	—
Ice cream	—	1	1	—	—	—
Rice and red powder ...	—	1	1	—	—	—
Custard powder	—	1	1	—	—	—
Ginger in Syrup	—	1	1	—	—	—
Totals	55	365	420	2	16	18

SECTION VII
Miscellaneous

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
LABORATORY OF ORGANIC CHEMISTRY
CHICAGO, ILLINOIS

Date	Description	Initials	Remarks
1951-10-15
1951-10-16
1951-10-17
1951-10-18
1951-10-19
1951-10-20
1951-10-21
1951-10-22
1951-10-23
1951-10-24
1951-10-25
1951-10-26
1951-10-27
1951-10-28
1951-10-29
1951-10-30
1951-10-31
1951-11-01
1951-11-02
1951-11-03
1951-11-04
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1951-11-16
1951-11-17
1951-11-18
1951-11-19
1951-11-20
1951-11-21
1951-11-22
1951-11-23
1951-11-24
1951-11-25
1951-11-26
1951-11-27
1951-11-28
1951-11-29
1951-11-30

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.

It was not necessary to take action under these Acts during the year.

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 a 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 48 persons (21 males and 27 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										
	0—	5—	15—	25—	35—	45—	55—	65—	75—	85+	Total
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
Cataract	- -	- -	- -	- -	- -	- -	- 1	1 5	4 6	- 4	5 16
Glaucoma	- -	- -	- -	- -	- -	- -	- 1	2 -	1 3	1 -	4 4
Others	- -	- -	1 -	- -	1 2	- -	2 1	3 -	3 4	2 -	12 7
Total	- -	- -	1 -	- -	1 2	- -	2 3	6 5	8 13	3 4	21 27

Degree of Blindness

1. No perception of light	—
2. Perception of light	13
3. Vision up to and including 3/60 Snellen	24
4. Better than 3/60 Snellen	11

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 48 cases for whom 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	13	3	8	4
Medical	—	—	—	—
Surgical	5	—	—	—
Optical	1	—	1	—
Ophthalmic medical supervision	2	5	2	4
Totals ...	21	8	11	8

*Follow-up of Registered Blind Persons**Cataract*

There were 21 persons admitted to the register; 16 had received previous consultant advice and 5 had not. Surgical treatment was recommended in 5 cases, ophthalmic treatment in 1 case and no treatment in 13 cases. The remaining cases were recommended to remain under ophthalmic medical supervision.

Glaucoma

There were 8 cases admitted to the register, 7 had received previous consultant advice and 1 had not. Five cases were recommended to remain under ophthalmic medical supervision and no treatment was recommended in the remaining 3 cases.

Senile Macular Degeneration

There were 11 cases admitted to the register. All had received previous consultant advice and in 8 cases no further treatment was recommended. Ophthalmic treatment was recommended in 1 case and ophthalmic medical supervision was recommended in the remaining 2 cases.

Others

There were 8 cases admitted to the register. All had received previous consultant advice. In 4 cases no treatment was recommended and the remaining 4 cases were recommended to remain under ophthalmic medical supervision.

Hemianopia	1
Bilateral optic atrophy	2
Luctic infection of optic nerve	1
Cranial arteritis	1
Congestive Coloboma of Iris and Choroid ...	1
Amblyopia	1
High myopia	1

On the 31st December, there were 367 persons (145 males, 222 females) on the Register of Blind Persons.

Ophthalmia Neonatorum

Four cases, all males, were notified during the year. In no case was vision lost or impaired.

Partially Sighted

There were 25 cases 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

	AGE GROUPS											Total									
	0—		5—		15—		25—		35—		45—		55—		65—		75—		85+		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Macular Degeneration	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	3
High Myopia	-	-	-	-	-	-	-	-	-	1	-	2	-	1	-	-	-	-	-	-	4
Lens and Macular changes	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Cataract	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	1	2	1	2	2	5
Hypertensive retinopathy	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-
Disseminated Choroid retinitis	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Glaucoma	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	1	2
Albumism with myopia	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Hysteria and melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Amblyopia	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-
Corneal ulceration	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Totals	-	-	-	-	-	-	-	-	2	1	3	3	7	1	3	1	4	1	4	6	19

On the 31st December, there were 139 persons (38 males, 101 females), on the Register of Partially Sighted Persons.

Spastic Children

Cases are brought to notice by the usual agencies and from the age of two years supervision is undertaken by the School Health Service. About the age of four years children are assessed to determine their need for special educational treatment. The Consultant Paediatrician and the General Practitioner are consulted and kept informed of any special development or treatment.

Some children manage in ordinary schools but others require admission to special schools. 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 Regulations Act, 1948 (and during the year approval was given to an increase in the number of places from 20 to 36 places. Children from Oldham and adjacent districts attend the centre and at the end of the year the following children were in attendance,

Under 5 years	5 years to 16 years	16 years and over
6	10	2

There were also five adults over the age of twenty one years attending the centre.

The Council made a grant of £700 to the Society.

Epileptic Children

The School Health Service is responsible for the supervision of epileptic children and their assessment for special education. The Consultant Paediatrician or Neurologist in charge of the case is consulted.

One girl was ascertained to need special education and was admitted to a residential special school early in the new year. Five children attended residential schools during the year.

The care of adult epileptics is undertaken by the Mental Health Service and the Welfare Services Department in liaison with the Hospital Consultants concerned.

Homes for Aged Persons

I am indebted to the Director of Welfare Services (Mr. F. Hilton) 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
"Limecroft", Whitebank Road	22-1-57	42 men and women	Aged persons
"Glenthorne", Queens Road	4-12-57	25 men and women	Aged persons
"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
"Sandhurst", Southport	22.2.68	22 men and women	Holiday Home All categories

Day Care

Primrose Bank Day Centre	12-1-66	20 men and women	All categories
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Health Education and Home Safety

During the year health education, in all aspects of this large and important field of Public Health, has again been practised, extensively both by personal contact through the media of health visitors, district nurses, midwives and public health inspectors and by film shows, lectures and demonstrations.

A great deal of importance has been attached to the education of school children over the years, in the matters of health and hygiene, and this work has been carried on during the year. Again, at the request of the Headteachers, talks and demonstrations have been given to pupils of both sexes in comprehensive schools. The lectures take the form of six to eight talks, one being given each week, on such subjects as parentcraft, personal hygiene, etc.

In addition to the lectures in the schools, children have also received instructions and demonstrations on the looking after of babies, etc., at the two Mothercraft centres in the Borough. These lectures are held once weekly and the girls, for whom they are primarily designed, attend for two to three weeks to cover the course. The lectures are given by Health Visitors.

Health Education is brought into the home by way of routine visits made by district nurses and health visitors and great efforts are made in promoting the cause in 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 several members of the staff were 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.

Cancer Education

The Health Committee made a contribution of £223 to the Manchester Committee on Cancer during the financial year 1968/69 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.

"The cancers remain the second largest cause of death, and it is vitally necessary that research into its causes and treatment should continue. However, it is still not realised widely enough that, for some of these diseases, the answer has already been found and treatment methods are now available to cure many patients suffering from the so-called "accessible" cancers. Although the medical problems in connection with some forms of cancer have therefore been largely solved, it is a distressing fact that lives are still being lost needlessly because many patients from these potentially-curable cancers do not seek medical advice soon enough for curative treatment to be effective. Moreover, although a modification of one's smoking habits offers the possibility of preventing much lung cancer, and although a greater willingness among women to have a routine cervical smear test would permit much invasive cancer of the cervix to be prevented, the public is not responding to these measures to prevent cancer in the way one might hope.

These problems—how to persuade more potential cancer patients to see the doctor at an early, curable stage of the disease, and how to encourage more people to take steps to prevent cancer—are socio-medical, rather than purely medical problems, and their solution lies in the field of health education of the public.

During the year, the Educational Project of the Manchester Regional Committee on Cancer continued its long association with Oldham. Letters containing some of the hopeful facts about cancer were sent to most groups and societies in the town, and nine groups invited one of the

cancer specialists on the Committee's panel of speakers to visit them. Literature on cervical smears, either produced by the Committee or bought by the Committee from other organisations, was used by the Medical Officer of Health in encouraging more women to utilise the service offered by the Health Department. An important part of the Committee's function lies in the briefing of nurses, who are powerful influencers of others, in the problems involved in cancer education; and as well as lecturing to groups of nurses, we also issue to them the handbook "Helping to Cure Cancer".

We believe it is of extreme importance that older schoolchildren should have such factual knowledge about the more hopeful side of cancer as may protect them from acquiring the harmful misinformation that is passed on by many adults as "common knowledge"; and that children should also be told about the risks to health of cigarette smoking. Films and other visual aids on these topics are available free to all schools in the town and we welcome enquiries from schoolteachers on how best these might be utilised.

The Committee was most gratified when, towards the end of the year, Dr. Gilbert accepted an invitation to serve as a member, and look forward to having the benefit of his counsel and advice in the future."

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, two case workers, one student training officer, a full-time secretary and a part-time secretary cover the whole area. The council make an annual grant to the unit. The grant for the financial year 1968/69 was £2,500. This amount is contributed equally by the Welfare Service, Housing and Corporate Property, Children and Health Committee.

The Housing Manager acts as Liaison Officer and any cases considered by him to be suitable for supervision by the Unit are referred to him by the head of the department concerned.

I am indebted to Mr. S. A. Wyatt, Unit Leader for the Oldham and District Unit, for the following report on the work of the Unit:—

"During 1968, the Unit worked with 31 families at risk, including over 180 children, within the County Borough. Nine cases were considered closed, and work began with ten new referrals. These were received from the Children's Department (4), Probation Office (2), Department of Public Health (1), Citizens Advice Bureau (1), Member of Parliament (1) and self-referral (1). The Unit also dealt with 18 enquiry or closed cases on a short-term basis, and one previously closed case was re-opened for further long-term help. The cases closed were originally referred by Children's Department (4), Department of Public Health (3), Medical

Social Worker (1), and Citizens Advice Bureau (1). Work has continued with one of these families, who have now removed outside the borough boundary, and the length of contract with the other cases closed, ranged between nine months and eight years.

The Unit accepts referrals of families from other agencies or officials who feel that a family's difficulties and problems are too deep or complex to benefit fully from the wide range of services normally available in the community. The families are usually, at referral, failing badly to live up to the standards and expectations of society in many ways, and the continued existence of the family as a unit is seriously in jeopardy. The work of the Unit involves gaining the confidence and co-operation of the parents, and finding with them ways in which they can gradually learn to cope more adequately with the multiplicity of problems which face them. Disturbed parental and family relationships, physical and mental handicaps, emotional immaturity and deprivation often precipitate and complicate the more overt problems of threatened eviction, debt, inadequate care of home and children, poor school attendance and delinquency. We are grateful for the opportunities of consultation and co-operation with many other departments and agencies, and for the considerable voluntary support we receive for our efforts. Without this fund of goodwill, practical help and understanding, our task of rehabilitating families in the community would be virtually impossible.

In addition to this traditional role of working with families with highly complex and longstanding difficulties, the Unit is now able to accept a much wider range of referrals, where intensive help over a period of six months would be considered beneficial. The commencement of this new project in October was made possible by a generous grant of £5,000 from the Sembal Trust. This has enabled the Unit to appoint an additional experienced caseworker as a full-time student training officer, responsible for six students at any one time, who come to the Unit as part of their professional training for social work for six month placements, mainly from Manchester University. This wider role of the Unit is giving both much needed extra facilities for the training of future professional social workers, and has also extended the scope and quantity of the services and facilities the agency is able to offer to the community. The Unit continues to accept social work students from pre-professional and other courses as an agency recognised by the professional and other courses as an agency recognised by the Joint Committee on Family Casework Training for student supervision.

Individual and group work with children showing special needs or difficulties has continued, and can now be expanded, as an investment in their future as adults and parents. Families were again enabled to have a seaside holiday through the Unit's caravan in North Wales. In many cases this is the first holiday that an overburdened family has been able to have since the marriage of the parents, and the opportunity has meant a significant improvement in both physical health and morale."

OLDHAM CREMATORIUM

Dr. B. Gilbert is the Medical Referee to the Crematorium and Dr. J. Starkie and Dr. J. H. Dransfield 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 1,503 cremations authorised by the Medical Referee or his Deputies. In 350 cases a Certificate (Form E) had been given by the Coroner.

Listed below are five special cases:—

1. The doctor signing Form B had not seen the deceased for 38 days prior to death. The Coroner was informed who said he would be content if the doctor in Oldham and District General Hospital, who last saw her alive 10 days before death, filled in another Form B. Another Form B was made out and the cremation was authorised.
2. The doctor signing Form B had not seen the deceased for 19 days prior to death. The Coroner was informed and he passed the case knowing that the deceased, who died suddenly, had been under medical treatment for twelve months with heart trouble.
3. The doctor signing Form C had not been on the British Medical Register for five years. The Deputy Medical Referee went to see the body and made out another Form C and the cremation was authorised.
4. The wife and eldest son of the deceased agreed to cremation but two of his other sons contested it. The Deputy Medical Referee visited the wife, who was not at home, but he spoke to the eldest son who informed him that the deceased had requested cremation before death. The Deputy Medical Referee spoke to the Deputy Town Clerk who said it would be in order to go ahead with the cremation. The deceased and his wife had been separated for approximately 18 months, though not legally, and by law the wife was still the nearest surviving relative.
5. A disposal form and medical form had been issued and received. The Registrar requested that the disposal form be returned and the medical form cancelled as the case had been reported to the Coroner. A Form E was issued and the cremation was authorised.

Of the 1,508 cremations authorised 818 related to Oldham Residents and 685 to non-residents.

MEDICAL EXAMINATIONS

Corporation Employees

The medical staff of the department undertook medical examinations as follows:—

Department	Entrants	Disability	Special	Totals
Baths and Wash houses ...	—	—	—	—
Borough Architect	16	1 (1)	2 (3)	19 (4)
Borough Engineer and Surveyor	56	3 (5)	33 (27)	92 (32)
Borough Treasurer	9	—	2	11
Children	39	—	1	40
Civil Defence	—	—	—	—
Cleansing and Transport	17	4 (7)	8 (14)	29 (21)
Education	156	4 (5)	12 (8)	172 (13)
Fire	1	—	—	1
Housing	8	1	—	9
Libraries	20	—	2 (1)	22 (1)
Magistrates' Clerk	1	—	—	1
Markets	4	—	—	4
Parks and Cemeteries ...	92	—	32 (3)	124 (3)
Passenger Transport	313	3 (18)	112 (110)	428 (128)
Police	16	—	—	16
Probation	—	—	—	—
Public Health	63	1 (2)	49 (48)	113 (50)
Registrars	—	—	—	—
Street Lighting	7	—	6 (5)	13 (5)
Town Clerk	26	—	3	29
Town Hall	—	—	1 (1)	1 (1)
Water to 31.3.68	2	1 (2)	9 (10)	12 (12)
West Pennine Water Board from 1.4.68	29	1	14 (10)	44 (10)
Weights and Measures ...	1	—	—	1
Welfare Services	62	—	21 (6)	83 (6)
Works	29	1 (3)	24 (31)	54 (34)
Workshops for the Blind	—	—	—	—
	967	20 (43)	331 (277)	1,318 (320)

The figures in parentheses relate to re-examinations carried out for various reasons, which bring the total number of examinations to 1,638 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 47 examinations (20 males, 27 females) for which Form 28RQ was completed and forwarded to the Ministry of Education.

OTHER EXAMINATIONS

Transport—Road Traffic Acts	136
Waterworks Entrants, Water Department	2
West Pennine Water Board	12
Education Entrants (Teachers)	108
School Meals Employees	264
Health Department—Casual Appointments	10
Other Authorities	13
	545
Referred to Consultants	125
Pathological Examination	31

The pathological examinations include 14 specimens for Widal tests and 14 faeces from employees of the Waterworks Department and the West Pennine Water Board.

Candidates Applying for Admission to Colleges

The medical examination of these candidates is the responsibility of the Principal School Medical Officer who is also the Medical Officer of Health.

During the year 105 candidates (38 males, 67 females) were examined and a report completed and forwarded with Form 4 RTC 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 candidates agreed to an X-ray examination.

Applications for Hackney Carriage Drivers' Licences

All the 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 Officers of the department. The applicants are responsible for the charge involved.

New applicants under 65 years	11
Holders of a licence aged 65 years and over	—

Examination of School Meals Staff

The scheme for the examination of chest X-ray examination on appointment of all new entrants to the School Meals Service continued.

During the year 264 new entrants were examined. One employment was not advised on grounds of purulent otitis, and one employment was not advised until further investigations had been carried out regarding the chest X-ray examination. All entrants had a satisfactory chest X-ray examination.

The following examinations were made:—

(i) X-ray of chest	472
(ii) M.M.R. X-ray	96

Corporation Employees—Accidents

During the year 128 (63) accident cases were examined by medical officers of the department.

Borough Coroner's Report for 1968

The deaths reported to the Coroner during the year 1968 were 512 (males 297, females 215).

In 448 of the cases reported the deaths were investigated by the Coroner but no inquest held. In 427 of these cases a post-mortem was performed.

There were 62 concluded inquests held (males 36, females 26) and 2 inquests were adjourned under Section 20 of the Coroner's (Amendment) Act, 1926 and not resumed.

Of the 62 concluded inquests held 23 were held with a jury.

There were 491 post mortem examinations in 427 of which no inquest was held.

The verdicts returned in the cases of concluded inquests were:—

Suicides	17 (12 males) (5 females)
Accident or misadventure	34 (15 males) (19 females)
Natural causes	2 (2 males)
Deaths from Industrial diseases	2 (2 males)
Open verdicts	5 (3 males) (2 females)
Chronic Alcoholism	1 (1 male)

The ages of the 17 suicides were as follows:—

Between 20 to 29 years of age	3 (3 males)
Between 40 to 49 years of age	2 (1 male) (1 female)
Between 50 to 59 years of age	4 (3 males) (1 female)
Between 60 years and over	8 (5 males) (3 females)

The types of suicides were:—

Hanging	5 (5 males)
Aspirin poisoning	1 (1 male)
Barbiturate poisoning	4 (4 females)
Coal gassing	7 (6 males) (1 female)

In 1967 there were 541 deaths reported, 148 concluded inquests were held.

COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Principal School Medical Officer

Basil Gilbert

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

1968

COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

Principal School Inspector

1968

1968

EDUCATION COMMITTEE

(from May, 1968)

Council Members

The Mayor, Alderman R. Bailey, J.P.
Councillor G. T. Cattlin (Chairman)
Councillor Mrs. E. M. M. Boon (Deputy Chairman)
Alderman A. Coop
Alderman Mrs E. Rothwell, J.P.
Alderman J. M. Scott
Councillor A. J. Adler
Councillor E. Beard
Councillor A. F. Bennett
Councillor J. S. Bulman
Councillor P. A. Lees
Councillor N. Lutener
Councillor A. B. McConnell
Councillor R. Richmond, J.P.
Councillor A. Sheehan
Councillor H. N. Whitehead

Co-opted Members

Rev. D. C. Goodman
Rev. T. Hourigan
Rev. T. P. Strachan, M.A., B.D.
Mr. T. M. Jones
Mr. C. C. Bell
Mr. H. Bennett
Miss P. O. Bennett
Mr. J. T. Hilton
Mrs. H. Healey

Director

G. R. Pritchett, M.A.

Deputy Director

G. F. Crump, M.A. (from 1.3.68)

*SCHOOL HEALTH SERVICE**Principal School Medical Officer*

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

Senior School Medical Officer

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

School Medical Officers

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

J. H. Dransfield, M.A. (Oxon), L.M.S.S.A.

Margaret West, M.B., Ch.B., D.C.H., D.P.H.

V. R. Isaacs, M.B., B.S. (from 1.10.68)

*W. S. Furniss, M.B., Ch.B.

*A. Reith, M.B., Ch.B.

*S. L. Royce, M.B., Ch.B. (from 2.4.68)

Principal School Dental Officer

James Fenton, L.D.S.

Senior Dental Officer

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

Dental Officers

A. J. Bradbury, B.D.S.

Mrs. G. Lawley, B.D.S.

Orthodontic Specialist

*J. Lancashire, B.D.S., L.D.S., D.ORTH., R.C.S.

Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *Anaesthetist*
 J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. *Aural Surgeon*
 F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P. *Ophthalmic Surgeon*
 D. Hilson, M.A.(Cantab), M.B., B.Chir., F.R.C.P.(E)
 M.R.C.P., M.R.C.S., D.C.H. *Paediatrician*

Ophthalmic Surgeon

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

*Child Guidance Clinic**Consultant Psychiatrist*

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

Senior Educational Psychologist

Mrs. J. Ward, B.A. (Hons.)

Audiologist

*A. Sherliker, Dip. Aud., Cert. T. of Deaf (Manchester)

Speech Therapists

Mrs. Audrey M. Carter, C.S.S.T., L.U.D. (Teachers), I.P.A. Dip.
(to 31.12.68)

Miss S. Lambert, L.C.S.T.

Orthoptist

Miss E. Stringer (to 10.4.68)

Superintendent School Nurse

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

Deputy Superintendent School Nurse

Mrs. M. McKenna, S.R.N., S.C.M., H.V. Cert. (to 30.6.68)

Miss M. M. Switzer, S.R.N., S.C.M., H.V. Cert. (from 2.9.68)

Senior School Nurse

Mrs. H. Emmott, S.R.N., S.R.F.N., H.V. Cert.

Health Visitor/School Nurses

Miss C. A. Barry, S.R.N., S.C.M., H.V. Cert.

Mrs. J. A. Carling, S.R.N., S.C.M., H.V. Cert. (to 30.4.68)

Mrs. B. Dodgson, S.R.N., S.C.M., H.V. Cert. (to 7.1.68)

Mrs. A. M. Fairfoull, S.R.N., S.C.M., H.V. Cert.

Mrs. C. Hilton, S.R.N., H.V. Cert.

Miss B. M. McKenna, S.R.N., S.C.M., H.V. Cert.

*Mrs. N. M. McWiggin, S.R.N., S.C.M., H.V. Cert. (to 31.12.68)

Mrs. S. Seddon, S.R.N., H.V. Cert.

Mrs. J. Skimming, S.R.N., H.V. Cert.

*Mrs. C. Smith, S.R.N., S.C.M., H.V. Cert.

Mrs. N. M. Walker, S.R.N., S.C.M., H.V. Cert.

Mrs. P. T. Kennedy, S.R.N., S.C.M., H.V. Cert. (from 1.10.68)

Tuberculosis Visitor

Mrs. V. Saville, S.R.N.

School Nurses

- *Mrs. C. D'Arcy, S.R.N.
- *Mrs. H. Eglin, S.R.N., S.C.M., S.R.F.N.
- *Mrs. K. E. Lees, S.R.N.
- *Mrs. H. Manuel, S.R.F.N.
- *Mrs V. L. McCann, S.R.N.

Clinic Nurses

Mrs. E. Doolan, S.E.N.
Mrs. A. Clarke, S.E.N.

* Denotes Part Time.

SCHOOL CLINICS

Central Clinic, Cannon Street

Minor Ailments	—Monday-Friday, 9 a.m. to 10-30 a.m.	
Ophthalmic Clinic	—Monday 9 a.m. and 2 p.m.	} (By appointment only)
	Tuesday 9 a.m.	
	Wednesday 2 p.m.	
	Thursday 9 a.m.	
Orthoptic Clinic	—Monday-Friday By appointment	
Consultant Aural Clinic	—Friday, 2 p.m. By appointment	
Speech Therapy Clinic	—By appointment	
Child Guidance Clinic	—By appointment	
Audiology Clinic	—By appointment	

Dental Clinics

Eagle Street	—Monday-Friday By appointment
Gower Street	—Monday-Friday By appointment
Honeywell Lane Child Welfare Centre.	—Monday-Friday By appointment

Chiropody Clinics

Honeywell Lane Child Welfare Centre	—Monday a.m. and Wednesday a.m.
Derker Child Welfare Clinic	—Tuesday a.m. and Thursday a.m.

ANNUAL REPORT

STAFF

There were no changes in the medical staff in the first half of the year except that illness unfortunately deprived us of the services of Dr. Circuitt for a considerable period. However, Dr. A. Reith and Dr. S. A. Royce, general practitioners, assisted us with the school medical and immunisation and vaccination programmes. In October, Dr. V. R. Isaacs commenced full-time duty but Dr. West (née Wood) resigned at the end of the year to undertake sessional employment.

It is pleasing to report that in addition to the Principal School Dental Officer there were three full time dental officers throughout the year.

Mrs. A. Carter regrettably resigned her appointment as speech therapist at the end of the year. We shall undoubtedly miss her.

Miss Stringer, part-time orthoptist left in April but the Manchester Royal Eye Hospital provided an orthoptist a day each week for the remainder of the year.

Mrs. M. McKenna resigned as Deputy Superintendent Health Visitor/School Nurse at the end of June and Miss M. M. Switzer succeeded her.

Liaison

The school medical officers are also assistant medical officers of health and undertake duties in the Department of Public Health. The Superintendent Health Visitor is also Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the department. All health visitors are appointed as health visitor/school nurse and undertake duties in connection with school children.

SCHOOL ACCOMMODATION

The number of children on rolls in December, 1968 was 18,623 an increase of 394 compared with the previous year; the distribution was as follows:—

	Senior	Junior	Infant	Nursery	Total
County Schools	4,725	4,248	3,259	212	12,444
Aided Schools	1,976	2,232	1,660	24	5,892
	—	—	—	—	—
Totals	6,701	6,480	4,919	236	18,336
	—	—	—	—	—

The number on roll at each Secondary School was as follows:—

Breeze Hill	720	Kaskenmoor	840
Counthill	1,041	Blue Coat	842
Fitton Hill	517	St. Alban's	587
Grange	757	St. Anselm's	547
Hathershaw	850		

Special Schools

	Senior and Junior
Beever School for the Partially Hearing	40
Higginshaw Special School for Physically Handicapped and Partially Sighted	46
Strinesdale Open Air School — Resident	24
— non Resident	64
Marland Fold Special School for E.S.N.	113

*MEDICAL INSPECTION**Periodic Medical Inspection*

All school entrants and leavers continued to be examined and children of junior school leaving age were examined on a selective basis.

The number of children inspected was as follows:—

The corresponding figures for 1967 are in brackets.

Entrants	1,693	(1,259)
11 year-olds	467	(364)
Leavers	1,279	(1,347)
	—	—
	3,439	(2,970)
	—	—

In the 11 year age group 905 children were considered not to require examination. In addition to the above, 42 children in nursery schools and classes and 33 children in special schools received a routine medical examination in school.

Defects found at Medical Inspection

Details of these are given in the statistical tables at the end of the report.

General Condition of Children Inspected

No child was classified "unsatisfactory."

Special Inspection

The Medical Officers made 562 special inspections and 160 re-inspections at the clinic or in schools.

Colour Vision

All children are tested for colour vision at 11 years of age and school leavers are tested at the routine medical examination. Of the 1,279 leavers examined 37 boys and 1 girl were found to be colour blind.

Uncleanliness Examination

Statistical details of school nurses' work in connection with head infestation are as follows with the 1967 figures in parentheses:—

Nurses' first inspections in schools ...	28,894	(34,125)
Nurses' re-inspections in schools	2,331	(2,348)
Number of individual children found to be infested	863	(1,036)

The figure of 863 individual children found to be infested represents 4.63 per cent of the school population, (5.68 per cent in 1967).

SPECIAL CLINICS

By arrangement with the Oldham and District Hospital Management Committee the following specialist provision is made.

Mr. J. Norman Appleton is retained as consultant E.N.T. surgeon and holds a clinic each week. He undertakes the examination and supervision of deaf and partially hearing children.

Dr. F. Janus is retained as consultant ophthalmic surgeon and holds a clinic when necessary for the examination of blind and partially sighted children.

Dr. D. Hilson is retained as consultant paediatrician and meets the Senior Medical Officer, Dr. J. Starkie, to discuss cases. He submits reports on all the children he sees at the Oldham and District General Hospital.

The ophthalmic clinic, the orthoptic, child guidance, speech therapy and audiology clinics are provided by the Education Committee. The last three are reported upon later under separate headings.

Ophthalmic Clinic

During the year 2,343 examinations were undertaken by Dr. L. B. Hardman and Dr. W. S. Furniss and spectacles were prescribed or changed in 1,092 cases.

Children with squints are referred for orthoptic investigation and treatment. Children who require other investigation or treatment are referred to the ophthalmic clinic at the Oldham Royal Infirmary.

Orthoptic Clinic

The clinic is under the supervision of Dr. F. Janus, Consultant Ophthalmic Surgeon, and Dr. L. B. Hardman, Ophthalmic Surgeon.

Miss E. Stringer who was undertaking two sessions per week at the Central Clinic left at Easter. Fortunately the Manchester Royal Eye Hospital arranged for an orthoptist to visit the clinic each Friday and this continued to the end of the year. During the year 192 children attended for orthoptic treatment.

Ears, Nose and Throat Defects

Mr. J. N. Appleton, Consultant Aural Surgeon, holds a weekly session at the Central Clinic. Children attend by appointment and treatment can be carried out at the school clinic.

During the year, 41 sessions were held and 139 new cases were examined. The total number of attendances was 335. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the child's name is placed on the waiting list for admission.

Details of the children treated including those referred from the school clinic, are given in Part 3 of the Medical Inspection and Treatment returns at the back of the report.

Orthopaedic Defects

The School Health Service does not provide an orthopaedic clinic and children requiring orthopaedic treatment are usually referred to the general practitioner. In special cases direct referral is made to Oldham Royal Infirmary.

Minor Ailments Clinics

There are no special sessions for minor ailments now but a clinic nurse attends children who come to the Central Clinic daily with minor ailments and injuries. A total of 1,273 attendances were made. A medical officer is available at the clinic on some days for children requiring to see one.

Scabies

Treatment is carried out by a school nurse at the Gower Street cleansing centre. Every effort is made to treat other members of the family who may be affected to avoid reinfestation. The number of cases in school children totalled 107.

Chiropody

The Derker and Honeywell Lane Child Welfare Clinics continued to treat school children and 1,723 attendances were made.

EMPLOYMENT OF SCHOOL LEAVERS

Reports on the children examined prior to leaving school were sent to the Youth Employment Officer. In the cases of handicapped children discussions were held between the medical officers, teachers and youth employment officers. Types of work for which any child was, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 101 children from one or more of the following categories of work:—

1. Heavy Manual work	14
2. Sedentary work	—
3. Indoor work	—
4. Work involving prolonged standing, much walking or quick movement from place to place	1
5. Exposure to bad weather	7
6. Work involving wide changes in temperature	6
7. Work in damp atmosphere	9
8. Work in dusty atmosphere	19
9. Work involving much stooping	—
10. Work near moving machinery or moving vehicles	10
11. Work at heights	4
12. Work requiring normal acute vision	15
13. Work requiring normal colour vision	40
14. Work requiring the normal use of hands	—
15. Work involving the handling or preparation of food ...	5
16. Work requiring freedom from damp hands or skin defects	5
17. Work requiring normal hearing	4

Children are also medically examined for suitability for employment outside school hours. The number examined during the year was 373 and the occupations were as follows:—

Newspaper delivery	320
Shop assistants	24
Delivery boys	8
General assistants	21

*CO-OPERATION WITH PARENTS, TEACHERS, SCHOOL WELFARE
OFFICERS AND VOLUNTARY BODIES*

The number of parents or relatives who attended the routine medical inspection in schools was as follows:—

		1967		1968
Entrants	1176	93.40%	1534	90.61%
11 year olds	292	80.00%	380	81.37%
Leavers	261	19.40%	156	12.20%

Special examinations are made when requested by parents, teachers and school welfare officers, many of them because of irregular school attendance. The help and advice of the general practitioner is often sought.

As in past years, teachers, the local inspector for the N.S.P.C.C., the Family Service Unit and others interested in the welfare of children, have continued to give appreciable help.

SCHOOL DENTAL SERVICE

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

During the year under review the staffing of the School Dental Service was approximately the same as the previous year. Mrs. G. Lawley has resigned to take up an appointment with Shropshire County Council. There were also changes in the part-time staff. Recruitment to the School Dental Service is still very difficult and with vacancies occurring in areas which are residentially more attractive than Oldham, maintenance of the staff at the present level is extremely difficult.

Dental Inspections

7846 (*7629) pupils received a routine dental inspection either at school or at the school dental clinics.

Inspections revealed a high rate of dental caries. The fluoridation of the drinking water in Oldham has been approved and it is to be hoped that it will be commenced in the near future since this is the most effective method of reducing dental decay. In the meantime Dental Health Education with special emphasis on correct diet and oral hygiene should help to prevent a certain amount of dental decay.

Dental Treatment

The total number of teeth extracted has decreased appreciably and the total number of fillings carried out has also decreased.

The total number of dentures supplied was 92 (*89) and in addition 16 crowns were fitted.

The total number of root fillings was 17. This type of treatment is often associated with accidents in which front teeth are involved.

During the year 415 pupils were X-rayed.

Orthodontic Treatment

Arrangements for this specialised type of treatment have remained the same as the previous year. Mr. J. Lancashire, B.D.S., D.Orth. R.C.S. has continued in a part-time capacity as Orthodontic Specialist.

Emergency Treatment

During the year 909 (*1035) pupils received emergency treatment. These are pupils who attend the school dental clinics without appointments and receive immediate treatment usually for the relief of pain. Unless routine dental inspections are carried out at reasonably short intervals the number of pupils attending for emergency treatment will increase. The shortage of dental surgeons in general practice in the Oldham area makes it very difficult for pupils, particularly the young ones, to obtain dental treatment through the General Dental Practitioner Service of the National Health Service.

Evening sessions have been worked on a voluntary basis and provide an excellent means of treating the older pupils who find difficulty attending during school hours since it interferes with school lessons particularly when important examinations are being taken.

The staff of the School Dental Service have provided a dental service for expectant and nursing mothers and also for pre-school children.

General Anaesthetics

2157 (*2353) children received a general anaesthetic for the extraction of teeth. 75% of the pupils receiving a general anaesthetic were again in the five to nine age group. In addition pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anaesthetist, are particularly valuable at these sessions when very young pupils or pupils with poor medical history attend. Dr. B. H. Lees and Dr. N. L. Gilburn also undertake regular weekly sessions as anaesthetists.

Hospital and Consultants' Facilities

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., R.C.S., Consultant Oral Surgeon to the Oldham Hospital Group. Similarly the services of Mr. J. S. Johnson, F.D.S., R.C.S., D.Orth., M.Sc., Consultant Orthodontist are available.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital and in cases where treatment under hospital conditions would be more beneficial these pupils are admitted under his care.

* 1967 figures.

CHILD GUIDANCE CLINIC

The Child Guidance Clinic is held at the Central Clinic, Cannon Street, Oldham.

Staff

<i>Consultant Psychiatrist</i>	: Dr. A. Pool
<i>Psychiatric Registrar</i>	: Dr. J. G. Maden
<i>Senior Psychologist</i>	: Mrs. J. Ward
<i>Social Worker</i>	: Miss A. Kelly

The following table shows the grouping of intelligence quotients of the 197 cases dealt with during the year:—

<i>I.Q.</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
70 and under	3	4	7
71-85	21	22	43
86-95	18	15	33
96-114	49	21	70
115-129	24	2	26
	—	—	—
	115	64	179
Awaiting test at 31st December, 1968	4	2	6
Not tested	7	5	12
	—	—	—
	126	71	197
Cases referred			96
New Cases		86	
Old Cases re-opened		10	

Sources of reference :

Director of Education	51
School Medical Officers	10
General Practitioners	18
Speech Therapist	5
Children's Officer	3
Health Visitors	2
Probation Officers	2
Hospital	2
Police Department	1
Transferred from other C.G.C.	2

<i>Reasons for Referral*</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Behaviour problems	33	11	44
Stealing	6	8	14
Non-attendance at school ...	15	5	20
Incontinence and enuresis ...	7	4	11
Emotional disturbances	12	6	18
Sexual behaviour disorder ...	1	1	2
Academic failure	4	0	4
Immaturity	0	1	1
Elective mutism	1	2	3

*NB.—Some cases are referred for more than one disorder.

Recommendations

(a) treatment at clinic	49
(b) visiting by social worker	5
(c) cases to be reviewed	11
(d) cases closed after treatment	8
(e) cases closed after investigation and follow-up	8
(f) cases closed (lack of co-operation or removal from area)	4
(g) referred to further agencies	6
(h) special schools, etc.	5
	—
	96
Enuresis cases treated with Pad and Buzzer Apparatus ...	6
Dr. Pool	145 sessions
Diagnostic Interviews	36
Psychotherapy	238
Group therapy	30
Dr. Maden	34 sessions
Diagnostic Interviews	12
Psychotherapy	66
Group therapy	34

Educational Psychologist:

Psychological tests:

Diagnostic	90
Re-tests	5
Group therapy sessions	82
Individual therapy	203
Individual tuition	4
Interviews	121
Visits to schools	24
Visits to homes	24
Other visits	3

Social Worker:

Home visits	320
Social histories	56
Clinic sessions	88
Escort duty	138
Group therapy	12
Individual therapy	6
Ineffective visits	45
School visits	39
Office interviews	34
Hospital visits	8

THE AUDIOLOGICAL SERVICE

Sweep testing of hearing of all entrants to schools was continued and the majority of children in their last year at junior school were also tested. Altogether 1,693 entrants and 1,089 juniors were tested. Sweep testing of juniors was commenced in 1967 when 185 children were tested of whom 23 failed. This year there were 84 failures out of the 1,089 tested and 85 children were absent from school at the time of the testing.

Four hundred and sixty one children, comprising both entrants and juniors were referred for re-examination at the audiology clinic (Central Clinic). In addition to the children referred following sweep testing in school, 299 other children were referred from the following sources.

1—By review	62
2—By Otologist	75
3—By School Medical Officers	93
4—By Head Teachers	21
5—By Speech Therapist	26
6—By Educational Psychologist	4
7—By General Practitioners	6
8—By others	12

Unfortunately a large number of the children referred to the clinic do not attend and it is difficult to spare time to follow them up. The services of Mr. Sherliker, headmaster of the Beaver Special School, for partially hearing children, have been curtailed because of his school duties and health visitors have continued to test school and pre-school children. Close co-operation with the speech therapy clinic has continued and it has been possible to hold occasional joint diagnostic sessions.

Pre-School Assessments

Seventy-two pre-school children were referred for assessment, the majority by health visitors and medical officers. The regular weekly sessions of parent guidance for parents of pre-school children have continued throughout the year.

INFECTIOUS DISEASES

The following table shows the number of cases and deaths in children of school age from certain infectious diseases.

DISEASE	1968		1967	
	Cases	Deaths	Cases	Deaths
Typhoid Fever	—	—	—	—
Meningococcal In- fections	—	—	—	—
Dysentery	41	—	33	—
Diphtheria	—	—	—	—
Measles	65	—	138	—
Scarlet Fever	24	—	12	—
Whooping Cough ...	3	—	17	—
Poliomyelitis	—	—	—	—
Para-typhoid Fever ..	1	—	—	—
Infective Jaundice* ..	7	—	—	—
Tuberculosis:—				
(a) Pulmonary	—	—	3	—
(b) Other forms ...	4	—	—	—

* Notifiable from 15th June, 1968

Para-typhoid Fever

One case of para-typhoid fever occurred during the year under review. A young girl aged 11 years travelled by air from India arriving in Oldham on the 20th October, to stay with relatives. She was not well whilst travelling but this was thought to be due to the length of the flight. She commenced school on the 21st October but became ill during the night of the 21st and the family doctor was called. After being treated at home for a vague feverish illness she was admitted to Monsall Hospital on the 27th October. S. Paratyphi A was isolated from blood culture. All close contacts of the case were kept under surveillance and faeces specimens from them were all reported negative. The case was transferred to Westhulme Hospital and was discharged in January, 1969, having made a complete and uneventful recovery.

Non-Pulmonary Tuberculosis

During the year 4 school children were notified and accepted.

Case 1/68

A girl aged 8 years had not been feeling well for some time and was admitted to the Oldham Royal Infirmary. She was diagnosed as having tuberculosis in the glands of her neck.

Case 2/68

A girl aged 6 years was admitted to the Oldham Royal Infirmary and was diagnosed as having tuberculous glands of the neck.

Case 3/68

A girl aged 4 years was admitted to Oldham and District General Hospital and was found to be suffering from tuberculous meningitis. She remained in hospital throughout the year and has severe residual handicaps including blindness and a partial hearing loss.

Case 4/68

A boy aged 6 years was admitted to Oldham and District General Hospital and was diagnosed as having tuberculous meningitis. He recovered and eventually was able to return to school.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN

Aged (5-15 years)—1936—1968

Year	Meningo-coccal Infections		Dysentery		Diphtheria		Measles		Scarlet Fever		Whooping Cough		Polio-myelitis		Tuberculosis		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Pulmonary	Other Forms	All Forms
1936	4	17	-	-	215	17	1420	128	292	-	-	-	-	-	1	15	5 (-)
1937	1	14	-	-	218	4	472	168	261	-	-	-	-	-	4	17	3 (-)
1938	1	4	1	-	169	4	922	176	328	-	-	-	-	-	7	25	5 (2)
1939	-	2	-	-	32	2	60	235	50	-	-	-	-	-	2	17	6 (2)
1940	-	3	5	-	47	3	990	99	160	-	-	-	-	-	1	25	7 (-)
1941	6	1	-	-	27	1	224	122	87	-	-	-	-	-	4	9	-
1942	4	-	-	-	58	-	1075	249	54	-	-	-	-	-	1	17	-
1943	2	1	-	-	91	1	107	196	137	-	-	-	-	-	1	17	1 (-)
1944	1	3	-	-	48	3	470	342	40	-	-	-	-	-	-	12	2 (-)
1945	2	2	-	-	31	-	131	217	45	-	-	-	-	-	4	15	4 (2)
1946	-	4	1	-	30	2	686	88	71	-	-	-	-	-	2	5	-
1947	-	1	4	-	39	1	154	61	36	-	-	-	-	-	2	10	3 (-)
1948	1	1	-	-	10	1	517	125	82	-	-	-	-	-	8	14	2 (-)
1949	-	-	47	-	1	-	377	273	62	-	-	-	-	-	2	4	-
1950	-	-	52	-	1	-	420	165	117	-	-	-	-	-	2	7	1 (-)
1951	-	-	94	-	-	-	526	106	72	-	-	-	-	-	1	5	2 (1)
1952	1	-	129	-	-	-	819	179	45	-	-	-	-	-	7	5	1 (1)
1953	-	-	155	-	-	-	256	148	57	-	-	-	-	-	7	5	-
1954	-	-	29	-	-	-	427	105	81	-	-	-	-	-	4	7	-
1955	1	-	174	-	-	-	588	177	81	-	-	-	-	-	11	9	-
1956	1	-	699	-	-	-	60	106	2	-	-	-	-	-	5	4	-
1957	2	-	78	-	-	-	1320	48	7	-	-	-	-	-	3	1	-
1958	-	-	37	-	-	-	442	100	41	-	-	-	-	-	6	4	-
1959	1	-	638	-	-	-	429	111	32	-	-	-	-	-	4	2	-
1960	-	-	62	-	-	-	836	57	36	-	-	-	-	-	4	-	1 (-)
1961	2	-	315	-	-	-	184	86	20	-	-	-	-	-	2	-	-
1962	-	-	44	-	-	-	235	39	16	-	-	-	-	-	-	-	-
1963	-	-	41	-	-	-	532	58	2	-	-	-	-	-	-	-	-
1964	-	-	34	-	-	-	494	32	12	-	-	-	-	-	4	1	-
1965	-	-	191	-	-	-	324	117	37	-	-	-	-	-	4	-	-
1966	-	-	40	-	-	-	563	68	11	-	-	-	-	-	1	-	-
1967	-	-	57	-	-	-	138	12	8	-	-	-	-	-	7	-	-
1968	-	-	33	-	-	-	65	24	17	-	-	-	-	-	3	-	-
			41	-	-	-			3	-	-	-	-	-	-	4	-

Deaths—Tuberculosis. The figures shown in brackets relate to deaths from Pulmonary Tuberculosis.

School Exclusion

The following rules for the exclusion from school of cases and contacts of infectious diseases are approved by the General Purposes Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	To be excluded until patient pronounced fit by a medical practitioner.	Children — no exclusion. Persons engaged in the preparation or service of school meals and certain categories of nursing personnel to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
German Measles	7 days from the appearance of the rash.	No exclusion.
Whooping Cough ...	28 days from the beginning of the characteristic cough.	Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary. To be excluded until proof of immunisation has been checked.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Mumps	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Poliomyelitis ...	6 weeks. Will usually require much longer period for recovery.	21 days.
Encephalitis	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Food Poisoning Smallpox Typhoid Fever)	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Dysentery	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	Normally no exclusion. If any symptoms suspicious of dysentery — exclude until authorised to re-admit.

IMMUNISATION AND VACCINATION

Immunisation

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy. To maintain immunity against diphtheria and tetanus during the period of their school life, it is essential that children immunised in infancy should receive a reinforcing injection against diphtheria and tetanus during their sixth year (on entering school) and a reinforcing injection against tetanus during their fifteenth year.

Prior to the school entrance medical examination the immunisation and vaccination state of each child is checked. Parents are asked to consent to reinforcing immunisation or, when no primary immunisation has taken place a course of primary immunisation. On receipt of parents' consent arrangements are made to visit schools to give this protection. A similar procedure takes place prior to the medical examination of children aged 15 years.

Triple Antigen (protection against diphtheria, whooping cough and tetanus), first issued in 1957, is still used for primary immunisation for children aged five years and under. Children commencing primary immunisation aged over five years receive Diphtheria Tetanus Prophylactic.

The material used for reinforcing injections in the sixth year is Diphtheria Tetanus Prophylactic and in the 15th year Tetanus Toxoid Prophylactic.

The following table gives the number of children aged 5-15 years inclusive who received primary immunisation after entering school:—

Primary Immunisation:—

Year of Birth	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Imm.	88	98	14	13	8	20	111	56	9	9	8	434

Reinforcing Injection (1st and 2nd)—2,471.

Vaccination Against Smallpox

During the year 51 children of school age received primary vaccination and 52 children were re-vaccinated.

Measles Vaccination

Measles vaccination is offered to children between the ages of one and fifteen years who have not suffered a natural attack of measles. If not previously vaccinated at a child welfare centre, this vaccination is available at school where possible.

The following table gives the number of children aged five to fifteen who have received measles vaccination.

Year of Birth	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Imm.	308	272	156	50	—	1	1	—	—	—	—	788

Poliomyelitis Vaccination

Vaccination against poliomyelitis is available to all school children. Oral poliomyelitis vaccine is used exclusively by the department. The full course consists of three doses given at intervals of six weeks between the first and the second doses and six months between the second and third doses. Children entering school are offered a reinforcing dose.

The following tables give the number of children aged 5 to 15 (inclusive) who received:—

(a) *Full Course of Oral Vaccine (3 doses)*

Year of Birth	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Imm.	67	79	7	3	—	9	66	29	1	3	2	266

(b) *Fourth Doses—Oral Vaccine*

Year of Birth	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Imm.	462	361	16	11	4	1	246	125	4	189	74	1493

Tetanus Immunisation

In March, 1964, a procedure was adopted whereby patients attending the Casualty Department of the Oldham Royal Infirmary following an accident received active immunisation against tetanus.

The following table gives the number of children aged 5 to 15 years inclusive who completed primary immunisation against tetanus as a result of an accident.

Year of Birth	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Imm.	3	5	6	6	12	12	10	13	9	10	9	95

B.C.G. Vaccination

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation:—

Vaccination of Contacts—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. P. B. Woolley, Chest Physician. During the year 76 schoolchildren (36 males, 40 females) who were found to be Mantoux negative received B.C.G. Vaccination.

Vaccination of Schoolchildren—In accordance with Ministry of Health Circular 22/53, the vaccination of older schoolchildren has been continued. All children in their second year at a Secondary School (i.e. 12/13 year old group) were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health, and medical officers on his staff 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 examination is carried out at the Chest Clinic, Oldham and District General Hospital, and the films are reported upon by Dr. P. B. Woolley, who also undertakes any necessary supervision. No case of active tuberculosis was detected in the 9 cases referred for X-ray examination.

The following figures relate to work undertaken during the year and include figures relating to two direct grant schools in the Borough.

Number of children offered B.C.G.	1,759
No. of acceptances	1,398
Percentage accepting	79.5%
Number excluded on medical grounds	7
Number completing skin testing	1,349*
Number positive	199
Number negative	1,123
Number receiving vaccination	1,118
Number of children requiring X-ray	10
Number of children X-rayed	9

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

DEATHS IN SCHOOL CHILDREN

During the year the following deaths occurred.

1. **A girl aged 4 years.**

This girl was admitted to the Strinesdale Open Air School in September. She suffered from fibro-cystic disease and died from this. A post mortem was performed.

2. **A girl aged 11 years.**

This girl was struck by a falling street lighting standard with which a bus collided. She suffered multiple skull fractures and shock. A post mortem was performed and the inquest verdict was accidental death.

3. **A girl aged 10 years.**

This girl was fatally injured by a motor car in the street. Death was caused by a fat embolism following fracture of her femur. There was a post mortem and inquest with a verdict of accidental death.

4. **A boy aged 11 years.**

This boy was fatally injured in the street by a motor vehicle. He died from congestive cardiac failure due to post traumatic epilepsy. A verdict of accidental death was returned at the inquest.

5. **A girl aged 14 years.**

This girl was electrocuted by lightning whilst out walking.

6. **A boy aged 8 years.**

This boy died from haemorrhage and shock together with multiple injuries following a road accident.

7. **A girl aged 11 years.**

She died from septicaemia following pneumonia. A post mortem was performed and there was no inquest.

8. **A boy aged 4 years.**

He died from brain injuries sustained when knocked down by a motor car. A verdict of accidental death was given.

NURSERY SCHOOLS AND CLASSES

The three nursery schools—Limeside, Derker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The facilities of the School Health Service are available to the children attending these schools and classes.

HEALTH EDUCATION

There has been an increasing demand for health education in schools and this has been met by the health visitors/school nurses.

Talks are given at the request of the headteachers, usually in the comprehensive schools. Usually six to eight lectures are given, and, whenever possible, demonstrations and visual aids are used. For this

purpose a small film library has been commenced. Discussions following the talks have been encouraged and to facilitate these, small groups of fifteen to twenty pupils have been arranged. These lectures have been given to pupils of both sexes, on such subjects as personal hygiene, adolescence, parentcraft, venereal diseases, drug and smoking addiction. In one comprehensive school 40 girls tutored by a school nurse entered for a written, practical and oral examination in mothercraft and all were successful in obtaining their certificate.

In addition, weekly lectures have been given at the two house-craft centres in the borough, girls attending for two or three weeks during their last term at school; mothercraft talks were given and these included practical demonstration on baby bathing and the preparation of infants' feeds.

Great stress is laid on the importance of educating the young in every aspect of healthy living, that in so doing they may be enabled to live a full, happy life and become good parents and citizens.

HANDICAPPED PUPILS

Probably the most important function of the School Health Service is to ascertain at an early age children who will be unable to attend ordinary school and to make recommendations for their special education. It is the duty of the local education authority to provide special education suited to their needs.

It is usually possible to ascertain children who are physically handicapped, those with visual defects and children with severe mental retardation at an early age. Children with a lesser degree of mental handicap, maladjusted children and some children with hearing problems may not be ascertained until after school entrance.

Children Unsuitable for Education at School

Some children will obviously never go to school owing to severe mental retardation and their ascertainment is therefore a formality. Others may have a trial period in the ordinary school and subsequently in a special class or special school before transfer to the junior training centre. A number of children attend the junior training centre with their parents' agreement and formal action need not be taken for a period.

During the year 2 children were formally ascertained as unsuitable for education at school.

Blind Pupils:—

"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."

Pupils found to be blind are admitted to special residential schools. One girl aged 5 years was ascertained and admitted to the Overley Hall Sunshine Home Nursery School. Another girl who had been ascertained in 1967 was admitted to St. Vincent's R.C. Residential School, Liverpool. Three other girls attended residential schools.

Partially Sighted Pupils:—

“ Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”

One girl was ascertained and admitted to the Higginshaw Special School and one boy was ascertained and was awaiting admission at the end of the year.

Higginshaw Special School

	Boys	Girls	Total
Number on register at 1st January	5	6	11
(9 extra district)			
Number admitted during the year	—	1	1
Number discharged during the year	1	2	3
Number on register 31st December	4	5	9
(7 extra district)			

One boy and a girl attended a special class for senior pupils in Manchester.

Deaf Pupils:—

“ Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils, without naturally acquired speech or language.”

Four children were maintained in schools outside Oldham and three were still attending at the end of the year.

Partially Hearing Pupils:—

“ Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”

One boy and one girl were ascertained during the year and were admitted to the Beaver Special School.

Beaver Special School

	Boys	Girls	Total
Number on register, 1st January	24	11	35
(12 extra district)			
Number admitted during the year	5	2	7
(5 extra district)			
Number discharged during the year	1	1	2
Number on register, 31st December	28	12	40
(17 extra district)			

One girl attended the School for the Partially Hearing, Southport.

Pupils Suspected of Deafness

Children are referred mainly following routine screening for hearing at child welfare centres and in their first year at school. A few referrals come from other sources such as routine medical inspection and referrals by teachers.

Those who fail the screening test are tested by specially trained health visitors or the audiologist.

Cases of special difficulty are referred to Professor I. G. Taylor at the Department of Audiology and Education of the Deaf, Manchester University.

Educationally Sub-normal Pupils:—

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

Marland Fold Special School

	Boys	Girls	Total
Number on register, 1st January	70	46	116
(11 extra district)			
Number admitted during year	20	11	31
Number discharged during year	19	11	30
Number on register, 31st December	71	46	117
(13 extra district)			

Children discharged during the year:—

	Boys	Girls	Total
(a) At 16 years	9	5	14
(b) At 15 years	2	—	2
(c) Transferred to Industrial Training Centre	1	—	1
(d) Left the district	7	6	13

Four boys attended residential schools and one was in attendance at the end of the year.

Twenty two boys and thirteen girls were ascertained to be in need of special educational treatment. Twenty four children were admitted to the Marland Fold Special School. Fifteen children were awaiting day places at the end of the year and one was on the waiting list of a residential school. Two children were formally ascertained as unsuitable for education at school.

Epileptic Pupils:—

“Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”

One girl was ascertained, and awaited residential placement at the end of the year. Altogether four boys and one girl attended residential schools.

Maladjusted Pupils:—

“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment.”

Five boys and two girls were ascertained of whom two boys and two girls were admitted to residential schools. Altogether five boys and four girls were maintained at residential schools during the year. The Knowl View Residential School for maladjusted boys situated in Rochdale was completed for opening in January, 1969. This school is provided jointly by four authorities, Oldham, Bolton, Rochdale and Lancashire and the administrative authority is Rochdale. There is accommodation for fifty boys aged 7-16 years. Some boys from Oldham will be admitted early in 1969.

Physically Handicapped Pupils:—

“Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary school.”

Three children were ascertained to need special education.

Higginshaw Special School

	Boys	Girls	Total
Number on register, 1st January	17	15	32
(13 Extra district)			
Number admitted during the year	6	6	12
Number discharged during the year	5	3	8
Number on register, 31st December	18	18	36
(16 Extra district)			

The children admitted suffered from the following disabilities:—

Congenital heart	1	Spinal muscular atrophy ...	1
Spina bifida	3	Kypho-Scoliosis	1
Dislocated hip	1	Klippel Feil Syndrome	1
Cerebral palsy	2	Post brain tumour	1
Bilateral talipes	1		

Children were discharged as follows:—

- Two boys and one girl left aged 16 years.
- Two boys were transferred to ordinary schools.
- One girl died.
- One girl and one boy were readmitted to the school.

Residential Special Schools

The following children were maintained at residential schools during the year:

Bethesda Special School, Cheadle, Cheshire

Five boys and four girls of whom one girl left school aged 16 years. This girl was accepted for a period of further education and vocational training at the Portland Training College, Mansfield and is reported to be doing well.

Talbot House School, Glossop

Three girls and one boy. One girl left school at summer but has not obtained employment because of her severe disability. It is hoped that she will attend a day centre for handicapped people.

Delicate Pupils:—

“Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development be educated under the normal regime of ordinary schools.”

During the year 14 boys and 12 girls were ascertained.

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.

Admissions during the year were as follows (excluding other authorities' children):—

	Boys	Girls	Total
Recurrent bronchitis/asthma	6	4	10
Recurrent respiratory infections	1	3	4
Nervous debility and/or social debility	3	4	7
Hypoglycaemia	—	1	1
Hemianopia	1	—	1
Post operative brain tumour	1	—	1
	—	—	—
	12	12	24
	—	—	—

Twelve boys and fourteen girls were discharged.

HOSPITAL TEACHING

The Oldham Royal Infirmary and the Oldham and District General Hospital each have a full-time teacher appointed for the children admitted for in-patient treatment.

PUPILS SUFFERING FROM SPEECH DEFECTS:—

Speech therapy continued to be available at the Central Clinic, Cannon Street. Sessions continued to be held at Marland Fold Special

School, Strinesdale Open Air School, Higginshaw Special School, Limeside and Limehurst Schools. The Spastics Society's Day Centre, Heathbank, Windsor Road, was also visited regularly, and Scottfield Special Unit occasionally.

The work of this department has combined well with that of the audiology clinic.

The following figures relate to the work of the department:—

Number receiving treatment on 1st January, 1968.

With stammer	19
With other speech defects	85
Pre-school	7
	—
Total	111
	—

New cases admitted during the year.

With stammer	9
With other speech defects	51
Pre-school	14
	—
Total	74
	—

Number of cases dealt with in 1968 185

Number discharged during the year.

With stammer	19
With other speech defects	71
Pre-School	3
	—
Total	93
	—

Number receiving treatment on December 31st 92

The 93 children were discharged for the following reasons.

Satisfactory speech	69
Left the district	5
Withdrawn, unsuitable for treatment	3
Withdrawn, not co-operative	16
	—
Total	93
	—

Numbers on waiting list on December 31st, 1968 ... 19

Number of parents interviewed	149
Number of parents' appointments not kept	50
Number of schools visited concerning special cases	9
Home Visits	1

We wish to express our thanks for the continued co-operation of headteachers and school welfare officers during the year and also the interest and help given by other departments associated with speech therapy.

CASTLESHAW RESIDENTIAL CENTRE

This centre is situated at Delph and parties of children are accommodated for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

Each party consists of 28 children with two teachers. The parties assemble at their ordinary schools at 9 a.m. on a Monday and return the following Friday afternoon, leaving Castleshaw Centre about 1-30 p.m. In some cases the duration of the stay is extended to include the week-end. The children are conveyed to and from the camp by special 'bus and are medically examined before going.

The curriculum allows the children to take full advantage of the surrounding countryside, including camping, canoeing and horse riding, and they are taken on visits to places of local interest. In the evening special recreational activities are arranged by the teachers in charge of the parties.

The cost to the parents is £1 5s. per week, per child, but no child is debarred from attending because of the parents' inability to pay. An extra charge is made for the week-end.

The camp is also used throughout the year by various youth organisations who arrange for parties to attend at week-ends.

ATTENDANCE CENTRE—MEDICAL EXAMINATIONS

The Chief Constable at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at Waterloo School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill, and in cases where there is evidence before the court of medical or physical defect, the boy concerned is medically examined. This also applies where a parent requests a medical examination because of some previous medical history.

MEDICAL EXAMINATIONS OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

Teachers entering the service of the authority from other authorities are examined by medical officers of the department as to their fitness for employment. During the year 108 teachers were examined.

Entrants to the teaching profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations

require the completion and forwarding of forms 28 RQ together with a medical report and X-ray report to the Department of Education and Science. Forty seven medical reports (20 males and 27 females) were completed.

Candidates for Training Colleges

During the year 105 candidates (38 males, 67 females) were examined and all were passed fit for admission. Medical reports were completed and forwarded with form 4 RTC to the appropriate college authority.

Ministry of Health Circular 248/52

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at subsequent intervals.

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 was continued.

During the year 264 new entrants were examined. In a few cases commencement of employment was deferred but finally it was necessary to debar only one applicant from employment.

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1968

PART 1—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

- NOTES:—1. Where selective medical examinations are being carried out the number of pupils who have been "inter-viewed" or "discussed" at case conferences and found not to warrant a medical examination, are shown in Column 5.
2. Pupils found at Periodic Inspection to require treatment for a defect are not excluded from Columns (6), (7) and (8) by reason of the fact that they were already under treatment for that defect.
3. Columns (6), (7) and (8) relate to individual pupils and not to defects.

TABLE A—Periodic Medical Inspections

Age Groups inspected (By year of Birth)	(1)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
			Satisfactory No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1964 and later	237	237	—	—	—	9	8	
1963	783	783	—	—	—	66	52	
1962	690	690	—	—	3	47	45	
1961	25	25	—	—	—	3	3	
1960	11	11	—	—	—	—	—	
1959	2	2	—	—	—	—	—	
1958	2	2	—	—	—	—	—	
1957	321	321	—	—	—	16	22	
1956	150	150	—	—	3	12	14	
1955	4	4	—	—	—	—	—	
1954	614	614	—	—	16	4	20	
1953 and earlier	675	675	—	—	16	17	27	
Total	3514	3514	—	—	47	174	191	

TABLE B—Other Inspections

NOTE:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	562
Number of Re-inspections	160

TABLE C—Infestation with Vermin

NOTE:—All cases of infestation, however slight, are included in this Table. The return relates to individual pupils and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses	31,225
(b) Total number of individual pupils found to be infested ...	863
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE D—Screening Tests of Vision and Hearing

1. Is the vision of entrants tested? No.	
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	Children in their second year at an infants' school. Ages vary from 5+ to 6+
3. How frequently is vision testing repeated throughout a child's school life?	Annually
4. (a) Is colour vision testing undertaken?	Yes.
(b) If so, at what age?	10 years to 11 years of age, and 14 to 15 years of age.
(c) Are both boys and girls tested?	Yes.
5. By whom is vision testing carried out?	School Nurse.
6. By whom is colour vision testing carried out?	School Nurse and School Medical Officer.
7. Is audiometric testing of entrants carried out?	Yes.
8. By whom is audiometric testing carried out?	Health Visitor/School Nurses.

*PART II—Defects found by Periodic and Special Medical Inspection
during the year*

NOTE:—All defects, including defects of pupils at Nursery and Special Schools noted at periodic and special medical inspections, are included in these Tables, whether or not (they were under treatment or observation at the time of the inspection. These Tables include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

TABLE A—Periodic Inspections

Defect or Disease	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
Skin	6	28	1	11	6	20	13	59
Eyes:—								
(a) Vision	3	6	32	176	12	72	47	254
(b) Squint	26	25	1	15	1	15	28	55
(c) Other	—	5	—	—	—	5	—	10
Ears:—								
(a) Hearing	13	31	3	4	6	26	22	61
(b) Otitis Media .	2	14	4	3	3	9	9	26
(c) Other	—	4	1	1	—	2	1	7
Nose and Throat ..	47	56	3	9	4	41	54	106
Speech	15	21	—	1	1	22	16	44
Lymphatic Glands	4	8	—	1	—	—	4	9
Heart	2	17	—	9	—	2	2	28
Lungs	1	22	2	15	—	20	3	57
Developmental:—								
(a) Hernia	2	10	—	1	—	—	2	11
(b) Other	—	14	3	7	3	6	6	27
Orthopaedic:—								
(a) Posture	—	6	—	1	—	8	—	15
(b) Feet	2	10	—	7	2	13	4	30
(c) Other	—	13	1	9	—	11	1	33
Nervous System:—								
(a) Epilepsy	—	10	—	4	—	4	—	18
(b) Other	—	5	—	—	—	8	—	13
Psychological:—								
(a) Development	2	8	—	5	2	27	4	40
(b) Stability	—	3	—	1	1	5	1	9
Abdomen	—	6	—	9	—	9	—	24
Other	1	36	2	22	1	33	4	91

TABLE B—Special Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections, are included in this Table, whether or not they were under treatment or observation at the time of inspection.

Defect or Disease	Pupils requiring treatment	Pupils requiring observation
Skin	12	12
Eyes:		
(a) Vision	245	58
(b) Squint	2	1
(c) Other	—	—
Ears:		
(a) Hearing	2	2
(b) Otitis Media ..	—	2
(c) Other	—	—
Nose and Throat	5	7
Speech	2	1
Lymphatic Glands ...	—	—
Heart	—	7
Lungs	—	13
Developmental:		
(a) Hernia	—	—
(b) Other	—	2
Orthopædic:		
(a) Posture	—	1
(b) Feet	—	3
(c) Other	—	1
Nervous System:		
(a) Epilepsy	—	2
(b) Other	—	3
Psychological:		
(a) Development ..	2	9
(b) Stability	1	—
Abdomen	—	2
Other	3	13

*PART III—Treatment of Pupils Attending Maintained
Primary and Secondary Schools (including Nursery and
Special Schools)*

NOTES:—The following tables show the total numbers of:—

- (i) Cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	24
Errors of refraction (including squint)	2,343
Total	2,367
Number of pupils for whom spectacles were prescribed	
	1,092

TABLE B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	76
(b) for adenoids and chronic tonsillitis	414
(c) for other nose and throat conditions	97
Received other forms of treatment	10
Total	597

Total number of pupils in schools who are known to have been provided with hearing aids:

*(a) in 1967	8
(b) in previous years	48

* A pupil recorded at (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
Pupils treated at clinics or out-patients' departments	488

TABLE D—Diseases of the Skin
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	107
Impetigo	53
Other skin diseases	66
	—
Total	226

TABLE E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	197

TABLE F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	185

TABLE G—Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments	310
(b) Pupils who received convalescent treatment under School Health Service arrangements	4
(c) Pupils who received B.C.G. vaccination	1,118
(d) Chiropody treatment	266
(e) Orthoptic treatment	192
	—
Total	1,890

SCHOOL DENTAL SERVICE

1. Attendances and Treatment

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First Visit	2,196	1,997	577	4,770
Subsequent visits	1,179	4,056	1,547	6,782
Total visits	3,375	6,053	2,124	11,552
Additional courses of treat- ment commenced	74	107	29	210
Fillings in permanent teeth ...	905	3,072	1,882	5,859
Fillings in deciduous teeth ...	357	20	—	377
Permanent teeth filled	661	3,463	1,665	5,789
Deciduous teeth filled	329	26	—	355
Permanent teeth extracted ...	475	1,350	417	2,242
Deciduous teeth extracted ...	4,453	992	—	5,445
General anaesthetics	1,588	514	55	2,157
Emergencies	365	441	103	909
Number of pupils x-rayed ...	415			
Prophylaxis	620			
Teeth otherwise conserved ...	3			
Number of teeth root filled ...	17			
Inlays	2			
Crowns	16			
Courses of treatment com- pleted	3,546			

2. Orthodontics

Cases remaining from previous year	327
New cases commenced during year	94
Cases completed during year	39
Cases discontinued during year	4
No. of removable appliances fitted	101
No. of fixed appliances fitted	9
Pupils referred to Hospital Consultant	3

3. Prosthetics

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	2	2
Pupils supplied with other dentures (first time)	3	61	24	88
Number of dentures supplied	3	61	28	92

4. Anaesthetics

General Anaesthetics administered by Dental Officers	Nil
--	-----

5. Inspections

(a) First inspection at school. Number of Pupils	3,930
(b) First inspection at clinic. Number of Pupils	3,916
Number of a + b found to require treatment	6,084
Number of a + b offered treatment	5,954
(c) Pupils re-inspected at school or clinic	1,198
Number of (c) found to require treatment	875

6. Sessions

Devoted to treatment	1,388
Devoted to inspection	168
Devoted to Dental Health Education	—

	Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Df. (10)	Total (11)
B. As at 23rd January 1969 How many pupils from the Authority's area were on the registers of:—											
(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained.											
(ii) Non-maintained special sch- ools (other than hospital special schools and special units and classes not form- ing part of a special school) wherever situated.											
(iii) Independent schools under arrangements made by the authority.											
(iv) Special classes and units not forming part of a special school.											
C. Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units.											
	—	2	1	14	16	44	10	75	4	2	168
	5	3	2	10	16	38	5	47	2	—	128

No pupils were being educated under arrangements made by the authority under Section 56 of the Education Act, 1944

1927. For information see the notes on the preceding page.

Year	Month	Day	Time	Locality	Number of birds	Sex	Age	Notes
1927	July	10	10:00	...	1	♂	Ad.	...
1927	July	11	11:00	...	1	♂	Ad.	...
1927	July	12	12:00	...	1	♂	Ad.	...
1927	July	13	13:00	...	1	♂	Ad.	...
1927	July	14	14:00	...	1	♂	Ad.	...
1927	July	15	15:00	...	1	♂	Ad.	...
1927	July	16	16:00	...	1	♂	Ad.	...
1927	July	17	17:00	...	1	♂	Ad.	...
1927	July	18	18:00	...	1	♂	Ad.	...
1927	July	19	19:00	...	1	♂	Ad.	...
1927	July	20	20:00	...	1	♂	Ad.	...
1927	July	21	21:00	...	1	♂	Ad.	...
1927	July	22	22:00	...	1	♂	Ad.	...
1927	July	23	23:00	...	1	♂	Ad.	...
1927	July	24	24:00	...	1	♂	Ad.	...
1927	July	25	25:00	...	1	♂	Ad.	...
1927	July	26	26:00	...	1	♂	Ad.	...
1927	July	27	27:00	...	1	♂	Ad.	...
1927	July	28	28:00	...	1	♂	Ad.	...
1927	July	29	29:00	...	1	♂	Ad.	...
1927	July	30	30:00	...	1	♂	Ad.	...
1927	July	31	31:00	...	1	♂	Ad.	...

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